



## **BACKGROUND**

Palliative care improves quality of life, enhances patient and family satisfaction with care, and controls costs for the rapidly expanding population of individuals with serious illness or multiple chronic conditions. In 2000, less than 25% of U.S. hospitals had a palliative care program, compared with 75% in 2015. Yet, not all these programs have in place the interdisciplinary team necessary to provide comprehensive, high-quality palliative care. At the same time, palliative care is increasingly being provided in community settings. This growth comes in response to the increasing numbers and needs of Americans living with serious or complex chronic illnesses and the realities of the care responsibilities faced by their families. Palliative care is a relatively new medical specialty, and more must be done to ensure patients and providers understand its benefits and that an adequate, appropriately trained workforce is available to provide the pain and symptom management, intensive communication and level of care coordination that addresses the episodic and long-term nature of serious and complex chronic illness.

## **BILL SUMMARY PALLIATIVE CARE AND HOSPICE EDUCATION CENTERS**

Establishes Palliative Care and Hospice Education Centers to improve the training of interdisciplinary health professionals in palliative care; develop and disseminate curricula relating to palliative care; support the training and retraining of faculty; support continuing education; provide students with clinical training in appropriate sites of care; and provide traineeships for advanced practice nurses.

## **PHYSICIAN TRAINING**

Authorizes grants or contracts to schools of medicine, teaching hospitals and graduate medical education programs to train physicians (including residents, trainees, and fellows) who plan to teach palliative medicine. Such programs will provide training in palliative medicine through a variety of service rotations, such as consultation services, acute care services, extended care facilities, ambulatory care and comprehensive evaluation units, hospice, home health, and community care programs. Programs will be required to develop specific performance-based measures to evaluate the competency of trainees.

## **ACADEMIC CAREER AWARDS**

Establishes a program to promote the career development of physicians who are board certified or board eligible in Hospice and Palliative Medicine and have a junior (non-tenured) faculty appointment at an accredited school of medicine. Eligible individuals must provide assurance of a full-time faculty appointment in a health professions institution and commit to spend a majority of their funded time teaching and developing skills in interdisciplinary education in palliative care.

## **WORKFORCE DEVELOPMENT**

Establishes fellowship programs within the new Palliative Care and Hospice Education Centers to provide short-term intensive courses focused on palliative care. Supporting the team approach to palliative care, the fellowships will provide supplemental training for faculty members in medical schools and other health professions schools, including pharmacy, nursing, social work, chaplaincy and other allied health disciplines in an accredited health professions school or program (such as a physician assistant education program) so providers who do not have formal training in palliative care can upgrade their knowledge and skills for the care of individuals with serious or life-threatening illness as well as enhance their interdisciplinary teaching skills.

## **CAREER INCENTIVE AWARDS**

Provides grants or contracts for eligible health professionals who agree to teach or practice in the field of palliative care for at least 5 years. Eligible individuals include: advanced practice nurses, social workers, physician assistants, pharmacists, or students of psychology who are pursuing a doctorate, master's or other advanced degree with a focus in palliative care or related fields in an accredited health professions school.

## **NURSE TRAINING**

Creates special preferences in existing nurse education law for hospice and palliative nursing, in education, practice and quality grants, workforce development, and nurse retention projects.

## **PALLIATIVE CARE EDUCATION AND AWARENESS**

Provides for the establishment of a national campaign to inform patients, families and health professionals about the benefits of palliative care and the services that are available to support patients with serious or life-threatening illness. Directs the dissemination of information, resources and materials about palliative care services to health professionals and the public in a variety of formats, in consultation with professional and patient stakeholders.

## **ENHANCED RESEARCH**

Directs the National Institutes of Health to use existing authorities and funds to expand palliative care research to advance clinical practice and improve care delivery for patients with serious or life-threatening illness.