

HOUSE BILL 30

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9lr0737

(PRE-FILED)

By: **Delegates Bobo and Manno**

Requested: October 3, 2008

Introduced and read first time: January 14, 2009

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health – Terminal Condition – Counseling**

3 FOR the purpose of requiring certain health care providers to provide certain
4 information and counseling about terminal condition care options to certain
5 patients with a terminal condition under certain circumstances; requiring
6 certain terminal condition care counseling to include certain information;
7 authorizing terminal condition care counseling to occur over a certain period of
8 time; authorizing certain referrals for terminal condition care counseling under
9 certain circumstances; requiring certain health care providers to make a certain
10 referral and provide a patient with certain information under certain
11 circumstances; defining certain terms; and generally relating to providing
12 terminal condition care counseling to patients with a terminal condition.

13 BY adding to

14 Article – Health – General

15 Section 5–901 through 5–903 to be under the new subtitle “Subtitle 9. Terminal
16 Condition Care Counseling”

17 Annotated Code of Maryland

18 (2005 Replacement Volume and 2008 Supplement)

19 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
20 MARYLAND, That the Laws of Maryland read as follows:

21 **Article – Health – General**

22 **SUBTITLE 9. TERMINAL CONDITION CARE COUNSELING.**

23 **5–901.**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
2 INDICATED.

3 (B) “CURATIVE TREATMENT” MEANS TREATMENT INTENDED TO CURE
4 OR ALLEVIATE SYMPTOMS OF A GIVEN DISEASE OR CONDITION.

5 (C) “HEALTH CARE PROVIDER” MEANS:

6 (1) AN ATTENDING PHYSICIAN;

7 (2) AN ATTENDING SURGEON; OR

8 (3) A NURSE PRACTITIONER OR PHYSICIAN ASSISTANT IN
9 ACCORDANCE WITH STANDARDIZED PROCEDURES OR PROTOCOLS DEVELOPED
10 AND APPROVED BY THE SUPERVISING PHYSICIAN OR SURGEON AND THE NURSE
11 PRACTITIONER OR PHYSICIAN ASSISTANT.

12 (D) “HOSPICE PROVIDER” MEANS A GENERAL HOSPICE CARE PROGRAM
13 OR A LIMITED HOSPICE CARE PROGRAM UNDER § 19-901 OF THIS ARTICLE.

14 (E) “LIFE-SUSTAINING PROCEDURE” HAS THE MEANING STATED IN §
15 5-601(M) OF THIS TITLE.

16 (F) “TERMINAL CONDITION” HAS THE MEANING STATED IN § 5-601(Q)
17 OF THIS TITLE.

18 **5-902.**

19 (A) WHEN A PATIENT IS DIAGNOSED WITH A TERMINAL CONDITION, THE
20 PHYSICIAN OR SURGEON MAKING THE DIAGNOSIS SHALL INFORM THE PATIENT
21 THAT THE PATIENT MAY RECEIVE COUNSELING REGARDING TERMINAL
22 CONDITION CARE OPTIONS THAT ARE AVAILABLE UNDER THE LAW.

23 (B) IF A PATIENT DECIDES TO RECEIVE TERMINAL CONDITION CARE
24 COUNSELING, THE HEALTH CARE PROVIDER SHALL:

25 (1) PROVIDE THE COUNSELING; OR

26 (2) REFER THE PATIENT TO A HOSPICE PROVIDER OR OTHER
27 ORGANIZATION THAT SPECIALIZES IN TERMINAL CONDITION CASE
28 MANAGEMENT AND CONSULTATION.

1 **(C) IF A PATIENT DECIDES TO RECEIVE TERMINAL CONDITION CARE**
2 **COUNSELING, THE COUNSELING SHALL INCLUDE THE FOLLOWING**
3 **COMPREHENSIVE INFORMATION:**

4 **(1) OPTIONS REGARDING HOSPICE CARE AT HOME OR IN A**
5 **HEALTH CARE SETTING; AND**

6 **(2) THE RIGHT OF THE PATIENT TO:**

7 **(I) REFUSE OR WITHDRAW FROM ANY LIFE-SUSTAINING**
8 **PROCEDURE;**

9 **(II) CONTINUE TO PURSUE CURATIVE TREATMENT;**

10 **(III) RECEIVE COMPREHENSIVE PAIN AND SYMPTOM**
11 **MANAGEMENT AT THE END OF LIFE, INCLUDING ADEQUATE PAIN MEDICATION,**
12 **PALLIATIVE CHEMOTHERAPY, AND OTHER CLINICAL TREATMENTS USEFUL**
13 **WHEN A PATIENT HAS A TERMINAL CONDITION; AND**

14 **(IV) MAKE A LIVING WILL OR ADVANCE DIRECTIVE UNDER**
15 **SUBTITLE 6 OF THIS TITLE.**

16 **(D) IF THE PATIENT REQUESTS INFORMATION ON THE COSTS OF THE**
17 **TREATMENT OPTIONS, THE PATIENT SHALL BE REFERRED TO THE**
18 **APPROPRIATE ENTITY FOR THAT INFORMATION.**

19 **(E) TERMINAL CONDITION CARE COUNSELING MAY INCLUDE:**

20 **(1) DISCUSSIONS ABOUT THE OUTCOMES FOR THE PATIENT AND**
21 **THE PATIENT'S FAMILY, BASED ON THE INTERESTS OF THE PATIENT;**

22 **(2) A DISCUSSION OF BENEFITS AND BURDENS OF TREATMENT**
23 **OPTIONS IN A MANNER THAT THE PATIENT AND THE PATIENT'S FAMILY CAN**
24 **EASILY UNDERSTAND; AND**

25 **(3) INFORMATION FROM ORGANIZATIONS SPECIALIZING IN**
26 **TERMINAL CONDITION CARE THAT PROVIDE INFORMATION ON FACT SHEETS**
27 **AND INTERNET WEBSITES TO CONVEY THE INFORMATION.**

28 **(F) (1) TERMINAL CONDITION CARE COUNSELING MAY OCCUR OVER**
29 **A SERIES OF MEETINGS WITH THE HEALTH CARE PROVIDER OR OTHER**
30 **COUNSELING PROVIDERS BASED ON THE PATIENT'S NEEDS.**

1 **(2) THE HEALTH CARE PROVIDER OR OTHER COUNSELING**
2 **PROVIDER MAY ENCOURAGE THE PATIENT TO INCLUDE THE PATIENT'S FAMILY**
3 **IN TERMINAL CONDITION CARE COUNSELING.**

4 **5-903.**

5 **IF A HEALTH CARE PROVIDER DOES NOT WISH TO COMPLY WITH §**
6 **5-902(B) OF THIS SUBTITLE, THE HEALTH CARE PROVIDER SHALL:**

7 **(1) INFORM THE PATIENT THAT THE HEALTH CARE PROVIDER**
8 **CANNOT COMPLY;**

9 **(2) REFER OR TRANSFER THE PATIENT TO ANOTHER HEALTH**
10 **CARE PROVIDER; AND**

11 **(3) PROVIDE THE PATIENT WITH INFORMATION ON PROCEDURES**
12 **TO TRANSFER TO ANOTHER HEALTH CARE PROVIDER.**

13 **SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect**
14 **October 1, 2009.**