



Maryland  
Hospital Association

**Senate Bill 837 - Health - Advance Care Planning and Advance Directives**

**Position: *Oppose***

April 1, 2021

House Health & Government Operations Committee

**MHA Position**

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in opposition of Senate Bill 837. Maryland hospitals agree end-of-life care should be improved. Health systems can support advance care planning by embedding it in their internal processes and ensure this information is shareable as part of a patient's electronic health record. However, we do not agree with the bill's intent to support a single method or vendor to achieve these goals. The Senate adopted amendments that strike the resources and efforts of existing programs within the Maryland Department of Health. There is value in having a consistent repository of resources for citizens, community organizations and providers.

Maryland health care systems are an important part of efforts to identify and record advanced directives. According to the report issued by the State Advisory Council on Quality Care at the End of Life, there are an estimated 1.4 million state residents who have paper directives. Health systems can request that patients submit their existing directives and help facilitate entering this information into CRISP, the state's designated health information exchange program. This would ensure a doctor or hospital has the most current version of a patient's directive and that the patient has recently reviewed their decisions. The bill is a departure from current and evolving practices in leveraging electronic health records and CRISP to access this information.

The bill as introduced could circumvent many of the efforts that have been underway for some time. MHA worked to implement several hospital-led activities to improve communication with patients and families and understanding of treatment goals near the end of life. We agree with the intent of the legislation to increase the number of people who create advance care plans to help consumers guide their health care decisions, however we do not support a mandated approach.

Hospitals and medical professionals want to have these conversations in a planned and sensitive way. We do not recommend a regulatory approach that creates incentives that may harm the trust between the health care practitioner and patient. The bill's definition of advance care planning also does not include the importance of a health care decision-making proxy. This is an important part of the process, especially for people who are not yet seriously ill.

We support the bill's intent to encourage insurance carriers to offer educational materials and resources to their enrolled members regarding advance directives planning. However, we advise against an approach that is linked to an incentive or required benefit. We strongly believe the same goals can be achieved through key stakeholders working together. Given the efforts underway, we ask the sponsor and committee to **vote unfavorable on SB837**.

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