

117TH CONGRESS  
2D SESSION

# S. 4260

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.

---

## IN THE SENATE OF THE UNITED STATES

MAY 19 (legislative day, MAY 17), 2022

Ms. BALDWIN (for herself, Mrs. CAPITO, Mr. KING, Mrs. HYDE-SMITH, Ms. SINEMA, Mr. MARSHALL, Ms. MURKOWSKI, Mr. MERKLEY, Mr. ROUNDS, and Mr. REED) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

---

## 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. PALLIATIVE CARE AND HOSPICE EDUCATION AND**  
5 **TRAINING.**

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

9 **“SEC. 759A. PALLIATIVE CARE AND HOSPICE EDUCATION**  
10 **AND TRAINING.**

11 “(a) PALLIATIVE CARE AND HOSPICE EDUCATION  
12 CENTERS.—

13 “(1) IN GENERAL.—The Secretary shall award  
14 grants or contracts under this section to entities de-  
15 scribed in paragraph (1), (3), or (4) of section  
16 799B, and section 801(2), for the establishment or  
17 operation of Palliative Care and Hospice Education  
18 Centers that meet the requirements of paragraph  
19 (2).

20 “(2) REQUIREMENTS.—A Palliative Care and  
21 Hospice Education Center meets the requirements of  
22 this paragraph if such Center—

23 “(A) improves the interprofessional team-  
24 based training of health professionals in pallia-  
25 tive care, including residencies, traineeships, or  
26 fellowships;

1           “(B) develops and disseminates inter-  
2 professional team-based curricula relating to  
3 the palliative treatment of the complex health  
4 problems of individuals with serious or life-  
5 threatening illnesses;

6           “(C) supports the training and retraining  
7 of faculty to provide instruction in interprofes-  
8 sional team-based palliative care;

9           “(D) supports interprofessional team-based  
10 continuing education of health professionals  
11 who provide palliative care to patients with seri-  
12 ous or life-threatening illness;

13           “(E) provides students (including resi-  
14 dents, trainees, and fellows) with clinical train-  
15 ing in interprofessional team-based palliative  
16 care in appropriate health settings, including  
17 hospitals, hospices, home care, long-term care  
18 facilities, and ambulatory care centers;

19           “(F) establishes traineeships for individ-  
20 uals who are preparing for advanced education  
21 nursing degrees, social work degrees, or ad-  
22 vanced degrees in physician assistant studies,  
23 with a focus in interprofessional team-based  
24 palliative care in appropriate health settings, in-  
25 cluding hospitals, hospices, home care, long-

1 term care facilities, and ambulatory care cen-  
 2 ters;

3 “(G) supports collaboration between mul-  
 4 tiple specialty training programs (such as medi-  
 5 cine, nursing, social work, physician assistant,  
 6 chaplaincy, and pharmacy) and clinical training  
 7 sites to provide training in interprofessional  
 8 team-based palliative care; and

9 “(H) does not duplicate the activities of  
 10 existing education centers funded under this  
 11 section or under section 753 or 865.

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

14 “(A) prevent the Secretary from providing  
 15 grants or contracts to expand existing education  
 16 centers, including geriatric education centers es-  
 17 tablished under section 753 or 865, to provide  
 18 for education and training focused specifically  
 19 on palliative care, including for non-geriatric  
 20 populations; or

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

23 “(b) PALLIATIVE MEDICINE PHYSICIAN TRAINING.—

24 “(1) IN GENERAL.—The Secretary may make  
 25 grants to, and enter into contracts with, schools of

1 medicine, schools of osteopathic medicine, teaching  
2 hospitals, and graduate medical education programs  
3 for the purpose of providing support for projects  
4 that fund the training of physicians (including resi-  
5 dents, trainees, and fellows) who plan to teach pal-  
6 liative medicine.

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

10 “(A) be staffed by full-time teaching physi-  
11 cians who have experience or training in inter-  
12 professional team-based palliative medicine;

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

17 “(C) provide training in interprofessional  
18 team-based palliative medicine through a vari-  
19 ety of service rotations, such as consultation  
20 services, acute care services, extended care fa-  
21 cilities, ambulatory care and comprehensive  
22 evaluation units, hospices, home care, and com-  
23 munity care programs;

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

4           “(E) provide training in interprofessional  
5           team-based palliative medicine through one or  
6           both of the training options described in 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 interprofes-  
18           sional team-based hospice and palliative medi-  
19           cine for physicians who have completed grad-  
20           uate medical education programs in any med-  
21           ical specialty leading to board eligibility in hos-  
22           pice and palliative medicine pursuant to the  
23           American Board of Medical Specialties.

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

1 means a program sponsored by a school of medicine,  
2 a school of osteopathic medicine, a hospital, or a  
3 public 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 AKA-  
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 education in interprofessional team-  
23                  based palliative 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 interprofessional 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 inter-  
22 professional team-based palliative care that pro-  
23 vide supplemental training for faculty members  
24 in medical schools and other health professions  
25 schools with programs in psychology, pharmacy,

1 nursing, social work, physician assistant edu-  
2 cation, chaplaincy, or other health disciplines,  
3 as approved by the Secretary. Such a fellowship  
4 shall be open to current faculty, and appro-  
5 priately credentialed volunteer faculty and prac-  
6 titioners, who do not have formal training in  
7 palliative care, to upgrade their knowledge and  
8 clinical skills for the care of individuals with se-  
9 rious or life-threatening illness and to enhance  
10 their interdisciplinary and interprofessional  
11 teaching skills.

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

24 “(C) CONTINUING EDUCATION CREDIT.—  
25 Participation in a fellowship under this para-

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

11 “(5) TARGETS.—A Palliative Care and Hospice  
12 Education Center that receives an award under  
13 paragraph (1) shall meet targets approved by the  
14 Secretary for providing training in interprofessional  
15 team-based palliative care to a certain number of  
16 faculty or practitioners during the term of the  
17 award, as well as other parameters established by  
18 the Secretary.

19 “(6) AMOUNT OF AWARD.—Each award under  
20 paragraph (1) shall be in the amount of \$150,000.  
21 Not more than 24 Palliative Care and Hospice Edu-  
22 cation Centers may receive an award under such  
23 paragraph.

24 “(7) MAINTENANCE OF EFFORT.—A Palliative  
25 Care and Hospice Education Center that receives an

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

6 “(e) PALLIATIVE CARE AND HOSPICE CAREER IN-  
7 CENTIVE AWARDS.—

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

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

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

23 “(B) submit to the Secretary an applica-  
24 tion at such time, in such manner, and con-

1           taining such information as the Secretary may  
2           require.

3           “(3) CONDITIONS OF AWARD.—As a condition  
4           of receiving an award under paragraph (1), an indi-  
5           vidual shall agree that, following completion of the  
6           award period, the individual will teach or practice  
7           palliative care in health-related educational, home,  
8           hospice, or long-term care settings for a minimum of  
9           5 years under guidelines established by the Sec-  
10          retary.

11          “(4) PAYMENT TO INSTITUTION.—The Sec-  
12          retary shall make payments for awards under para-  
13          graph (1) to institutions that include schools of med-  
14          icine, osteopathic medicine, nursing, social work,  
15          psychology, chaplaincy or pastoral care education,  
16          dentistry, and pharmacy, or other allied health dis-  
17          cipline in an accredited health professions school or  
18          program (such as a physician assistant education  
19          program) that is approved by the Secretary.

20          “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
21          are authorized to be appropriated to carry out this section,  
22          \$15,000,000 for each of the fiscal years 2023 through  
23          2027.”.

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

4 **SEC. 3. HOSPICE AND PALLIATIVE NURSING.**

5 (a) NURSE EDUCATION, PRACTICE, AND QUALITY  
 6 GRANTS.—Section 831(b)(3) of the Public Health Service  
 7 Act (42 U.S.C. 296p(b)(3)) is amended by inserting “hos-  
 8 pice and palliative nursing,” after “coordinated care,”.

9 (b) PALLIATIVE CARE AND HOSPICE EDUCATION  
 10 AND TRAINING PROGRAMS.—Part D of title VIII of the  
 11 Public Health Service Act (42 U.S.C. 296p et seq.) is  
 12 amended by adding at the end the following:

13 **“SEC. 832. PALLIATIVE CARE AND HOSPICE EDUCATION**  
 14 **AND TRAINING.**

15 “(a) PROGRAM AUTHORIZED.—The Secretary shall  
 16 award grants to, or enter into contracts with, eligible enti-  
 17 ties to develop and implement, in coordination with pro-  
 18 grams under section 759A, programs and initiatives to  
 19 train and educate individuals in providing interprofes-  
 20 sional team-based palliative care in health-related edu-  
 21 cational, hospital, hospice, home, or long-term care set-  
 22 tings.

23 “(b) USE OF FUNDS.—An eligible entity that receives  
 24 a grant under subsection (a) shall use funds under such  
 25 grant to—

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

4           “(2) develop and disseminate curricula relating  
5 to palliative care in health-related educational, hos-  
6 pital, home, hospice, or long-term care settings;

7           “(3) train faculty members in palliative care in  
8 health-related educational, hospital, home, hospice,  
9 or long-term care settings; or

10           “(4) provide continuing education to individuals  
11 who provide palliative care in health-related edu-  
12 cational, home, hospice, or long-term care settings.

13           “(c) APPLICATION.—An eligible entity desiring a  
14 grant under subsection (a) shall submit an application to  
15 the Secretary at such time, in such manner, and con-  
16 taining such information as the Secretary may reasonably  
17 require.

18           “(d) ELIGIBLE ENTITY.—For purposes of this sec-  
19 tion, the term ‘eligible entity’ shall include a school of  
20 nursing, a health care facility, a program leading to cer-  
21 tification as a certified nurse assistant, a partnership of  
22 such a school and facility, or a partnership of such a pro-  
23 gram and facility.

24           “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
25 are authorized to be appropriated to carry out this section



1 \$5,000,000 for each of the fiscal years 2023 through  
2 2027.”.

3 **SEC. 4. DISSEMINATION OF PALLIATIVE CARE INFORMA-**  
4 **TION.**

5 Part A of title IX of the Public Health Service Act  
6 (42 U.S.C. 299 et seq.) is amended by adding at the end  
7 the following new section:

8 **“SEC. 904. DISSEMINATION OF PALLIATIVE CARE INFORMA-**  
9 **TION.**

10 “(a) IN GENERAL.—Under the authority under sec-  
11 tion 902(a) to disseminate information on health care and  
12 on systems for the delivery of such care, the Director may  
13 disseminate information to inform patients, families, and  
14 health professionals about the benefits of palliative care  
15 throughout the continuum of care for patients with serious  
16 or life-threatening illness.

17 “(b) INFORMATION DISSEMINATED.—

18 “(1) MANDATORY INFORMATION.—If the Direc-  
19 tor elects to disseminate information under sub-  
20 section (a), such dissemination shall include the fol-  
21 lowing:

22 “(A) PALLIATIVE CARE.—Information, re-  
23 sources, and communication materials about  
24 palliative care as an essential part of the con-  
25 tinuum of quality care for patients and families

1 facing serious or life-threatening illness (includ-  
2 ing cancer, heart, kidney, liver, lung, and infec-  
3 tious diseases; as well as neurodegenerative dis-  
4 ease such as dementia, Parkinson’s disease, or  
5 amyotrophic lateral sclerosis).

6 “(B) PALLIATIVE CARE SERVICES.—Spe-  
7 cific information regarding the services provided  
8 to patients by professionals trained in hospice  
9 and palliative care, including pain and symptom  
10 management, support for shared decision mak-  
11 ing, care coordination, psychosocial care, and  
12 spiritual care, explaining that such services may  
13 be provided starting at the point of diagnosis  
14 and alongside curative treatment and are in-  
15 tended to—

16 “(i) provide patient-centered and fam-  
17 ily-centered support throughout the con-  
18 tinuum of care for serious and life-threat-  
19 ening illness;

20 “(ii) anticipate, prevent, and treat  
21 physical, emotional, social, and spiritual  
22 suffering;

23 “(iii) optimize quality of life; and

24 “(iv) facilitate and support the goals  
25 and values of patients and families.

1           “(C) PALLIATIVE CARE PROFESSIONALS.—  
2           Specific materials that explain the role of pro-  
3           fessionals trained in hospice and palliative care  
4           in providing team-based care (including pain  
5           and symptom management, support for shared  
6           decision making, care coordination, psychosocial  
7           care, and spiritual care) for patients and fami-  
8           lies throughout the continuum of care for seri-  
9           ous or life-threatening illness.

10           “(D) RESEARCH.—Evidence-based re-  
11           search demonstrating the benefits of patient ac-  
12           cess to palliative care throughout the continuum  
13           of care for serious or life-threatening illness.

14           “(E) POPULATION-SPECIFIC MATERIALS.—  
15           Materials targeting specific populations, includ-  
16           ing patients with serious or life-threatening ill-  
17           ness who are among medically underserved pop-  
18           ulations (as defined in section 330(b)(3)) and  
19           families of such patients or health professionals  
20           serving medically underserved populations. Such  
21           populations shall include pediatric patients,  
22           young adult and adolescent patients, racial and  
23           ethnic minority populations, and other priority  
24           populations specified by the Director.

1           “(2) REQUIRED PUBLICATION.—Information  
2           and materials disseminated under paragraph (1)  
3           shall be posted on the Internet websites of relevant  
4           Federal departments and agencies, including the De-  
5           partment of Veterans Affairs, the Centers for Medi-  
6           care & Medicaid Services, and the Administration on  
7           Aging.

8           “(c) CONSULTATION.—The Director shall consult  
9           with appropriate professional societies, hospice and pallia-  
10          tive care stakeholders, and relevant patient advocate orga-  
11          nizations with respect to palliative care, psychosocial care,  
12          and complex chronic illness with respect to the following:

13                 “(1) The planning and implementation of the  
14                 dissemination of palliative care information under  
15                 this section.

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

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

20 **SEC. 5. CLARIFICATION.**

21           (a) RESTRICTION ON THE USE OF FEDERAL  
22 FUNDS.—None of the funds made available under this Act  
23 (or an amendment made by this Act) may be used to pro-  
24 vide, promote, or provide training with regard to any item

1 or service for which Federal funding is unavailable under  
2 section 3 of Public Law 105–12 (42 U.S.C. 14402).

3 (b) **ADDITIONAL CLARIFICATION.**—As used in this  
4 Act (or an amendment made by this Act), palliative care  
5 and hospice shall not be furnished for the purpose of caus-  
6 ing, or the purpose of assisting in causing, a patient’s  
7 death, for any reason.

8 **SEC. 6. ENHANCING NIH RESEARCH IN PALLIATIVE CARE.**

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

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

13 “The Secretary, acting through the Director of the  
14 National Institutes of Health, shall develop and implement  
15 a strategy to be applied across the institutes and centers  
16 of the National Institutes of Health to expand and inten-  
17 sify national research programs in palliative care in order  
18 to address the quality of care and quality of life for the  
19 rapidly growing population of patients in the United  
20 States with serious or life-threatening illnesses, including  
21 cancer; heart, kidney, liver, lung, and infectious diseases;  
22 as well as neurodegenerative diseases such as dementia,  
23 Parkinson’s disease, or amyotrophic lateral sclerosis.”.

24 (b) **EXPANDING TRANS-NIH RESEARCH REPORTING**  
25 **TO INCLUDE PALLIATIVE CARE RESEARCH.**—Section

1 402A(c)(2)(B) of the Public Health Service Act (42  
2 U.S.C. 282a(c)(2)(B)) is amended by inserting “and, be-  
3 ginning January 1, 2023, for conducting or supporting re-  
4 search with respect to palliative care” after “or national  
5 centers”.

○