

115TH CONGRESS  
1ST SESSION

# H. R. 1676

To amend the Public Health Service Act to increase the number of permanent faculty in palliative care at accredited allopathic and osteopathic medical schools, nursing schools, social work schools, and other programs, including physician assistant education programs, to promote education and research in palliative care and hospice, and to support the development of faculty careers in academic palliative medicine.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 22, 2017

Mr. ENGEL (for himself, Mr. REED, and Mr. CARTER of Georgia) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to increase the number of permanent faculty in palliative care at accredited allopathic and osteopathic medical schools, nursing schools, social work schools, and other programs, including physician assistant education programs, to promote education and research in palliative care and hospice, and to support the development of faculty careers in academic palliative medicine.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Palliative Care and  
3 Hospice Education and Training Act”.

4 **SEC. 2. FINDINGS.**

5 Congress makes the following findings:

6 (1) Palliative care is interdisciplinary, patient-  
7 and family-centered health care for people with seri-  
8 ous illnesses. This type of care is focused on pro-  
9 viding patients with relief from the symptoms, pain,  
10 and stress of a serious illness, whatever the diag-  
11 nosis. The goal of palliative care is to relieve suf-  
12 fering and improve quality of life for both patients  
13 and their families. Palliative care is provided by a  
14 team of doctors, nurses, social workers, physician as-  
15 sistants, chaplains, and other specialists who work  
16 with a patient’s other health care providers to pro-  
17 vide an extra layer of support, including assistance  
18 with difficult medical decisionmaking and coordina-  
19 tion of care among specialists. Palliative care is ap-  
20 propriate at any age and at any stage in a serious  
21 illness, and can be provided together with curative  
22 treatment. Palliative care is not dependent on a life-  
23 limiting prognosis and may actually help an indi-  
24 vidual recover from illness by relieving symptoms,  
25 such as pain, anxiety, or loss of appetite, while un-

1       dergoing sometimes difficult medical treatments or  
2       procedures, such as surgery or chemotherapy.

3           (2) Hospice is palliative care for patients in  
4       their last year of life. Considered the model for qual-  
5       ity compassionate care for individuals facing a life-  
6       limiting illness, hospice provides expert medical care,  
7       pain management, and emotional and spiritual sup-  
8       port expressly tailored to the patient's needs and  
9       wishes. In most cases, care is provided in the pa-  
10      tient's home but may also be provided in free-  
11      standing hospice centers, hospitals, nursing homes,  
12      and other long-term care facilities. In 2014, an esti-  
13      mated 1,600,000 to 1,700,000 patients received  
14      services from hospice, including non-Medicare bene-  
15      ficiaries. Nearly 48 percent of all Medicare dece-  
16      dents in 2014 received care from a hospice program.  
17      Hospice is a covered benefit under the Medicare pro-  
18      gram. There were 4,025 Medicare-certified hospices  
19      serving more than 1,300,000 Medicare beneficiaries  
20      in 2014.

21           (3) Despite a high intensity of medical treat-  
22      ment, many seriously ill patients experience trou-  
23      bling symptoms, unmet psychological and personal  
24      care needs, and high caregiver burden. Numerous  
25      studies have shown that adding palliative care can

1 improve pain and symptom control, quality of life,  
2 and family satisfaction with care.

3 (4) Health care providers need better education  
4 about pain management and palliative care. Stu-  
5 dents graduating from medical, nursing and other  
6 health professional schools today have very little, if  
7 any, training in the core precepts of pain and symp-  
8 tom management, advance care planning, commu-  
9 nication skills, and care coordination for patients  
10 with serious or life-threatening illness. Even for spe-  
11 cialists, training is lacking. For example, the Accred-  
12 itation Council for Graduate Medical Education re-  
13 quires oncology fellowship programs to integrate  
14 competence in palliative care into their curriculum  
15 and the American Society of Clinical Oncology has  
16 recommended the integration of palliative care serv-  
17 ices into standard oncology practice at the time a  
18 person is diagnosed with metastatic or advanced  
19 cancer. Yet a 2015 national survey found hema-  
20 tology/oncology fellows were “inadequately prepared”  
21 to provide palliative care to their patients. Less than  
22 half had a rotation in palliative care and 25 percent  
23 of fellows reported no explicit teaching on key skills  
24 such as assessing prognosis, conducting a family

1 meeting to discuss treatment options, and referral to  
2 palliative care.

3 (5) The American Board of Medical Specialties  
4 and the Accreditation Council for Graduate Medical  
5 Education provided formal subspecialty status for  
6 hospice and palliative medicine in 2006, and the  
7 Centers for Medicare & Medicaid Services recognized  
8 hospice and palliative medicine as a medical sub-  
9 specialty in October of 2008.

10 (6) As of February 2017, there were a total of  
11 127 hospice and palliative medicine training pro-  
12 grams accredited by the Accreditation Council for  
13 Graduate Medical Education. For the 2016–2017  
14 academic year, these programs were training 327  
15 physicians in hospice and palliative medicine. Some  
16 programs include an additional track in pediatrics,  
17 geriatrics, research, or public health. Fewer than a  
18 dozen of these ACGME-accredited training programs  
19 focus solely on pediatric palliative medicine though  
20 data show an increasing prevalence of children with  
21 complex chronic conditions who could benefit from  
22 such specialized care.

23 (7) There is a large gap between the number of  
24 health care professionals with palliative care training  
25 and the number required to meet the needs of the

1 growing population of individuals with serious or  
2 life-threatening illness. In 2015, 75 percent of U.S.  
3 hospitals with 50 or more beds had a palliative care  
4 program though not all these programs have in place  
5 the interdisciplinary team necessary to provide com-  
6 prehensive, high-quality palliative care. Hospital  
7 data reported to the National Palliative Care Reg-  
8 istry show that in 2015 only 44 percent of programs  
9 met national staffing standards set by the Joint  
10 Commission, even when including unfunded posi-  
11 tions. Among the 56 percent of programs without  
12 complete interdisciplinary teams, 30 percent have no  
13 physician, 10 percent have no advanced practice reg-  
14 istered nurse or RN, 54 percent have no social work-  
15 er and 70 percent have no chaplain. Looking at just  
16 physician specialists, 2017 projections by the George  
17 Washington University Health Workforce Institute  
18 show that current training capacity for hospice and  
19 palliative medicine is not sufficient to provide hos-  
20 pital-based care and keep pace with growth in the  
21 population of adults over 65 years old. The short-  
22 ages are exacerbated when considering the current  
23 rapid expansion of community-based palliative care,  
24 such as in outpatient and home-based settings. A  
25 separate survey of physicians in the field found that,

1 if the rate of those entering and leaving hospice and  
2 palliative medicine maintains, there will be no more  
3 than 1 percent absolute growth in this physician  
4 workforce in 20 years, during which time the num-  
5 ber of persons eligible for palliative care will grow by  
6 over 20 percent. The study’s authors project this will  
7 result in a ratio of one palliative medicine physician  
8 for every 26,000 seriously ill patients by 2030.

9 (8) According to the National Academy of Med-  
10 icine, there is a “need for better understanding of  
11 the role of palliative care among both the public and  
12 professionals across the continuum of care so that  
13 hospice and palliative care can achieve their full po-  
14 tential for patients and their families”.

15 **SEC. 3. PALLIATIVE CARE AND HOSPICE EDUCATION AND**  
16 **TRAINING.**

17 (a) IN GENERAL.—Part D of title VII of the Public  
18 Health Service Act (42 U.S.C. 294 et seq.) is amended  
19 by inserting after section 759 the following:

20 **“SEC. 759A. PALLIATIVE CARE AND HOSPICE EDUCATION**  
21 **AND TRAINING.**

22 **“(a) PALLIATIVE CARE AND HOSPICE EDUCATION**  
23 **CENTERS.—**

24 **“(1) IN GENERAL.—**The Secretary shall award  
25 grants or contracts under this section to entities de-

1 scribed in paragraph (1), (3), or (4) of section  
2 799B, and section 801(2), for the establishment or  
3 operation of Palliative Care and Hospice Education  
4 Centers that meet the requirements of paragraph  
5 (2).

6 “(2) REQUIREMENTS.—A Palliative Care and  
7 Hospice Education Center meets the requirements of  
8 this paragraph if such Center—

9 “(A) improves the training of health pro-  
10 fessionals in palliative care, including  
11 residencies, traineeships, or fellowships;

12 “(B) develops and disseminates curricula  
13 relating to the palliative treatment of the com-  
14 plex health problems of individuals with serious  
15 or life-threatening illnesses;

16 “(C) supports the training and retraining  
17 of faculty to provide instruction in palliative  
18 care;

19 “(D) supports continuing education of  
20 health professionals who provide palliative care  
21 to patients with serious or life-threatening ill-  
22 ness;

23 “(E) provides students (including resi-  
24 dents, trainees, and fellows) with clinical train-  
25 ing in palliative care in long-term care facilities,



1 home care, hospices, chronic and acute disease  
2 hospitals, and ambulatory care centers;

3 “(F) establishes traineeships for individ-  
4 uals who are preparing for advanced education  
5 nursing degrees, social work degrees, or ad-  
6 vanced degrees in physician assistant studies,  
7 with a focus in palliative care in long-term care  
8 facilities, home care, hospices, chronic and  
9 acute disease hospitals, and ambulatory care  
10 centers; and

11 “(G) does not duplicate the activities of ex-  
12 isting education centers funded under this sec-  
13 tion or under section 753 or 865.

14 “(3) EXPANSION OF EXISTING CENTERS.—  
15 Nothing in this section shall be construed to—

16 “(A) prevent the Secretary from providing  
17 grants to expand existing education centers, in-  
18 cluding geriatric education centers established  
19 under section 753 or 865, to provide for edu-  
20 cation and training focused specifically on pal-  
21 liative care, including for non-geriatric popu-  
22 lations; or

23 “(B) limit the number of education centers  
24 that may be funded in a community.

25 “(b) PALLIATIVE MEDICINE PHYSICIAN TRAINING.—

1           “(1) IN GENERAL.—The Secretary may make  
2 grants to, and enter into contracts with, schools of  
3 medicine, schools of osteopathic medicine, teaching  
4 hospitals, and graduate medical education programs,  
5 for the purpose of providing support for projects  
6 that fund the training of physicians (including resi-  
7 dents, trainees, and fellows) who plan to teach pal-  
8 liative medicine.

9           “(2) REQUIREMENTS.—Each project for which  
10 a grant or contract is made under this subsection  
11 shall—

12                   “(A) be staffed by full-time teaching physi-  
13 cians who have experience or training in pallia-  
14 tive medicine;

15                   “(B) be based in a hospice and palliative  
16 medicine fellowship program accredited by the  
17 Accreditation Council for Graduate Medical  
18 Education;

19                   “(C) provide training in palliative medicine  
20 through a variety of service rotations, such as  
21 consultation services, acute care services, ex-  
22 tended care facilities, ambulatory care and com-  
23 prehensive evaluation units, hospice, home  
24 health, and community care programs;

1           “(D) develop specific performance-based  
2           measures to evaluate the competency of train-  
3           ees; and

4           “(E) provide training in palliative medicine  
5           through one or both of the training options de-  
6           scribed in subparagraphs (A) and (B) of para-  
7           graph (3).

8           “(3) TRAINING OPTIONS.—The training options  
9           referred to in subparagraph (E) of paragraph (2)  
10          are as follows:

11           “(A) 1-year retraining programs in hospice  
12           and palliative medicine for physicians who are  
13           faculty at schools of medicine and osteopathic  
14           medicine, or others determined appropriate by  
15           the Secretary.

16           “(B) 1- or 2-year training programs that  
17           are designed to provide training in hospice and  
18           palliative medicine for physicians who have  
19           completed graduate medical education programs  
20           in any medical specialty leading to board eligi-  
21           bility in hospice and palliative medicine pursu-  
22           ant to the American Board of Medical Special-  
23           ties.

24           “(4) DEFINITIONS.—For purposes of this sub-  
25          section the term ‘graduate medical education’ means

1 a program sponsored by a school of medicine, a  
2 school of osteopathic medicine, a hospital, or a pub-  
3 lic or private institution that—

4 “(A) offers postgraduate medical training  
5 in the specialties and subspecialties of medicine;  
6 and

7 “(B) has been accredited by the Accredita-  
8 tion Council for Graduate Medical Education or  
9 the American Osteopathic Association through  
10 its Committee on Postdoctoral Training.

11 “(c) PALLIATIVE MEDICINE AND HOSPICE ACA-  
12 DEMIC CAREER AWARDS.—

13 “(1) ESTABLISHMENT OF PROGRAM.—The Sec-  
14 retary shall establish a program to provide awards,  
15 to be known as the ‘Palliative Medicine and Hospice  
16 Academic Career Awards’, to eligible individuals to  
17 promote the career development of such individuals  
18 as academic hospice and palliative care physicians.

19 “(2) ELIGIBLE INDIVIDUALS.—To be eligible to  
20 receive an award under paragraph (1), an individual  
21 shall—

22 “(A) be board certified or board eligible in  
23 hospice and palliative medicine; and

24 “(B) have a junior (non-tenured) faculty  
25 appointment at an accredited (as determined by

1           the Secretary) school of medicine or osteopathic  
2           medicine.

3           “(3) LIMITATIONS.—No award under para-  
4           graph (1) may be made to an eligible individual un-  
5           less the individual—

6                   “(A) has submitted to the Secretary an ap-  
7                   plication, at such time, in such manner, and  
8                   containing such information as the Secretary  
9                   may require, and the Secretary has approved  
10                  such application;

11                  “(B) provides, in such form and manner as  
12                  the Secretary may require, assurances that the  
13                  individual will meet the service requirement de-  
14                  scribed in paragraph (6); and

15                  “(C) provides, in such form and manner as  
16                  the Secretary may require, assurances that the  
17                  individual has a full-time faculty appointment  
18                  in a health professions institution and docu-  
19                  mented commitment from such institution to  
20                  spend a majority of the total funded time of  
21                  such individual on teaching and developing  
22                  skills in interdisciplinary education in palliative  
23                  care.

24                  “(4) MAINTENANCE OF EFFORT.—An eligible  
25                  individual who receives an award under paragraph

1 (1) shall provide assurances to the Secretary that  
2 funds provided to the eligible individual under this  
3 subsection will be used only to supplement, not to  
4 supplant, the amount of Federal, State, and local  
5 funds otherwise expended by the eligible individual.

6 “(5) AMOUNT AND TERM.—

7 “(A) AMOUNT.—The amount of an award  
8 under this subsection shall be equal to the  
9 award amount provided for under section  
10 753(c)(5)(A) for the fiscal year involved.

11 “(B) TERM.—The term of an award made  
12 under this subsection shall not exceed 5 years.

13 “(C) PAYMENT TO INSTITUTION.—The  
14 Secretary shall make payments for awards  
15 under this subsection to institutions, including  
16 schools of medicine and osteopathic medicine.

17 “(6) SERVICE REQUIREMENT.—An individual  
18 who receives an award under this subsection shall  
19 provide training in palliative care and hospice, in-  
20 cluding the training of interdisciplinary teams of  
21 health care professionals. The provision of such  
22 training shall constitute a majority of the total fund-  
23 ed obligations of such individual under the award.

24 “(d) PALLIATIVE CARE WORKFORCE DEVELOP-  
25 MENT.—

1           “(1) IN GENERAL.—The Secretary shall award  
2 grants or contracts under this subsection to entities  
3 that operate a Palliative Care and Hospice Edu-  
4 cation Center pursuant to subsection (a)(1).

5           “(2) APPLICATION.—To be eligible for an  
6 award under paragraph (1), an entity described in  
7 such paragraph shall submit to the Secretary an ap-  
8 plication at such time, in such manner, and con-  
9 taining such information as the Secretary may re-  
10 quire.

11           “(3) USE OF FUNDS.—Amounts awarded under  
12 a grant or contract under paragraph (1) shall be  
13 used to carry out the fellowship program described  
14 in paragraph (4).

15           “(4) FELLOWSHIP PROGRAM.—

16           “(A) IN GENERAL.—Pursuant to para-  
17 graph (3), a Palliative Care and Hospice Edu-  
18 cation Center that receives an award under this  
19 subsection shall use such funds to offer short-  
20 term intensive courses (referred to in this sub-  
21 section as a ‘fellowship’) that focus on palliative  
22 care that provide supplemental training for fac-  
23 ulty members in medical schools and other  
24 health professions schools with programs in  
25 psychology, pharmacy, nursing, social work,

1 physician assistant education, chaplaincy, or  
2 other health disciplines, as approved by the Sec-  
3 retary. Such a fellowship shall be open to cur-  
4 rent faculty, and appropriately credentialed vol-  
5 unteer faculty and practitioners, who do not  
6 have formal training in palliative care, to up-  
7 grade their knowledge and clinical skills for the  
8 care of individuals with serious or life-threat-  
9 ening illness and to enhance their interdiscipli-  
10 nary and interprofessional teaching skills.

11 “(B) LOCATION.—A fellowship under this  
12 paragraph shall be offered either at the Pallia-  
13 tive Care and Hospice Education Center that is  
14 sponsoring the course, in collaboration with  
15 other Palliative Care and Hospice Education  
16 Centers, or at medical schools, schools of nurs-  
17 ing, schools of pharmacy, schools of social work,  
18 schools of chaplaincy or pastoral care education,  
19 graduate programs in psychology, physician as-  
20 sistant education programs, or other health pro-  
21 fessions schools approved by the Secretary with  
22 which the Centers are affiliated.

23 “(C) CONTINUING EDUCATION CREDIT.—  
24 Participation in a fellowship under this para-  
25 graph shall be accepted with respect to com-



1           plying with continuing health profession edu-  
2           cation requirements. As a condition of such ac-  
3           ceptance, the recipient shall subsequently pro-  
4           vide a minimum of 18 hours of voluntary in-  
5           struction in palliative care content (that has  
6           been approved by a palliative care and hospice  
7           education center) to students or trainees in  
8           health-related educational, home, hospice, or  
9           long-term care settings.

10           “(5) TARGETS.—A Palliative Care and Hospice  
11           Education Center that receives an award under this  
12           subsection shall meet targets approved by the Sec-  
13           retary for providing palliative care training to a cer-  
14           tain number of faculty or practitioners during the  
15           term of the award, as well as other parameters es-  
16           tablished by the Secretary.

17           “(6) AMOUNT OF AWARD.—Each award under  
18           this subsection shall be in the amount of \$150,000.  
19           Not more than 24 Palliative Care and Hospice Edu-  
20           cation Centers may receive an award under this sub-  
21           section.

22           “(7) MAINTENANCE OF EFFORT.—A Palliative  
23           Care and Hospice Education Center that receives an  
24           award under this subsection shall provide assurances  
25           to the Secretary that funds provided to the Center

1 under the award will be used only to supplement,  
2 not to supplant, the amount of Federal, State, and  
3 local funds otherwise expended by such Center.

4 “(e) PALLIATIVE CARE AND HOSPICE CAREER IN-  
5 CENTIVE AWARDS.—

6 “(1) IN GENERAL.—The Secretary shall award  
7 grants or contracts under this subsection to individ-  
8 uals described in paragraph (2) to foster greater in-  
9 terest among a variety of health professionals in en-  
10 tering the field of palliative care.

11 “(2) ELIGIBLE INDIVIDUALS.—To be eligible to  
12 receive an award under paragraph (1), an individual  
13 shall—

14 “(A) be an advanced practice nurse, a so-  
15 cial worker, physician assistant, pharmacist,  
16 chaplain, or student of psychology who is pur-  
17 suing a doctorate, masters, or other advanced  
18 degree with a focus in palliative care or related  
19 fields in an accredited health professions school;  
20 and

21 “(B) submit to the Secretary an applica-  
22 tion at such time, in such manner, and con-  
23 taining such information as the Secretary may  
24 require.

1           “(3) CONDITIONS OF AWARD.—As a condition  
2 of receiving an award under this subsection, an indi-  
3 vidual shall agree that, following completion of the  
4 award period, the individual will teach or practice  
5 palliative care in health-related educational, home,  
6 hospice, or long-term care settings for a minimum of  
7 5 years under guidelines established by the Sec-  
8 retary.

9           “(4) PAYMENT TO INSTITUTION.—The Sec-  
10 retary shall make payments for awards under this  
11 subsection to institutions which include schools of  
12 medicine, osteopathic medicine, nursing, social work,  
13 psychology, chaplaincy or pastoral care education,  
14 dentistry, and pharmacy, or other allied health dis-  
15 cipline in an accredited health professions school or  
16 program (such as a physician assistant education  
17 program) that is approved by the Secretary.

18           “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
19 are authorized to be appropriated to carry out this section,  
20 \$44,100,000 for each of the fiscal years 2018 through  
21 2022.”.

22           “(b) EFFECTIVE DATE.—The amendment made by  
23 this section shall be effective beginning on the date that  
24 is 90 days after the date of enactment of this Act.

1 **SEC. 4. HOSPICE AND PALLIATIVE NURSING.**

2 (a) PREFERENCE FOR GRANTS OR AWARDS FOR  
3 NURSING WORKFORCE DEVELOPMENT PROJECTS.—Sec-  
4 tion 805 of the Public Health Service Act (42 U.S.C.  
5 296d) is amended—

6 (1) by striking “or help” and inserting “help”;

7 and

8 (2) by inserting the following before the period  
9 at the end: “, or for education and training in hos-  
10 pice and palliative nursing”.

11 (b) ADVANCED EDUCATION NURSING GRANTS.—Sec-  
12 tion 811 of the Public Health Service Act (42 U.S.C.  
13 296j) is amended—

14 (1) in subsection (a)—

15 (A) in paragraph (1), by striking “and” at  
16 the end;

17 (B) by redesignating paragraph (2) as  
18 paragraph (3); and

19 (C) by inserting after paragraph (1), the  
20 following new paragraph:

21 “(2) palliative care and hospice career incentive  
22 awards under section 759A(e); and”; and

23 (2) in subsection (g)(2), by inserting “or for  
24 education and training in hospice and palliative  
25 nursing” after “section 332”.

1 (c) NURSE EDUCATION, PRACTICE, AND QUALITY  
2 GRANTS.—Section 831 of the Public Health Service Act  
3 (42 U.S.C. 296p) is amended—

4 (1) in subsection (a)—

5 (A) by striking “or” at the end of para-  
6 graph (1);

7 (B) by striking the period at the end of  
8 paragraph (2) and inserting “; or”; and

9 (C) by adding at the end the following new  
10 paragraph:

11 “(3) education and training in hospice and pal-  
12 liative nursing.”; and

13 (2) in subsection (b)(3), by inserting “hospice  
14 and palliative nursing,” after “coordinated care,”.

15 (d) NURSE RETENTION GRANTS.—Section 831A of  
16 the Public Health Service Act (42 U.S.C. 296p–1) is  
17 amended—

18 (1) in subsection (c)(2), by inserting “, and to  
19 applicants with programs that include initiatives to  
20 train nurses in hospice and palliative nursing” be-  
21 fore the period; and

22 (2) in subsection (d), by inserting “, and to  
23 train nurses in hospice and palliative nursing” be-  
24 fore the period.

1 (e) ADDITIONAL PALLIATIVE CARE AND HOSPICE  
2 EDUCATION AND TRAINING PROGRAMS.—Part D of title  
3 VIII of the Public Health Service Act (42 U.S.C. 296p  
4 et seq.) is amended by adding at the end the following:  
5 **“SEC. 832. PALLIATIVE CARE AND HOSPICE EDUCATION**  
6 **AND TRAINING.**

7 “(a) PROGRAM AUTHORIZED.—The Secretary shall  
8 award grants to eligible entities to develop and implement,  
9 in coordination with programs under section 759A, pro-  
10 grams and initiatives to train and educate individuals in  
11 providing palliative care in health-related educational, hos-  
12 pice, home, or long-term care settings.

13 “(b) USE OF FUNDS.—An eligible entity that receives  
14 a grant under subsection (a) shall use funds under such  
15 grant to—

16 “(1) provide training to individuals who will  
17 provide palliative care in health-related educational,  
18 home, hospice, or long-term care settings;

19 “(2) develop and disseminate curricula relating  
20 to palliative care in health-related educational, home,  
21 hospice, or long-term care settings;

22 “(3) train faculty members in palliative care in  
23 health-related educational, home, hospice, or long-  
24 term care settings; or



1 **“SEC. 904. NATIONAL PALLIATIVE CARE EDUCATION AND**  
2 **AWARENESS CAMPAIGN.**

3 “(a) IN GENERAL.—Under the authority under sec-  
4 tion 902(a) to disseminate information on health care and  
5 on systems for the delivery of such care, the Director shall  
6 provide for the planning and implementation of a national  
7 education and awareness campaign to inform patients,  
8 families, and health professionals about the benefits of  
9 palliative care throughout the continuum of care for pa-  
10 tients with serious or life-threatening illness.

11 “(b) INFORMATION DISSEMINATED.—

12 “(1) MANDATORY INFORMATION.—The cam-  
13 paign under subsection (a) shall include dissemina-  
14 tion of the following:

15 “(A) PALLIATIVE CARE.—Information, re-  
16 sources, and communication materials about  
17 palliative care as an essential part of the con-  
18 tinuum of quality care for patients and families  
19 facing serious or life-threatening illness (includ-  
20 ing cancer; heart, kidney, liver, lung, and infec-  
21 tious diseases; as well as neurodegenerative dis-  
22 ease such as dementia, Parkinson’s disease, or  
23 amyotrophic lateral sclerosis).

24 “(B) PALLIATIVE CARE SERVICES.—Spe-  
25 cific information regarding the services provided  
26 to patients by professionals trained in hospice



1 and palliative care, including pain and symptom  
2 management, support for shared decision-  
3 making, care coordination, psychosocial care,  
4 and spiritual care, explaining that such services  
5 may be provided starting at the point of diag-  
6 nosis and alongside curative treatment and are  
7 intended to—

8 “(i) provide patient-centered and fam-  
9 ily-centered support throughout the con-  
10 tinuum of care for serious and life-threat-  
11 ening illness;

12 “(ii) anticipate, prevent, and treat  
13 physical, emotional, social, and spiritual  
14 suffering;

15 “(iii) optimize quality of life; and

16 “(iv) facilitate and support the goals  
17 and values of patients and families.

18 “(C) PALLIATIVE CARE PROFESSIONALS.—

19 Specific materials that explain the role of pro-  
20 fessionals trained in hospice and palliative care  
21 in providing team-based care (including pain  
22 and symptom management, support for shared  
23 decisionmaking, care coordination, psychosocial  
24 care, and spiritual care) for patients and fami-

1 lies throughout the continuum of care for seri-  
2 ous or life-threatening illness.

3 “(D) RESEARCH.—Evidence-based re-  
4 search demonstrating the benefits of patient ac-  
5 cess to palliative care throughout the continuum  
6 of care for serious or life-threatening illness.

7 “(E) POPULATION-SPECIFIC MATERIALS.—  
8 Materials shall be developed that target specific  
9 populations, including patients with serious or  
10 life-threatening illness who are among medically  
11 underserved populations (as defined in section  
12 330(b)(3)) and families of such patients or  
13 health professionals serving medically under-  
14 served populations. Such populations shall in-  
15 clude pediatric patients, young adult and ado-  
16 lescent patients, racial and ethnic minority pop-  
17 ulations, and other priority populations speci-  
18 fied by the Director.

19 “(2) OTHER INFORMATION.—In addition to the  
20 information described in paragraph (1), such cam-  
21 paign may include dissemination of such other infor-  
22 mation as the Director determines to be relevant.

23 “(3) INFORMATION FORMAT.—The information  
24 and materials required to be disseminated under  
25 paragraph (1) and any information disseminated

1 under paragraph (2) shall be presented in a variety  
2 of formats (such as posted online, in print, and  
3 through public service announcements).

4 “(4) REQUIRED PUBLICATION.—The informa-  
5 tion and materials required to be disseminated under  
6 paragraph (1) and any information disseminated  
7 under paragraph (2) shall be posted on the Internet  
8 websites of relevant Federal agencies and Depart-  
9 ments, including the Agency for Healthcare Re-  
10 search and Quality, the Centers for Medicare &  
11 Medicaid Services, the Administration on Aging, the  
12 Centers for Disease Control and Prevention, and the  
13 Department of Veterans Affairs.

14 “(c) CONSULTATION.—The Director shall consult  
15 with appropriate professional societies, hospice and pallia-  
16 tive care stakeholders, and relevant patient advocate orga-  
17 nizations with respect to palliative care, psychosocial care,  
18 and complex chronic illness with respect to the following:

19 “(1) The planning and implementation of the  
20 national palliative care education and awareness  
21 campaign under this section.

22 “(2) The development of information to be dis-  
23 seminated under this section.

24 “(3) A definition of the term ‘serious or life-  
25 threatening illness’ for purposes of this section.”.

1 **SEC. 6. CLARIFICATION.**

2 None of the funds made available under this Act (or  
3 an amendment made by this Act) may be used to provide,  
4 promote, or provide training with regard to any item or  
5 service for which Federal funding is unavailable under sec-  
6 tion 3 of Public Law 105–12 (42 U.S.C. 14402).

7 **SEC. 7. ENHANCING NIH RESEARCH IN PALLIATIVE CARE.**

8 (a) IN GENERAL.—Part B of title IV of the Public  
9 Health Service Act (42 U.S.C. 284 et seq.) is amended  
10 by adding at the end the following new section:

11 **“SEC. 409K. ENHANCING RESEARCH IN PALLIATIVE CARE.**

12 “(a) IN GENERAL.—The Secretary, acting through  
13 the Director of the National Institutes of Health, shall de-  
14 velop and implement a strategy to be applied across the  
15 institutes and centers of the National Institutes of Health  
16 to expand national research programs in palliative care.

17 “(b) RESEARCH PROGRAMS.—The Director of the  
18 National Institutes of Health shall expand and intensify  
19 research programs in palliative care to address the quality  
20 of care and quality of life for the rapidly growing popu-  
21 lation of patients in the United States with serious or life-  
22 threatening illnesses, including cancer; heart, kidney, liver,  
23 lung, and infectious diseases; as well as neurodegenerative  
24 disease such as dementia, Parkinson’s disease, or  
25 amyotrophic lateral sclerosis.”.

1           (b) EXPANDING TRANS-NIH RESEARCH REPORTING  
2 TO INCLUDE PALLIATIVE CARE RESEARCH.—Section  
3 402A(c)(2)(B) of the Public Health Service Act (42  
4 U.S.C. 282a(c)(2)(B)) is amended by inserting “and, be-  
5 ginning January 1, 2018, for conducting or supporting re-  
6 search with respect to palliative care” after “or national  
7 centers”.

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