



Palliative Care Advisory Council

ANNUAL LEGISLATIVE REPORT

02/01/2026

Minnesota Palliative Care Advisory Council Annual Legislative Report

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As requested by Minnesota Statute 3.197: This report cost approximately \$2238 to prepare, including staff time, printing, and mailing expenses.

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Background

The Minnesota Legislature established the Palliative Care Advisory Council (the Council) in 2017 under Minnesota Statutes, Section 144.059 to evaluate and advance palliative care across the state. 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, and
3. Recommending language for legislative action with draft legislation to implement the recommendations.

Council membership includes professionals with expertise in palliative care from inpatient, outpatient, and community settings—such as acute care, long-term care, and hospice—as well as four members who offer patient or caregiver perspectives.

Current Council positions include:

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

Members are appointed by the Commissioner of Health for three-year terms.

As required by statute, the Council submits an **annual report** by **February 15** summarizing progress and recommendations. Prior reports are available on the Minnesota Department of Health website.

This 2025 report summarizes Council activities, discussions, and recommendations based on its four meetings held on **Mar. 12, June 11, Sept. 10, and Dec. 10, 2025**.

The report is intended to inform the Minnesota Legislature, state agencies, healthcare partners, and the public about the Council's priorities and progress toward ensuring that individuals with serious illness have access to high-quality, person-centered palliative care.

Executive Summary

In 2025, the Palliative Care Advisory Council advanced policy development, strengthened statewide partnerships, and supported improvements in clinical and community palliative care. The Council concentrated on legislative proposals, updates to Minnesota Statute 145C, pediatric palliative care needs, statewide cancer planning, and long-term strategic recommendations.

Several external factors—including legislative session timing, fiscal constraints, and statewide health system challenges—shaped the Council’s approach. Even within these constraints, the Council identified clear opportunities to support improved access, advance policy, and contribute to statewide health planning.

Key accomplishments in 2025 included:

- Reviewing and refining legislative proposals for funding and a Palliative Care Community Benefit (see Appendix A).
- Providing structured feedback on revisions to the Cancer Plan Minnesota to prepare for its 2026 release.
- Examining statutory updates to Minn. Stat. § 145C (Minnesota Health Care Directive Act), including new reforms allowing Principals to execute a Nonopioid Directive, and the impact of these legislative changes on surrogate decision-making in Minnesota.
- Advancing statewide discussions and advocacy around pediatric palliative care access and licensing models.
- Strengthening partnerships with the Minnesota Department of Health (MDH), Minnesota Department of Human Services (DHS), and community stakeholders.
- Drafting policy proposal to revise submission of Legislative Reports to every other year.

Introduction

In 2025, the Palliative Care Advisory Council continued its work to assess palliative care access in Minnesota and provide recommendations to the Legislature on policies that support high-quality, person-centered care for individuals living with serious illness. Consistent with its statutory charge, the Council convened four meetings throughout the year to review emerging policy issues, examine barriers to access palliative care, and engage with state agencies, healthcare partners, and community members. Topics of discussion included legislative developments, statewide health initiatives, and evolving clinical and policy considerations affecting palliative care delivery.

This report outlines the Council’s activities and meetings conducted in 2025 which include the legislative and policy issues reviewed by the Council, engagement with statewide initiatives including the Minnesota Cancer Plan, and workgroup efforts focused on communications, legal analysis, and professional practice developments. Also included is a summary of the Council’s priorities and areas of continued focus moving forward.

Key Activities

The Council’s key activities in 2025 included:

1. Legislative and Policy Updates

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Legislative issues were reviewed at all four meetings and formed a major component of the Council's work in 2025.

- a. Palliative Care Funding Bill (SF 2394)
 - i. Proposed \$44,000 per year to support PCAC operations.
 - ii. Received bipartisan support but requires further development for future consideration.
- b. Palliative Care Community Benefit Proposal
 - i. Draft language was reviewed and discussed.
 - ii. The bill did not advance in 2025 due to time constraints in a non-budget year.
 - iii. Council recommended reintroducing the bill in 2026.
- c. Statute 145C (revisor.mn.gov/statutes/cite/145C.18): Nonopioid Directive
 - i. 2025 statutory amendments introduced a new Health Care Directive category: the Nonopioid Directive.
 - ii. The directive prohibits opioid administration unless medically necessary.
 - iii. Can be executed by the principal or, in some cases, by the health care agent.
 - iv. MDH will develop a standardized form; and
 - v. Council has offered informal feedback to MDH and has submitted a letter for MDH review. The Council is committed to continuing dialogue on this issue and will engage community members to ensure broad and inclusive feedback.
- d. Surrogate Decision-Making Proposals
 - i. Minnesota currently has no default surrogate hierarchy for medical decisions.
 - ii. Council reviewed proposed legislation to define surrogate categories and reduce guardianship reliance.
 - iii. Members expressed support for developing a letter of support, pending final language.
- e. Other State and Federal legislative issues followed/tracked for current and future:
 - i. POLST (Provider Orders for Life-Sustaining Treatment) Registry development (Council leadership active).
 - ii. End of Life Option Act and Born Alive Bill (Council monitored but did not take a position. The Council remains committed to the position that palliative care is necessary and should be prioritized by the state regardless of the outcome of either piece of legislation).
 - iii. Federal Medicaid cuts impacting pediatric hospice and safety net services.

2. Minnesota Department of Health Minnesota State Cancer Plan Engagement

PCAC participated in review and recommendations of Cancer Plan Minnesota (mncanceralliance.org/cancer-plan/)

- a. Key contributions included:
 - i. Reviewing draft plan components at multiple meetings.
 - ii. Participating in focus groups and identifying gaps in palliative and hospice integration.
 - iii. Encouraging stakeholder participation in the 2026 Cancer Summit (mncanceralliance.org/cancer-summit-2026/)
 - iv. PCAC members actively engage in implementing Treatment and Survivorship strategies outlined in Cancer Plan Minnesota.

3. Pediatric Palliative Care

Pediatric palliative care remained a major priority.

- a. Crescent Cove, Minnesota's first and only residential respite and hospice home designed specifically for kids, and just the third of its kind in the country, provided a comprehensive overview of national models, licensing challenges, and funding structures and challenges.
- b. Current model relies heavily on philanthropy (**70% fundraising / 30% waivers**).
- c. Council discussed barriers including workforce shortages, bed availability, and Medicaid navigation challenges.

Published report and updated website with information about the Council on MDH's website:

health.state.mn.us/people/palliative/pcac.html

Workgroup Activities

- Website and Communications Workgroup
 - Improved website accessibility and clarity of public resources for the Palliative Care Advisory Council website (hosted by Minnesota Secretary of State)
 - Improved clarity and updates of public resources for the Minnesota Department of Health for integration of Palliative Care concepts and resources.

- Legal and Policy Workgroups
 - Conducted deeper analysis of Statute 145C updates.

- Examined national surrogate decision making models.
 - Identified potential areas for Minnesota statutory modernization.
 - Evaluated CAPC Serious Illness Scorecard findings for Minnesota.

- Professional Guidelines, Training and Updates Impacting Palliative Practice
 - National Clinical Practice Guidelines, 4th Edition, (5th edition in development)
 - Increased access and availability for professional education and training in serious illness communication for all clinicians specializing in palliative care – including healthcare (e.g. specialty care, primary care and hospital-based settings), private and non-profit hospice programs (residential and service-line), and non-profit organizations serving all Minnesotans.
 - Cambia Health Foundation – Serious Illness Curriculum for Chaplain Clinical Notes (National access)
 - Center to Advance Palliative Care (National access; free and fee-based)
 - Ariadne Labs (National access; free)
 - Minnesota Network for Hospice and Palliative Care hosted a Midwest conference, along with regular web-based offerings for Minnesota professionals (National access; fee based, with some free learning options)
 - Center for Advancing Serious Illness Communication (National access; free and fee-based Minnesota Training)
 - Social Work Palliative Minnesota Annual Forum (April 28-29) (National access; fee-based)
 - University of Minnesota Center for Bioethics (National access; free)
 - “Unpacking Bedside Bioethics”
 - “Ethics Grand Rounds”
 - University of Minnesota Center for Interprofessional Health and UMN Geriatrics Workforce Enhancement Program
 - Curating a death and dying toolkit for health professionals - UMN Libraries News & Events (libnews.umn.edu/2025/07/curating-a-death-and-dying-toolkit-for-health-professionals/)
 - University of Minnesota Center for Health Aging and Innovation
 - Sponsored Professional Workshop Series (Local access; low-cost)

- Sponsored Community Workshop Series (Local access; free/low-cost)

2026 Council Leadership

During the Dec. 10 meeting, the Council elected:

- **Chair:** Amanda West, approved unanimously
- **Vice Chair:** Adine Stokes, approved unanimously

To view a full list of all Council members and their terms, please visit commissionsandappointments.sos.mn.gov/agency/details/236.

Next Steps

During 2026, the Council plans to continue working on items listed in Appendix A listed as IN PROGRESS. The Council meets quarterly to address legislative issues relevant to palliative care. For more information, please visit the PCAC website: health.state.mn.us/people/palliative/pcac.html.

Appendix A: Palliative Care Advisory Council Recommendations (2020 – 2025)

The Council’s Key Accomplishments include:

- **Statewide Definition of Palliative Care Adopted:** proposed definition was formally submitted and took effect on August 1, 2022.
- **Core Set of Palliative Care Services Drafted and Completed:** finalized and ongoing stakeholder review continues.
- **PCAC Sunset Date Removed:** which ensures continued development and stabilization of policy, education, training, and equity work.

Table A1 lists The Council’s recommendations and current status.

Table A1: Status of Palliative Care Advisory Council Recommendations, 2020 - 2025

Recommendation	First Year Recommended	Status
1. Policy And Payment		
a. Adopt and maintain Minnesota’s statutory definition of palliative care. Ensure dissemination and alignment across agencies, payers, and providers.	2020	COMPLETED
b. Define and promulgate a core set of palliative care services for Minnesota. Continuing structured stakeholder engagement and publication in MDH guidance.	2022	IN PROGRESS
c. Align payment models with the core services. Collaborate with DHS and payers to identify, test, and scale reimbursement approaches across settings (inpatient, outpatient, home-based, pediatric).	2022	IN PROGRESS
d. Comparative cost and value study. Request appropriate agencies conduct quantitative and qualitative analyses of recommended payment models to inform legislative decisions.	2022	PAUSED
e. Coverage consistency across programs. Reduce variation in coverage and administrative requirements across payers; consider contract language for Medical	2025	IN PROGRESS

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Recommendation	First Year Recommended	Status
Assistance and MinnesotaCare to include palliative care benefits across settings, with pediatric and perinatal considerations.		
f. Extend and sustain Council operations. Council sunset removed to ensure continuity of policy, education, and equity work.	2024	COMPLETED
2. Education, Training, and Workforce		
a. Primary palliative care education standards. Require minimum standards in nursing schools, medical schools, and physician residency programs.	2020	IN PROGRESS
b. Advanced training in key fellowships. Incorporate advanced competencies for oncology, radiation oncology, cardiology, geriatrics, neonatology, critical care/pulmonology, nephrology, neurosurgery, cardiothoracic and trauma surgery.	2025	IN PROGRESS
c. Loan forgiveness / reimbursement for specialty training. Establish or expand programs for core interdisciplinary team members (physicians, APPs, RNs, social workers, chaplains, child life specialists).	2023	IN PROGRESS
d. Mid-career certification and tele-education. Support innovative certification and mentorship pathways, including virtual modalities.	2020	PAUSED
e. Grow primary and specialty workforce. Invest in direct care and community health workers to support serious illness care across settings.	2023	IN PROGRESS
3. Diversity, Equity, and Inclusion (DEI)		
a. Collect and monitor equity data. Include race, ethnicity, religion, and spirituality to inform quality improvement and eliminate disparities in access and outcomes.	2021	IN PROGRESS

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Recommendation	First Year Recommended	Status
b. Increase access to culturally relevant care. Engage communities; expand culturally specific dialogues and partnerships.	2023	IN PROGRESS
c. Measure and incentivize equity. Include serious-illness quality measures in value-based payment and performance reporting.	2024	PAUSED
4. Access, Delivery Models and Technology		
a. Expand access to home-based pediatric palliative care. Address gaps across rural and urban settings and transitions of care.	2020	IN PROGRESS
b. Preserve and expand telehealth. Support broadband access, device provision, and interstate practice with appropriate patient protection; strengthen provider and caregiver tech support.	2021	PAUSED
c. Advance Care Planning (ACP) normalization. Promote ACP as routine care; improve reimbursement and regulatory flexibility for ACP services.	2023	IN PROGRESS
d. Transportation and rural access. Explore options to remove or offset the “loaded miles” restriction and study rural transportation barriers to timely palliative care.	2024	PAUSED
e. Statewide measures and reporting. Develop, collect, and report measures on access and quality, including disparities by population, setting, and geography.	2020	IN PROGRESS
f. Participate in national registries. Encourage program enrollment in national palliative care data registries to benchmark and improve performance.	2020	IN PROGRESS
g. Define minimum program standards. Establish statewide standards for palliative care programs with attention to diverse provider contexts.	2020	PAUSED

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Recommendation	First Year Recommended	Status
h. POLST/ACP registry. Develop a statewide registry to improve availability of goals-of-care documentation across care settings.	2021	IN PROGRESS
5. Public Awareness, Communication & Collaboration		
a. Public education campaigns. Fund statewide campaigns on serious illness and end-of-life care to increase understanding and early palliative care adoption.	2020	PAUSED
b. Website modernization and transparency. Maintain up-to-date MDH/Council web content (resources, best practices, membership, activities) to improve stakeholder access and engagement.	2024	IN PROGRESS
c. Inter-council collaboration. Map and engage relevant Minnesota and national councils; establish a 2025 legislative tracker and develop a 1-page legislative education brief.	2024	IN PROGRESS
6. Research & Innovation		
a. Statewide research hub. Establish an interdisciplinary palliative care research center to coordinate studies, implementation science, and dissemination.	2020	PAUSED
b. Evaluation of payment/delivery models. Pair pilots with rigorous evaluation (cost, utilization, experience, equity outcomes) to guide scaling.	2022	PAUSED