

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

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 11, 2009

CHAPTER _____

1 AN ACT concerning

2 ~~Health Terminal Condition Counseling~~
3 Health Care Decisions Counseling - Workgroup

4 FOR the purpose of ~~requiring certain health care providers to provide certain~~
5 ~~information and counseling about terminal condition care options to certain~~
6 ~~patients with a terminal condition under certain circumstances; requiring~~
7 ~~certain terminal condition care counseling to include certain information;~~
8 ~~authorizing terminal condition care counseling to occur over a certain period of~~
9 ~~time; authorizing certain referrals for terminal condition care counseling under~~
10 ~~certain circumstances; requiring certain health care providers to make a certain~~
11 ~~referral and provide a patient with certain information under certain~~
12 ~~circumstances; defining certain terms; and generally relating to providing~~
13 ~~terminal condition care counseling to patients with a terminal condition~~
14 requiring the counsel for Health Decisions Policy in the Office of the Attorney
15 General to convene a workgroup to study and make recommendations related to
16 end-of-life counseling and hospice care; providing for the membership of the
17 workgroup; requiring the workgroup to examine certain issues in conducting the
18 study; requiring the workgroup to provide a certain report to certain committees
19 of the General Assembly on or before a certain date; and generally relating to
20 methods to increase and improve end-of-life counseling and hospice care.

21 ~~BY adding to~~
22 ~~Article Health General~~
23 ~~Section 5-901 through 5-903 to be under the new subtitle "Subtitle 9. Terminal~~
24 ~~Condition Care Counseling"~~

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike-out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 ~~Annotated Code of Maryland~~
2 ~~(2005 Replacement Volume and 2008 Supplement)~~

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

5 ~~Article — Health — General~~

6 ~~SUBTITLE 9. TERMINAL CONDITION CARE COUNSELING.~~

7 ~~5-901.~~

8 ~~(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS~~
9 ~~INDICATED.~~

10 ~~(B) "CURATIVE TREATMENT" MEANS TREATMENT INTENDED TO CURE~~
11 ~~OR ALLEVIATE SYMPTOMS OF A GIVEN DISEASE OR CONDITION.~~

12 ~~(C) "HEALTH CARE PROVIDER" MEANS:~~

13 ~~(1) AN ATTENDING PHYSICIAN;~~

14 ~~(2) AN ATTENDING SURGEON; OR~~

15 ~~(3) A NURSE PRACTITIONER OR PHYSICIAN ASSISTANT IN~~
16 ~~ACCORDANCE WITH STANDARDIZED PROCEDURES OR PROTOCOLS DEVELOPED~~
17 ~~AND APPROVED BY THE SUPERVISING PHYSICIAN OR SURGEON AND THE NURSE~~
18 ~~PRACTITIONER OR PHYSICIAN ASSISTANT.~~

19 ~~(D) "HOSPICE PROVIDER" MEANS A GENERAL HOSPICE CARE PROGRAM~~
20 ~~OR A LIMITED HOSPICE CARE PROGRAM UNDER § 19-901 OF THIS ARTICLE.~~

21 ~~(E) "LIFE-SUSTAINING PROCEDURE" HAS THE MEANING STATED IN §~~
22 ~~5-601(M) OF THIS TITLE.~~

23 ~~(F) "TERMINAL CONDITION" HAS THE MEANING STATED IN § 5-601(Q)~~
24 ~~OF THIS TITLE.~~

25 ~~5-902.~~

26 ~~(A) WHEN A PATIENT IS DIAGNOSED WITH A TERMINAL CONDITION, THE~~
27 ~~PHYSICIAN OR SURGEON MAKING THE DIAGNOSIS SHALL INFORM THE PATIENT~~
28 ~~THAT THE PATIENT MAY RECEIVE COUNSELING REGARDING TERMINAL~~
29 ~~CONDITION CARE OPTIONS THAT ARE AVAILABLE UNDER THE LAW.~~

1 ~~(B) IF A PATIENT DECIDES TO RECEIVE TERMINAL CONDITION CARE~~
2 ~~COUNSELING, THE HEALTH CARE PROVIDER SHALL:~~

3 ~~(1) PROVIDE THE COUNSELING; OR~~

4 ~~(2) REFER THE PATIENT TO A HOSPICE PROVIDER OR OTHER~~
5 ~~ORGANIZATION THAT SPECIALIZES IN TERMINAL CONDITION CASE~~
6 ~~MANAGEMENT AND CONSULTATION.~~

7 ~~(C) IF A PATIENT DECIDES TO RECEIVE TERMINAL CONDITION CARE~~
8 ~~COUNSELING, THE COUNSELING SHALL INCLUDE THE FOLLOWING~~
9 ~~COMPREHENSIVE INFORMATION:~~

10 ~~(1) OPTIONS REGARDING HOSPICE CARE AT HOME OR IN A~~
11 ~~HEALTH CARE SETTING; AND~~

12 ~~(2) THE RIGHT OF THE PATIENT TO:~~

13 ~~(I) REFUSE OR WITHDRAW FROM ANY LIFE-SUSTAINING~~
14 ~~PROCEDURE;~~

15 ~~(II) CONTINUE TO PURSUE CURATIVE TREATMENT;~~

16 ~~(III) RECEIVE COMPREHENSIVE PAIN AND SYMPTOM~~
17 ~~MANAGEMENT AT THE END OF LIFE, INCLUDING ADEQUATE PAIN MEDICATION,~~
18 ~~PALLIATIVE CHEMOTHERAPY, AND OTHER CLINICAL TREATMENTS USEFUL~~
19 ~~WHEN A PATIENT HAS A TERMINAL CONDITION; AND~~

20 ~~(IV) MAKE A LIVING WILL OR ADVANCE DIRECTIVE UNDER~~
21 ~~SUBTITLE 6 OF THIS TITLE.~~

22 ~~(D) IF THE PATIENT REQUESTS INFORMATION ON THE COSTS OF THE~~
23 ~~TREATMENT OPTIONS, THE PATIENT SHALL BE REFERRED TO THE~~
24 ~~APPROPRIATE ENTITY FOR THAT INFORMATION.~~

25 ~~(E) TERMINAL CONDITION CARE COUNSELING MAY INCLUDE:~~

26 ~~(1) DISCUSSIONS ABOUT THE OUTCOMES FOR THE PATIENT AND~~
27 ~~THE PATIENT'S FAMILY, BASED ON THE INTERESTS OF THE PATIENT;~~

28 ~~(2) A DISCUSSION OF BENEFITS AND BURDENS OF TREATMENT~~
29 ~~OPTIONS IN A MANNER THAT THE PATIENT AND THE PATIENT'S FAMILY CAN~~
30 ~~EASILY UNDERSTAND; AND~~

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

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

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

~~5-903.~~

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

~~(1) INFORM THE PATIENT THAT THE HEALTH CARE PROVIDER CANNOT COMPLY;~~

~~(2) REFER OR TRANSFER THE PATIENT TO ANOTHER HEALTH CARE PROVIDER; AND~~

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

(a) The counsel for Health Decisions Policy in the Office of the Attorney General shall convene a workgroup to study and make recommendations on methods to increase and improve end-of-life counseling and hospice care.

(b) The workgroup shall include the counsel for Health Decisions Policy and representatives of MedChi, the Maryland Catholic Conference, the Hospice and Palliative Care Network of Maryland, the Maryland Developmental Disabilities Council, the Office of Health Care Quality, the Alzheimer's Association, the State Advisory Council on Quality Care at the End of Life, providers in the long-term care industry, and any other interested stakeholder.

(c) In conducting the study under subsection (a) of this section, the workgroup shall:

(1) examine:

(i) the types of options available in the State for individuals at the end of life for palliative and hospice care;

1 (ii) the degree to which the various options are utilized within a
2 home setting, long-term care setting, hospital setting, and hospice setting;

3 (iii) the average length of time an individual spends in the
4 various types of palliative care and hospice care settings; and

5 (iv) the types and degrees of barriers that exist regarding
6 awareness of and access to hospice and palliative care programs; and

7 (2) recommend ways to improve awareness and access to hospice and
8 palliative care programs.

9 (d) The counsel for Health Decisions Policy in the Office of the Attorney
10 General shall submit a report of the workgroup’s findings and recommendations, in
11 accordance with § 2-1246 of the State Government Article, to the Senate Finance
12 Committee and the House Health and Government Operations Committee on or before
13 December 31, 2009.

14 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
15 ~~October~~ June 1, 2009.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.