

119TH CONGRESS
1ST SESSION

H. R. 4425

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, including social work, physician assistant, and chaplaincy education programs, to promote education and research in palliative care and hospice, and to support the development of faculty careers in academic palliative and hospice care.

IN THE HOUSE OF REPRESENTATIVES

JULY 16, 2025

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

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, including social work, physician assistant, and chaplaincy education programs, to promote education and research in palliative care and hospice, and to support the development of faculty careers in academic palliative and hospice care.

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

1 **SECTION 1. SHORT TITLE.**

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

4 **SEC. 2. PALLIATIVE CARE AND HOSPICE EDUCATION AND**
5 **TRAINING.**

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

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

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

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

20 “(2) REQUIREMENTS.—

21 “(A) IN GENERAL.—A Palliative Care and
22 Hospice Education Program receiving an award
23 under this section shall support the training of
24 health professionals in palliative and hospice
25 care, including traineeships or fellowships. Such
26 programs shall emphasize, as appropriate, pa-

1 tient and family engagement, integration of pal-
2 liative and hospice care with primary and spe-
3 cialty care, and collaboration with community
4 partners to address gaps in health care for indi-
5 viduals with serious or life-threatening illnesses.

6 “(B) ACTIVITIES.—Activities conducted by
7 a program under this section may include the
8 following:

9 “(i) Clinical training on providing in-
10 tegrated palliative and hospice care serv-
11 ices.

12 “(ii) Interprofessional training to
13 practitioners from multiple disciplines and
14 specialties, including training on the provi-
15 sion of care to individuals with serious or
16 life-threatening illnesses.

17 “(iii) Establishing or maintaining
18 training-related community-based pro-
19 grams for individuals with serious or life-
20 threatening illnesses and caregivers to im-
21 prove quality of life, and where appro-
22 priate, health outcomes for individuals who
23 have serious or life-threatening illnesses.

24 “(C) NONDUPLICATION.—A Palliative
25 Care and Hospice Education Program under

1 this section shall not duplicate the activities of
2 existing education centers funded under this
3 section or under section 753 or 865.

4 “(3) PRIORITIES IN MAKING AWARDS.—In
5 awarding grants and contracts under paragraph (1),
6 the Secretary—

7 “(A) shall give priority to programs that
8 demonstrate coordination with another Federal
9 or State program, or another public or private
10 entity;

11 “(B) shall give priority to applicants with
12 programs or activities that are expected to sub-
13 stantially benefit—

14 “(i) individuals in rural or medically
15 underserved areas, frontier health profes-
16 sional shortage areas (as defined in section
17 799B), or Indian Tribes or Tribal organi-
18 zations;

19 “(ii) pediatric populations; or

20 “(iii) racial and ethnic minority popu-
21 lations; and

22 “(C) may give priority to any program
23 that—

24 “(i) integrates palliative and hospice
25 care into primary care practice;

1 “(ii) provides training to integrate
2 palliative and hospice care into other spe-
3 cialties across care settings, including
4 practicing clinical specialists, health care
5 administrators, faculty without back-
6 grounds in palliative or hospice care, and
7 students from all health professions;

8 “(iii) emphasizes integration of pallia-
9 tive and hospice care into existing service
10 delivery locations and care across settings,
11 including primary care clinics, medical
12 homes, Federally qualified health centers,
13 ambulatory care clinics, hospitals, includ-
14 ing critical access hospitals, emergency
15 care settings, assisted living and nursing
16 facilities, and home- and community-based
17 settings;

18 “(iv) supports the training and re-
19 training of faculty, primary and specialty
20 care providers, other direct care providers,
21 and other appropriate professionals on pal-
22 liative or hospice care;

23 “(v) emphasizes education and en-
24 gagement of family or caregivers on pallia-
25 tive and hospice care management within

1 the context of chronic disease management
2 and strategies to meet the needs of such
3 family or caregivers; or

4 “(vi) proposes to conduct outreach to
5 communities that have a shortage of pallia-
6 tive and hospice workforce professionals.

7 “(4) EXPANSION OF EXISTING PROGRAMS.—
8 Nothing in this section shall be construed to—

9 “(A) prevent the Secretary from providing
10 grants or contracts to expand existing education
11 programs, including geriatric education pro-
12 grams established under section 753 or 865, to
13 provide for education and training focused spe-
14 cifically on palliative care, including for non-
15 geriatric populations; or

16 “(B) limit the number of education pro-
17 grams that may be funded in a community.

18 “(b) PALLIATIVE MEDICINE PHYSICIAN TRAINING.—

19 “(1) IN GENERAL.—The Secretary may make
20 grants to, and enter into contracts with, schools of
21 medicine, schools of osteopathic medicine, teaching
22 hospitals, and graduate medical education programs
23 for the purpose of providing support for projects
24 that fund the training of physicians who plan to
25 teach or practice palliative medicine.

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

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

7 “(B) be based in a hospice and palliative
8 medicine fellowship program accredited by the
9 Accreditation Council for Graduate Medical
10 Education;

11 “(C) provide training in interprofessional
12 team-based palliative medicine through a vari-
13 ety of service rotations, such as consultation
14 services, acute care services, extended care fa-
15 cilities, ambulatory care and comprehensive
16 evaluation units, hospices, home care, and com-
17 munity care programs;

18 “(D) develop specific performance-based
19 measures to evaluate the competency of train-
20 ees; and

21 “(E) provide training in interprofessional
22 team-based palliative medicine through one or
23 both of the training options described in para-
24 graph (3).

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

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

9 “(B) 1- or 2-year training programs that
10 are designed to provide training in interprofes-
11 sional team-based hospice and palliative medi-
12 cine for physicians who have completed grad-
13 uate medical education programs in any med-
14 ical specialty leading to board eligibility in hos-
15 pice and palliative medicine pursuant to the
16 American Board of Medical Specialties.

17 “(4) DEFINITIONS.—For purposes of this sub-
18 section, the term ‘graduate medical education’
19 means a program sponsored by a school of medicine,
20 a school of osteopathic medicine, a hospital, or a
21 public or private institution that—

22 “(A) offers postgraduate medical training
23 in the specialties and subspecialties of medicine;
24 and

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

5 “(c) PALLIATIVE CARE AND HOSPICE ACADEMIC CA-
6 REER AWARDS.—

7 “(1) ESTABLISHMENT OF PROGRAM.—The Sec-
8 retary shall establish a program to provide awards,
9 to be known as the ‘Palliative Care and Hospice
10 Academic Career Awards’, to allopathic and osteo-
11 pathic medical schools, nursing schools, and other
12 programs, including social work, physician assistant,
13 and chaplaincy education programs, or other schools
14 or programs identified by the Secretary applying on
15 behalf of eligible individuals to promote the career
16 development of such individuals as academic hospice
17 and palliative care specialists.

18 “(2) ELIGIBLE INDIVIDUALS.—For purposes of
19 this subsection, the term ‘eligible individual’ means
20 an individual who—

21 “(A) is board certified or board eligible in
22 hospice and palliative medicine or has com-
23 pleted required specialty training in palliative
24 and hospice care in the disciplines of nursing,

1 social work, physician assistant, chaplaincy, or
2 other discipline identified by the Secretary; and

3 “(B) has a junior (nontenured) faculty ap-
4 pointment at an accredited (as determined by
5 the Secretary) allopathic or osteopathic medical
6 school, nursing school, or other programs, in-
7 cluding social work, physician assistant, chap-
8 laincy, or other education programs identified
9 by the Secretary.

10 “(3) LIMITATIONS.—No award under para-
11 graph (1) may be made to an eligible individual un-
12 less the entity on behalf of the eligible individual—

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

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

22 “(C) provides, in such form and manner as
23 the Secretary may require, assurances that the
24 individual has a full-time faculty appointment
25 in a health professions institution and docu-

1 mented commitment from such institution to
2 spend a majority of the total funded time of
3 such individual on teaching and developing
4 skills in education in interprofessional team-
5 based palliative care.

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

13 “(5) AMOUNT AND TERM.—

14 “(A) AMOUNT.—The amount of an award
15 under this subsection shall be equal to the
16 award amount provided for under section
17 753(b)(5)(A) for the fiscal year involved.

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

20 “(C) PAYMENT TO INSTITUTION.—The
21 Secretary shall make payments for awards
22 under this subsection to institutions, including
23 allopathic and osteopathic medical schools,
24 nursing schools, and other programs, including

1 social work, physician assistant, or chaplaincy
2 education programs.

3 “(6) SERVICE REQUIREMENT.—An individual
4 who receives an award under this subsection shall
5 provide training in palliative care and hospice, in-
6 cluding the training of interprofessional teams of
7 health care professionals. The provision of such
8 training shall constitute a majority of the total fund-
9 ed obligations of such individual under the award.

10 “(d) PALLIATIVE CARE WORKFORCE DEVELOP-
11 MENT.—

12 “(1) IN GENERAL.—The Secretary shall award
13 grants or contracts under this subsection to entities
14 that operate a Palliative Care and Hospice Edu-
15 cation Program pursuant to subsection (a)(1).

16 “(2) APPLICATION.—To be eligible for an
17 award under paragraph (1), an entity described in
18 such paragraph shall submit to the Secretary an ap-
19 plication at such time, in such manner, and con-
20 taining such information as the Secretary may re-
21 quire.

22 “(3) USE OF FUNDS.—Amounts awarded under
23 a grant or contract under paragraph (1) shall be
24 used to carry out the fellowship program described
25 in paragraph (4).

1 “(4) FELLOWSHIP PROGRAM.—

2 “(A) IN GENERAL.—Pursuant to para-
3 graph (3), a Palliative Care and Hospice Edu-
4 cation Program that receives an award under
5 this subsection shall use such funds to offer
6 short-term intensive courses (referred to in this
7 subsection as a ‘fellowship’) that focus on inter-
8 professional team-based palliative care that pro-
9 vide supplemental training for faculty members
10 in allopathic and osteopathic medical schools,
11 nursing schools, and other programs, including
12 psychology, pharmacy, social work, physician
13 assistant, and chaplaincy education programs,
14 or other health disciplines, as approved by the
15 Secretary. Such a fellowship shall be open to
16 current faculty, and appropriately credentialed
17 volunteer faculty and practitioners, who do not
18 have formal training in palliative care, to up-
19 grade their knowledge and clinical skills for the
20 care of individuals with serious or life-threat-
21 ening illness and to enhance their interdiscipli-
22 nary and interprofessional teaching skills.

23 “(B) LOCATION.—A fellowship under this
24 paragraph shall be offered either at the Pallia-
25 tive Care and Hospice Education Program that

1 is sponsoring the course, in collaboration with
2 other Palliative Care and Hospice Education
3 Programs, or at allopathic and osteopathic med-
4 ical schools, nursing schools, or other programs,
5 including pharmacy, social work, physician as-
6 sistant, chaplaincy, and psychology education
7 programs, or other health professions schools
8 and programs approved by the Secretary.

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

17 “(6) AMOUNT OF AWARD.—Each award under
18 paragraph (1) shall be not more than \$150,000. Not
19 more than 24 Palliative Care and Hospice Education
20 Programs may receive an award under such para-
21 graph.

22 “(7) MAINTENANCE OF EFFORT.—A Palliative
23 Care and Hospice Education Program that receives
24 an award under paragraph (1) shall provide assur-
25 ances to the Secretary that funds provided to the

1 Program under the award will be used only to sup-
2 plement, not to supplant, the amount of Federal,
3 State, and local funds otherwise expended by such
4 Program.

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

7 “(1) IN GENERAL.—The Secretary shall award
8 grants or contracts under this subsection to institu-
9 tions, including allopathic and osteopathic medical
10 schools, nursing schools, and other programs, includ-
11 ing social work, physician assistant, psychology,
12 chaplaincy, and pharmacy education programs, or
13 other programs approved by the Secretary, applying
14 on behalf of individuals described in paragraph (2)
15 to foster greater interest among a variety of health
16 professionals in entering the field of palliative care.

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

20 “(A) be an advanced practice nurse, a so-
21 cial worker, physician assistant, pharmacist,
22 chaplain, psychologist, or other health care pro-
23 fessional pursuing a doctorate, masters, or
24 other advanced degree with a focus in inter-
25 professional team-based palliative care or re-

1 lated fields in an accredited school or education
2 program; and

3 “(B) submit to the Secretary an applica-
4 tion at such time, in such manner, and con-
5 taining such information as the Secretary may
6 require.

7 “(3) CONDITIONS OF AWARD.—As a condition
8 of receiving an award under paragraph (1), an indi-
9 vidual shall agree that, following completion of the
10 award period, the individual will teach or practice
11 palliative care in health-related educational, home,
12 hospice, or long-term care settings for a minimum of
13 5 years under guidelines established by the Sec-
14 retary.

15 “(4) PAYMENT TO INSTITUTION.—The Sec-
16 retary shall make payments for awards under para-
17 graph (1) to institutions that include allopathic and
18 osteopathic medical schools, nursing schools, and
19 other programs, including social work, physician as-
20 sistant, psychology, chaplaincy, and pharmacy edu-
21 cation programs or other programs approved by the
22 Secretary.

23 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section,

1 \$15,000,000 for each of the fiscal years 2026 through
2 2030.”.

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

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

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

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

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

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

1 “(b) USE OF FUNDS.—An eligible entity that receives
2 a grant under subsection (a) shall use funds under such
3 grant to—

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

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

10 “(3) train faculty members in palliative care in
11 health-related educational, hospital, home, hospice,
12 or long-term care settings; or

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

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

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

1 such a school and facility, or a partnership of such a pro-
 2 gram and facility.

3 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
 4 are authorized to be appropriated to carry out this section
 5 \$5,000,000 for each of the fiscal years 2026 through
 6 2030.”.

7 **SEC. 4. DISSEMINATION OF PALLIATIVE CARE INFORMA-**
 8 **TION.**

9 Part A of title IX of the Public Health Service Act
 10 (42 U.S.C. 299 et seq.) is amended by adding at the end
 11 the following new section:

12 **“SEC. 904. DISSEMINATION OF PALLIATIVE CARE INFORMA-**
 13 **TION.**

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

21 “(b) INFORMATION DISSEMINATED.—

22 “(1) MANDATORY INFORMATION.—If the Direc-
 23 tor elects to disseminate information under sub-
 24 section (a), such dissemination shall include the fol-
 25 lowing:

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

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

20 “(i) provide patient-centered and fam-
21 ily-centered support throughout the con-
22 tinuum of care for serious and life-threat-
23 ening illness;

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

“(iii) optimize quality of life; and

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

“(C) PALLIATIVE CARE PROFESSIONALS.—

Specific materials that explain the role of professionals trained in hospice and palliative care in providing team-based care (including pain and symptom management, support for shared decision making, care coordination, psychosocial care, and spiritual care) for patients and families throughout the continuum of care for serious or life-threatening illness.

“(D) RESEARCH.—Evidence-based re-

search demonstrating the benefits of patient access to palliative care throughout the continuum of care for serious or life-threatening illness.

“(E) POPULATION-SPECIFIC MATERIALS.—

Materials targeting specific populations, including beneficiaries of Medicare, Medicaid, and the Veterans Health Administration, and patients with serious or life-threatening illness who are among medically underserved populations (as

defined in section 330(b)(3)) and families of such patients or health professionals serving medically underserved populations, including pediatric patients, young adult and adolescent patients, racial and ethnic minority populations, and other priority populations specified by the Director.

“(2) REQUIRED PUBLICATION.—Information and materials disseminated under paragraph (1) shall be posted on the internet websites of relevant Federal departments and agencies, including the Department of Veterans Affairs, the Centers for Medicare & Medicaid Services, and the Administration on Aging.

“(c) CONSULTATION.—The Director shall consult with appropriate professional societies, hospice and palliative care stakeholders, and relevant patient advocate organizations with respect to palliative care, psychosocial care, and complex chronic illness with respect to the following:

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

“(2) The development of information to be disseminated under this section.

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

3 **SEC. 5. CLARIFICATION.**

4 (a) RESTRICTION ON THE USE OF FEDERAL
5 FUNDS.—None of the funds made available under this Act
6 (or an amendment made by this Act) may be used to pro-
7 vide, promote, or provide training with regard to any item
8 or service for which Federal funding is unavailable under
9 section 3 of Public Law 105–12 (42 U.S.C. 14402).

10 (b) ADDITIONAL CLARIFICATION.—As used in this
11 Act (or an amendment made by this Act), palliative care
12 and hospice shall not be furnished for the purpose of caus-
13 ing, or the purpose of assisting in causing, a patient’s
14 death, for any reason.

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

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

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

20 “The Secretary, or his or her designee, shall develop
21 and implement a strategy to be applied across the insti-
22 tutes and centers of the National Institutes of Health to
23 expand and intensify national research programs in pallia-
24 tive care in order to address the quality of care and quality
25 of life for the rapidly growing population of patients in

1 the United States with serious or life-threatening illnesses,
2 including cancer; heart, kidney, liver, lung, and infectious
3 diseases; as well as neurodegenerative diseases such as de-
4 mentia, Parkinson’s disease, or amyotrophic lateral scler-
5 osis.”.

6 (b) EXPANDING NIH RESEARCH REPORTING TO IN-
7 CLUDE PALLIATIVE CARE RESEARCH.—Section
8 402A(c)(2)(B) of the Public Health Service Act (42
9 U.S.C. 282a(c)(2)(B)) is amended by inserting “and, be-
10 ginning January 1, 2026, for conducting or supporting re-
11 search with respect to palliative care” after “or national
12 centers”.

○