

Department of Legislative Services  
Maryland General Assembly  
2012 Session

FISCAL AND POLICY NOTE

House Bill 1090 (Delegate Hucker, *et al.*)  
Health and Government Operations

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Health - Palliative Care - Services and Education

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This bill requires a hospital that has at least 50 beds to implement a palliative care program by January 1, 2016. The bill also establishes a Statewide Palliative Care Education Program in the Department of Health and Mental Hygiene (DHMH) and requires DHMH to publish on its website a comprehensive clearinghouse – including resources and links to resources for individuals, providers, and facilities – of information regarding palliative care.

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Fiscal Summary

**State Effect:** The bill’s requirements can likely be handled with existing resources, as discussed below.

**Local Effect:** None.

**Small Business Effect:** None.

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Analysis

**Bill Summary:** A hospital’s palliative care program must (1) provide access to information and counseling regarding palliative care services appropriate to a patient who has a chronic or serious condition or illness and may benefit from palliative care services; (2) facilitate access to appropriate palliative care consultations and services consistent with a patient’s needs and preferences; and (3) implement policies and procedures established by the hospital to identify and provide palliative care counseling to the proxy of an individual who lacks capacity to make health care decisions.

When a patient is diagnosed with a chronic or serious condition or illness, the diagnosing physician must inform the patient or proxy that the patient may receive palliative care counseling. If a patient or proxy decides to receive the counseling, a health care provider must either (1) provide the counseling; or (2) inform the patient or proxy that the provider does not wish to provide the counseling, refer or transfer the patient to another provider, and provide the patient or proxy with information on procedures for transferring to another provider.

Palliative care counseling must include information regarding the patient's right to continue to receive comprehensive pain and symptom management and pursue disease-targeted treatment with or without concurrent palliative care. If the patient has an end-of-life condition, the counseling must also include information regarding the patient's right to (1) receive comprehensive pain and symptom management and other useful clinical treatments; (2) make an advance directive; (3) refuse or withdraw from any life-sustaining procedure; and (4) request that an emergency medical services "do not resuscitate" order be entered into the patient's medical record. Counseling regarding palliative care may occur over a series of meetings based on the patient's needs.

The purpose of the Statewide Palliative Care Education Program is to maximize the effectiveness of palliative care initiatives in the State to ensure that comprehensive and accurate information about palliative care is available to the public. DHMH may develop and implement any other initiatives regarding palliative care services and education that the department determines would further the purposes of the bill.

**Current Law:** Regulations require an attending physician to ensure that patients receiving palliative care have appropriate comfort and supportive care measures. In addition, regulations require a hospice care program to identify an interdisciplinary care team that is responsible for ensuring the continuous assessment of the needs of a patient and the patient's family as well as the implementation of an integrated plan of care for a patient; a hospice care program must also ensure that each interdisciplinary care team consists of at least one physician with training in palliative care.

**State Fiscal Effect:** The Office of Health Care Quality (OHCQ) in DHMH advises that one part-time (50%) employee is needed to develop and enforce regulations under the bill. However, Legislative Services notes that OHCQ already regulates hospitals and that the bill does not in fact require OHCQ (or any other office within DHMH) to adopt any regulations. Accordingly, Legislative Services disagrees that additional staff is needed to implement the bill.

Legislative Services further advises that DHMH can likely use existing resources to publish the required information on its website.

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### **Additional Information**

**Prior Introductions:** None.

**Cross File:** None.

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

**Fiscal Note History:** First Reader - March 14, 2012  
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