§ 2807-n. Palliative care education and training. 1. Definitions. The following words or phrases as used in this section shall have the following meanings:

(a) "Palliative care" shall mean (i) the active, interdisciplinary care of patients with advanced, life limiting illness, focusing on relief of distressing physical and psychosocial symptoms and meeting spiritual needs. Its goal is achievement of the best quality of life for patients and families as defined by paragraph (b) of subdivision two of section four thousand twelve-b of this chapter; and (ii) it shall also include similar care for patients with chronic or acute pain.

(b) "Palliative care certified medical school" shall mean a medical school in the state which is an institution granting a degree of doctor of medicine or doctor of osteopathic medicine in accordance with regulations by the commissioner of education under subdivision two of section sixty-five hundred twenty-four of the education law, and which meets standards defined by the commissioner of health, after consultation with the council, pursuant to regulations, and used to determine whether a medical school is eligible for funding under this section.

(c) "Palliative care certified residency program" shall mean a graduate medical education program in the state which has received accreditation from a nationally recognized accreditation body for medical or osteopathic residency programs, and which meets standards defined by the commissioner, after consultation with the council, pursuant to regulations, and used to determine whether a residency training program is eligible for funding under this section.

(d) "New York state palliative care education and training council" or "council" shall mean the New York state palliative care education and training council established pursuant to subdivision six of this section.

2. Grants for undergraduate medical education in palliative care. (a) The commissioner is authorized, within amounts appropriated for such purpose to make grants to palliative care certified medical schools to enhance the study of palliative care, increase the opportunities for undergraduate medical education in palliative care and encourage the education of physicians in palliative care.

(b) Grant proceeds under this subdivision may be used for faculty development in palliative care; recruitment of faculty with expertise in palliative care; costs incurred teaching medical students at hospital-based sites, non-hospital-based ambulatory care settings, palliative care sites, hospices, certified home health agencies, licensed long term home health care programs and AIDS home care programs including, but not limited to, personnel, administration and student-related expenses; expansion or development of programs that train physicians in palliative care; and other innovative programs designed to increase the competency of medical students to provide hospice or palliative care.

(c) Grants under this subdivision shall be awarded by the commissioner through a competitive application process to the council. The council shall make recommendations for funding to the commissioner. In making awards, consideration shall be given to applicants who:

(i) plan to incorporate palliative care longitudinally throughout the medical school curriculum according to professionally recognized standards including, but not limited to, a plan that covers the seven domains identified in the Palliative Education Assessment Tool (PEAT) as developed by the New York Academy of Medicine and the Associated Medical Schools of New York State and Weill Cornell Medical College;

(ii) function in collaboration with hospital-based palliative care programs and non-hospital-based sites; and

(iii) make complementary efforts to recruit or train qualified faculty in palliative care education.

(d) The intent of this subdivision is to augment or increase palliative care undergraduate medical education. Grant funding shall not be used to offset existing expenditures that the medical school has obligated or intends to obligate for palliative care education programs.

3. Grants for graduate medical education in palliative care. (a) The commissioner is authorized, within amounts appropriated for such purpose to make grants in support of palliative care certified residency education programs to establish or expand education in palliative care for graduate medical education, and to increase the opportunities for trainee education in palliative care in hospital-based palliative care programs or non-hospital-based care sites.

(b) Grants under this subdivision for graduate medical education and education in palliative care may be used for administration, faculty recruitment and development, start-up costs and costs incurred teaching palliative care in hospital-based palliative care programs or non-hospital-based care sites, including, but not limited to, personnel, administration and trainee related expenses and other expenses judged reasonable and necessary by the commissioner.

(c) Grants under this subdivision shall be awarded by the commissioner through a competitive application process to the council. The council shall make recommendations for funding to the commissioner. In making awards, the commissioner shall consider the extent to which the applicant:

(i) plans to incorporate palliative care longitudinally throughout the residency training program according to professionally recognized standards including, but not limited to, a plan that covers the seven domains identified in the Palliative Education Assessment Tool (PEAT) as developed by the New York Academy of Medicine and the Associated Medical Schools of New York State and Weill Cornell Medical College;

(ii) functions in collaboration with hospital-based palliative care programs or non-hospital-based sites, or both; and

(iii) makes complementary efforts to recruit or train qualified faculty in palliative care education.

(d) The intent of this subdivision is to augment or increase training in palliative care during residency. Grant funding shall not be used to offset existing expenditures the institution or program has obligated or intends to obligate for such training programs.

4. Centers for palliative care excellence. The commissioner shall designate organizations licensed pursuant to this article and article forty of this chapter, upon successful application, as centers for palliative care excellence. Such designations shall be pursuant to an application as designed by the department, and based on service, staffing and other criteria as developed by the council. Such centers of excellence shall provide specialized palliative care, treatment, education and related services. Designation as a center for palliative care excellence shall not entitle a center to enhanced reimbursement, but may be utilized in outreach and other promotional activities.

5. Palliative care practitioner resource centers. The commissioner, in consultation with the council, may designate palliative care practitioner resource centers (a "resource center"). A resource center may be statewide or regional, and shall act as a source of technical information and guidance for practitioners on the latest palliative care strategies, therapies and medications. The department, in consultation with the council, may contract with not-for-profit organizations or associations to establish and manage resource centers. A resource center may charge a fee to defray the cost of the service.

6. New York state palliative care education and training council. (a) The New York state palliative care education and training council is established in the department as an expert panel in palliative medicine, education and training. Its members shall be appointed by the commissioner. The commissioner shall seek recommendations for appointments to such council from New York state-based health care professional, consumer, medical institutional and medical educational leaders. Members of the council shall include: nine representatives of medical schools and hospital organizations; two representatives of medical academies; two patient advocates; individual representatives of an organization broadly representative of physicians, internal medicine, family physicians, nursing, social work, hospice, home care, neurology, psychiatry, pediatrics, obstetrics-gynecology, surgery, and the hospital philanthropic community; and the executive director or a member of the governor's taskforce on life and the law and of the New York state council on graduate medical education. Members shall have expertise in palliative care or pain management. Members shall serve a term of three years with renewable terms. Members shall receive no compensation for their services, but shall be allowed actual and necessary expenses in the performance of their duties.

(b) A chairperson and vice-chairperson of the council shall be elected annually by the council. The council shall meet upon the call of the chairperson, and may adopt bylaws consistent with this section.

(c) The commissioner shall designate such employees and provide other resources of the department as are reasonably necessary to provide support services to the council. The council, acting by the chair of the

council, may employ additional staff and consultants and incur other expenses to carry out its duties, to be paid from amounts which may be made available to the council for that purpose.

(d) The council may provide technical information and guidance for practitioners on the latest palliative care strategies, therapies and medications.

7. Reports. The commissioner, in conjunction with the council, shall prepare and submit a report to the governor and the legislature, on or before February first, two thousand ten reporting the results and evaluating the effectiveness of this section.