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:

Section 1. Hospice and palliative care workgroup. The commissioner of health shall establish a hospice and palliative care workgroup (referred to in this section as the "workgroup") within the department of health.

§ 2. Definitions. For purposes of this act, the following terms shall have the following meanings:

1. "Hospice" shall mean a coordinated program of home and in-patient care which treats the terminally ill patient and family as a unit, employing an interdisciplinary team acting under the direction of an autonomous hospice administration. The program provides palliative and supportive care to meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses which are experienced during the final stages of illness, and during dying and bereavement.

2. "Palliative care" shall mean a health care treatment, including interdisciplinary end-of-life care, and consultation with patients and family members, to prevent or relieve pain and suffering and to enhance the patient's quality of life, including hospice care under article 40 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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3. "Geriatrics" is defined as a branch of medicine that focuses on health promotion, prevention, diagnosis, and treatment of disease and disability in older adults.

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

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

(a) the commissioner of health, or their designee;

(b) the commissioner of mental health, or their designee;

(c) the commissioner of education, or their designee;

(d) the commissioner of the office for people with developmental disabilities, or their designee;

(e) the director of the office for the aging, or their designee;

(f) the chancellors of the State University of New York and the City University of New York, or their designees;

(g) representatives of medical schools and hospital organizations;

(h) representatives of medical academies;

(i) patient advocates;

(j) individual representatives of an organization broadly representative of physicians specializing in hospice and palliative care;

(k) stakeholders, including physicians and medical professionals specializing in anesthesia, advanced care, cardiology, family medicine, geriatric medicine, geriatrics, gerontology, hematology, home care, hospice and palliative medicine, internal medicine, neurology, nursing, obstetrics-gynecology, oncology, pain management, pediatrics, psychiatry, pulmonary and critical care, social work, and surgery;

(l) representatives from health care provider organizations; and

(m) representatives from the philanthropic community.

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

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

(a) three members shall be appointed by the governor;

(b) two members shall be appointed by the temporary president of the senate;

(c) two members shall be appointed by the speaker of the assembly;

(d) two members shall be appointed by the minority leader of the senate; and

(e) two members shall be appointed by the minority leader of the assembly.

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

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

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

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

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

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

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

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

4. the geographic areas where significant gaps in hospice and palliative care services exist;

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

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

7. any and all current instruction in palliative care and pain management through state health licensure and continuing education guidelines;

8. the effectiveness and promotion of the statewide advance care planning campaign, including any potential areas of improvement;

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

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

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

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

13. mental health impacts associated with end-of-life planning, counseling, and care, and palliative care, palliative psychiatry, or hospice care;

14. ethical considerations concerning end-of-life planning, counseling, and care, and palliative care, palliative psychiatry, or hospice care;

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

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

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

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

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