

STATE OF NEW YORK

7577

2023-2024 Regular Sessions

IN ASSEMBLY

May 25, 2023

Introduced by M. of A. BLUMENCRANZ, GRAY -- read once and referred to the Committee on Health

AN ACT directing the commissioner of the department of health to establish a hospice and palliative care workgroup to study and issue recommendations related to the state of affairs of hospice and palliative care services offered in New York state, utilization metrics of hospice and palliative care services, and effectiveness and accessibility of home hospice and palliative care services; and providing for the repeal of such provisions upon expiration thereof

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

- 1 Section 1. Hospice and palliative care workgroup. The commissioner of
2 health shall establish a hospice and palliative care workgroup (referred
3 to in this section as the "workgroup") within the department of health.
4 § 2. Definitions. For purposes of this act, the following terms shall
5 have the following meanings:
- 6 1. "Hospice" shall mean a coordinated program of home and in-patient
7 care which treats the terminally ill patient and family as a unit,
8 employing an interdisciplinary team acting under the direction of an
9 autonomous hospice administration. The program provides palliative and
10 supportive care to meet the special needs arising out of physical,
11 psychological, spiritual, social, and economic stresses which are expe-
12 rienced during the final stages of illness, and during dying and
13 bereavement.
 - 14 2. "Palliative care" shall mean a health care treatment, including
15 interdisciplinary end-of-life care, and consultation with patients and
16 family members, to prevent or relieve pain and suffering and to enhance
17 the patient's quality of life, including hospice care under article 40
18 of the public health law.

EXPLANATION--Matter in italics (underscored) is new; matter in brackets [-] is old law to be omitted.

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1 3. "Geriatrics" is defined as a branch of medicine that focuses on
2 health promotion, prevention, diagnosis, and treatment of disease and
3 disability in older adults.

4 4. "Home care" is defined as a health service provided in the
5 patient's home to promote, maintain, or restore health or lessen the
6 effects of illness and disability. Services may include nursing care,
7 speech, physical and occupational therapies, home health aide services,
8 and personal care services.

9 § 3. Workgroup membership. 1. Workgroup members shall include:

- 10 (a) the commissioner of health, or their designee;
11 (b) the commissioner of mental health, or their designee;
12 (c) the commissioner of education, or their designee;
13 (d) the commissioner of the office for people with developmental disa-
14 bilities, or their designee;
15 (e) the director of the office for the aging, or their designee;
16 (f) the chancellors of the State University of New York and the City
17 University of New York, or their designees;
18 (g) representatives of medical schools and hospital organizations;
19 (h) representatives of medical academies;
20 (i) patient advocates;
21 (j) individual representatives of an organization broadly represen-
22 tative of physicians specializing in hospice and palliative care;
23 (k) stakeholders, including physicians and medical professionals
24 specializing in anesthesia, advanced care, cardiology, family medicine,
25 geriatric medicine, geriatrics, gerontology, hematology, home care,
26 hospice and palliative medicine, internal medicine, neurology, nursing,
27 obstetrics-gynecology, oncology, pain management, pediatrics, psychia-
28 try, pulmonary and critical care, social work, and surgery;
29 (l) representatives from health care provider organizations; and
30 (m) representatives from the philanthropic community.

31 2. Workgroup members shall have expertise in hospice and palliative
32 care or pain management.

33 3. Eleven additional workgroup members, with expertise in hospice and
34 palliative care or pain management, shall be appointed as follows:

- 35 (a) three members shall be appointed by the governor;
36 (b) two members shall be appointed by the temporary president of the
37 senate;
38 (c) two members shall be appointed by the speaker of the assembly;
39 (d) two members shall be appointed by the minority leader of the
40 senate; and
41 (e) two members shall be appointed by the minority leader of the
42 assembly.

43 4. Additional members may be added to the workgroup as determined by
44 the commissioner of health.

45 5. Workgroup members shall be appointed within 60 days after the
46 effective date of this act.

47 6. Workgroup members shall serve a term of one year with renewable
48 terms.

49 7. Workgroup members shall not receive compensation for their services
50 as members of the workgroup.

51 § 4. Duties of workgroup. The workgroup shall examine and identify:

52 1. the current state of palliative care, hospice care, geriatrics, and
53 pain management services offered in New York state;

54 2. the establishment, maintenance, operation, and evaluation of
55 outcomes of hospice care initiatives in New York state;

1 3. the capacity of current hospice, palliative care, and geriatric
2 providers in New York state;

3 4. the geographic areas where significant gaps in hospice and pallia-
4 tive care services exist;

5 5. the barriers and factors contributing to underutilization of
6 hospice and palliative care in New York state, including, but not limit-
7 ed to, system, educational, clinician, patient, and workforce barriers;

8 6. any financial incentives available to promote the establishment of
9 high-quality interdisciplinary hospice and palliative care programs and
10 services in New York state;

11 7. any and all current instruction in palliative care and pain manage-
12 ment through state health licensure and continuing education guidelines;

13 8. the effectiveness and promotion of the statewide advance care plan-
14 ning campaign, including any potential areas of improvement;

15 9. any opportunities to collaborate with key stakeholders who are
16 positioned to craft a strategy and plan for improving and expanding the
17 provision of high-quality palliative medicine and hospice and palliative
18 care services in New York state;

19 10. the feasibility for financial support of a long-term expansion of
20 hospice and palliative care services in New York state;

21 11. a plan for ongoing data gathering for purposes of monitoring and
22 quality improvement of hospice and palliative care in New York state;

23 12. engagement strategies for better educating the public about
24 hospice and palliative care to empower people to make informed decisions
25 about their care when faced with a serious or terminal illness;

26 13. mental health impacts associated with end-of-life planning, coun-
27 seling, and care, and palliative care, palliative psychiatry, or hospice
28 care;

29 14. ethical considerations concerning end-of-life planning, coun-
30 seling, and care, and palliative care, palliative psychiatry, or hospice
31 care;

32 15. utilization and distribution of grants for undergraduate and grad-
33 uate medical education in palliative care pursuant to section 2807-n of
34 the public health law, and the potential creation of teaching centers in
35 New York state; and

36 16. any other strategies that would improve hospice and palliative
37 care services in New York state with a collective goal of creating goal-
38 concordant care, promoting efficient use of resources, and ultimately
39 improving the quality of life of individuals as they age and at end-of-
40 life.

41 § 5. Reporting requirements. 1. No later than December 31, 2023, the
42 workgroup, in collaboration with academic partners, including the State
43 University of New York and the City University of New York, shall submit
44 an initial report containing all findings and recommendations to the
45 governor, the temporary president of the senate, the speaker of the
46 assembly, the commissioner of the department of health, the commissioner
47 of mental health, the minority leader of the senate, the minority leader
48 of the assembly, and the chairs of the senate and assembly committees on
49 health.

50 2. Subsequent to the submission of its report containing all findings
51 and recommendations, the workgroup may convene annually or as necessary
52 to discuss and update its findings and recommendations.

53 § 6. This act shall take effect immediately and shall expire five
54 years after such effective date when upon such date the provisions of
55 this act shall be deemed repealed.