

**Department of Legislative Services**  
Maryland General Assembly  
2009 Session

**FISCAL AND POLICY NOTE**  
**Revised**

House Bill 30 (Delegates Bobo and Manno)  
Health and Government Operations

Finance

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**Health Care Decisions Counseling - Workgroup**

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This bill requires the counsel for Health Decisions Policy in the Office of the Attorney General (OAG) to convene a workgroup to study and make recommendations on ways to increase and improve end-of-life counseling and hospice care. The bill specifies issues that the workgroup must consider and requires it to recommend ways to improve awareness and access to hospice and palliative care programs. The counsel must submit the workgroup's findings and recommendations to specified legislative committees by December 31, 2009.

The bill takes effect June 1, 2009.

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**Fiscal Summary**

**State Effect:** OAG advises that it can convene the workgroup and submit the required report with existing resources.

**Local Effect:** None.

**Small Business Effect:** None.

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**Analysis**

**Current Law:** A terminal condition is an incurable condition caused by injury, disease, or illness which, to a reasonable degree of medical certainty, makes death imminent and from which there can be no recovery.

The federal Patient Self-Determination Act of 1990 requires health care providers to inform all adult patients about the right to accept or refuse medical or surgical treatment and the right to execute an “advance directive.” An advance directive is a written instruction, such as a living will or durable power of attorney, for health care when the individual is incapacitated.

In Maryland, advance directives allow an individual to select a health care agent, give health care instructions, or both. An advance directive that appoints a health care agent allows the agent to make all health care decisions for an individual, subject to any limitations specified on the directive. An advance medical directive specifies health care instructions in the event an individual cannot make an informed decision regarding health care.

The State Advisory Council on Quality Care at the End of Life monitors trends in care to Marylanders with life-threatening illnesses; studies the impact of State statutes, regulations, policies, and other aspects of public policy on the provision of care at the end of life; provides recommendations to the OAG, the Department of Health and Mental Hygiene (DHMH), the Maryland Department of Aging, and other State agencies regarding activities affecting the provision of care at the end of life; advises the General Assembly on legislative proposals affecting the provision of care at the end of life; participates in or otherwise promotes public and professional educational efforts concerning care at the end of life; and carries out other duties requested by the Governor or the General Assembly. The council consists of 22 members including the Attorney General or designee.

**Background:** According to DHMH, some hospitals in the State currently provide terminal condition counseling.

According to the World Health Organization, palliative care is care that improves the quality of life of patients and their families facing life-threatening illness. Particular attention is given to the prevention, assessment, and treatment of pain and other symptoms, and the provision of psychological, emotional, and spiritual support.

Hospice care, a form of palliative care, is designed to give supportive care to people in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure. The goal is to enable terminally ill patients with a life expectancy of less than six months to be comfortable and free of pain.

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### **Additional Information**

**Prior Introductions:** None.

**Cross File:** None.

**Information Source(s):** Department of Health and Mental Hygiene, World Health Organization, Department of Legislative Services

**Fiscal Note History:** First Reader - January 22, 2009  
ncs/mwc Revised - House Third Reader - March 23, 2009

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