HOSPICE NEWS NETWORK

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

Volume 29, Number 11 September 30, 2025

A Service of State Hospice Organizations

READY OR NOT: "HOPE" IS HERE

On October 1, 2025, the Hospice Outcomes and Patient Evaluation (HOPE) tool replaces the long-standing Hospice Item Set (HIS) for quality reporting. This transition promises to ripple through many facets of hospice operations, from financial planning to staffing workflows, creating what an article in *Hospice News* calls "domino effects" across the sector.

Salimah Muhammad, registered nurse and founder of Healthcare Compliance as a Service (CaaS), spoke with *Hospice News* about the changes. Under the new system, data must be collected not retrospectively but in real time throughout a patient's stay — at admission, during update visits, and at discharge — introducing new timing requirements and compliance risks. Hospices must now adjust policies, retrain staff, and update their electronic health record systems.

Financial uncertainty is a key concern. As quality metrics shift and reporting burdens increase, some hospices may find margins squeezed by the added cost of infrastructure and training. Meanwhile, the potential for discrepancies in data collection—and the fallout from errors—adds administrative complexity.

To mitigate disruption, hospices have been advised to start early. That means auditing existing workflows, engaging with software vendors to support HOPE specs, conducting internal training, and stress-testing submission processes ahead of launch. When done proactively, the change may ultimately yield richer insights into patient outcomes and more consistent quality oversight — but the path forward is not without bumps. CMS'S(*Hospice News,* 9/26, https://hospicenews.com/2025/09/26/hospices-prepare-for-hope-tools-domino-effects/)

HOSPICE NOTES

~ "Preparing for the Onset of the 2026 Hospice Payment Rule" outlines the changes in hospice payment regulations set by CMS, effective October 1, 2025. Hospices will experience a 2.6% increase in Medicare base rate payments, a rise from the initially proposed 2.4%, resulting in a $750 million increase in federal hospice spending. Despite this, stake holders express concerns that the increase is insufficient given current financial challenges. The rule also allows a physician member of the interdisciplinary group to recommend hospice admission, easing the burden on medical directors. Additionally, the new Hospice Outcomes and Patient Evaluation (HOPE) tool will replace the Hospice Item Set for quality measurement, with implementation beginning October 1. (*Hospice News*, 09/10, hospicenews.com/2025/09/10/preparing-for-the-onset-of-the-2026-hospice-payment-rule)

~ "How Poor Quality Hospice Care Relates to False Claims Liability" explores the risks hospices face with subpar quality reports and their connection to false claims liability. The article highlights that regulators are increasingly scrutinizing hospices due to program integrity concerns, particularly violations of the False Claims Act (FCA) related to patient eligibility and billing for 'worthless services.' Jonathan Porter from Husch Blackwell emphasizes the importance of understanding compliance risks, while Meg Pekarske notes the high stakes involved, including potential fines and operational burdens. The article underscores the emotional and financial challenges hospices face in these cases. (*Hospice News*, 09/15, hospicenews.com/2025/09/15/how-poor-quality-hospice-care-relates-to-false-claims-liability).

~ "Nonprofit Hospice Consolidation 'Intensifying'" discusses the increasing trend of consolidation among nonprofit hospices due to rising costs and regulatory pressures. Mark Kulik from The Braff Group highlights that nonprofit hospice transactions have significantly increased, with about one in four involving a nonprofit seller. This trend began in 2022 and has been driven by financial sustainability challenges, staffing shortages, and competition for philanthropic support. Kulik notes that nonprofits are increasingly turning to private equity or for-profit buyers to ensure growth and stability. (*Hospice News*, 09/16, hospicenews.com)

~ "Proposed Bill Could Prevent Insurance Companies from Buying Part B, C Providers, Force Divestitures" discusses new legislative efforts to restrict insurance companies from owning Medicare Part B or Part C providers. Introduced by Sens. Elizabeth Warren and Jeff Merkley in the Senate, and Reps. Pat Ryan and Pramila Jayapal in the House, the Patients Over Profits Act aims to prevent insurers from acquiring these providers and mandates divestiture of existing ownerships. The bill targets large insurers like UnitedHealth Group, which recently acquired Amedisys and LHC Group. If passed, it would empower federal and state agencies to enforce divestitures through civil lawsuits. (*Hospice News*, 09/18, hospicenews.com/2025/09/18/proposed-bill-could-prevent-insurance-companies-from-buying-hospices-force-divestitures)

~ The article "Medicaid Hospice Payment Rates for FY 2026" outlines the updated payment rates for hospice care under Medicaid for the fiscal year 2026. The document provides detailed information on the payment adjustments and the methodology used to calculate these rates. It is crucial for hospice practitioners to be aware of these changes to ensure compliance and proper billing practices. The updated rates reflect changes in the cost of living and other economic factors that impact hospice care funding. (*Medicaid.gov*, 10/01, https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-hospice-rate-letter-FY2026.pdf)

~ "How Hospice Chaplains Improve Patient Outcomes" highlights the essential role of hospice chaplains in enhancing patient care. The article discusses how chaplains, trained in active listening and end-of-life conversations, collaborate with interdisciplinary teams to address patients' holistic needs, including physical, emotional, and spiritual aspects. Jason Cooper from VITAS Healthcare describes chaplains as "spiritual first responders" who ensure care aligns with patients' values and beliefs. Research indicates that addressing spiritual needs can significantly improve patient satisfaction and potentially increase hospice enrollment. (*Hospice News*, 9/19, hospicenews.com/2025/09/19/how-hospice-chaplains-improve-patient-outcomes)

~ "Hospice, Palliative Care Services Yield High Quality, Cost Savings" highlights the significant benefits of hospice and palliative care in improving patient outcomes and reducing costs. A study by Empassion Health involving 45,957 seriously ill patients revealed a 35% reduction in total care costs per patient during their final year of life. The study, presented at the 2025 Digital Health New York Summit, underscores the importance of high-quality care that "preserves independence and honors dignity." Key findings include substantial savings and improved care coordination, with hospice utilization rates reaching 70%. (*Hospice News*, 9/22, hospicenews.com)

~ "A 'Great Time' for Hospice Service Diversification" discusses the expanding horizons of hospice services through innovative care models and upstream palliative care. Crossroads Hospice & Palliative Care CEO Perry Farmer highlights the importance of navigating costs, referral streams, and staffing in developing palliative care programs. The article also explores the CAPABLE program, which aims to enhance seniors' mobility and reduce hospitalizations. Cheryl Hamilton Fried of Harmonia Health emphasizes the potential of CAPABLE to strengthen referral streams and improve patient outcomes. Dean Forman from VIA Health Partners notes that service diversification can enhance a hospice's value proposition and sustainability. (*Hospice News*, 09/23, hospicenews.com/2025/09/23/a-great-time-for-hospice-service-diversification)

~ "New AAHPM CEO on Ensuring Widespread Access to Hospice and Palliative Care" discusses the priorities of Pierre M. Désy, the new CEO of the American Academy of Hospice and Palliative Medicine (AAHPM). Désy emphasizes the importance of listening and alignment, focusing on workforce sustainability, access to care, and public policy. He highlights the need for high-quality hospice care and the challenges posed by changes in federal regulations, such as the transition to the Hospice Outcomes and Patient Evaluation (HOPE) assessment tool. Désy also stresses the significance of advancing research and maintaining telehealth flexibilities. (*Hospice News*, 09/25, hospicenews.com)

~ The article "Study Finds Hospice Providers 'Game' Medicare Payment Cap, But With Modest Impact on Costs" explores how some hospice agencies adjust admissions and discharges to maximize Medicare payments. The study by Norma Coe and David Rosenkranz reveals that while these practices increase hospice enrollment and spending, the financial impact is modest compared to cap liabilities. The findings suggest that geographic adjustments to the cap could make it more equitable, but caution is advised as reducing the cap might lead to some providers exiting the Medicare program. (*Penn LDI*, 09/16, ldi.upenn.edu/our-work/research-updates/study-finds-hospice-providers-game-medicare-payment-cap-but-with-modest-impact-on-costs)

~ The article "Churning' hospice patients yields no significant financial benefits, study finds" explores the financial implications of the practice of 'churning' in hospice care. A study published in the *Journal of Public Economics* analyzed Medicare hospice claims from 2000 to 2019, revealing that the financial gains from rapidly enrolling and discharging patients to manipulate Medicare payment caps are minimal. The study found that churning only adds one or two beneficiaries annually, saving about $30,000 to $50,000 in cap liability, which is insufficient to offset penalties. The research also noted no significant impact on end-of-life outcomes or care quality due to churning. (*McKnight's Home Care*, 09/22, mcknightshomecare.com/news/churning-hospice-patients-yields-no-significant-financial-benefits-study-finds)

~ "Emergency departments emerge as key entry point for hospice and palliative care" highlights the growing role of emergency departments (EDs) in initiating hospice and palliative care (HPC) consultations. A study by Henry Ford Health and Michigan State University reveals that EDs are increasingly serving as the first point of contact for HPC referrals, with palliative care consultations rising from 27.4% to 53.6% over the study period. The COVID-19 pandemic has further underscored the importance of HPC in EDs, with consultations increasing by 173.6%. The study emphasizes the need for Federal share of $6.9 million, while also developing procedures to prevent future issues. Texas agreed to implement policies but did not comment on collecting the overpayments. (*Office of Inspector General*, 09/22, https://oig.hhs.gov/reports/all/2025/texas-did-not-calculate-or-collect-hospice-cap-overpayments-totaling-105-million/)

~ "Medicare Advantage Plan Spending and Payments Under the Hospice Carve-Out" explores the financial implications of the hospice carve-out model for Medicare Advantage (MA) plans. The study found that after MA enrollees elected hospice, MA plans continued to receive significant premium and rebate payments despite low healthcare spending, resulting in $23 million to $58 million in excess payments annually. The authors suggest that the Centers for Medicare & Medicaid Services could require MA plans to report on supplemental benefits usage to better align payments with actual spending. (*JAMA Network Open*, 8/1, https://pubmed.ncbi.nlm.nih.gov/40828531/)

~ "Perspectives of Hospice Medical Directors on Challenges and Solutions for Improving Care for Persons Living With Dementias (PLWD) and Their Caregivers" explores the unique challenges faced by hospice care for dementia patients. The article highlights that PLWD often outlive the 6-month hospice eligibility, leading to high rates of live discharge. Hospice medical directors suggest solutions such as establishing dementia-specific hospice programs and extending hospice benefits for PLWD. They emphasize the need for additional support and potential reforms in Medicare hospice benefits to better address the prolonged end-of-life care needs of PLWD. (*American Journal of Hospice and Palliative Care*, 8/20, https://pubmed.ncbi.nlm.nih.gov/40831402/)

PALLIATIVE CARE NOTES

~ "The Hidden Crisis in Serious Illness Care and How We Fix It" highlights the urgent need for a national strategy to expand palliative care access and infrastructure. The article discusses the 'hospice cliff,' where patients are too ill for traditional care but not eligible for hospice, leading to fragmented and costly care. It emphasizes the importance of early palliative care integration, which can improve outcomes and reduce hospitalizations. Predictive analytics and value-based care models are proposed as solutions to identify and support at-risk patients earlier. (*MedCity News*, 09/07, medcitynews.com)

~ "Benefits and Burdens of Research Participation: A Mixed Methods Systematic Review in Palliative and End-of-Life Care" explores the complex dynamics of involving hospice and palliative care patients and their caregivers in research. The review highlights that while healthcare professionals often hesitate to involve these groups due to ethical concerns, the benefits of participation often outweigh the burdens. The study found that participation can provide value and support, even when burdens are present, and emphasizes the importance of addressing social determinants of health in research. This insight is crucial for clinicians and researchers aiming to enhance palliative care practices. (*Journal of Hospice and Palliative Nursing*, 08/21, https://pubmed.ncbi.nlm.nih.gov/40845318/)

~ "Nursing Homes Can Disrupt 'Rehabbed to Death' Cycle With PDPM-Based Palliative Care" discusses how skilled nursing facilities can utilize the Patient Driven Payment Model (PDPM) to enhance palliative care for end-of-life patients. The article highlights the need for policy changes to reduce unnecessary care transitions and costs, suggesting concurrent SNF and hospice care as a potential solution. The PDPM allows palliative care to be considered a skilled need, enabling reimbursement for such services. The authors urge CMS to educate providers on leveraging PDPM for better end-of-life care. (*Skilled Nursing News*, 09/07, skillednursingnews.com)

END-OF-LIFE NOTES

~ **A study from MD Anderson Cancer Center found that patients with advanced cancer who continue anti-cancer treatments in their final weeks of life experience higher rates of hospital admissions, emergency department visits, and intensive care unit use compared to those not receiving such treatments.** These patients were also less likely to use hospice care, which can provide comfort-focused support at the end of life. The findings highlight the importance of weighing the benefits and burdens of aggressive treatments near the end of life and suggest a need for better integration of palliative and supportive care. (MD Anderson Cancer Center, 9/26, https://www.mdanderson.org/newsroom/research-highlights/patients-receiving-anti-cancer-treatment-near-end-of-life-experience-higher-rates-of-hospitalization-ED-and-ICU-use-and-less-utilization-of-hospice.h00-159779601.html)

~ "Toward Better End-of-Life Care: Strategies to Reduce Hospital Utilization and Improve Quality in Metastatic Cancer" explores methods to enhance end-of-life care for metastatic cancer patients by minimizing hospital stays and maximizing quality days at home. The article emphasizes the importance of early identification and intervention using electronic health records to reduce hospital readmissions and length of stay. It highlights the need for hospital administrators to allocate resources for care coordination and palliative care consultations. The study underscores the shift towards patient-centered outcomes, focusing on 'good days' rather than traditional survival metrics. (*JCO Oncology Practice*, 09/18, https://ascopubs.org/doi/10.1200/OP-25-00400)

~ In "What I Learned About Dying While Caring for My Husband," Barbara Karnes, RN, shares personal insights from her experience as a caregiver for her husband during his final days. Despite her expertise as an end-of-life educator, Karnes found it challenging to accept that "our special person will die no matter what we do." She highlights the common caregiver focus on food, socialization, and activity, noting that these efforts cannot alter the inevitable progression of disease. Her reflections emphasize the importance of understanding and accepting the natural process of dying. (*BK Books*, 9/3, bkbooks.com/blogs/something-to-think-about/what-i-learned-about-dying-while-caring-for-my-husband)

~ "Lessons the Dying Teach Us About Living with Diane Button" explores the profound insights shared by those at the end of life, emphasizing the significance of 'the little things'

that bring meaning to our existence. Diane Button, an end-of-life doula and author of "What Matters Most: Lessons the Dying Teach Us About Living," discusses her book, which highlights the importance of storytelling and legacy projects in fostering death awareness. Button's work underscores how these narratives can help individuals create meaningful legacies and embrace life's final stages with purpose. (*End of Life University*, 09/08, eolupodcast.com)

~ A *Geripal* podcast ask "What Makes a Good Death?" and explores the evolving concept of a 'good death' and its cultural implications. The podcast revisits Karen Steinhauser's pivotal study from 25 years ago, which highlighted the diverse factors considered important at the end of life by patients, families, and healthcare providers. The discussion extends to recent research by Rasa Mikelyte and Edison Vidal, comparing perspectives on a good death among people with dementia in the UK and Brazil. The findings reveal significant cultural differences, with UK participants emphasizing choice and control, while Brazilian participants focused on spirituality and peace with God. This underscores the importance of understanding individual and cultural values in end-of-life care. (*GeriPal*, 09/18, geripal.org)

~ California "State Senator Catherine Blakespear Legislation to Continue California's End of Life Option Act Passes Senate, Heads to Governor Newsom's Desk" highlights the legislative efforts to extend California's medical-aid-in-dying law. Enacted in 2016, this law allows terminally ill adults to request medication to end their lives peacefully. The bill, SB 403, aims to remove the sunset clause set for 2031, ensuring the law's continuation. The bill has passed the Senate and awaits Governor Newsom's decision. The law includes safeguards such as requiring multiple confirmations of diagnosis and prognosis, and informing patients of alternatives like palliative care. (*Sierra Sun Times*, 09/13, https://goldrushcam.com/sierrasuntimes/index.php/news/local-news/70895-state-senator-catherine-blakespear-legislation-to-continue-california-s-end-of-life-option-act-passes-senate-heads-to-governor-newsom-s-desk)

~ A recent study by Peerboom et al. highlights the importance of empathetic, clear, and collaborative communication in end-of-life nursing care. Patients and families value nurses who listen attentively, explain medical information clearly, and support them emotionally through anticipatory grief. Multidisciplinary teamwork and family involvement enhance care, while challenges like time constraints and stress require targeted training. Prioritizing these practices fosters more compassionate, patient-centered end-of-life experiences. (*Bioengineer.org,* 9/28, https://bioengineer.org/key-insights-on-end-of-life-communication-in-nursing/)

~ "When I Go, I'm Going Green" explores the rising trend of eco-friendly burials in the United States. The article highlights how more Americans are opting for green burials, where everything is biodegradable, as a way to minimize environmental impact. Lee Webster, former president of the Green Burial Council, notes the increase in cemeteries offering green burials, from 150 in 2016 to 497 today. Despite only 10% of people preferring green burials, over 60% express interest in exploring these options. The article also discusses alternatives like human composting and alkaline hydrolysis. (*KFF Health News*, 09/08, kffhealthnews.org)

~ The article "End-of-Life Organizations Should Track VSED Usage" discusses the importance of monitoring Voluntarily Stopping Eating and Drinking (VSED) as an end-of-life option. It highlights that VSED is a legal and ethical choice for patients seeking to hasten death, yet it remains underreported and poorly understood. The article suggests that end-of-life organizations should systematically track VSED to better understand its prevalence and implications. This could enhance support for patients and families considering this option. (*Medical Futility Blog*, 09/25, https://medicalfutility.blogspot.com/2025/09/end-of-life-organizations-should-track.html)

~ "Americans Choosing Cremation at Historic Rates, NFDA Report Finds" highlights a significant shift in funeral service trends, with cremation rates projected to reach 82.3% by 2045. The National Funeral Directors Association (NFDA) reports that the U.S. cremation rate will hit 63.4% in 2025, more than double the burial rate of 31.6%. This trend reflects changing family priorities, cultural attitudes, and a growing preference for affordability and environmental benefits. The report also notes the increasing demand for digital services, with over half of NFDA-member funeral homes offering livestreaming options. (*National Funeral Directors Association*, 09/18, nfda.org/news/media-center/nfda-news-releases/id/9772)

~ The article "Allowing Natural Death in End-of-Life Decision-Making" explores the impact of using the term 'Allow Natural Death' (AND) instead of 'Do Not Resuscitate' (DNR) in end-of-life (EOL) discussions. The review of empirical literature reveals that AND is perceived as more acceptable and clearer by healthcare providers, surrogate decision-makers, and healthy adults, potentially leading to less traumatic deaths and better emotional healing for families. However, the term AND remains ambiguous and is not widely adopted in clinical practice. Further research is needed to understand its impact on real-world EOL decision-making. (*Geriatric Nursing*, 11/01, https://www.sciencedirect.com/science/article/abs/pii/S0197457225004689)

Grief and Advance Care Notes

~ "What My Brother Knew: Grief After Sibling Loss with Kristina Amelong" explores the profound impact of sibling grief and the potential for spiritual transformation following such a loss. Kristina Amelong shares her personal journey through the death of her younger brother, highlighting how sibling grief is often overlooked and how it can lead to long-lasting guilt and spiritual awakening. The episode discusses the importance of confronting grief directly and the synchronicities that can occur in the aftermath of loss. (*End of Life University*, 09/15, eolupodcast.com/2025/09/15/ep-518-what-my-brother-knew-grief-after-sibling-loss-with-kristina-amelong)

~ The podcast episode "Dying to Live: How Death Gives Meaning to Life with Andy Chaleff" explores how contemplating death can enrich life. Andy Chaleff, an award-winning author and speaker, discusses his memoir 'Dying to Live,' which delves into the intersection of grief, love, and transformation. The episode highlights the importance of making peace with death and how 'little deaths' in life prepare us for larger griefs. Chaleff emphasizes the dual meanings of 'dying to live' and the significance of presence at the end of life. (*End of Life University*, 09/22, eolupodcast.com)

~ The article "We don't take each other for granted anymore" explores the preloss grief experienced by older adult spousal caregivers of partners with advanced cancer. This study highlights the emotional and social challenges these caregivers face, including loss of freedom, increased isolation, and changes in communication and roles. The research emphasizes the importance of targeted interventions like support groups and counseling to alleviate the negative impacts of caregiving and enhance the well-being of these caregivers. (*Journal of Hospice & Palliative Nursing*, 10/25, [https://journals.lww.com/jhpn/abstract/2025/10000/*we_don_t_take_each_other_for_granted_any more_.13.aspx*](https://journals.lww.com/jhpn/abstract/2025/10000/we_don_t_take_each_other_for_granted_anymore_.13.aspx))

~ "Reducing family caregiver burden may prevent 30-day ED readmissions among community-dwelling older adults, study finds" highlights the impact of caregiver stress on emergency department revisits. The study, published in the *Journal of the American Medical Association*, analyzed 1409 patient-caregiver pairs, revealing that increased caregiver burden correlates with higher odds of 30-day ED revisits. The research underscores the importance of addressing caregiver strain to improve care transitions and reduce hospital readmissions. The findings suggest that caregiver support could be crucial in managing patient outcomes post-discharge. (*McKnight's Long-Term Care News*, 9/9, https://www.mcknights.com/news/reducing-family-caregiver-burden-may-prevent-30-day-ed-readmissions-among-community-dwelling-older-adults-study-finds/)

~ "Patient- and Caregiver-Identified Goals for Advance Care Planning in Patients With Dementia or Cognitive Impairment" highlights the need for advance care planning (ACP) tools that prioritize quality of life outcomes over medical outcomes for those with cognitive impairments. The study involved interviews with 17 individuals with mild cognitive impairment or dementia and 15 caregivers, revealing that 86% of identified goals were quality of life-focused, such as social life and family involvement, rather than healthcare-specific. This underscores the importance of developing ACP tools that facilitate shared decision-making based on personal values. (*Dementia (London)*, 08/11, https://pubmed.ncbi.nlm.nih.gov/40788685/)

GRIEF NOTE

~ **A study on after-death communications (ADCs) reveals that reports by bereaved individuals differ when the death was unexpected versus expected, and examines how those experiences relate to grief and fear of death.** The authors found that people who lost someone suddenly were more likely to express uncertainty in how ADCs affected their fear of death, compared to those who anticipated the loss; however, no significant difference in levels of grief emerged between the two groups. Regardless of whether the death was expected, most participants described ADCs as having a positive impact on their bereavement. The findings suggest ADCs may play a role in emotional healing and influence how survivors perceive death and existence. (*Omega* (Westport), 9/4, https://pubmed.ncbi.nlm.nih.gov/40906529/)

OTHER NOTES

~ "Nurse practitioner, RN shortage to hit 362,000 by 2032" highlights a looming crisis in the U.S. healthcare workforce. According to a study by the Georgetown University Center on Education and the Workforce, more than 1 million nurses are expected to retire by 2030, leading to a projected shortfall of 328,100 registered nurses, 42,100 licensed practical nurses, and 33,800 nurse practitioners by 2032. The shortage is exacerbated by high turnover rates, burnout from the COVID-19 pandemic, and limited immigration opportunities. Addressing these shortages is deemed a national priority, with significant implications for the healthcare system. (*Becker's*

Hospital Review, 09/17, https://www.beckershospitalreview.com/quality/nursing/nurse-practitioner-rn-shortage-to-hit-362000-by-2032/)

~ **The latest supplement of the *Journal of the American Geriatrics Society* brings together new research and perspectives on aging, geriatric care, and policy, with all articles available online at the link below.** This special issue highlights current challenges and innovations in the field, offering insights for clinicians, researchers, and policymakers. Among the contributions are studies exploring the use of artificial intelligence in geriatric assessment, analyses of how social determinants of health influence aging outcomes, and evaluations of new models of dementia care. Other articles address palliative care access, workforce development in geriatrics, and strategies to better integrate mental health into primary care for older adults. Collectively, the supplement reflects the growing complexity of aging populations and underscores the need for evidence-based approaches to improve health and quality of life across later years.

~ **"Living With Dementia: Learning from Cultural Narratives of Aging Societies" is published in the Hastings Center Report in September 2025.** The report emphasizes the importance of rethinking how societies perceive and discuss dementia. It advocates for a more thoughtful approach to understanding dementia as a foreseeable consequence of increased human longevity. By examining cultural narratives, the report aims to help aging societies better understand themselves and their current and future needs. The goal is to create programs that support individuals living with dementia, enabling them to lead fulfilling lives while also reducing burdens on caregivers. All articles in the Report are free online at the second link below. (Hastings Center Special Report, July-August 2025, https://doi.org/10.1002/hast.70014; https://onlinelibrary.wiley.com/toc/1552146x/2025/55/S1)

~ **Healthcare providers face the looming expiration of Medicare telehealth flexibilities put in place during the COVID-19 pandemic, which are set to end September 30, 2025, unless Congress acts**. Without action, patients and providers will encounter reduced access beginning October 1. The extension, which goes into November 2025, is included in H.R. 5371. (*National Law Review,* 9/26, https://natlawreview.com/article/telehealth-services-brink-again-7-week-stopgap-only-fix#google_vignette)

NOTE: Some URL links require subscription, membership and/or registration.

Hospice Analytics is the national sponsor of Hospice News Network for 2025. Hospice Analytics is an information-sharing research organization whose mission is to improve hospice utilization and access to quality end-of- life care. For additional information, please call Dr. Cordt Kassner, CEO, at 719-209-1237 or see www.HospiceAnalytics.com.