31, 35, 02 2lr2118 CF SB 824

By: Delegate Cullison

Introduced and read first time: February 10, 2022 Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2

Health - Accessibility of Electronic Advance Care Planning Documents

- 3 FOR the purpose of requiring the Maryland Health Care Commission to coordinate the 4 accessibility of electronic advance care planning documents in the State; requiring 5 health care facilities, nursing homes, assisted living facilities, managed care 6 organizations, and carriers to take certain actions related to electronic advance care 7 planning documents; altering the required content for an information sheet on 8 advance directives developed by the Maryland Department of Health; requiring the Motor Vehicle Administration to submit a report regarding the implementation of 9 certain provisions of law related to advance directives; and generally relating to 10 11 advance care planning documents.
- 12 BY repealing and reenacting, with amendments,
- 13 Article Health General
- 14 Section 5–615, 15–103(b)(9)(xv) and (xvi), 19–144, and 19–1805(b)
- 15 Annotated Code of Maryland
- 16 (2019 Replacement Volume and 2021 Supplement)
- 17 BY adding to
- 18 Article Health General
- 19 Section 15–103(b)(9)(xvii) and (xviii), 19–145, and 19–1401.4
- 20 Annotated Code of Maryland
- 21 (2019 Replacement Volume and 2021 Supplement)
- 22 BY repealing and reenacting, with amendments,
- 23 Article Insurance
- 24 Section 15–122.1
- 25 Annotated Code of Maryland
- 26 (2017 Replacement Volume and 2021 Supplement)



- SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
- 2 That the Laws of Maryland read as follows:
- 3 Article Health General
- 4 5–615.
- 5 (a) (1) In this section[, "health] THE FOLLOWING WORDS HAVE THE 6 MEANINGS INDICATED.
- 7 (2) "ADVANCE CARE PLANNING DOCUMENT" HAS THE MEANING 8 STATED IN § 19–145 OF THIS ARTICLE.
- 9 (3) "ELECTRONIC ADVANCE CARE PLANNING DOCUMENT" HAS THE 10 MEANING STATED IN § 19–145 OF THIS ARTICLE.
- 11 **(4) "HEALTH** care facility" has the meaning stated in § 19–114 of this 12 article.
- 13 (b) **(1)** Each health care facility shall provide each individual on admittance to the facility information concerning the rights of the individual to make decisions concerning health care, including the right to accept or refuse treatment, and the right to make an advance directive, including a living will.
- 17 (2) ON ADMITTANCE OF AN INDIVIDUAL TO A HEALTH CARE FACILITY, 18 EACH HEALTH CARE FACILITY SHALL:
- 19 (I) USE THE STATE-DESIGNATED HEALTH INFORMATION 20 EXCHANGE TO IDENTIFY IF THE INDIVIDUAL HAS ANY ELECTRONIC ADVANCE
- 21 PLANNING DOCUMENTS;
- 22 (II) IF THE INDIVIDUAL HAS ANY ELECTRONIC ADVANCE
- 23 PLANNING DOCUMENTS, ATTEMPT TO VERIFY THE CONTENTS AND UPDATE THE
- 24 DOCUMENTS AS NECESSARY; AND
- 25 (III) IF THE INDIVIDUAL DOES NOT HAVE ANY ELECTRONIC
- 26 ADVANCE CARE PLANNING DOCUMENTS:
- 27 1. OFFER THE INDIVIDUAL THE OPPORTUNITY TO SCAN
- 28 ANY PAPER ADVANCE CARE PLANNING DOCUMENTS THE INDIVIDUAL BROUGHT TO
- 29 THE HEALTH CARE FACILITY AND MAKE THEM ACCESSIBLE TO THE
- 30 STATE-DESIGNATED HEALTH INFORMATION EXCHANGE; OR

$1\\2$	2. PROVIDE THE INDIVIDUAL WITH AN INFORMATION SHEET DEVELOPED IN ACCORDANCE WITH THIS SECTION.
3 4 5	(3) If a health care facility maintains an electronic health record system, the health care facility shall provide access through the electronic health record system's patient portal:
6 7	(I) THE ELECTRONIC MEANS TO CREATE, EXECUTE, AND STORE AN ADVANCE DIRECTIVE OR A HEALTH CARE AGENT DESIGNATION; AND
8 9 10 11	(II) THE CAPABILITY TO UPLOAD AN ADVANCE CARE PLANNING DOCUMENT AND MAKE IT ACCESSIBLE TO THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE OR UPDATE AN EXISTING ELECTRONIC ADVANCE CARE PLANNING DOCUMENT.
12 13 14	(c) (1) The Department, in consultation with the Office of the Attorney General, shall develop an information sheet that provides information relating to advance directives, which shall include:
15 16	(i) Written statements informing an individual that an advance directive:
17 18	1. Can be updated or revoked by the individual at any time;
19 20 21	2. Is a useful, legal, and well established way for an individual to [direct] COMMUNICATE THE PREFERENCES OF THE INDIVIDUAL FOR medical care;
22 23 24	[2.] 3. Allows an individual to specify the medical care that the individual [will] MAY receive and can alleviate conflict among family members and health care providers;
25 26	[3.] 4. Can HELP ensure that an individual's religious beliefs are considered [when directing] IF medical care IS PROVIDED;
27 28 29	[4.] 5. [Is most effective if completed in consultation] CAN BE MORE EFFECTIVE IF DISCUSSED with family members, or legal and religious advisors, if an individual desires;
30	[5. Can be revoked or changed at any time;]
31 32	6. Is available in many forms, including model forms developed by religious organizations, estate planners, and lawyers;

$1\\2$	7. Does not have to be on any specific form and can be personalized; [and]
3 4 5 6	8. If completed, should be copied for an individual's family members, physicians, and legal advisors AND, AT THE DISCRETION OF THE INDIVIDUAL, MADE ACCESSIBLE TO THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE; and
7 8	9. IS MOST EFFECTIVE IF IT IS MADE ACCESSIBLE TO THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE; AND
9	(ii) The following written statements:
10 11	1. That an individual is not required to complete an advance directive;
12 13	2. That an individual should discuss the appointment of a health care agent with the potential appointee;
14 15	[2.] 3. That advance directives are for individuals of all ages;
16 17 18	[3.] 4. That in the absence of an appointed health care agent, the next of kin make an individual's health care decisions when the individual is incapable of making OR COMMUNICATING those decisions[; and
19 20	4. That an individual is not required to complete an advance directive].
21 22	(2) The information sheet developed by the Department under this subsection shall be provided by:
23	(i) The Department, in accordance with § 15–109.1 of this article;
24 25	(ii) The Motor Vehicle Administration, in accordance with § $12-303.1$ of the Transportation Article;
26 27	(iii) A carrier, in accordance with $\S~15-122.1$ of the Insurance Article; [and]
28 29	(iv) The Maryland Health Benefit Exchange, in accordance with $\$ 31–108(g) of the Insurance Article;
30 31	(V) A LICENSED PHYSICIAN TO A PATIENT AT AN APPROPRIATE TIME DURING A SCHEDULED APPOINTMENT;

1 2	15-103 OF THIS A	` '	A MANAGED CARE ORGANIZATION IN ACCORDANCE WITH § LE;
3 4	SUBSECTION (B)	` '	A HEALTH CARE FACILITY IN ACCORDANCE WITH IS SECTION;
5 6	THIS ARTICLE;	(VIII)	A NURSING HOME IN ACCORDANCE WITH § 19–1401.4 OF
7 8	19–1805 OF THIS	(IX) ARTIO	AN ASSISTED LIVING FACILITY IN ACCORDANCE WITH § CLE; AND
9	EXCHANGE IN AC	(X) CORD	THE STATE-DESIGNATED HEALTH INFORMATION ANCE WITH § 19–145(B)(2)(IV) OF THIS ARTICLE.
11 12 13 14		r pror	[The] EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS mation sheet developed by the Department under this subsection note a specific advance directive form or an electronic advance ervice.
15 16 17			THE INFORMATION SHEET SHALL INCLUDE LINKS TO CONIC ADVANCE DIRECTIVE SERVICES THAT THE MARYLAND SSION HAS RECOGNIZED UNDER § 19–144 OF THIS ARTICLE.
18 19	(4) subsection at a min		information sheet developed by the Department under this shall:
20		(i)	Educate the public on the use of electronic advance directives;
21		(ii)	Encourage the use of electronic advance directives;
22 23	directive;	(iii)	Provide information about developing an electronic advance
24 25	the point of care;	(iv)	Describe how electronic advance directives are made available at
26 27	required; [and]	(v)	Indicate that the use of an electronic advance directive is not
28 29	electronic advance	(vi) direct	Indicate that individuals do not have to pay to have their ives honored; AND

1 2 3	(VII) EMPHASIZE THE IMPORTANCE OF MAKING AN ELECTRONIC ADVANCE DIRECTIVE ACCESSIBLE THROUGH THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE.
4	15–103.
5	(b) (9) Each managed care organization shall:
6 7 8	(xv) Upon provision of information specified by the Department under paragraph (19) of this subsection, pay school-based clinics for services provided to the managed care organization's enrollees; [and]
9 10 11	(xvi) In coordination with participating dentists, enrollees, and families of enrollees, develop a process to arrange to provide dental therapeutic treatment to individuals under 21 years of age that requires:
12 13 14	1. A participating dentist to notify a managed care organization when an enrollee is in need of therapeutic treatment and the dentist is unable to provide the treatment;
15 16 17	2. A managed care organization to provide the enrollee or the family of the enrollee with a list of participating providers who offer therapeutic dental services; and
18 19 20 21	3. A managed care organization to notify the enrollee or the family of the enrollee that the managed care organization will provide further assistance if the enrollee has difficulty obtaining an appointment with a provider of therapeutic dental services;
22 23	(XVII) PROVIDE THE ADVANCE DIRECTIVE INFORMATION SHEET DEVELOPED UNDER § 5–615 OF THIS ARTICLE:
24 25 26	1. TO ALL ENROLLEES AT THE TIME OF INITIAL ENROLLMENT AND IN THE MANAGED CARE ORGANIZATION'S ENROLLEE PUBLICATIONS;
27 28	2. If the managed care organization maintains a website, on the managed care organization's website; and
29	3. At the request of an enrollee; and
30 31	(XVIII) IF A MANAGED CARE ORGANIZATION MAINTAINS A WEBSITE, PROVIDE ACCESS ON ITS WEBSITE TO ITS ENROLLEES TO:

- 1 1. THE ELECTRONIC MEANS TO CREATE, EXECUTE, AND 2 STORE AN ADVANCE DIRECTIVE OR HEALTH CARE AGENT DESIGNATION; AND
- 3 2. THE CAPABILITY TO UPLOAD AN ADVANCE CARE
- 4 PLANNING DOCUMENT AS DEFINED IN § 19-145 OF THIS ARTICLE, AND MAKE IT
- 5 ACCESSIBLE TO THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE OR
- 6 UPDATE AN EXISTING ELECTRONIC ADVANCE CARE PLANNING DOCUMENT, AS
- DEFINED IN § 19–145 OF THIS ARTICLE. 7
- 8 19-144.
- 9 To facilitate the use of Web-based technology for electronic advance (a)
- 10 directives, the Maryland Health Care Commission shall develop criteria for recognizing
- electronic advance directives services that are authorized to connect to the 11
- 12 State-designated health information exchange.
- 13 To be authorized to connect to the State-designated health information
- 14 exchange, an electronic advance directives service shall:
- Be recognized by the Maryland Health Care Commission; 15 (1)
- 16 (2)Be established in accordance with the National Institute of Standards 17 and Technology Special Publication 800–63–2: Electronic Authentication Guideline;
- 18 **(3)** Be responsible for all costs associated with connecting to the
- State-designated health information exchange; and 19
- 20 [(4)] (3) Store electronic advance directives that are received by facsimile
- 21or other electronic means.
- 22The State-designated health information exchange may charge electronic 23 advance directives services recognized by the Maryland Health Care Commission a fee for
- 24connecting to the State-designated health information exchange.
- 25The State-designated health information exchange shall ensure that
- electronic advance directives services do not have access to information stored on the 26
- State-designated health information exchange. 27
- 28 **19–145.**
- 29 IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS (A) **(1)**
- 30 INDICATED.

1 2 3	(2) (I) "ADVANCE CARE PLANNING DOCUMENT" MEANS A DOCUMENT THAT INDICATES AN INDIVIDUAL'S PREFERENCES FOR THE RECEIPT OF HEALTH CARE.
4	(II) "ADVANCE CARE PLANNING DOCUMENT" INCLUDES:
5	1. AN ADVANCE DIRECTIVE;
6 7	2. A DOCUMENT THAT APPOINTS A HEALTH CARE AGENT; AND
8 9	3. A MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT FORM.
10	(3) "CARRIER" MEANS:
11	(I) AN INSURER;
12	(II) A NONPROFIT HEALTH SERVICE PLAN;
13	(III) A HEALTH MAINTENANCE ORGANIZATION; AND
14	(IV) A MANAGED CARE ORGANIZATION.
15 16 17 18	(4) "ELECTRONIC ADVANCE CARE PLANNING DOCUMENT" MEANS AN ELECTRONIC VERSION OF AN ADVANCE CARE PLANNING DOCUMENT THAT IS ACCESSIBLE TO THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE AND APPROPRIATE HEALTH CARE PROVIDERS.
19	(5) "HEALTH CARE PROVIDER" MEANS:
20 21 22	(I) A HEALTH CARE PRACTITIONER WHO IS LICENSED OR CERTIFIED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE IN THE ORDINARY COURSE OF BUSINESS;
23 24	(II) A SET OF HEALTH CARE PRACTITIONERS, AS DEFINED IN § $15-113$ OF THIS ARTICLE;
25 26	(III) A HEALTH CARE FACILITY AS DEFINED IN § 19–114 OF THIS SUBTITLE;
27 28	(IV) A NURSING FACILITY, AS DEFINED IN § 19–301 OF THIS

- 1 (V) AN ASSISTED LIVING PROGRAM, AS DEFINED IN § 19–1801
- 2 OF THIS TITLE.
- 3 (B) (1) THE COMMISSION SHALL COORDINATE THE ACCESSIBILITY OF
- 4 ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS IN THE STATE.
- 5 (2) THE COORDINATION PROVIDED BY THE COMMISSION UNDER THIS
- 6 SUBSECTION SHALL INCLUDE:
- 7 (I) IDENTIFYING A PROCESS THROUGH WHICH:
- 8 1. INDIVIDUALS CAN MAKE ADVANCE CARE PLANNING
- 9 DOCUMENTS ACCESSIBLE TO THE STATE-DESIGNATED HEALTH INFORMATION
- 10 EXCHANGE;
- 11 2. INDIVIDUALS CAN UPDATE ELECTRONIC ADVANCE
- 12 CARE PLANNING DOCUMENTS; AND
- 3. HEALTH CARE PROVIDERS CAN ACCESS ELECTRONIC
- 14 ADVANCE CARE PLANNING DOCUMENTS AS APPROPRIATE;
- 15 (II) IDENTIFICATION OF OPTIONS THAT MAY BE TAKEN BY
- 16 CARRIERS AND HEALTH CARE PROVIDERS TO:
- 17 ENCOURAGE INDIVIDUALS TO CREATE, UPLOAD, AND
- 18 UPDATE ADVANCE PLANNING DOCUMENTS; AND
- 19 **2.** Make electronic advance care planning
- 20 DOCUMENTS ACCESSIBLE THROUGH:
- A. THE USE OF AN ELECTRONIC ADVANCE DIRECTIVE
- 22 SERVICE RECOGNIZED BY THE COMMISSION UNDER § 19–144 OF THIS SUBTITLE;
- 23 AND
- B. PROVIDING THE CAPABILITY TO UPLOAD AN
- 25 ADVANCE CARE PLANNING DOCUMENT AND MAKE IT ACCESSIBLE TO THE
- 26 STATE-DESIGNATED HEALTH INFORMATION EXCHANGE OR UPDATE AN
- 27 ELECTRONIC ADVANCE CARE PLANNING DOCUMENT;
- 28 (III) DEVELOPMENT AND IMPLEMENTATION OF QUALITY
- 29 MEASURES ENDORSED OR DESIGNATED FOR TESTING BY A NATIONAL QUALITY
- 30 MEASUREMENT ORGANIZATION TO MEASURE THE EFFECTIVENESS OF THE OPTIONS
- 31 IDENTIFIED UNDER ITEM (II) OF THIS PARAGRAPH; AND

- 1 (IV) INCLUSION OF A DISTINCT TAB ON THE STATE-DESIGNATED
- 2 HEALTH INFORMATION EXCHANGE WEBSITE THAT PROVIDES:
- 3 1. ACCESS TO THE ADVANCE DIRECTIVE INFORMATION
- 4 SHEET DEVELOPED UNDER § 5–615 OF THIS ARTICLE;
- 5 THE ELECTRONIC MEANS TO CREATE, EXECUTE, AND
- 6 STORE AN ADVANCE DIRECTIVE OR HEALTH CARE DESIGNATION; AND
- 7 3. THE CAPABILITY TO UPLOAD AN ADVANCE CARE
- 8 PLANNING DOCUMENT AND MAKE IT ACCESSIBLE TO THE STATE-DESIGNATED
- 9 HEALTH INFORMATION EXCHANGE AND UPDATE EXISTING ELECTRONIC ADVANCE
- 10 CARE PLANNING DOCUMENTS.
- 11 (C) AS AN OPTION UNDER SUBSECTION (B)(2)(II) OF THIS SECTION, A
- 12 CARRIER OR HEALTH CARE PROVIDER MAY CONTRACT WITH AN ELECTRONIC
- 13 ADVANCE DIRECTIVE SERVICE IF THE SERVICE:
- 14 (1) IS APPROVED BY THE MARYLAND HEALTH CARE COMMISSION
- 15 UNDER § 19–144 OF THIS SUBTITLE; AND
- 16 (2) MEETS THE TECHNOLOGY, SECURITY, AND PRIVACY STANDARDS
- 17 SET BY THE COMMISSION.
- 18 (D) THE COMMISSION MAY ADOPT REGULATIONS TO CARRY OUT THIS
- 19 SECTION.
- 20 **19–1401.4**.
- 21 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
- 22 INDICATED.
- 23 (2) "ADVANCE CARE PLANNING DOCUMENT" HAS THE MEANING
- 24 STATED IN § 19–145 OF THIS TITLE.
- 25 (3) "ELECTRONIC ADVANCE CARE PLANNING DOCUMENT" HAS THE
- 26 MEANING STATED IN § 19–145 OF THIS TITLE.
- 27 (B) (1) ON ADMITTANCE OF AN INDIVIDUAL TO A NURSING HOME, THE
- 28 NURSING HOME SHALL:

1	(I) USE THE STATE-DESIGNATED HEALTH INFORMATION
$\overline{2}$	EXCHANGE TO IDENTIFY IF THE INDIVIDUAL HAS ANY ELECTRONIC ADVANCE
3	PLANNING DOCUMENTS;
J	PLANNING DOCUMENTS,
4	(II) IF THE INDIVIDUAL HAS ANY ELECTRONIC ADVANCE
5	PLANNING DOCUMENTS, ATTEMPT TO VERIFY THE CONTENTS AND UPDATE THE
6	DOCUMENTS AS NECESSARY; AND
O	DOCUMENTS AS NECESSART, AND
7	(III) IF THE INDIVIDUAL DOES NOT HAVE ANY ELECTRONIC
8	ADVANCE PLANNING DOCUMENTS:
Ü	TED VIEWOLD I ELEVITATION
9	1. OFFER THE INDIVIDUAL THE OPPORTUNITY TO SCAN
10	ANY PAPER ADVANCE CARE PLANNING DOCUMENTS THE INDIVIDUAL BROUGHT TO
11	THE NURSING HOME AND MAKE THEM ACCESSIBLE TO THE STATE-DESIGNATED
12	HEALTH INFORMATION EXCHANGE; OR
14	HEALTH INFORMATION EXCHANGE, OR
13	2. Provide the individual with an information
14	SHEET DEVELOPED IN ACCORDANCE WITH § 5–615 OF THIS ARTICLE.
17	SHEET DEVELOTED IN ACCORDANCE WITH 30 010 OF THIS ARTICLE.
15	(2) If A NURSING HOME MAINTAINS A WEBSITE, THE NURSING HOME
16	SHALL PROVIDE TO ITS RESIDENTS:
17	(I) ACCESS TO THE ELECTRONIC MEANS TO CREATE, EXECUTE,
18	AND STORE AN ADVANCE DIRECTIVE OR A HEALTH CARE AGENT DESIGNATION; AND
19	(II) THE CAPABILITY TO UPLOAD AN ADVANCE CARE PLANNING
20	DOCUMENT AND MAKE IT ACCESSIBLE TO THE STATE-DESIGNATED HEALTH
21	INFORMATION EXCHANGE OR UPDATE AN EXISTING ELECTRONIC ADVANCE CARE
22	PLANNING DOCUMENT.
23	19–1805.
24	(b) (1) The Department, in consultation with representatives of the affected
25	industry and advocates for residents of the facilities and with the approval of the
26	Department of Aging and the Department of Human Services, shall adopt regulations to
27	implement this subtitle.
28	(2) The regulations adopted under paragraph (1) of this subsection shall:
	(=) Indiagnations and pool and paragraph (1) of this subboolin blatic
29	(i) Provide for the licensing of assisted living programs;
30	(ii) Require the Department, during a survey or other inspection of

an assisted living program, to review the number of waivers granted to the program under subsection (a)(3) of this section and determine whether a change in the program's licensure status is warranted; [and]

1 2 3	(iii) Require an assisted living program facility to post in a conspicuous place visible to actual and potential residents of the facility and other interested parties:
4 5	1. A. Its statement of deficiencies for the most recent survey;
6 7	B. Any subsequent complaint investigations conducted by federal, State, or local surveyors; and
8 9	C. Any plans of correction in effect with respect to the survey or complaint investigation; or
10 11	2. A notice of the location, within the facility, of the items listed in item 1 of this item;
12 13	(IV) ON ADMITTANCE OF AN INDIVIDUAL TO AN ASSISTED LIVING FACILITY, REQUIRE THE ASSISTED LIVING FACILITY TO:
14 15 16	1. Use the State-designated health information exchange to identify if the individual has any electronic advance care planning documents as defined in § 19–145 of this title;
17 18 19	2. If the individual has any electronic advance care planning documents, attempt to verify the contents and update the documents as necessary; and
20 21	3. If the individual does not have any electronic advance care planning documents:
22 23 24 25	A. OFFER THE INDIVIDUAL THE OPPORTUNITY TO SCAN ANY PAPER ADVANCED CARE PLANNING DOCUMENTS THE INDIVIDUAL BROUGHT TO THE ASSISTED LIVING FACILITY AND MAKE THEM ACCESSIBLE TO THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE; OR
26 27	B. Provide the individual with an information sheet developed in accordance with \S 5–615 of this article; and

REQUIRE THE ASSISTED LIVING FACILITY TO PROVIDE TO ITS RESIDENTS:

(V) IF AN ASSISTED LIVING FACILITY MAINTAINS A WEBSITE,

32 **DESIGNATION; AND**

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2. THE CAPABILITY TO UPLOAD AN ADVANCE CARE 1 2 PLANNING DOCUMENT AS DEFINED IN § 19–145 OF THIS TITLE AND MAKE IT ACCESSIBLE TO THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE OR 3 UPDATE AN EXISTING ELECTRONIC ADVANCE CARE PLANNING DOCUMENT AS 4 DEFINED IN § 19–145 OF THIS TITLE. 5 6 Article - Insurance 7 15–122.1. 8 In this section the following words have the meanings indicated. (a) (1) 9 "Advance directive" has the meaning stated in § 5–601 of the Health – (2) 10 General Article. "Carrier" means: 11 (3)(i) 12 1. an insurer; 2. a nonprofit health service plan; 13 14 3. a health maintenance organization; and 15 4. any other person that provides health benefit plans subject to regulation by the State. 16 17 (ii) "Carrier" does not include a managed care organization. 18 A carrier shall provide the advance directive information sheet developed under § 5–615 of the Health – General Article: 19 20 TO ALL MEMBERS OR ENROLLEES AT THE TIME OF INITIAL 21**ENROLLMENT AND** in the carrier's member publications; 22 if the carrier maintains a [Web site on the Internet] WEBSITE, on the carrier's [Web site] WEBSITE; and 23at the request of a member. 24(3) 25IF A CARRIER MAINTAINS A WEBSITE, THE CARRIER SHALL PROVIDE TO 26 ALL ITS MEMBERS OR ENROLLEES TO: 27 **(1)** ACCESS TO THE ELECTRONIC MEANS TO CREATE, EXECUTE, AND 28 STORE AN ADVANCE DIRECTIVE OR A HEALTH CARE AGENT DESIGNATION; AND

- 1 (2) THE CAPABILITY TO UPLOAD AN ADVANCE CARE PLANNING
- 2 DOCUMENT AS DEFINED IN § 19–145 OF THE HEALTH GENERAL ARTICLE TO THE
- 3 STATE-DESIGNATED HEALTH INFORMATION EXCHANGE OR UPDATE AN EXISTING
- 4 ELECTRONIC ADVANCE CARE PLANNING DOCUMENT AS DEFINED IN § 19–145 OF THE
- 5 HEALTH GENERAL ARTICLE.
- 6 SECTION 2. AND BE IT FURTHER ENACTED, That:
- 7 (a) On or before December 1, 2022, the Motor Vehicle Administration shall submit
- 8 a report to the Senate Finance Committee and the House Health and Government 9 Operations Committee, in accordance with § 2–1257 of the State Government Article, that
- provides an update on the status of implementing the requirements of § 12–303.1 of the
- 11 Transportation Article relating to advance directives.
- 12 (b) The report required under this section shall include:
- 13 (1) a timeline for implementation of the requirements of $\S 12-303.1$ of the
- 14 Transportation Article;
- 15 (2) identification of any obstacles to implementation of the requirements;
- 16 and
- 17 (3) measures being taken by the Motor Vehicle Administration to resolve
- 18 any identified obstacles and implement the requirements of § 12-303.1 of the
- 19 Transportation Article.
- SECTION 3. AND BE IT FURTHER ENACTED, That § 15–122.1 of the Insurance
- 21 Article, as enacted by Section 1 of this Act, shall apply to all policies, contracts, and health
- benefit plans issued, delivered, or renewed in the State on or after June 1, 2022.
- 23 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect June
- 24 1, 2022.