J1 3lr1096

By: Delegates Hubbard, Bobo, Cullison, Donoghue, Pena-Melnyk, and V. Turner

Introduced and read first time: January 31, 2013 Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

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Hospitals - Establishment of Palliative Care Programs - Required

3 FOR the purpose of requiring certain hospitals to implement a certain palliative care 4 program on or before a certain date; requiring the palliative care program to 5 include certain policies and procedures; requiring certain counseling about 6 palliative care to include certain information regarding certain rights of 7 patients; requiring the Department of Health and Mental Hygiene to adopt 8 certain regulations on or before a certain date; prohibiting certain regulations 9 from requiring a palliative care program to be led by a certain physician; 10 requiring the Department to conduct a certain survey of certain palliative care 11 programs at certain intervals; requiring the Maryland Hospital Association to 12 provide a certain report to the General Assembly on or before a certain date; defining certain terms; and generally relating to palliative care programs in 13 hospitals in the State. 14

- 15 BY adding to
- 16 Article Health General
- 17 Section 19–308.9
- 18 Annotated Code of Maryland
- 19 (2009 Replacement Volume and 2012 Supplement)
- 20 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF 21 MARYLAND, That the Laws of Maryland read as follows:
- 22 Article Health General
- 23 **19–308.9.**

- 1 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE 2 MEANINGS INDICATED.
- 3 (2) "AUTHORIZED DECISION MAKER" MEANS THE HEALTH CARE
- 4 AGENT OR SURROGATE DECISION MAKER WHO IS MAKING HEALTH CARE
- 5 DECISIONS ON BEHALF OF A PATIENT IN ACCORDANCE WITH §§ 5–601 THROUGH
- 6 **5–618** OF THIS ARTICLE.
- 7 (3) "PALLIATIVE CARE" MEANS SPECIALIZED MEDICAL CARE FOR
- 8 INDIVIDUALS WITH SERIOUS ILLNESSES OR CONDITIONS THAT:
- 9 (I) IS FOCUSED ON PROVIDING PATIENTS WITH RELIEF
- 10 FROM THE SYMPTOMS, PAIN, AND STRESS OF A SERIOUS ILLNESS OR
- 11 CONDITION, WHATEVER THE DIAGNOSIS;
- 12 (II) HAS THE GOAL OF IMPROVING QUALITY OF LIFE FOR
- 13 THE PATIENT, THE PATIENT'S FAMILY, AND OTHER CAREGIVERS;
- 14 (III) IS PROVIDED AT ANY AGE AND AT ANY STAGE IN A
- 15 SERIOUS ILLNESS OR CONDITION; AND
- 16 (IV) MAY BE PROVIDED ALONG WITH CURATIVE
- 17 TREATMENT.
- 18 (B) ON OR BEFORE JULY 1, 2016, EACH GENERAL HOSPITAL WITH 50
- 19 OR MORE BEDS THAT DOES NOT HAVE A PALLIATIVE CARE PROGRAM
- 20 ACCREDITED BY AN ACCREDITATION ORGANIZATION APPROVED BY THE
- 21 DEPARTMENT SHALL IMPLEMENT A PALLIATIVE CARE PROGRAM THAT:
- 22 (1) MEETS THE REQUIREMENTS OF THIS SECTION; AND
- 23 (2) COMPLIES WITH REGULATIONS ADOPTED BY THE
- 24 DEPARTMENT UNDER SUBSECTION (E) OF THIS SECTION.
- 25 (C) A HOSPITAL'S NONACCREDITED PALLIATIVE CARE PROGRAM SHALL
- 26 INCLUDE POLICIES AND PROCEDURES ESTABLISHED BY THE HOSPITAL THAT:
- 27 (1) PROVIDE ACCESS TO INFORMATION AND COUNSELING
- 28 REGARDING PALLIATIVE CARE SERVICES APPROPRIATE TO A PATIENT WITH A
- 29 SERIOUS ILLNESS OR CONDITION;
- 30 (2) IDENTIFY THE AUTHORIZED DECISION MAKER OF AN
- 31 INDIVIDUAL WHO LACKS CAPACITY TO MAKE HEALTH CARE DECISIONS IN

- 1 ORDER TO PROVIDE THE AUTHORIZED DECISION MAKER ACCESS TO
- 2 INFORMATION AND COUNSELING REGARDING OPTIONS FOR PALLIATIVE CARE
- 3 FOR THE PATIENT;
- 4 (3) REQUIRE PROVIDERS TO ENGAGE IN A DISCUSSION OF THE
- 5 BENEFITS AND RISKS OF TREATMENT OPTIONS IN A MANNER THAT CAN BE
- 6 UNDERSTOOD EASILY BY THE PATIENT OR AUTHORIZED DECISION MAKER;
- 7 (4) ENCOURAGE THE PATIENT OR AUTHORIZED DECISION MAKER
- 8 TO INCLUDE THE PATIENT'S RELATIVES AND FRIENDS IN COUNSELING
- 9 REGARDING PALLIATIVE CARE; AND
- 10 (5) FACILITATE ACCESS TO APPROPRIATE PALLIATIVE CARE
- 11 CONSULTATIONS AND SERVICES, INCLUDING ASSOCIATED PAIN MANAGEMENT
- 12 CONSULTATIONS AND SERVICES CONSISTENT WITH A PATIENT'S NEEDS AND
- 13 PREFERENCES.
- 14 (D) IF A PATIENT OR AUTHORIZED DECISION MAKER DECIDES TO
- 15 RECEIVE COUNSELING ABOUT PALLIATIVE CARE, THE COUNSELING SHALL
- 16 INCLUDE INFORMATION REGARDING THE RIGHT OF THE PATIENT TO:
- 17 (1) CONTINUE TO PURSUE DISEASE-TARGETED TREATMENT
- 18 WITH OR WITHOUT CONCURRENT PALLIATIVE CARE; AND
- 19 (2) RECEIVE COMPREHENSIVE PAIN AND SYMPTOM
- 20 MANAGEMENT, INCLUDING PAIN MEDICATIONS.
- 21 (E) (1) THE DEPARTMENT SHALL ADOPT REGULATIONS THAT:
- 22 (I) SET THE STANDARDS FOR THE OPERATION OF A
- 23 HOSPITAL'S NONACCREDITED PALLIATIVE CARE PROGRAM; AND
- 24 (II) IMPLEMENT THE PROVISIONS OF THIS SECTION.
- 25 (2) THE STANDARDS ADOPTED UNDER PARAGRAPH (1)(I) OF THIS
- 26 SUBSECTION SHALL BE COMPARABLE TO THE STANDARDS SET BY THE JOINT
- 27 COMMISSION FOR PALLIATIVE CARE PROGRAMS.
- 28 (3) THE REGULATIONS ADOPTED UNDER PARAGRAPH (1) OF THIS
- 29 SUBSECTION MAY NOT REQUIRE THAT A PALLIATIVE CARE PROGRAM BE LED BY
- 30 A PHYSICIAN WHO IS BOARD CERTIFIED IN PALLIATIVE CARE.

1	(F) (1) EACH YEAR THE DEPARTMENT SHALL SURVEY AT LEAST 25%
2	OF THE NONACCREDITED PALLIATIVE CARE PROGRAMS IN THE STATE TO
3	REVIEW COMPLIANCE WITH THIS SECTION AND THE REGULATIONS ADOPTED BY
4	THE DEPARTMENT UNDER THIS SECTION.

- 5 (2) AT LEAST ONCE EVERY 4 YEARS, THE DEPARTMENT SHALL 6 SURVEY EACH NONACCREDITED PALLIATIVE CARE PROGRAM TO REVIEW 7 COMPLIANCE WITH THIS SECTION AND THE REGULATIONS ADOPTED BY THE 8 DEPARTMENT UNDER THIS SECTION.
- 9 SECTION 2. AND BE IT FURTHER ENACTED, That, on or before January 31, 10 2016, the Department of Health and Mental Hygiene shall adopt the regulations 11 required under § 19–308.9(e) of the Health General Article, as enacted by Section 1 of this Act.
- SECTION 3. AND BE IT FURTHER ENACTED, That, on or before January 1, 2015, the Maryland Hospital Association shall report to the General Assembly, in accordance with § 2–1246 of the State Government Article, on the palliative care programs in operation in hospitals in the State.
- SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2013.