



State of Wisconsin
2019 - 2020 LEGISLATURE

LRB-2528/1
SWB:ahe

2019 ASSEMBLY BILL 242

May 24, 2019 - Introduced by Representatives SNYDER, SKOWRONSKI, BROSTOFF, ANDERSON, DITTRICH, DUCHOW, EDMING, KATZMA, KULP, B. MEYERS, MILROY, MURPHY, MURSAU, NOVAK, OLDENBURG, PETRYK, RAMTHUN, SUBECK, TAUCHEN, VANDERMEER and VRUWINK, cosponsored by Senators PETROWSKI, BEWLEY, CARPENTER, ERPENBACH, MARKLEIN, RINGHAND, RISSER, SMITH, L. TAYLOR and WANGGAARD. Referred to Committee on Aging and Long-Term Care.

1 **AN ACT to repeal** 15.197 (22m) and 146.695 (1) (a), (2), (3) and (5); **to**
2 **consolidate, renumber and amend** 146.695 (1) (intro.) and (b); and **to create**
3 15.197 (22m) and 146.695 of the statutes; **relating to:** establishing a Palliative
4 Care Council.

Analysis by the Legislative Reference Bureau

This bill establishes a Palliative Care Council within the Department of Health Services. Under the bill, DHS is required to establish a statewide palliative care consumer and professional information and education program and must make available on its Internet site information and resources regarding palliative care. The bill requires the council to consult with and advise DHS on matters related to the establishment, maintenance, operation, and outcome evaluation of the program established by DHS. The council must also consult with and advise DHS regarding 1) the impact palliative care has on families and the experiences of families that have used or had a family member use palliative care services; 2) establishing a system for identifying patients or residents who could benefit from palliative care and determining how to provide information about and facilitate access to appropriate palliative care services for patients or residents with serious illnesses; and 3) any other issues relating to palliative care arising through meetings or discussions, as the council determines appropriate, but not including physician-assisted suicide. The bill also requires the council to submit biennial reports providing its analysis regarding certain issues relating to palliative care, including the availability of palliative care, barriers to greater access to such care, and the impact of palliative

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care on families that have experience with palliative care services. The council and DHS program sunset effective July 1, 2024.

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) There is created in the department
3 of health services a palliative care council. The council shall consist of the following
4 members:

5 1. Not more than 20 members appointed, except as otherwise provided in this
6 subdivision, by the secretary of health services to serve for terms ending July 1, 2024,
7 including all of the following:

8 a. Three physician members, including one who is board certified in hospice
9 and palliative care, one who is board certified in pediatric palliative care, and one
10 anesthesiologist.

11 b. Two palliative care practitioners, one of whom must be an advanced practice
12 registered nurse who is board certified in palliative care.

13 c. Four health care professionals, including a nurse, a social worker, a
14 pharmacist, and a spiritual care professional.

15 d. Three patient advocates from established patient advocacy groups,
16 including one who has experience advocating for the rights of patients with
17 disabilities.

18 e. One representative from the University of Wisconsin School of Medicine and
19 Public Health with an interest in palliative care.

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1 f. One representative from the Medical College of Wisconsin with expertise in
2 palliative care.

3 g. One representative from the department of health services with expertise
4 in palliative care.

5 h. One representative to the assembly appointed by the speaker of the
6 assembly.

7 i. One representative to the assembly appointed by the minority leader of the
8 assembly.

9 j. One senator appointed by the president of the senate.

10 k. One senator appointed by the minority leader of the senate.

11 L. One member who serves in hospital administration.

12 2. One medical student appointed by the secretary of health services for a
13 one-year term who is a student specializing in palliative care at the University of
14 Wisconsin School of Medicine and Public Health or the Medical College of Wisconsin.

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

20 (c) The council shall meet at least twice each year.

21 (d) When possible, the council shall seek and the secretary shall appoint
22 members who represent the various geographic areas of the state and ensure
23 statewide representation on the council. The council shall, as often as possible, hold
24 its meetings in different geographic areas of the state, both rural and urban, to better
25 learn about and aid in palliative care access and quality in all communities.

ASSEMBLY BILL 242**SECTION 2**

1 **SECTION 2.** 15.197 (22m) of the statutes, as created by 2019 Wisconsin Act ...
2 (this act), is repealed.

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

4 **146.695 Palliative care. (1)** In this section:

5 (a) “Council” means the palliative care council.

6 (b) “Palliative care” has the meaning given in s. 50.90 (3).

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

9 (a) Matters related to the establishment, maintenance, operation, and outcome
10 evaluation of the palliative care consumer and professional information and
11 education program established under this section.

12 (b) Understanding and evaluating the impact palliative care has on families
13 and the experiences of families that have used or had a family member use palliative
14 care services.

15 (c) Establishing a system to identify patients or residents who could benefit
16 from palliative care and determining how to provide information about and facilitate
17 access to appropriate palliative care services for patients or residents with serious
18 illnesses.

19 (d) Any other issues relating to palliative care that arise through council
20 meetings or other discussions, as determined appropriate by the council, but not
21 including physician-assisted suicide.

22 **(3)** The department, in consultation with the council, shall establish a
23 statewide palliative care consumer and professional information and education
24 program to ensure that comprehensive and accurate information and education

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1 about palliative care are available to the public, health care providers, and health
2 care facilities.

3 (4) The department shall make available electronically on its Internet site
4 information and resources regarding palliative care, including all of the following
5 items:

6 (a) Links to external resources regarding palliative care.

7 (b) Continuing education opportunities for health care providers.

8 (c) Information about palliative care delivery in the home, primary, secondary,
9 and tertiary environments.

10 (d) Consumer educational materials regarding palliative care, including
11 hospice care.

12 (5) Beginning January 1, 2022, and biennially thereafter, the council shall
13 submit a report to the appropriate standing committees of the legislature providing
14 the council's analysis on the following issues:

15 (a) The availability of palliative care in this state for patients in the early stages
16 of serious disease.

17 (b) Barriers to greater access to palliative care.

18 (c) The impact of palliative care on families that have experience with palliative
19 care services.

20 (d) Any other issues relating to palliative care that arise through council
21 meetings or other discussions, as determined by the council, but not including
22 physician-assisted suicide.

23 (6) Nothing in this section may be construed to create a cause of action or create
24 a standard of care, obligation, or duty that provides a basis for a cause of action.

