STATE OF NEW YORK

10316

IN ASSEMBLY

February 20, 2026

Introduced by M. of A. PAULIN -- read once and referred 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 Assembly, do enact as follows:

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

§ 2997-d. Hospital, nursing home, home care, special needs assisted living residences and enhanced assisted living residences palliative care support. 1. (a) "Palliative care" means 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 forty of this chapter.

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

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

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

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

2. General hospitals, nursing homes, organizations licensed or certified pursuant to article thirty-six of this chapter, and organizations licensed as special needs assisted living residences or enhanced assisted living residences pursuant to article forty-six-B of this chapter shall establish **and implement written** policies and procedures to [~~provide~~] **ensure that** patients with advanced life limiting conditions [~~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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associated pain management, [~~services~~] are identified and provided with timely access to information [~~and~~], counseling [~~regarding such options appropriate to the patient~~], and such services, including community-based palliative care. Policies must include provision for patients who lack capacity to make medical decisions, so that access to such information and counseling shall be provided to the persons who are legally authorized to make medical decisions on behalf of such patients.

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

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

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

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

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

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

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

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

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

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

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

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

7. The commissioner shall promulgate regulations necessary to implement this section, including but not limited to minimum identification standards, documentation requirements, reporting specifications, and enforcement procedures.

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