



2023 SENATE BILL 703

November 21, 2023 - Introduced by Senators JAMES, CABRAL-GUEVARA, WANGGAARD and SPREITZER, cosponsored by Representatives SNYDER, ARMSTRONG, BROOKS, DITTRICH, JACOBSON, MOSES, MURSAU, O'CONNOR, ORTIZ-VELEZ, SINICKI, STEFFEN and GUNDRUM. Referred to Committee on Government Operations.

- 1 **AN ACT** *to create* 15.197 (22m) and 146.695 of the statutes; **relating to:**
2 establishing a Palliative Care Council.

Analysis by the Legislative Reference Bureau

This bill establishes within the Department of Health Services a Palliative Care Council, which includes as members a statewide group of medical and clinical professionals with expertise in the provision of palliative care services, as well as patients or family members of patients who have experience receiving palliative care services, to advise DHS about palliative care issues.

The bill requires the council to consult with and advise DHS regarding 1) outcome evaluation of established palliative care programs; 2) the economic and quality of life effectiveness of palliative care that is provided along with curative treatment; 3) the mechanisms for and adequacy of reimbursement for palliative care services; and 4) any other issues relating to palliative care arising through meetings or discussions, as the council determines appropriate. The bill provides that the council may not consult with or advise DHS on physician-assisted suicide, euthanasia, medical aid in dying, or any other act that would condone, authorize, approve, or permit any affirmative or deliberate act to end life other than the withholding or withdrawing of health care under an advance directive or power of attorney for health care so as to permit the natural process of dying. Under the bill, DHS must, in consultation with the council, establish a statewide palliative care consumer and professional information and education program to ensure that comprehensive and accurate information and education about palliative care are available to the public, health care providers, and health care facilities. The bill

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provides that DHS must make certain information and resources regarding palliative care available on its website. Under the bill, the council must submit reports to the appropriate standing committees of the legislature providing its analysis on the issues of access to palliative care and the impact of palliative care on health care delivery systems in this state and on families that have experience with palliative care services.

For further information see the state fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 15.197 (22m) of the statutes is created to read:

2 15.197 **(22m)** PALLIATIVE CARE COUNCIL. (a) In this subsection,
3 “community-based palliative care program” means a program in which care is
4 provided in a patient’s home or place of residence.

5 (b) There is created in the department of health services a palliative care
6 council. The council shall consist of not more than 22 members appointed, except as
7 otherwise provided in this paragraph, by the secretary of health services to serve for
8 3-year terms, including all of the following:

9 1. Five physician members, 3 of whom are palliative care physicians and 2 of
10 whom are primary care physicians.

11 2. Four advanced practice nurse prescribers certified under s. 441.16 (2) and
12 certified in palliative care. Two shall have provided direct patient care in a
13 community-based palliative care program for at least 2 of the last 5 years. Two shall
14 have provided direct patient care in a hospital-based palliative care program for at
15 least 2 of the last 5 years.

16 3. Three health care professionals, including a nurse, a social worker, and a
17 spiritual care professional.

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1 4. Two patients or family members of patients who have experience receiving
2 palliative care services.

3 5. Two nonclinical health care leaders with experience operating
4 community-based palliative care programs.

5 6. One representative from a health care insurance company who has
6 experience making decisions about reimbursement for palliative care services.

7 7. One representative from the department of health services who works on
8 issues relating to aging and long-term care.

9 8. One representative to the assembly appointed by the speaker of the
10 assembly.

11 9. One representative to the assembly appointed by the minority leader of the
12 assembly.

13 10. One senator appointed by the president of the senate.

14 11. One senator appointed by the minority leader of the senate.

15 (c) A person appointed under par. (b) 1. to 7. may not serve more than 2
16 consecutive terms on the council.

17 (d) Any member of the council appointed under par. (b) 1. to 7. who meets the
18 required qualifications for more than one category of appointees may be appointed
19 to serve as a member fulfilling the requirements for a council member in some or all
20 of those categories, as determined by the secretary of health services.

21 (e) The council shall meet at least twice each year.

22 (f) When possible, the council shall seek and the secretary shall appoint
23 members who represent the various geographic areas of the state and ensure
24 statewide representation on the council. The council shall, as often as possible, hold

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1 its meetings in different geographic areas of the state, both rural and urban, to better
2 learn about and aid in palliative care access and quality in all communities.

3 **SECTION 2.** 146.695 of the statutes is created to read:

4 **146.695 Palliative care. (1)** In this section, “council” means the palliative
5 care council.

6 **(2)** (a) The council shall consult with and advise the department on all of the
7 following:

8 1. Outcome evaluation of established palliative care programs.

9 2. The economic and quality of life effectiveness of palliative care that is
10 provided along with curative treatment.

11 3. The mechanisms for and adequacy of reimbursement for palliative care
12 services.

13 4. Any other issues relating to palliative care arising through meetings or
14 discussions, as the council determines appropriate.

15 (b) The council may not consult with or advise the department on
16 physician-assisted suicide, euthanasia, medical aid in dying, or any other act that
17 would condone, authorize, approve, or permit any affirmative or deliberate act to end
18 life other than the withholding or withdrawing of health care under an advance
19 directive or power of attorney for health care so as to permit the natural process of
20 dying.

21 **(3)** The department shall, in consultation with the council, subject to the
22 limitations in sub. (2) (b), establish a statewide palliative care consumer and
23 professional information and education program to ensure that comprehensive and
24 accurate information and education about palliative care are available to the public,
25 health care providers, and health care facilities.

