

## Top News Stories of the Month, October 2025

| Article Summary                                                        |           |             |
|------------------------------------------------------------------------|-----------|-------------|
| Category                                                               | #         | %           |
| <b>A1</b> Mission Moments                                              | 4         | 7%          |
| <b>A2</b> Reimbursement Challenges, Warning Signs, and Implications    | 3         | 5%          |
| <b>A3</b> Competition to be Aware of                                   | 6         | 11%         |
| <b>A4</b> Workforce Challenges                                         | 9         | 17%         |
| <b>A5</b> Patient, Family, and Future Customer Demographics and Trends | 6         | 11%         |
| <b>A6</b> Regulatory and Political                                     | 4         | 7%          |
| <b>A7</b> Technology and Innovations                                   | 6         | 11%         |
| <b>A8</b> Speed of Change, Resiliency, and Re-Culture                  | 0         | 0%          |
| <b>A9</b> The Human Factor                                             | 2         | 4%          |
| <b>A10</b> Highlighted Articles of Interest                            | 14        | 26%         |
| <b>Totals</b>                                                          | <b>54</b> | <b>100%</b> |

### **A1 Mission Moments**

#### **1 [Care that never gives up - in honour of World Hospice & Palliative Care Day 2025](#)**

*The Morung Express; by Dr. Victoria Seb, MBBS, PDGDM, FIPM; 10/10/25*

Quoting the Father of Medicine, Hippocrates, himself : 'To cure sometimes, to relieve often, to comfort always', these timeless words echo deeply the realm of palliative care, reminding us that the heart of healthcare lies not only in curing disease but in easing suffering and preserving dignity. The World Hospice & Palliative Care Day 2025 theme "Achieving the Promise: Universal Access to Palliative Care" calls to action for communities, healthcare systems and policy makers to ensure that palliative care is not a privilege but a universal right – accessible to every person, everywhere. ... In an era marked by medical advancement and increased life expectancy, the demand for holistic, compassionate care at the end of life has never been greater. Yet, despite its proven benefits, access to palliative care remains limited worldwide. The need for palliative care is urgent and growing, especially as populations age and chronic diseases become more prevalent.



2 **'A good death': How compassionate care helps people navigate the end of life** *YaleNews - Health & Medicine, New Haven, CT; by Meg Dalton; 10/13/25*

Palliative and hospice care both focus on improving the quality of life of people with serious illness. In a Q&A, Shelli Feder discusses the future of compassionate care in the U.S. — and what it means to have a “good death.” The hospice movement got its start in the United States right here in New Haven. In the late 1960s, former Yale School of Nursing (YSN) Dean Florence Schorske Wald attended a speech given by hospice pioneer, Dr. Cicely Saunders, at Yale School of Medicine. ...

3 **Letters without limits: Linda McDaniel**

*The Johns Hopkins News-Letter; by Max Siau and Linda McDaniel; 10/18/25*

Letters Without Limits, founded by students at Johns Hopkins and Brown University, connects volunteers with palliative care and hospice patients to co-create “Legacy Letters.” These letters capture memories, values and lessons that patients wish to share, preserving stories that might otherwise be lost. By honoring these voices and preserving legacies, Letters Without Limits hopes to affirm the central role of humanism in medicine, reminding us that every patient is more than their illness and that their voices deserve to be heard. As you read these powerful Legacy Letters, we invite you to pause, reflect and recognize the beauty in every life.

4 **'I Prayed for Him': Faith, Mystery, and Meaning in Medicine**

*Medscape; by Eric Spitznagel; 10/15/25*

Harold Koenig, MD, remembers the first time he didn't just talk about spirituality with a patient but let it shape his care... Koenig found himself doing something unusual. “I prayed for him every day and told him I was praying for him,” he said. “This meant a lot to him.” Although he had prayed for patients in the past, Koenig never admitted as much openly in a hospital setting... Doctors are starting to talk openly about that spiritual dimension of their work.

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|  | <b>Total</b> | <b>4</b> |
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## A2 Reimbursement Challenges, Warning Signs, and Implications

### A. General to Hospice

#### 5 [The CMS activities that will, won't continue during the shutdown](#)

*Becker's Hospital Review; by Andrew Cass; 10/2/25*

CMS has [outlined](#) the activities that will and won't continue during the federal government shutdown. The federal government [shut down](#) at 12:01 a.m. Oct. 1 after lawmakers failed to reach a spending deal. CMS is retaining 53% of its staff, 3,311 employees, during the shutdown. Here is what the agency said will and won't continue during a lapse in appropriations: ...

*Editor's Note: This adds more detail to what we posted [yesterday](#), from a broader healthcare perspective. As this is a developing story, we will continue to provide timely, relevant updates as they occur.*

#### 6 [Rural Health Transformation Program must consider care at home, Alliance tells CMS](#)

*McKnights Home Care; by Adam Healy; 10/17/25*

As stakeholders compete for funding from the Rural Health Transformation Program, the Centers for Medicare & Medicaid Services' \$50 billion rural healthcare grant initiative, home care providers are asking for their cut. "The RHTP represents a chance to reshape rural health systems around a continuum of care that extends beyond hospital walls," Steve Landers, MD, chief executive officer of the National Alliance for Care at Home, said Wednesday in a [letter](#) to CMS. "The National Alliance for Care at Home strongly urges CMS to view home-based care not as an adjunct, but as an essential partner in the transformation of rural health delivery."

### B. Medicare Advantage

#### 7 [These are the health insurers that quit Medicare Advantage](#)

*Modern Healthcare; by Nona Tepper; 10/6/25*

The Medicare Advantage market isn't what it used to be, and some health insurance companies have had enough. At least seven insurers that offered Medicare Advantage plans this year abandoned the program for 2026 amid escalating spending, stricter regulation and narrowing margins, company and federal data show. Six carriers left the market ahead of the 2025 plan year, according to Centers for Medicare and Medicaid Services data analyzed by the health policy research organization KFF. Leading Medicare Advantage insurers such as UnitedHealth Group subsidiary UnitedHealthcare, Humana



and CVS Health subsidiary Aetna [withdrew from hundreds](#) of counties, cut [supplemental benefits](#) and [pulled back](#) on marketing for [the same reasons](#).

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| Total | 3 |
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### A3 Competition to be Aware of

#### 8 **Commentary: New York must act now to protect quality hospice care**

*Times Union; by Cara Pace - CEO of New York's United Hospice, NY Senator Liz Krueger, and NY Assembly Member Amy Paulin; 9/30/25*

When your loved one is entering the final stage of their life, who would you rather manage their care: a nonprofit solely dedicated to providing the highest quality care possible? Or a private entity seeking to maximize profits? ... However, for-profit hospices now account for 70% of the market, up from 5% 35 years ago. This comes despite [studies showing](#) that for-profit hospices provide fewer essential services, employ less skilled staff, receive a higher volume of complaints and contribute less to their communities than their nonprofit counterparts. ... That's why we introduced legislation ([S.3437/A.565](#)) to prohibit the state from approving new applications for the establishment, construction or increased capacity of for-profit hospice entities. The two existing for-profit providers would not be touched, though their capacity to expand would be limited. The legislation now awaits Gov. Kathy Hochul's signature.

*Editor's Note: For-profit or non-profit status alone does not speak to the quality of care provided by the individual hospice. Some for-profits provide excellent care; some non-profits do not. This article speaks to evidence-based data, quality scores, patterns, trends, and cumulative results from CAHPS, HIS (which is being replaced by the HOPE Tool, effective today), and more. Examine quality scores in your services with the [National Hospice Locator \(ranked by scores\)](#), provided by [National Hospice Analytics](#).*

#### 9 **[Bipartisan group of N.Y. legislators urge Hochul to sign bill preventing for-profit hospice expansion](#)**

*Spectrum News 1, Northern New York; by Susan Arbetter; 10/9/25*



Because hospice care doesn't provide curative treatment, for-profit companies, including private equity firms, are swiftly entering the field because they can make a lot of money. [It hasn't worked out well.](#) In New York state, there are 39 not-for-profit hospice programs and two for-profit. There are those who point to the state's low hospice utilization rate and say the answer is to open the state up to more for-profit hospice. State Sen. Liz Krueger, a Democrat from Manhattan, and state Assemblyman Brian Maher, a Republican from the Hudson Valley, both strongly disagree.

### A. Mergers & Acquisitions

#### 10 [Report sounds alarm about private equity's growing involvement in PACE](#)

*McKnights Home Care; by Adam Healy; 9/24/25*

The Program of All-inclusive Care for the Elderly (PACE), a program funded by Medicare and Medicaid, is an increasingly attractive target for private equity investors. This may be a cause for concern, according to a new [report](#) by the Private Equity Stakeholder Project. "Private equity sees PACE as a guaranteed revenue stream, not a care model," Michael Fenne, report author and PESP's senior healthcare research coordinator, told *McKnight's Home Care Daily Pulse* Wednesday in an email. "The result is that PACE, once a nonprofit-driven model focused on keeping seniors healthy at home, is increasingly being treated as a financial opportunity for investors."

#### 11 [Pennant Group completes strategic acquisition of operations](#)

*Investors Hangout; by Ryan Hughes; 10/2/25*

... Pennant Group is set to integrate operational assets worth approximately \$146.5 million, encompassing various home health, hospice, and personal care services primarily situated in the Southeast. This acquisition includes 54 locations across multiple states, primarily focusing on the healthcare needs of communities in the region. ... An important aspect to highlight is that about two-thirds of the total revenue is associated with home health services, while the remaining third is linked to hospice care.

*Editor's Note: [A related article by Investors Hangout reports:](#)*

"The acquired services are primarily situated in Tennessee. In this region, home health services account for approximately two-thirds of the revenue, while hospice services comprise the remaining third. To ensure a seamless transition, Pennant and UnitedHealth have established a transition services agreement that facilitates operational continuity following the acquisition."

**12 Study: PE-owned hospices have highest profits, lowest spending on direct patient care**

*McKnights Home Care; by Liza Berger; 10/8/25*

Compared to publicly traded company-owned and other for-profit hospices, private equity (PE)-owned hospices reported the highest profits and lowest spending on direct patient care and nonsalary administrative services, a [study published Tuesday](#) in *Health Affairs* revealed. The study, which used 2022 Medicare cost reports, compared revenue and expense data across four hospice ownership models: PE-owned, publicly traded company-owned, other for-profit, and not-for-profit. The sample consisted of 2,989 freestanding hospices ... [Across] the board, not-for-profits spend about 20% more on direct patient care services than other for-profits. And that seems to be driven by a pretty big difference in nurse salaries, which to us implies that staffing tends to be better at or at least more robust at not-for-profits. ... A body of research has found that for-profit hospice ownership, including [private equity](#), is associated with poorer quality, higher rates of complaints, a higher number of live discharges, and a higher hospitalization rate compared with not-for-profit ownership.

**13 How Optum’s Amedisys deal could shake up the hospice market**

*Hospice News; by Jim Parker; 10/21/25*

The acquisition of the home health and hospice provider Amedisys by the insurance mammoth UnitedHealth Group (NYSE: UNH) has far-reaching implications for the hospice community. The UnitedHealth Group subsidiary Optum, in June 2023 inked its agreement to acquire Amedisys in an all-cash transaction of \$101 per share, or about \$3.3 billion. After leaping a series of regulatory hurdles, including a U.S. Justice Department lawsuit, the deal closed in mid-August... The merger likely makes UnitedHealth Group one of the largest hospice providers in the United States.

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|  | <b>Total</b> | <b>6</b> |
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## A4 Workforce Challenges

### A. Paints the Picture

#### 14 [55% of healthcare executives plan to change roles within 3 years: Survey](#)

*Becker's Hospital Review; by Kristin Kuchno; 10/17/25*

More than half of healthcare executives plan to leave their roles within the next three years, according to a report from LHH, an executive search firm. Here are six more things to know from two 2025 surveys...

- Among U.S. executives across industries, 15% of respondents said they plan to change roles within the next 12 months, compared to 49% who said they are eyeing the exit within the next two to three years.
- The top reasons executives are seeking a new role are a better salary (38%), improved work-life balance (36%) and opportunities for new skills development (30%). [[Read for more.](#)]

#### 15 [Poverty, food insecurity, and housing instability among US health care workers](#)

*JAMA Network; by Anthony Zhong, Chloe Gao, Donald Szlosek, Dang Nguyen, Maelys J. Amat, Russell S. Phillips; 10/22/25*

The US health workforce faces projected shortages of more than 180,000 physicians and 200,000 registered nurses in the next decade. Burnout, poor working conditions, and inadequate wages have been cited as key drivers of these shortages. However, the prevalence of financial hardship can affect worker retention and job performance. This study evaluated rates of poverty, food insecurity, and housing instability among US health care workers... Rates of financial hardship varied by occupational group. Direct care/support workers reported the highest rates of financial hardship across all measures, including poverty (9.63%), food insecurity (24.50%), and housing instability (13.64%).

*Publisher's note: An interesting question - do we know these rates among hospice workers?*

### B. Implications of the issue

#### 16 [Home health industry welcomes CMS' repeal of nursing home staffing mandate](#)

*Home Health Care News; by Joyce Famakinwa; 9/20/25*

Earlier this month, the Centers for Medicare & Medicaid Services (CMS) drafted a rule that would repeal the federal staffing mandate for nursing homes – a move that would send ripple effects through the home health industry. The rule was controversial among nursing home operators, but it also received pushback from home health providers who

were concerned that the mandate would lead to further staffing scarcity. "The repeal is positive for home health agencies," Katy Barnett, director of home care and hospice operations and policy at LeadingAge, told HHCN in an email.

17 **Sought-after physician specialty roles are taking longer to fill**

*Modern Healthcare; by Tim Broderick; 9/24/25*

The time it took to fill open positions for the most sought-after physician specialties increased to almost five months in 2024, according to new research. The nonprofit Association for Advancing Physician and Provider Recruitment, with research firm Industry Insights, examined 2024 data from more than 15,000 searches of the association's site, 61% of which were related to physician searches. ... The analysis found the estimated median days to fill the selected jobs increased by 11.5%, to 145 days in 2024 from 130 days in 2023. Oncology positions were the hardest to fill, at an estimated median of 332 days. Cardiology positions followed with an estimated median of 248 days to fill. *[Access to the full article might be limited per a paywall.]*

*Editor's Note: Oncology and cardiology are now the two hardest physician specialties to recruit—roles that take many months to fill. This matters deeply for hospice care.*

*According to NHPCO's Facts and Figures 2024, cancer and circulatory diseases--together with Alzheimer's and other neurological conditions--account for nearly 75% of all hospice admissions. Delays in recruiting these specialists risk slowing timely palliative and hospice referrals. Ensuring that newly hired oncologists and cardiologists receive both clinical orientation and intentional connection with hospice teams is critical to sustaining seamless, compassionate care.*

18 **More than 45,000 Kaiser Permanente workers strike in 4 states**

*Modern Healthcare; by Hayley DeSilva; 10/14/25*

An estimated 46,000 Kaiser Permanente staff members began a five-day strike Tuesday across multiple states over staffing, pay and benefit concerns. Employees on strike include registered nurses, lab professionals, pharmacists and other skilled healthcare workers from 23 different unions, a spokesperson for Kaiser Permanente said. The unions are part of the Alliance of Health Care Unions, which represents an estimated 62,000 Kaiser employees. ... "[They] are demanding significantly higher increases than our 21.5% offer," the Kaiser spokesperson said.



### C. Solutions

19 **Stories from an accidental Hospice Nurse by Shawn Brast, MSN, RN, CHPN**

*ehospice; by Shawn Brast, Clinical Education Manager at Gilchrist Hospice in Baltimore; 10/9/25*

... The strangest thing happened: after 30+ years in healthcare, I found my calling as a hospice nurse. Routinely, I am granted special access to some of the most intimate moments in patients' and families' lives. With my short experience as a hospice nurse, I have come across some awe-inspiring moments that have provided life lessons that must be shared for the greater good. ... [Shawn describes several hospice stories with his insights.] These types of "Aha!" moments continued since these three experiences, but it was these three experiences that set my direction to answer my calling. In doing so, I am becoming a better person, clinician, educator, researcher, student, husband and father.

20 **AdventHealth saves \$47.5M with redesigned nurse career ladder**

*Becker's Clinical Leadership; by Mariah Taylor; 10/9/25*

AdventHealth's redesigned career ladder has prevented the departure of more than 700 nurses and saved the system an estimated \$47.5 million in 2024. The Professional Excellence Program launched in 2022 to keep nurses at the bedside and counter the notion that they had to migrate into leadership, quality or safety roles to progress in their career. "Historically, to advance, nurses often felt they had to step away from the bedside because those roles didn't fully recognize the specialized competencies they bring," Trish Celano, RN, system chief nurse executive for the Altamonte Springs, Fla.-based system, told *Becker's*. "The clinical ladder changes that."

21 **Raising the bar in healthcare leadership training**

*UConn Today; by Barbara O'Neill; 10/21/25*

"Clinical leadership training is vital to launching the next generation of our health care workforce," says Raquel Manley, DMD, faculty and alum of the Urban Service Track/AHEC Scholars (UST/AS) Program, located on the UConn Health campus in Farmington. "Effective health care is based upon clear communication, conflict resolution, and teamwork for the health and well-being of our patients and community members. In my experience as an Urban Health/AHEC Scholar, coach, and faculty, I have found that today's students are often very brilliant academically and in social settings



but need coaching and counseling on leadership skills once they enter the workforce.”  
So why is this the case?

22 **Three tried-and-true strategies AHCA Gold Quality Award winners use to land and keep staff**

*McKnight's Long-Term Care News, Las Vegas, NV; by Kimberly Marselas; 10/22/25*

Leaders of three of the nation’s best-performing nursing homes shared ... outside-the-box recruitment and retention strategies that have made robust staffing the linchpin of their respective quality-improvement journeys. ... Here, *McKnight's Long-Term Care News* shares a few of the role model practices Peters and her two [2025 Gold National Quality Award](#) peers rely on to create staff loyalty, even in highly competitive markets.

- Turning current employees into recruiters ...
- Creating job satisfaction with sunshine and summer cap ...
- Hire from the heart ...

*Editor's Note: Bravo to these leaders for your innovative strategies. Surely, these can be adapted for hospice organizations. I would love to have been observed interpersonal dynamics in your brainstorming and implementation meetings, especially when rolling these out with your staff. Again, thanks for your contributions and congratulations!*

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| Total | 9 |
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**A5 Patient, Family, and Future Customer Demographics and Trends**

23 **Why are more older people dying after falls?**

*KFF Health News; by Paula Span; 9/30/25*

... Public health experts have warned of the perils of falls for older people for decades. In 2023, the most recent year of data from the Centers for Disease Control and Prevention, more than 41,000 Americans over 65 died from falls, an opinion article in JAMA Health Forum pointed out last month. More startling than that figure, though, was another



statistic: Fall-related mortality among older adults has been climbing sharply. ...  
[Death] rates from fall injuries among Americans over 65 had more than tripled over the past 30 years. Among those over 85, the cohort at highest risk, death rates from falls jumped to 339 per 100,000 in 2023, from 92 per 100,000 in 1990. ...

- Drug theory questioned ...
- 'Deprescribing' ...

24 **[Why are more older people dying after falls?](#)**

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- Drug theory questioned ...
- 'Deprescribing' ...

25 **[Understanding parts of Medicare: A through N explained](#)**

*U.S. News & World Report / WTOP News; 10/14/25*

The alphabet soup of [Medicare](#) — multiple parts and plans, starting with A all the way through N — can be bewildering, especially for those who are newly [eligible for Medicare](#). In this guide, we break down each part of Medicare to help you find the best health insurance fit for your needs.

26 **[An age-old fear grows more common: 'I'm going to die alone'](#)**

*Miami Herald; by Judith Graham, Kaiser Health News; 10/17/25*

This summer, at dinner with her best friend, Jacki Barden raised an uncomfortable topic: the possibility that she might die alone. "I have no children, no husband, no siblings," Barden remembered saying. "Who's going to hold my hand while I die?" ... It's something that many older adults who live alone — a growing population, more than



16 million strong in 2023 — wonder about. ... More than 15 million people 55 or older don't have a spouse or biological children; nearly 2 million have no family members at all.

27 **Veterans with burdened caregivers more likely to enter nursing homes, study finds**

*McKnight's Home Care; by Foster Stubbs; 9/30/25*

Veterans whose family caregivers reported higher emotional burden and depression were more likely to be admitted to nursing homes after three-year follow-ups, according to a September [study](#) published in the Journal of the American Geriatrics Society.

*Publisher's note: Perhaps higher emotional burden and depression among family caregivers of veterans occurs in hospice, too.*

28 **The best, worst states for Medicare: Report**

*Becker's Payer Issues; by Elizabeth Casolo; 10/16/25*

Vermont, Utah and Minnesota topped the [Commonwealth Fund's Medicare performance scorecard in 2025](#), whereas Kentucky, Mississippi and Louisiana struggled the most. The healthcare research foundation evaluated states on criteria spanning four domains: access to care, quality of care, costs and affordability, and population health. These performance indicators draw from CMS, federal surveys and other public data sources. The Commonwealth Fund ranked states according to how well Medicare was working based on those indicators. The organization mostly reviewed data from 2023 through 2025.

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| Total | 6 |
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## A6 Regulatory and Political

### 29 [Expert: In preparation for debut of HOPE tool Wednesday, hospices should provide training, adhere to timelines](#)

*McKnight's Home Care; by Adam Healy; 9/28/25*

With the Hospice Outcomes and Patient Evaluation (HOPE) tool scheduled to roll out Wednesday, hospice providers need to get up to speed, ... Katy Barnett, director of home care and hospice operations and policy at LeadingAge, told *McKnight's Home Care Daily Pulse* ... "To be successful with the new tool, providers need to adhere to a few best practices. ... Providers should have a designated staff member making sure that their assessments are uploaded within 30 days of completion and that they are accepted by the iQIES system," she said. "In the first quarter of implementation, meeting the 90% threshold for timely reporting of data is key." Barnett added, "Providers need to make sure they're meeting the two-day timeline for symptom follow-up visits and that they're tracking completion either within their EMR or externally. This is really important since the visits will count towards publicly reported quality measures starting in January."

**[Guest Editor's Note, from Judi Lund-Person:](#)** For patients who are already on service on October 1, hospices will only use the HOPE discharge process and will not use the HUV or SFV visits. Have you registered for iQIES yet? There is still time..... although every hospice will want to pay close attention to the 90% compliance threshold – if it is not met, there could be a 4% payment reduction for the following year. Good luck with your final preparations!

### 30 [Government shutdown impact on telehealth for hospice and palliative care providers](#)

*Lund Person & Associates; by Judi Lund Person; 10/1/25*

At 12:01 am on October 1, 2025, the US federal government shut down without an agreement on a continuing resolution (CR) to fund the government. The shutdown affects many functions of the federal government. This memo will focus on the telehealth provisions for hospice and palliative care. ... **[Examine this definitive resource, addressing the following topics:](#)**

- MAC Temporary Claims Hold
- Hospice Face to Face Provided with Telehealth Now Prohibited
- Telehealth Originating Site Requirements as of October 1, 2025
- Permanent Medicare Telehealth Policy on Eligible Providers - Important Information for Palliative Care Providers
- Proposed CY 2026 Medicare Physician Fee Schedule



- Performing Telehealth Services On or After October 1 - Not Payable by Medicare  
*Editor's Note: Additional articles on the government shutdown's impact on hospice and palliative care include the following.*

- [Care at home impacts of a government shutdown](#), *National Alliance for Care at Home*
- [CMS telehealth waivers, virtual hospice re-certification, expire](#), *Hospice News*
- [Government shutdown halts telehealth flexibilities, hospital-at-home waiver, threatening home health industry](#), *Home Health Care*
- [Government shutdown likely to impact home health and hospice](#), *Leading Age New York*

### 31 **CMS issues memo with contingency plans for state survey & certification activities in the event of federal government shutdown**

CMS - Center for Clinical Standards and Quality; by CMS Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG); 10/1/25

On October 1, 2025, CMS issued [QSO-26-01-ALL](#) identifying State Survey and Certification functions that (a) are not affected by a Federal shutdown, (b) excepted functions that are to be continued in the event of a shutdown (also referred to as "essential functions"), and (c) other activities that are directly affected and therefore should not be operational during a Federal shutdown. CMS also clarified that Hospice Surveys funded through the Consolidated Appropriations Act (CAA) of 2021 are considered mandatory and are not impacted by the Federal Government shutdown. Work funded under these sources should continue.

#### **Essential Medicare functions during the shutdown:**

1. Complaint investigations alleging harm
2. Certain Federal enforcement actions
3. Revisit surveys approved by exception and necessary to prevent termination
4. Immediate threats to life or safety (emergencies and natural disasters)
5. Orderly shutdown of other tasks.



### Activities not supported or conducted during the Federal government shutdown:

1. Standard surveys
2. Certain revisit surveys
3. Initial surveys
4. Initial certification via deemed status
5. Certain complaint investigations
6. MDS or OASIS – no activities
7. Informal Dispute Resolution – not conducted
8. New CMP-funded improvement project – no new projects to be funded

#### 32 **The telehealth cliff has arrived: What's changing and what to watch**

*Healthcare Law Blog; by Sheppard Mullin Richter & Hampton LLP, co-author Joel Dankwa; 10/9/25*

On October 1st, certain key telehealth flexibilities created during the COVID-19 public health emergency ("PHE") expired as the government shutdown began. The Centers for Medicare & Medicaid Services ("CMS") issued a number of telehealth waivers during the PHE, some of which were extended through September 30, 2025 by the Full-Year Continuing Appropriations Act, 2025 ("CAA"). The flexibilities expired as legislative efforts to once again extend the flexibilities, including through the House Committee's stop-gap government funding Continuing Resolution, failed to pass. **The flexibilities that expired on October 1**, after being extended by the CAA, are:

- *Definition of "Originating Site": ...*
- *Definition of "Practitioner": ...*
- *RHC and FQHC Telehealth Services: ...*
- *In-Person Visit Requirement for Telehealth Mental Health Services: ...*
- *Audio-Only Telehealth: ...*
- *Recertification of Eligibility for Hospice Care: ...*
- *Hospital at Home: ...*

**Total**

**4**

## **A7 Technology and Innovations**

### **33 [40 HR executives gathered to discuss today's biggest challenges: Here is what they said](#)**

*Seramount; by Grace Licsko; 9/26/25*

This month, Seramount convened more than 40 CHROs and senior HR leaders for our latest [HR Executive Board](#) Roundtable. The event included findings from Seramount's interviews with 100 CHROs and featured a fireside chat with [Jacqui Canney](#), Chief People and AI Enablement Officer at ServiceNow. Across the day, participants exchanged perspectives on a wide range of priorities, from culture and hybrid work to sustaining employee well-being. But the conversation largely centered around GenAI. Below are some key takeaways and themes from the conversation.

- Employees Will Keep Using Outside AI Unless Internal Tools Improve ...
- Recruiting is Where AI Has Gained the Most Traction ...
- Rolling Out AI is a Cultural Choice ...

### **34 [Treasure Coast Hospice data breach: What you need to know](#)**

*Investors Hangout; by Henry Turner; 10/3/25*

Overview of the Treasure Coast Hospice Incident

Recently, Treasure Coast Hospice announced a significant cybersecurity incident that has compromised the personal information of over thirteen thousand individuals. This breach affected the confidentiality of sensitive records, including names, birth dates, and Social Security numbers. Such incidents highlight the importance of data security in healthcare services.

### **35 [Microsoft tries to catch up in AI with healthcare push, Harvard deal](#)**

*The Wall Street Journal; by Sebastian Herrera; 10/8/25*

Microsoft has a lofty goal: to become an artificial-intelligence chatbot powerhouse in its own right rather than leaning on its partnership with the ChatGPT maker, OpenAI. ... A major update of Copilot scheduled for release as soon as this month will be the first to reflect a new collaboration between Microsoft and Harvard Medical School, people familiar with the matter said. The new version of Copilot will draw on information from the Harvard Health Publishing arm to respond to queries about healthcare topics.

*[access may be limited by a paywall]*



36 **What is water cremation and why did Pa. lawmakers just back a bill to legalize it?**

*LeighValleyLive.com, Leigh Valley, PA; by Lehigh Valley Community News; 10/5/25*

The [Pennsylvania House of Representatives](#) passed bipartisan legislation on Wednesday authorizing alkaline hydrolysis, commonly known as water cremation, as an approved cremation method in the state. The bill would give Pennsylvania families a more environmentally sustainable option for end-of-life services. [Alkaline hydrolysis](#) uses a mixture of water and alkali in a sealed pressurized steel chamber to reduce the body to bone, which is then processed into ash. The process consumes significantly less energy than traditional flame cremation, which requires temperatures exceeding 1,600 degrees Fahrenheit. According to the [Mayo Clinic](#), alkaline hydrolysis uses only about one-quarter of the energy required for flame cremation.

37 **Healthcare ransomware attacks shift from hospitals to vendors: Report**

*Becker's Health IT; by Naomi Diaz; 10/13/25*

Ransomware attacks on U.S. healthcare businesses have increased in 2025, even as incidents targeting hospitals and clinics declined, according to a new [report](#) from Comparitech published Oct. 9. Here are five key findings from the report: ...

38 **Health Data Analytics Institute (HDAI) deploys innovative use of LLMs for summarizing and supporting patient preferences at a leading cancer center**

*Bluegrass Live; by PR Newswire, Boston, MA; 10/20/25*

An innovative new protocol called Better Real-time Information on Documentation of Goals of care for Engagement in Serious Illness Communication (BRIDGE-SIC) is being launched today at Dana-Farber Cancer Institute. BRIDGE-SIC uses Health Data Analytics Institute (HDAI) large language models (LLMs) to extract and summarize patients' goals of care conversations and their risk stratification tools for patient selection. The AI summaries identify and summarize prior goals of care conversations documented in



patients' medical records and share them with inpatient and outpatient clinicians when patients with cancer are admitted to the hospital.

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## A8 Speed of Change, Resiliency, and Re-Culture

*No articles of note for this category this month*

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## A9 The Human Factor

### 39 [Behavioral scientist breaks down what makes a great leader](#)

*CBS Mornings / YouTube; interview with Jon Levy; 10/6/25*

Behavioral scientist and New York Times bestselling author Jon Levy spent the last 15 years meeting with different types of leaders. In his new book, "Team Intelligence: How Brilliant Leaders Unlock Collective Genius," he talks about the preconceived notions of leadership.

### 40 [The 5 leadership skills that AI will never replace \(and how you can harness them\)](#)

*Fast Company; by Alexis Zahner; 10/3/25*

Artificial Intelligence is here to stay. It's reshaping industries, expediting innovation, and shifting how we work at unprecedented speed. For many leaders and employees alike, that reality sparks an uneasy question: if AI can do my work, where does that leave me? The answer lies not in competing with AI, but in doubling down on what makes us distinctly, and irreplaceably, human. ... Here are five leadership skills that AI will never replace, and how you can harness them to stay future-ready:

1. Empathy ...
2. Contextual Judgement ...
3. Creativity and Making Meaning ...
4. Humility and Self-Awareness ...
5. Connection and Belonging ...

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## AI0 Highlighted Articles of Interest

### 41 [B2B website navigation: Structure that guides complex buyers](#)

*Trajectory; updated 9/29/25*

... [42%](#) of users will abandon your website as soon as they experience issues with functionality or usability. ... When someone can't find basic information quickly, they don't just leave your website. They question your company's competence. ... If [the site visitor] can't find the information category they need within 10-20 seconds, they often assume it doesn't exist and leave. That's not much time to prove you have answers to their complex questions. Your navigation must immediately signal that you understand their needs and have the depth of information they require.

*Editor's Note: Though written for B2B, these lessons matter for hospice websites (B2C).*

*Patients, caregivers, healthcare decision makers, and family members of diverse generations need clarity in moments of stress. Review your website's navigation through their intergenerational eyes—can they quickly find what hospice is and how to begin care? Clear pathways reflect the heart of hospice care: guidance and compassion.*

### 42 [Human judgment: The magic ingredient for making AI work across aging services disciplines](#)

*McKnights Senior Living; by Kimberly Marselas; 9/29/25*

From tackling a scabies outbreak in a long-term care facility to scheduling shifts and helping write plans of correction that satisfy regulators, a range of aging services providers are eagerly already putting artificial intelligence to work. But what is it *not* doing for them? Taking the place of human staff members, their workplace knowledge or their clinical judgment. That was a resounding takeaway of a recent [McKnight's Tech Summit](#) webinar exploring how AI technologies are supporting care teams role by role.

### 43 [Healthcare AI in the United States — navigating regulatory evolution, market dynamics, and emerging challenges in an era of rapid innovation](#)

*The National Law Review; by Nadia de la Houssaye, Andrew R. Lee, Jason M. Loring, Graham H. Ryan of Jones Walker LLP; 10/2/25*

The use of artificial intelligence (AI) tools in healthcare continues to evolve at an unprecedented pace, fundamentally reshaping how medical care is delivered, managed,

and regulated across the United States. As 2025 progresses, the convergence of technological innovation, regulatory adaptation (or lack thereof), and market shifts has created remarkable opportunities and complex challenges for healthcare providers, technology developers, and federal and state legislators and regulatory bodies alike. ...

- Regulatory Frameworks Under Pressure ...
- Data Privacy and Security: The HIPAA Challenge ...
- Algorithmic Bias and Health Equity Concerns ...
- Professional Liability and Standards of Care ...
- Market Dynamics and Investment Trends ...
- Emerging Technologies and Integration Challenges ...
- Cybersecurity and Infrastructure Considerations ...
- Human Oversight and Professional Standards ...
- Conclusion: Balancing Innovation and Responsibility ...

#### 44 **'Traffic light care model will help generations'**

*BBC News, West Midlands, England; by Chloe Hughes; 10/6/25*

A man with a neuromuscular condition has said that a model of care developed in Shropshire to help patients like him will benefit future generations. ... Part of his care has involved using the Oswestry model developed by Prof Tracey Willis from the Robert Jones and Agnes Hunt Orthopedic Hospital (RJAH) and her husband, Prof Derek Willis, Severn Hospice's medical director. It uses a "traffic light system" to help neuromuscular teams identify key stages in a patient's journey, in which hospice involvement would improve their quality of life. ... Patients are identified as green, amber or red.

- **Green** means the patient does not need any extra care or pain management from the hospice or palliative teams.
- **Amber** indicates there may be a number of issues that would prompt discussing emergency care planning and advanced care planning.



- **Red** means a patient should be offered symptom control clinics with a palliative care team, not necessarily because they are at end of life, but because the palliative care teams have experience helping manage these symptoms.

45 **Milton Village Open House builds community to support caregivers of individuals with Alzheimer's, dementia, or other cognitive conditions**

*GreatNews.Life; by Lauren Grasham; 10/6/25*

To help healthcare providers better understand the numerous resources available, Milton Village hosted an open house on Tuesday, September 30. Milton Village is a collaborative effort between Milton Adult Day Services (a program of the Center for Hospice Care) and Alzheimer's & Dementia Services of Northern Indiana (a REAL Services program) to provide comprehensive care and support to individuals living with Alzheimer's or other cognitive conditions and their caregivers. "Inviting healthcare providers to see our facility and learn more about our programs is a great way to help them understand our unique model," said Sarah Youngs, director of Milton Adult Day Services. "As providers tour the facility and hear how our guests engage in the programming, it's so satisfying to see them recognize what this can mean for their patients and the patients' caregivers."

46 **Why 95% of AI rollouts fail and what L&D leaders can do about it**

*Big Think+; 10/7/25*

Companies are pouring resources into AI, yet capability gaps hold employees back from using it effectively. ... MIT recently reported that 95 percent of AI projects fail to deliver measurable outcomes. Despite the unprecedented investment, productivity gains are elusive, employee adoption is shaky, and the business case often collapses under scrutiny. How can we surround ourselves with the most powerful technology in human history, spend billions deploying it, and still struggle to prove it makes us better? The answer isn't hiding in the models or the code. The real story and the real risk are sitting right in front of us. ... If you only push the tech, you'll be part of the 95 percent of

failures. If you only focus on people, you'll underestimate what's at stake. Success requires advancing both at the same time, with equal intentionality.

*Editor's Note: Memorable quote from the end of this article, "... the story of AI won't be written by the algorithms we build but by the humans we choose to become."*

47 **Common hospice medications linked to higher risk of death in people with dementia**

*EurkAlerts! American Association for the Advancement of Science (AAAS); by Michigan Medicine - University of Medicine; 10/14/25*

... [For] the growing number of Americans with dementia who enter hospice, their course is often long and unpredictable — making it especially important to ensure treatments align with each person's goals and stage of illness. A new University of Michigan study [published in JAMA Network Open](#) finds that medications commonly prescribed to ease symptoms such as agitation, anxiety, and delirium — benzodiazepines and antipsychotics — may carry major unintended risks for people with dementia receiving hospice care. Among more than 139,000 nursing home residents with Alzheimer's disease and related dementias enrolled in hospice between 2014 and 2018, those who began taking a benzodiazepine or an antipsychotic after enrollment were 41% and 16% more likely to die within six months, respectively, than very similar hospice patients with dementia who did not receive these medications.

48 **AI is making medical malpractice harder to prove**

*Complete AI Training - Healthcare; 10/14/25*

AI is moving deeper into care delivery and hospital operations, from image interpretation to bed management. The upside is real, but so is the legal fog around fault when outcomes are poor. Experts warn that patients may struggle to show where the fault lies if an AI system is involved. For providers, this creates operational and legal



risks that demand deliberate planning, documentation, and ongoing oversight. ... What leaders can do now: ...

49 **5 critical skills leaders need in the age of AI**

*Harvard Business Review (HBR) - Generative AI; by Herminia Ibarra and Michael G. Jacobides; 10/7/25*

To thrive in the rapidly evolving age of generative AI, senior leaders need to recognize that success hinges less on the technology itself than on leadership and organizational transformation. In particular, they'll need to develop five key skills: 1) cultivating AI fluency by engaging with diverse networks and fostering cross-industry conversations; 2) redesigning organizational structures to unlock AI's value; 3) orchestrating collaborative decision-making between people and AI; 4) empowering teams through coaching and psychological safety; and 5) modeling personal experimentation with AI to inspire broader adoption. Doing so will allow them to guide their organizations through the profound changes required to realize the technology's full potential.

50 **Should an AI copy of you help decide if you live or die? Doctors share top concerns of AI surrogates aiding life-or-death decisions.**

*Ars Technica; by Ashley Belanger; 10/20/25*

For more than a decade, researchers have wondered whether artificial intelligence could help predict what incapacitated patients might want when doctors must make life-or-death decisions on their behalf. It remains one of the most high-stakes questions in health care AI today. But as AI improves, some experts increasingly see it as inevitable that digital "clones" of patients could one day aid family members, doctors, and ethics boards in making end-of-life decisions that are aligned with a patient's values and goals.

51 **Hospice exec evaluates possible 'path forward' for MA hospice carve-in**

*McKnight's Newsmakers Podcast; by Liza Berger, Joe Shega; 10/15/25*

The so-called "carve-in" failed when the Centers for Medicare & Medicaid Services halted the hospice portion of the Value-Based Insurance Design program last year. And just last month, providers were speaking out against the carve-in to lawmakers at the annual fly-in for the National Alliance for Care at Home. But the two value-based care programs — hospice and MA — are not necessarily incompatible, according to Joe Shega, MD, chief medical officer for hospice provider VITAS Healthcare. As long as all the stakeholders agree about the parameters — that benefits remain intact, that there is no delay in access — there can be a "path forward" for hospice to be part of the MA benefit, he told McKnight's Home Care in a Newsmakers podcast.

52 **Health care in the USA: money has become the mission**

*The Lancet; by Adam Gaffney, Steffie Woolhandler, David U Himmelstein, Danny McCormick; 10/21/25*

Despite extraordinary scientific and medical resources, the US health-care system underperforms. In this Review we consider the damage wrought by decades of market-based policies that have stimulated profit-seeking by insurers and health-care providers.

53 **Hospice market expands at 9.6% CAGR, projected to hit USD 182.1 billion**

*Market.U.S. Media; by Trishita Deb; 10/26/25*

The [Global Hospice Market](#) is projected to reach USD 182.1 billion by 2033, growing from USD 72.8 billion in 2023 at a CAGR of 9.6%. ...

**Challenges:**

1. Workforce Shortages and Turnover ...
2. Payment Updates and Margin Pressure ...
3. Tightened Oversight and Compliance Risk ...



4. Telehealth Policy Uncertainty ...
5. Access and Equity Gaps ...

**Opportunities:**

1. Expand Home-Based and Community Models ...
2. Strengthen Quality and Patient Experience ...
3. Optimize Case Mix and Care Pathways ...
4. Workforce Redesign and Retention ...
5. Compliance as a Competitive Edge ...
6. Address Unmet Need and Equity ...

54 **What's next for the healthcare CEO role?**

*Becker's Hospital Review; by Kelly Gooch; 10/24/25*

Hospital and health system CEOs face mounting pressures and a rapidly evolving healthcare landscape — one that requires them to think critically about their leadership today, but also about how their role will need to evolve in the years ahead. Leaders must navigate various responsibilities — from confronting health disparities and engaging more deeply with their communities and employees, to adopting AI and addressing financial challenges. Becker's asked [hospital] CEOs to share how they see the role evolving over the next two to five years & and how they are preparing themselves and their organizations for that shift.

**Total**

**14**