



State of Wisconsin  
2017 - 2018 LEGISLATURE

LRB-4675/1  
SWB:jld/emw/wlj

## 2017 SENATE BILL 548

November 20, 2017 - Introduced by Senators MOULTON, JOHNSON, CARPENTER, RINGHAND, HANSEN, BEWLEY, WIRCH and LARSON, cosponsored by Representatives SNYDER, SKOWRONSKI, TITTL, NOVAK, KITCHENS, MEYERS, VANDERMEER, BROSTOFF, MURSAU, KATSMAN, KULP, SINICKI, BERCEAU and ANDERSON. Referred to Committee on Workforce Development, Military Affairs and Senior Issues.

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

**SENATE BILL 548**

palliative care, and the impact of palliative care on families that have experience with palliative care services. The council and DHS program sunset effective July 1, 2028.

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 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.

**SENATE BILL 548**

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  
11 of Wisconsin.

12 (b) Any member of the council appointed under par. (a) 1. who meets the  
13 required qualifications for more than one category of appointees under par. (a) 1. a.  
14 to h. may be appointed to serve as a member fulfilling the requirements for a council  
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.

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

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24 (this act), is repealed.

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

**SENATE BILL 548**

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

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

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

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

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

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

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

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

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

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

**SENATE BILL 548**

- 1 (a) Links to external resources regarding palliative care.
- 2 (b) Continuing education opportunities for health care providers.
- 3 (c) Information about palliative care delivery in the home, primary, secondary,  
4 and tertiary environments.
- 5 (d) Consumer educational materials regarding palliative care, including  
6 hospice care.
- 7 **(5)** Beginning January 1, 2019, and biennially thereafter, the council shall  
8 submit a report to the appropriate standing committees of the legislature providing  
9 the council's analysis on the following issues:
- 10 (a) The availability of palliative care in this state for patients in the early stages  
11 of serious disease.
- 12 (b) Barriers to greater access to palliative care.
- 13 (c) The policies, practices, and protocols in this state concerning patients' rights  
14 related to palliative care, including all of the following:
- 15 1. Whether a palliative care team member may introduce palliative care  
16 options to a patient without the consent of the patient's attending physician.
- 17 2. The practices and protocols for discussions between a palliative care team  
18 member and a patient on life-sustaining treatment or advance directives decisions.
- 19 3. The practices and protocols on informed consent and disclosure  
20 requirements for palliative care services.
- 21 (d) The impact of palliative care on families that have experience with  
22 palliative care services.
- 23 (e) Any other issues relating to palliative care that arise through council  
24 meetings or other discussions, as determined by the council.

