HOSPICE NEWS NETWORK

Reports on recent media to inform hospice, palliative care, and policy leaders

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A Service of State Hospice Organizations

HOSPICE NOTES

~ **“Modern Hospice Intake in 2026: What’s Changing” outlines five key strategies hospices are adopting to streamline the intake process and reduce delays.** These include centralized referral management, standardized eligibility reviews, improved communication between marketing and intake, proactive referral source alignment, and automated record retrieval. The *Archouse* article highlights how these changes help hospices like Hospice of Hope, a non-profit provider serving 14 counties across Northern Kentucky and Southern Ohio, increase efficiency, with a reported 4.7% increase in referral-to-admission conversion rates. The focus is on reducing the time spent on gathering data, allowing teams to concentrate on patient care. (*Archouse*, 01/21, https://www.archouse.health/articles/intake-in-2026)

~ **The study “Medicare Hospice Use Patterns Among Patients With Alzheimer’s Disease or Related Dementias Compared to Those With Other Terminal Diagnoses” explores hospice utilization differences between patients with Alzheimer’s and other terminal conditions.** It reveals that Alzheimer’s is the third most common primary hospice diagnosis, often leading to longer hospice stays and more home health aide visits. The study also highlights that for-profit and newer hospices tend to offer longer stays and more routine home care, while nonprofit and rural hospices provide more daily RN visits. These findings underscore the unique hospice trajectory for Alzheimer’s patients, emphasizing the need for tailored support. (*ASPE*, 01/22, https://aspe.hhs.gov/reports/hospice-dementia)

~ **“Congress Seeks Answers on Los Angeles’ High-Risk Hospice Fraud Zone” highlights congressional efforts to address escalating hospice fraud in Los Angeles County.** Six Republican congressmen have urged the U.S. Department of Health & Human Services Office of Inspector General to enhance oversight due to concerns about large-scale Medicare fraud involving hospice agencies. The letter emphasizes that fraudulent activities not only waste federal resources but also jeopardize patient care and public trust. California, along with other states, has been identified as a hotspot for such fraud, with recent data showing significant improper payments. The California Hospice and Palliative Care Association supports these efforts, advocating for stronger regulatory oversight to protect patients and families. (*Hospice News*, 01/13, hospicenews.com/2026/01/13/congress-seeks-answers-on-los-angeles-high-risk-hospice-fraud-zone)-

~ **“Newsom, Dr. Oz feud intensifies over Armenian ‘mafia’ hospice fraud claims in Los Angeles” highlights a public dispute between Dr. Mehmet Oz and Governor Gavin Newsom over alleged hospice fraud in Van Nuys.** Dr. Oz claims that a segment of the

Armenian American community is involved in a $3.5 billion fraud scheme, while Newsom accuses Oz of racial profiling. Oz alleges that 42 hospices in a small area are part of the scheme, but CMS has not released specific details. Newsom counters that California has already taken significant actions against hospice fraud. (*FOX 11 Los Angeles*, 01/29, https://www.foxla.com/news/oz-newsom-california-hospice-fraud-dispute)

~ "In the four years since Governor Newsom's new hospice provider ban took effect, California has revoked more than 280 licenses" highlights the state's efforts to combat hospice fraud. The article details California's proactive measures, including a moratorium on new hospice licenses and the establishment of a Hospice Fraud Task Force. Governor Newsom emphasizes that hospice care should be "rooted in compassion, not corruption." The state has taken decisive actions, such as revoking licenses and prosecuting fraudsters, to protect patients and taxpayer dollars. (*Governor of California*, 01/27, https://www.gov.ca.gov/2026/01/27/in-the-four-years-since-governor-newsoms-new-hospice-provider-ban-took-effect-california-has-revoked-more-than-280-licenses/)

~ "CMS, Hospice Groups Mull Wage Index Reform" discusses potential changes to the hospice wage index system. The U.S. Centers for Medicare & Medicaid Services (CMS) currently uses hospital wage data to adjust hospice payments, which some argue does not accurately reflect hospice labor costs. Hilary Loeffler from the National Alliance for Care at Home highlights that hospitals can reclassify into different wage index areas, giving them a hiring advantage over hospices. CMS is considering reforms, including revising hospice cost reports to better capture labor costs, but such changes could take years to implement. (*Hospice News*, 1/13, hospicenews.com/2026/01/13/cms-hospice-groups-mull-wage-index-reform)

~ "7 Hospice Leaders' Predictions for 2026" explores key trends expected to shape the hospice sector in the coming year. Industry leaders anticipate increased demand for home-based care, ongoing workforce challenges, and heightened regulatory scrutiny. The article highlights the need for better integration of hospice into the broader healthcare continuum and the adoption of technology to address staffing shortages. Leaders also foresee continued industry consolidation and emphasize the importance of maintaining core hospice values amid these changes. (*Hospice News*, 01/20, hospicenews.com/2026/01/20/7-hospice-leaders-predictions-for-2026/)

~ "US Health Expenditures Rapidly Accelerating" reports on the significant rise in U.S. health care spending, which reached $5.3 trillion in 2024, marking a 7.2% increase from the previous year. This growth rate is the fastest since 1991 and surpasses the nation's GDP growth of 5.3%. The increase is largely driven by a rebound in health care utilization post-COVID-19 and population growth. Private health insurance saw the largest spending growth at 8.8%. The article highlights that increased hospice utilization could potentially alleviate some financial burdens, as hospice care saves Medicare approximately $3.5 billion annually. (*Hospice News*, 01/14, https://hospicenews.com/2026/01/14/us-health-expenditures-rapidly-accelerating/)

~ "Major Ramifications' in Increasing State Hospice FCA Enforcement" discusses the growing focus of state regulators on False Claims Act (FCA) violations within hospices. The article highlights that state investigations are expanding, particularly concerning fraudulent Medicare and Medicaid billing practices. Jonathan Porter from Husch Blackwell notes that "states are going to pass more FCA laws" and anticipates increased enforcement by state attorney generals. The U.S. Centers for Medicare & Medicaid Services has also launched a Fraud

Tax Project to combat tax evasion in healthcare. This heightened scrutiny could significantly impact hospice operations, especially those pursuing mergers or acquisitions. (*Hospice News*, 01/20, hospicenews.com/2026/01/20/major-ramifications-in-increasing-state-hospice-fca-enforcement)

~ "New Law Requires Prison-Based Hospice, Palliative Care Data Reports" discusses recent legislation in Illinois mandating annual data reports on hospice and palliative care in prisons. The Eddie Thomas Act, named after an inmate who died without end-of-life care, aims to improve transparency and support for incarcerated individuals. The Illinois Department of Corrections must now publish detailed reports on care services, demographics, and program statistics by December 1 each year. This initiative seeks to address the inconsistent delivery of hospice care across facilities and improve end-of-life dignity and compassion. However, concerns about potential administrative burdens have been raised. (*Hospice News*, 01/20, hospicenews.com/2026/01/20/new-law-requires-prison-based-hospice-palliative-care-data-reports/)

~ "Ohio's Hospice Partners With Kobacker House Amid Private Equity Concerns" discusses the transition of Kobacker House to Ohio's Hospice to maintain nonprofit hospice care. The move was partly driven by concerns over the increasing influence of private equity in the hospice sector. Alfred Kobacker, founder of the Kobacker House Foundation, emphasized the importance of aligning with a nonprofit organization to preserve the moral center of end-of-life care. The new approach, The Kobacker Way, focuses on sustainability and patient-centered care. (*Hospice News*, 01/21, hospicenews.com)

~ "Agrace Redefines Memory Care With New Dementia Village" highlights Agrace's innovative approach to dementia care with the launch of the Ellen & Peter Johnson Dementia Village. This initiative, supported by a $7 million donation, aims to enhance quality of life and caregiver support by creating a community-based environment modeled after The Hogeweyk® concept from the Netherlands. The village will feature small homes, each tailored to residents' lifestyles, and include amenities like a coffee shop and theatre. Agrace is also addressing caregiver shortages by offering on-site housing for staff. (*Hospice News*, 1/22, hospicenews.com/2026/01/22/agrace-redefines-memory-care-with-new-dementia-village)

~ "What Home-Based Care Consumers Really Want" explores key factors shaping consumer experiences in hospice care, emphasizing education and care coordination. According to Matt Thornhill, CEO of Cozy Home Community, interviews with family caregivers revealed six themes: education, navigation, community fit, families as healthcare 'quarterbacks,' and the importance of emotional intelligence and empathy. Thornhill highlights the need for providers to set expectations and ensure consistent care to enhance patient satisfaction. He stresses that effective communication can build trust, even if the same staff cannot always be present. (*Hospice News*, 01/27, hospicenews.com/2026/01/27/what-home-based-care-consumers-really-want)

~ "Federal Shut Down Ends; Hospice Telehealth Flexibilities Extended Through 2027" reports on the extension of telehealth flexibilities for hospices following a brief federal shutdown. The extension, now valid through 2027, allows hospices to conduct patient re-certification face-to-face encounters via telehealth. This legislation also includes waivers expanding the scope of practitioners eligible for telehealth services and removes geographic restrictions, benefiting federally qualified health centers and rural clinics. (*Hospice News*, 02/03, hospicenews.com/2026/02/03/federal-shut-down-ends-hospice-telehealth-flexibilities-extended-through-2027)

~ "Congressional Hearing Confronts Hospice, Health Care Fraud" highlights the urgent need for regulatory reform and enhanced partnerships to combat hospice fraud. The House Energy and Commerce Subcommittee on Oversight and Investigations discussed rampant fraud, including enrolling ineligible patients and illegal kickbacks. One speaker at the hearing emphasized the severe impact on patients unaware of their hospice enrollment, altering their care plans without consent. The hearing underscored the necessity of distinguishing fraud from billing errors and the importance of targeted enforcement to protect legitimate providers. (*Hospice News*, 2/4, hospicenews.com/2026/02/04/congressional-hearing-confronts-hospice-health-care-fraud)

~ "Addressing Family Caregiver Needs in a Disease-Specific Context" explores the challenges faced by family caregivers of patients with longer disease trajectories and the strategies hospices are employing to support them. Diana Franchitto of HopeHealth emphasizes the need for early access to education and resources for caregivers, highlighting the importance of person-centered, disease-specific approaches. An article in *Hospice News* discusses the emotional and physical toll on caregivers and suggests a five-pronged approach to support, including education, emotional support, and technology-enabled systems. The article also stresses the need for improved bereavement services and long-term planning for caregivers. (*Hospice News*, 2/5, hospicenews.com/2026/02/05/addressing-family-caregiver-needs-in-disease-specific-context)

~ "Investigating Hospice: Minnesota provider target of complaints to feds, state" highlights allegations against Favoured Hospice for billing Medicare for unprovided end-of-life care. Former employees have accused the Dayton-based for-profit hospice of fraudulent practices, including fabricating vital signs and patient notes to extend hospice care beyond the typical six-month period. Owner Franklin Angwenyi denies these claims, stating their practices comply with CMS and Medicare regulations. The U.S. Department of Health and Human Services, FBI, and Minnesota Attorney General's Office have been alerted, with CHAP confirming an investigation. Family members of patients have voiced concerns, urging a thorough investigation. (*KSTP*, 2/5, kstp.com/kstp-news/top-news/investigating-hospice-minnesota-provider-target-of-complaints-to-feds-state)

~ "Providers to CMS: Bring on the hospice fraud investigations" highlights the proactive stance of hospice providers in addressing fraud within the sector. The article discusses the recent actions by the Centers for Medicare & Medicaid Services (CMS) to enhance oversight in certain states and the call from lawmakers for investigations into fraud in Los Angeles. Scott Levy from the National Alliance for Care at Home emphasizes the importance of tackling fraudulent activities to protect the integrity of the hospice sector. He warns against broad regulatory measures that could hinder access to care. The article also notes the financial implications, with mergers and acquisitions firm Mertz Taggart advising hospices to maintain clean records to attract buyers. (*McKnight's Home Care*, 01/23, mcknightshomecare.com)

~ "Attorney General Bonta Announces Seven Arrests for Hospice Fraud: My Office is On It!" details the arrest of seven individuals involved in a hospice fraud scheme in Monterey County, California. The accused, including owners and medical professionals from Compassionate Touch Hospice, Spiritual Touch Hospice, and Fountain Hospice, allegedly defrauded Medi-Cal and Medicare by enrolling non-terminal patients and billing for unnecessary services. The investigation, led by the California DOJ and U.S. Department of Health Service, uncovered a loss of over $3.2 million. Attorney General Bonta emphasized ongoing efforts to combat fraud and protect taxpayer dollars. (*State of California Department of Justice*, 02/05, oag.ca.gov/news/press-releases/attorney-general-bonta-announces-seven-arrests-hospice-fraud-my-office-it)

~ "Alive Hospice Agreed to Pay $67,000 for Allegedly Violating the Civil Monetary Penalties Law by Submitting Claims for Services Provided by an Unlicensed Individual" highlights a significant compliance issue within hospice care. Alive Hospice, Inc. in Nashville, Tennessee, self-disclosed to the Office of Inspector General (OIG) that it submitted claims for services rendered by an unlicensed nurse, resulting in a settlement of $67,714.74. The penalty reflects the full salary and benefits paid to the nurse during the period of unlicensed practice. This case underscores the importance of ensuring all healthcare providers maintain valid licenses to avoid legal and financial repercussions. (*Office of Inspector General*, 12/01, https://oig.hhs.gov/fraud/enforcement/alive-hospice-agreed-to-pay-67000-for-allegedly-violating-the-civil-monetary-penalties-law-by-submitting-claims-for-services-provided-by-an-unlicensed-individual/)

~ "Top News Stories from 2025, and Predictions for 2026 by Chris Comeaux and Cordt Kassner," is a two-part podcast that reflects on the past year and anticipates future challenges in hospice care. The discussion highlights the intersection of policy shifts, technology trends, workforce realities, and financial pressures, emphasizing that technology acts as an accelerator rather than a solution. The episode also addresses hospice-specific challenges such as Medicare Advantage pressures and the role of volunteers. The year 2026 is framed as a pivotal moment for shaping the future of care delivery The authors note that 2025 was marked by incremental changes rather than major disruptions, with ongoing issues in staffing, reimbursement, and Medicare Advantage. Looking ahead, 2026 is described as a 'stormy hinge year,' with pressures expected to mount without immediate solutions. Key themes include increased scrutiny on waste and fraud, modernization of hospice standards, and the deliberate advancement of technology. Leadership will be crucial in navigating these complexities. (*Teleios Collaborative Network*, 1/14, https://www.teleioscn.org/tcntalkspodcast/top-stories-from-2025-and-predictions-for-2026-by-chris-comeaux-and-cordt-kassner-part-1, 01/16, https://www.teleioscn.org/anatomy-of-leadership/top-news-stories-from-2025-and-predictions-for-2026-by-chris-comeaux-and-cordt-kassner-part-2)

~ The article "Many patients with advanced blood cancers delay hospice to keep access to blood transfusions" highlights a significant barrier to hospice enrollment for patients with leukemia, lymphoma, and myeloma. The study reveals that transfusion exclusion policies in hospice care force patients to choose between symptom-relieving transfusions and comfort-focused end-of-life care. A survey found that transfusion access is the top priority for these patients, surpassing traditional hospice services. Researchers suggest piloting hospice models that incorporate palliative transfusions to improve hospice enrollment. (*Managed Healthcare Executive*, 02/04, https://www.managedhealthcareexecutive.com/view/many-patients-with-advanced-blood-cancers-delay-hospice-to-keep-access-to-blood-transfusions)

~ "HHS: Dementia Patients Need More 'Tailored' Approach to End-of-Life Care" highlights the unique needs of dementia patients in hospice settings. A study by the U.S. Department of Health & Human Services (HHS) found that patients with Alzheimer's and related dementias (ADRD) require more personalized care due to cognitive limitations. The study analyzed Medicare hospice claims from over 5 million patients, revealing that ADRD patients often have longer hospice stays and receive fewer visits compared to those with other diagnoses. The findings suggest that the current hospice model, with its rigid admission criteria, may not adequately serve dementia patients. (*Hospice News*, 01/30, hospicenews.com/2026/01/30/hhs-dementia-patients-need-more-tailored-approach-to-end-of-life-care)

"Briana Kohlbrenner: End-of-life care is under threat" discusses the growing demand for hospice care in Vermont and the challenges faced by hospice workers. As Vermont's population ages, the need for hospice services increases, but staffing and pay have not kept pace. The article highlights the formation of the Hospice United union to address these issues, advocating for fair pay and safe staffing ratios. Kohlbrenner says, "Our ability to provide quality care is proportional to the amount of time we can spend with each patient." The disparity in wages and staffing challenges are central to the sustainability of hospice care. (*VTDigger*, 01/27, vtdigger.org/2026/01/27/briana-kohlbrenner-end-of-life-care-is-under-threat)

PALLIATIVE CARE NOTES

~ "Project Equity: Improving Health Equity for People with Serious Illness" highlights CAPC's initiative to address disparities in palliative care access and quality for marginalized communities. The project aims to create tools and strategies to reduce inequities caused by structural racism and discrimination, focusing on improving access, clinician awareness, and public awareness. CAPC emphasizes the need for systemic change to ensure equitable, person-centered care for all patients with serious illness. Resources include a Health Equity Toolkit and training programs. (*Center to Advance Palliative Care*, 10/01, https://www.capc.org/project-equity-improving-health-equity-for-people-with-serious-illness)

~ "The Rise of At-Home Palliative Care and What It Says About Healthcare" explores the growing preference for home-based palliative care over traditional institutional settings. The article highlights how families are increasingly choosing at-home care to prioritize comfort, dignity, and autonomy for patients, contrasting with the often impersonal and protocol-driven environment of hospitals. This shift reflects a broader critique of healthcare systems that prioritize intervention over human presence and emotional support. The rise in at-home care underscores a demand for a more humane approach to end-of-life care. (*Fine Homes and Living*, 01/15, finehomesandliving.com)

~ "Defining Palliative Care Quality in a Tight Reimbursement Environment" explores the challenges and opportunities in standardizing palliative care amidst diverse reimbursement models. The article highlights the need for greater standardization to ensure high-quality programs, as current reimbursement systems often fail to cover interdisciplinary care, particularly spiritual and psychosocial support. Brynn Bowman of CAPC emphasizes the importance of defining quality standards, while Dr. R. Sean Morrison and others discuss the impact of funding cuts on access and sustainability. The article underscores the necessity of innovative care models to adapt to changing funding landscapes. (*Hospice News*, 1/27, hospicenews.com/2026/01/27/defining-palliative-care-quality-in-a-tight-reimbursement-environment)

~ “Exploring Artificial Intelligence in Hospice and Palliative Care: An Integrative Review of Technological and Clinical Approaches” investigates the potential of AI to enhance palliative and hospice care through improved prognostication, symptom management, and decision-making. The review highlights AI’s role in mortality prediction, symptom monitoring, and care planning, while addressing barriers like data reliance, ethical concerns, and integration challenges. The authors emphasize the need for multicenter validation and ethical deployment to maximize AI’s impact on care delivery. (*Journal of Palliative Medicine*, 02/04, https://journals.sagepub.com/doi/10.1177/10966218261418542)

~ “What is palliative medicine and why is it so misunderstood?” by Patricia M. Fogelman, DNP, highlights the critical role of palliative care in healthcare and the misconceptions surrounding it. The article emphasizes that palliative care is not merely about end-of-life discussions but involves complex clinical expertise in managing symptoms and improving patient quality of life. Fogelman argues for a cultural shift to recognize palliative care as an integral part of medical treatment, advocating for early involvement in patient care and adequate resources to support the specialty. (*KevinMD*, 01/16, kevinmd.com)

~ The article “Solomon Center’s Groundbreaking Palliative Care Law and Policy Initiative Drives Nationwide Reforms” highlights the Solomon Center for Health Law and Policy at Yale Law School’s pioneering efforts in palliative care law and policy. This initiative is the first comprehensive interdisciplinary effort in the U.S. aimed at shaping reforms for patients of all ages, addressing the fast-growing demand for policy guidance in palliative care. The Center’s work includes a unique Palliative Care Medical-Legal Partnership with Yale New Haven Hospital and an open-access research platform for palliative care policy. The initiative is influencing reforms in Connecticut and beyond, with a focus on vulnerable populations. (*Yale Law School*, 01/15, law.yale.edu/yls-today/news/solomon-centers-groundbreaking-palliative-care-law-and-policy-initiative-drives)

~ “Can AI Hear When Patients Are Ready for Palliative Care?” explores the potential of AI to identify patients ready for palliative care by analyzing vocal cues in conversations. The study, led by Jiyoun Song, PhD, APRN, uses speech processing to detect subtle vocal indicators like energy and pitch, aiming to predict palliative care acceptance. Although the AI model correctly classified about two-thirds of conversations, it serves as an early proof of concept. This approach could address the gap in timely palliative care discussions, especially for older adults facing communication challenges. (*Penn LDI*, 02/04, ldi.upenn.edu/our-work/research-updates/can-ai-hear-when-patients-are-ready-for-palliative-care)

~ “Development of a Mortality Prediction Model for Incarcerated Adults to Identify Palliative Care Needs” explores a new model designed to predict mortality risk among incarcerated adults, aiming to enhance palliative care and compassionate release referrals. The study, conducted in collaboration with the California Department of Corrections and Rehabilitation, developed a 2-year mortality prediction model using factors like age, health conditions, and healthcare utilization. The model showed high accuracy, with an AUC of 0.926, and aims to improve advance care planning and palliative care access for this vulnerable population. (*Journal of General Internal Medicine*, 12/18, https://link.springer.com/article/10.1007/s11606-025-10103-w)

~ “Stroke Survivors in DFW Find New Hope with Sovereign Hospice Home Care” highlights the role of palliative care in enhancing the quality of life for stroke survivors.

Sovereign Hospice in Aubrey, Texas, offers specialized palliative care programs to address post-stroke complications, such as pain, fatigue, and depression, which affect many survivors. The hospice provides 24-hour medical support, reducing hospital readmissions and ensuring comprehensive care at home. The article emphasizes the importance of understanding the differences between hospice and palliative care to make informed decisions. (*Holliston Town News*, 01/26, https://pr.hollistontownnews.com/article/Stroke-Survivors-in-DFW-Find-New-Hope-with-Sovereign-Hospice-Home-Care)

~ "Implementation and Evaluation of High-Yield Clinical Skills Session to Improve Medical Students' Confidence in Palliative Care Skills" explores a new educational approach to enhance medical students' confidence in palliative care. The study involved a two-hour skills simulation session that significantly boosted students' confidence in key palliative care skills, such as delivering serious news and discussing hospice care. This practical, simulation-based learning event demonstrates an effective method for improving palliative care education with minimal time investment. (*Am J Hosp Palliat Care*, 12/22, https://pubmed.ncbi.nlm.nih.gov/41424244/)

~ "Video Conversation Aids to Assist in Goals-Of-Care Discussions With Older Adults in a Medical Setting: A Systematic Review" explores the effectiveness of video-based decision aids in enhancing goals-of-care discussions among older adults. The review highlights that these aids can improve understanding and reduce decision conflict, though their impact varies across settings. In inpatient settings, video interventions increased patient preference for comfort-based care in some studies, while others showed no effect. Outpatient studies also showed mixed results regarding preference changes and knowledge improvement. The review underscores the need for further research to assess the impact of these aids in acute care settings. (*American Journal of Hospice and Palliative Medicine*, 12/22, https://pubmed.ncbi.nlm.nih.gov/41424255/)

~ "Prevalence Rate of Depression in Palliative and Hospice Care: A Narrative Review" explores the complexities of assessing depression among individuals in hospice and palliative care. The article highlights the lack of consensus on depression prevalence rates due to varying definitions, assessment methods, and the overlap of somatic symptoms with physical illness. Depression significantly impacts quality of life, increasing suffering and reducing precious time for patients and caregivers. This review aims to clarify the prevalence of depression in this population based on existing literature. (*Journal of Social Work in End-of-Life & Palliative Care*, 12/18, https://www.tandfonline.com/doi/full/10.1080/15524256.2025.2601629)

END-OF-LIFE NOTES

~ "It was too easy for her to kill herself," in *Atlantic Magazine,* explores the death of Eileen Mihich, a 31-year-old Oregon woman. Mihich died after obtaining and ingesting drugs used for medical aid in dying through deception and regulatory gaps. Her family, aware of her severe mental illness and trauma, were shocked to learn that her body showed no signs of a fatal physical condition. The case troubles both advocates and critics of assisted suicide, says the article, because it reveals how vulnerable people may be influenced by the growing availability and normalization of the practice. Mihich's ability to access lethal medications exposes weaknesses in oversight, particularly involving compounding pharmacies. The story also raises broader concerns about whether laws intended for the terminally ill may inadvertently facilitate suicide among those with profound but nonterminal suffering. (*Atlantic,* 2/4, https://www.theatlantic.com/ideas/2026/02/eileen-mihich-assisted-suicide/685833/)

~ **An article from *JAMA Health Forum* argues that as medical aid in dying becomes legal in more U.S. states, health systems and clinicians have an ethical duty to respond thoughtfully and consistently when patients inquire about it, rather than merely providing information when asked.** The authors describe how New York's Memorial Sloan Cancer Center created a multidisciplinary advisory council to develop clear policies and procedures so that clinicians can support patients' questions about aid in dying while also addressing underlying needs such as palliative care and goals-of-care conversations. They emphasize that institutions should proactively prepare to help clinicians talk about aid in dying in ways that respect patient autonomy, avoid bias, and connect people with appropriate support and resources. The piece underlines the importance of separating the responsibility to discuss patient requests from individual clinician beliefs and ensuring compassionate, legally accurate responses as public awareness and legalization grow. (*JAMA Health Forum,* 1/2, https://jamanetwork.com/journals/jama-health-forum/fullarticle/2843333)

~ **"Senior Nursing Students Encounter End-of-Life Experiences" explores the emotional and psychological challenges faced by nursing students during their first encounters with death and dying.** This study highlights how these experiences shape students' future practices and attitudes, emphasizing the need for nursing curricula to address emotional resilience alongside technical skills. Students reported feelings of anxiety and guilt, underscoring the importance of mentorship and emotional support systems. The study suggests integrating discussions on grief and resilience into nursing education to better prepare students for end-of-life care. (*Bioengineer.org*, 01/11, bioengineer.org/senior-nursing-students-encounter-end-of-life-experiences)

~ **A *Washington Post* article explores the phenomenon of near-death experiences by reviewing personal accounts with emerging scientific research.** The article shares about a Virginia nurse, and others, who reported a vivid out-of-body sensations and spiritual visions during life-threatening medical crises. Researchers are preparing more rigorous prospective studies to monitor brain activity during resuscitation in real time to better understand what happens during these episodes. The debate reflects a broader tension between neurological explanations and interpretations that some see as suggesting consciousness may persist beyond physical death, and underscores the challenge of studying near-death experiences with scientific precision. (*Washington Post,* 2/5, https://www.washingtonpost.com/health/2026/02/05/near-death-experience-neuroscience-afterlife/)

~ **"Protecting Patients at the End of Life: Why CON Still Matters" is a two-part series of podcasts that explore the significance of Certificate of Need (CON) laws in hospice care.** In part 1, State hospice leaders Paul A. Ledford and Tim Rogers, talk with Chris Comeaux about how CON laws were designed to prevent issues like provider oversaturation and diminished rural access. The article highlights the unintended consequences of deregulation, such as fragmented care and increased vulnerability to fraud. The conversation emphasizes the importance of thoughtful oversight to maintain quality and equity in end-of-life care. In part 2 of the podcast, presenters focus on the impact of actual care and family experiences in states without CON laws.(*Teleios Collaborative Network*, 1/28, https://www.teleioscn.org/tcntalkspodcast/protecting-patients-at-the-end-of-life-why-con-still-matters-/-part-one; 1/30, https://www.teleioscn.org/tcntalkspodcast/protecting-patients-at-the-end-of-life-why-con-still-matters-/-part-two)

~ **In Boulder County, Colorado, a grand jury has returned indictments against a daughter and son-in-law on manslaughter charges for allegedly aiding the suicide of a 91-year-old woman who died in February 2024 after using a nitrogen gas setup in her independent living facility, a method the county says did not comply with the state's End-of-Life Options Act.** Investigators found that the daughter bought the nitrogen tank and the son-in-law obtained and installed the regulator, and evidence showed they used information from the Final Exit Network to facilitate the act. The county's District Attorney presented the case, and the indictments allege that the legal safeguards intended to ensure voluntary, medically supervised aid-in-dying were ignored. As part of the response, the Final Exit Network agreed to revise its workshop materials and practices to better clarify legal medical aid options and warn about criminal liability for unlawful assistance. Prosecutors emphasized support for lawful medical aid-in-dying while stressing that improper assistance could lead to prosecution, and the agreement aims to improve information and oversight. (*Bouldercounty.gov,* 1/14, https://bouldercounty.gov/news/press-release-district-attorney-secures-indictments-for-manslaughter-in-assisted-suicide-case-agreement-with-final-exit-network/)

~ **"What I see at the end of life as homelessness rises in Ohio" by Holly Klein highlights the intersection of homelessness and end-of-life care in Ohio.** Klein, co-founder of Ohio's Grace House, emphasizes that dignity at the end of life should not depend on having an address, as many homeless individuals face undignified deaths. She argues that homelessness and healthcare should not be treated as separate issues, advocating for integrated services to provide compassionate and cost-effective care. Klein calls for community involvement to support vulnerable populations, underscoring the power of collective action. (*cleveland.com*, 01/18, https://www.cleveland.com/opinion/2026/01/what-i-see-at-the-end-of-life-as-homelessness-rises-in-ohio-holly-klein.html)

~ **"Hospice doctor shares what happens in the moments immediately after death" explores Dr. B.J. Miller's insights on the experience surrounding death.** Dr. Miller, a hospice and palliative care physician, describes the moments after death as having a 'lingering sense' that is 'palpable,' though he admits uncertainty about its nature. He emphasizes the mundane beauty of passing, noting that death is often seamless and peaceful, contrary to dramatic portrayals in media. His personal experiences with mortality have led him to embrace the unknown, finding beauty in the present moment. (*GOOD*, 02/03, https://www.good.is/hospice-doctor-shares-what-happens-in-the-moments-immediately-after-death-ex1)

~ **"Governor Hochul Unveils Proposals to Increase Support and Resources for New York's Older Adults" outlines initiatives to enhance care for older New Yorkers, including improving access to end-of-life care.** Notably, New York ranks last in hospice utilization among Medicare enrollees, prompting a new educational initiative to raise awareness about hospice and palliative care options. (*Governor Kathy Hochul*, 01/13, governor.ny.gov/news/governor-hochul-unveils-proposals-increase-support-and-resources-new-yorks-older-adults)

~ The article "Limited English Proficiency and Its Association With Quality of Care and Bereavement at the End of Life" explores how language barriers impact the quality of end-of-life care for Hispanic decedents. The study, based on the National Health and Aging Trends Study, reveals that Hispanic decedents with limited English proficiency (LEP) receive lower quality-of-care ratings compared to non-Hispanics without LEP. The disparity is significant, with a 12.9-point lower adjusted quality-of-care rating for Hispanic decedents with LEP. This highlights the need for improved communication and care strategies for LEP patients. (*American Journal of Hospice and Palliative Medicine*, 12/22, https://journals.sagepub.com/doi/abs/10.1177/10499091251410927)

~ The Mississippi House has passed "Ryan's Law," allowing terminally ill patients to use medical marijuana in hospitals, nursing facilities, and hospice centers. The bill aims to prioritize compassion and medical judgment over bureaucracy. It mandates that these facilities permit the use of medical cannabis in non-smoking forms, with patients or caregivers responsible for its management. The legislation includes provisions for suspending compliance if federal agencies oppose the policy. This move aligns Mississippi with states like California and Minnesota, which have enacted similar reforms. (*Marijuana Moment*, 02/05, marijuanamoment.net)

~ "Do Death Doulas Improve Hospital End-of-Life Care?" explores the emerging role of death doulas in hospital settings, focusing on their nonmedical support for patients and families. The article highlights a study indicating that death doulas help families feel prepared and empowered during the dying process, offering emotional and practical support. Cryst'l Scheer, an end-of-life doula, emphasizes that doulas complement clinical teams by facilitating personal rituals and values-based conversations. Despite the benefits added by doulas, integration into hospital systems remains limited, with ongoing questions about role definition and reimbursement. (*Medscape*, 01/20, medscape.com/viewarticle/do-death-doulas-improve-hospital-end-life-care-examining-2026a10001t1)

~ "Tripping at Death's Door: Psychedelics in End-of-Life Care" explores the use of psychedelics to aid terminally ill patients in facing death. The Institute for Rural Psychedelic Care in Arcata, California, is developing films that document the experiences of patients using ketamine, focusing on themes like unfinished business, relationships, and legacy. The project aims to engage broader audiences and help clinicians better support patients. Psychedelics, says the article, are noted for their ability to increase neuroplasticity, potentially easing anxiety and enhancing end-of-life care. (*Nautilus*, 02/04, nautil.us)

~ "Washington House Committee Advances Bill Allowing Medical Marijuana Use for Terminal Patients in Care Facilities" discusses a new legislative measure in Washington state. The House Health Care and Wellness Committee has approved House Bill 2152, which mandates that licensed healthcare facilities permit terminally ill patients to use medical marijuana starting January 1, 2027. The bill aims to enhance patient comfort and dignity while maintaining safety standards. (*The Marijuana Herald*, 10/16, https://www.newsbreak.com/the-marijuana-herald-2222119/4453832267755-washington-house-committee-advances-bill-allowing-medical-marijuana-use-for-terminal-patients-in-care-facilities)

~ "A Dying Woman Found Peace With Mushrooms. Most Americans Aren't Allowed That Option" explores the potential of psilocybin to ease end-of-life distress. The article highlights a documentary about Lisa Jacobs, a terminal cancer patient who used magic mushrooms to confront her fear of death. Research supports psilocybin's ability to reduce anxiety and depression in cancer patients, yet federal law restricts its use. Jacobs' experience in Colorado, where psilocybin is decriminalized, underscores the disparity in access across the U.S. (*Reason*, 1/27, reason.com)

~ "End of Life with Psilocybin: Research, Data and Experience" explores the potential of psilocybin mushrooms in alleviating fear of death and existential stress among terminally ill patients. The article highlights historical and contemporary research supporting the use of psilocybin, noting its regulation in several countries for treating individuals with terminal cancer. The authors discuss the intriguing possibilities of transcending space and time, and the continuity between life and death through psilocybin experiences. They advocate for broader access while emphasizing the need for further studies to identify the most suitable candidates for this treatment. (*Emerging Trends in Drugs, Addictions, and Health*, 12/25, https://www.sciencedirect.com/science/article/pii/S266711822500087X)

~ "Retired VA Nurse shares what she learned from over 10,000 dying veterans" highlights the insights of Deborah Grassman, a former VA hospice nurse, on the concept of 'Soul Injury.' Grassman describes 'Soul Injury' as a wound that separates individuals from their true selves, often experienced by veterans but also applicable to anyone facing deep loss. She emphasizes the importance of being present and introduces 'Anchor Your Heart,' a grounding tool for peace. Grassman continues to share her knowledge through her nonprofit, Opus Peace, and her book 'Soul Injury.' (*Tampa Bay 28*, 02/02, tampabay28.com)

~ "Measures That Matter: How Better Metrics Can Transform End-of-Life Care" is a two-part podcast that discusses the need for improved quality metrics in hospice and palliative care. The podcasts highlight that current metrics often fail to differentiate performance, clustering most providers at the top and making it difficult to identify true centers of excellence. Bob Tavares points out that this abundance of metrics does not effectively address variability, which can put patients at risk. Speakers share outcomes of poor metrics. In part two of the podcast, presenters elaborate on how "focused, meaningful metrics," "can improve quality, reduce unnecessary hospitalizations and strengthen value-based end-of-life care." (*Teleios Collaborative Network*, 01/26, https://www.teleioscn.org/tcntalkspodcast/measures-that-matter-how-better-metrics-can-transform-end-of-life-care-part-1; 2/6, https://www.teleioscn.org/tcntalkspodcast/measures-that-matter-how-better-metrics-can-transform-end-of-life-care-part-two)

~ "How to Face Our Mortality" highlights the impact of Deborah T. Gold's 23-year-old course on death and dying, which aimed to normalize death as a part of life. The course, taught for the last time this past fall at Duke, encouraged students to form relationships with individuals nearing the end of life, fostering emotional literacy and humility. Gold emphasized that "if we believe death is a normal part of life, we need to deal with it from the beginning." Her legacy continues through former students now in fields like medicine and social work. (*Duke Today*, 1/30, today.duke.edu/2026/01/how-face-our-mortality)

~ "Gavin Newsom sat by his mother during her assisted suicide, and came to terms with anger and grief" explores the personal and political impact of California Gov. Gavin Newsom's experience with his mother's decision to end her life. The article delves into how this experience shaped Newsom's views on medical aid in dying, highlighting his advocacy for the legalization of such practices. Newsom's story underscores the emotional complexities and ethical considerations surrounding assisted suicide, reflecting broader societal debates on the topic. (*The Washington Post*, 02/04, washingtonpost.com/politics/2026/02/04/gavin-newsom-assisted-suicide)

GRIEF AND ADVANCE CARE PLANNING NOTES

~ "How honoring patient autonomy prevents medical trauma" by Sheryl J. Nicholson explores the critical importance of respecting advance directives to prevent medical trauma. The article highlights a personal experience where a DNR order was ignored, leading to ethical breaches in autonomy, nonmaleficence, and justice. Nicholson emphasizes the need for early advance care conversations, clear documentation, and timely palliative care referrals to honor patient wishes and reduce moral distress among clinicians. These steps can transform chaotic moments into dignified experiences. (*KevinMD*, 01/11, kevinmd.com)

~ "Advance Care Planning in Patients Nearing the End of Life: A Pre-intervention Study of Racial Disparities and Provider Factors" explores racial disparities and provider influences in advance care planning for patients nearing end-of-life. The study highlights significant racial disparities in advance care planning, emphasizing the need for targeted interventions to address these inequities. It also examines provider factors that may contribute to these disparities, suggesting that improved training and awareness could enhance care quality. The findings underscore the importance of culturally sensitive approaches in end-of-life care planning. (*Journal of General Internal Medicine*, 01/20, https://link.springer.com/article/10.1007/s11606-025-10122-7)

~ "Why Asking About 'Critical Abilities' Is Misguided: Lessons Learned from the Updated Serious Illness Conversation Guide" explores the shift in focus from future-oriented questions to present-focused ones in serious illness care. The updated guide replaces the question about 'critical abilities' with 'activities that bring joy and meaning,' reflecting a more inclusive approach that acknowledges the evolving nature of patient values and the importance of disability bioethics. This change aims to improve patient-clinician communication by centering on current well-being rather than hypothetical future states. (*Journal of General Internal Medicine*, 01/20, https://link.springer.com/article/10.1007/s11606-025-10147-y)

~ A *KevinMD* podcast episode "Medical expertise does not prevent caregiving grief" explores the emotional challenges faced by physicians when caring for their own aging parents. Barbara Sparacino, a psychiatrist and founder of The Aging Parent Coach, shares her personal experiences and highlights the 'prophet in your own country' paradox, where family members often dismiss medical advice from their own relatives. She emphasizes the importance of setting boundaries and extending grace to oneself during this difficult time. Sparacino advises that stepping back from the physician role can be beneficial for maintaining family relationships. (*The Podcast by KevinMD*, 02/02, kevinmd.com)

~ "The Lack of Preparation Compounds Provider Grief" highlights the insufficient grief training provided to pediatric residents, impacting their ability to support grieving families effectively. The study, conducted from March to April 2022, surveyed pediatric residents and found that while clinical experience with grief increased over time, formal training remained inadequate. Only 35.7% of residents felt competent in delivering difficult news by their third or fourth year, and a mere 19.5% believed their training program offered adequate grief support. (*Clin Pediatr (Phila)*, 09/11, https://pubmed.ncbi.nlm.nih.gov/40932238/)

~ "Fly fishing support group provides new angle on grief processing" explores how fly fishing can offer solace to those grieving. Rick Gillert, an experienced hospice chaplain and director of Angling in Grief, shares his insights on how the rhythmic nature of fly fishing can help individuals find peace amidst their grief. Gillert's extensive experience with approximately 5,000 deaths has informed his approach to supporting families and patients through innovative methods like this. (*Times-Courier*, 2/6, https://www.timescourier.com/local-newsletter/fly-fishing-support-group-provides-new-angle-grief-processing)

OTHER NOTES

~ "Congress Passes Spending Bill, Extends Telehealth Flexibilities" discusses the recent legislative extension of telehealth services under Medicare. The Consolidated Appropriations Act, 2026 extends telehealth flexibilities initially granted during the COVID-19 public health emergency. These include allowing Medicare patients to receive telehealth services anywhere in the U.S., expanding eligible practitioners, and waiving in-person requirements for mental health services through January 1, 2028. The act also introduces new CPT and HCPCS codes for telehealth services. (*AAPC Knowledge Center*, 02/04, https://www.aapc.com/blog/93940-congress-passes-spending-bill-extends-telehealth-flexibilities/)

~ "Medicare Advantage overpayments will total $76B this year: MedPAC" highlights the financial implications of overpayments in the Medicare Advantage (MA) program. According to the Medicare Payment Advisory Commission (MedPAC), the federal government will overpay $76 billion for MA enrollees compared to traditional Medicare. This is attributed to insurers exaggerating health needs to increase reimbursements, a practice known as upcoding. Despite a new risk adjustment model reducing overpayments from $84 billion in 2025, concerns persist about the efficiency of MA spending. MedPAC's findings will be presented in their March 2026 report to Congress. (*Healthcare Dive*, 01/16, healthcaredive.com/news/medicare-advantage-overpayments-76b-2026-medpac/809859/)

~ "Kaiser Permanente Affiliates Settle Medicare Risk Adjustment Fraud Case for $556 Million" details a significant legal settlement involving allegations of Medicare Advantage fraud. The Department of Justice announced that five Kaiser Permanente affiliates will pay $556 million to resolve claims of submitting unsupported diagnosis codes to inflate reimbursements. This settlement is the largest of its kind, surpassing previous cases involving Cigna and Independent Health. The case highlights ongoing scrutiny in Medicare Advantage practices, particularly around data mining and diagnosis capture. (*Bass, Berry & Sims PLC*, 01/19, jdsupra.com)

~ "Taking Care of Themselves: Cannabis Use Among Informal Care Partners of Older Adults" explores the increasing trend of cannabis use among informal care partners (ICPs) over 50 years old. The study, based on the 2019 California Health Interview Survey, found that ICPs are more likely to use cannabis compared to non-caregivers, particularly those caring for individuals with Alzheimer's disease or related dementias. The research highlights that cannabis use among ICPs is associated with higher reports of asthma, diabetes, and feelings of nervousness. The study calls for further research to determine whether cannabis serves as a benefit or harm to ICPs. (*Cannabis & Cannabinoid Research*, 12/23, https://journals.sagepub.com/doi/full/10.1177/25785125251380073)

~ "Solving the Home Care Quandary" explores innovative solutions to the growing demand for home care amidst a labor shortage. The article highlights the rise of worker-owned home care cooperatives and registries that connect caregivers directly with clients, bypassing traditional agencies. These models show promise in reducing turnover and improving job satisfaction, with co-ops reporting "half the turnover of traditional agencies" and better pay. Training programs for home care workers also demonstrate potential in enhancing patient care. Despite these innovations, the article notes that cost remains a significant barrier to expanding home care access. (*KFF Health News*, 01/08, kffhealthnews.org/news/article/new-old-age-home-care-alternatives-cooperatives-registries-training)

~ "What to expect in US healthcare in 2026 and beyond" explores the financial challenges and opportunities within the US healthcare system. The article highlights that industry EBITDA as a percentage of national health expenditures is expected to decline, with payers and providers facing significant financial pressures. However, growth opportunities exist in health services and technology, specialty pharmacy, and ambulatory care. The report suggests that healthcare leaders must embrace technology and rethink traditional models to remain competitive. The article provides insights into how these trends will shape the industry through 2029. (*McKinsey*, 01/12, mckinsey.com/industries/healthcare/our-insights/what-to-expect-in-us-healthcare)

~ "Meet the Vitalists: the hardcore longevity enthusiasts who believe death is 'wrong'" explores the radical movement of Vitalism, which aims to make death obsolete. The article discusses how founders Nathan Cheng and Adam Gries are rallying scientists, politicians, and wealthy individuals to prioritize defeating death as humanity's top concern. They argue that "death is humanity's core problem, and aging its primary agent." The movement is gaining traction, influencing policy changes, and promoting experimental treatments. However, ethical concerns arise about the implications of a society without death. (*MIT Technology Review*, 1/29, technologyreview.com/2026/01/29/1131815/vitalism-longevity-enthusiasts-influence).

~ The article "WHO statement on notification of withdrawal of the United States" addresses the U.S. decision to withdraw from the World Health Organization (WHO), highlighting the potential global health implications. WHO expresses regret over the decision, emphasizing the U.S.'s historical contributions to global health achievements. The U.S. cited WHO's handling of the COVID-19 pandemic as a reason for withdrawal, claiming failures in information sharing. WHO defends its actions, stating it acted swiftly and transparently during the pandemic. The organization remains committed to its mission and hopes for future U.S. re-engagement. (*World Health Organization*, 01/24, who.int/news/item/24-01-2026-who-statement-on-notification-of-withdrawal-of-the-united-states)

~Scientists are warning that rapid advances in artificial intelligence and neurotechnology have outpaced our ability to understand consciousness, creating ethical and potentially existential risks if society fails to define what consciousness is and how to detect it. Researchers argue that consciousness, long a topic for philosophy, now requires urgent scientific study because it could have profound implications across medicine, AI, law, animal welfare, and emerging technologies. The scientists emphasize the need for coordinated research and evidence-based methods to address both the fundamental mystery of subjective experience and the technological challenges that lie ahead, warning that failing to do so could lead to serious ethical mistakes as technology continues to evolve. (*WDCTVNews,* 2/2, https://wdctv.news/existential-risk-why-scientists-are-racing-to-define-consciousness/)

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