



State of Wisconsin
2017 - 2018 LEGISLATURE

LRB-3748/P3
SWB:jld

1/24
RMR

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

IN 8/8
Requested 8/9

INSERT

Regen

✓

1 AN ACT *to repeal* 15.197 (22m) and 146.695 (1) (a), (2), (3), and (6); *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 and providing a penalty. ✓

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. Under the bill, health care facilities must establish a system for identifying patients or residents who could benefit from palliative care and provide information about and facilitate access to appropriate palliative care services for patients or residents with serious illnesses. If a health care facility fails to do so, DHS may, after taking into account a variety of factors, impose a forfeiture. 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 policies, practices, and protocols concerning patients' rights related to palliative care. The council and DHS program sunset effective July 1, 2024.

1/25

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. There is created in the department of
3 health services a palliative care council. The council shall consist of ^{✓ all of} the following:
4 ^{(a) Twenty} members appointed by the secretary of health services serving for staggered 4-year
5 terms: ✓

6 (1) ² Five physician members, including 2 who are board certified in hospice and
7 palliative care, one who is board certified in pain management, and one who is a
8 pediatric palliative care specialist.

9 (2) ² Three palliative care practitioner members, including 2 advanced practice
10 registered nurses who are board certified in hospice and palliative care and one
11 physician assistant who has experience providing palliative care.

12 (3) ³ Four health care professional members, including a nurse, a social worker,
13 a pharmacist, and a spiritual care professional that have at least one of the following
14 qualifications:

15 (1) ^{a.} Experience providing palliative care to pediatric, youth, or adult
16 populations.

17 (2) ^{b.} Expertise in palliative care delivery in an inpatient, outpatient, or
18 community setting.

19 (3) ^{c.} Expertise in interdisciplinary palliative care.

20 (4) ⁴ Three members with experience as advocates for patients and the patients'
21 family caregivers and who are independent of a hospital or other health care facility,

1 including at least one member who is a representative of an established patient
2 advocacy organization.

3 (e) ^{5.} One representative from the University of Wisconsin School of Medicine and
4 Public Health with expertise in palliative care.

5 (f) ^{6.} One representative from the Medical College of Wisconsin with expertise in
6 palliative care.

7 (g) ^{7.} One representative from the department of health services with experience
8 in palliative care issues.

9 (h) ^{8.} Two members who serve or have served in hospital administration.

INS
3-9

10 SECTION 2. 15.197 (22m) of the statutes, as created by 2017 Wisconsin Act
11 (this act), is repealed.

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

13 146.695 Palliative care. (1) In this section:

14 (a) "Council" means the palliative care council.

15 (b) "Palliative care" has the meaning given in s. 50.90 (3).

****NOTE: This draft cross-references an existing definition of "palliative care." Section 50.90 (3) defines "palliative care" as "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."
Other states have used alternative language. For example, Massachusetts defines "palliative care" to mean "patient and family-centered medical care that optimizes quality of life by anticipating, preventing, and treating the suffering caused by a medical illness or physical injury that substantially impacts a patient's quality of life, including, but not limited to: addressing physical, emotional, social and spiritual needs; facilitating patient autonomy, access to information and choice; discussing the patient's goals for treatment; discussing the treatment options appropriate for the patients, including, where appropriate, hospice care; and comprehensive pain and symptom management." Other states have used variations of this language. For instance, Montana incorporated a shorter version: "Palliative care' means patient-centered and family-centered medical care that optimizes quality of life by anticipating, preventing, and treating suffering caused by serious illness." Please let me know if you would like to keep the existing definition (the cross-reference to s. 50.90 (3)) or if you would like to include something different.

1 **(2)** The council shall consult with and advise the department on matters
2 related to the establishment, maintenance, operation, and outcome evaluation of the
3 palliative care consumer and professional information and education program
4 established under this section. The council shall meet at least twice each year.

5 **(3)** The department, in consultation with the council, shall establish a
6 statewide palliative care consumer and professional information and education
7 program to ensure that comprehensive and accurate information and education
8 about palliative care are available to the public, health care providers, and health
9 care facilities.

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

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

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

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

17 (d) Consumer educational materials regarding palliative care, including
18 hospice care.

19 **(5)** (a) On or before January 1, 2020, each health care facility, as defined in s.
20 146.997 (1) (c), shall do all of the following:

21 1. Establish a system for identifying patients or residents who could benefit
22 from palliative care.

23 2. Provide information about and facilitate access to appropriate palliative care
24 services for patients or residents with serious illnesses.

1 (b) If a health care facility fails to implement a system as described under par.
2 (a) 1., the department shall require the health care facility to provide a plan of action
3 to bring the health care facility into compliance with the requirement and may
4 impose a forfeiture for a violation. The department shall take into account factors
5 that may impact the development of a system and the health care facility's ability to
6 facilitate access to palliative care, including the size of the organization, access and
7 proximity to palliative care services, the availability of palliative care practitioners
8 and related work staff, and geographic factors.

****NOTE: This provision is drawn from a Kentucky provision that did not specify an amount for the forfeiture (a "fine" in the Kentucky version) imposed. You might consider whether to include a maximum amount (e.g., "a forfeiture of not more than..."). Please note also that this provision is not currently included in the sunset/repeal of the council-related provisions.

9 (6) Beginning January 1, 2019, and biennially thereafter, the council shall
10 submit a report to the appropriate standing committees of the legislature providing
11 the council's analysis on the following issues:

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

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

15 (c) The policies, practices, and protocols in this state concerning patients' rights
16 related to palliative care, including all of the following:

17 1. Whether a palliative care team member may introduce palliative care
18 options to a patient without the consent of the patient's attending physician.

19 2. The practices and protocols for discussions between a palliative care team
20 member and a patient on life-sustaining treatment or advance directives decisions.

21 3. The practices and protocols on informed consent and disclosure
22 requirements for palliative care services.

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

3 SECTION 5. 146.695 (1) (intro.) and (b) of the statutes, as created by 2017
4 Wisconsin Act (this act), are consolidated, renumbered 146.695 (1) and amended
5 to read:

6 146.695 (1) In this section: (b) "Palliative, palliative care" has the meaning
7 given in s. 50.90 (3).

8 SECTION 4. 146.695 (1) (a), (2), (3), and (6) of the statutes, as created by 2017
9 Wisconsin Act (this act), are repealed.

10 SECTION 4. Nonstatutory provisions.

11 (1) STAGGERED TERMS. Notwithstanding the length of terms specified for the
12 members of the palliative care council under section 15.197 (22m) of the statutes, of
13 the 20 members appointed by the secretary of health services, 7 of the initial
14 members shall be appointed for a term expiring on July 1, 2019, 7 of the initial
15 members shall be appointed for terms expiring on July 1, 2020, and the remaining
16 6 initial members shall be appointed for terms expiring on July 1, 2021.

17 SECTION 7. Effective dates. This act takes effect on the day after publication,
18 except as follows:

19 (1) The treatment of section 146.695 (1) (intro.), (a), and (b), (2), (3), and (6) of
20 the statutes and the repeal of section 15.197 (22m) of the statutes take effect on July
21 1, 2024.

****NOTE: The 2024 date is a placeholder for the sunset of the council. The last set of initial appointees complete their term on June 30, 2021, so July 1, 2024 would be one full term (3 years) after that date. Please let me know if you would like to change this. Also, you will note that this version leaves in place both the requirements for health care facilities (s. 146.695 (5)) and the requirement upon DHS to provide information on its

(a) ✓
for staggered 4-year terms ✓

Internet site (s. 146.695 (4)). Other provisions will be repealed to effect the sunset of the council you requested. Please let me know if you would like to change any of that.

1

(END)

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**2017-2018 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB - 17-
SWB:... 3748/
PHins

INSERT 3-9

1 (b) One medical student representative appointed by the[✓] secretary of health
2 services for a one-year term[✓] who is a student specializing in palliative care at the
3 University of Wisconsin School of Medicine and Public Health[✓] or the[✓] Medical College
4 of Wisconsin.[✓]

(END INSERT 3-9)

WISCONSIN LEGISLATIVE REFERENCE BUREAU

Information Services 608-266-0341—Legal Services 608-266-3561



Per Justin

Remove Physician Assistant member

- Up to 20 members, - one person can qualify to cover multiple areas

- lengthen sunset to 10 years

- have council understand impact on families experience of families that have gone through palliative care

- Report on issues discussed

- Consult + advise

Per Justin 9/19

Remove sub (5)

Move 5(a) 1. + 2. to earlier subsection to have council consult + advise on those issues



State of Wisconsin
2017 - 2018 LEGISLATURE

LRB-3748/P4
SWB:jld

1/5

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

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

NO 9/19
Requested ASAP today

INSERT

The council must also consult with and advise the department regarding the impact palliative care has on families and the experiences of families that have used or had a family member use palliative care services; and 3) ~~to palliative care through meetings of discussions, as the council determines appropriate.~~ any other issues relating to palliative care

1 AN ACT to repeal 15.197 (22m) and 146.695 (1) (a), (2), (3), and (6); 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 and providing a penalty

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and the impact of palliative care on families that have experience with palliative care services

(15)

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:

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6 ~~staggered~~ 4-year terms:

7 (1) ^{Four} ~~Five~~ physician members, including 2 who are board certified in hospice and
8 palliative care, one who is board certified in pain management, and one who is a
9 pediatric palliative care specialist.

10 (2) ^{b.} Three palliative care practitioner members, including 2 advanced practice
11 registered nurses who are board certified in hospice and palliative care and one
12 physician assistant who has experience providing palliative care.

13 (3) ^{c.} Four health care professional members, including a nurse, a social worker,
14 a pharmacist, and a spiritual care professional that have at least one of the following
15 qualifications:

16 a. Experience ^{experience} providing palliative care to pediatric, youth, or adult
17 populations;

18 b. Expertise ^{expertise} in palliative care delivery in an inpatient, outpatient, or
19 community setting;

20 c. Expertise ^{expertise} in interdisciplinary palliative care.

1 4 Three members with experience as advocates for patients and the patients'
2 family caregivers and who are independent of a hospital or other health care facility,
3 including at least one member who is a representative of an established patient
4 advocacy organization.

5 5 One representative from the University of Wisconsin School of Medicine and
6 Public Health with expertise in palliative care.

7 6 One representative from the Medical College of Wisconsin with expertise in
8 palliative care.

9 7 One representative from the department of health services with experience
10 in palliative care issues.

11 8 Two members who serve or have served in hospital administration.

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

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

19 146.695 Palliative care. (1) In this section:

20 (a) "Council" means the palliative care council.

21 (b) "Palliative care" has the meaning given in s. 50.90 (3).

22 (2) The council shall consult with and advise the department on matters
23 related to the establishment, maintenance, operation, and outcome evaluation of the
24 palliative care consumer and professional information and education program
25 established under this section. The council shall meet at least twice each year.

all of the following:
(a)

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1 **(3)** The department, in consultation with the council, shall establish a
2 statewide palliative care consumer and professional information and education
3 program to ensure that comprehensive and accurate information and education
4 about palliative care are available to the public, health care providers, and health
5 care facilities.

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

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22 (a) 1., the department shall require the health care facility to provide a plan of action
23 to bring the health care facility into compliance with the requirement and may
24 impose a forfeiture for a violation. The department shall take into account factors
25 that may impact the development of a system and the health care facility's ability to

1 facilitate access to palliative care, including the size of the organization, access and
2 proximity to palliative care services, the availability of palliative care practitioners
3 and related work staff, and geographic factors.

4 (6) Beginning January 1, 2019, and biennially thereafter, the council shall
5 submit a report to the appropriate standing committees of the legislature providing
6 the council's analysis on the following issues:

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8 of serious disease.

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13 options to a patient without the consent of the patient's attending physician.

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15 member and a patient on life-sustaining treatment or advance directives decisions.

16 3. The practices and protocols on informed consent and disclosure
17 requirements for palliative care services.

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

20 SECTION 5. 146.695 (1) (intro.) and (b) of the statutes, as created by 2017
21 Wisconsin Act ... (this act), are consolidated, renumbered 146.695 (1) and amended
22 to read:

23 146.695 (1) In this section: (b) "Palliative, "palliative care" has the meaning
24 given in s. 50.90 (3).

INS 5-17

1 SECTION 4⁵ 146.695 (1) (a), (2), (3) and 6⁵ of the statutes, as created by 2017
2 Wisconsin Act (this act), are repealed.

3 SECTION 4⁶ Nonstatutory provisions.

4 (1) STAGGERED TERMS. Notwithstanding the length of terms specified for the
5 members of the palliative care council under section 15.197 (22m) (a) of the statutes,
6 of the 20 members appointed by the secretary of health services for staggered 4-year
7 terms, 7 of the initial members shall be appointed for a term expiring on July 1, 2019,
8 ^{no more than half one-half} 7 of the initial members shall be appointed for terms expiring on July 1, 2020, and
9 the remaining 6 initial members shall be appointed for terms expiring on July 1,
10 2021.

11 SECTION 7. Effective dates. This act takes effect on the day after publication,
12 except as follows:

13 (1) The ^{consolidation, renumbering, and amendment} treatment of section 146.695 (1) (intro.), (a) and (b), (2), (3), and 6⁵ of
14 the statutes and the repeal of section 15.197 (22m) of the statutes take effect on July
15 1, ²⁰²⁸ 2024. ^{and 146.695 (1)(a), (2), (3), and (5)}

16 (END)

Note: I have modified the initial terms provision in this draft to accommodate the new makeup of the council. Please let me know if you would like to change anything.

(INS)

INSERT 3-15

1 (b) Any member of the council appointed under par. (a) 1. who meets the
2 required qualifications for more than one category of appointees under par. (a) 1. a.
3 to h. may be appointed to serve as a member fulfilling the requirements for a council
4 member in some or all of those categories, as determined by the secretary of health
5 services.

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

(END INSERT 3-15)

INSERT 3-25

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

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

14 (d) Any other issues relating to palliative care that arise through council
15 meetings or other discussions, as determined appropriate by the council.

(END INSERT 3-25)

INSERT 5-17

16 (d) The impact of palliative care on families that have experience with
17 palliative care services.

- 1 (e) Any other issues relating to palliative care that arise through council
- 2 meetings or other discussions, as determined by the council. ✓

(END INSERT 5-17)

Walkenhorst Barber, Sarah

From: Phillips, Justin
Sent: Tuesday, October 10, 2017 3:42 PM
To: Walkenhorst Barber, Sarah
Subject: RE: RUSH PC advisory Council Tweaks

Sounds good to me, thanks sarah

--
Justin Phillips

Office of Representative Ken Skowronski
82nd Assembly District

(608) 266-8590

From: Walkenhorst Barber, Sarah
Sent: Tuesday, October 10, 2017 1:38 PM
To: Phillips, Justin <Justin.Phillips@legis.wisconsin.gov>
Subject: RE: RUSH PC advisory Council Tweaks

Hi Justin,

Happy to make the changes requested. Could I propose the following language (I found some similar phrasing for the first sentence in another provision of ch. 15)?

When possible, the council shall seek and the secretary shall appoint members who represent the various geographical areas of the state. The council shall, as often as possible, hold its meetings in different geographic areas of the state, both rural and urban, to better learn about and aid in palliative care access and quality in all communities.

I kept your language about the council seeking members, but added mention of the secretary since that's the person making the majority of the appointments under the current draft.

Let me know if this proposal looks okay to you. If so, I was thinking this could be paragraph (d) and placed after line 17 on page 3 of the draft. I'm happy to make changes as needed and we can get this put through ASAP.

Thanks!
Sarah

Sarah Walkenhorst Barber
Legislative Attorney
Wisconsin Legislative Reference Bureau
P.O. Box 2037
Madison, WI 53701-2037

(608) 267 - 3215

sarah.walkenhorstbarber@legis.wisconsin.gov

From: Phillips, Justin

Sent: Tuesday, October 10, 2017 10:24 AM

To: Walkenhorst Barber, Sarah <Sarah.WalkenhorstBarber@legis.wisconsin.gov>

Subject: RUSH PC advisory Council Tweaks

Sarah,

I have a quick fix needed for the palliative care advisory council

One of the potential authors wanted to ensure that out-state areas (i.e. non-Madison, Milwaukee) would have representation on the council so can we say for representation "When possible, the council shall seek representatives from geographic areas across the entire states" and for requiring the council "as often as possible, hold meetings across the entire state of Wisconsin, to better learn and aid in palliative care access and quality in all communities"

thanks

--

Justin Phillips

Office of Representative Ken Skowronski

82nd Assembly District

(608) 266-8590



State of Wisconsin
2017 - 2018 LEGISLATURE

LRB-3748/P5
SWB:jld&emw

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PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

IN 10/10
Requested today please
INSERT

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4 care council.

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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 by the secretary of health services
6 serving for 4-year terms:

7 a. Four physician members, including 2 who are board certified in hospice and
8 palliative care and one who is a pediatric palliative care specialist.

9 b. Three palliative care practitioner members, including 2 advanced practice
10 registered nurses who are board certified in hospice and palliative care.

11 c. Four health care professional members, including a nurse, a social worker,
12 a pharmacist, and a spiritual care professional that have experience providing
13 palliative care to pediatric, youth, or adult populations; expertise in palliative care
14 delivery in an inpatient, outpatient, or community setting; or expertise in
15 interdisciplinary palliative care.

16 d. Three members with experience as advocates for patients and the patients'
17 family caregivers and who are independent of a hospital or other health care facility,
18 including at least one member who is a representative of an established patient
19 advocacy organization.

1 e. One representative from the University of Wisconsin School of Medicine and
2 Public Health with expertise in palliative care.

3 f. One representative from the Medical College of Wisconsin with expertise in
4 palliative care.

5 g. One representative from the department of health services with experience
6 in palliative care issues.

7 h. Two members who serve or have served in hospital administration.

8 2. One medical student representative appointed by the secretary of health
9 services for a one-year term who is a student specializing in palliative care at the
10 University of Wisconsin School of Medicine and Public Health or the Medical College
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15 member in some or all of those categories, as determined by the secretary of health
16 services.

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

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24 (2) The council shall consult with and advise the department on all of the
25 following:

SECTION 3

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

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

7 (c) Establishing a system to identify patients or residents who could benefit
8 from palliative care and determining how to provide information about and facilitate
9 access to appropriate palliative care services for patients or residents with serious
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7 of serious disease.

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10 related to palliative care, including all of the following:

11 1. Whether a palliative care team member may introduce palliative care
12 options to a patient without the consent of the patient's attending physician.

13 2. The practices and protocols for discussions between a palliative care team
14 member and a patient on life-sustaining treatment or advance directives decisions.

15 3. The practices and protocols on informed consent and disclosure
16 requirements for palliative care services.

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

19 (e) Any other issues relating to palliative care that arise through council
20 meetings or other discussions, as determined by the council.

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

23 **SECTION 4.** 146.695 (1) (intro.) and (b) of the statutes, as created by 2017
24 Wisconsin Act (this act), are consolidated, renumbered 146.695 (1) and amended
25 to read:

**2017-2018 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-3748/P6ins
SWB:jld&emw

INSERT 3-17

1 (d) When possible, the council shall seek and the secretary shall appoint
2 members who represent the various geographic areas of the state. The council shall,
3 as often as possible, hold its meetings in different geographic areas of the state, both
4 rural and urban, to better learn about and aid in palliative care access and quality
5 in all communities.

(END INSERT 3-17)



State of Wisconsin
2017 - 2018 LEGISLATURE

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SWB:jld/emw/wlj

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

NO
CHANGES

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. 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, policies, practices, and protocols concerning patients' rights related to

WISCONSIN LEGISLATIVE REFERENCE BUREAU

Information Services 608-266-0341—Legal Services 608-266-3561



Per Justin

10/16

Pls redraft 3748 as 1 and Jacket