



Palliative Care & Hospice Education and Training Act

H.R. 3119

Background: Palliative care improves quality, controls cost, and enhances patient and family satisfaction for the rapidly expanding population of individuals with serious or life-threatening illness. In 2000, less than one-quarter of U.S. hospitals had a palliative care program, compared with nearly

three-quarters in 2013. This growth comes in response to the increasing numbers and needs of Americans living with serious, complex and 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 the benefits of palliative care and that an adequate palliative care workforce is available to provide the comprehensive symptom management, intensive communication and level of coordination of care that addresses the episodic and long-term nature of serious, 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 GME 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 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, masters, 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: Using existing authorities and funds, directs NIH to expand national research to expand and improve the delivery of palliative care to patients with serious illness.

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Sponsors: Congressman Eliot Engel (D-NY-16) & Congressman Tom Reed (R-NY-23)

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Rep. Guthrie, Brett [R-KY-02]	Rep. Pocan, Mark [D-WI-02]	

100 supporters

Democrats: 59 Republicans: 41

March 28, 2016



Palliative Care & Hospice Education and Training Act

S. 2748

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Sponsor: Senator Tammy Baldwin [D-WI]

Sen. Capito, Shelley Moore [R-WV]
Sen. Wyden, Ron [D-OR]

3 supporters

Democrats: 2 Republicans: 1

April 6, 2016

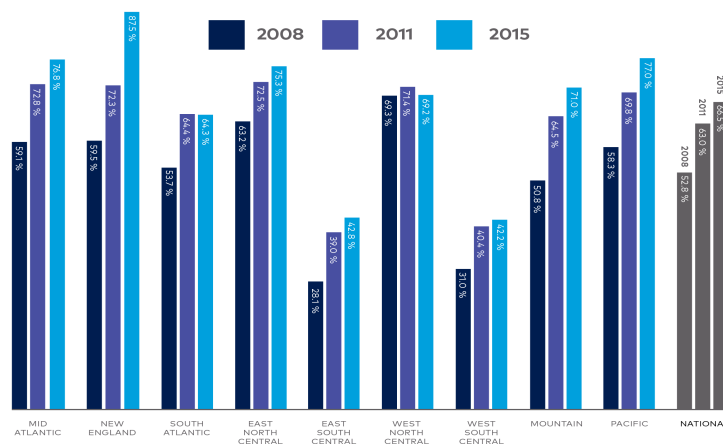
Palliative Care At-A-Glance



What is Palliative Care?

Palliative care improves quality, controls cost, and enhances patient and family satisfaction for the rapidly expanding population of individuals with serious or life-threatening illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of doctors, nurses, and other specialists who work with the patient's other doctors to provide an extra layer of support. Palliative care is appropriate at any age and at any state in a serious illness and can be provided along with curate treatment to help patients get well faster.

Graph B. Percent of hospitals with a palliative care program by census region (2008, 2011, 2015)
Most regions continue to see growth in palliative care programs.



Credit: Center to Advance Palliative Care

Growing Trend in Health Care

Over the last ten years, palliative care has been one of the fastest-growing trends in health care. 67 percent of U.S. hospitals with fifty or more beds report palliative care teams, up from 63 percent in 2011 and 53 percent in 2008¹. This growth has occurred primarily in response to the growing number of Americans living with chronic and serious illness, and to the realities of caregiving faced by their families. Palliative care has also been embraced because it's really about giving patients more control. It's about including their family members and caregivers in the decisions they make about their treatment. It's about coordinating their doctors and medicines and making sure patients know what to do when they're discharged from the hospital. It's about making sure their pain is properly managed, that psychosocial concerns are identified and treated, and other symptoms such as nausea or shortness of breath are addressed. It's about all of the things we should be doing to help patients get well and have better lives.

Quality Care Leads to Cost Reduction

Today, approximately 90 million Americans are living with serious illness, and this number is expected to more than double over the next 25 years. About 20 percent of all Medicare beneficiaries have 5 or more chronic conditions, and two-thirds of Medicare spending goes to cover their care². This patient population is also the most likely to benefit from palliative care. Recent studies indicate that by closely matching treatments with a patient's goals, and improving their quality of life, palliative care can provide substantial cost reduction.

Policy Changes Would Help

ACS CAN has led an initiative to improve the lives of cancer patients by making treatment of their pain and other symptoms, and coordination of their care standard protocol during their treatment for cancer. H.R. 3119, the Palliative Care and Hospice Education and Training Act, establishes Palliative Care and Hospice Education Centers to improve the training of health professionals, establishes a national campaign to inform patients, families and health professionals about the benefits of palliative care and the services, and directs expanded NIH funds to improve the delivery of palliative care to patients with serious illnesses.

References

1. Morrison, R. Sean, MD; Meier, Diane E., MD. America's Care of Serious Illness. Center to Advance Palliative Care (2015).
2. Ibid

H.R. 3119 / S. 2748 PCHETA

PALLIATIVE CARE AND HOSPICE EDUCATION AND TRAINING ACT

SUPPORTED BY 37 ORGANIZATIONS



AMERICAN COLLEGE OF SURGEONS
Inspiring Quality.
Highest Standards, Better Outcomes



H.R. 3119 / S. 2748 PCHETA

PALLIATIVE CARE AND HOSPICE EDUCATION AND TRAINING ACT

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- ◆ Alzheimer's Association
- ◆ American Academy of Hospice and Palliative Medicine
- ◆ American Academy of Pain Management
- ◆ American Academy of Physician Assistants
- ◆ American Cancer Society Cancer Action Network
- ◆ American College of Surgeons Commission on Cancer
- ◆ American Geriatrics Society
- ◆ American Heart Association / American Stroke Association
- ◆ American Psychosocial Oncology Society
- ◆ Association of Oncology Social Work
- ◆ Association of Pediatric Hematology/Oncology Nurses
- ◆ Association of Professional Chaplains
- ◆ C-Change
- ◆ California State University Institute for Palliative Care
- ◆ Cancer Support Community
- ◆ Catholic Health Association of the United States
- ◆ Center to Advance Palliative Care
- ◆ Children's National Health System
- ◆ Coalition for Compassionate Care of California
- ◆ Colon Cancer Alliance
- ◆ Health Care Chaplaincy Network
- ◆ Hospice and Palliative Nurses Association
- ◆ Lung Cancer Alliance
- ◆ Motion Picture & Television Fund
- ◆ National Alliance for Caregiving
- ◆ National Association of Social Workers
- ◆ National Coalition for Hospice and Palliative Care
- ◆ National Hospice and Palliative Care Organization
- ◆ National Palliative Care Research Center
- ◆ Oncology Nursing Society
- ◆ Pediatric Palliative Care Coalition
- ◆ Social Work Hospice & Palliative Care Network
- ◆ St. Baldrick's Foundation
- ◆ Susan G. Komen
- ◆ Supportive Care Coalition
- ◆ Trinity Health
- ◆ Visiting Nurse Associations of America