

# STATE OF NEW YORK

10794

## IN ASSEMBLY

April 1, 2026

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

AN ACT directing the commissioner 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.
  - 19 3. "Geriatrics" is defined as a branch of medicine that focuses on  
20 health promotion, prevention, diagnosis, and treatment of disease and  
21 disability in older adults.
  - 22 4. "Home care" is defined as a health service provided in the  
23 patient's home to promote, maintain, or restore health or lessen the

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

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1 effects of illness and disability. Services may include nursing care,  
2 speech, physical and occupational therapies, home health aide services,  
3 and personal care services.

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

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

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

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

8 (d) the commissioner of the office for people with developmental disa-  
9 bilities, or their designee;

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

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

13 (g) representatives of medical schools and hospital organizations;

14 (h) representatives of medical academies;

15 (i) patient advocates;

16 (j) individual representatives of an organization broadly represen-  
17 tative of physicians specializing in hospice and palliative care;

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

24 (l) representatives from health care provider organizations; and

25 (m) representatives from the philanthropic community.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 13. mental health impacts associated with end-of-life planning, coun-  
23 seling, and care, and palliative care, palliative psychiatry, or hospice  
24 care;

25 14. ethical considerations concerning end-of-life planning, coun-  
26 seling, and care, and palliative care, palliative psychiatry, or hospice  
27 care;

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

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

37 § 5. Reporting requirements. 1. No later than December 31, 2025, the  
38 workgroup, in collaboration with academic partners, including the State  
39 University of New York and the City University of New York, shall submit  
40 an initial report containing all findings and recommendations to the  
41 governor, the temporary president of the senate, the speaker of the  
42 assembly, the commissioner of health, the commissioner of mental health,  
43 the minority leader of the senate, the minority leader of the assembly,  
44 and the chairs of the senate and assembly committees on health.

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

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