



AMENDMENT NO. \_\_\_\_\_

Calendar No. \_\_\_\_\_

Purpose: To amend the Public Health Service Act to increase the number of permanent faculty in palliative care at accredited allopathic and osteopathic medical schools, nursing schools and other programs, including social work, physician assistant, and chaplaincy education programs, to promote education and research in palliative care and hospice, and to support the development of faculty careers in academic palliative and hospice care.

**IN THE SENATE OF THE UNITED STATES—118th Cong., 1st Sess.**

**S. 2840**

To improve access to and the quality of primary health care, expand the health workforce, and for other purposes.

Referred to the Committee on \_\_\_\_\_ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by \_\_\_\_\_

Viz:

1 At the appropriate place, insert the following:  
2 **TITLE \_\_\_\_\_—PALLIATIVE CARE**  
3 **AND HOSPICE EDUCATION**  
4 **AND TRAINING**

5 **SEC. 01. SHORT TITLE.**

6 This title may be cited as the “Palliative Care and  
7 Hospice Education and Training Act”.

1 **SEC. \_\_02. PALLIATIVE CARE AND HOSPICE EDUCATION**  
2 **AND TRAINING.**

3 (a) IN GENERAL.—Part D of title VII of the Public  
4 Health Service Act (42 U.S.C. 294 et seq.) is amended  
5 by inserting after section 759 the following:

6 **“SEC. 759A. PALLIATIVE CARE AND HOSPICE EDUCATION**  
7 **AND TRAINING.**

8 **“(a) PALLIATIVE CARE AND HOSPICE EDUCATION**  
9 **PROGRAMS.—**

10 **“(1) IN GENERAL.—**The Secretary shall award  
11 grants or contracts under this section to entities de-  
12 scribed in paragraph (1), (3), or (4) of section  
13 799B, and section 801(2), for the establishment or  
14 operation of Palliative Care and Hospice Education  
15 Programs that meet the requirements of paragraph  
16 (2).

17 **“(2) REQUIREMENTS.—**

18 **“(A) IN GENERAL.—**A Palliative Care and  
19 Hospice Education Program receiving an award  
20 under this section shall support the training of  
21 health professionals in palliative and hospice  
22 care, including traineeships or fellowships. Such  
23 programs shall emphasize, as appropriate, pa-  
24 tient and family engagement, integration of pal-  
25 liative and hospice care with primary and spe-  
26 cialty care, and collaboration with community

1 partners to address gaps in health care for indi-  
2 viduals with serious or life-threatening illnesses.

3 “(B) ACTIVITIES.—Activities conducted by  
4 a program under this section may include the  
5 following:

6 “(i) Clinical training on providing in-  
7 tegrated palliative and hospice care serv-  
8 ices.

9 “(ii) Interprofessional training to  
10 practitioners from multiple disciplines and  
11 specialties, including training on the provi-  
12 sion of care to individuals with serious or  
13 life-threatening illnesses.

14 “(iii) Establishing or maintaining  
15 training-related community-based pro-  
16 grams for individuals with serious or life-  
17 threatening illnesses and caregivers to im-  
18 prove quality of life, and where appro-  
19 priate, health outcomes for individuals who  
20 have serious or life-threatening illnesses.

21 “(C) NONDUPLICATION.—A Palliative  
22 Care and Hospice Education Program under  
23 this section shall not duplicate the activities of  
24 existing education centers funded under this  
25 section or under section 753 or 865.



1 practicing clinical specialists, health care  
2 administrators, faculty without back-  
3 grounds in palliative or hospice care, and  
4 students from all health professions;

5 “(iii) emphasizes integration of pallia-  
6 tive and hospice care into existing service  
7 delivery locations and care across settings,  
8 including primary care clinics, medical  
9 homes, federally qualified health centers,  
10 ambulatory care clinics, hospitals, includ-  
11 ing critical access hospitals, emergency  
12 care settings, assisted living and nursing  
13 facilities, and home- and community-based  
14 settings;

15 “(iv) supports the training and re-  
16 training of faculty, primary and specialty  
17 care providers, other direct care providers,  
18 and other appropriate professionals on pal-  
19 liative or hospice care;

20 “(v) emphasizes education and en-  
21 gagement of family or caregivers on pallia-  
22 tive and hospice care management within  
23 the context of chronic disease management  
24 and strategies to meet the needs of such  
25 family or caregivers; or

1                   “(vi) proposes to conduct outreach to  
2                   communities that have a shortage of pallia-  
3                   tive and hospice workforce professionals.

4                   “(4) EXPANSION OF EXISTING PROGRAMS.—

5                   Nothing in this section shall be construed to—

6                   “(A) prevent the Secretary from providing  
7                   grants or contracts to expand existing education  
8                   programs, including geriatric education pro-  
9                   grams established under section 753 or 865, to  
10                  provide for education and training focused spe-  
11                  cifically on palliative care, including for non-  
12                  geriatric populations; or

13                  “(B) limit the number of education pro-  
14                  grams that may be funded in a community.

15                  “(b) PALLIATIVE MEDICINE PHYSICIAN TRAINING.—

16                  “(1) IN GENERAL.—The Secretary may make  
17                  grants to, and enter into contracts with, schools of  
18                  medicine, schools of osteopathic medicine, teaching  
19                  hospitals, and graduate medical education programs  
20                  for the purpose of providing support for projects  
21                  that fund the training of physicians who plan to  
22                  teach or practice palliative medicine.

23                  “(2) REQUIREMENTS.—Each project for which  
24                  a grant or contract is made under this subsection  
25                  shall—

1           “(A) be staffed by full-time teaching physi-  
2           cians who have experience or training in inter-  
3           professional team-based palliative medicine;

4           “(B) be based in a hospice and palliative  
5           medicine fellowship program accredited by the  
6           Accreditation Council for Graduate Medical  
7           Education;

8           “(C) provide training in interprofessional  
9           team-based palliative medicine through a vari-  
10          ety of service rotations, such as consultation  
11          services, acute care services, extended care fa-  
12          cilities, ambulatory care and comprehensive  
13          evaluation units, hospices, home care, and com-  
14          munity care programs;

15          “(D) develop specific performance-based  
16          measures to evaluate the competency of train-  
17          ees; and

18          “(E) provide training in interprofessional  
19          team-based palliative medicine through one or  
20          both of the training options described in para-  
21          graph (3).

22          “(3) TRAINING OPTIONS.—The training options  
23          referred to in subparagraph (E) of paragraph (2)  
24          are as follows:

1           “(A) 1-year retraining programs in hospice  
2           and palliative medicine for physicians who are  
3           faculty at schools of medicine and osteopathic  
4           medicine, or others determined appropriate by  
5           the Secretary.

6           “(B) 1- or 2-year training programs that  
7           are designed to provide training in interprofes-  
8           sional team-based hospice and palliative medi-  
9           cine for physicians who have completed grad-  
10          uate medical education programs in any med-  
11          ical specialty leading to board eligibility in hos-  
12          pice and palliative medicine pursuant to the  
13          American Board of Medical Specialties.

14          “(4) DEFINITIONS.—For purposes of this sub-  
15          section, the term ‘graduate medical education’  
16          means a program sponsored by a school of medicine,  
17          a school of osteopathic medicine, a hospital, or a  
18          public or private institution that—

19                 “(A) offers postgraduate medical training  
20                 in the specialties and subspecialties of medicine;  
21                 and

22                 “(B) has been accredited by the Accredita-  
23                 tion Council for Graduate Medical Education or  
24                 the American Osteopathic Association through  
25                 its Committee on Postdoctoral Training.



1       “(c) PALLIATIVE CARE AND HOSPICE ACADEMIC CA-  
2 REER AWARDS.—

3           “(1) ESTABLISHMENT OF PROGRAM.—The Sec-  
4 retary shall establish a program to provide awards,  
5 to be known as the ‘Palliative Care and Hospice  
6 Academic Career Awards’, to allopathic and osteo-  
7 pathic medical schools, nursing schools, and other  
8 programs, including social work, physician assistant,  
9 and chaplaincy education programs, or other schools  
10 or programs identified by the Secretary applying on  
11 behalf of eligible individuals to promote the career  
12 development of such individuals as academic hospice  
13 and palliative care specialists.

14           “(2) ELIGIBLE INDIVIDUALS.—For purposes of  
15 this subsection, the term ‘eligible individual’ means  
16 an individual who—

17           “(A) is board certified or board eligible in  
18 hospice and palliative medicine or has com-  
19 pleted required specialty training in palliative  
20 and hospice care in the disciplines of nursing,  
21 social work, physician assistant, chaplaincy, or  
22 other discipline identified by the Secretary; and

23           “(B) has a junior (nontenured) faculty ap-  
24 pointment at an accredited (as determined by  
25 the Secretary) allopathic or osteopathic medical

1 school, nursing school, or other programs, in-  
2 cluding social work, physician assistant, chap-  
3 laincy, or other education programs identified  
4 by the Secretary.

5 “(3) LIMITATIONS.—No award under para-  
6 graph (1) may be made to an eligible individual un-  
7 less the entity on behalf of the eligible individual—

8 “(A) has submitted to the Secretary an ap-  
9 plication, at such time, in such manner, and  
10 containing such information as the Secretary  
11 may require, and the Secretary has approved  
12 such application;

13 “(B) provides, in such form and manner as  
14 the Secretary may require, assurances that the  
15 individual will meet the service requirement de-  
16 scribed in paragraph (6); and

17 “(C) provides, in such form and manner as  
18 the Secretary may require, assurances that the  
19 individual has a full-time faculty appointment  
20 in a health professions institution and docu-  
21 mented commitment from such institution to  
22 spend a majority of the total funded time of  
23 such individual on teaching and developing  
24 skills in education in interprofessional team-  
25 based palliative care.

1           “(4) MAINTENANCE OF EFFORT.—An entity  
2           which receives an award under paragraph (1) shall  
3           provide assurances to the Secretary that funds pro-  
4           vided to the eligible individual under this subsection  
5           will be used only to supplement, not to supplant, the  
6           amount of Federal, State, and local funds otherwise  
7           expended by the eligible individual.

8           “(5) AMOUNT AND TERM.—

9                   “(A) AMOUNT.—The amount of an award  
10                  under this subsection shall be equal to the  
11                  award amount provided for under section  
12                  753(b)(5)(A) for the fiscal year involved.

13                  “(B) TERM.—The term of an award made  
14                  under this subsection shall not exceed 5 years.

15                  “(C) PAYMENT TO INSTITUTION.—The  
16                  Secretary shall make payments for awards  
17                  under this subsection to institutions, including  
18                  allopathic and osteopathic medical schools,  
19                  nursing schools, and other programs, including  
20                  social work, physician assistant, or chaplaincy  
21                  education programs.

22                  “(6) SERVICE REQUIREMENT.—An individual  
23                  who receives an award under this subsection shall  
24                  provide training in palliative care and hospice, in-  
25                  cluding the training of interprofessional teams of

1 health care professionals. The provision of such  
2 training shall constitute a majority of the total fund-  
3 ed obligations of such individual under the award.

4 “(d) PALLIATIVE CARE WORKFORCE DEVELOP-  
5 MENT.—

6 “(1) IN GENERAL.—The Secretary shall award  
7 grants or contracts under this subsection to entities  
8 that operate a Palliative Care and Hospice Edu-  
9 cation Program pursuant to subsection (a)(1).

10 “(2) APPLICATION.—To be eligible for an  
11 award under paragraph (1), an entity described in  
12 such paragraph shall submit to the Secretary an ap-  
13 plication at such time, in such manner, and con-  
14 taining such information as the Secretary may re-  
15 quire.

16 “(3) USE OF FUNDS.—Amounts awarded under  
17 a grant or contract under paragraph (1) shall be  
18 used to carry out the fellowship program described  
19 in paragraph (4).

20 “(4) FELLOWSHIP PROGRAM.—

21 “(A) IN GENERAL.—Pursuant to para-  
22 graph (3), a Palliative Care and Hospice Edu-  
23 cation Program that receives an award under  
24 this subsection shall use such funds to offer  
25 short-term intensive courses (referred to in this

1 subsection as a ‘fellowship’) that focus on inter-  
2 professional team-based palliative care that pro-  
3 vide supplemental training for faculty members  
4 in allopathic and osteopathic medical schools,  
5 nursing schools, and other programs, including  
6 psychology, pharmacy, social work, physician  
7 assistant, and chaplaincy education programs,  
8 or other health disciplines, as approved by the  
9 Secretary. Such a fellowship shall be open to  
10 current faculty, and appropriately credentialed  
11 volunteer faculty and practitioners, who do not  
12 have formal training in palliative care, to up-  
13 grade their knowledge and clinical skills for the  
14 care of individuals with serious or life-threat-  
15 ening illness and to enhance their interdiscipli-  
16 nary and interprofessional teaching skills.

17 “(B) LOCATION.—A fellowship under this  
18 paragraph shall be offered either at the Pallia-  
19 tive Care and Hospice Education Program that  
20 is sponsoring the course, in collaboration with  
21 other Palliative Care and Hospice Education  
22 Programs, or at allopathic and osteopathic med-  
23 ical schools, nursing schools, or other programs,  
24 including pharmacy, social work, physician as-  
25 sistant, chaplaincy, and psychology education

1 programs, or other health professions schools  
2 and programs approved by the Secretary.

3 “(5) TARGETS.—A Palliative Care and Hospice  
4 Education Program that receives an award under  
5 paragraph (1) shall meet targets approved by the  
6 Secretary for providing training in interprofessional  
7 team-based palliative care to a certain number of  
8 faculty or practitioners during the term of the  
9 award, as well as other parameters established by  
10 the Secretary.

11 “(6) AMOUNT OF AWARD.—Each award under  
12 paragraph (1) shall be not more than \$150,000. Not  
13 more than 24 Palliative Care and Hospice Education  
14 Programs may receive an award under such para-  
15 graph.

16 “(7) MAINTENANCE OF EFFORT.—A Palliative  
17 Care and Hospice Education Program that receives  
18 an award under paragraph (1) shall provide assur-  
19 ances to the Secretary that funds provided to the  
20 Program under the award will be used only to sup-  
21 plement, not to supplant, the amount of Federal,  
22 State, and local funds otherwise expended by such  
23 Program.

24 “(e) PALLIATIVE CARE AND HOSPICE CAREER IN-  
25 CENTIVE AWARDS.—

1           “(1) IN GENERAL.—The Secretary shall award  
2 grants or contracts under this subsection to institu-  
3 tions, including allopathic and osteopathic medical  
4 schools, nursing schools, and other programs, includ-  
5 ing social work, physician assistant, psychology,  
6 chaplaincy, and pharmacy education programs, or  
7 other programs approved by the Secretary, applying  
8 on behalf of individuals described in paragraph (2)  
9 to foster greater interest among a variety of health  
10 professionals in entering the field of palliative care.

11           “(2) ELIGIBLE INDIVIDUALS.—To be eligible to  
12 receive an award under paragraph (1), an individual  
13 shall—

14           “(A) be an advanced practice nurse, a so-  
15 cial worker, physician assistant, pharmacist,  
16 chaplain, psychologist, or other health care pro-  
17 fessional pursuing a doctorate, masters, or  
18 other advanced degree with a focus in inter-  
19 professional team-based palliative care or re-  
20 lated fields in an accredited school or education  
21 program; and

22           “(B) submit to the Secretary an applica-  
23 tion at such time, in such manner, and con-  
24 taining such information as the Secretary may  
25 require.

1           “(3) CONDITIONS OF AWARD.—As a condition  
2 of receiving an award under paragraph (1), an indi-  
3 vidual shall agree that, following completion of the  
4 award period, the individual will teach or practice  
5 palliative care in health-related educational, home,  
6 hospice, or long-term care settings for a minimum of  
7 5 years under guidelines established by the Sec-  
8 retary.

9           “(4) PAYMENT TO INSTITUTION.—The Sec-  
10 retary shall make payments for awards under para-  
11 graph (1) to institutions that include allopathic and  
12 osteopathic medical schools, nursing schools, and  
13 other programs, including social work, physician as-  
14 sistant, psychology, chaplaincy, and pharmacy edu-  
15 cation programs or other programs approved by the  
16 Secretary.

17           “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
18 are authorized to be appropriated to carry out this section,  
19 \$15,000,000 for each of the fiscal years 2024 through  
20 2028.”.

21           “(b) EFFECTIVE DATE.—The amendment made by  
22 this section shall be effective beginning on the date that  
23 is 90 days after the date of enactment of this Act.



1 **SEC. \_03. HOSPICE AND PALLIATIVE NURSING.**

2 (a) NURSE EDUCATION, PRACTICE, AND QUALITY  
3 GRANTS.—Section 831(b)(3) of the Public Health Service  
4 Act (42 U.S.C. 296p(b)(3)) is amended by inserting “hos-  
5 pice and palliative nursing,” after “coordinated care,”.

6 (b) PALLIATIVE CARE AND HOSPICE EDUCATION  
7 AND TRAINING PROGRAMS.—Part D of title VIII of the  
8 Public Health Service Act (42 U.S.C. 296p et seq.) is  
9 amended by adding at the end the following:

10 **“SEC. 832. PALLIATIVE CARE AND HOSPICE EDUCATION**  
11 **AND TRAINING.**

12 “(a) PROGRAM AUTHORIZED.—The Secretary shall  
13 award grants to, or enter into contracts with, eligible enti-  
14 ties to develop and implement, in coordination with pro-  
15 grams under section 759A, programs and initiatives to  
16 train and educate individuals in providing interprofes-  
17 sional team-based palliative care in health-related edu-  
18 cational, hospital, hospice, home, or long-term care set-  
19 tings.

20 “(b) USE OF FUNDS.—An eligible entity that receives  
21 a grant under subsection (a) shall use funds under such  
22 grant to—

23 “(1) provide training to individuals who will  
24 provide palliative care in health-related educational,  
25 hospital, home, hospice, or long-term care settings;

1           “(2) develop and disseminate curricula relating  
2           to palliative care in health-related educational, hos-  
3           pital, home, hospice, or long-term care settings;

4           “(3) train faculty members in palliative care in  
5           health-related educational, hospital, home, hospice,  
6           or long-term care settings; or

7           “(4) provide continuing education to individuals  
8           who provide palliative care in health-related edu-  
9           cational, home, hospice, or long-term care settings.

10          “(c) APPLICATION.—An eligible entity desiring a  
11 grant under subsection (a) shall submit an application to  
12 the Secretary at such time, in such manner, and con-  
13 taining such information as the Secretary may reasonably  
14 require.

15          “(d) ELIGIBLE ENTITY.—For purposes of this sec-  
16 tion, the term ‘eligible entity’ shall include a school of  
17 nursing, a health care facility, a program leading to cer-  
18 tification as a certified nurse assistant, a partnership of  
19 such a school and facility, or a partnership of such a pro-  
20 gram and facility.

21          “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
22 are authorized to be appropriated to carry out this section  
23 \$5,000,000 for each of the fiscal years 2024 through  
24 2028.”.

1 **SEC. 04. DISSEMINATION OF PALLIATIVE CARE INFORMA-**  
2 **TION.**

3 Part A of title IX of the Public Health Service Act  
4 (42 U.S.C. 299 et seq.) is amended by adding at the end  
5 the following new section:

6 **“SEC. 904. DISSEMINATION OF PALLIATIVE CARE INFORMA-**  
7 **TION.**

8 “(a) **IN GENERAL.**—Under the authority under sec-  
9 tion 902(a) to disseminate information on health care and  
10 on systems for the delivery of such care, the Director may  
11 disseminate information to inform patients, families, and  
12 health professionals about the benefits of palliative care  
13 throughout the continuum of care for patients with serious  
14 or life-threatening illness.

15 “(b) **INFORMATION DISSEMINATED.**—

16 “(1) **MANDATORY INFORMATION.**—If the Direc-  
17 tor elects to disseminate information under sub-  
18 section (a), such dissemination shall include the fol-  
19 lowing:

20 “(A) **PALLIATIVE CARE.**—Information, re-  
21 sources, and communication materials about  
22 palliative care as an essential part of the con-  
23 tinuum of quality care for patients and families  
24 facing serious or life-threatening illness (includ-  
25 ing cancer, heart, kidney, liver, lung, and infec-  
26 tious diseases; as well as neurodegenerative dis-

1 ease such as dementia, Parkinson's disease, or  
2 amyotrophic lateral sclerosis).

3 “(B) PALLIATIVE CARE SERVICES.—Spe-  
4 cific information regarding the services provided  
5 to patients by professionals trained in hospice  
6 and palliative care, including pain and symptom  
7 management, support for shared decision mak-  
8 ing, care coordination, psychosocial care, and  
9 spiritual care, explaining that such services may  
10 be provided starting at the point of diagnosis  
11 and alongside curative treatment and are in-  
12 tended to—

13 “(i) provide patient-centered and fam-  
14 ily-centered support throughout the con-  
15 tinuum of care for serious and life-threat-  
16 ening illness;

17 “(ii) anticipate, prevent, and treat  
18 physical, emotional, social, and spiritual  
19 suffering;

20 “(iii) optimize quality of life; and

21 “(iv) facilitate and support the goals  
22 and values of patients and families.

23 “(C) PALLIATIVE CARE PROFESSIONALS.—  
24 Specific materials that explain the role of pro-  
25 fessionals trained in hospice and palliative care

1 in providing team-based care (including pain  
2 and symptom management, support for shared  
3 decision making, care coordination, psychosocial  
4 care, and spiritual care) for patients and fami-  
5 lies throughout the continuum of care for seri-  
6 ous or life-threatening illness.

7 “(D) RESEARCH.—Evidence-based re-  
8 search demonstrating the benefits of patient ac-  
9 cess to palliative care throughout the continuum  
10 of care for serious or life-threatening illness.

11 “(E) POPULATION-SPECIFIC MATERIALS.—  
12 Materials targeting specific populations, includ-  
13 ing beneficiaries of Medicare, Medicaid, and the  
14 Veterans Health Administration, and patients  
15 with serious or life-threatening illness who are  
16 among medically underserved populations (as  
17 defined in section 330(b)(3)) and families of  
18 such patients or health professionals serving  
19 medically underserved populations, including  
20 pediatric patients, young adult and adolescent  
21 patients, racial and ethnic minority populations,  
22 and other priority populations specified by the  
23 Director.

24 “(2) REQUIRED PUBLICATION.—Information  
25 and materials disseminated under paragraph (1)

1 shall be posted on the Internet websites of relevant  
2 Federal departments and agencies, including the De-  
3 partment of Veterans Affairs, the Centers for Medi-  
4 care & Medicaid Services, and the Administration on  
5 Aging.

6 “(c) CONSULTATION.—The Director shall consult  
7 with appropriate professional societies, hospice and pallia-  
8 tive care stakeholders, and relevant patient advocate orga-  
9 nizations with respect to palliative care, psychosocial care,  
10 and complex chronic illness with respect to the following:

11 “(1) The planning and implementation of the  
12 dissemination of palliative care information under  
13 this section.

14 “(2) The development of information to be dis-  
15 seminated under this section.

16 “(3) A definition of the term ‘serious or life-  
17 threatening illness’ for purposes of this section.”.

18 **SEC. \_05. CLARIFICATION.**

19 (a) RESTRICTION ON THE USE OF FEDERAL  
20 FUNDS.—None of the funds made available under this  
21 title (or an amendment made by this title) may be used  
22 to provide, promote, or provide training with regard to any  
23 item or service for which Federal funding is unavailable  
24 under section 3 of Public Law 105–12 (42 U.S.C. 14402).

1 (b) **ADDITIONAL CLARIFICATION.**—As used in this  
2 title (or an amendment made by this title), palliative care  
3 and hospice shall not be furnished for the purpose of caus-  
4 ing, or the purpose of assisting in causing, a patient’s  
5 death, for any reason.

6 **SEC. \_06. ENHANCING NIH RESEARCH IN PALLIATIVE**  
7 **CARE.**

8 (a) **IN GENERAL.**—Part B of title IV of the Public  
9 Health Service Act (42 U.S.C. 284 et seq.) is amended  
10 by adding at the end the following new section:

11 **“SEC. 409K. ENHANCING RESEARCH IN PALLIATIVE CARE.**

12 “The Secretary, or his or her designee, shall develop  
13 and implement a strategy to be applied across the insti-  
14 tutes and centers of the National Institutes of Health to  
15 expand and intensify national research programs in pallia-  
16 tive care in order to address the quality of care and quality  
17 of life for the rapidly growing population of patients in  
18 the United States with serious or life-threatening illnesses,  
19 including cancer; heart, kidney, liver, lung, and infectious  
20 diseases; as well as neurodegenerative diseases such as de-  
21 mentia, Parkinson’s disease, or amyotrophic lateral scler-  
22 osis.”.

23 (b) **EXPANDING TRANS-NIH RESEARCH REPORTING**  
24 **TO INCLUDE PALLIATIVE CARE RESEARCH.**—Section  
25 402A(c)(2)(B) of the Public Health Service Act (42

1 U.S.C. 282a(c)(2)(B)) is amended by inserting “and, be-  
2 ginning January 1, 2024, for conducting or supporting re-  
3 search with respect to palliative care” after “or national  
4 centers”.