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## BILL ANALYSIS



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Senate Bill 483 (as introduced 7-17-25)

Sponsor: Senator Rosemary Bayer

Committee: Health Policy

Date Completed: 11-3-25

**CONTENT**

**The bill would amend Part 22 (State Department of Public Health) of the Public Health Code to do the following:**

- **Create the Palliative Care Advisory Task Force (Task Force) in the Department of Health and Human Services (DHHS) and prescribe its membership and duties, including developing metrics to measure palliative care in Michigan and recommending ways to expand that care.**
- **By January 1, 2028, and annually after, require the Task Force to create and make publicly available a report that identified the palliative care services available in the State and any palliative care services that were not offered but would provide a benefit.**

**Membership**

By January 1, 2027, the Governor, with the advice and consent of the Senate, would have to appoint the members of the Task Force. Subject to the provisions below, the Task Force would have to consist of the following members:

- An individual representing a statewide organization for hospices and home care agencies.
- Five individuals who were palliative care clinical experts, including physicians, registered nurses, and nurse practitioners, one representing a rural area of Michigan.
- Two individuals who represented leaders or administrators in providing palliative care.
- Two individuals who represented a patient receiving palliative care or family members of a patient receiving palliative care.
- An individual who represented a statewide organization for insurance companies.
- An individual who represented the Children's Palliative Care Coalition of Michigan.
- An individual who represented the Michigan Health and Hospital Association.

A person other than an individual could not be represented by more than one member on the Task Force at one time.

The term of a member of the Task Force would be four years. If a vacancy occurred on the Task Force, the Governor, with the advice and consent of the Senate, would have to appoint an individual to fill the vacancy for the balance of the term. The Governor could remove a member of the Task Force for incompetence, dereliction of duty, malfeasance, misfeasance, or nonfeasance in office, or any other good cause.

A member would have to call the first meeting of the Task Force. At the first meeting, the Task Force would have to elect a member as a chairperson and could elect other officers that it considered necessary or appropriate. The Task Force would have to meet at least quarterly, or more frequently at the call of the chairperson or at the request of three or more members.

A majority of the members of the Task Force would constitute a quorum for transacting business. A quorum of the members of the Task Force serving would be required for any action of the Task Force.

The Task Force would be subject to the Open Meetings Act and the Freedom of Information Act. A member of the Task Force would not be entitled to compensation for service on the Task Force, but the DHHS could reimburse a member for actual and necessary expenses incurred in serving.

### Duties

The Task Force would have to do all the following:

- Provide the Legislature with a recommended definition for palliative care within Michigan.
- Conduct research on palliative care.
- Make recommendations that would expand the provision of palliative care.
- Identify palliative care services offered and measure for reimbursement of the services.
- Develop key program metrics for palliative care services and make recommendations to the DHHS and the Legislature.
- Collaborate with individuals to improve and expand high-quality palliative care services.
- Develop engagement strategies to educate the public on access to palliative care and to improve an individual's ability to make informed decisions on preferred care.
- Identify the capacity of palliative care providers to provide palliative care services.

By January 1, 2028, and every year after, the Task Force would have to create and make publicly available a report that identified the palliative care services available in Michigan and any palliative care services that were not offered in Michigan but would provide a benefit.

Proposed MCL 333.2220

### **PREVIOUS LEGISLATION**

*(This section does not provide a comprehensive account of previous legislative efforts on this subject matter.)*

The bill is a reintroduction of Senate Bill 1180 from the 2023-2024 Legislative Session.

### **BACKGROUND**

Palliative care refers to the practice of medicine focused on improving the quality of life for people with serious illnesses and their care partners. Common forms of palliative care include advance care planning like documenting an individual's future healthcare decisions in case the individual becomes unable to make these decisions, end of life care for patients who have stopped treatment to cure or control a disease, and bereavement support.<sup>1</sup>

Legislative Analyst: Alex Krabill

### **FISCAL IMPACT**

The bill would have a minor negative fiscal impact on the DHHS because the DHHS would incur the costs for staff or support provided to the Task Force. Members of the Task Force would not be entitled to compensation; however, they could be reimbursed for necessary travel and expenses consistent with current law, rules, and procedures subject to available

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<sup>1</sup> National Institute of Health, National Institute on Aging, "What Are Palliative Care and Hospice Care?", May 2021.

funding. The typical annual costs to support a task force can range from \$10,000 to \$200,000 depending on travel expenses and staff demands. It is likely that these costs could be absorbed within existing departmental appropriations.

Fiscal Analyst: Ellyn Ackerman

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This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.