

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 30
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 2, strike “Health – Terminal Condition – Counseling” and substitute “Health Care Decisions Counseling – Workgroup”; strike beginning with “requiring” in line 3 down through the second “condition” in line 12 and substitute “requiring the counsel for Health Decisions Policy in the Office of the Attorney General to convene a workgroup to study and make recommendations related to end-of-life counseling and hospice care; providing for the membership of the workgroup; requiring the workgroup to examine certain issues in conducting the study; requiring the workgroup to provide a certain report to certain committees of the General Assembly on or before a certain date; and generally relating to methods to increase and improve end-of-life counseling and hospice care”; strike in their entirety lines 13 through 18, inclusive; and in line 20, strike “the Laws of Maryland read as follows”.

AMENDMENT NO. 2

On pages 1 through 4, strike in their entirety the lines beginning with line 21 on page 1 through line 12 on page 4, inclusive, and substitute:

“(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.

(Over)

(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;

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

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

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

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

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

AMENDMENT NO. 3

On page 4, in line 14, strike "October" and substitute "June".