

113TH CONGRESS  
1ST SESSION

# H. R. 1339

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, and other programs, to promote education in palliative care and hospice, and to support the development of faculty careers in academic palliative medicine.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 21, 2013

Mr. ENGEL (for himself, Mr. REED, Ms. BROWN of Florida, Mr. FARR, and Mr. BLUMENAUER) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to increase the number of permanent faculty in palliative care at accredited allopathic and osteopathic medical schools, nursing schools, and other programs, to promote education 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,*

3 **SECTION 1. SHORT TITLE.**

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

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

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

10 (2) Palliative care is interdisciplinary, patient-  
11 and family-centered health care for people with seri-  
12 ous illnesses. This type of care is focused on pro-  
13 viding patients with relief from the symptoms, pain,  
14 and stress of a serious illness, whatever the diag-  
15 nosis. The goal of palliative care is to relieve suf-  
16 fering and improve quality of life for both patients  
17 and their families. Palliative care is provided by a  
18 team of doctors, nurses, social workers, chaplains,  
19 and other specialists who work with a patient's other  
20 health care providers to provide an extra layer of  
21 support, including assistance with difficult medical  
22 decisionmaking and coordination of care among spe-  
23 cialists. Palliative care is appropriate at any age and  
24 at any stage in a serious illness, and can be provided  
25 together with curative treatment. Palliative care is  
26 not dependent on a life-limiting prognosis and may

1 actually help an individual recover from illness by re-  
2 lieving symptoms, such as pain, anxiety, or loss of  
3 appetite, while undergoing sometimes difficult med-  
4 ical treatments or procedures, such as surgery or  
5 chemotherapy. There were 1,623 hospitals with pal-  
6 liative care programs in 2012.

7 (3) Hospice is palliative care for patients in  
8 their last year of life. Considered the model for qual-  
9 ity compassionate care for individuals facing a life-  
10 limiting illness, hospice provides expert medical care,  
11 pain management, and emotional and spiritual sup-  
12 port expressly tailored to the patient's needs and  
13 wishes. In most cases, care is provided in the pa-  
14 tient's home but may also be provided in free-  
15 standing hospice centers, hospitals, nursing homes,  
16 and other long-term care facilities. In 2011, an esti-  
17 mated 1,650,000 patients received services from hos-  
18 pice, and nearly 45 percent of all deaths in the  
19 United States occurred under the care of a hospice  
20 program. Hospice is a covered benefit under the  
21 Medicare program. There were 3,630 Medicare-cer-  
22 tified hospices serving more than 1,200,000 bene-  
23 ficiaries in 2011.

24 (4) A 2005 study at Michigan State University  
25 found that the formal training of United States doc-

1       tors in palliative care is “grossly inadequate”. When  
2       the American Society of Clinical Oncology surveyed  
3       their members, 65 percent said they had received in-  
4       adequate education in controlling symptoms associ-  
5       ated with cancer, and 81 percent felt they had inad-  
6       equate mentoring in discussing a poor prognosis  
7       with their patients and families. Training in pedi-  
8       atric palliative care is also seriously lacking accord-  
9       ing to physicians, residents, and medical students re-  
10      sponding to a survey presented at a meeting of  
11      American Federation for Medical Research.

12           (5) The American Board of Medical Specialties  
13      (ABMS) and the Accreditation Council for Graduate  
14      Medical Education (ACGME) provided formal sub-  
15      specialty status for hospice and palliative medicine  
16      (HPM) in 2006, and the Centers for Medicare &  
17      Medicaid Services recognized hospice and palliative  
18      medicine as a medical subspecialty in October of  
19      2008.

20           (6) As of February 2013, there were a total of  
21      89 hospice and palliative medicine training programs  
22      accredited by the Accreditation Council for Graduate  
23      Medical Education. For the 2012–2013 academic  
24      year, these programs were training 206 physicians in  
25      hospice and palliative medicine. Some programs in-

1       clude an additional track in research, geriatrics, or  
2       public health.

3               (7) There is a large gap between those prac-  
4       ticing in the palliative medicine field and the number  
5       of physicians needed. A mid-range estimate by the  
6       American Academy of Hospice and Palliative Medi-  
7       cine’s Workforce Task Force calls for 6,000 or more  
8       full time equivalents to serve current needs in hos-  
9       pice and palliative care programs. At maximum ca-  
10      pacity, the current system would produce roughly  
11      4,600 new hospice and palliative medicine certified  
12      physicians over the next 20 years, during which time  
13      some 70,000,000 new Medicare beneficiaries will  
14      enter the Medicare program. At the same time, there  
15      is expected to be increasing acceptance of the hos-  
16      pice and palliative approach to care among the gen-  
17      eral population and health care providers.

18 **SEC. 3. PALLIATIVE CARE AND HOSPICE EDUCATION AND**  
19 **TRAINING.**

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

1 **“SEC. 759A. PALLIATIVE CARE AND HOSPICE EDUCATION**  
2 **AND TRAINING.**

3 “(a) PALLIATIVE CARE AND HOSPICE EDUCATION  
4 CENTERS.—

5 “(1) IN GENERAL.—The Secretary shall award  
6 grants or contracts under this section to entities de-  
7 scribed in paragraph (1), (3), or (4) of section  
8 799B, and section 801(2), for the establishment or  
9 operation of Palliative Care and Hospice Education  
10 Centers that meet the requirements of paragraph  
11 (2).

12 “(2) REQUIREMENTS.—A Palliative Care and  
13 Hospice Education Center meets the requirements of  
14 this paragraph if such Center—

15 “(A) improves the training of health pro-  
16 fessionals in palliative care, including residen-  
17 cies, traineeships, or fellowships;

18 “(B) develops and disseminates curricula  
19 relating to the palliative treatment of the com-  
20 plex health problems of individuals with serious  
21 or life threatening illnesses;

22 “(C) supports the training and retraining  
23 of faculty to provide instruction in palliative  
24 care;

25 “(D) supports continuing education of  
26 health professionals who provide palliative care

1 to patients with serious or life threatening ill-  
2 ness;

3 “(E) provides students (including resi-  
4 dents, trainees, and fellows) with clinical train-  
5 ing in palliative care in the home, long-term  
6 care facilities, home care, hospices, chronic and  
7 acute disease hospitals, and ambulatory care  
8 centers;

9 “(F) establishes traineeships for individ-  
10 uals who are preparing for advanced education  
11 nursing degrees in palliative care nursing, home  
12 care, hospice, in the home, long-term care, or  
13 other nursing areas that specialize in palliative  
14 care; and

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

18 “(3) EXPANSION OF EXISTING CENTERS.—

19 Nothing in this section shall be construed to—

20 “(A) prevent the Secretary from providing  
21 grants to expand existing education centers, in-  
22 cluding geriatric education centers established  
23 under section 753 or 865, to provide for edu-  
24 cation and training focused specifically on pal-

1           liative care, including for non-geriatric popu-  
2           lations; or

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

5           “(b) PALLIATIVE MEDICINE PHYSICIAN TRAINING.—

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

14                   “(2) REQUIREMENTS.—Each project for which  
15          a grant or contract is made under this subsection  
16          shall—

17                           “(A) be staffed by full-time teaching physi-  
18                   cians who have experience or training in pallia-  
19                   tive medicine;

20                           “(B) be based in a hospice and palliative  
21                   medicine fellowship program accredited by the  
22                   Accreditation Council for Graduate Medical  
23                   Education;

24                           “(C) provide training in palliative medicine  
25                   through a variety of service rotations, such as



1 consultation services, acute care services, ex-  
2 tended care facilities, ambulatory care and com-  
3 prehensive evaluation units, hospice, home  
4 health, and community care programs;

5 “(D) develop specific performance-based  
6 measures to evaluate the competency of train-  
7 ees; and

8 “(E) provide training in palliative medicine  
9 through one or both of the training options de-  
10 scribed in subparagraphs (A) and (B) of para-  
11 graph (3).

12 “(3) TRAINING OPTIONS.—The training options  
13 referred to in subparagraph (E) of paragraph (2)  
14 shall be as follows:

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

20 “(B) 1- or 2-year training programs that  
21 shall be designed to provide training in hospice  
22 and palliative medicine for physicians who have  
23 completed graduate medical education programs  
24 in any medical specialty leading to board eligi-  
25 bility in hospice and palliative medicine pursu-

1           ant to the American Board of Medical Special-  
2           ties.

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

8                   “(A) offers postgraduate medical training  
9                   in the specialties and subspecialties of medicine;  
10                  and

11                   “(B) has been accredited by the Accredita-  
12                   tion Council for Graduate Medical Education or  
13                   the American Osteopathic Association through  
14                   its Committee on Postdoctoral Training.

15           “(c) PALLIATIVE MEDICINE AND HOSPICE ACA-  
16           DEMIC CAREER AWARDS.—

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

23                   “(2) ELIGIBLE INDIVIDUALS.—To be eligible to  
24                   receive an award under paragraph (1), an individual  
25                   shall—

1           “(A) be board certified or board eligible in  
2 hospice and palliative medicine; and

3           “(B) have a junior (non-tenured) faculty  
4 appointment at an accredited (as determined by  
5 the Secretary) school of medicine or osteopathic  
6 medicine.

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

10           “(A) has submitted to the Secretary an ap-  
11 plication, at such time, in such manner, and  
12 containing such information as the Secretary  
13 may require, and the Secretary has approved  
14 such application;

15           “(B) provides, in such form and manner as  
16 the Secretary may require, assurances that the  
17 individual will meet the service requirement de-  
18 scribed in paragraph (6); and

19           “(C) provides, in such form and manner as  
20 the Secretary may require, assurances that the  
21 individual has a full-time faculty appointment  
22 in a health professions institution and docu-  
23 mented commitment from such institution to  
24 spend a majority of the total funded time of  
25 such individual on teaching and developing

1 skills in interdisciplinary education in palliative  
2 care.

3 “(4) MAINTENANCE OF EFFORT.—An eligible  
4 individual who receives an award under paragraph  
5 (1) shall provide assurances to the Secretary that  
6 funds provided to the eligible individual under this  
7 subsection will be used only to supplement, not to  
8 supplant, the amount of Federal, State, and local  
9 funds otherwise expended by the eligible individual.

10 “(5) AMOUNT AND TERM.—

11 “(A) AMOUNT.—The amount of an award  
12 under this subsection shall be equal to the  
13 award amount provided for under section  
14 753(c)(5)(A) for the fiscal year involved.

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

17 “(C) PAYMENT TO INSTITUTION.—The  
18 Secretary shall make payments for awards  
19 under this subsection to institutions which in-  
20 clude schools of medicine and osteopathic medi-  
21 cine.

22 “(6) SERVICE REQUIREMENT.—An individual  
23 who receives an award under this subsection shall  
24 provide training in palliative care and hospice, in-  
25 cluding the training of interdisciplinary teams of

1 health care professionals. The provision of such  
2 training shall constitute a majority of the total fund-  
3 ed obligations of such individual under the award.

4 “(d) PALLIATIVE CARE WORKFORCE DEVELOP-  
5 MENT.—

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

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

16 “(3) USE OF FUNDS.—Amounts awarded under  
17 a grant or contract under paragraph (1) shall be  
18 used to carry out the fellowship program described  
19 in paragraph (4).

20 “(4) FELLOWSHIP PROGRAM.—

21 “(A) IN GENERAL.—Pursuant to para-  
22 graph (3), a Palliative Care and Hospice Edu-  
23 cation Center that receives an award under this  
24 subsection shall use such funds to offer short-  
25 term intensive courses (referred to in this sub-

1 section as a ‘fellowship’) that focus on palliative  
2 care that provide supplemental training for fac-  
3 ulty members in medical schools and other  
4 health professions schools with programs in  
5 psychology, pharmacy, nursing, social work,  
6 chaplaincy, or other health disciplines, as ap-  
7 proved by the Secretary. Such a fellowship shall  
8 be open to current faculty, and appropriately  
9 credentialed volunteer faculty and practitioners,  
10 who do not have formal training in palliative  
11 care, to upgrade their knowledge and clinical  
12 skills for the care of individuals with serious or  
13 life-threatening illness and to enhance their  
14 interdisciplinary teaching skills.

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

1           “(C) CME CREDIT.—Participation in a fel-  
2           lowship under this paragraph shall be accepted  
3           with respect to complying with continuing  
4           health profession education requirements. As a  
5           condition of such acceptance, the recipient shall  
6           subsequently provide a minimum of 18 hours of  
7           voluntary instruction in palliative care content  
8           (that has been approved by a palliative care and  
9           hospice education center) to students or train-  
10          ees in health-related educational, home, hospice,  
11          or long-term care settings.

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

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

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

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

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

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

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

16 “(A) be an advanced practice nurse, a clin-  
17 ical social worker, a pharmacist, a chaplain, or  
18 student of psychology who is pursuing a doc-  
19 torate or other advanced degree in palliative  
20 care or related fields in an accredited health  
21 professions school; and

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



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

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

17           “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
18 are authorized to be appropriated to carry out this section,  
19 \$44,100,000 for each of the fiscal years 2014 through  
20 2018.”.

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

1 **SEC. 4. APPLICATION TO ADVANCED PRACTICE NURSES.**

2 (a) **ADVANCED EDUCATION NURSING GRANTS.**—Sec-  
3 tion 811(a) of the Public Health Service Act (42 U.S.C.  
4 296j(a)) is amended—

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

7 (2) by redesignating paragraph (2) as para-  
8 graph (3); and

9 (3) by inserting after paragraph (1), the fol-  
10 lowing:

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

13 (b) **IN GENERAL.**—Part D of title VIII of the Public  
14 Health Service Act (42 U.S.C. 296p et seq.) is amended  
15 by adding at the end the following:

16 **“SEC. 832. PALLIATIVE CARE AND HOSPICE EDUCATION**  
17 **AND TRAINING.**

18 “(a) **PROGRAM AUTHORIZED.**—The Secretary shall  
19 award grants to eligible entities to develop and implement,  
20 in coordination with programs under section 759A, pro-  
21 grams and initiatives to train and educate individuals in  
22 providing palliative care in health related educational, hos-  
23 pice, home, or long-term care settings.

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

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

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

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

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

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

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

1       “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
2 are authorized to be appropriated to carry out this section  
3 \$5,000,000 for each of fiscal years 2014 through 2018.”.

○