

STATE OF NEW YORK

9621

IN SENATE

March 30, 2026

Introduced by Sen. SCARCELLA-SPANTON -- read twice and ordered printed,
and when printed to be committed to the Committee on Health

AN ACT to amend the public health law, in relation to strengthening
access to palliative care and hospice services

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

1 Section 1. Section 2997-d of the public health law, as added by
2 section 48 of part H of chapter 59 of the laws of 2011, is amended to
3 read as follows:

4 § 2997-d. Hospital, nursing home, home care, special needs assisted
5 living residences and enhanced assisted living residences palliative
6 care support. 1. (a) "Palliative care" means health care treatment,
7 including interdisciplinary end-of-life care, and consultation with
8 patients and family members, to prevent or relieve pain and suffering
9 and to enhance the patient's quality of life, including hospice care
10 under article forty of this chapter.

11 (b) "Appropriate" has the same meaning as paragraph (a) of subdivision
12 one of section twenty-nine hundred ninety-seven-c of this title.

13 (c) "Community-based palliative care" means palliative care services
14 delivered in a patient's residence or other community setting, including
15 symptom management, psychosocial support, advance care planning, care
16 coordination, and referral to hospice services, as appropriate.

17 (d) "Hospice" means a program licensed under article forty of this
18 chapter.

19 (e) "Administrator" shall mean a statewide membership based not-for-
20 profit organization whose primary mission is to promote access to quali-
21 ty end of life care for all New Yorkers.

22 2. General hospitals, nursing homes, organizations licensed or certi-
23 fied pursuant to article thirty-six of this chapter, and organizations
24 licensed as special needs assisted living residences or enhanced
25 assisted living residences pursuant to article forty-six-B of this chap-
26 ter shall establish and implement written policies and procedures to
27 [~~provide~~ ensure that patients with advanced life limiting conditions
28 [~~and~~ or illnesses who might benefit from palliative care, including

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

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1 associated pain management, [~~services~~] are identified and provided with
2 timely access to information [~~and~~], counseling [~~regarding such options~~
3 ~~appropriate to the patient~~], and such services, including community-
4 based palliative care. Policies must include provision for patients who
5 lack capacity to make medical decisions, so that access to such informa-
6 tion and counseling shall be provided to the persons who are legally
7 authorized to make medical decisions on behalf of such patients.

8 3. General hospitals, nursing homes, organizations licensed or certi-
9 fied pursuant to article thirty-six of this chapter, and organizations
10 licensed as special needs assisted living residences or enhanced
11 assisted living residences pursuant to article forty-six-B of this chap-
12 ter shall facilitate access to appropriate palliative care consultations
13 and services, including associated pain management consultations and
14 services, [~~including but not limited to~~] and ensure referrals are made
15 consistent with patient needs and preferences. [~~The department shall~~
16 ~~take into account access and proximity of palliative care services,~~
17 ~~including the availability of hospice and palliative care board certi-~~
18 ~~fied practitioners and other related workforce staff, geographic~~
19 ~~factors, and facility size that may impact development of palliative~~
20 ~~care services.~~] Facilities subject to this subdivision shall ensure that
21 eligible patients are informed of the availability of hospice services
22 and other community-based palliative care services, and afforded the
23 opportunity to receive a timely referral to such services.

24 4. (a) The department shall monitor and report to each hospital the
25 hospice utilization for patients that died within thirty, sixty, and
26 ninety days post discharge from their respective institutions to deter-
27 mine access to hospice services prior to death.

28 (b) Such data may be used to inform policy and future value based
29 arrangements to improve hospice utilization.

30 5. (a) The department shall administer directly and/or enter into an
31 agreement with the administrator to administer a hospice-palliative care
32 integration demonstration program to support improved coordination
33 between hospitals, health systems, and hospice providers.

34 (b) Subject to appropriation, such program shall be funded at five
35 million dollars annually.

36 (c) Grants may be awarded on a competitive basis to hospitals or
37 health systems, in partnership with one or more hospice providers, to
38 implement projects designed to improve transitions of care, advance
39 timely hospice referral, and enhance coordination of serious illness
40 care.

41 (d) Demonstration projects may include, but need not be limited to,
42 development of standardized referral pathways, integration of hospice
43 expertise into discharge planning, staff education, interdisciplinary
44 training, and quality improvement initiatives related to hospice access.

45 (e) Each participating entity shall implement policies and procedures,
46 consistent with standards established by the department to identify
47 patients who may benefit from palliative care services.

48 (f) Such policies shall include, but not be limited to, evidence based
49 clinical triggers, including but not limited to advanced cancer,
50 progressive organ failure, advanced dementia, and prolonged intensive
51 care stays.

52 (g) Hospitals shall document in the medical record whether i. a
53 patient met one or more identification criteria, ii. palliative care or
54 hospice services were provided, iii. a referral was offered, and iv. the
55 referral was accepted or declined.

1 (h) The department shall establish performance measures appropriate to
2 the goals of the demonstration program and may include performance-based
3 components based on measurable improvement over baseline.

4 6. Facilities subject to this section shall submit data to the depart-
5 ment, in a form and manner prescribed by the commissioner, regarding
6 palliative care and hospice identification and referral practices. The
7 department shall publicly report facility-level or system-level data,
8 provided such reporting complies with applicable privacy laws.

9 7. The commissioner shall promulgate regulations necessary to imple-
10 ment this section, including but not limited to minimum identification
11 standards, documentation requirements, reporting specifications, and
12 enforcement procedures.

13 § 2. This act shall take effect on the one hundredth day after it
14 shall have become a law.