

113TH CONGRESS
2D SESSION

S. 3009

To improve end-of-life care.

IN THE SENATE OF THE UNITED STATES

DECEMBER 12, 2014

Mr. BLUMENTHAL (for himself and Mr. ROCKEFELLER) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To improve end-of-life care.

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

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Advance Planning and Compassionate Care Act of
6 2014”.

7 (b) TABLE OF CONTENTS.—The table of contents of
8 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Definitions.

TITLE I—ADVANCE CARE PLANNING

Subtitle A—Consumer and Provider Education

PART I—CONSUMER EDUCATION

SUBPART A—NATIONAL INITIATIVES

- Sec. 101. Advance care planning telephone hotline.
- Sec. 102. Advance care planning information clearinghouses.
- Sec. 103. Advance care planning toolkit.
- Sec. 104. National public education campaign.
- Sec. 105. Update of Medicare and Social Security handbooks.
- Sec. 106. Authorization of appropriations.

SUBPART B—STATE AND LOCAL INITIATIVES

- Sec. 111. Financial assistance for advance care planning.
- Sec. 112. Grants for programs for orders regarding life sustaining treatment.

PART II—PROVIDER EDUCATION

- Sec. 121. Public provider advance care planning website.
- Sec. 122. Continuing education for physicians and nurses.

Subtitle B—Portability of Advance Directives; Health Information Technology

- Sec. 131. Portability of advance directives.
- Sec. 132. State advance directive registries; driver's license advance directive notation.
- Sec. 133. GAO study and report on establishment of national advance directive registry.

Subtitle C—National Uniform Policy on Advance Care Planning

- Sec. 141. Study and report by the Secretary regarding the establishment and implementation of a national uniform policy on advance directives.

TITLE II—COMPASSIONATE CARE

Subtitle A—Workforce Development

PART I—EDUCATION AND TRAINING

- Sec. 201. National Geriatric and Palliative Care Services Corps.
- Sec. 202. Exemption of palliative medicine fellowship training from Medicare graduate medical education caps.
- Sec. 203. Medical school curricula.

Subtitle B—Coverage Under Medicare, Medicaid, and CHIP

PART I—COVERAGE OF ADVANCE CARE PLANNING

- Sec. 211. Medicare, Medicaid, and CHIP coverage.

PART II—HOSPICE

- Sec. 221. Adoption of MedPAC hospice payment methodology recommendations.
- Sec. 222. Removing hospice inpatient days in setting per diem rates for critical access hospitals.
- Sec. 223. Hospice payments for dual eligible individuals residing in long-term care facilities.

- Sec. 224. Delineation of respective care responsibilities of hospice programs and long-term care facilities.
- Sec. 225. Adoption of MedPAC hospice program eligibility certification and recertification recommendations.
- Sec. 226. Concurrent care for children.
- Sec. 227. Making hospice a required benefit under Medicaid and CHIP.
- Sec. 228. Medicare Hospice payment model demonstration projects.
- Sec. 229. MedPAC studies and reports.
- Sec. 230. HHS Evaluations.

Subtitle C—Quality Improvement

- Sec. 241. Patient satisfaction surveys.
- Sec. 242. Development of core end-of-life care quality measures across each relevant provider setting.
- Sec. 243. Accreditation of hospital-based palliative care programs.
- Sec. 244. Survey and data requirements for all Medicare participating hospice programs.

Subtitle D—Additional Reports, Research, and Evaluations

- Sec. 251. National Center On Palliative and End-of-Life Care.
- Sec. 252. National Mortality Followback Survey.
- Sec. 253. Demonstration projects for use of telemedicine services in advance care planning.
- Sec. 254. Inspector General investigation of fraud and abuse.
- Sec. 255. GAO study and report on provider adherence to advance directives.

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) **ADVANCE CARE PLANNING.**—The term “ad-
4 vance care planning” means the process of—

5 (A) determining an individual’s priorities,
6 values and goals for care in the future when the
7 individual is no longer able to express his or her
8 wishes;

9 (B) engaging family members, health care
10 proxies, and health care providers in an ongoing
11 dialogue about—

12 (i) the individual’s wishes for care;

1 (ii) what the future may hold for peo-
 2 ple with serious illnesses or injuries;

3 (iii) how individuals, their health care
 4 proxies, and family members want their be-
 5 liefs and preferences to guide care deci-
 6 sions; and

7 (iv) the steps that individuals and
 8 family members can take regarding, and
 9 the resources available to help with, fi-
 10 nances, family matters, spiritual questions,
 11 and other issues that impact seriously ill or
 12 dying patients and their families; and

13 (C) executing and updating advance direc-
 14 tives and appointing a health care proxy.

15 (2) ADVANCE DIRECTIVE.—The term “advance
 16 directive” means a living will, medical directive,
 17 health care power of attorney, durable power of at-
 18 torney, or other written statement by a competent
 19 individual that is recognized under State law and in-
 20 dicates the individual’s wishes regarding medical
 21 treatment in the event of future incompetence. Such
 22 term includes an advance health care directive and
 23 a health care directive recognized under State law.

1 (3) CHIP.—The term “CHIP” means the pro-
2 gram established under title XXI of the Social Secu-
3 rity Act (42 U.S.C. 1397aa et seq.).

4 (4) END-OF-LIFE-CARE.—The term “end-of-life
5 care” means all aspects of care of a patient with a
6 potentially fatal condition, and includes care that is
7 focused on specific preparations for an impending
8 death.

9 (5) HEALTH CARE POWER OF ATTORNEY.—The
10 term “health care power of attorney” means a legal
11 document that identifies a health care proxy or deci-
12 sionmaker for a patient who has the authority to act
13 on the patient’s behalf when the patient is unable to
14 communicate his or her wishes for medical care on
15 matters that the patient specifies when he or she is
16 competent. Such term includes a durable power of
17 attorney that relates to medical care.

18 (6) LIVING WILL.—The term “living will”
19 means a legal document—

20 (A) used to specify the type of medical
21 care (including any type of medical treatment,
22 including life-sustaining procedures if that per-
23 son becomes permanently unconscious or is oth-
24 erwise dying) that an individual wants provided
25 or withheld in the event the individual cannot

1 speak for himself or herself and cannot express
 2 his or her wishes; and

3 (B) that requires a physician to honor the
 4 provisions of upon receipt or to transfer the
 5 care of the individual covered by the document
 6 to another physician that will honor such provi-
 7 sions.

8 (7) MEDICAID.—The term “Medicaid” means
 9 the program established under title XIX of the So-
 10 cial Security Act (42 U.S.C. 1396 et seq.).

11 (8) MEDICARE.—The term “Medicare” means
 12 the program established under title XVIII of the So-
 13 cial Security Act (42 U.S.C. 1395 et seq.).

14 (9) ORDERS FOR LIFE-SUSTAINING TREAT-
 15 MENT.—The term “orders for life-sustaining treat-
 16 ment” means a process for focusing a patients’ val-
 17 ues, goals, and preferences on current medical cir-
 18 cumstances and to translate such into visible and
 19 portable medical orders applicable across care set-
 20 tings, including home, long-term care, emergency
 21 medical services, and hospitals.

22 (10) PALLIATIVE CARE.—The term “palliative
 23 care” means interdisciplinary care for individuals
 24 with a life-threatening illness or injury relating to
 25 pain and symptom management and psychological,

1 social, and spiritual needs and that seeks to improve
 2 the quality of life for the individual and the individ-
 3 ual's family.

4 (11) SECRETARY.—The term “Secretary”
 5 means the Secretary of Health and Human Services.

6 **TITLE I—ADVANCE CARE** 7 **PLANNING**

8 **Subtitle A—Consumer and** 9 **Provider Education**

10 **PART I—CONSUMER EDUCATION**

11 **Subpart A—National Initiatives**

12 **SEC. 101. ADVANCE CARE PLANNING TELEPHONE HOTLINE.**

13 (a) IN GENERAL.—Not later than January 1, 2016,
 14 the Secretary, acting through the Director of the Centers
 15 for Disease Control and Prevention, shall establish and op-
 16 erate directly, or by grant, contract, or interagency agree-
 17 ment, a 24-hour toll-free telephone hotline to provide con-
 18 sumer information regarding advance care planning, in-
 19 cluding—

20 (1) an explanation of advanced care planning
 21 and its importance;

22 (2) issues to be considered when developing an
 23 individual's advance care plan;

24 (3) how to establish an advance directive;

1 (4) procedures to help ensure that an individ-
 2 ual's directives for end-of-life care are followed;

3 (5) Federal and State-specific resources for as-
 4 sistance with advance care planning; and

5 (6) hospice and palliative care (including their
 6 respective purposes and services).

7 (b) ESTABLISHMENT.—In carrying out the require-
 8 ments under subsection (a), the Director of the Centers
 9 for Disease Control and Prevention may designate an ex-
 10 isting 24-hour toll-free telephone hotline or, if no such
 11 service is available or appropriate, establish a new 24-hour
 12 toll-free telephone hotline.

13 **SEC. 102. ADVANCE CARE PLANNING INFORMATION CLEAR-**
 14 **INGHOUSES.**

15 (a) EXPANSION OF NATIONAL CLEARINGHOUSE FOR
 16 LONG-TERM CARE INFORMATION.—

17 (1) DEVELOPMENT.—Not later than January 1,
 18 2015, the Secretary shall develop an online clearing-
 19 house to provide comprehensive information regard-
 20 ing advance care planning.

21 (2) MAINTENANCE.—The advance care plan-
 22 ning clearinghouse, which shall be clearly identifiable
 23 and available on the homepage of the Department of
 24 Health and Human Service's National Clearinghouse
 25 for Long-Term Care Information website, shall be

1 maintained and publicized by the Secretary on an
2 ongoing basis.

3 (3) CONTENT.—The advance care planning
4 clearinghouse shall include—

5 (A) any relevant content contained in the
6 national public education campaign required
7 under section 104;

8 (B) content addressing—

9 (i) an explanation of advanced care
10 planning and its importance;

11 (ii) issues to be considered when de-
12 veloping an individual's advance care plan;

13 (iii) how to establish an advance di-
14 rective;

15 (iv) procedures to help ensure that an
16 individual's directives for end-of-life care
17 are followed; and

18 (v) hospice and palliative care (includ-
19 ing their respective purposes and services);

20 (C) available Federal and State-specific re-
21 sources for assistance with advance care plan-
22 ning, including—

23 (i) contact information for any State
24 public health departments that are respon-
25 sible for issues regarding end-of-life care;

1 (ii) contact information for relevant
2 legal service organizations, including those
3 funded under the Older Americans Act of
4 1965 (42 U.S.C. 3001 et seq.); and

5 (iii) advance directive forms for each
6 State; and

7 (D) any additional information, as deter-
8 mined by the Secretary.

9 (b) ESTABLISHMENT OF PEDIATRIC ADVANCE CARE
10 PLANNING CLEARINGHOUSE.—

11 (1) DEVELOPMENT.—Not later than January 1,
12 2016, the Secretary, in consultation with the Assist-
13 ant Secretary for Children and Families of the De-
14 partment of Health and Human Services, shall de-
15 velop an online clearinghouse to provide comprehen-
16 sive information regarding pediatric advance care
17 planning.

18 (2) MAINTENANCE.—The pediatric advance
19 care planning clearinghouse, which shall be clearly
20 identifiable on the homepage of the Administration
21 for Children and Families website, shall be main-
22 tained and publicized by the Secretary on an ongo-
23 ing basis.

24 (3) CONTENT.—The pediatric advance care
25 planning clearinghouse shall provide advance care

1 planning information specific to children with life-
2 threatening illnesses or injuries and their families.

3 **SEC. 103. ADVANCE CARE PLANNING TOOLKIT.**

4 (a) DEVELOPMENT.—Not later than July 1, 2015,
5 the Secretary, in consultation with the Director of the
6 Centers for Disease Control and Prevention, shall develop
7 an online advance care planning toolkit.

8 (b) MAINTENANCE.—The advance care planning tool-
9 kit, which shall be available in English, Spanish, and any
10 other languages that the Secretary deems appropriate,
11 shall be maintained and publicized by the Secretary on an
12 ongoing basis and made available on the websites of the
13 following agencies:

14 (1) The Centers for Disease Control and Pre-
15 vention.

16 (2) The Department of Health and Human
17 Service's National Clearinghouse for Long-Term
18 Care Information.

19 (3) The Administration for Children and Fami-
20 lies.

21 (c) CONTENT.—The advance care planning toolkit
22 shall include content addressing—

23 (1) common issues and questions regarding ad-
24 vance care planning, including individuals and re-
25 sources to contact for further inquiries;

1 (2) advance directives and their uses, including
2 living wills and durable powers of attorney;

3 (3) the roles and responsibilities of a health
4 care proxy;

5 (4) Federal and State-specific resources to as-
6 sist individuals and their families with advance care
7 planning, including—

8 (A) the advance care planning toll-free
9 telephone hotline established under section 101;

10 (B) the advance care planning clearing-
11 houses established under section 102;

12 (C) the advance care planning toolkit es-
13 tablished under this section;

14 (D) available State legal service organiza-
15 tions to assist individuals with advance care
16 planning, including those organizations that re-
17 ceive funding pursuant to the Older Americans
18 Act of 1965 (42 U.S.C. 3001 et seq.); and

19 (E) website links or addresses for State-
20 specific advance directive forms; and

21 (5) any additional information, as determined
22 by the Secretary.

23 **SEC. 104. NATIONAL PUBLIC EDUCATION CAMPAIGN.**

24 (a) NATIONAL PUBLIC EDUCATION CAMPAIGN.—

1 (1) IN GENERAL.—Not later than January 1,
2 2016, the Secretary, acting through the Director of
3 the Centers for Disease Control and Prevention,
4 shall, directly or through grants, contracts, or inter-
5 agency agreements, develop and implement a na-
6 tional campaign to inform the public of the impor-
7 tance of advance care planning and of an individ-
8 ual’s right to direct and participate in their health
9 care decisions.

10 (2) CONTENT OF EDUCATIONAL CAMPAIGN.—
11 The national public education campaign established
12 under paragraph (1) shall—

13 (A) employ the use of various media, in-
14 cluding regularly televised public service an-
15 nouncements;

16 (B) provide culturally and linguistically ap-
17 propriate information;

18 (C) be conducted continuously over a pe-
19 riod of not less than 5 years;

20 (D) identify and promote the advance care
21 planning information available on the Depart-
22 ment of Health and Human Service’s National
23 Clearinghouse for Long-Term Care Information
24 website and Administration for Children and
25 Families website, as well as any other relevant

1 Federal or State-specific advance care planning
2 resources;

3 (E) raise public awareness of the con-
4 sequences that may result if an individual is no
5 longer able to express or communicate their
6 health care decisions;

7 (F) address the importance of individuals
8 speaking to family members, health care prox-
9 ies, and health care providers as part of an on-
10 going dialogue regarding their health care
11 choices;

12 (G) address the need for individuals to ob-
13 tain readily available legal documents that ex-
14 press their health care decisions through ad-
15 vance directives (including living wills, comfort
16 care orders, and durable powers of attorney for
17 health care);

18 (H) raise public awareness regarding the
19 availability of hospice and palliative care; and

20 (I) encourage individuals to speak with
21 their physicians about their options and inten-
22 tions for end-of-life care.

23 (3) EVALUATION.—

24 (A) IN GENERAL.—Not later than July 1,
25 2018, the Secretary, acting through the Direc-

1 tor of the Centers for Disease Control and Pre-
2 vention, shall conduct a nationwide survey to
3 evaluate whether the national campaign con-
4 ducted under this subsection has achieved its
5 goal of changing public awareness, attitudes,
6 and behaviors regarding advance care planning.

7 (B) BASELINE SURVEY.—In order to
8 evaluate the effectiveness of the national cam-
9 paign, the Secretary shall conduct a baseline
10 survey prior to implementation of the campaign.

11 (C) REPORTING REQUIREMENT.—Not later
12 than December 31, 2018, the Secretary shall
13 report the findings of such survey, as well as
14 any recommendations that the Secretary deter-
15 mines appropriate regarding the need for con-
16 tinuation or legislative or administrative
17 changes to facilitate changing public awareness,
18 attitudes, and behaviors regarding advance care
19 planning, to the appropriate committees of the
20 Congress.

21 (b) REPEAL.—Section 4751(d) of the Omnibus
22 Budget Reconciliation Act of 1990 (42 U.S.C. 1396a note;
23 Public Law 101–508) is repealed.

1 **SEC. 105. UPDATE OF MEDICARE AND SOCIAL SECURITY**
2 **HANDBOOKS.**

3 (a) MEDICARE & YOU HANDBOOK.—

4 (1) IN GENERAL.—Not later than 60 days after
5 the date of enactment of this Act, the Secretary
6 shall update the online version of the “Plan Ahead
7 for Long-Term Care” section of the Medicare & You
8 Handbook to include—

9 (A) an explanation of advance care plan-
10 ning and advance directives, including—

11 (i) living wills;

12 (ii) health care proxies; and

13 (iii) after-death directives;

14 (B) Federal and State-specific resources to
15 assist individuals and their families with ad-
16 vance care planning, including—

17 (i) the advance care planning toll-free
18 telephone hotline established under section
19 101;

20 (ii) the advance care planning clear-
21 inghouses established under section 102;

22 (iii) the advance care planning toolkit
23 established under section 103;

24 (iv) available State legal service orga-
25 nizations to assist individuals with advance
26 care planning, including those organiza-

tions that receive funding pursuant to the
Older Americans Act of 1965 (42 U.S.C.
3001 et seq.); and

(v) website links or addresses for
State-specific advance directive forms; and

(C) any additional information, as deter-
mined by the Secretary.

(2) UPDATE OF PAPER AND SUBSEQUENT
VERSIONS.—The Secretary shall include the infor-
mation described in paragraph (1) in all paper and
electronic versions of the Medicare & You Handbook
that are published on or after the date that is 60
days after the date of enactment of this Act.

(b) SOCIAL SECURITY HANDBOOK.—The Commis-
sioner of Social Security shall—

(1) not later than 60 days after the date of en-
actment of this Act, update the online version of the
Social Security Handbook for beneficiaries to include
the information described in subsection (a)(1); and

(2) include such information in all paper and
online versions of such handbook that are published
on or after the date that is 60 days after the date
of enactment of this Act.

1 **SEC. 106. AUTHORIZATION OF APPROPRIATIONS.**

2 There is authorized to be appropriated for the period
3 of fiscal years 2015 through 2019—

4 (1) \$195,000,000 to the Secretary to carry out
5 sections 101, 102, 103, 104 and 105(a); and

6 (2) \$5,000,000 to the Commissioner of Social
7 Security to carry out section 105(b).

8 **Subpart B—State and Local Initiatives**

9 **SEC. 111. FINANCIAL ASSISTANCE FOR ADVANCE CARE**
10 **PLANNING.**

11 (a) LEGAL ASSISTANCE FOR ADVANCE CARE PLAN-
12 NING.—

13 (1) DEFINITION OF RECIPIENT.—Section
14 1002(6) of the Legal Services Corporation Act (42
15 U.S.C. 2996a(6)) is amended by striking “clause (A)
16 of” and inserting “subparagraph (A) or (B) of”.

17 (2) ADVANCE CARE PLANNING.—Section 1006
18 of the Legal Services Corporation Act (42 U.S.C.
19 2996e) is amended—

20 (A) in subsection (a)(1)—

21 (i) by striking “title, and (B) to
22 make” and inserting the following: “title;
23 “(C) to make”; and

24 (ii) by inserting after subparagraph
25 (A) the following:

1 “(B) to provide financial assistance, and make
 2 grants and contracts, as described in subparagraph
 3 (A), on a competitive basis for the purpose of pro-
 4 viding legal assistance in the form of advance care
 5 planning (as defined in section 3 of the Advance
 6 Planning and Compassionate Care Act of 2014, and
 7 including providing information about State-specific
 8 advance directives, as defined in that section) for eli-
 9 gible clients under this title, including providing
 10 such planning to the family members of eligible cli-
 11 ents and persons with power of attorney to make
 12 health care decisions for the clients; and”;

13 (B) in subsection (b), by adding at the end
 14 the following:

15 “(2) Advance care planning provided in accordance
 16 with subsection (a)(1)(B) shall not be construed to violate
 17 the Assisted Suicide Funding Restriction Act of 1997 (42
 18 U.S.C. 14401 et seq.).”.

19 (3) REPORTS.—Section 1008(a) of the Legal
 20 Services Corporation Act (42 U.S.C. 2996g(a)) is
 21 amended by adding at the end the following: “The
 22 Corporation shall require such a report, on an an-
 23 nual basis, from each grantee, contractor, or other
 24 recipient of financial assistance under section
 25 1006(a)(1)(B).”.

1 (4) AUTHORIZATION OF APPROPRIATIONS.—

2 Section 1010 of the Legal Services Corporation Act
3 (42 U.S.C. 2996i) is amended—

4 (A) in subsection (a)—

5 (i) by striking “(a)” and inserting
6 “(a)(1)”;

7 (ii) in the last sentence, by striking
8 “Appropriations for that purpose” and in-
9 serting the following:

10 “(3) Appropriations for a purpose described in para-
11 graph (1) or (2)”;

12 (iii) by inserting before paragraph (3)
13 (as designated by clause (ii)) the following:

14 “(2) There are authorized to be appropriated to carry
15 out section 1006(a)(1)(B), \$10,000,000 for each of fiscal
16 years 2015, 2016, 2017, 2018, and 2019.”; and

17 (B) in subsection (d), by striking “sub-
18 section (a)” and inserting “subsection (a)(1)”.

19 (5) EFFECTIVE DATE.—This subsection and the
20 amendments made by this subsection take effect
21 July 1, 2015.

22 (b) STATE HEALTH INSURANCE ASSISTANCE PRO-
23 GRAMS.—

24 (1) IN GENERAL.—The Secretary shall use
25 amounts made available under paragraph (3) to

1 award grants to States for State health insurance
2 assistance programs receiving assistance under sec-
3 tion 4360 of the Omnibus Budget Reconciliation Act
4 of 1990 to provide advance care planning services to
5 Medicare beneficiaries, personal representatives of
6 such beneficiaries, and the families of such bene-
7 ficiaries. Such services shall include information re-
8 garding State-specific advance directives and ways to
9 discuss individual care wishes with health care pro-
10 viders.

11 (2) REQUIREMENTS.—

12 (A) AWARD OF GRANTS.—In making
13 grants under this subsection for a fiscal year,
14 the Secretary shall satisfy the following require-
15 ments:

16 (i) Two-thirds of the total amount of
17 funds available under paragraph (3) for a
18 fiscal year shall be allocated among those
19 States approved for a grant under this sec-
20 tion that have adopted the Uniform
21 Health-Care Decisions Act drafted by the
22 National Conference of Commissioners on
23 Uniform State Laws and approved and
24 recommended for enactment by all States

1 at the annual conference of such commis-
2 sioners in 1993.

3 (ii) One-third of the total amount of
4 funds available under paragraph (3) for a
5 fiscal year shall be allocated among those
6 States approved for a grant under this sec-
7 tion that have adopted a uniform form for
8 orders regarding life sustaining treatment
9 as defined in section 1861(hhh)(5) of the
10 Social Security Act (as amended by section
11 211 of this Act) or a comparable approach
12 to advance care planning.

13 (B) WORK PLAN; REPORT.—As a condition
14 of being awarded a grant under this subsection,
15 a State shall submit the following to the Sec-
16 retary:

17 (i) An approved plan for expending
18 grant funds.

19 (ii) For each fiscal year for which the
20 State is paid grant funds under this sub-
21 section, an annual report regarding the use
22 of the funds, including the number of
23 Medicare beneficiaries served and their sat-
24 isfaction with the services provided.

1 (C) LIMITATION.—No State shall be paid
 2 funds from a grant made under this subsection
 3 prior to July 1, 2015.

4 (3) AUTHORIZATION OF APPROPRIATIONS.—
 5 There is authorized to be appropriated to the Sec-
 6 retary to the Centers for Medicare & Medicaid Serv-
 7 ices Program Management Account, \$12,000,000 for
 8 each of fiscal years 2015 through 2019 for purposes
 9 of awarding grants to States under paragraph (1).

10 (c) MEDICAID TRANSFORMATION GRANTS FOR AD-
 11 VANCE CARE PLANNING.—Section 1903(z) of the Social
 12 Security Act (42 U.S.C. 1396b(z)) is amended—

13 (1) in paragraph (2), by adding at the end the
 14 following new subparagraph:

15 “(G) Methods for improving the effective-
 16 ness and efficiency of medical assistance pro-
 17 vided under this title by making available to in-
 18 dividuals enrolled in the State plan or under a
 19 waiver of such plan information regarding ad-
 20 vance care planning (as defined in section 3 of
 21 the Advance Planning and Compassionate Care
 22 Act of 2014), including at time of enrollment or
 23 renewal of enrollment in the plan or waiver,
 24 through providers, and through such other in-

1 novative means as the State determines appro-
2 priate.”;

3 (2) in paragraph (3), by adding at the end the
4 following new subparagraph:

5 “(D) WORK PLAN REQUIRED FOR AWARD
6 OF ADVANCE CARE PLANNING GRANTS.—Pay-
7 ment to a State under this subsection to adopt
8 the innovative methods described in paragraph
9 (2)(G) is conditioned on the State submitting to
10 the Secretary an approved plan for expending
11 the funds awarded to the State under this sub-
12 section.”; and

13 (3) in paragraph (4)—

14 (A) in subparagraph (A)—

15 (i) in clause (i), by striking “and” at
16 the end;

17 (ii) in clause (ii), by striking the pe-
18 riod at the end and inserting “; and”; and

19 (iii) by inserting after clause (ii), the
20 following new clause:

21 “(iii) \$20,000,000 for each of fiscal
22 years 2015 through 2019.”; and

23 (B) by striking subparagraph (B), and in-
24 serting the following:

“(B) ALLOCATION OF FUNDS.—The Secretary shall specify a method for allocating the funds made available under this subsection among States awarded a grant for fiscal year 2015, 2016, 2017, 2018, or 2019. Such method shall provide that—

“(i) 100 percent of such funds for each of fiscal years 2015 through 2019 shall be awarded to States that design programs to adopt the innovative methods described in paragraph (2)(G); and

“(ii) in no event shall a payment to a State awarded a grant under this subsection for fiscal year 2015 be made prior to July 1, 2015.”.

(d) ADVANCE CARE PLANNING COMMUNITY TRAINING GRANTS.—

(1) IN GENERAL.—The Secretary shall use amounts made available under paragraph (3) to award grants to area agencies on aging (as defined in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002)).

(2) REQUIREMENTS.—

(A) USE OF FUNDS.—Funds awarded to an area agency on aging under this subsection

1 shall be used to provide advance care planning
2 education and training opportunities for local
3 aging service providers and organizations.

4 (B) WORK PLAN; REPORT.—As a condition
5 of being awarded a grant under this subsection,
6 an area agency on aging shall submit the fol-
7 lowing to the Secretary:

8 (i) An approved plan for expending
9 grant funds.

10 (ii) For each fiscal year for which the
11 agency is paid grant funds under this sub-
12 section, an annual report regarding the use
13 of the funds, including the number of
14 Medicare beneficiaries served and their sat-
15 isfaction with the services provided.

16 (C) LIMITATION.—No area agency on
17 aging shall be paid funds from a grant made
18 under this subsection prior to July 1, 2015.

19 (3) AUTHORIZATION OF APPROPRIATIONS.—

20 There is authorized to be appropriated to the Sec-
21 retary to the Centers for Medicare & Medicaid Serv-
22 ices Program Management Account, \$12,000,000 for
23 each of fiscal years 2015 through 2019 for purposes
24 of awarding grants to area agencies on aging under
25 paragraph (1).

1 (e) NONDUPLICATION OF ACTIVITIES.—The Sec-
 2 retary shall establish procedures to ensure that funds
 3 made available under grants awarded under this section
 4 or pursuant to amendments made by this section supple-
 5 ment, not supplant, existing Federal funding, and that
 6 such funds are not used to duplicate activities carried out
 7 under such grants or under other Federally funded pro-
 8 grams.

9 **SEC. 112. GRANTS FOR PROGRAMS FOR ORDERS REGARD-**
 10 **ING LIFE SUSTAINING TREATMENT.**

11 (a) IN GENERAL.—The Secretary shall make grants
 12 to eligible entities for the purpose of—

13 (1) establishing new programs for orders re-
 14 garding life sustaining treatment in States or local-
 15 ities;

16 (2) expanding or enhancing an existing pro-
 17 gram for orders regarding life sustaining treatment
 18 in States or localities; or

19 (3) providing a clearinghouse of information on
 20 programs for orders for life sustaining treatment
 21 and consultative services for the development or en-
 22 hancement of such programs.

23 (b) AUTHORIZED ACTIVITIES.—Activities funded
 24 through a grant under this section for an area may in-
 25 clude—

1 (1) developing such a program for the area that
 2 includes home care, hospice, long-term care, commu-
 3 nity and assisted living residences, skilled nursing
 4 facilities, inpatient rehabilitation facilities, hospitals,
 5 and emergency medical services within the area;

6 (2) securing consultative services and advice
 7 from institutions with experience in developing and
 8 managing such programs; and

9 (3) expanding an existing program for orders
 10 regarding life sustaining treatment to serve more pa-
 11 tients or enhance the quality of services, including
 12 educational services for patients and patients' fami-
 13 lies or training of health care professionals.

14 (c) DISTRIBUTION OF FUNDS.—In funding grants
 15 under this section, the Secretary shall ensure that, of the
 16 funds appropriated to carry out this section for each fiscal
 17 year—

18 (1) at least two-thirds are used for establishing
 19 or developing new programs for orders regarding life
 20 sustaining treatment; and

21 (2) one-third is used for expanding or enhanc-
 22 ing existing programs for orders regarding life sus-
 23 taining treatment.

24 (d) DEFINITIONS.—In this section:

25 (1) The term “eligible entity” includes—

1 (A) an academic medical center, a medical
 2 school, a State health department, a State med-
 3 ical association, a multi-State taskforce, a hos-
 4 pital, or a health system capable of admin-
 5 istering a program for orders regarding life sus-
 6 taining treatment for a State or locality; or

7 (B) any other health care agency or entity
 8 as the Secretary determines appropriate.

9 (2) The term “order regarding life sustaining
 10 treatment” has the meaning given such term in sec-
 11 tion 1861(hhh)(5) of the Social Security Act, as
 12 added by section 211.

13 (3) The term “program for orders regarding
 14 life sustaining treatment” means, with respect to an
 15 area, a program that supports the active use of or-
 16 ders regarding life sustaining treatment in the area.

17 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
 18 out this section, there are authorized to be appropriated
 19 such sums as may be necessary for each of the fiscal years
 20 2014 through 2019.

21 **PART II—PROVIDER EDUCATION**

22 **SEC. 121. PUBLIC PROVIDER ADVANCE CARE PLANNING** 23 **WEBSITE.**

24 (a) DEVELOPMENT.—Not later than January 1,
 25 2015, the Secretary, acting through the Administrator of

1 the Centers for Medicare & Medicaid Services and the Di-
 2 rector of the Agency for Healthcare Research and Quality,
 3 shall establish a website for providers under Medicare,
 4 Medicaid, the Children's Health Insurance Program, the
 5 Indian Health Service (include contract providers) and
 6 other public health providers on each individual's right to
 7 make decisions concerning medical care, including the
 8 right to accept or refuse medical or surgical treatment,
 9 and the existence of advance directives.

10 (b) MAINTENANCE.—The website, shall be main-
 11 tained and publicized by the Secretary on an ongoing
 12 basis.

13 (c) CONTENT.—The website shall include content,
 14 tools, and resources necessary to do the following:

15 (1) Inform providers about the advance direc-
 16 tive requirements under the health care programs
 17 described in subsection (a) and other State and Fed-
 18 eral laws and regulations related to advance care
 19 planning.

20 (2) Educate providers about advance care plan-
 21 ning quality improvement activities.

22 (3) Provide assistance to providers to—

23 (A) integrate advance directives into elec-
 24 tronic health records, including oral directives;
 25 and

1 (B) develop and disseminate advance care
 2 planning informational materials for their pa-
 3 tients.

4 (4) Inform providers about advance care plan-
 5 ning continuing education requirements and oppor-
 6 tunities.

7 (5) Encourage providers to discuss advance
 8 care planning with their patients of all ages.

9 (6) Assist providers' understanding of the con-
 10 tinuum of end-of-life care services and supports
 11 available to patients, including palliative care and
 12 hospice.

13 (7) Inform providers of best practices for dis-
 14 cussing end-of-life care with dying patients and their
 15 loved ones.

16 **SEC. 122. CONTINUING EDUCATION FOR PHYSICIANS AND**
 17 **NURSES.**

18 (a) IN GENERAL.—Not later than January 1, 2017,
 19 the Secretary, acting through the Director of Health Re-
 20 sources and Services Administration, shall develop, in con-
 21 sultation with health care providers and State boards of
 22 medicine and nursing, a curriculum for continuing edu-
 23 cation that States may adopt for physicians and nurses
 24 on advance care planning and end-of-life care.

25 (b) CONTENT.—

1 (1) IN GENERAL.—The continuing education
2 curriculum developed under subsection (a) for physi-
3 cians and nurses shall, at a minimum, include—

4 (A) a description of the meaning and im-
5 portance of advance care planning;

6 (B) a description of advance directives, in-
7 cluding living wills and durable powers of attor-
8 ney, and the use of such directives;

9 (C) palliative care principles and ap-
10 proaches to care; and

11 (D) the continuum of end-of-life services
12 and supports, including palliative care and hos-
13 pice.

14 (2) ADDITIONAL CONTENT FOR PHYSICIANS.—
15 The continuing education curriculum for physicians
16 developed under subsection (a) shall include instruc-
17 tion on how to conduct advance care planning with
18 patients and their loved ones.

19 **Subtitle B—Portability of Advance**
20 **Directives; Health Information**
21 **Technology**

22 **SEC. 131. PORTABILITY OF ADVANCE DIRECTIVES.**

23 (a) MEDICARE.—Section 1866(f) of the Social Secu-
24 rity Act (42 U.S.C. 1395cc(f)) is amended—

25 (1) in paragraph (1)—

1 (A) in subparagraph (B), by inserting
 2 “and if presented by the individual, to include
 3 the content of such advance directive in a
 4 prominent part of such record” before the semi-
 5 colon at the end;

6 (B) in subparagraph (D), by striking
 7 “and” after the semicolon at the end;

8 (C) in subparagraph (E), by striking the
 9 period at the end and inserting “; and”; and

10 (D) by inserting after subparagraph (E)
 11 the following new subparagraph:

12 “(F) to provide each individual with the oppor-
 13 tunity to discuss issues relating to the information
 14 provided to that individual pursuant to subpara-
 15 graph (A) with an appropriately trained profes-
 16 sional.”; and

17 (2) by adding at the end the following new
 18 paragraph:

19 “(5)(A) An advance directive validly executed outside
 20 of the State in which such advance directive is presented
 21 by an adult individual to a provider of services, a Medicare
 22 Advantage organization, or a prepaid or eligible organiza-
 23 tion shall be given the same effect by that provider or or-
 24 ganization as an advance directive validly executed under

1 the law of the State in which it is presented would be given
2 effect.

3 “(B)(i) The definition of an advanced directive shall
4 also include actual knowledge of instructions made while
5 an individual was able to express the wishes of such indi-
6 vidual with regard to health care.

7 “(ii) For purposes of clause (i), the term ‘actual
8 knowledge’ means the possession of information of an indi-
9 vidual’s wishes communicated to the health care provider
10 orally or in writing by the individual, the individual’s med-
11 ical power of attorney representative, the individual’s
12 health care surrogate, or other individuals resulting in the
13 health care provider’s personal cognizance of these wishes.
14 Other forms of imputed knowledge are not actual knowl-
15 edge.

16 “(C) The provisions of this paragraph shall preempt
17 any State law to the extent such law is inconsistent with
18 such provisions. The provisions of this paragraph shall not
19 preempt any State law that provides for greater port-
20 ability, more deference to a patient’s wishes, or more lati-
21 tude in determining a patient’s wishes.”.

22 (b) MEDICAID.—Section 1902(w) of the Social Secu-
23 rity Act (42 U.S.C. 1396a(w)) is amended—

24 (1) in paragraph (1)—

25 (A) in subparagraph (B)—

1 (i) by striking “in the individual’s
 2 medical record” and inserting “in a promi-
 3 nent part of the individual’s current med-
 4 ical record”; and

5 (ii) by inserting “and if presented by
 6 the individual, to include the content of
 7 such advance directive in a prominent part
 8 of such record” before the semicolon at the
 9 end;

10 (B) in subparagraph (D), by striking
 11 “and” after the semicolon at the end;

12 (C) in subparagraph (E), by striking the
 13 period at the end and inserting “; and”; and

14 (D) by inserting after subparagraph (E)
 15 the following new subparagraph:

16 “(F) to provide each individual with the oppor-
 17 tunity to discuss issues relating to the information
 18 provided to that individual pursuant to subpara-
 19 graph (A) with an appropriately trained profes-
 20 sional.”; and

21 (2) by adding at the end the following para-
 22 graph:

23 “(6)(A) An advance directive validly executed outside
 24 of the State in which such advance directive is presented
 25 by an adult individual to a provider or organization shall

1 be given the same effect by that provider or organization
 2 as an advance directive validly executed under the law of
 3 the State in which it is presented would be given effect.

4 “(B)(i) The definition of an advance directive shall
 5 also include actual knowledge of instructions made while
 6 an individual was able to express the wishes of such indi-
 7 vidual with regard to health care.

8 “(ii) For purposes of clause (i), the term ‘actual
 9 knowledge’ means the possession of information of an indi-
 10 vidual’s wishes communicated to the health care provider
 11 orally or in writing by the individual, the individual’s med-
 12 ical power of attorney representative, the individual’s
 13 health care surrogate, or other individuals resulting in the
 14 health care provider’s personal cognizance of these wishes.
 15 Other forms of imputed knowledge are not actual knowl-
 16 edge.

17 “(C) The provisions of this paragraph shall preempt
 18 any State law to the extent such law is inconsistent with
 19 such provisions. The provisions of this paragraph shall not
 20 preempt any State law that provides for greater port-
 21 ability, more deference to a patient’s wishes, or more lati-
 22 tude in determining a patient’s wishes.”.

23 (c) CHIP.—Section 2107(e)(1) of the Social Security
 24 Act (42 U.S.C. 1397gg(e)(1)) is amended—

1 (1) by redesignating subparagraphs (G)
 2 through (O) as subparagraphs (H) through (P), re-
 3 spectively; and

4 (2) by inserting after subparagraph (F) the fol-
 5 lowing:

6 “(G) Section 1902(w) (relating to advance
 7 directives).”.

8 (d) STUDY AND REPORT REGARDING IMPLEMENTA-
 9 TION.—

10 (1) STUDY.—The Secretary shall conduct a
 11 study regarding the implementation of the amend-
 12 ments made by subsections (a) and (b).

13 (2) REPORT.—Not later than 18 months after
 14 the date of enactment of this Act, the Secretary
 15 shall submit to Congress a report on the study con-
 16 ducted under paragraph (1), together with rec-
 17 ommendations for such legislation and administra-
 18 tive actions as the Secretary considers appropriate.

19 (e) EFFECTIVE DATES.—

20 (1) IN GENERAL.—Subject to paragraph (2),
 21 the amendments made by subsections (a), (b), and
 22 (c) shall apply to provider agreements and contracts
 23 entered into, renewed, or extended under title XVIII
 24 of the Social Security Act (42 U.S.C. 1395 et seq.),
 25 and to State plans under title XIX of such Act (42

1 U.S.C. 1396 et seq.) and State child health plans
2 under title XXI of such Act (42 U.S.C. 1397aa et
3 seq.), on or after such date as the Secretary speci-
4 fies, but in no case may such date be later than 1
5 year after the date of enactment of this Act.

6 (2) EXTENSION OF EFFECTIVE DATE FOR
7 STATE LAW AMENDMENT.—In the case of a State
8 plan under title XIX of the Social Security Act or
9 a State child health plan under title XXI of such
10 Act which the Secretary determines requires State
11 legislation in order for the plan to meet the addi-
12 tional requirements imposed by the amendments
13 made by subsections (b) and (c), the State plan shall
14 not be regarded as failing to comply with the re-
15 quirements of such title solely on the basis of its
16 failure to meet these additional requirements before
17 the first day of the first calendar quarter beginning
18 after the close of the first regular session of the
19 State legislature that begins after the date of enact-
20 ment of this Act. For purposes of the previous sen-
21 tence, in the case of a State that has a 2-year legis-
22 lative session, each year of the session is considered
23 to be a separate regular session of the State legisla-
24 ture.

1 **SEC. 132. STATE ADVANCE DIRECTIVE REGISTRIES; DRIV-**
 2 **ER'S LICENSE ADVANCE DIRECTIVE NOTA-**
 3 **TION.**

4 Part P of title III of the Public Health Service Act
 5 (42 U.S.C. 280g) is amended by inserting after section
 6 399S the following new sections:

7 **“SEC. 399S-1. STATE ADVANCE DIRECTIVE REGISTRIES.**

8 “(a) STATE ADVANCE DIRECTIVE REGISTRY.—In
 9 this section, the term ‘State advance directive registry’
 10 means a secure, electronic database that—

11 “(1) is available free of charge to residents of
 12 a State; and

13 “(2) stores advance directive documents and
 14 makes such documents accessible to medical service
 15 providers in accordance with Federal and State pri-
 16 vacy laws.

17 “(b) GRANT PROGRAM.—Beginning on July 1, 2015,
 18 the Secretary, acting through the Director of the Centers
 19 for Disease Control and Prevention, shall award grants
 20 on a competitive basis to eligible entities to establish and
 21 operate, directly or indirectly (by competitive grant or
 22 competitive contract), State advance directive registries.

23 “(c) ELIGIBLE ENTITIES.—

24 “(1) IN GENERAL.—To be eligible to receive a
 25 grant under this section, an entity shall—

26 “(A) be a State department of health; and

1 “(B) submit to the Director an application
2 at such time, in such manner, and containing—

3 “(i) a plan for the establishment and
4 operation of a State advance directive reg-
5 istry; and

6 “(ii) such other information as the Di-
7 rector may require.

8 “(2) NO REQUIREMENT OF NOTATION MECHA-
9 NISM.—The Secretary shall not require that an enti-
10 ty establish and operate a driver’s license advance
11 directive notation mechanism for State residents
12 under section 399V to be eligible to receive a grant
13 under this section.

14 “(d) ANNUAL REPORT.—For each year for which an
15 entity receives an award under this section, such entity
16 shall submit an annual report to the Director on the use
17 of the funds received pursuant to such award, including
18 the number of State residents served through the registry.

19 “(e) AUTHORIZATION.—There is authorized to be ap-
20 propriated to carry out this section \$20,000,000 for fiscal
21 year 2015 and each fiscal year thereafter.

22 **“SEC. 399S-2. DRIVER’S LICENSE ADVANCE DIRECTIVE NO-**
23 **TATION.**

24 “(a) IN GENERAL.—Beginning July 1, 2015, the Sec-
25 retary, acting through the Director of the Centers for Dis-

1 ease Control and Prevention, shall award grants on a com-
2 petitive basis to States to establish and operate a mecha-
3 nism for a State resident with a driver's license to include
4 a notice of the existence of an advance directive for such
5 resident on such license.

6 “(b) ELIGIBILITY.—To be eligible to receive a grant
7 under this section, a State shall—

8 “(1) establish and operate a State advance di-
9 rective registry under section 399S–1; and

10 “(2) submit to the Director an application at
11 such time, in such manner, and containing—

12 “(A) a plan that includes a description of
13 how the State will—

14 “(i) disseminate information about ad-
15 vance directives at the time of driver's li-
16 cense application or renewal;

17 “(ii) enable each State resident with a
18 driver's license to include a notice of the
19 existence of an advance directive for such
20 resident on such license in a manner con-
21 sistent with the notice on such a license in-
22 dicating a driver's intent to be an organ
23 donor; and

24 “(iii) coordinate with the State de-
25 partment of health to ensure that, if a

1 State resident has an advance directive no-
2 tice on his or her driver's license, the exist-
3 ence of such advance directive is included
4 in the State registry established under sec-
5 tion 399S-1; and

6 “(B) any other information as the Director
7 may require.

8 “(c) ANNUAL REPORT.—For each year for which a
9 State receives an award under this section, such State
10 shall submit an annual report to the Director on the use
11 of the funds received pursuant to such award, including
12 the number of State residents served through the mecha-
13 nism.

14 “(d) AUTHORIZATION.—There is authorized to be ap-
15 propriated to carry out this section \$50,000,000 for fiscal
16 year 2015 and each fiscal year thereafter.”.

17 **SEC. 133. GAO STUDY AND REPORT ON ESTABLISHMENT OF**
18 **NATIONAL ADVANCE DIRECTIVE REGISTRY.**

19 (a) STUDY.—The Comptroller General of the United
20 States shall conduct a study on the feasibility of a national
21 registry for advance directives, taking into consideration
22 the constraints created by the privacy provisions enacted
23 as a result of the Health Insurance Portability and Ac-
24 countability Act of 1996 (Public Law 104-191).

1 (b) REPORT.—Not later than 18 months after the
 2 date of enactment of this Act, the Comptroller General
 3 of the United States shall submit to Congress a report
 4 on the study conducted under subsection (a) together with
 5 recommendations for such legislation and administrative
 6 action as the Comptroller General of the United States
 7 determines to be appropriate.

8 **Subtitle C—National Uniform**
 9 **Policy on Advance Care Planning**

10 **SEC. 141. STUDY AND REPORT BY THE SECRETARY RE-**
 11 **GARDING THE ESTABLISHMENT AND IMPLE-**
 12 **MENTATION OF A NATIONAL UNIFORM POL-**
 13 **ICY ON ADVANCE DIRECTIVES.**

14 (a) STUDY.—

15 (1) IN GENERAL.—The Secretary, acting
 16 through the Office of the Assistant Secretary for
 17 Planning and Evaluation, shall conduct a thorough
 18 study of all matters relating to the establishment
 19 and implementation of a national uniform policy on
 20 advance directives for individuals receiving items and
 21 services under titles XVIII, XIX, or XXI of the So-
 22 cial Security Act (42 U.S.C. 1395 et seq., 1396 et
 23 seq., or 1397aa et seq.).

1 (2) MATTERS STUDIED.—The matters studied
2 by the Secretary under paragraph (1) shall include
3 issues concerning—

4 (A) family satisfaction that a patient's
5 wishes, as stated in the patient's advance direc-
6 tive, were carried out;

7 (B) the portability of advance directives,
8 including cases involving the transfer of an in-
9 dividual from 1 health care setting to another;

10 (C) immunity from civil liability and crimi-
11 nal responsibility for health care providers that
12 follow the instructions in an individual's ad-
13 vance directive that was validly executed in, and
14 consistent with the laws of, the State in which
15 it was executed;

16 (D) conditions under which an advance di-
17 rective is operative;

18 (E) revocation of an advance directive by
19 an individual;

20 (F) the criteria used by States for deter-
21 mining that an individual has a terminal condi-
22 tion;

23 (G) surrogate decisionmaking regarding
24 end-of-life care;

1 (H) the provision of adequate palliative
2 care (as defined in paragraph (3)), including
3 pain management;

4 (I) adequate and timely referrals to hos-
5 pice care programs; and

6 (J) the end-of-life care needs of children
7 and their families.

8 (3) PALLIATIVE CARE.—For purposes of para-
9 graph (2)(H), the term “palliative care” means
10 interdisciplinary care for individuals with a life-
11 threatening illness or injury relating to pain and
12 symptom management and psychological, social, and
13 spiritual needs and that seeks to improve the quality
14 of life for the individual and the individual’s family.

15 (b) REPORT TO CONGRESS.—Not later than 18
16 months after the date of enactment of this Act, the Sec-
17 retary shall submit to Congress a report on the study con-
18 ducted under subsection (a), together with recommenda-
19 tions for such legislation and administrative actions as the
20 Secretary considers appropriate.

21 (c) CONSULTATION.—In conducting the study and
22 developing the report under this section, the Secretary
23 shall consult with the Uniform Law Commissioners, and
24 other interested parties.

TITLE II—COMPASSIONATE CARE

Subtitle A—Workforce Development

PART I—EDUCATION AND TRAINING

SEC. 201. NATIONAL GERIATRIC AND PALLIATIVE CARE SERVICES CORPS.

Section 331 of the Public Health Service Act (42 U.S.C. 254d) is amended—

(1) by redesignating subsection (j) as subsection (k); and

(2) by inserting after subsection (i), the following:

“(j) NATIONAL GERIATRIC AND PALLIATIVE CARE SERVICES CORPS.—

“(1) ESTABLISHMENT.—Not later than January 1, 2017, the Secretary shall establish within the National Health Service Corps a National Geriatric and Palliative Care Services Corps (referred to in this subsection as the ‘Corps’) which shall consist of—

“(A) such officers of the Regular and Reserve Corps of the Service as the Secretary may designate;

1 “(B) such civilian employees of the United
2 States as the Secretary may appoint; and

3 “(C) such other individuals who are not
4 employees of the United States.

5 “(2) DUTIES.—The Corps shall be utilized by
6 the Secretary to provide geriatric and palliative care
7 services within health professional shortage areas.

8 “(3) APPLICATION OF PROVISIONS.—The loan-
9 forgiveness, scholarship, and direct financial incen-
10 tives programs provided for under this section shall
11 apply to physicians, nurses, and other health profes-
12 sionals (as identified by the Secretary) with respect
13 to the training necessary to enable such individuals
14 to become geriatric or palliative care specialists and
15 provide geriatric and palliative care services in
16 health professional shortage areas.

17 “(4) REPORT.—Not later than 6 months prior
18 to the date on which the Secretary establishes the
19 Corps under paragraph (1), the Secretary shall sub-
20 mit to Congress a report concerning the organization
21 of the Corps, the application process for membership
22 in the Corps, and the funding necessary for the
23 Corps (targeted by profession and by specializa-
24 tion).”.

1 **SEC. 202. EXEMPTION OF PALLIATIVE MEDICINE FELLOW-**
 2 **SHIP TRAINING FROM MEDICARE GRADUATE**
 3 **MEDICAL EDUCATION CAPS.**

4 (a) DIRECT GRADUATE MEDICAL EDUCATION.—Sec-
 5 tion 1886(h)(4)(F) of the Social Security Act (42 U.S.C.
 6 1395ww(h)(4)(F)) is amended—

7 (1) in clause (i), by inserting “clause (iii) and”
 8 after “subject to”; and

9 (2) by adding at the end the following new
 10 clause:

11 “(iii) INCREASE ALLOWED FOR PAL-
 12 LIATIVE MEDICINE FELLOWSHIP TRAIN-
 13 ING.—For cost reporting periods beginning
 14 on or after January 1, 2016, in applying
 15 clause (i), there shall not be taken into ac-
 16 count full-time equivalent residents in the
 17 field of allopathic or osteopathic medicine
 18 who are in palliative medicine fellowship
 19 training that is approved by the Accredita-
 20 tion Council for Graduate Medical Edu-
 21 cation.”.

22 (b) INDIRECT MEDICAL EDUCATION.—Section
 23 1886(d)(5)(B) of the Social Security Act (42 U.S.C.
 24 1395ww(d)(5)(B)) is amended—

25 (1) by redesignating the second clause (x), as
 26 added by section 5505(b) of the Patient Protection

1 and Affordable Care Act (Public Law 111–148), as
 2 clause (xi) and moving such clause 4 ems to the left,
 3 and realigning the left margins of subclauses (II)
 4 and (III) of such clause and items (aa), (bb), (cc),
 5 and (dd) of subclause (II) of such clause appro-
 6 priately; and

7 (2) by adding at the end the following new
 8 clause:

9 “(xii) Clause (iii) of subsection (h)(4)(F) shall
 10 apply to clause (v) in the same manner and for the
 11 same period as such clause (iii) applies to clause (i)
 12 of such subsection.”.

13 **SEC. 203. MEDICAL SCHOOL CURRICULA.**

14 (a) IN GENERAL.—The Secretary, in consultation
 15 with the Association of American Medical Colleges, shall
 16 establish guidelines for the imposition by medical schools
 17 of a minimum amount of end-of-life training as a require-
 18 ment for obtaining a Doctor of Medicine degree in the field
 19 of allopathic or osteopathic medicine.

20 (b) TRAINING.—Under the guidelines established
 21 under subsection (a), minimum training shall include—

22 (1) training in how to discuss and help patients
 23 and their loved ones with advance care planning;

1 (2) with respect to students and trainees who
 2 will work with children, specialized pediatric train-
 3 ing;

4 (3) training in the continuum of end-of-life
 5 services and supports, including palliative care and
 6 hospice;

7 (4) training in how to discuss end-of-life care
 8 with dying patients and their loved ones; and

9 (5) medical and legal issues training.

10 (c) DISTRIBUTION.—Not later than January 1, 2016,
 11 the Secretary shall disseminate the guidelines established
 12 under subsection (a) to medical schools.

13 (d) COMPLIANCE.—Effective beginning not later than
 14 July 1, 2017, a medical school that is receiving Federal
 15 assistance shall be required to implement the guidelines
 16 established under subsection (a). A medical school that the
 17 Secretary determines is not implementing such guidelines
 18 shall not be eligible for Federal assistance.

19 **Subtitle B—Coverage Under** 20 **Medicare, Medicaid, and CHIP**

21 **PART I—COVERAGE OF ADVANCE CARE**

22 **PLANNING**

23 **SEC. 211. MEDICARE, MEDICAID, AND CHIP COVERAGE.**

24 (a) MEDICARE.—

1 (1) IN GENERAL.—Section 1861 of the Social
 2 Security Act (42 U.S.C. 1395x) is amended—

3 (A) in subsection (s)(2)—

4 (i) by striking “and” at the end of
 5 subparagraph (EE);

6 (ii) by adding “and” at the end of
 7 subparagraph (FF); and

8 (iii) by adding at the end the fol-
 9 lowing new subparagraph:

10 “(GG) advance care planning consultation
 11 (as defined in subsection (iii)(1));”; and

12 (B) by adding at the end the following new
 13 subsection:

14 “Advance Care Planning Consultation

15 “(iii)(1) Subject to paragraphs (3) and (4), the term
 16 ‘advance care planning consultation’ means a consultation
 17 between the individual and a practitioner described in
 18 paragraph (2) regarding advance care planning, if, subject
 19 to subparagraphs (A) and (B) of paragraph (3), the indi-
 20 vidual involved has not had such a consultation within the
 21 last 5 years. Such consultation shall include the following:

22 “(A) An explanation by the practitioner of ad-
 23 vance care planning, including key questions and
 24 considerations, important steps, and suggested peo-
 25 ple to talk to.

1 “(B) An explanation by the practitioner of ad-
 2 vance directives, including living wills and durable
 3 powers of attorney, and their uses.

4 “(C) An explanation by the practitioner of the
 5 role and responsibilities of a health care proxy.

6 “(D) The provision by the practitioner of a list
 7 of national and State-specific resources to assist con-
 8 sumers and their families with advance care plan-
 9 ning, including the national toll-free hotline, the ad-
 10 vance care planning clearinghouses, and State legal
 11 service organizations (including those funded
 12 through the Older Americans Act).

13 “(E) An explanation by the practitioner of the
 14 continuum of end-of-life services and supports avail-
 15 able, including palliative care and hospice, and bene-
 16 fits for such services and supports that are available
 17 under this title.

18 “(F)(i) Subject to clause (ii), an explanation of
 19 orders regarding life sustaining treatment or similar
 20 orders, which shall include—

21 “(I) the reasons why the development of
 22 such an order is beneficial to the individual and
 23 the individual’s family and the reasons why
 24 such an order should be updated periodically as
 25 the health of the individual changes;

1 “(II) the information needed for an indi-
2 vidual or legal surrogate to make informed deci-
3 sions regarding the completion of such an
4 order; and

5 “(III) the identification of resources that
6 an individual may use to determine the require-
7 ments of the State in which such individual re-
8 sides so that the treatment wishes of that indi-
9 vidual will be carried out if the individual is un-
10 able to communicate those wishes, including re-
11 quirements regarding the designation of a sur-
12 rogate decisionmaker (also known as a health
13 care proxy).

14 “(ii) The Secretary may limit the requirement
15 for explanations under clause (i) to consultations
16 furnished in States, localities, or other geographic
17 areas in which orders described in such clause have
18 been widely adopted.

19 “(2) A practitioner described in this paragraph is—

20 “(A) a physician (as defined in subsection
21 (r)(1)); and

22 “(B) a nurse practitioner or physician’s assist-
23 ant who has the authority under State law to sign
24 orders for life sustaining treatments.

1 “(3)(A) An initial preventive physical examination
2 under subsection (ww), including any related discussion
3 during such examination, shall not be considered an ad-
4 vance care planning consultation for purposes of applying
5 the 5-year limitation under paragraph (1).

6 “(B) An advance care planning consultation with re-
7 spect to an individual shall be conducted more frequently
8 than provided under paragraph (1) if there is a significant
9 change in the health condition of the individual, including
10 diagnosis of a chronic, progressive, life-limiting disease, a
11 life-threatening or terminal diagnosis or life-threatening
12 injury, or upon admission to a skilled nursing facility, a
13 long-term care facility (as defined by the Secretary), or
14 a hospice program.

15 “(4) A consultation under this subsection may in-
16 clude the formulation of an order regarding life sustaining
17 treatment or a similar order.

18 “(5)(A) For purposes of this section, the term ‘order
19 regarding life sustaining treatment’ means, with respect
20 to an individual, an actionable medical order relating to
21 the treatment of that individual that—

22 “(i) is signed and dated by a physician (as de-
23 fined in subsection (r)(1)) or another health care
24 professional (as specified by the Secretary and who
25 is acting within the scope of the professional’s au-

1 thority under State law in signing such an order)
2 and is in a form that permits it to stay with the pa-
3 tient and be followed by health care professionals
4 and providers across the continuum of care, includ-
5 ing home care, hospice, long-term care, community
6 and assisted living residences, skilled nursing facili-
7 ties, inpatient rehabilitation facilities, hospitals, and
8 emergency medical services;

9 “(ii) effectively communicates the individual’s
10 preferences regarding life sustaining treatment, in-
11 cluding an indication of the treatment and care de-
12 sired by the individual;

13 “(iii) is uniquely identifiable and standardized
14 within a given locality, region, or State (as identified
15 by the Secretary);

16 “(iv) is portable across care settings; and

17 “(v) may incorporate any advance directive (as
18 defined in section 1866(f)(3)) if executed by the in-
19 dividual.

20 “(B) The level of treatment indicated under subpara-
21 graph (A)(ii) may range from an indication for full treat-
22 ment to an indication to limit some or all or specified
23 interventions. Such indicated levels of treatment may in-
24 clude indications respecting, among other items—

1 “(i) the intensity of medical intervention if the
2 patient is pulseless, apneic, or has serious cardiac or
3 pulmonary problems;

4 “(ii) the individual’s desire regarding transfer
5 to a hospital or remaining at the current care set-
6 ting;

7 “(iii) the use of antibiotics; and

8 “(iv) the use of artificially administered nutri-
9 tion and hydration.”.

10 (2) PAYMENT.—Section 1848(j)(3) of the So-
11 cial Security Act (42 U.S.C. 1395w–4(j)(3)) is
12 amended by inserting “(2)(GG),” after “(including
13 administration of the health risk assessment),”.

14 (3) FREQUENCY LIMITATION.—Section 1862(a)
15 of the Social Security Act (42 U.S.C. 1395y(a)) is
16 amended—

17 (A) in paragraph (1)—

18 (i) in subparagraph (O), by striking
19 “and” at the end;

20 (ii) in subparagraph (P), by striking
21 the semicolon at the end and inserting “,
22 and”; and

23 (iii) by adding at the end the fol-
24 lowing new subparagraph:

“(Q) in the case of advance care planning consultations (as defined in section 1861(iii)(1)), which are performed more frequently than is covered under such section;”; and

(B) in paragraph (7), by striking “or (P)” and inserting “(P), or (Q)”.

(4) EFFECTIVE DATE.—The amendments made by this subsection shall apply to consultations furnished on or after January 1, 2016.

(b) MEDICAID.—

(1) MANDATORY BENEFIT.—Section 1902(a)(10)(A) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)) is amended in the matter preceding clause (i) by striking “and (28)” and inserting “(28), and (29)”.

(2) MEDICAL ASSISTANCE.—Section 1905 of such Act (42 U.S.C. 1396d) is amended—

(A) in subsection (a)—

(i) in paragraph (28), by striking “and” at the end;

(ii) by redesignating paragraph (29) as paragraph (30); and

(iii) by inserting after paragraph (28) the following new paragraph:

1 “(29) advance care planning consultations (as
2 defined in subsection (ee));” and

3 (B) by adding at the end the following:

4 “(ee)(1) For purposes of subsection (a)(29), the term
5 ‘advance care planning consultation’ means a consultation
6 between the individual and a practitioner described in
7 paragraph (2) regarding advance care planning, if, subject
8 to paragraph (3), the individual involved has not had such
9 a consultation within the last 5 years. Such consultation
10 shall include the following:

11 “(A) An explanation by the practitioner of ad-
12 vance care planning, including key questions and
13 considerations, important steps, and suggested peo-
14 ple to talk to.

15 “(B) An explanation by the practitioner of ad-
16 vance directives, including living wills and durable
17 powers of attorney, and their uses.

18 “(C) An explanation by the practitioner of the
19 role and responsibilities of a health care proxy.

20 “(D) The provision by the practitioner of a list
21 of national and State-specific resources to assist con-
22 sumers and their families with advance care plan-
23 ning, including the national toll-free hotline, the ad-
24 vance care planning clearinghouses, and State legal

1 service organizations (including those funded
2 through the Older Americans Act).

3 “(E) An explanation by the practitioner of the
4 continuum of end-of-life services and supports avail-
5 able, including palliative care and hospice, and bene-
6 fits for such services and supports that are available
7 under this title.

8 “(F)(i) Subject to clause (ii), an explanation of
9 orders for life sustaining treatments or similar or-
10 ders, which shall include—

11 “(I) the reasons why the development of
12 such an order is beneficial to the individual and
13 the individual’s family and the reasons why
14 such an order should be updated periodically as
15 the health of the individual changes;

16 “(II) the information needed for an indi-
17 vidual or legal surrogate to make informed deci-
18 sions regarding the completion of such an
19 order; and

20 “(III) the identification of resources that
21 an individual may use to determine the require-
22 ments of the State in which such individual re-
23 sides so that the treatment wishes of that indi-
24 vidual will be carried out if the individual is un-
25 able to communicate those wishes, including re-

1 quirements regarding the designation of a sur-
2 rogate decisionmaker (also known as a health
3 care proxy).

4 “(ii) The Secretary may limit the requirement
5 for explanations under clause (i) to consultations
6 furnished in States, localities, or other geographic
7 areas in which orders described in such clause have
8 been widely adopted.

9 “(2) A practitioner described in this paragraph is—

10 “(A) a physician (as defined in section
11 1861(r)(1)); and

12 “(B) a nurse practitioner or physician’s assist-
13 ant who has the authority under State law to sign
14 orders for life sustaining treatments.

15 “(3) An advance care planning consultation with re-
16 spect to an individual shall be conducted more frequently
17 than provided under paragraph (1) if there is a significant
18 change in the health condition of the individual including
19 diagnosis of a chronic, progressive, life-limiting disease, a
20 life-threatening or terminal diagnosis or life-threatening
21 injury, or upon admission to a nursing facility, a long-
22 term care facility (as defined by the Secretary), or a hos-
23 pice program.

1 “(4) A consultation under this subsection may in-
 2 clude the formulation of an order regarding life sustaining
 3 treatment or a similar order.

4 “(5) For purposes of this subsection, the term ‘orders
 5 regarding life sustaining treatment’ has the meaning given
 6 that term in section 1861(iii)(5).”.

7 (c) CHIP.—

8 (1) CHILD HEALTH ASSISTANCE.—Section
 9 2110(a) of the Social Security Act (42 U.S.C.
 10 1397jj) is amended—

11 (A) by redesignating paragraph (28) as
 12 paragraph (29); and

13 (B) by inserting after paragraph (27), the
 14 following:

15 “(28) Advance care planning consultations (as
 16 defined in section 1905(ee)).”.

17 (2) MANDATORY COVERAGE.—

18 (A) IN GENERAL.—Section 2103 of such
 19 Act (42 U.S.C. 1397cc), is amended—

20 (i) in subsection (a), in the matter
 21 preceding paragraph (1), by striking “and
 22 (7)” and inserting “(7), and (9)”; and

23 (ii) in subsection (c), by adding at the
 24 end the following:

1 “(9) END-OF-LIFE CARE.—The child health as-
 2 sistance provided to a targeted low-income child
 3 shall include coverage of advance care planning con-
 4 sultations (as defined in section 1905(ee) and at the
 5 same payment rate as the rate that would apply to
 6 such a consultation under the State plan under title
 7 XIX).”.

8 (B) CONFORMING AMENDMENT.—Section
 9 2102(a)(7)(B) of such Act (42 U.S.C.
 10 1397bb(a)(7)(B)) is amended by striking “sec-
 11 tion 2103(c)(5)” and inserting “paragraphs (5)
 12 and (9) of section 2103(c)”.

13 (d) DEFINITION OF ADVANCE DIRECTIVE UNDER
 14 MEDICARE, MEDICAID, AND CHIP.—

15 (1) MEDICARE.—Section 1866(f)(3) of the So-
 16 cial Security Act (42 U.S.C. 1395cc(f)(3)) is amend-
 17 ed by striking “means” and all that follows through
 18 the period and inserting “means a living will, med-
 19 ical directive, health care power of attorney, durable
 20 power of attorney, or other written statement by a
 21 competent individual that is recognized under State
 22 law and indicates the individual’s wishes regarding
 23 medical treatment in the event of future incom-
 24 petence. Such term includes an advance health care

1 directive and a health care directive recognized
2 under State law.”.

3 (2) MEDICAID AND CHIP.—Section 1902(w)(4)
4 of such Act (42 U.S.C. 1396a(w)(4)) is amended by
5 striking “means” and all that follows through the
6 period and inserting “means a living will, medical di-
7 rective, health care power of attorney, durable power
8 of attorney, or other written statement by a com-
9 petent individual that is recognized under State law
10 and indicates the individual’s wishes regarding med-
11 ical treatment in the event of future incompetence.
12 Such term includes an advance health care directive
13 and a health care directive recognized under State
14 law.”.

15 (e) EFFECTIVE DATE.—The amendments made by
16 this section take effect January 1, 2015.

17 **PART II—HOSPICE**

18 **SEC. 221. ADOPTION OF MEDPAC HOSPICE PAYMENT METH-** 19 **ODOLOGY RECOMMENDATIONS.**

20 Section 1814(i) of the Social Security Act (42 U.S.C.
21 1395f(i)) is amended by adding at the end the following
22 new paragraph:

23 “(8)(A) The Secretary shall conduct an evalua-
24 tion of the recommendations of the Medicare Pay-
25 ment Commission for reforming the hospice care

1 benefit under this title that are contained in chapter
2 6 of the Commission’s report entitled ‘Report to
3 Congress: Medicare Payment Policy (March 2009)’,
4 including the impact that such recommendations if
5 implemented would have on access to care and the
6 quality of care. In conducting such evaluation, the
7 Secretary shall take into account data collected in
8 accordance with section 263(b) of the Advance Plan-
9 ning and Compassionate Care Act of 2014.

10 “(B) Based on the results of the examination
11 conducted under subparagraph (A), the Secretary
12 shall make appropriate refinements to the rec-
13 ommendations described in subparagraph (A). Such
14 refinements shall take into account—

15 “(i) the impact on patient populations with
16 longer that average lengths of stay;

17 “(ii) the impact on populations with short-
18 er that average lengths of stay; and

19 “(iii) the utilization patterns of hospice
20 providers in underserved areas, including rural
21 hospices.

22 “(C) Not later than January 1, 2018, the Sec-
23 retary shall submit to Congress a report that con-
24 tains a detailed description of—

1 “(i) the refinements determined appro-
2 priate by the Secretary under subparagraph
3 (B);

4 “(ii) the revisions that the Secretary will
5 implement through regulation under this title
6 pursuant to subparagraph (D); and

7 “(iii) the revisions that the Secretary de-
8 termines require additional legislative action by
9 Congress.

10 “(D)(i) The Secretary shall implement the rec-
11 ommendations described in subparagraph (A), as re-
12 fined under subparagraph (B).

13 “(ii) Subject to clause (iii), the implementation
14 of such recommendations shall apply to hospice care
15 furnished on or after January 1, 2019.

16 “(iii) The Secretary shall establish an appro-
17 priate transition to the implementation of such rec-
18 ommendations.

19 “(E) For purposes of carrying out the provi-
20 sions of this paragraph, the Secretary shall provide
21 for the transfer, from the Federal Hospital Insur-
22 ance Trust Fund under section 1817, of such sums
23 as may be necessary to the Centers for Medicare &
24 Medicaid Services Program Management Account.”.

1 **SEC. 222. REMOVING HOSPICE INPATIENT DAYS IN SET-**
 2 **TING PER DIEM RATES FOR CRITICAL AC-**
 3 **CESS HOSPITALS.**

4 Section 1814(l) of the Social Security Act (42 U.S.C.
 5 1395f(l)), as amended by section 4102(b)(2) of the
 6 HITECH Act (Public Law 111–5), is amended by adding
 7 at the end the following new paragraph:

8 “(6) For cost reporting periods beginning on or
 9 after January 1, 2016, the Secretary shall remove
 10 Medicare-certified hospice inpatient days from the
 11 calculation of per diem rates for inpatient critical ac-
 12 cess hospital services.”.

13 **SEC. 223. HOSPICE PAYMENTS FOR DUAL ELIGIBLE INDIV-**
 14 **VIDUALS RESIDING IN LONG-TERM CARE FA-**
 15 **CILITIES.**

16 (a) IN GENERAL.—Section 1888 of the Social Secu-
 17 rity Act (42 U.S.C. 1395yy) is amended by adding at the
 18 end the following new subsection:

19 “(i) PAYMENTS FOR DUAL ELIGIBLE INDIVIDUALS
 20 RESIDING IN LONG-TERM CARE FACILITIES.—For cost
 21 reporting periods beginning on or after January 1, 2016,
 22 the Secretary, acting through the Administrator of the
 23 Centers for Medicare & Medicaid Services, shall establish
 24 procedures under which payments for room and board
 25 under the State Medicaid plan with respect to an applica-
 26 ble individual are made directly to the long-term care facil-

1 ity (as defined by the Secretary for purposes of title XIX)
 2 the individual is a resident of. For purposes of the pre-
 3 ceding sentence, the term ‘applicable individual’ means an
 4 individual who is entitled to or enrolled for benefits under
 5 part A or enrolled for benefits under part B and is eligible
 6 for medical assistance for hospice care under a State plan
 7 under title XIX.”.

8 (b) STATE PLAN REQUIREMENT.—

9 (1) IN GENERAL.—Section 1902(a) of the So-
 10 cial Security Act (42 U.S.C. 1396a(a)) is amend-
 11 ed—

12 (A) in paragraph (74), by striking “and”
 13 at the end;

14 (B) in paragraph (80), by striking “and”
 15 at the end;

16 (C) in paragraph (81), by striking the pe-
 17 riod at the end and inserting “; and”; and

18 (D) by inserting after paragraph (81) the
 19 following new paragraph:

20 “(82) provide that the State will make pay-
 21 ments for room and board with respect to applicable
 22 individuals in accordance with section 1888(i).”.

23 (2) EFFECTIVE DATE.—

1 (A) IN GENERAL.—Except as provided in
2 subparagraph (B), the amendments made by
3 paragraph (1) take effect on January 1, 2016.

4 (B) EXTENSION OF EFFECTIVE DATE FOR
5 STATE LAW AMENDMENT.—In the case of a
6 State plan under title XIX of the Social Secu-
7 rity Act (42 U.S.C. 1396 et seq.) which the
8 Secretary determines requires State legislation
9 in order for the plan to meet the additional re-
10 quirements imposed by the amendments made
11 by paragraph (1), the State plan shall not be
12 regarded as failing to comply with the require-
13 ments of such title solely on the basis of its fail-
14 ure to meet these additional requirements be-
15 fore the first day of the first calendar quarter
16 beginning after the close of the first regular
17 session of the State legislature that begins after
18 the date of enactment of this Act. For purposes
19 of the previous sentence, in the case of a State
20 that has a 2-year legislative session, each year
21 of the session is considered to be a separate
22 regular session of the State legislature.

1 **SEC. 224. DELINEATION OF RESPECTIVE CARE RESPON-**
 2 **SIBILITIES OF HOSPICE PROGRAMS AND**
 3 **LONG-TERM CARE FACILITIES.**

4 Section 1888 of the Social Security Act (42 U.S.C.
 5 1395yy), as amended by section 223(a), is amended by
 6 adding at the end the following new subsection:

7 “(j) DELINEATION OF RESPECTIVE CARE RESPON-
 8 SIBILITIES OF HOSPICE PROGRAMS AND LONG-TERM
 9 CARE FACILITIES.—Not later than July 1, 2016, the Sec-
 10 retary, acting through the Administrator of the Centers
 11 for Medicare & Medicaid Services, shall delineate and en-
 12 force the respective care responsibilities of hospice pro-
 13 grams and long-term care facilities (as defined by the Sec-
 14 retary for purposes of title XIX) with respect to individ-
 15 uals residing in such facilities who are furnished hospice
 16 care.”.

17 **SEC. 225. ADOPTION OF MEDPAC HOSPICE PROGRAM ELI-**
 18 **GIBILITY CERTIFICATION AND RECERTIFI-**
 19 **CATION RECOMMENDATIONS.**

20 In accordance with the recommendations of the Medi-
 21 care Payment Advisory Commission contained in the
 22 March 2009 report entitled “Report to Congress: Medi-
 23 care Payment Policy”, section 1814(a)(7) of the Social Se-
 24 curity Act (42 U.S.C. 1395f(a)(7)) is amended—

25 (1) in subparagraph (C), by striking “and” at
 26 the end; and

1 (2) by adding at the end the following new sub-
2 paragraph:

3 “(E) on or after January 1, 2016—

4 “(i) a hospice physician or advance
5 practice nurse visits the individual to de-
6 termine continued eligibility of the indi-
7 vidual for hospice care prior to the 180th-
8 day recertification and each subsequent re-
9 certification under subparagraph (A)(ii)
10 and attests that such visit took place (in
11 accordance with procedures established by
12 the Secretary, in consultation with the Ad-
13 ministrator of the Centers for Medicare &
14 Medicaid Services); and

15 “(ii) any certification or recertification
16 under subparagraph (A) includes a brief
17 narrative describing the clinical basis for
18 the individual’s prognosis (in accordance
19 with procedures established by the Sec-
20 retary, in consultation with the Adminis-
21 trator of the Centers for Medicare & Med-
22 icaid Services); and”.

1 **SEC. 226. CONCURRENT CARE FOR CHILDREN.**

2 (a) PERMITTING MEDICARE HOSPICE BENE-
3 FICIARIES 18 YEARS OF AGE OR YOUNGER TO RECEIVE
4 CURATIVE CARE.—

5 (1) IN GENERAL.—Section 1812 of the Social
6 Security Act (42 U.S.C. 1395d) is amended—

7 (A) in subsection (a)(4), by inserting
8 “(subject to the second sentence of subsection
9 (d)(2)(A))” after “in lieu of certain other bene-
10 fits”; and

11 (B) in subsection (d)—

12 (i) in paragraph (1), by inserting “ ,
13 subject to the second sentence of para-
14 graph (2)(A),” after “instead”; and

15 (ii) in paragraph (2)(A), by adding at
16 the end the following new sentence:
17 “Clause (ii)(I) shall not apply to an indi-
18 vidual who is 18 years of age or younger.”

19 (2) CONFORMING AMENDMENT.—Section
20 1862(a)(1)(C) of the Social Security Act (42 U.S.C.
21 1395y(a)(1)(C)) is amended inserting “subject to
22 the second sentence of section 1812(d)(2)(A),” after
23 “hospice care,”.

24 (b) APPLICATION TO MEDICAID AND CHIP.—

25 (1) MEDICAID.—Section 1905(o)(1)(A) of the
26 Social Security Act (42 U.S.C. 1395d(o)(1)(A)) is

1 amended by inserting “(subject, in the case of an in-
 2 dividual who is a child, to the second sentence of
 3 such section)” after “section 1812(d)(2)(A)”.

4 (2) CHIP.—Section 2110(a)(23) of the Social
 5 Security Act (42 U.S.C. 1397jj(a)(23)) is amended
 6 by striking “(concurrent” and all that follows
 7 through the period and inserting “(concurrent, in
 8 the case of an individual who is a child, with care
 9 related to the treatment of the individual’s condition
 10 with respect to which a diagnosis of terminal illness
 11 has been made).”.

12 (c) EFFECTIVE DATE.—The amendments made by
 13 this section shall apply to items and services furnished on
 14 or after January 1, 2016.

15 **SEC. 227. MAKING HOSPICE A REQUIRED BENEFIT UNDER**
 16 **MEDICAID AND CHIP.**

17 (a) MANDATORY BENEFIT.—

18 (1) MEDICAID.—

19 (A) IN GENERAL.—Section 1902(a)(10)(A)
 20 of the Social Security Act (42 U.S.C.
 21 1396a(a)(10)(A)), as amended by section
 22 211(b)(1), is amended in the matter preceding
 23 clause (i) by inserting “(18),” after “(17),”.

1 (B) CONFORMING AMENDMENT.—Section
 2 1902(a)(10)(C) of such Act (42 U.S.C.
 3 1396a(a)(10)(C)) is amended—

4 (i) in clause (iii)—

5 (I) in subclause (I), by inserting
 6 “and hospice care” after “ambulatory
 7 services”; and

8 (II) in subclause (II), by insert-
 9 ing “and hospice care” after “delivery
 10 services”; and

11 (ii) in clause (iv), by inserting “and
 12 (18)” after “(17)”.

13 (2) CHIP.—Section 2103(c)(9) of such Act (42
 14 U.S.C. 1397cc(c)(9)), as added by section
 15 211(c)(2)(A), is amended by inserting “and hospice
 16 care” before the period.

17 (b) EFFECTIVE DATE.—The amendments made sub-
 18 section (a) take effect on January 1, 2016.

19 **SEC. 228. MEDICARE HOSPICE PAYMENT MODEL DEM-**
 20 **ONSTRATION PROJECTS.**

21 (a) ESTABLISHMENT.—Not later than July 1, 2017,
 22 the Secretary, acting through the Administrator of the
 23 Centers for Medicare & Medicaid Services and the Direc-
 24 tor of the Agency for Healthcare Research and Quality,
 25 shall conduct demonstration projects to examine ways to

1 improve how the Medicare hospice care benefit predicts
 2 disease trajectory. Projects shall include the following
 3 models:

4 (1) Models that better and more appropriately
 5 care for, and transition as needed, patients in their
 6 last years of life who need palliative care, but do not
 7 qualify for hospice care under the Medicare hospice
 8 eligibility criteria.

9 (2) Models that better and more appropriately
 10 care for long-term patients who are not recertified in
 11 hospice but still need palliative care.

12 (3) Any other models determined appropriate
 13 by the Secretary.

14 (b) WAIVER AUTHORITY.—The Secretary may waive
 15 compliance of such requirements of titles XI and XVIII
 16 of the Social Security Act as the Secretary determines nec-
 17 essary to conduct the demonstration projects under this
 18 section.

19 (c) REPORTS.—The Secretary shall submit to Con-
 20 gress periodic reports on the demonstration projects con-
 21 ducted under this section.

22 **SEC. 229. MEDPAC STUDIES AND REPORTS.**

23 (a) STUDY AND REPORT REGARDING AN ALTER-
 24 NATIVE PAYMENT METHODOLOGY FOR HOSPICE CARE
 25 UNDER THE MEDICARE PROGRAM.—

1 (1) STUDY.—The Medicare Payment Advisory
2 Commission (in this section referred to as the “Com-
3 mission”) shall conduct a study on the establishment
4 of a reimbursement system for hospice care fur-
5 nished under the Medicare program that is based on
6 diagnoses. In conducting such study, the Commis-
7 sion shall use data collected under new provider data
8 requirements. Such study shall include an analysis
9 of the following:

10 (A) Whether such a reimbursement system
11 better meets patient needs and better cor-
12 responds with provider resource expenditures
13 than the current system.

14 (B) Whether such a reimbursement system
15 improves quality, including facilitating stand-
16 ardization of care toward best practices and di-
17 agnoses-specific clinical pathways in hospice.

18 (C) Whether such a reimbursement system
19 could address concerns about the blanket 6-
20 month terminal prognosis requirement in hos-
21 pice.

22 (D) Whether such a reimbursement system
23 is more cost effective than the current system.

24 (E) Any other areas determined appro-
25 priate by the Commission.

1 (2) REPORT.—Not later than June 15, 2018,
2 the Commission shall submit to Congress a report
3 on the study conducted under subsection (a) to-
4 gether with recommendations for such legislation
5 and administrative action as the Commission deter-
6 mines appropriate.

7 (b) STUDY AND REPORT REGARDING RURAL HOS-
8 PICE TRANSPORTATION COSTS UNDER THE MEDICARE
9 PROGRAM.—

10 (1) STUDY.—The Commission shall conduct a
11 study on rural Medicare hospice transportation mile-
12 age to determine potential Medicare reimbursement
13 changes to account for potential higher costs.

14 (2) REPORT.—Not later than June 15, 2018,
15 the Commission shall submit to Congress a report
16 on the study conducted under subsection (a) to-
17 gether with recommendations for such legislation
18 and administrative action as the Commission deter-
19 mines appropriate.

20 (c) EVALUATION OF REIMBURSEMENT DISINCEN-
21 TIVES TO ELECT MEDICARE HOSPICE WITHIN THE
22 MEDICARE SKILLED NURSING FACILITY BENEFIT.—

23 (1) STUDY.—The Commission shall conduct a
24 study to determine potential Medicare reimburse-
25 ment changes to remove Medicare reimbursement

1 disincentives for patients in a skilled nursing facility
2 who want to elect hospice.

3 (2) REPORT.—Not later than June 15, 2018,
4 the Commission shall submit to Congress a report
5 on the study conducted under subsection (a) to-
6 gether with recommendations for such legislation
7 and administrative action as the Commission deter-
8 mines appropriate.

9 **SEC. 230. HHS EVALUATIONS.**

10 (a) EVALUATION OF ACCESS TO HOSPICE AND HOS-
11 PITAL-BASED PALLIATIVE CARE.—

12 (1) EVALUATION.—The Secretary, acting
13 through the Administrator of the Health Resources
14 and Services Administration, shall conduct an eval-
15 uation of geographic areas and populations under-
16 served by hospice and hospital-based palliative care
17 to identify potential barriers to access.

18 (2) REPORT.—Not later than December 31,
19 2017, the Secretary shall report to Congress, on the
20 evaluation conducted under subsection (a) together
21 with recommendations for such legislation and ad-
22 ministrative action as the Secretary determines ap-
23 propriate to address barriers to access to hospice
24 and hospital-based palliative care.

1 (b) EVALUATION OF AWARENESS AND USE OF HOS-
 2 PICE RESPITE CARE UNDER MEDICARE, MEDICAID, AND
 3 CHIP.—

4 (1) EVALUATION.—The Secretary, acting
 5 through the Director of the Centers for Medicare
 6 and Medicaid Services, shall evaluate the awareness
 7 and use of hospice respite care by informal care-
 8 givers of beneficiaries under Medicare, Medicaid,
 9 and CHIP.

10 (2) REPORT.—Not later than December 31,
 11 2015, the Secretary shall report to Congress, on the
 12 evaluation conducted under subsection (a) together
 13 with recommendations for such legislation and ad-
 14 ministrative action as the Secretary determines ap-
 15 propriate to increase awareness or use of hospice
 16 respite care under Medicare, Medicaid, and CHIP.

17 **Subtitle C—Quality Improvement**

18 **SEC. 241. PATIENT SATISFACTION SURVEYS.**

19 Not later than January 1, 2017, the Secretary, acting
 20 through the Administrator of the Centers for Medicare &
 21 Medicaid Services, shall establish a mechanism for—

22 (1) collecting information from patients (or
 23 their health care proxies or families members in the
 24 event patients are unable to speak for themselves) in

1 relevant provider settings regarding their care at the
 2 end of life; and

3 (2) incorporating such information in a timely
 4 manner into mechanisms used by the Administrator
 5 to provide quality of care information to consumers,
 6 including the Hospital Compare and Nursing Home
 7 Compare websites maintained by the Administrator.

8 **SEC. 242. DEVELOPMENT OF CORE END-OF-LIFE CARE**
 9 **QUALITY MEASURES ACROSS EACH REL-**
 10 **EVANT PROVIDER SETTING.**

11 (a) IN GENERAL.—The Secretary, acting through the
 12 Administrator of the Agency for Healthcare Research and
 13 Quality (in this section referred to as the “Adminis-
 14 trator”) and in consultation with the Director of the Na-
 15 tional Institutes of Health, shall require specific end-of-
 16 life quality measures for each relevant provider setting,
 17 as identified by the Administrator, in accordance with the
 18 requirements of subsection (b).

19 (b) REQUIREMENTS.—For purposes of subsection
 20 (a), the requirements specified in this subsection are the
 21 following:

22 (1) Selection of the specific measure or meas-
 23 ures for an identified provider setting shall be—

1 (A) based on an assessment of what is
 2 likely to have the greatest positive impact on
 3 quality of end-of-life care in that setting; and

4 (B) made in consultation with affected pro-
 5 viders and public and private organizations,
 6 that have developed such measures.

7 (2) The measures may be structure-oriented,
 8 process-oriented, or outcome-oriented, as determined
 9 appropriate by the Administrator.

10 (3) The Administrator shall ensure that report-
 11 ing requirements related to such measures are im-
 12 posed consistent with other applicable laws and reg-
 13 ulations, and in a manner that takes into account
 14 existing measures, the needs of patient populations,
 15 and the specific services provided.

16 (4) Not later than—

17 (A) April 1, 2016, the Secretary shall dis-
 18 seminate the reporting requirements to all af-
 19 fected providers; and

20 (B) April 1, 2017, initial reporting relating
 21 to the measures shall begin.

22 **SEC. 243. ACCREDITATION OF HOSPITAL-BASED PALLIA-**
 23 **TIVE CARE PROGRAMS.**

24 (a) IN GENERAL.—The Secretary, acting through the
 25 Director of the Agency for Healthcare Research and Qual-

1 ity, shall designate a public or private agency, entity, or
2 organization to develop requirements, standards, and pro-
3 cedures for accreditation of hospital-based palliative care
4 programs.

5 (b) REPORTING.—Not later than January 1, 2017,
6 the Secretary shall prepare and submit a report to Con-
7 gress on the proposed accreditation process for hospital-
8 based palliative care programs.

9 (c) ACCREDITATION.—Not later than July 1, 2017,
10 the Secretary shall—

11 (1) establish and promulgate standards and
12 procedures for accreditation of hospital-based pallia-
13 tive care programs; and

14 (2) designate an agency, entity, or organization
15 that shall be responsible for certifying such pro-
16 grams in accordance with the standards established
17 under paragraph (1).

18 (d) DEFINITIONS.—For the purposes of this section:

19 (1) The term “hospital-based palliative care
20 program” means a hospital-based program that is
21 comprised of an interdisciplinary team that special-
22 izes in providing palliative care services and con-
23 sultations in a variety of health care settings, includ-
24 ing hospitals, nursing homes, and home and commu-
25 nity-based services.

1 (2) The term “interdisciplinary team” means a
 2 group of health care professionals (consisting of, at
 3 a minimum, a doctor, a nurse, and a social worker)
 4 that have received specialized training in palliative
 5 care.

6 **SEC. 244. SURVEY AND DATA REQUIREMENTS FOR ALL**
 7 **MEDICARE PARTICIPATING HOSPICE PRO-**
 8 **GRAMS.**

9 (a) HOSPICE SURVEYS.—Section 1861(dd) of the So-
 10 cial Security Act (42 U.S.C. 1395x(dd)) is amended by
 11 adding at the end the following new paragraph:

12 “(6) In accordance with the recommendations of the
 13 Medicare Payment Advisory Commission contained in the
 14 March 2009 report entitled ‘Report to Congress: Medicare
 15 Payment Policy’, the Secretary shall establish, effective
 16 July 1, 2015, the following survey requirements for hos-
 17 pice programs:

18 “(A) Any hospice program seeking initial cer-
 19 tification under this title on or after that date shall
 20 be subject to an initial survey by an appropriate
 21 State or local agency, or an approved accreditation
 22 agency, not later than 6 months after the program
 23 first seeks such certification.

24 “(B) All hospice programs certified for partici-
 25 pation under this title shall be subject to a standard

1 survey by an appropriate State or local agency, or
 2 an approved accreditation agency, at least every 3
 3 years after initially being so certified.”.

4 (b) REQUIRED HOSPICE RESOURCE INPUTS DATA.—
 5 Section 1861(dd) of the Social Security Act (42 U.S.C.
 6 1395x(dd)), as amended by subsection (a), is amended—

7 (1) in paragraph (2)—

8 (A) in subparagraph (F), by striking
 9 “and” at the end;

10 (B) by redesignating subparagraph (G) as
 11 subparagraph (H); and

12 (C) by inserting after subparagraph (F)
 13 the following new subparagraph:

14 “(G) complies with the reporting requirements
 15 under paragraph (7); and”; and

16 (2) by adding at the end the following new
 17 paragraph:

18 “(7)(A) In accordance with the recommenda-
 19 tions of the Medicare Payment Advisory Commission
 20 for additional data (as contained in the March 2009
 21 report entitled ‘Report to Congress: Medicare Pay-
 22 ment Policy’), beginning January 1, 2016, a hospice
 23 program shall report to the Secretary, in such form
 24 and manner, and at such intervals, as the Secretary

1 shall require, the following data with respect to each
2 patient visit:

3 “(i) Visit type (such as admission, routine,
4 emergency, education for family, other).

5 “(ii) Visit length.

6 “(iii) Professional or paraprofessional dis-
7 ciplines involved in the visit, including nurse,
8 social worker, home health aide, physician,
9 nurse practitioner, chaplain or spiritual coun-
10 selor, counselor, dietician, physical therapist,
11 occupational therapist, speech language patholo-
12 gist, music or art therapist, and including be-
13 reavement and support services provided to a
14 family after a patient’s death.

15 “(iv) Drugs and other therapeutic inter-
16 ventions provided.

17 “(v) Home medical equipment and other
18 medical supplies provided.

19 “(B) In collecting the data required under sub-
20 paragraph (A), the Secretary shall ensure that the
21 data are reported in a manner that allows for sum-
22 marized cross-tabulations of the data by patients’
23 terminal diagnoses, lengths of stay, age, sex, and
24 race.”.

1 **Subtitle D—Additional Reports,**
 2 **Research, and Evaluations**

3 **SEC. 251. NATIONAL CENTER ON PALLIATIVE AND END-OF-**
 4 **LIFE CARE.**

5 Part E of title IV of the Public Health Service Act
 6 (42 U.S.C. 287 et seq.) is amended by adding at the end
 7 the following:

8 **“Subpart 7—National Center on Palliative and End-**
 9 **of-Life Care**

10 **“SEC. 485J. NATIONAL CENTER ON PALLIATIVE AND END-**
 11 **OF-LIFE CARE.**

12 “(a) ESTABLISHMENT.—Not later than July 1, 2016,
 13 there shall be established within the National Institutes
 14 of Health, a National Center on Palliative and End-of-
 15 Life Care (referred to in this section as the ‘Center’).

16 “(b) PURPOSE.—The general purpose of the Center
 17 is to conduct and support research relating to palliative
 18 and end-of-life care interventions and approaches.

19 “(c) ACTIVITIES.—The Center shall—

20 “(1) develop and continuously update a re-
 21 search agenda with the goal of—

22 “(A) providing a better biomedical under-
 23 standing of the end of life; and

24 “(B) improving the quality of care and life
 25 at the end of life; and

1 “(2) provide funding for peer-review-selected
 2 extra- and intra-mural research that includes the
 3 evaluation of existing, and the development of new,
 4 palliative and end-of-life care interventions and ap-
 5 proaches.”.

6 **SEC. 252. NATIONAL MORTALITY FOLLOWBACK SURVEY.**

7 (a) IN GENERAL.—Not later than December 31,
 8 2015, and annually thereafter, the Secretary, acting
 9 through the Director of the Centers for Disease Control
 10 and Prevention, shall renew and conduct the National
 11 Mortality Followback Survey (referred to in this section
 12 as the “Survey”) to collect data on end-of-life care.

13 (b) PURPOSE.—The purpose of the Survey shall be
 14 to gain a better understanding of current end-of-life care
 15 in the United States.

16 (c) QUESTIONS.—

17 (1) IN GENERAL.—In conducting the Survey,
 18 the Director of the Centers for Disease Control and
 19 Prevention shall, at a minimum, include the fol-
 20 lowing questions with respect to the loved one of a
 21 respondent:

22 (A) Did he or she have an advance direc-
 23 tive, and if so, when it was completed.

1 (B) Did he or she have an order for life-
2 sustaining treatment, and if so, when was it
3 completed.

4 (C) Did he or she have a durable power of
5 attorney, and if so, when it was completed.

6 (D) Had he or she discussed his or her
7 wishes with loved ones, and if so, when.

8 (E) Had he or she discussed his or her
9 wishes with his or her physician, and if so,
10 when.

11 (F) In the opinion of the respondent, was
12 he or she satisfied with the care he or she re-
13 ceived in the last year of life and in the last
14 week of life.

15 (G) Was he or she cared for by hospice,
16 and if so, when.

17 (H) Was he or she cared for by palliative
18 care specialists, and if so, when.

19 (I) Did he or she receive effective pain
20 management (if needed).

21 (J) What was the experience of the main
22 caregiver (including if such caregiver was the
23 respondent), and whether he or she received
24 sufficient support in this role.

1 (2) ADDITIONAL QUESTIONS.—Additional ques-
 2 tions to be asked during the Survey shall be deter-
 3 mined by the Director of the Centers for Disease
 4 Control and Prevention on an ongoing basis with
 5 input from relevant research entities.

6 **SEC. 253. DEMONSTRATION PROJECTS FOR USE OF TELE-**
 7 **MEDICINE SERVICES IN ADVANCE CARE**
 8 **PLANNING.**

9 (a) IN GENERAL.—Not later than July 1, 2018, the
 10 Secretary shall establish a demonstration program to re-
 11 imburse eligible entities for costs associated with the use
 12 of telemedicine services (including equipment and connec-
 13 tion costs) to provide advance care planning consultations
 14 with geographically distant physicians and their patients.

15 (b) DURATION.—The demonstration project under
 16 this section shall be conducted for at least a 3-year period.

17 (c) DEFINITIONS.—For purposes of this section:

18 (1) The term “eligible entity” means a physi-
 19 cian or an advance practice nurse who provides serv-
 20 ices pursuant to a hospital-based palliative care pro-
 21 gram (as defined in section 262(d)(1)).

22 (2) The term “geographically distant” has the
 23 meaning given that term by the Secretary for pur-
 24 poses of conducting the demonstration program es-
 25 tablished under this section.

1 (3) The term “telemedicine services” means a
2 service or consultation provided via telecommuni-
3 cation equipment that allows an eligible entity to ex-
4 change or discuss medical information with a patient
5 or a health care professional at a separate location
6 through real-time videoconferencing, or a similar for-
7 mat, for the purpose of providing health care diag-
8 nosis and treatment.

9 (d) FUNDING.—There are authorized to be appro-
10 priated to the Secretary such sums as may be necessary
11 to carry out this section.

12 **SEC. 254. INSPECTOR GENERAL INVESTIGATION OF FRAUD**
13 **AND ABUSE.**

14 In accordance with the recommendations of the Medi-
15 care Payment Advisory Commission for additional data
16 (as contained in the March 2009 report entitled “Report
17 to Congress: Medicare Payment Policy”), the Secretary
18 shall direct the Office of the Inspector General of the De-
19 partment of Health and Human Services to investigate,
20 not later than January 1, 2017, the following with respect
21 to hospice benefit under Medicare, Medicaid, and CHIP:

22 (1) The prevalence of financial relationships be-
23 tween hospices and long-term care facilities, such as
24 nursing facilities and assisted living facilities, that

1 may represent a conflict of interest and influence ad-
 2 missions to hospice.

3 (2) Differences in patterns of nursing home re-
 4 ferrals to hospice.

5 (3) The appropriateness of enrollment practices
 6 for hospices with unusual utilization patterns (such
 7 as high frequency of very long stays, very short
 8 stays, or enrollment of patients discharged from
 9 other hospices).

10 (4) The appropriateness of hospice marketing
 11 materials and other admissions practices and poten-
 12 tial correlations between length of stay and defi-
 13 ciencies in marketing or admissions practices.

14 **SEC. 255. GAO STUDY AND REPORT ON PROVIDER ADHER-**
 15 **ENCE TO ADVANCE DIRECTIVES.**

16 Not later than January 1, 2017, the Comptroller
 17 General of the United States shall conduct a study of the
 18 extent to which providers comply with advance directives
 19 under the Medicare and Medicaid programs and shall sub-
 20 mit a report to Congress on the results of such study, to-
 21 gether with such recommendations for administrative or
 22 legislative changes as the Comptroller General determines
 23 appropriate.

○