1999 DRAFTING REQUEST

Assembly Amendment (AA-ASA1-AB133)

Received: **06/26/99**

Received By: **kenneda**

Wanted: **As time permits**

Identical to LRB:

For: **Senate Democratic Caucus 266-2257**

By/Representing: **Walter**

This file may be shown to any legislator: **NO**

Drafter: **kenneda**

May Contact:

Alt. Drafters:

Subject: **Health - directives**
Health - long-term care
Health - facility licensure

Extra Copies: **TAY**

Pre Topic:

SDC:......Walter - #3805,

Topic:

Allow substitute decision maker for individual with terminal illness, no power of attorney for health care and no guardian

---

Instructions:

See Attached

Drafting History:

Vers.	Drafted	Reviewed	Typed	Proofed	Submitted	Jacketed	Required
/?	kenneda 06/28/99	chanaman 06/29/99		_______ _______			
/1			jfrantze 06/29/99	_______ _______	lrb_docadmin 06/29/99		

FE Sent For:

<END>

LRBb1397

1999 DRAFTING REQUEST

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Extra Copies: **TAY**

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SDC:......Walter - #3805,

Topic:

Allow substitute decision maker for individual with terminal illness, no power of attorney for health care and no guardian

Instructions:

See Attached

Drafting History:

Vers.	Drafted	Reviewed	Typed	Proofed	Submitted	Jacketed	Required
/?	kenneda	cmh 6/29	jf 6/29	6/29 [illegible]			

FE Sent For:

<END>

yes

SDC

caucus number 3210

duplicate flag:
duplicate with:

Other reference numbers:	Paper 481	LFB Sum #: page 380
	bill number/amendment number:	
	LRB draft #	LRB P-draft:

description: Increases wage for personal care workers by $1 each year of the biennium

Add .50 above JFC in Y2

other notes

drafting instructions: Alternative B1 of LFB paper 481

more instructions:

caucus number 3217

duplicate flag:
duplicate with:

Other reference numbers:	Paper 481 FM 974	LFB Sum #:
	bill number/amendment number:	
	LRB draft #	LRB P-draft:

description: Provide GPR and FED to increase medical assistance reimbursement rates for services provided to children by nurses in independent practices to same level as rates for private duty nursing services provided to children by home health agencies

other notes

drafting instructions: Provide $184,300 GPR and $261,000 FED in 1999-00 and $23,700 GPR and $326,700 FED in 2000-01 for the reimbursement rate increase mentioned above

more instructions:

caucus number 3805

duplicate flag:
duplicate with:

Other reference numbers:		LFB Sum #:
	bill number/amendment number:	
	LRB draft #	LRB P-draft:

description: W/in Subchater IV (Hospice) of s. Chapter 50 "Uniform Licensure" create language (attached) to allow a substitute decision maker in the case of an individual with a terminal illness with no power of attorney for health care and with no guardian.

other notes

drafting instructions: See above and attached.

more instructions:

caucus number 4203

duplicate flag:
duplicate with:

Other reference numbers:		LFB Sum #:
	bill number/amendment number:	
	LRB draft #	LRB P-draft:

description: Provide $50,00 PR in 99-00 from Wisconcare program balance to support a one-time appropriation to St. Clare Health Mission in Sparta.

other notes

drafting instructions: See above.

more instructions:

Agency: **Health and Family Services - Medical Assistance**

Number of Amendments: 8

Motion: Within Subchapter IV (Hospice) of s. Chapter 50 "Uniform Licensure" create section to state:

"In the event that an individual with a terminal illness, as defined by s. 50.9 (5), does not have a power of attorney for health care or a guardian, a substitute decision maker may make hospice care decisions. An individual may serve as a substitute decision maker in the following priority: spouse, and adult child, a parent, an adult sibling, or an adult close friend (who may be a distant relative)."

CN 3805

HFS - MEDICAL ASSIST

Q: Incapacitated?
Def. of adult close friend?
Who is to locate (appoint the) sdm?
Hospice care decisions -

} see 50.06

HOSPICE ORGANIZATION OF WISCONSIN

P.O. Box 259808
Madison, Wisconsin 53725-9808

Telephone (608) 233-7166
Fax (608) 233-7169

HOSPICE - SUB. DEC. MAKER.

Family Hospice Decision-Making

"In the event that an individual with a terminal illness, as defined by s. 50.9 (5), does not have a power of attorney for health care or a guardian, a substitute decision maker may make hospice care decisions. An individual may serve as a substitute decision maker in the following priority: spouse, an adult child, a parent, an adult sibling, or an adult close friend (who may be a distant relative)."

Why is this provision needed?

- Current Wisconsin law does not specifically address the situation of hospice care where the individual does not have a power of attorney or guardian. Unfortunately, there is frequently not enough time or money to complete the guardianship process in a situation filled with emotional turmoil.

- A study commissioned by the National Hospice Foundation found that **three-fourths** of Americans have never talked about how they wish to be cared for at the end of their lives. This finding supports the need for and importance of legislation to address family hospice decision-making.

- There are 27 states and the District of Columbia, that already have specific state statutes that address such decision making (see attached for list of states).

Conclusion

The statewide Hospice Organization of Wisconsin (HOW) supports a legislative change to make Wisconsin law more clear and reasonable regarding family decision-making in these end-of-life situations. Hospice care should be readily available to individuals and their families who need and want it.

Vision: *A quality end-of-life will become reality for all Wisconsin residents.*
Mission: *To provide education, legislative influence and partnership opportunities to all individuals and organizations in the State of Wisconsin who influence quality end-of-life decisions and care to strengthen the provision of hospice care.*
QBMAD\196566.2
Belief: *We believe that hospice care ensures quality end-of-life for the terminally ill.*

2. Good faith exercised by the licensee.

3. Any previous violations committed by the licensee.

4. The financial benefit to the rural medical center of committing or continuing to commit the violation.

(c) The department may directly assess forfeitures provided for under par. (a). If the department determines that a forfeiture should be assessed for a particular violation or for failure to correct it, the department shall send a notice of assessment to the rural medical center. The notice shall specify the amount of the forfeiture assessed, the violation, and the statute or rule alleged to have been violated, and shall inform the licensee of the right to a hearing under par. (d).

(d) A rural medical center may contest an assessment of forfeiture by sending, within 10 days after receipt of notice under par. (c), a written request for hearing under s. 227.44 to the division of hearings and appeals under s. 15.103 (1). The division shall commence the hearing within 30 days after receipt of the request for hearing and shall issue a final decision within 15 days after the close of the hearing. Proceedings before the division are governed by ch. 227.

(e) All forfeitures shall be paid to the department within 10 days after receipt of notice of assessment or, if the forfeiture is contested under par. (d), within 10 days after receipt of the final decision, unless the final decision is appealed and the decision is in favor of the appellant. The department shall remit all forfeitures paid to the state treasurer for deposit in the school fund.

(2) OTHER PENALTY. Whoever violates s. 50.54 (2) may be fined not more than $1,000 or imprisoned for not more than 6 months or both.

(3) INJUNCTION. The department may, upon the advice of the attorney general, who shall represent the department in all proceedings under this subsection, institute an action in the name of the state in the circuit court for Dane County for injunctive relief or other process against any licensee, owner, operator, administrator or representative of any owner of a rural medical center for the violation of any of the provisions of this subchapter or rules promulgated under this subchapter if the department determines that the violation seriously affects the care, treatment, health, safety, rights, welfare or comfort of patients.

History: 1995 a. 98

50.56 Applicability. **(1)** Any of the following facilities or entities is not required to obtain licensure or a certificate of approval under the following statutes or to pay license fees under the following statutes if all of the services of the facility or entity are provided as a part of a rural medical center that holds a valid license under this subchapter:

(a) A hospital, under ss. 50.135 (2) (a) and (b) and 50.35.

(b) A nursing home, under ss. 50.03 (1) and 50.135 (2) (a) and (b).

(c) A hospice, under ss. 50.92 (1) and 50.93 (1) (c).

(d) A home health agency, under s. 50.49 (2) (b) and (8).

(2) Subsection (1) may not be construed to apply to limit the authority of the department to develop, establish or enforce any statutes and rules for the care, treatment, health, safety, rights, welfare and comfort of patients or residents of facilities or entities that are specified in sub. (1) (a) to (d) and for the construction, general hygiene, maintenance or operation of those facilities or entities.

(3) Notwithstanding sub. (2), insofar as a conflict exists between this subchapter, or the rules promulgated under this subchapter, and subch. I, II or IV, or the rules promulgated under subch. I, II or IV, the provisions of this subchapter and the rules promulgated under this subchapter control.

(4) This subchapter may not be construed to limit a health care service that is included in a rural medical center from any tax–exempt financing or reimbursement, insurance, payment for services or other advantage for which a health care service that is not included in a rural medical center is eligible.

History: 1995 a. 98; 1997 a. 27, 237.

50.57 Fees permitted for a workshop or seminar. If the department develops and provides a workshop or seminar relating to the provision of services by rural medical centers under this subchapter, the department may establish a fee for each workshop or seminar and impose the fee on registrants for the workshop or seminar. A fee so established and imposed shall be in an amount sufficient to reimburse the department for the costs directly associated with developing and providing the workshop or seminar.

History: 1997 a. 27.

SUBCHAPTER IV

HOSPICES

50.90 Definitions. In this subchapter:

(1) "Hospice" means any of the following:

(a) An organization that primarily provides palliative care and supportive care to an individual with terminal illness where he or she lives or stays and, if necessary to meet the needs of an individual with terminal illness, arranges for or provides short–term inpatient care and treatment or provides respite care.

(b) A program, within an organization, that primarily provides palliative care and supportive care to an individual with terminal illness where he or she lives or stays, that uses designated staff time and facility services, that is distinct from other programs of care provided, and, if necessary to meet the needs of an individual with terminal illness, that arranges for or provides short–term inpatient care and treatment or respite care.

(c) A place, including a freestanding structure or a separate part of a structure in which other services are provided, that primarily provides palliative and supportive care and a place of residence to individuals with terminal illness and provides or arranges for short–term inpatient care as needed.

(1m) "Managing employe" means a general manager, business manager, administrator, director or other individual who exercises operational or managerial control over, or who directly or indirectly conducts, the operation of the hospice.

(2) "Organization" means a public agency, as defined in s. 46.93 (1m) (e), a nonprofit corporation, a for–profit stock corporation, a cooperative, a partnership, a limited liability company or a sole proprietorship.

(3) "Palliative care" means management and support provided for the reduction or abatement of pain, for other physical symptoms and for psychosocial or spiritual needs of individuals with terminal illness and includes physician services, skilled nursing care, medical social services, services of volunteers and bereavement services. "Palliative care" does not mean treatment provided in order to cure a medical condition or disease or to artificially prolong life.

(3g) "Respite care" means care provided to a terminally ill individual in order to provide temporary relief to the primary caregiver.

(3m) "Short–term care" means care provided to a terminally ill individual in an inpatient setting for brief periods of time for the purpose of pain control or acute or chronic symptom management.

(4) "Supportive care" means services provided during the final stages of an individual's terminal illness and dying and after the individual's death to meet the psychosocial, social and spiritual needs of family members of the terminally ill individual and other individuals caring for the terminally ill individual. "Supportive care" includes personal adjustment counseling, financial counseling, respite services, bereavement counseling and follow–up services provided by volunteers or other persons.

(5) "Terminal illness" means a medical prognosis that an individual's life expectancy is less than 12 months.

History: 1989 a. 199; 1993 a. 112.

50.91 Departmental powers and duties. The department shall provide uniform, statewide licensing, inspection and regulation of hospices as specified in this subchapter.

History: 1989 a. 199.

50.92 Licensing requirements. **(1)** No person may conduct, maintain, operate or otherwise participate in conducting, maintaining or operating a hospice unless the hospice is licensed by the department.

(2) The department shall issue a license if the department finds that the applicant is fit and qualified and that the hospice meets the requirements of this subchapter and the rules promulgated under this subchapter.

(3) The department or the department's designated representative shall inspect or investigate a hospice prior to issuance of a license for the hospice except as provided in sub. (4) and may inspect or investigate a hospice as the department deems necessary, including conducting home visits or a review of health care records of any individuals with terminal illness served by the hospice, to determine if any person is in violation of this subchapter.

(4) (a) In lieu of inspecting or investigating a hospice under sub. (3) prior to issuance of a license, the department may accept evidence that a hospice applying for licensure under s. 50.93 has been inspected under and is currently certified as meeting the conditions for medicare participation under 42 USC 1395 to 1395ccc. If a hospice fails to meet the conditions for medicare participation under 42 USC 1395 to 1395ccc, the department shall inspect or investigate the hospice under sub. (3) before initially issuing a license for the hospice.

(b) In lieu of inspecting or investigating a hospice under sub. (3) prior to issuance of a license, the department may accept evidence that a hospice applying for licensure under s. 50.93 has been inspected under and is currently in compliance with the hospice requirements of the joint commission for the accreditation of health organizations. A hospice shall provide the department with a copy of the report by the joint commission for the accreditation of health organizations of each periodic review the association conducts of the hospice.

(5) The past record of violations of applicable laws or regulations of the United States or of state statutes or rules of this or any other state, in the operation of any health–related organization, by an operator, managing employe or direct or indirect owner of a hospice or of an interest of a hospice is relevant to the issue of the fitness of an applicant for a license. The department or the department's designated representative shall inspect and investigate as necessary to determine the conditions existing in each case under this subsection and shall prepare and maintain a written report concerning the investigation and inspection.

History: 1989 a. 199; 1997 a. 27.

50.925 Use of name or advertising prohibited. No entity that is not a hospice licensed under this subchapter or an applicant for a license or a provisional license under this subchapter may designate itself as a "hospice" or use the word "hospice" to represent or tend to represent the entity as a hospice or services provided by the entity as services provided by a hospice.

History: 1989 a. 199.

50.93 Licensing procedure. **(1)** APPLICATION. The application for a license or for a provisional license shall:

(a) Be in writing on a form provided by the department.

(b) Contain such information as the department requires.

(c) Include licensing fee payment, unless the licensing fee is waived by the department on a case–by–case basis under criteria for determining financial hardship established in rules promulgated by the department. An initial licensing fee is $300, except that, for a hospice that is a nonprofit corporation and that is served entirely by uncompensated volunteers or employs persons in not more than 1.5 positions at 40 hours of employment per week, the initial licensing fee is $25. The annual fee thereafter is an amount equal to 0.15% of the net annual income of the hospice, based on the most recent annual report of the hospice under sub. (3m), or $200, whichever is greater, and if the amount equal to 0.15% of the net annual income of the hospice is greater than $1,000, the fee is $1,000, except that for a hospice that is a nonprofit corporation and that is served entirely by uncompensated volunteers or employs persons in not more than 1.5 positions at 40 hours of employment per week the annual fee is $10. The amount of the provisional licensing fee shall be established under s. 50.95 (2). The initial licensing fee for a hospice, including the initial licensing fee for a hospice that is a nonprofit corporation and that is served entirely by uncompensated volunteers or employs persons in not more than 1.5 positions at 40 hours of employment per week, issued after September 1 may be prorated.

(2) ISSUANCE OF LICENSE. (a) A hospice license is valid until suspended or revoked.

(c) Each license shall be issued only for the applicant named in the application and may not be transferred or assigned.

(d) Any license granted under special limitations prescribed by the department shall state the limitations.

(3) PROVISIONAL LICENSE. If the applicant has not been previously licensed under this subchapter or if the hospice is not in operation at the time that application is made, the department may issue a provisional license. Unless sooner suspended or revoked under sub. (4), a provisional license shall be valid for 24 months from the date of issuance. Within 30 days prior to the termination of a provisional license, the department shall fully and completely inspect the hospice and, if the hospice meets the applicable requirements for licensure, shall issue a regular license under sub. (2). If the department finds that the hospice does not meet the requirements for licensure, the department may not issue a regular license under sub. (2).

(3m) REPORTING. Every 12 months, on a schedule determined by the department, a licensed hospice shall submit an annual report in the form and containing the information that the department requires, including payment of the fee required under sub. (1) (c), evidence of current certification as meeting the conditions for medicare participation under 42 USC 1395 to 1395ccc and evidence of current compliance with the hospice requirements of the joint commission for the accreditation of health organizations. If a complete annual report is not timely filed, the department shall issue a warning to the licensee. The department may revoke the license for failure to timely and completely report within 60 days after the report date established under the schedule determined by the department.

(4) SUSPENSION AND REVOCATION. (a) The department, after notice to the applicant or licensee, may suspend or revoke a license in any case in which the department finds that there has been a substantial failure to comply with the requirements of this subchapter or the rules promulgated under this subchapter. No state or federal funds passing through the state treasury may be paid to a hospice not having a valid license issued under this section.

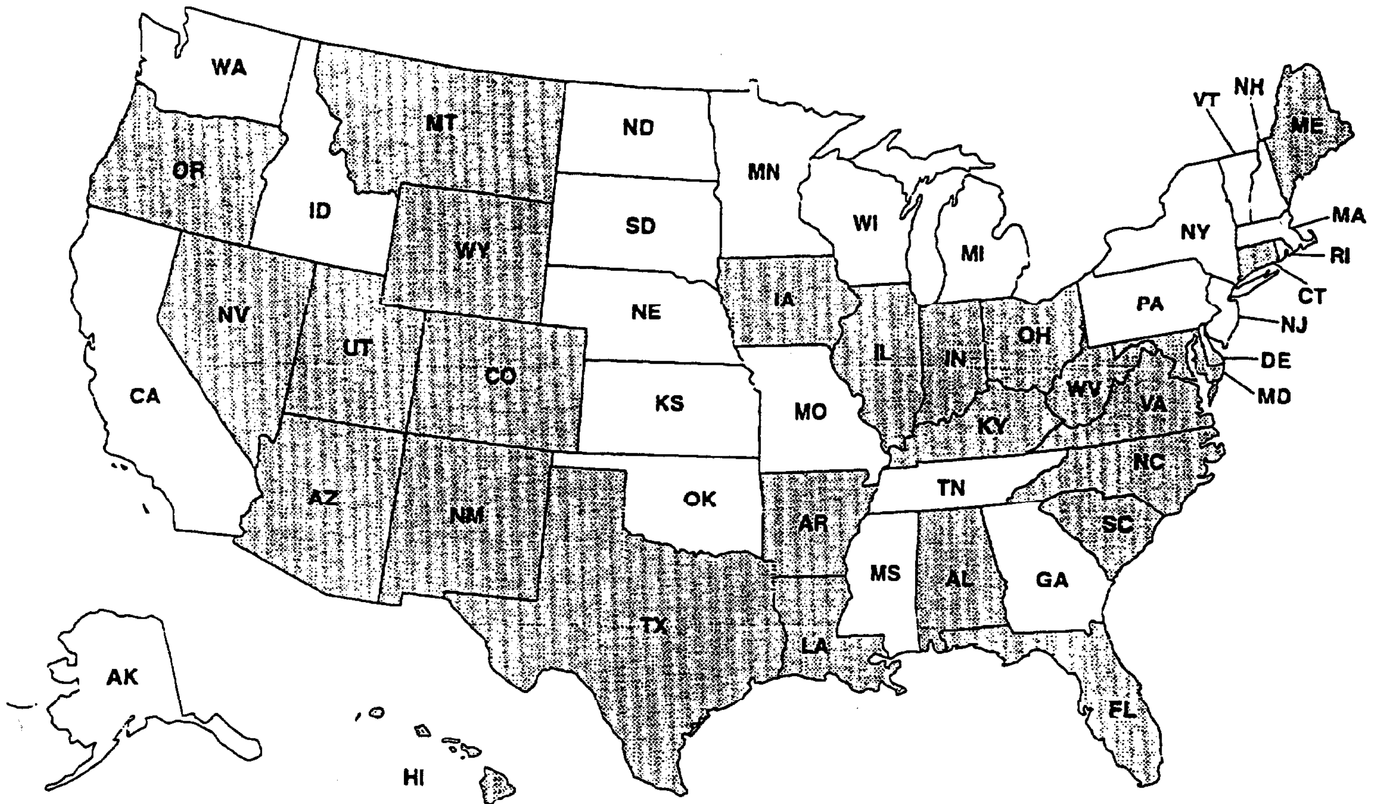
(b) Notice under this subsection shall include a clear and concise statement of the violations on which the revocation is based, the statute or rule violated and notice of the opportunity for an evidentiary hearing under par. (c).

(c) If a hospice desires to contest the revocation of a license, the hospice shall, within 10 days after receipt of notice under par. (b), notify the department in writing of its request for a hearing under s. 227.44.

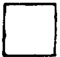
(d) 1. Subject to s. 227.51 (3), revocation shall become effective on the date set by the department in the notice of revocation,

March 1999

State Statutes Governing Surrogate Decisionmaking



Jurisdictions with statutes authorizing surrogate decisionmaking in the absence of advance directives (**the District of Columbia and 27 states: Alabama, Arizona, Arkansas, Colorado, Connecticut, Delaware, Florida, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Montana, Nevada, New Mexico, North Carolina, Ohio, Oregon, South Carolina, Texas, Utah, Virginia, West Virginia and Wyoming**).



States without statutes authorizing surrogate decisionmaking (**23 states: Alaska, California, Georgia, Idaho, Kansas, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Hampshire, New Jersey, New York**[1], **North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Tennessee, Vermont, Washington and Wisconsin**).

[1] New York does authorize surrogate decisionmaking for do-not-resuscitate order decisions.

1999 **Date (time) needed** In edit 6/28 SOON **LRB b1397/1**

DAK : CMH :

CAUCUS BUDGET AMENDMENT [ONLY FOR CAUCUS]

See form **AMENDMENTS — COMPONENTS & ITEMS.**

CAUCUS AMENDMENT
TO ASSEMBLY SUBSTITUTE AMENDMENT 1
TO 1999 ASSEMBLY BILL 133

>>FOR CAUCUS SUPERAMENDMENT — NOT FOR INTRODUCTION<<

At the locations indicated, amend the substitute amendment as follows:

#. Page 752, line 10: after that line insert:
"SECTION 1531p. CR; 50.94

#. Page . . . . , line . . . . :

#. Page . . . . , line . . . . :

#. Page . . . . , line . . . . :

#. Page . . . . , line . . . . :

#. Page . . . . , line . . . . :

Section #. 50.06 of the statutes is amended to read:

50.06 Certain admissions to facilities. (1) In this section, "incapacitated" means unable to receive and evaluate information effectively or to communicate decisions to such an extent that the individual lacks the capacity to manage his or her health care decisions, including decisions about his or her post-hospital care.

(2) An individual under sub. (3) may consent to admission, directly from a hospital to a facility, of an incapacitated individual who does not have a valid power of attorney for health care and who has not been adjudicated incompetent under ch. 880, if all of the following apply:

(a) No person who is listed under sub. (3) in the same order of priority as, or higher in priority than, the individual who is consenting to the proposed admission disagrees with the proposed admission.

(am) 1. Except as provided in subd. 2., no person who is listed under sub. (3) and who resides with the incapacitated individual disagrees with the proposed admission.

2. Subdivision 1. does not apply if any of the following applies:

a. The individual who is consenting to the proposed admission resides with the incapacitated individual.

b. The individual who is consenting to the proposed admission is the spouse of the incapacitated person.

(b) The individual for whom admission is sought is not diagnosed as developmentally disabled or as having a mental illness at the time of the proposed admission.

(c) A petition for guardianship for the individual under s. 880.07 and a petition for protective placement of the individual under s. 55.06 (2) are filed prior to the proposed admission.

(3) The following individuals, in the following order of priority, may consent to an admission under sub. (2):

(a) The spouse of the incapacitated individual.

(b) An adult son or daughter of the incapacitated individual.

(c) A parent of the incapacitated individual.

(d) An adult brother or sister of the incapacitated individual.

(e) A grandparent of the incapacitated individual.

(f) An adult grandchild of the incapacitated individual.

(g) An adult close friend of the incapacitated individual.

(4) A determination that an individual is incapacitated for purposes of sub. (2) shall be made by 2 physicians, as defined in s. 448.01 (5), or by one physician and one licensed psychologist, as defined in s. 455.01 (4), who personally examine the individual and sign a statement specifying that the individual is incapacitated. Mere old age, eccentricity or physical disability, either singly or together, are insufficient to make a finding that an individual is incapacitated. Neither of the individuals who make a finding that an individual is incapacitated may be a relative, as defined in s. 242.01 (11), of the individual or have knowledge that he or she is entitled to or has a claim on any portion of the individual's estate. A copy of the statement shall be included in the individual's records in the facility to which he or she is admitted.

(5) (a) Except as provided in par. (b), an individual who consents to an admission under this section may, for the incapacitated individual, make health care decisions to the same extent as a guardian of the person may and authorize expenditures related to health care to the same extent as a guardian of the estate may, until the earliest of the following:

1. Sixty days after the admission to the facility of the incapacitated individual.

2. Discharge of the incapacitated individual from the facility.

3. Appointment of a guardian for the incapacitated individual.

(b) An individual who consents to an admission under this section may not authorize expenditures related to health care if the incapacitated individual has an agent under a durable power of attorney, as defined in s. 243.07 (1) (a), who may authorize expenditures related to health care.

hospice

(6) If the incapacitated individual is in the facility after 60 days after admission and a guardian has not been appointed, the authority of the person who consented to the admission to make decisions and, if sub. (5) (a) applies, to authorize expenditures is extended for 30 days for the purpose of allowing the facility to initiate discharge planning for the incapacitated individual.

(7) An individual who consents to an admission under this section may request that an assessment be conducted for the incapacitated individual under the long–term support community options program under s. 46.27 (6).

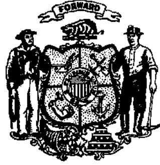
History: 1993 a. 187.

kenneda(lrbunx12) Mon–Jun–28–1999 2:33 pm

INSERT A

¶ (a) "Close friend" means a person who is at least 18 years of age and who has exhibited special care and concern for the incapacitated individual.

¶ (b)



State of Wisconsin
1999 – 2000 LEGISLATURE

LRBb1397/1
DAK:cmh:jf

SDC:......Walter – #3805, Allow substitute decision maker for individual with terminal illness, no power of attorney for health care and no guardian

FOR 1999–01 BUDGET — NOT READY FOR INTRODUCTION

CAUCUS AMENDMENT

TO ASSEMBLY SUBSTITUTE AMENDMENT 1,

TO 1999 ASSEMBLY BILL 133

1 At the locations indicated, amend the substitute amendment as follows:

2 **1.** Page 752, line 10: after that line insert:

3 "SECTION **1531p.** 50.94 of the statutes is created to read:

4 **50.94 Certain admissions to facilities. (1)** In this section:

5 (a) "Close friend" means a person who is at least 18 years of age and who has
6 exhibited special care and concern for the incapacitated individual.

7 (b) "Incapacitated" means unable to receive and evaluate information
8 effectively or to communicate decisions to such an extent that the individual lacks
9 the capacity to manage his or her health care decisions.

1 **(2)** A person under sub. (3) may, except as provided in sub. (5), make decisions
2 related to care in a hospice on behalf of an incapacitated individual who does not have
3 a valid living will or a valid power of attorney for health care and who has not been
4 adjudicated incompetent under ch. 880, if, to the best knowledge of the physician who
5 oversees the care, no person who is listed under sub. (3) in the same order of priority
6 as, or higher in priority than, the person who is making the decisions disagrees with
7 the proposed decisions.
8 **(3)** The following persons, in the following order of priority, may serve as a
9 substitute decision maker under sub. (2):
10 (a) The spouse of the incapacitated individual.
11 (b) An adult child of the incapacitated individual.
12 (c) A parent of the incapacitated individual.
13 (d) An adult sibling of the incapacitated individual.
14 (e) A close friend of the incapacitated individual.
15 **(4)** A determination that an individual is incapacitated for purposes of sub. (2)
16 shall be made by 2 physicians, as defined in s. 448.01 (5), or by one physician and one
17 licensed psychologist, as defined in s. 455.01 (4), who personally examine the
18 individual and sign a statement specifying that the individual is incapacitated. Mere
19 old age, eccentricity or physical disability, either singly or together, are insufficient
20 to make a finding that an individual is incapacitated. Neither of the individuals who
21 make a finding that an individual is incapacitated may be a relative, as defined in
22 s. 242.01 (11), of the individual or have knowledge that he or she is entitled to or has
23 a claim on any portion of the individual's estate. A copy of the statement shall be
24 included in the individual's records in the facility to which he or she is admitted.

1 **(5)** A person who serves as a substitute decision maker under sub. (2) may not
2 authorize expenditures related to care in a hospice for the incapacitated individual
3 if the incapacitated individual has an agent under a durable power of attorney, as
4 defined in s. 243.07 (1) (a), who may authorize expenditures related to care in a
5 hospice.".

6 **(END)**