Department of Legislative Services

Maryland General Assembly
2013 Session

FISCAL AND POLICY NOTE
Revised

House Bill 581 (Delegate Hubbard, *et al.*)
Health and Government Operations Finance

Hospitals - Establishment of Palliative Care Pilot Programs

This bill requires the establishment of at least five palliative care pilot programs – as selected by the Maryland Health Care Commission (MHCC) in a manner that ensures geographic balance in the State – in hospitals with at least 50 beds. The pilot programs must include specified policies and procedures and are required to (1) collaborate with palliative care or community providers to deliver care; (2) gather data on costs and savings to hospitals and providers, access to care, and patient choice; and (3) report to MHCC on best practices. MHCC must, in consultation with the established pilot programs and selected stakeholders, identify core data measures for data collected and develop standards for the aforementioned reporting requirements. By December 1, 2015, MHCC must – in consultation with the Office of Health Care Quality and the Maryland Hospital Association – report to specified committees of the General Assembly on the findings of the established pilot programs.

The bill terminates November 30, 2016.

Fiscal Summary

State Effect: MHCC advises that contractual services are needed to assist with data collection and analytical support. However, the Department of Legislative Services advises that MHCC can likely use existing budgeted resources to identify data measures and reporting standards, receive data from the five pilot programs, and submit the required report. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The report required to be submitted under the bill must (1) include recommendations, based on the findings of the established pilot programs, to be used to develop minimum standards for palliative care programs with the goal of expanding access to palliative care services statewide at hospitals with 50 or more beds by July 1, 2016, in a manner that ensures geographic balance and promotes racial and ethnic diversity and (2) be used by the Department of Health and Mental Hygiene, in consultation with specified experts and stakeholders, to assist in the development of regulations related to standards for palliative care programs.

A pilot program established under the bill must include policies and procedures, established by the hospital, that (1) provide access to information and counseling regarding palliative care services appropriate to a patient with a serious illness or condition; (2) identify the authorized decisionmaker of an individual who lacks capacity to make health care decisions in order to provide the authorized decisionmaker access to information and counseling regarding the patient's palliative care options; (3) require providers to engage in a discussion of the benefits and risks of treatment options in a manner that can be easily understood by the patient or authorized decisionmaker; (4) encourage the patient or authorized decisionmaker to include the patient's relatives and friends in counseling regarding palliative care; and (5) facilitate access to appropriate palliative care consultations and services.

If a patient or authorized decisionmaker decides to receive counseling about palliative care, the counseling must include information regarding the right of the patient to (1) continue to pursue disease-targeted treatment with or without concurrent palliative care and (2) receive comprehensive pain and symptom management.

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.

Background: The bill stems from recommendations made by a workgroup formed by the House Health and Government Operations Committee in the 2012 legislative interim.

Additional Information

Prior Introductions: HB 1090 of 2012, a bill with a statewide requirement, received an unfavorable report from the House Health and Government Operations Committee.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene, Maryland Hospital Association, Department of Legislative Services

Fiscal Note History: First Reader - February 15, 2013
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Analysis by: Jennifer A. Ellick

Direct Inquiries to:
(410) 946-5510
(301) 970-5510