

HOUSE BILL 1073

J1, J5, O2

(2lr2118)

ENROLLED BILL

— Health and Government Operations/Finance —

Introduced by ~~Delegate Cullison~~ Delegates Cullison, Bagnall, Bhandari, Carr, Chisholm, Hill, Johnson, Kaiser, Kelly, Kerr, Kipke, Landis, R. Lewis, Morgan, Pena-Melnyk, Pendergrass, Reilly, Rosenberg, Saab, Sample-Hughes, Szeliga, and K. Young

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this _____ day of _____ at _____ o'clock, _____ M.

Speaker.

CHAPTER _____

1 AN ACT concerning

2 **Health – Accessibility of Electronic Advance Care Planning Documents**

3 FOR the purpose of requiring the Maryland Health Care Commission to coordinate the
4 accessibility of electronic advance care planning documents in the State; requiring
5 certain health care facilities, ~~nursing homes, assisted living facilities,~~ managed care
6 organizations, and carriers to take certain actions related to electronic advance care
7 planning documents; altering the required content for an information sheet on
8 advance directives developed by the Maryland Department of Health; requiring the
9 Motor Vehicle Administration to submit a report regarding the implementation of
10 certain provisions of law related to advance directives; and generally relating to
11 advance care planning documents.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.



1 BY repealing

2 Article – Health – General
 3 Section 5–602(c)(3) and 5–622(a)(3)
 4 Annotated Code of Maryland
 5 (2019 Replacement Volume and 2021 Supplement)

6 BY repealing and reenacting, with amendments,

7 Article – Health – General
 8 Section ~~5–615~~ 5–602(c)(4), 5–615, 5–622(a)(2), 15–103(b)(9)(xv) and (xvi), and
 9 19–144, and ~~19–1805(b)~~
 10 Annotated Code of Maryland
 11 (2019 Replacement Volume and 2021 Supplement)

12 BY adding to

13 Article – Health – General
 14 Section 15–103(b)(9)(xvii) and (xviii), and (31) and 19–145, and ~~19–1401.4~~
 15 Annotated Code of Maryland
 16 (2019 Replacement Volume and 2021 Supplement)

17 BY repealing and reenacting, with amendments,

18 Article – Insurance
 19 Section 15–122.1
 20 Annotated Code of Maryland
 21 (2017 Replacement Volume and 2021 Supplement)

22 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
 23 That the Laws of Maryland read as follows:

24 **Article – Health – General**

25 5–602.

26 (c) [(3) A witness is not required for an electronic advance directive if the
 27 declarant’s identity has been authenticated in accordance with the National Institute of
 28 Standards and Technology Special Publication 800–63–2: Electronic Authentication
 29 Guideline or, if replaced, the replacement guideline.]

30 [(4)] (3) The State–designated health information exchange may accept
 31 as valid an unwitnessed electronic advance directive in the form of a video record or file to
 32 state the declarant’s wishes regarding health care for the declarant or to appoint an agent
 33 if the video record or file:

34 (i) Is dated; and

35 (ii) Is stored in an electronic file by an electronic advance directives
 36 service recognized by the Maryland Health Care Commission.

1 5-615.

2 (a) (1) In this section[, “health] **THE FOLLOWING WORDS HAVE THE**
3 **MEANINGS INDICATED.**

4 (2) **“ADVANCE CARE PLANNING DOCUMENT” HAS THE MEANING**
5 **STATED IN § 19-145 OF THIS ARTICLE.**

6 (3) **“ELECTRONIC ADVANCE CARE PLANNING DOCUMENT” HAS THE**
7 **MEANING STATED IN § 19-145 OF THIS ARTICLE.**

8 (4) **“ELECTRONIC PLATFORM” MEANS THE PLATFORM DEVELOPED**
9 **IN ACCORDANCE WITH § 19-145(B)(2)(I) OF THIS ARTICLE TO MAKE ELECTRONIC**
10 **ADVANCE CARE PLANNING DOCUMENTS ACCESSIBLE.**

11 ~~(4)~~ (5) **“HEALTH care facility” has the meaning stated in § 19-114 of**
12 **this article.**

13 (b) (1) Each health care facility shall provide each individual on admittance to
14 the facility information concerning the rights of the individual to make decisions concerning
15 health care, including the right to accept or refuse treatment, and the right to make an
16 advance directive, including a living will.

17 (2) ~~ON~~ **EXCEPT AS PROVIDED IN PARAGRAPH (4) OF THIS**
18 **SUBSECTION, ON ADMITTANCE OF AN INDIVIDUAL TO A HEALTH CARE FACILITY,**
19 **EACH THE HEALTH CARE FACILITY SHALL:**

20 (i) ~~USE THE STATE DESIGNATED HEALTH INFORMATION~~
21 ~~EXCHANGE~~ **ELECTRONIC PLATFORM TO IDENTIFY IF THE INDIVIDUAL HAS**
22 **UPLOADED OR SAVED ANY ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS;**

23 (ii) **IF THE INDIVIDUAL HAS UPLOADED OR SAVED ANY**
24 **ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS, ATTEMPT TO VERIFY THE**
25 **CONTENTS AND UPDATE THE DOCUMENTS AS NECESSARY; AND**

26 (iii) **IF THE INDIVIDUAL DOES NOT HAVE HAS NOT UPLOADED OR**
27 **SAVED ANY ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS:**

28 1. **OFFER THE INDIVIDUAL THE OPPORTUNITY TO SCAN**
29 **ANY PAPER ADVANCE CARE PLANNING DOCUMENTS THE INDIVIDUAL BROUGHT TO**
30 **THE HEALTH CARE FACILITY AND MAKE THEM ACCESSIBLE TO THE**
31 **STATE DESIGNATED HEALTH INFORMATION EXCHANGE UPLOAD OR SAVE THEM TO**
32 **THE ELECTRONIC PLATFORM; OR**

1 2. **PROVIDE THE INDIVIDUAL WITH AN INFORMATION**
 2 **SHEET DEVELOPED IN ACCORDANCE WITH THIS SECTION.**

3 **(3) IF A HEALTH CARE FACILITY MAINTAINS A WEBSITE, AFTER THE**
 4 **TAB ON THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE WEBSITE**
 5 **REQUIRED UNDER § 19-145(B)(2)(IV) OF THIS ARTICLE IS DEVELOPED, THE HEALTH**
 6 **CARE FACILITY SHALL PROVIDE A LINK TO THE WEBPAGE THAT IS ACCESSED**
 7 **THROUGH THE TAB. ~~AN ELECTRONIC HEALTH RECORD SYSTEM, THE HEALTH CARE~~**
 8 **FACILITY SHALL PROVIDE ACCESS THROUGH THE ELECTRONIC HEALTH RECORD**
 9 **SYSTEM'S PATIENT PORTAL:**

10 **~~(I) THE ELECTRONIC MEANS TO CREATE, EXECUTE, AND STORE~~**
 11 **~~AN ADVANCE DIRECTIVE OR A HEALTH CARE AGENT DESIGNATION; AND~~**

12 **~~(II) THE CAPABILITY TO UPLOAD AN ADVANCE CARE PLANNING~~**
 13 **~~DOCUMENT AND MAKE IT ACCESSIBLE TO THE STATE DESIGNATED HEALTH~~**
 14 **~~INFORMATION EXCHANGE OR UPDATE AN EXISTING ELECTRONIC ADVANCE CARE~~**
 15 **~~PLANNING DOCUMENT~~**

16 **(4) PARAGRAPH (2) OF THIS SUBSECTION DOES NOT APPLY TO:**

17 **(I) A COMMUNITY PROVIDER AS DEFINED IN § 7-307 OF THIS**
 18 **ARTICLE;**

19 **(II) A HOME HEALTH AGENCY AS DEFINED IN § 19-401 OF THIS**
 20 **ARTICLE;**

21 **(III) AN ASSISTED LIVING FACILITY AS DEFINED IN § 19-1801 OF**
 22 **THIS ARTICLE; AND**

23 **(IV) A HOSPICE AS DEFINED IN § 19-901 OF THIS TITLE.**

24 (c) (1) The Department, in consultation with the Office of the Attorney
 25 General, shall develop an information sheet that provides information relating to advance
 26 directives, which shall include:

27 (i) Written statements informing an individual that an advance
 28 directive:

29 1. **CAN BE UPDATED OR REVOKED BY THE INDIVIDUAL**
 30 **AT ANY TIME;**

1 2. Is a useful, legal, and well established way for an
2 individual to [direct] **COMMUNICATE THE PREFERENCES OF THE INDIVIDUAL FOR**
3 medical care, **INCLUDING THE DESIGNATION OF A HEALTH CARE AGENT;**

4 [2.] 3. Allows an individual to specify the medical care that the
5 individual [will] **MAY** receive and can alleviate conflict among family members and health
6 care providers;

7 [3.] 4. Can **HELP** ensure that an individual's religious beliefs are
8 considered [when directing] **IF** medical care **IS PROVIDED;**

9 [4.] 5. [Is most effective if completed in consultation] **CAN BE**
10 **MORE EFFECTIVE IF DISCUSSED** with family members, or legal and religious advisors, if
11 an individual desires;

12 [5. Can be revoked or changed at any time;]

13 6. Is available in many forms, including model forms
14 developed by religious organizations, estate planners, and lawyers;

15 7. Does not have to be on any specific form and can be
16 personalized; [and]

17 8. If completed, should be copied for an individual's family
18 members, physicians, and legal advisors **AND, AT THE DISCRETION OF THE INDIVIDUAL,**
19 ~~**MADE ACCESSIBLE BE UPLOADED OR SAVED TO THE STATE DESIGNATED HEALTH**~~
20 ~~**INFORMATION EXCHANGE ELECTRONIC PLATFORM;**~~ and

21 9. **IS MOST EFFECTIVE IF IT IS ~~MADE ACCESSIBLE~~**
22 ~~**UPLOADED OR SAVED TO THE STATE DESIGNATED HEALTH INFORMATION**~~
23 ~~**EXCHANGE ELECTRONIC PLATFORM; AND**~~

24 (ii) The following written statements:

25 1. **THAT AN INDIVIDUAL IS NOT REQUIRED TO**
26 **COMPLETE AN ADVANCE DIRECTIVE;**

27 2. That an individual should discuss the appointment of a
28 health care agent with the potential appointee;

29 [2.] 3. That advance directives are for individuals of all ages;
30 **AND**

1 [3.] 4. That in the absence of an appointed health care agent, the
 2 next of kin make an individual's health care decisions when the individual is incapable of
 3 making **OR COMMUNICATING** those decisions[; and

4 4. That an individual is not required to complete an advance
 5 directive].

6 (2) The information sheet developed by the Department under this
 7 subsection shall be provided by:

8 (i) The Department, in accordance with § 15–109.1 of this article;

9 (ii) The Motor Vehicle Administration, in accordance with §
 10 12–303.1 of the Transportation Article;

11 (iii) A carrier, in accordance with § 15–122.1 of the Insurance Article;
 12 [and]

13 (iv) The Maryland Health Benefit Exchange, in accordance with §
 14 31–108(g) of the Insurance Article;

15 (v) **A LICENSED PHYSICIAN TO A PATIENT AT AN APPROPRIATE**
 16 **TIME DURING A SCHEDULED APPOINTMENT;**

17 (vi) **A MANAGED CARE ORGANIZATION IN ACCORDANCE WITH §**
 18 **15–103 OF THIS ARTICLE;**

19 (vii) **A HEALTH CARE FACILITY IN ACCORDANCE WITH**
 20 **SUBSECTION (B) OF THIS SECTION;**

21 (viii) **A NURSING ~~HOME~~ FACILITY IN ACCORDANCE WITH §**
 22 **~~19–1401.4~~ § 19–301 OF THIS ARTICLE;**

23 (ix) **AN ASSISTED LIVING FACILITY IN ACCORDANCE WITH §**
 24 **~~19–1805~~ § 19–1801 OF THIS ARTICLE; AND**

25 (x) **THE STATE-DESIGNATED HEALTH INFORMATION**
 26 **EXCHANGE IN ACCORDANCE WITH § 19–145(B)(2)(IV) OF THIS ARTICLE.**

27 (3) (i) [The] **EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS**
 28 **PARAGRAPH, THE** information sheet developed by the Department under this subsection
 29 may not contain or promote a specific advance directive form or an electronic advance
 30 directive technology or service.

1 (II) THE INFORMATION SHEET SHALL INCLUDE LINKS TO
2 ~~WEBSITES;~~

3 1. WEBSITES FOR ELECTRONIC ADVANCE ~~DIRECTIVE~~
4 ~~DIRECTIVES~~ SERVICES THAT THE MARYLAND HEALTH CARE COMMISSION HAS
5 RECOGNIZED UNDER § 19-144 OF THIS ARTICLE; AND

6 2. AFTER THE TAB ON THE STATE-DESIGNATED HEALTH
7 INFORMATION EXCHANGE WEBSITE REQUIRED UNDER § 19-145(B)(2)(IV) OF THIS
8 ARTICLE IS DEVELOPED, THE WEBPAGE THAT IS ACCESSED THROUGH THE TAB.

9 (4) The information sheet developed by the Department under this
10 subsection at a minimum shall:

- 11 (i) Educate the public on the use of electronic advance directives;
- 12 (ii) Encourage the use of electronic advance directives;
- 13 (iii) Provide information about developing an electronic advance
14 directive;
- 15 (iv) Describe how electronic advance directives are made available at
16 the point of care;
- 17 (v) Indicate that the use of an electronic advance directive is not
18 required; [and]
- 19 (vi) Indicate that individuals do not have to pay to have their
20 electronic advance directives honored; AND

21 (VII) EMPHASIZE THE IMPORTANCE OF ~~MAKING~~ UPLOADING OR
22 SAVING AN ELECTRONIC ADVANCE DIRECTIVE ~~ACCESSIBLE THROUGH THE~~
23 ~~STATE-DESIGNATED HEALTH INFORMATION EXCHANGE~~ TO THE ELECTRONIC
24 PLATFORM.

25 5-622.

26 (a) (2) An electronic advance directives service shall:

- 27 (i) Be approved by the Maryland Health Care Commission; AND
- 28 (ii) Meet the technology, security, and privacy standards set by the
29 Maryland Health Care Commission[; and

1 (iii) Use the guidelines described in § 5–602(c)(3) of this subtitle to
2 authenticate a declarant’s identity for an electronic advance directive that is not
3 witnessed].

4 **[(3) The Maryland Health Care Commission may approve only advance**
5 **directives services that use the guidelines described in § 5–602(c)(3) of this subtitle to**
6 **authenticate a declarant’s identity for an electronic advance directive that is not**
7 **witnessed.]**

8 15–103.

9 (b) (9) Each managed care organization shall:

10 (xv) Upon provision of information specified by the Department
11 under paragraph (19) of this subsection, pay school–based clinics for services provided to
12 the managed care organization’s enrollees; [and]

13 (xvi) In coordination with participating dentists, enrollees, and
14 families of enrollees, develop a process to arrange to provide dental therapeutic treatment
15 to individuals under 21 years of age that requires:

16 1. A participating dentist to notify a managed care
17 organization when an enrollee is in need of therapeutic treatment and the dentist is unable
18 to provide the treatment;

19 2. A managed care organization to provide the enrollee or the
20 family of the enrollee with a list of participating providers who offer therapeutic dental
21 services; and

22 3. A managed care organization to notify the enrollee or the
23 family of the enrollee that the managed care organization will provide further assistance if
24 the enrollee has difficulty obtaining an appointment with a provider of therapeutic dental
25 services;

26 **(XVII) PROVIDE THE ADVANCE DIRECTIVE INFORMATION SHEET**
27 **DEVELOPED UNDER § 5–615 OF THIS ARTICLE:**

28 **1. TO ALL ENROLLEES AT THE TIME OF INITIAL**
29 **ENROLLMENT AND IN THE MANAGED CARE ORGANIZATION’S ENROLLEE**
30 **PUBLICATIONS;**

31 **2. IF THE MANAGED CARE ORGANIZATION MAINTAINS A**
32 **WEBSITE, ON THE MANAGED CARE ORGANIZATION’S WEBSITE; AND**

33 **3. AT THE REQUEST OF AN ENROLLEE; AND**

1 (XVIII) IF A MANAGED CARE ORGANIZATION MAINTAINS A
 2 WEBSITE, ~~PROVIDE ACCESS ON ITS WEBSITE TO ITS ENROLLEES TO:~~ AFTER THE TAB
 3 ON THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE WEBSITE
 4 REQUIRED UNDER § 19-145(B)(2)(IV) OF THIS ARTICLE IS DEVELOPED, PROVIDE A
 5 LINK TO THE WEBPAGE THAT IS ACCESSED THROUGH THE TAB.

6 (31) PARAGRAPH (9)(XVII) OF THIS SUBSECTION MAY NOT BE
 7 CONSTRUED TO REQUIRE A MANAGED CARE ORGANIZATION TO:

8 (I) ASSIST AN ENROLLEE IN DRAFTING AN ELECTRONIC
 9 ADVANCE CARE PLANNING DOCUMENT;

10 (II) STORE ELECTRONIC ADVANCE CARE PLANNING
 11 DOCUMENTS; OR

12 (III) ACCESS ADVANCE CARE PLANNING DOCUMENTS.

13 ~~1. THE ELECTRONIC MEANS TO CREATE, EXECUTE, AND~~
 14 ~~STORE AN ADVANCE DIRECTIVE OR HEALTH CARE AGENT DESIGNATION; AND~~

15 ~~2. THE CAPABILITY TO UPLOAD AN ADVANCE CARE~~
 16 ~~PLANNING DOCUMENT AS DEFINED IN § 19-145 OF THIS ARTICLE, AND MAKE IT~~
 17 ~~ACCESSIBLE TO THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE OR~~
 18 ~~UPDATE AN EXISTING ELECTRONIC ADVANCE CARE PLANNING DOCUMENT, AS~~
 19 ~~DEFINED IN § 19-145 OF THIS ARTICLE.~~

20 19-144.

21 (a) To facilitate the use of Web-based technology for electronic advance
 22 directives, the Maryland Health Care Commission shall develop criteria for recognizing
 23 electronic advance directives services that are authorized to connect to the
 24 State-designated health information exchange.

25 (b) To be authorized to connect to the State-designated health information
 26 exchange, an electronic advance directives service shall:

27 (1) Be recognized by the Maryland Health Care Commission;

28 (2) [Be established in accordance with the National Institute of Standards
 29 and Technology Special Publication 800-63-2: Electronic Authentication Guideline;

30 (3)] Be responsible for all costs associated with connecting to the
 31 State-designated health information exchange; and

1 **[(4)] (3)** Store electronic advance directives that are received by facsimile
2 or other electronic means.

3 (c) The State–designated health information exchange may charge electronic
4 advance directives services recognized by the Maryland Health Care Commission a fee for
5 connecting to the State–designated health information exchange.

6 (d) The State–designated health information exchange shall ensure that
7 electronic advance directives services do not have access to information stored on the
8 State–designated health information exchange.

9 **19–145.**

10 **(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS**
11 **INDICATED.**

12 **(2) (I) “ADVANCE CARE PLANNING DOCUMENT” MEANS A**
13 **DOCUMENT THAT INDICATES AN INDIVIDUAL’S PREFERENCES FOR THE RECEIPT OF**
14 **HEALTH CARE.**

15 **(II) “ADVANCE CARE PLANNING DOCUMENT” INCLUDES:**

16 1. **AN ADVANCE DIRECTIVE; AND**

17 2. ~~**A DOCUMENT THAT APPOINTS A HEALTH CARE**~~
18 ~~**AGENT; AND**~~

19 ~~3.~~ **A MEDICAL ORDERS FOR LIFE–SUSTAINING**
20 **TREATMENT FORM.**

21 **(3) “CARRIER” MEANS:**

22 **(I) AN INSURER;**

23 **(II) A NONPROFIT HEALTH SERVICE PLAN; AND**

24 **(III) A HEALTH MAINTENANCE ORGANIZATION; ~~AND~~**

25 ~~**(IV) A MANAGED CARE ORGANIZATION.**~~

26 **(4) “ELECTRONIC ADVANCE CARE PLANNING DOCUMENT” MEANS AN**
27 **ELECTRONIC VERSION OF AN ADVANCE CARE PLANNING DOCUMENT THAT IS**
28 ~~**ACCESSIBLE TO THE STATE DESIGNATED HEALTH INFORMATION EXCHANGE AND**~~
29 ~~**APPROPRIATE HEALTH CARE PROVIDERS**~~ **ABLE TO BE UPLOADED OR SAVED TO THE**

1 ELECTRONIC PLATFORM DEVELOPED UNDER SUBSECTION (B)(2)(I) OF THIS
 2 SECTION.

3 (5) "HEALTH CARE PROVIDER" MEANS:

4 (I) A HEALTH CARE PRACTITIONER WHO IS LICENSED OR
 5 CERTIFIED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH
 6 CARE IN THE ORDINARY COURSE OF BUSINESS;

7 (II) A SET OF HEALTH CARE PRACTITIONERS, AS DEFINED IN §
 8 15-113 OF THIS ARTICLE;

9 (III) A HEALTH CARE FACILITY AS DEFINED IN § 19-114 OF THIS
 10 SUBTITLE;

11 (IV) A NURSING FACILITY, AS DEFINED IN § 19-301 OF THIS
 12 TITLE; OR

13 (V) AN ASSISTED LIVING PROGRAM, AS DEFINED IN § 19-1801
 14 OF THIS TITLE.

15 (B) (1) THE COMMISSION SHALL COORDINATE THE ACCESSIBILITY OF
 16 ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS IN THE STATE.

17 (2) THE COORDINATION PROVIDED BY THE COMMISSION UNDER THIS
 18 SUBSECTION SHALL INCLUDE:

19 (I) ~~IDENTIFYING A PROCESS~~ COLLABORATION WITH THE
 20 STATE-DESIGNATED HEALTH INFORMATION EXCHANGE TO DEVELOP AN
 21 ELECTRONIC PLATFORM THROUGH WHICH:

22 1. INDIVIDUALS CAN ~~MAKE~~ UPLOAD OR SAVE ADVANCE
 23 CARE PLANNING DOCUMENTS ~~ACCESSIBLE TO THE STATE-DESIGNATED HEALTH~~
 24 ~~INFORMATION EXCHANGE;~~

25 2. INDIVIDUALS CAN UPDATE ELECTRONIC ADVANCE
 26 CARE PLANNING DOCUMENTS; AND

27 3. HEALTH CARE PROVIDERS CAN ACCESS ELECTRONIC
 28 ADVANCE CARE PLANNING DOCUMENTS AS APPROPRIATE;

29 (II) ~~IDENTIFICATION OF OPTIONS THAT MAY BE TAKEN BY~~
 30 ~~CARRIERS AND HEALTH CARE PROVIDERS TO:~~

1 ~~1. ENCOURAGE INDIVIDUALS TO CREATE, UPLOAD, AND~~
2 ~~UPDATE ADVANCE PLANNING DOCUMENTS; AND~~

3 ~~2. MAKE ELECTRONIC ADVANCE CARE PLANNING~~
4 ~~DOCUMENTS ACCESSIBLE THROUGH:~~

5 ~~A. THE USE OF AN ELECTRONIC ADVANCE DIRECTIVE~~
6 ~~SERVICE RECOGNIZED BY THE COMMISSION UNDER § 19-144 OF THIS SUBTITLE;~~
7 ~~AND~~

8 ~~B. PROVIDING THE CAPABILITY TO UPLOAD AN~~
9 ~~ADVANCE CARE PLANNING DOCUMENT AND MAKE IT ACCESSIBLE TO THE~~
10 ~~STATE DESIGNATED HEALTH INFORMATION EXCHANGE OR UPDATE AN~~
11 ~~ELECTRONIC ADVANCE CARE PLANNING DOCUMENT;~~

12 (II) IDENTIFICATION OF OPTIONS MEETING FEDERAL, STATE,
13 AND INDUSTRY CYBERSECURITY STANDARDS THAT MAY BE TAKEN BY CARRIERS,
14 MANAGED CARE ORGANIZATIONS, AND HEALTH CARE PROVIDERS TO:

15 1. ENCOURAGE MEMBERS, ENROLLEES, AND PATIENTS
16 TO CREATE, UPLOAD OR SAVE, AND UPDATE ADVANCE CARE PLANNING DOCUMENTS;
17 AND

18 2. MAKE TOOLS, WHICH MAY INCLUDE ELECTRONIC
19 ADVANCE ~~DIRECTIVE~~ DIRECTIVES SERVICES RECOGNIZED BY THE COMMISSION
20 UNDER § 19-144 OF THIS SUBTITLE, ACCESSIBLE TO MEMBERS, ENROLLEES, AND
21 PATIENTS THAT ALLOW THEM TO CREATE, UPLOAD OR SAVE, AND UPDATE
22 ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS;

23 (III) DEVELOPMENT AND IMPLEMENTATION OF QUALITY
24 MEASURES ENDORSED OR DESIGNATED FOR TESTING BY A NATIONAL QUALITY
25 MEASUREMENT ORGANIZATION TO MEASURE THE EFFECTIVENESS OF THE OPTIONS
26 IDENTIFIED UNDER ITEM (II) OF THIS PARAGRAPH; AND

27 (IV) INCLUSION OF A DISTINCT TAB ON THE STATE-DESIGNATED
28 HEALTH INFORMATION EXCHANGE WEBSITE THAT PROVIDES:

29 1. ACCESS TO THE ADVANCE DIRECTIVE INFORMATION
30 SHEET DEVELOPED UNDER § 5-615 OF THIS ARTICLE;

31 2. THE ELECTRONIC MEANS TO CREATE, EXECUTE, AND
32 STORE AN ADVANCE DIRECTIVE OR HEALTH CARE DESIGNATION; AND

1 3. THE CAPABILITY TO UPLOAD OR SAVE AN ADVANCE
2 CARE PLANNING DOCUMENT AND MAKE IT ACCESSIBLE TO THE STATE-DESIGNATED
3 HEALTH INFORMATION EXCHANGE TO THE ELECTRONIC PLATFORM DEVELOPED IN
4 ACCORDANCE WITH ITEM (I) OF THIS PARAGRAPH AND UPDATE EXISTING
5 ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS.

6 (3) AS THE COMMISSION IDENTIFIES OPTIONS UNDER PARAGRAPH
7 (2)(II) OF THIS SUBSECTION, THE COMMISSION MAY EXPLORE WHETHER CARRIERS,
8 MANAGED CARE ORGANIZATIONS, AND HEALTH CARE PROVIDERS WITH SECURE
9 MEMBER AUTHENTICATION WEBSITES CAN LINK BETWEEN THE WEBSITE OF THE
10 CARRIER, MANAGED CARE ORGANIZATION, OR HEALTH CARE PROVIDER AND THE
11 STATE-DESIGNATED HEALTH INFORMATION EXCHANGE WEBSITE.

12 (4) IN DEVELOPING THE ELECTRONIC PLATFORM IN ACCORDANCE
13 WITH PARAGRAPH (2)(I) OF THIS SUBSECTION, THE COMMISSION AND THE
14 STATE-DESIGNATED HEALTH INFORMATION EXCHANGE:

15 (I) SHALL CONSULT WITH OTHER STATE AGENCIES AND
16 STAKEHOLDERS, AS APPROPRIATE; AND

17 (II) SUBJECT TO AVAILABLE FUNDS, MAY CONTRACT WITH A
18 THIRD-PARTY VENDOR, AS APPROPRIATE.

19 (5) THE ELECTRONIC PLATFORM DEVELOPED IN ACCORDANCE WITH
20 PARAGRAPH (2)(I) OF THIS SUBSECTION SHALL:

21 (I) PROVIDE AN INDIVIDUAL WITH DISABILITIES WITH
22 NONVISUAL ACCESS IN A WAY THAT IS FULLY AND EQUALLY ACCESSIBLE TO AND
23 INDEPENDENTLY USABLE BY THE INDIVIDUAL WITH DISABILITIES SO THAT THE
24 INDIVIDUAL IS ABLE TO ACQUIRE THE SAME INFORMATION, ENGAGE IN THE SAME
25 INTERACTIONS, AND ENJOY THE SAME SERVICES AS USERS WITHOUT DISABILITIES,
26 WITH SUBSTANTIALLY EQUIVALENT EASE OF USE; AND

27 (II) BE CONSISTENT WITH THE STANDARDS OF § 508 OF THE
28 FEDERAL REHABILITATION ACT OF 1973.

29 (C) AS AN OPTION UNDER SUBSECTION (B)(2)(II) OF THIS SECTION, A
30 CARRIER, MANAGED CARE ORGANIZATION, OR HEALTH CARE PROVIDER MAY
31 CONTRACT WITH AN ELECTRONIC ADVANCE ~~DIRECTIVE~~ DIRECTIVES SERVICE IF THE
32 SERVICE:

33 (1) IS APPROVED BY THE MARYLAND HEALTH CARE COMMISSION
34 UNDER § 19-144 OF THIS SUBTITLE; AND

1 (2) MEETS THE TECHNOLOGY, SECURITY, AND PRIVACY STANDARDS
2 SET BY THE COMMISSION.

3 (D) THE COMMISSION MAY ADOPT REGULATIONS TO CARRY OUT THIS
4 SECTION.

5 ~~19-1401.4.~~

6 (A) ~~(1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS~~
7 ~~INDICATED.~~

8 ~~(2) "ADVANCE CARE PLANNING DOCUMENT" HAS THE MEANING~~
9 ~~STATED IN § 19-145 OF THIS TITLE.~~

10 ~~(3) "ELECTRONIC ADVANCE CARE PLANNING DOCUMENT" HAS THE~~
11 ~~MEANING STATED IN § 19-145 OF THIS TITLE.~~

12 (B) ~~(1) ON ADMITTANCE OF AN INDIVIDUAL TO A NURSING HOME, THE~~
13 ~~NURSING HOME SHALL:~~

14 ~~(I) USE THE STATE DESIGNATED HEALTH INFORMATION~~
15 ~~EXCHANGE TO IDENTIFY IF THE INDIVIDUAL HAS ANY ELECTRONIC ADVANCE~~
16 ~~PLANNING DOCUMENTS;~~

17 ~~(II) IF THE INDIVIDUAL HAS ANY ELECTRONIC ADVANCE~~
18 ~~PLANNING DOCUMENTS, ATTEMPT TO VERIFY THE CONTENTS AND UPDATE THE~~
19 ~~DOCUMENTS AS NECESSARY; AND~~

20 ~~(III) IF THE INDIVIDUAL DOES NOT HAVE ANY ELECTRONIC~~
21 ~~ADVANCE PLANNING DOCUMENTS:~~

22 ~~1. OFFER THE INDIVIDUAL THE OPPORTUNITY TO SCAN~~
23 ~~ANY PAPER ADVANCE CARE PLANNING DOCUMENTS THE INDIVIDUAL BROUGHT TO~~
24 ~~THE NURSING HOME AND MAKE THEM ACCESSIBLE TO THE STATE DESIGNATED~~
25 ~~HEALTH INFORMATION EXCHANGE; OR~~

26 ~~2. PROVIDE THE INDIVIDUAL WITH AN INFORMATION~~
27 ~~SHEET DEVELOPED IN ACCORDANCE WITH § 5-615 OF THIS ARTICLE.~~

28 ~~(2) IF A NURSING HOME MAINTAINS A WEBSITE, THE NURSING HOME~~
29 ~~SHALL PROVIDE TO ITS RESIDENTS:~~

30 ~~(I) ACCESS TO THE ELECTRONIC MEANS TO CREATE, EXECUTE,~~
31 ~~AND STORE AN ADVANCE DIRECTIVE OR A HEALTH CARE AGENT DESIGNATION; AND~~

~~(II) THE CAPABILITY TO UPLOAD AN ADVANCE CARE PLANNING DOCUMENT AND MAKE IT ACCESSIBLE TO THE STATE DESIGNATED HEALTH INFORMATION EXCHANGE OR UPDATE AN EXISTING ELECTRONIC ADVANCE CARE PLANNING DOCUMENT.~~

~~19-1805.~~

~~(b) (1) The Department, in consultation with representatives of the affected industry and advocates for residents of the facilities and with the approval of the Department of Aging and the Department of Human Services, shall adopt regulations to implement this subtitle.~~

~~(2) The regulations adopted under paragraph (1) of this subsection shall:~~

~~(i) Provide for the licensing of assisted living programs;~~

~~(ii) Require the Department, during a survey or other inspection of an assisted living program, to review the number of waivers granted to the program under subsection (a)(3) of this section and determine whether a change in the program's licensure status is warranted; [and]~~

~~(iii) Require an assisted living program facility to post in a conspicuous place visible to actual and potential residents of the facility and other interested parties:~~

~~1. A. Its statement of deficiencies for the most recent survey;~~

~~B. Any subsequent complaint investigations conducted by federal, State, or local surveyors; and~~

~~C. Any plans of correction in effect with respect to the survey or complaint investigation; or~~

~~2. A notice of the location, within the facility, of the items listed in item 1 of this item;~~

~~(IV) ON ADMITTANCE OF AN INDIVIDUAL TO AN ASSISTED LIVING FACILITY, REQUIRE THE ASSISTED LIVING FACILITY TO:~~

~~1. USE THE STATE DESIGNATED HEALTH INFORMATION EXCHANGE TO IDENTIFY IF THE INDIVIDUAL HAS ANY ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS AS DEFINED IN § 19-145 OF THIS TITLE;~~

~~2. IF THE INDIVIDUAL HAS ANY ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS, ATTEMPT TO VERIFY THE CONTENTS AND UPDATE THE DOCUMENTS AS NECESSARY; AND~~

~~3. IF THE INDIVIDUAL DOES NOT HAVE ANY ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS:~~

~~A. OFFER THE INDIVIDUAL THE OPPORTUNITY TO SCAN ANY PAPER ADVANCED CARE PLANNING DOCUMENTS THE INDIVIDUAL BROUGHT TO THE ASSISTED LIVING FACILITY AND MAKE THEM ACCESSIBLE TO THE STATE DESIGNATED HEALTH INFORMATION EXCHANGE; OR~~

~~B. PROVIDE THE INDIVIDUAL WITH AN INFORMATION SHEET DEVELOPED IN ACCORDANCE WITH § 5-615 OF THIS ARTICLE; AND~~

~~(v) IF AN ASSISTED LIVING FACILITY MAINTAINS A WEBSITE, REQUIRE THE ASSISTED LIVING FACILITY TO PROVIDE TO ITS RESIDENTS:~~

~~1. ACCESS TO THE ELECTRONIC MEANS TO CREATE, EXECUTE, AND STORE AN ADVANCE DIRECTIVE OR A HEALTH CARE AGENT DESIGNATION; AND~~

~~2. THE CAPABILITY TO UPLOAD AN ADVANCE CARE PLANNING DOCUMENT AS DEFINED IN § 19-145 OF THIS TITLE AND MAKE IT ACCESSIBLE TO THE STATE DESIGNATED HEALTH INFORMATION EXCHANGE OR UPDATE AN EXISTING ELECTRONIC ADVANCE CARE PLANNING DOCUMENT AS DEFINED IN § 19-145 OF THIS TITLE.~~

Article – Insurance

15–122.1.

(a) (1) In this section the following words have the meanings indicated.

(2) “Advance directive” has the meaning stated in § 5–601 of the Health – General Article.

(3) (i) “Carrier” means:

1. an insurer;

2. a nonprofit health service plan;

3. a health maintenance organization; and

1 4. any other person that provides health benefit plans
2 subject to regulation by the State.

3 (ii) "Carrier" does not include a managed care organization.

4 (b) A carrier shall provide the advance directive information sheet developed
5 under § 5–615 of the Health – General Article:

6 (1) TO ALL MEMBERS OR ENROLLEES AT THE TIME OF IN INITIAL
7 ENROLLMENT MATERIALS DISTRIBUTED AFTER INITIAL PURCHASE AND UPON
8 RENEWAL AND in the carrier's member publications;

9 (2) if the carrier maintains a [Web site on the Internet] WEBSITE, on the
10 carrier's [Web site] WEBSITE; and

11 (3) at the request of a member.

12 (C) IF A CARRIER MAINTAINS A WEBSITE, AFTER THE TAB ON THE
13 STATE-DESIGNATED HEALTH INFORMATION EXCHANGE WEBSITE REQUIRED UNDER
14 § 19–145(B)(2)(IV) OF THIS ARTICLE IS DEVELOPED, THE CARRIER SHALL PROVIDE
15 A LINK TO THE WEBPAGE THAT IS ACCESSED THROUGH THE TAB. TO ALL ITS
16 MEMBERS OR ENROLLEES TO:

17 ~~(1) ACCESS TO THE ELECTRONIC MEANS TO CREATE, EXECUTE, AND~~
18 ~~STORE AN ADVANCE DIRECTIVE OR A HEALTH CARE AGENT DESIGNATION; AND~~

19 ~~(2) THE CAPABILITY TO UPLOAD AN ADVANCE CARE PLANNING~~
20 ~~DOCUMENT AS DEFINED IN § 19–145 OF THE HEALTH – GENERAL ARTICLE TO THE~~
21 ~~STATE-DESIGNATED HEALTH INFORMATION EXCHANGE OR UPDATE AN EXISTING~~
22 ~~ELECTRONIC ADVANCE CARE PLANNING DOCUMENT AS DEFINED IN § 19–145 OF THE~~
23 ~~HEALTH – GENERAL ARTICLE.~~

24 (D) THIS SECTION MAY NOT BE CONSTRUED TO REQUIRE A CARRIER TO:

25 (1) ASSIST A MEMBER OR ENROLLEE IN DRAFTING AN ELECTRONIC
26 ADVANCE CARE PLANNING DOCUMENT;

27 (2) STORE ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS; OR

28 (3) ACCESS ADVANCE CARE PLANNING DOCUMENTS.

29 SECTION 2. AND BE IT FURTHER ENACTED, That:

30 (a) On or before December 1, 2022, the Motor Vehicle Administration shall submit
31 a report to the Senate Finance Committee and the House Health and Government

1 Operations Committee, in accordance with § 2–1257 of the State Government Article, that
 2 provides an update on the status of implementing the requirements of § 12–303.1 of the
 3 Transportation Article relating to advance directives.

4 (b) The report required under this section shall include:

5 (1) a timeline for implementation of the requirements of § 12–303.1 of the
 6 Transportation Article;

7 (2) identification of any obstacles to implementation of the requirements;
 8 and

9 (3) measures being taken by the Motor Vehicle Administration to resolve
 10 any identified obstacles and implement the requirements of § 12–303.1 of the
 11 Transportation Article.

12 SECTION 3. AND BE IT FURTHER ENACTED, That § 15–122.1 of the Insurance
 13 Article, as enacted by Section 1 of this Act, shall apply to all policies, contracts, and health
 14 benefit plans issued, delivered, or renewed in the State on or after ~~June 1, 2022~~ January 1,
 15 2023.

16 SECTION 4. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall take
 17 effect ~~June 1, 2022~~ January 1, 2023.

18 SECTION 5. AND BE IT FURTHER ENACTED, That, except as provided in Section
 19 4 of this Act, this Act shall take effect June 1, 2022.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.