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# **Palliative Care Advisory Council**

## **ANNUAL LEGISLATIVE REPORT**

09/1/2025

## **Minnesota Palliative Care Advisory Council Annual Legislative Report**

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# Contents

Background ..... 4

Executive Summary ..... 5

Narrative ..... 5

    Minnesota Palliative Care Advisory Council: 2024 Activities Summary ..... 5

    Strategic Planning Retreat ..... 5

    Website Taskforce Initiatives..... 6

Conclusion ..... 6

Appendix A: Summary of 2024 Recommendations..... 7

Appendix B: Summary of 2023 Recommended Actions ..... 8

Appendix C: Summary of 2022 Recommendations ..... 10

Appendix D: Summary of 2021 Recommendations..... 11

Appendix E: Summary of 2020 Recommendations ..... 12

# Background

The Minnesota Legislature established the Palliative Care Advisory Council (the Council) in 2017 under Minnesota Statutes, Section 144.059. The Council is charged with assessing, analyzing, and making recommendations to the legislature on issues related to palliative care in Minnesota. Palliative care is focused on providing supportive care to those Minnesotans living with serious illnesses.

The Council is tasked with:

1. Assessing the availability of palliative care in Minnesota
2. Analyzing barriers to greater access to palliative care
3. Recommending language for legislative action with draft legislation to implement the recommendations

The Council is made up of a variety of professionals who have palliative care work experience or expertise in palliative care delivery. They come from a variety of inpatient, outpatient, and community settings, such as acute care, long-term care, or hospice. They work with a variety of patients, including pediatric, youth, and adults. In addition, there are four positions on the council that provide patient or caregiver perspective based on their personal experiences. Council members serve three-year terms and are appointed by the Commissioner of Health.

Current council positions include:

- Care Coordinator (2)
- Health Plan Representative
- Licensed Health Professional (3)
- Member (at large) (2)
- Patient or Personal Caregiver (4)
- Physician (2)
- Physician Assistant
- Registered Nurse or Advance Practice Nurse (2)
- Licensed Social Worker

The Council is required to report on its progress by February 15 of each year. Prior Council legislative reports are posted on the Minnesota Department of Health website for the Palliative Care Advisory Council.<sup>1</sup>

The following pages present the Council's summary of work efforts during 2024, and outline the recommendations and work planned for 2025. The report is divided into sections based on the Council's three focus areas: Policy and Payment; Diversity, Equity, and Inclusion; and Education, Training, and Awareness.

Detailed reports from each area are provided in the pages following this summary.

## Executive Summary

In 2024, the Minnesota Palliative Care Advisory Council strengthened its role as a key advocate for palliative care through strategic planning and enhancements to its web design. These initiatives have established a strong foundation for ongoing growth, collaboration, and advocacy, ensuring the council remains a vital resource for Minnesota's palliative care community. Key accomplishments that better enable the council to better serve stakeholders and the broader community included:

- strengthening its organizational structure
- updating key communication platforms

## Narrative

### Minnesota Palliative Care Advisory Council: 2024 Activities Summary

In 2024, the Minnesota Palliative Care Advisory Council undertook significant initiatives aimed at enhancing its strategic focus and improving public access to palliative care information. The council's efforts this year centered on strengthening its organizational structure and updating key communication platforms to better serve stakeholders and the broader community.

### Strategic Planning Retreat

In April, the council hosted a comprehensive strategic planning retreat. This event focused on refining the council's operational framework, ensuring more efficient and targeted efforts moving forward. One of the primary outcomes of the retreat was the streamlining of Working Groups: Policy and Payment; Diversity, Equity and Inclusion; and Education, Training and Awareness. By narrowing the focus of these groups to specific tasks and aligning them more closely with the council's core objectives, the council positioned itself to more effectively address the needs and challenges within the palliative care landscape.

This strategic realignment allowed for clearer task delegation intended to facilitate a more agile response to emerging issues and strengthened the council's capacity to advocate for and support high-quality palliative care services across Minnesota.

The council reached a consensus on prioritizing key areas, including raising awareness, improving reimbursement, and enhancing clinical education, with a strong emphasis on diversity, equity, and inclusion.

Potential initiatives for future years include:

- Collaborating with other state councils, both within Minnesota and nationally, and creating a repository of relevant councils.
- Establishing a working group that serves as a state legislative tracker (potentially in 2025, and into future years) to report back to the council.
- Developing a one-page educational document on palliative care for state legislative purposes, addressing barriers and providing recommendations.

## Website Taskforce Initiatives

In tandem with its internal restructuring, the council convened a dedicated website taskforce to begin to modernize and improve the [Minnesota Department of Health Palliative Care \(health.state.mn.us/people/palliative/index.html\)](https://health.state.mn.us/people/palliative/index.html) and linked webpages. The taskforce's primary objective was to enhance the accessibility, usability, and relevance of online resources for health care providers, patients, families, and other stakeholders.

The taskforce worked to ensure that the website provides comprehensive and up-to-date information on palliative care services, best practices, and current council members, legislative reports. In the future, the council plans to include council activities, allowing for greater transparency and opportunities for public participation in meetings. This initiative not only improves understanding of palliative care and the visibility of resources, but also strengthens public engagement. These changes will strengthen the council's communication channels, fostering greater community engagement and support.

## Conclusion

Through strategic planning and focused improvements to its digital presence, the Minnesota Palliative Care Advisory Council has reinforced its commitment to advancing palliative care in the state. These efforts in 2024 have laid a solid foundation for continued growth, collaboration, and advocacy, ensuring that the council remains a vital resource for Minnesota's palliative care community.

# Appendix A: Summary of 2024 Key Recommendations

## Policy and Payment (carried forward from 2023 Annual Legislative Report)

1. Continue with actions supporting the four recommendations from the 2023 Annual Legislative Report:
  - a. **COMPLETED** – effective 8/1/2022. Submit the Palliative Care Advisory Council’s proposed definition of Palliative Care to state legislators this session for action.
  - b. **COMPLETED**. Draft a recommended core set of palliative care services for Minnesota.
  - c. **IN PROGRESS / CONTINUE THROUGH 2024 (including 2025 and beyond)**: Review with key stakeholders.
  - d. **IN PROGRESS – CONTINUE DURING 2024**. Collaborate with stakeholders, such as the Department of Human Services (DHS), to identify and align palliative care payment models to a recommended set of core palliative care services.
  - e. **REQUIRES FUNDING**. Request the appropriate state agenc(ies) conduct a comparative cost study (both quantitative and qualitative measures) based on recommended palliative care payment models.
2. **COMPLETED** – Council’s sunset date removed. Extend the Council’s sunset date from 2025 to 2035 allowing the Council to continue the policy, education, training, awareness, and diversity efforts to be developed, implemented, and stabilized for Minnesotans.

## Diversity, Equity, and Inclusion

1. Collect and monitor data by race and ethnicity, in addition to religion and spirituality, for quality improvement efforts.
2. Increase access to culturally relevant care.
3. Engage with and create opportunities for community and culturally specific conversations.

## Education, Training, and Awareness (carried forward from 2023 annual legislative report)

1. Establish or expand reimbursement programs or loan forgiveness for training in specialty palliative care for all core interdisciplinary team members (Physician, Advanced Practice Provider, Registered Nurse, Social Work, Chaplain, Child Life Specialists).
2. Require nursing schools to include minimum standards for primary palliative care education for all nursing students.
3. Require medical schools to include minimum standards for primary palliative care education for all students.
4. Require physician residencies to include minimum standards for primary palliative care education for all residents.
5. Require more advanced palliative care education and skills in key physician fellowships including but not limited to oncology, radiation oncology, cardiology, geriatrics, neonatology, critical care/pulmonology, nephrology, and surgical specialties such as neurosurgery, cardiothoracic surgery, and trauma surgery.

# Appendix B: Summary of 2023 Recommended Actions

## Policy and Payment

1. Continue with actions supporting the four recommendations from the 2022 Annual Legislative Report:
  - a. **COMPLETED** – effective 8/1/2022. Submit the Palliative Care Advisory Council’s proposed definition of Palliative Care to state legislators this session for action.
  - b. **IN PROGRESS** – CONTINUE DURING 2023. Draft a recommended core set of palliative care services for Minnesota. Review with key stakeholders.
  - c. **IN PROGRESS** – CONTINUE DURING 2023. Collaborate with stakeholders, such as the Department of Human Services (DHS), to identify and align palliative care payment models to a recommended set of core palliative care services.
  - d. **TO BE DEFINED DURING 2023**. Request the appropriate state agenc(ies) conduct a comparative cost study (both quantitative and qualitative measures) based on recommended palliative care payment models.
2. Extend the Council’s sunset date from 2025 to 2035 allowing the Council to continue the policy, education, training, awareness, and diversity efforts to be developed, implemented, and stabilized for Minnesotans.

## Diversity, Equity, and Inclusion

1. Reported quality measures that are relevant to the population with serious illness (or better yet, include such measures in value-based payment and financial incentive arrangements)
2. Growing the Primary and Specialty Palliative Care Workforce
3. Increase Public and Provider Awareness and Understanding of Palliative Care through outreach and communication (through the MDH website and other healthy aging communication channels).
4. Provide Ancillary Opportunities to Support More Seamless Palliative Care Delivery
  - a. Preserving and expanding access to telehealth, including all the surrounding considerations (e.g., increase broadband access, provision of devices, supporting interstate practice of medicine as long as there are appropriate patient protections) that are being championed outside of specialty palliative care
  - b. Growing investment in direct care and community health workers

## Education, Training, and Awareness

1. Establish or expand reimbursement programs or loan forgiveness for training in specialty palliative care for all core interdisciplinary team members (Physician, Advanced Practice Provider, Registered Nurse, Social Work, Chaplain, Child Life Specialists).
2. Require nursing schools to include minimum standards for primary palliative care education for all nursing students.
3. Require medical schools to include minimum standards for primary palliative care education for all students.
4. Require physician residencies to include minimum standards for primary palliative care education for all residents.



5. Require more advanced palliative care education and skills in key physician fellowships including but not limited to oncology, radiation oncology, cardiology, geriatrics, neonatology, critical care/pulmonology, nephrology, and surgical specialties such as neurosurgery, cardiothoracic surgery, and trauma surgery.

## Appendix C: Summary of 2022 Recommendations

1. Submit the Palliative Care Advisory Council's proposed definition of Palliative Care to state legislators this session for action.
2. Draft a recommended core set of palliative care services for Minnesota.
3. Collaborate with stakeholders, such as the Department of Human Services (DHS), to identify and align palliative care payment models to a recommended set of core palliative care services.
4. Request the appropriate state agenc(ies) conduct a comparative cost study (both quantitative and qualitative measures) based on recommended palliative care payment models.

## Appendix D: Summary of 2021 Recommendations

This summary does not include all the identified recommendations but rather identifies the few key recommendations for 2021 as follows:

1. Consider revising the language in 144.75A Subdivision 12 to eliminate the exclusive association of palliative care with hospice care.
2. Adopt the suggested definition of Palliative Care for Minnesota. (*See Definition Section for suggested language.*)
3. Enable Minnesota's Medical Assistance and MinnesotaCare to pay for high-value services such as palliative care and advance care planning to benefit those with serious illnesses or life-limiting conditions using existing CPT or HCPCS codes.
4. Explicitly incorporate palliative care into existing Medical Assistance and MinnesotaCare waiver programs that focus on high need patients.
5. Consider options with the Medical Assistance and MinnesotaCare plans to remove or offset the "loaded miles" benefit restriction that currently exists in benefits authorized by Centers for Medicare & Medicaid Services to reduce the financial burden on caregivers providing transportation.
6. Consider making palliative care coverage a requirement for all Medical Assistance and MinnesotaCare managed care contracts in the next contracting cycle.
7. Consider adding palliative care coverage requirements in all settings to Medical Assistance and MinnesotaCare managed care organization contracts, including special considerations for pediatrics, adolescent, and young adult, and perinatal.
8. Rethink how technology can support those with serious illness care.
9. Develop a registry for provider orders for life-sustaining treatment (POLST) and advance care planning (ACP) documentation.
10. Improve access to and support for the use of technology for patients and caregivers.
11. Normalize and proactively support ACP as part of health care delivery.
12. Support workforce development and confidence in technology use for remote care delivery.
13. Reduce variations in coverage and payment requirements across payers that make it challenging to develop and deliver serious illness care.
14. Provide adequate reimbursement and regulatory incentives for increasing utilization of ACP.
15. Implement regulatory and reimbursement flexibilities to structure services that better meet the needs of seriously ill patients.
16. Improve access to and consumer experience for all needed care service – primary, specialty care, and hospital care (see the Health Equity Section for a list).
17. Consider options with the Medical Assistance and MinnesotaCare plans to remove or offset the "loaded miles" benefit restriction that currently exists in benefits authorized by Centers for Medicare & Medicaid Services to reduce the financial burden on caregivers providing transportation.
18. Request research on rural transportation challenges affecting access to timely, appropriate health care (including palliative care).

## Appendix E: Summary of 2020 Recommendations

During 2019-20, the Palliative Care Advisory Council identified the following 19 recommendations to improve and strengthen palliative care within Minnesota.

1. Establish a clear definition for palliative care in state statute and relevant regulations, independent of hospice regulations.
2. Fund a statewide public education campaign around serious illness.
3. Fund a statewide public education campaign around end-of-life care.
4. Require a minimum number of hours of instruction in primary palliative care and pain management through state health professional licensure and continuing education guidelines for those who have Minnesota state licensure (Physician, Advanced Practice Provider, Registered Nurse).
5. Fund efforts to train professionals in primary palliative care.
6. Fund efforts to train professionals in specialty palliative care.
7. Support innovative certification opportunities for mid-career providers who want to focus in palliative care including tele-education and mentorship programs.
8. Establish or expand reimbursement programs for training in specialty palliative care for all core interdisciplinary team members (Physician, Advanced Practice Provider, Registered Nurse, Social Worker, Chaplain, Child Life Specialist).
9. Require nursing schools to include minimum standards for primary palliative care education for all nursing students.
10. Require medical schools to include minimum standards for primary palliative care education for all medical students.
11. Require physician residencies to include minimum standards for primary palliative care education for all residents.
12. Require more advanced palliative care education and skills in key physician fellowships including but not limited to oncology, radiation oncology, cardiology, geriatrics, neonatology, critical care/pulmonology, nephrology, and surgical specialties such as neurosurgery, cardiothoracic surgery, and trauma surgery.
13. Ensure that palliative care benefits offered by private and public payers are comprehensive and support the full interdisciplinary team.
14. Expand access to home-based palliative care.
15. Expand access to pediatric palliative care in all settings to reduce the gap in services.
16. Establish a state-wide interdisciplinary palliative care research center or hub.
17. Require state regulatory agencies to develop measures, collect data, and report on palliative care access and quality. Measures should include disparities in access and utilization of palliative care across populations, care settings, and geography.
18. Encourage Minnesota based palliative care programs to participate in currently established national data collection efforts such as the Center to Advance Palliative Care National Palliative Care Registry.
19. Establish minimum standards for what constitutes a palliative care program with attention to challenges faced by different types of providers.

**Table 1: Palliative Care Council Recommendations and Status, 2020-2022**

<b>Year(s)</b>	<b>Recommendation</b>	<b>Status</b>	<b>Notes/Outcomes</b>
2020	Establish a clear definition for palliative care in state statute and relevant regulations, independent of hospice regulations.		
2020	Fund a statewide public education campaign around serious illness.		
2020	Fund a statewide public education campaign around end-of-life care.		
2020	Require a minimum number of hours of instruction in primary palliative care and pain management through state health professional licensure and continuing education guidelines for those who have Minnesota state licensure (Physician, Advanced Practice Provider, Registered Nurse).		
2020	Fund efforts to train professionals in primary palliative care.		
2020	Fund efforts to train professionals in specialty palliative care.		
2020	Support innovative certification opportunities for mid-career providers who want to focus in palliative care including tele-education and mentorship programs.		
2020	Establish or expand reimbursement programs for training in specialty palliative care for all core interdisciplinary team members (Physician, Advanced Practice Provider, Registered Nurse, Social Worker, Chaplain, Child Life Specialist).		
2020	Require nursing schools to include minimum standards for primary palliative care education for all nursing students.		
2020	Require medical schools to include minimum standards for primary palliative care education for all medical students.		
2020	Require physician residencies to include minimum standards for primary palliative care education for all residents.		
2020	Require more advanced palliative care education and skills in key physician fellowships including but not limited to oncology, radiation oncology, cardiology, geriatrics, neonatology, critical care/pulmonology, nephrology, and surgical specialties such as neurosurgery, cardiothoracic surgery, and trauma surgery.		
2020	Ensure that palliative care benefits offered by private and public payers are comprehensive and support the full interdisciplinary team.		

<b>Year(s)</b>	<b>Recommendation</b>	<b>Status</b>	<b>Notes/Outcomes</b>
2020	Expand access to home-based palliative care.		
2020	Expand access to pediatric palliative care in all settings to reduce the gap in services.		
2020	Establish a state-wide interdisciplinary palliative care research center or hub.		
2020	Require state regulatory agencies to develop measures, collect data, and report on palliative care access and quality. Measures should include disparities in access and utilization of palliative care across populations, care settings, and geography.		
2020	Encourage Minnesota based palliative care programs to participate in currently established national data collection efforts such as the Center to Advance Palliative Care National Palliative Care Registry.		
2020	Establish minimum standards for what constitutes a palliative care program with attention to challenges faced by different types of providers.		
2021	Consider revising the language in 144.75A Subdivision 12 to eliminate the exclusive association of palliative care with hospice care.		
2021	Adopt the suggested definition of Palliative Care for Minnesota. (See Definition Section for suggested language.)		
2021	Enable Minnesota's Medical Assistance and MinnesotaCare to pay for high-value services such as palliative care and advance care planning to benefit those with serious illnesses or life-limiting conditions using existing CPT or HCPCS codes.		
2021	Explicitly incorporate palliative care into existing Medical Assistance and MinnesotaCare waiver programs that focus on high need patients.		
2021	Consider options with the Medical Assistance and MinnesotaCare plans to remove or offset the "loaded miles" benefit restriction that currently exists in benefits authorized by Centers for Medicare & Medicaid Services to reduce the financial burden on caregivers providing transportation.		
2021	Consider making palliative care coverage a requirement for all Medical Assistance and MinnesotaCare managed care contracts in the next contracting cycle.		
2021	Consider adding palliative care coverage requirements in all settings to Medical Assistance and MinnesotaCare managed care organization contracts, including special considerations for pediatrics, adolescent, and young adult, and perinatal.		

<b>Year(s)</b>	<b>Recommendation</b>	<b>Status</b>	<b>Notes/Outcomes</b>
2021	Rethink how technology can support those with serious illness care.		
2021	Develop a registry for provider orders for life-sustaining treatment (POLST) and advance care planning (ACP) documentation.		
2021	Improve access to and support for the use of technology for patients and caregivers.		
2021	Normalize and proactively support ACP as part of health care delivery.		
2021	Support workforce development and confidence in technology use for remote care delivery.		
2021	Reduce variations in coverage and payment requirements across payers that make it challenging to develop and deliver serious illness care.		
2021	Provide adequate reimbursement and regulatory incentives for increasing utilization of ACP.		
2021	Implement regulatory and reimbursement flexibilities to structure services that better meet the needs of seriously ill patients.		
2021	Improve access to and consumer experience for all needed care service – primary, specialty care, and hospital care. (see the Health Equity Section for a list.)		
2021	Consider options with the Medical Assistance and MinnesotaCare plans to remove or offset the “loaded miles” benefit restriction that currently exists in benefits authorized by Centers for Medicare & Medicaid Services in order to reduce the financial burden on caregivers providing transportation.		
2021	Request research on rural transportation challenges affecting access to timely, appropriate health care (including palliative care).		
2022	Submit the Palliative Care Advisory Council’s proposed definition of Palliative Care to state legislators this session for action.		
2022	Draft a recommended core set of palliative care services for Minnesota.		
2022	Collaborate with stakeholders, such as the Department of Human Services (DHS), to identify and align palliative care payment models to a recommended set of core palliative care services.		
2022	Request the appropriate state agency(ies) conduct a comparative cost study (both quantitative and qualitative measure) based on recommended palliative care payment models.		