



State of Wisconsin
2025 - 2026 LEGISLATURE

LRB-1708/1
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2025 ASSEMBLY BILL 23

February 7, 2025 - Introduced by Representatives SNYDER, SPIROS, BARE, DITTRICH, JOHNSON, KREIBICH, MAYADEV, MCCARVILLE, O'CONNOR, ROE, STROUD, SUBECK and VINING, cosponsored by Senators JAMES, WANGGAARD, CARPENTER, DASSLER-ALFHEIM, FEYEN, RATCLIFF, ROYS and SPREITZER. Referred to Committee on Health, Aging and Long-Term Care.

AN ACT *to create* 15.197 (22m) and 146.695 of the statutes; **relating to:**

establishment of 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

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comprehensive and accurate information and education about palliative care are available to the public, health care providers, and health care facilities. The bill 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:

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

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

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

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

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

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3. Two physician assistants who are licensed under subch. IX of ch. 448 and who are certified in palliative care or have provided palliative care for at least 2 of the last 5 years. One of the physician assistants shall have provided direct patient care in a community-based palliative care program for at least 2 of the last 5 years. One of the physician assistants shall have provided direct patient care in a hospital-based palliative care program for at least 2 of the last 5 years.

4. Three health care professionals, including a nurse, a social worker, and a spiritual care professional.

5. Two patients or family members of patients who have experience receiving palliative care services.

6. Two nonclinical health care leaders with experience operating community-based palliative care programs.

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

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

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

10. One representative to the assembly appointed by the minority leader of the assembly.

11. One senator appointed by the president of the senate.

12. One senator appointed by the minority leader of the senate.

(c) A member appointed under par. (b) 1. to 8. may not serve more than 2 consecutive terms on the council.

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(d) Any member of the council appointed under par. (b) 1. to 8. who meets the required qualifications for more than one category of appointees may be appointed to serve as a member fulfilling the requirements for a council member in some or all of those categories, as determined by the secretary of health services.

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

(f) When possible, the council shall seek and the secretary of health services shall appoint members who represent the various geographic areas of the state and the council and the secretary of health services shall ensure statewide representation on the council. 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.

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

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

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

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

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(b) The council may not consult with or advise the department 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.

(3) The department shall, in consultation with the council and subject to the limitations in sub. (2) (b), 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.

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

- (a) Links to external resources regarding palliative care.
- (b) Continuing education opportunities for health care providers.
- (c) Information about palliative care programs.
- (d) Consumer educational materials regarding palliative care.

(5) One year after the first meeting of the council, then on the 3rd January 1 after the first meeting of the council, and thereafter biennially no later than January 1, the council shall submit a report to the appropriate standing committees of the legislature under s. 13.172 (3) providing the council's analysis on all of the following issues:

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(a) Access to palliative care.

(b) The impact of palliative care on health care delivery systems in this state and on families that have experience with palliative care services.

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

(END)