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§19–308.9. IN EFFECT

// EFFECTIVE UNTIL NOVEMBER 30, 2016 PER CHAPTER 379 OF 2013 //

(a) (1) In this section the following words have the meanings indicated.

(2) “Authorized decision maker” means the health care agent or surrogate decision maker who is making health care decisions on behalf of a patient in accordance with §§ 5–601 through 5–618 of this article.

(3) “Palliative care” means specialized medical care for individuals with serious illnesses or conditions that:

(i) Is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness or condition, whatever the diagnosis;

(ii) Has the goal of improving quality of life for the patient, the patient’s family, and other caregivers;

(iii) Is provided at any age and at any stage in a serious illness or condition; and

(iv) May be provided along with curative treatment.

(b) (1) (i) At least five palliative care pilot programs shall be established in the State in hospitals with 50 or more beds.

(ii) The pilot programs shall be selected by the Maryland Health Care Commission in a manner that ensures geographic balance in the State.

(iii) The pilot programs established under subparagraph (i) of this paragraph shall:

1. Collaborate with palliative care or community providers to deliver care;

2. Gather data on costs and savings to hospitals and providers, access to care, and patient choice; and

3. Report to the Maryland Health Care Commission on best practices that can be used in the development of statewide palliative care standards.

(2) The Maryland Health Care Commission shall, in consultation with the pilot programs established under paragraph (1) of this subsection and stakeholders selected by the Commission, identify core data measures for the data collected

under paragraph (1)(iii)2 of this subsection and develop standards for the reporting requirements of paragraph (1)(iii)3 of this subsection.

(c) The pilot programs established under subsection (b) of this section shall include policies and procedures established by the hospital that:

(1) Provide access to information and counseling regarding palliative care services appropriate to a patient with a serious illness or condition;

(2) Identify the authorized decision maker of an individual who lacks capacity to make health care decisions in order to provide the authorized decision maker access to information and counseling regarding options for palliative care for the patient;

(3) Require providers to engage in a discussion of the benefits and risks of treatment options in a manner that can be understood easily by the patient or authorized decision maker;

(4) Encourage the patient or authorized decision maker to include the patient's relatives and friends in counseling regarding palliative care; and

(5) Facilitate access to appropriate palliative care consultations and services, including associated pain management consultations and services consistent with a patient's needs and preferences.

(d) If a patient or authorized decision maker decides to receive counseling about palliative care, the counseling shall include information regarding the right of the patient to:

(1) Continue to pursue disease-targeted treatment with or without concurrent palliative care; and

(2) Receive comprehensive pain and symptom management, including pain medications.

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