Top News Stories of the Month, August 2026

Article Summary			
	Category	**#**	**%**
A1	Mission Moments	7	11%
A2	Reimbursement Challenges, Warning Signs, and Implications	5	8%
A3	Competition to be Aware of	7	11%
A4	Workforce Challenges	6	9%
A5	Patient, Family, and Future Customer Demographics and Trends	7	11%
A6	Regulatory and Political	9	14%
A7	Technology and Innovations	2	3%
A8	Speed of Change, Resiliency, and Re-Culture	3	5%
A9	The Human Factor	2	3%
A10	Highlighted Articles of Interest	16	25%
	Totals	**64**	**100%**

A10 Highlighted Articles of Interest

49 **Hospice groups 'disappointed' by 2027 Final Rule**

Hospice News; by Jim Parker; 8/3/26

Hospice organizations are expressing "disappointment" following the release of the U.S. Centers for Medicare & Medicaid Services' (CMS) hospice final rule for 2027. A chief sticking point was the 2.3% base rate increase, which was less than the 2.4% the agency originally proposed. Members of industry trade groups contend that this is an insufficient amount in today's economy and cost environment. ... New for 2027, the Service and Spending Variation Index (SSVI) includes a scoring system using nine claims-based measures, each representing different aspects of hospice utilization as well as non-hospice spending. This is designed to identify hospices in need of increased transparency and oversight. CMS established the SSVI amid the agency's concerns over non-hospice spending in particular. The Alliance, LeadingAge and the National Partnership for Healthcare and Hospice Innovation (NPHI) opposed the SSVI in comments on the proposed rule.

50 **Private equity ownership in hospice care: a systematic review (2012-2026)**

American Journal of Hospice and Palliative Medicine; by Denise D. Quigley, PhD, MA, Shannon Walsh, MPP, Cordt T. Kassner, PhD, Lara Dhingra, PhD, and Andrew W. Dick, PhD; 7/28/26

Hospice care is associated with improved end-of-life outcomes. Recent shifts in hospice utilization highlight several key trends. Alzheimer's disease and related dementias (ADRD) (25%) have surpassed cancer (23%) as the leading primary diagnosis. Concurrently, industry ownership has transitioned from predominantly nonprofit to for-profit (70%) and private equity (PE) ownership has grown dramatically from 3% to 15%. To date, no study has synthesized evidence on PE ownership in hospice care. We conducted a systematic review of English-language, peer-reviewed studies published 2012-2026, following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines.

51 **Hospice's bad reputation amid fraud crisis will hurt patients, industry experts warn**

U.S. News & World Report; by Laurie Udesky and KFF Health News; 7/30/26

... "The fraud situation has done a lot of damage to the reputation of hospices overall and undone a lot of the progress that had been made in destigmatizing hospice," said

Lauren Hunt, an associate professor at the University of California-San Francisco's Philip R. Lee Institute for Health Policy Studies who focuses on hospice care. "Policymakers should pursue targeted strategies that root out fraud and abuse without overburdening the many providers who are doing the right thing." ... Hunt said she's heard from California healthcare providers who are reluctant to refer patients to hospice because they're unsure the patients will receive high-quality care and from patients who don't know which hospice providers they can trust.

52 **Who worked with Brian Rowan? Sales representatives and medical providers allegedly joined nationwide wound-graft network**

Before It's News, Phoenix, AZ; 8/4/26

Prosecutors describe Alexandra Gehrke, Jeffrey King, affiliated medical businesses, unnamed sales representatives, and healthcare providers as participants within an alleged kickback-driven network targeting elderly and terminally ill patients across the United States. ... Hospice enrollment does not make advanced wound care automatically inappropriate because terminally ill patients can require interventions reducing pain, drainage, infection, odor, exposed tissue, or other symptoms affecting comfort and dignity. Prosecutors nevertheless allege that representatives deliberately visited hospice facilities because elderly beneficiaries with insurance coverage and persistent wounds offered continuing opportunities for expensive applications, even when meaningful healing remained clinically improbable.

53 **Elisabeth Kübler-Ross at 100: a legacy that changed how the world faces death**

e-hospice; by Ken Ross and Stephen Connor; 7/13/26

On July 8, the world marked the 100th anniversary of the birth of Dr. Elisabeth Kübler-Ross, the Swiss American psychiatrist whose work helped transform how clinicians, families, faith communities, and societies understand death, dying, grief, and compassionate care. Born in Zurich in 1926, Kübler-Ross entered medicine at a time when dying patients were often kept at the margins of care—physically present in

hospitals, yet too often emotionally abandoned. She challenged that silence with a simple but radical act: she listened. Sitting at the bedside of people facing the end of life, she heard their fears, hopes, anger, questions, and need for honesty. In doing so, she insisted that dying people were not medical failures, but human beings with voices, wisdom, and dignity. Her landmark 1969 book, On Death and Dying, grew from interviews with seriously ill patients and introduced a language that reshaped modern conversations about loss.

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55 **Why the proposed palliative care benefit comes up short for home care advocates**

McKnight's Homecare; by John Roszkowski; 8/3/26

Palliative care providers are encouraged by a new provision in the federal home health payment rule that would expand community-based palliative care for some Medicare beneficiaries, but many questions remain on whether the proposed change would have a significant impact... Providers have long advocated for an expansion of community-based palliative care under the home health benefit in original Medicare and the fact CMS is finally recognizing its potential value is "an encouraging signal," according to

Fred Bentley, managing principal for Bentley Hea lth Strategies, which provides strategic consulting and analytics and post-acute care provider organizations. Still, he said the proposed change CMS is considering would be limited to a relatively small subset of seriously ill fee-for-service Medicare beneficiaries that are homebound and need skilled care.

56 **Hospice leaders: palliative care through home health a limited prospect**

Hospice News; by Jim Parker; 8/6/26

Structuring palliative care payment through the home health benefit is the wrong approach, according to some hospice leaders. The U.S Centers for Medicare & Medicaid Services (CMS) in its proposed 2027 home health rule included language specifying that Medicare would cover community-based palliative care through the Medicare home health benefit. ... CMS indicated in a statement, "Therefore, in this proposed rule, CMS states that skilled palliative care services can be furnished and billed under existing Medicare home health benefits for eligible patients with serious illnesses." ... But the home health chassis is not built to support the full range of interdisciplinary palliative care, some hospice leaders contend. The benefit also imposes certain limitations. For example, patients would need to be homebound. ...

57 **Hospice acquisitions by certain firms and corporations were associated with reductions in care intensity, 2010–21**

Health Affairs; by Jiebing Wen, Alexander Soltoff, Mark A. Unruh, David G. Stevenson, and Robert Tyler Braun; 8/3/26

... We linked a national PE and PTC acquisition database to Medicare claims for a beneficiary sample for the period 2010–21 and used a difference-in-differences event study to compare acquired versus nonacquired for-profit hospices on process-based quality measures and Medicare reimbursement. After PE acquisition, registered nurse, social worker, and home hospice aide minutes per thirty days declined 5.14 percent,

12.32 percent, and 6.62 percent, respectively; after PTC acquisition, registered nurse and home hospice aide minutes per thirty days declined 4.63 percent and 9.09 percent. Declines in visit minutes also were observed in the last seven days of life. Reductions in visit minutes were driven by four large acquirers. These findings highlight the need for increased transparency and oversight policies, as well as payment reforms that align reimbursement with care intensity and quality.

58 **Why AI works best when it works with humans**

Harvard Business Review; 6/1/26

Despite the big promise of AI, only 5% of AI implementations deliver measurable business returns, according to a recent study by MIT. Rarely is the problem the technology. More often, AI efforts fall short because leaders overlook the critical role humans play in the system. AI is a tool. Like other tools, AI operates best when people understand how to use it, trust it, and can integrate it into the way they already work.

Publisher's note: *Thank you* ***Ernesto Lopez*** *for drawing our attention to this article. He notes, "Trust, context, judgment, and accountability are not optional in healthcare. AI can absolutely create value, but only when it is designed and built around the people doing the work every day."*

59 **Can a short-term moratorium strengthen the hospice sector?**

LeadingAge; by Katie Smith Sloan; 8/11/26

President and CEO Katie Smith Sloan explains why LeadingAge supported the six-month moratorium on Medicare enrollment of new hospice providers and what nonprofit providers can do to strengthen the hospice sector.

Earlier this year, I had the opportunity to attend a community theater production of the iconic musical "Fiddler on the Roof." In a series of unforgettable scenes, Tevye, the production's main character, makes difficult family decisions by artfully balancing opposing views before choosing his path.

"On the one hand," he intones, then ruminates on the important role tradition must play

in the life of his village and family. "On the other hand," he counters thoughtfully, then acknowledges that the inevitability of change must be factored into every decision.
I've recalled Tevye's internal monologue many times since May, when the Centers for Medicare and Medicaid Services (CMS) announced a six-month national moratorium on enrolling new hospice agencies in Medicare. ...

60 **My husband was kicked out of hospice for dying too slowly. Here's what I learned about navigating hospice care.**

CBS News; by Kim Clark; 8/13/26

It was mid-January 2026, and my then-73-year-old husband, Mike Salmon, had just started bouncing back from a three-month ordeal of three operations related to aortic aneurysms, sepsis, and a terrifying descent into delirium tied to a stay in the intensive care unit. ... Abruptly, we were shunted onto hospice care — the dead-end spur of the American medical system. ... Mike joined that select group. His experience in and out of the hospice system revealed surprising lessons about how families can manage care. And getting removed from hospice revealed a little-known process that can represent a welcome respite for families like ours — but can be devastating for patients with serious chronic illnesses. Here's what we learned in our four months on and off hospice. ...

Editor's Note: The initial descriptions and tone of this caregiver's experience raise significant red flags: ... "Choose one." A hospital nurse handed me a list of local hospice agencies. ... I just pointed to the name at the top of the alphabetical list, assuming they were pretty much the same. ... The problems with the organization I had chosen started immediately. ... Kristina Newport, chief medical officer of the American Academy of Hospice and Palliative Medicine, said I should also have checked the quality ratings on Medicare's Care Compare site and the National Hospice Locator. Those sites would have alerted me to our first agency's low ratings. [Disclosure: Hospice Analytics--the site for the National Hospice Locator and owned by 1520ai--is a sponsor for Hospice & Palliative Care Today.]

61 **Reports from Duke University describe recent advances in managed care (the South had the lowest rates of hospice and palliative medicine-certified providers in the US, 2024): managed care** *Insurance Newsnet; by Staff; 8/13/26*

A new study on Managed Care is now available. According to news reporting originating in Durham, North Carolina, by NewsRx journalists, research stated, "To improve access to care for serious illness, policy makers need evidence on how workforce capacity aligns with the need for palliative care. This study evaluated the palliative care workforce and policy environments at the state level, using a new data source: the 2024 Center to Advance Palliative Care's comprehensive Serious Illness Scorecard." Funders for this research include US Department of Veterans Affairs, Duke University, US Department of Veterans Affairs, Durham Center of Innovation to Accelerate Discover and Practice Transformation (ADAPT) at the Durham Veterans Affairs Health Care System. *Read the study here.*

62 **Tuesday's Tools: Find evidence-based research in our Saturday issues**
Hospice & Palliative Care Today; by Joy Berger; 8/17/26

Calling all readers to our new **Tuesday's Tools** series. Each Tuesday, we'll highlight a tool included with your free subscription to help you use our news to improve the care you provide.

This week's tool: our Saturday issues.

Each Saturday, *Hospice & Palliative Care Today* slows the business pace of the workweek with in-depth, evidence-based research recently published in reputable professional journals. These articles are expertly curated by our **Assistant Editor Cathy Wagner, RN, MSN, MBA**, a former hospice CEO and nurse.

We are committed to equipping you with timely, reputable research that informs the challenges you face and helps strengthen best practices for patient and family care, staffing, and more.

Easy ways to use our Saturday research issues:

1. **Your inbox:** Look for your Saturday edition of *Hospice & Palliative Care Today*.
2. **Search:** Login to your newsletter account from our homepage and enter a keyword in the **Search** box. Results link you directly to the original sources.
3. **Share with leaders and teams:** Forward your email or an article's URL to specific leaders and teams, or use the LinkedIn share button on our webpage.
4. **Put research into practice:** Compare findings with your clinical protocols, education, quality and compliance practices, and other internal systems.

Use these Saturday issues to stay current with emerging evidence, deepen conversations with your teams, and strengthen the care you provide. Identify what affirms your current practices—and what may need to change.

63 **Nearly one in five Medicare hospice patients now leaves the program alive rather than through death**

Medical Daily; by Dorothy Brooks; 8/17/26

Almost one in five people who leave Medicare hospice care each year leaves alive rather than through death, and the share has climbed every year since 2021. Federal data released this spring put the live discharge rate at 19.1 percent in fiscal year 2025, up from 16.9 percent four years earlier. For families, this is the rule almost nobody explains at enrollment. Hospice is not a permanent placement. It is a benefit tied to a prognosis, and when that prognosis changes, the benefit can end while the patient is still living, still ill, and still needing care. Understanding it before it happens is the difference between a planned transition and a phone call that lands like an eviction.

64 **Marketer Abraham Shin named in federal hospice fraud indictment**

Before It's News, Washington, DC; 8/18/26

Federal prosecutors have identified marketer Abraham Shin as an alleged operational link inside a Southern California hospice network, accusing him of connecting Medicare beneficiaries, sensitive personal information, paid referrals, and four providers that collectively submitted approximately $27,731,000 in disputed claims. Shin, 66, of Corona, California, is charged alongside hospice operator Oren David Shachar and mortuary employee Jeannie Choi in a 16-count indictment alleging healthcare fraud, aggravated identity theft, kickbacks, and a coordinated effort involving both living beneficiaries and people who had already died. The government alleges that Shin entered the wider operation no later than March 2025, more than four years after prosecutors say Shachar began the charged scheme, making his alleged conduct narrower in duration but central to several of its most serious later transactions.

	Total	**16**