

114TH CONGRESS
2D SESSION

S. 2748

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

IN THE SENATE OF THE UNITED STATES

APRIL 5, 2016

Ms. BALDWIN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

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

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

1 **SECTION 1. SHORT TITLE.**

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

4 **SEC. 2. FINDINGS.**

5 Congress makes the following findings:

6 (1) Health care providers need better education
7 about pain management and palliative care. Stu-
8 dents graduating from medical school have very lit-
9 tle, if any, training in the core precepts of pain and
10 symptom management, advance care planning, com-
11 munication skills, and care coordination for patients
12 with serious, life-threatening, or terminal illness.

13 (2) Palliative care is interdisciplinary, patient-
14 and family-centered health care for people with seri-
15 ous illnesses. This type of care is focused on pro-
16 viding patients with relief from the symptoms, pain,
17 and stress of a serious illness, whatever the diag-
18 nosis. The goal of palliative care is to relieve suf-
19 fering and improve quality of life for both patients
20 and their families. Palliative care is provided by a
21 team of doctors, nurses, social workers, physician as-
22 sistants, chaplains, and other specialists who work
23 with a patient’s other health care providers to pro-
24 vide an extra layer of support, including assistance
25 with difficult medical decisionmaking and coordina-
26 tion of care among specialists. Palliative care is ap-

1 appropriate at any age and at any stage in a serious
2 illness, and can be provided together with curative
3 treatment. Palliative care is not dependent on a life-
4 limiting prognosis and may actually help an indi-
5 vidual recover from illness by relieving symptoms,
6 such as pain, anxiety, or loss of appetite, while un-
7 dergoing sometimes difficult medical treatments or
8 procedures, such as surgery or chemotherapy. In
9 2013, 1,744 United States hospitals with 50 or more
10 beds had a palliative care program.

11 (3) Hospice is palliative care for patients in
12 their last year of life. Considered the model for qual-
13 ity compassionate care for individuals facing a life-
14 limiting illness, hospice provides expert medical care,
15 pain management, and emotional and spiritual sup-
16 port expressly tailored to the patient's needs and
17 wishes. In most cases, care is provided in the pa-
18 tient's home but may also be provided in free-
19 standing hospice centers, hospitals, nursing homes,
20 and other long-term care facilities. In 2012, an esti-
21 mated 1,500,000 to 1,600,000 patients received
22 services from hospice, including non-Medicare bene-
23 ficiaries. Nearly 45 percent of all deaths in the
24 United States in 2011 occurred under the care of a
25 hospice program. Hospice is a covered benefit under

1 the Medicare program. There were 3,782 Medicare-
2 certified hospices serving more than 1,200,000 Medi-
3 care beneficiaries in 2012.

4 (4) Despite a high intensity of medical treat-
5 ment, many seriously ill patients experience trou-
6 bling symptoms, unmet psychological and personal
7 care needs, and high caregiver burden. Numerous
8 studies have shown that adding palliative care can
9 improve pain and symptom control, quality of life,
10 and family satisfaction with care.

11 (5) A 2005 study at Michigan State University
12 found that the formal training of United States doc-
13 tors in palliative care is “grossly inadequate”. When
14 the American Society of Clinical Oncology surveyed
15 their members, 65 percent said they had received in-
16 adequate education in controlling symptoms associ-
17 ated with cancer, and 81 percent felt they had inad-
18 equate mentoring in discussing a poor prognosis
19 with their patients and families. Training in pedi-
20 atric palliative care is also seriously lacking accord-
21 ing to physicians, residents, and medical students re-
22 sponding to a survey presented at a meeting of
23 American Federation for Medical Research.

24 (6) The American Board of Medical Specialties
25 and the Accreditation Council for Graduate Medical

1 Education provided formal subspecialty status for
2 hospice and palliative medicine in 2006, and the
3 Centers for Medicare & Medicaid Services recognized
4 hospice and palliative medicine as a medical sub-
5 specialty in October of 2008.

6 (7) As of April 2015, there were a total of 106
7 hospice and palliative medicine training programs
8 accredited by the Accreditation Council for Graduate
9 Medical Education. For the 2014–2015 academic
10 year, these programs were training 265 physicians in
11 hospice and palliative medicine. Some programs in-
12 clude an additional track in research, geriatrics, pe-
13 diatrics, or public health.

14 (8) There is a large gap between the number of
15 physicians practicing in the palliative medicine field
16 and the number of physicians needed in the field. A
17 mid-range estimate by the Workforce Task Force of
18 the American Academy of Hospice and Palliative
19 Medicine calls for 6,000 or more full-time equiva-
20 lents to serve current needs in hospice and palliative
21 care programs. At maximum capacity, the current
22 system would produce roughly 5,300 new hospice
23 and palliative medicine certified physicians over the
24 next 20 years, during which time some 70,000,000
25 new Medicare beneficiaries will enter the Medicare

1 program. At the same time, there is expected to be
 2 increasing acceptance of the hospice and palliative
 3 approach to care among the general population and
 4 health care providers.

5 (9) According to the Institute of Medicine,
 6 there is a “need for better understanding of the role
 7 of palliative care among both the public and profes-
 8 sionals across the continuum of care so that hospice
 9 and palliative care can achieve their full potential for
 10 patients and their families”.

11 **SEC. 3. PALLIATIVE CARE AND HOSPICE EDUCATION AND**
 12 **TRAINING.**

13 (a) IN GENERAL.—Part D of title VII of the Public
 14 Health Service Act (42 U.S.C. 294 et seq.) is amended
 15 by adding at the end the following:

16 **“SEC. 759A. PALLIATIVE CARE AND HOSPICE EDUCATION**
 17 **AND TRAINING.**

18 **“(a) PALLIATIVE CARE AND HOSPICE EDUCATION**
 19 **CENTERS.—**

20 **“(1) IN GENERAL.—**The Secretary shall award
 21 grants or contracts under this section to entities de-
 22 scribed in paragraph (1), (3), or (4) of section
 23 799B, and section 801(2), for the establishment or
 24 operation of Palliative Care and Hospice Education

1 Centers that meet the requirements of paragraph
2 (2).

3 “(2) REQUIREMENTS.—A Palliative Care and
4 Hospice Education Center meets the requirements of
5 this paragraph if such Center—

6 “(A) improves the training of health pro-
7 fessionals in palliative care, including
8 residencies, traineeships, or fellowships;

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

13 “(C) supports the training and retraining
14 of faculty to provide instruction in palliative
15 care;

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

20 “(E) provides students (including resi-
21 dents, trainees, and fellows) with clinical train-
22 ing in palliative care in long-term care facilities,
23 home care, hospices, chronic and acute disease
24 hospitals, and ambulatory care centers;

“(F) establishes traineeships for individuals who are preparing for advanced education nursing degrees, social work degrees, or advanced degrees in physician assistant studies, with a focus in palliative care in long-term care facilities, home care, hospices, chronic and acute disease hospitals, and ambulatory care centers; and

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

“(3) EXPANSION OF EXISTING CENTERS.—

Nothing in this section shall be construed to—

“(A) prevent the Secretary from providing grants to expand existing education centers, including geriatric education centers established under section 753 or 865, to provide for education and training focused specifically on palliative care, including for non-geriatric populations; or

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

“(b) PALLIATIVE MEDICINE PHYSICIAN TRAINING.—

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

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

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

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

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

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

23 “(D) develop specific performance-based
24 measures to evaluate the competency of train-
25 ees; and

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

5 “(3) TRAINING OPTIONS.—The training options
6 referred to in subparagraph (E) of paragraph (2)
7 are as follows:

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

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

21 “(4) DEFINITIONS.—For purposes of this sub-
22 section the term ‘graduate medical education’ means
23 a program sponsored by a school of medicine, a
24 school of osteopathic medicine, a hospital, or a pub-
25 lic or private institution that—

1 “(A) offers postgraduate medical training
 2 in the specialties and subspecialties of medicine;
 3 and

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

8 “(c) PALLIATIVE MEDICINE AND HOSPICE AKA-
 9 DEMIC CAREER AWARDS.—

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

16 “(2) ELIGIBLE INDIVIDUALS.—To be eligible to
 17 receive an award under paragraph (1), an individual
 18 shall—

19 “(A) be board certified or board eligible in
 20 hospice and palliative medicine; and

21 “(B) have a junior (non-tenured) faculty
 22 appointment at an accredited (as determined by
 23 the Secretary) school of medicine or osteopathic
 24 medicine.

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

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

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

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

22 “(4) MAINTENANCE OF EFFORT.—An eligible
23 individual who receives an award under paragraph
24 (1) shall provide assurances to the Secretary that
25 funds provided to the eligible individual under this

1 subsection will be used only to supplement, not to
2 supplant, the amount of Federal, State, and local
3 funds otherwise expended by the eligible individual.

4 “(5) AMOUNT AND TERM.—

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

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

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

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

22 “(d) PALLIATIVE CARE WORKFORCE DEVELOP-
23 MENT.—

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

1 that operate a Palliative Care and Hospice Edu-
2 cation Center pursuant to subsection (a)(1).

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

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

13 “(4) FELLOWSHIP PROGRAM.—

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

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

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

21 “(C) CONTINUING EDUCATION CREDIT.—
22 Participation in a fellowship under this para-
23 graph shall be accepted with respect to com-
24 plying with continuing health profession edu-
25 cation requirements. As a condition of such ac-

1 ceptance, the recipient shall subsequently pro-
2 vide a minimum of 18 hours of voluntary in-
3 struction in palliative care content (that has
4 been approved by a palliative care and hospice
5 education center) to students or trainees in
6 health-related educational, home, hospice, or
7 long-term care settings.

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

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

20 “(7) MAINTENANCE OF EFFORT.—A Palliative
21 Care and Hospice Education Center that receives an
22 award under this subsection shall provide assurances
23 to the Secretary that funds provided to the Center
24 under the award will be used only to supplement,

1 not to supplant, the amount of Federal, State, and
 2 local funds otherwise expended by such Center.

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

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

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

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

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

24 “(3) CONDITIONS OF AWARD.—As a condition
 25 of receiving an award under this subsection, an indi-

1 vidual shall agree that, following completion of the
 2 award period, the individual will teach or practice
 3 palliative care in health-related educational, home,
 4 hospice, or long-term care settings for a minimum of
 5 5 years under guidelines established by the Sec-
 6 retary.

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

16 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
 17 are authorized to be appropriated to carry out this section,
 18 \$44,100,000 for each of the fiscal years 2016 through
 19 2020.”.

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

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

24 (a) PREFERENCE FOR GRANTS OR AWARDS FOR
 25 NURSING WORKFORCE DEVELOPMENT PROJECTS.—Sec-

tion 805 of the Public Health Service Act (42 U.S.C. 296d) is amended—

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

(2) by inserting the following before the period at the end: “, or for education and training in hospice and palliative nursing”.

(b) ADVANCED EDUCATION NURSING GRANTS.—Section 811 of the Public Health Service Act (42 U.S.C. 296j) is amended—

(1) in subsection (a)—

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

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

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

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

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

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

1 (1) in subsection (a)—

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

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

6 (C) by adding at the end the following new
7 paragraph:

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

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

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

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

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

22 (e) ADDITIONAL PALLIATIVE CARE AND HOSPICE
23 EDUCATION AND TRAINING PROGRAMS.—Part D of title
24 VIII of the Public Health Service Act (42 U.S.C. 296p
25 et seq.) is amended by adding at the end the following:

1 **“SEC. 832. PALLIATIVE CARE AND HOSPICE EDUCATION**
2 **AND TRAINING.**

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

9 “(b) USE OF FUNDS.—An eligible entity that receives
10 a grant under subsection (a) shall use funds under such
11 grant to—

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

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

18 “(3) train faculty members in palliative care in
19 health-related educational, home, hospice, or long-
20 term care settings; or

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

24 “(c) APPLICATION.—An eligible entity desiring a
25 grant under subsection (a) shall submit an application to
26 the Secretary at such time, in such manner, and con-

1 taining such information as the Secretary may reasonably
2 require.

3 “(d) ELIGIBLE ENTITY.—For purposes of this sec-
4 tion, the term ‘eligible entity’ shall include a school of
5 nursing, a health care facility, a program leading to cer-
6 tification as a certified nurse assistant, a partnership of
7 such a school and facility, or a partnership of such a pro-
8 gram and facility.

9 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated to carry out this section
11 \$5,000,000 for each of fiscal years 2016 through 2020.”.

12 **SEC. 5. NATIONAL PALLIATIVE CARE EDUCATION AND**
13 **AWARENESS CAMPAIGN.**

14 Part A of title IX of the Public Health Service Act
15 (42 U.S.C. 299 et seq.) is amended by adding at the end
16 the following new section:

17 **“SEC. 904. NATIONAL PALLIATIVE CARE EDUCATION AND**
18 **AWARENESS CAMPAIGN.**

19 “(a) IN GENERAL.—Under the authority under sec-
20 tion 902(a) to disseminate information on health care and
21 on systems for the delivery of such care, the Director shall
22 provide for the planning and implementation of a national
23 education and awareness campaign to inform patients,
24 families, and health professionals about the benefits of

1 palliative care throughout the continuum of care for pa-
 2 tients with serious or life-threatening illness.

3 “(b) INFORMATION DISSEMINATED.—

4 “(1) MANDATORY INFORMATION.—The cam-
 5 paign under subsection (a) shall include dissemina-
 6 tion of the following:

7 “(A) PALLIATIVE CARE.—Information, re-
 8 sources, and communication materials about
 9 palliative care as an essential part of the con-
 10 tinuum of quality care for patients and families
 11 facing serious or life-threatening illness (includ-
 12 ing cancer; heart, kidney, liver, lung, and infec-
 13 tious diseases; as well as neurodegenerative dis-
 14 ease such as dementia, Parkinson’s disease, or
 15 amyotrophic lateral sclerosis).

16 “(B) PALLIATIVE CARE SERVICES.—Spe-
 17 cific information regarding the services provided
 18 to patients by professionals trained in hospice
 19 and palliative care, including pain and symptom
 20 management, support for shared decision-
 21 making, care coordination, psychosocial care,
 22 and spiritual care, explaining that such services
 23 may be provided starting at the point of diag-
 24 nosis and alongside curative treatment and are
 25 intended to—

1 “(i) provide patient-centered and fam-
 2 ily-centered support throughout the con-
 3 tinuum of care for serious and life-threat-
 4 ening illness;

5 “(ii) anticipate, prevent, and treat
 6 physical, emotional, social, and spiritual
 7 suffering;

8 “(iii) optimize quality of life; and

9 “(iv) facilitate and support the goals
 10 and values of patients and families.

11 “(C) PALLIATIVE CARE PROFESSIONALS.—
 12 Specific materials that explain the role of pro-
 13 fessionals trained in hospice and palliative care
 14 in providing team-based care (including pain
 15 and symptom management, support for shared
 16 decisionmaking, care coordination, psychosocial
 17 care, and spiritual care) for patients and fami-
 18 lies throughout the continuum of care for seri-
 19 ous or life-threatening illness.

20 “(D) RESEARCH.—Evidence-based re-
 21 search demonstrating the benefits of patient ac-
 22 cess to palliative care throughout the continuum
 23 of care for serious or life-threatening illness.

24 “(E) POPULATION-SPECIFIC MATERIALS.—
 25 Materials shall be developed that target specific

1 populations, including patients with serious or
2 life-threatening illness who are among medically
3 underserved populations (as defined in section
4 330(b)(3)) and families of such patients or
5 health professionals serving medically under-
6 served populations. Such populations shall in-
7 clude pediatric patients, young adult and ado-
8 lescent patients, racial and ethnic minority pop-
9 ulations, and other priority populations speci-
10 fied by the Director.

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

15 “(3) INFORMATION FORMAT.—The information
16 and materials required to be disseminated under
17 paragraph (1) and any information disseminated
18 under paragraph (2) shall be presented in a variety
19 of formats (such as posted online, in print, and
20 through public service announcements).

21 “(4) REQUIRED PUBLICATION.—The informa-
22 tion and materials required to be disseminated under
23 paragraph (1) and any information disseminated
24 under paragraph (2) shall be posted on the Internet
25 Web sites of relevant Federal agencies and Depart-

1 ments, including the Agency for Healthcare Re-
 2 search and Quality, the Centers for Medicare &
 3 Medicaid Services, the Administration on Aging, the
 4 Centers for Disease Control and Prevention, and the
 5 Department of Veterans Affairs.

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

11 “(1) The planning and implementation of the
 12 national palliative care education and awareness
 13 campaign under this section.

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

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

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

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

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

23 “(a) IN GENERAL.—The Secretary, acting through
 24 the Director of the National Institutes of Health, shall de-
 25 velop and implement a strategy to be applied across the

1 institutes and centers of the National Institutes of Health
 2 to expand national research programs in palliative care.

3 “(b) RESEARCH PROGRAMS.—The Director of the
 4 National Institutes of Health shall expand and intensify
 5 research programs in palliative care to address the quality
 6 of care and quality of life for the rapidly growing popu-
 7 lation of patients in the United States with serious or life-
 8 threatening illnesses, including cancer; heart, kidney, liver,
 9 lung, and infectious diseases; as well as neurodegenerative
 10 disease such as dementia, Parkinson’s disease, or
 11 amyotrophic lateral sclerosis.”.

12 (b) EXPANDING TRANS-NIH RESEARCH REPORTING
 13 TO INCLUDE PALLIATIVE CARE RESEARCH.—Section
 14 402A(c)(2)(B)(i) of the Public Health Service Act (42
 15 U.S.C. 282a(c)(2)(B)(i)) is amended by inserting “and,
 16 beginning January 1, 2017, for conducting or supporting
 17 research with respect to palliative care” after “or national
 18 centers”.

○