J1, J5, O2 CF SB 824
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 Introduced and read first time: February 10, 2022
Assigned to: Health and Government Operations
Committee Report: Favorable with amendments House action: Adopted Read second time: March 12, 2022

CHAPTER _____

AN ACT concerning 1

$\mathbf{2}$ 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 $\mathbf{5}$ <u>certain</u> 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 advance care planning documents. 11

- 12**BY** repealing
- Article Health General 13
- Section 5-602(c)(3) and 5-622(a)(3)14
- 15Annotated Code of Maryland
- (2019 Replacement Volume and 2021 Supplement) 16
- 17BY repealing and reenacting, with amendments,
- 18 Article – Health – General
- 19 Section 5-615 5-602(c)(4), 5-615, 5-622(a)(2), 15-103(b)(9)(xv) and (xvi), and 19-144, and 19-1805(b)
- 20

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.



$\frac{1}{2}$	Annotated Code of Maryland (2019 Replacement Volume and 2021 Supplement)
3 4 5 6 7	BY adding to Article – Health – General Section 15–103(b)(9)(xvii) and (xviii) , <u>and (31) and</u> 19–145 , and 19–1401.4 Annotated Code of Maryland (2019 Replacement Volume and 2021 Supplement)
8 9 10 11 12 13 14	BY repealing and reenacting, with amendments, Article – Insurance Section 15–122.1 Annotated Code of Maryland (2017 Replacement Volume and 2021 Supplement) SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
15	Article – Health – General
16	<u>5–602.</u>
$17 \\ 18 \\ 19 \\ 20$	(c) [(3) A witness is not required for an electronic advance directive if the declarant's identity has been authenticated in accordance with the National Institute of Standards and Technology Special Publication 800–63–2: Electronic Authentication Guideline or, if replaced, the replacement guideline.]
$21 \\ 22 \\ 23 \\ 24$	[(4)] (3) The State-designated health information exchange may accept as valid an unwitnessed electronic advance directive in the form of a video record or file to state the declarant's wishes regarding health care for the declarant or to appoint an agent if the video record or file:
25	(i) Is dated; and
$\frac{26}{27}$	(ii) Is stored in an electronic file by an electronic advance directives service recognized by the Maryland Health Care Commission.
28	5-615.
29 30	(a) (1) In this section[, "health] THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.
31 32	(2) "Advance care planning document" has the meaning stated in § 19–145 of this article.

 $\mathbf{2}$

1 (3) "ELECTRONIC ADVANCE CARE PLANNING DOCUMENT" HAS THE 2 MEANING STATED IN § 19–145 OF THIS ARTICLE.

3 (4) <u>"ELECTRONIC PLATFORM" MEANS THE PLATFORM DEVELOPED</u> 4 <u>IN ACCORDANCE WITH § 19–145(B)(2)(I) OF THIS ARTICLE TO MAKE ELECTRONIC</u> 5 <u>ADVANCE CARE PLANNING DOCUMENTS ACCESSIBLE.</u>

6 (4) (5) "HEALTH care facility" has the meaning stated in § 19–114 of 7 this article.

8 (b) (1) Each health care facility shall provide each individual on admittance to 9 the facility information concerning the rights of the individual to make decisions concerning 10 health care, including the right to accept or refuse treatment, and the right to make an 11 advance directive, including a living will.

12 (2) ON EXCEPT AS PROVIDED IN PARAGRAPH (4) OF THIS 13 SUBSECTION, ON ADMITTANCE OF AN INDIVIDUAL TO A HEALTH CARE FACILITY, 14 EACH THE HEALTH CARE FACILITY SHALL:

15(I) USE THE STATE-DESIGNATED HEALTH INFORMATION16EXCHANGE17UPLOADED OR SAVED ANY ELECTRONIC ADVANCE PLANNING DOCUMENTS;

18(II) IF THE INDIVIDUAL HAS UPLOADED OR SAVED ANY19ELECTRONIC ADVANCE PLANNING DOCUMENTS, ATTEMPT TO VERIFY THE20CONTENTS AND UPDATE THE DOCUMENTS AS NECESSARY; AND

21(III)IF THE INDIVIDUAL DOES NOT HAVE HAS NOT UPLOADED OR22SAVED ANY ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS:

231.OFFER THE INDIVIDUAL THE OPPORTUNITY TO SCAN24ANY PAPER ADVANCE CARE PLANNING DOCUMENTS THE INDIVIDUAL BROUGHT TO25THE HEALTH CARE FACILITY AND MAKE THEM ACCESSIBLE TO THE26STATE-DESIGNATED HEALTH INFORMATION EXCHANGE UPLOAD OR SAVE THEM TO27THE ELECTRONIC PLATFORM; OR

28 **2. PROVIDE THE INDIVIDUAL WITH AN INFORMATION** 29 SHEET DEVELOPED IN ACCORDANCE WITH THIS SECTION.

30 (3) IF A HEALTH CARE FACILITY MAINTAINS <u>A WEBSITE, AFTER THE</u>
 31 <u>TAB ON THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE WEBSITE</u>
 32 <u>REQUIRED UNDER § 19–145(B)(2)(IV) OF THIS ARTICLE IS DEVELOPED, THE HEALTH</u>
 33 <u>CARE FACILITY SHALL PROVIDE A LINK TO THE WEBPAGE THAT IS ACCESSED</u>
 34 <u>THROUGH THE TAB.</u> AN ELECTRONIC HEALTH-RECORD SYSTEM, THE HEALTH CARE

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$\frac{1}{2}$	FACILITY SHALL PROVIDE ACCESS THROUGH THE ELECTRONIC HEALTH RECORD SYSTEM'S PATIENT PORTAL:
$\frac{3}{4}$	(1) THE ELECTRONIC MEANS TO CREATE, EXECUTE, AND STORE AN ADVANCE DIRECTIVE OR A HEALTH CARE AGENT DESIGNATION; AND
5 6 7 8	(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
9	(4) PARAGRAPH (2) OF THIS SUBSECTION DOES NOT APPLY TO:
10 11	(I) <u>A COMMUNITY PROVIDER AS DEFINED IN § 7–307 OF THIS</u> <u>ARTICLE;</u>
12 13	(II) <u>A HOME HEALTH AGENCY AS DEFINED IN § 19–401 OF THIS</u> <u>ARTICLE;</u>
$\begin{array}{c} 14 \\ 15 \end{array}$	(III) AN ASSISTED LIVING FACILITY AS DEFINED IN § 19–1801 OF THIS ARTICLE; AND
16	(IV) A HOSPICE AS DEFINED IN § 19–901 OF THIS TITLE.
$17 \\ 18 \\ 19$	(c) (1) The Department, in consultation with the Office of the Attorney General, shall develop an information sheet that provides information relating to advance directives, which shall include:
$\begin{array}{c} 20\\ 21 \end{array}$	(i) Written statements informing an individual that an advance directive:
$\begin{array}{c} 22\\ 23 \end{array}$	1. CAN BE UPDATED OR REVOKED BY THE INDIVIDUAL AT ANY TIME;
24 25 26	2. Is a useful, legal, and well established way for an individual to [direct] COMMUNICATE THE PREFERENCES OF THE INDIVIDUAL FOR medical care, INCLUDING THE DESIGNATION OF A HEALTH CARE AGENT;
27 28 29	[2.] 3. Allows an individual to specify the medical care that the individual [will] MAY receive and can alleviate conflict among family members and health care providers;
30 31	[3.] 4. Can HELP ensure that an individual's religious beliefs are considered [when directing] IF medical care IS PROVIDED ;

1 **[**4.**] 5**. [Is most effective if completed in consultation] CAN BE $\mathbf{2}$ MORE EFFECTIVE IF DISCUSSED with family members, or legal and religious advisors, if 3 an individual desires: 4 [5. Can be revoked or changed at any time;] 6. Is available in many forms, including model forms $\mathbf{5}$ 6 developed by religious organizations, estate planners, and lawyers; 7 7. Does not have to be on any specific form and can be 8 personalized; [and] 9 8. If completed, should be copied for an individual's family 10 members, physicians, and legal advisors AND, AT THE DISCRETION OF THE INDIVIDUAL, 11 MADE ACCESSIBLE BE UPLOADED OR SAVED TO THE STATE-DESIGNATED HEALTH 12**INFORMATION-EXCHANGE** ELECTRONIC PLATFORM; and 9. 13 IS MOST EFFECTIVE IF IT IS MADE ACCESSIBLE UPLOADED OR SAVED TO THE STATE DESIGNATED HEALTH INFORMATION 14**EXCHANGE** ELECTRONIC PLATFORM; AND 1516 The following written statements: (ii) 17THAT INDIVIDUAL 1. AN IS NOT REQUIRED TO 18**COMPLETE AN ADVANCE DIRECTIVE;** 192. That an individual should discuss the appointment of a 20health care agent with the potential appointee; 21**[**2.**] 3.** That advance directives are for individuals of all ages; 22AND 23[3.] 4. That in the absence of an appointed health care agent, the next of kin make an individual's health care decisions when the individual is incapable 2425of making **OR COMMUNICATING** those decisions [; and 264. That an individual is not required to complete an advance 27directive]. 28The information sheet developed by the Department under this (2)29subsection shall be provided by: 30 The Department, in accordance with § 15–109.1 of this article; (i)

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1 2	(ii) The Motor Vehicle Administration, in accordance with § 12–303.1 of the Transportation Article;
$\frac{3}{4}$	(iii) A carrier, in accordance with § 15–122.1 of the Insurance Article; [and]
$5 \\ 6$	(iv) The Maryland Health Benefit Exchange, in accordance with § 31–108(g) of the Insurance Article;
7 8	(V) A LICENSED PHYSICIAN TO A PATIENT AT AN APPROPRIATE TIME DURING A SCHEDULED APPOINTMENT;
9 10	(VI) A MANAGED CARE ORGANIZATION IN ACCORDANCE WITH § 15–103 OF THIS ARTICLE;
$\frac{11}{12}$	(VII) A HEALTH CARE FACILITY IN ACCORDANCE WITH SUBSECTION (B) OF THIS SECTION;
$\frac{13}{14}$	(VIII) A NURSING HOME <u>FACILITY</u> IN ACCORDANCE WITH § 19–1401.4 <u>§ 19–301</u> of this article;
1516	(IX) AN ASSISTED LIVING FACILITY IN ACCORDANCE WITH $\frac{5}{9}$ $\frac{19-1805}{19-1801}$ OF THIS ARTICLE; AND
17 18	(X) THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE IN ACCORDANCE WITH § 19–145(B)(2)(IV) OF THIS ARTICLE.
$19\\20\\21\\22$	(3) (I) [The] EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS PARAGRAPH, THE information sheet developed by the Department under this subsection may not contain or promote a specific advance directive form or an electronic advance directive technology or service.
$\frac{23}{24}$	(II) THE INFORMATION SHEET SHALL INCLUDE LINKS TO WEBSITES:
$25 \\ 26 \\ 27$	<u>1.</u> <u>Websites</u> for electronic advance directive services that the Maryland Health Care Commission has recognized under § 19–144 of this article; and
28 29 30	2. <u>AFTER THE TAB ON THE STATE-DESIGNATED HEALTH</u> INFORMATION EXCHANGE WEBSITE REQUIRED UNDER § 19–145(B)(2)(IV) OF THIS ARTICLE IS DEVELOPED, THE WEBPAGE THAT IS ACCESSED THROUGH THE TAB.
$\frac{31}{32}$	(4) The information sheet developed by the Department under this subsection at a minimum shall:

1		(i)	Educate the public on the use of electronic advance directives;
2		(ii)	Encourage the use of electronic advance directives;
$\frac{3}{4}$	directive;	(iii)	Provide information about developing an electronic advance
$5 \\ 6$	the point of care;	(iv)	Describe how electronic advance directives are made available at
$7 \\ 8$	required; [and]	(v)	Indicate that the use of an electronic advance directive is not
9 10	electronic advance	(vi) e direct	Indicate that individuals do not have to pay to have their ives honored; AND
11 12 13 14			Emphasize the importance of making <u>uploading or</u> onic advance directive accessible through the iealth information exchange <u>to the electronic</u>
15	<u>5–622.</u>		
15 16	<u>5–622.</u> <u>(a) (2)</u>	<u>An el</u>	ectronic advance directives service shall:
		<u>An el</u> (i)	<u>ectronic advance directives service shall:</u> <u>Be approved by the Maryland Health Care Commission; AND</u>
16		<u>(i)</u> (ii)	<u>Be approved by the Maryland Health Care Commission; AND</u> <u>Meet the technology, security, and privacy standards set by the</u>
16 17 18	<u>(a) (2)</u> Maryland Health	<u>(i)</u> <u>(ii)</u> Care C <u>(iii)</u>	<u>Be approved by the Maryland Health Care Commission; AND</u> <u>Meet the technology, security, and privacy standards set by the</u>
 16 17 18 19 20 21 	(a) (2) <u>Maryland Health</u> <u>authenticate a d</u> <u>witnessed</u>]. [(3) <u>directives services</u>	(i) (ii) Care C (iii) eclaran The 1 s that	<u>Be approved by the Maryland Health Care Commission; AND</u> <u>Meet the technology, security, and privacy standards set by the</u> <u>ommission[; and</u> <u>Use the guidelines described in § 5–602(c)(3) of this subtitle to</u>
 16 17 18 19 20 21 22 23 24 25 	(a) (2) <u>Maryland Health</u> <u>authenticate a d</u> <u>witnessed</u>]. [(3) <u>directives services</u> <u>authenticate a d</u>	(i) (ii) Care C (iii) eclaran The 1 s that	<u>Be approved by the Maryland Health Care Commission; AND</u> <u>Meet the technology, security, and privacy standards set by the ommission[: and</u> <u>Use the guidelines described in § 5–602(c)(3) of this subtitle to nt's identity for an electronic advance directive that is not</u> <u>Maryland Health Care Commission may approve only advance</u> <u>use the guidelines described in § 5–602(c)(3) of this subtitle to</u>

1 (xv) Upon provision of information specified by the Department 2 under paragraph (19) of this subsection, pay school-based clinics for services provided to 3 the managed care organization's enrollees; [and]

- 4 (xvi) In coordination with participating dentists, enrollees, and 5 families of enrollees, develop a process to arrange to provide dental therapeutic treatment 6 to individuals under 21 years of age that requires:
- A participating dentist to notify a managed care
 organization when an enrollee is in need of therapeutic treatment and the dentist is unable
 to provide the treatment;
- 10 2. A managed care organization to provide the enrollee or the 11 family of the enrollee with a list of participating providers who offer therapeutic dental 12 services; and
- 13 3. A managed care organization to notify the enrollee or the
 14 family of the enrollee that the managed care organization will provide further assistance if
 15 the enrollee has difficulty obtaining an appointment with a provider of therapeutic dental
 16 services:
- 17(XVII)**PROVIDE THE ADVANCE DIRECTIVE INFORMATION**18SHEET DEVELOPED UNDER § 5–615 OF THIS ARTICLE:
- 191. TO ALL ENROLLEES AT THE TIME OF INITIAL20ENROLLMENT AND IN THE MANAGED CARE ORGANIZATION'S ENROLLEE21PUBLICATIONS;
- 22 **2.** IF THE MANAGED CARE ORGANIZATION MAINTAINS A 23 WEBSITE, ON THE MANAGED CARE ORGANIZATION'S WEBSITE; AND
- 24 **3.** At the request of an enrollee; and
- (XVIII) IF A MANAGED CARE ORGANIZATION MAINTAINS A
 WEBSITE, PROVIDE ACCESS ON ITS WEBSITE TO ITS ENROLLEES TO: AFTER THE TAB
 ON THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE WEBSITE
 REQUIRED UNDER § 19–145(B)(2)(IV) OF THIS ARTICLE IS DEVELOPED, PROVIDE A
 LINK TO THE WEBPAGE THAT IS ACCESSED THROUGH THE TAB.
- 30
 (31)
 PARAGRAPH
 (9)(XVII)
 OF
 THIS
 SUBSECTION
 MAY
 NOT
 BE

 31
 CONSTRUED TO REQUIRE A MANAGED CARE ORGANIZATION TO:
- 32
 (I)
 ASSIST AN ENROLLEE IN DRAFTING AN ELECTRONIC

 33
 ADVANCE CARE PLANNING DOCUMENT;

<u>(II)</u> 1 STORE ELECTRONIC ADVANCE CARE PLANNING $\mathbf{2}$ **DOCUMENTS; OR** 3 (III) ACCESS ADVANCE CARE PLANNING DOCUMENTS. 4 1. THE ELECTRONIC MEANS TO CREATE, EXECUTE, AND $\mathbf{5}$ STORE AN ADVANCE DIRECTIVE OR HEALTH CARE AGENT DESIGNATION; AND 6 2 THE CAPABILITY TO UPLOAD AN ADVANCE CARE 7 PLANNING DOCUMENT AS DEFINED IN § 19-145 OF THIS ARTICLE, AND MAKE IT 8 ACCESSIBLE TO THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE OR 9 UPDATE AN EXISTING ELECTRONIC ADVANCE CARE PLANNING DOCUMENT, AS **DEFINED IN § 19–145 OF THIS ARTICLE.** 10 11 19 - 144.12To facilitate the use of Web-based technology for electronic advance (a) directives, the Maryland Health Care Commission shall develop criteria for recognizing 13electronic advance directives services that are authorized to connect to the 1415State-designated health information exchange. 16 To be authorized to connect to the State-designated health information (b) 17exchange, an electronic advance directives service shall: 18 (1)Be recognized by the Maryland Health Care Commission; 19 (2)Be established in accordance with the National Institute of Standards 20and Technology Special Publication 800–63–2: Electronic Authentication Guideline; 21(3)Be responsible for all costs associated with connecting to the 22State-designated health information exchange; and 23**[**(4)**]**(3) Store electronic advance directives that are received by facsimile or other electronic means. 2425The State-designated health information exchange may charge electronic (c) 26advance directives services recognized by the Maryland Health Care Commission a fee for 27connecting to the State-designated health information exchange. 28The State-designated health information exchange shall ensure that (d) 29electronic advance directives services do not have access to information stored on the State-designated health information exchange. 30

19–145.

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1 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS $\mathbf{2}$ INDICATED. 3 "ADVANCE CARE PLANNING DOCUMENT" (2) **(I)** MEANS A DOCUMENT THAT INDICATES AN INDIVIDUAL'S PREFERENCES FOR THE RECEIPT OF 4 HEALTH CARE. $\mathbf{5}$ "ADVANCE CARE PLANNING DOCUMENT" INCLUDES: 6 **(II)** 7 1. **AN ADVANCE DIRECTIVE; AND** 8 2. A DOCUMENT THAT APPOINTS A HEALTH CARE 9 AGENT: AND 103. MEDICAL **ORDERS FOR LIFE-SUSTAINING** Α 11 **TREATMENT FORM.** "CARRIER" MEANS: 12 (3) 13 **(I)** AN INSURER; 14**(II)** A NONPROFIT HEALTH SERVICE PLAN; AND 15(III) A HEALTH MAINTENANCE ORGANIZATION: AND 16 (IV) **A MANAGED CARE ORGANIZATION.** "ELECTRONIC ADVANCE CARE PLANNING DOCUMENT" MEANS AN 17(4) ELECTRONIC VERSION OF AN ADVANCE CARE PLANNING DOCUMENT THAT IS 18 19 ACCESSIBLE TO THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE AND 20APPROPRIATE HEALTH CARE PROVIDERS ABLE TO BE UPLOADED OR SAVED TO THE ELECTRONIC PLATFORM DEVELOPED UNDER SUBSECTION (B)(2)(I) OF THIS 2122SECTION. "HEALTH CARE PROVIDER" MEANS: 23(5) 24**(I)** A HEALTH CARE PRACTITIONER WHO IS LICENSED OR CERTIFIED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH 2526CARE IN THE ORDINARY COURSE OF BUSINESS; 27**(II)** A SET OF HEALTH CARE PRACTITIONERS, AS DEFINED IN § 2815–113 OF THIS ARTICLE;

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$\frac{1}{2}$	(III) A HEALTH CARE FACILITY AS DEFINED IN § 19–114 OF THIS SUBTITLE;
$\frac{3}{4}$	(IV) A NURSING FACILITY, AS DEFINED IN § 19-301 OF THIS TITLE; OR
$5 \\ 6$	(V) AN ASSISTED LIVING PROGRAM, AS DEFINED IN § 19–1801 OF THIS TITLE.
7 8	(B) (1) THE COMMISSION SHALL COORDINATE THE ACCESSIBILITY OF ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS IN THE STATE.
9 10	(2) THE COORDINATION PROVIDED BY THE COMMISSION UNDER THIS SUBSECTION SHALL INCLUDE:
$11 \\ 12 \\ 13$	(I) IDENTIFYING A PROCESS <u>COLLABORATION WITH THE</u> <u>STATE-DESIGNATED HEALTH INFORMATION EXCHANGE TO DEVELOP AN</u> ELECTRONIC PLATEORM THROUCH WHICH:
13 14 15	ELECTRONIC PLATFORM THROUGH WHICH: 1. INDIVIDUALS CAN MAKE UPLOAD OR SAVE ADVANCE CARE PLANNING DOCUMENTS ACCESSIBLE TO THE STATE-DESIGNATED HEALTH
1617	INFORMATION EXCHANGE ; 2. INDIVIDUALS CAN UPDATE ELECTRONIC ADVANCE
18	CARE PLANNING DOCUMENTS; AND
19 20	3. HEALTH CARE PROVIDERS CAN ACCESS ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS AS APPROPRIATE;
$\begin{array}{c} 21 \\ 22 \end{array}$	(II) IDENTIFICATION OF OPTIONS THAT MAY BE TAKEN BY CARRIERS AND HEALTH CARE PROVIDERS TO:
$\frac{23}{24}$	1. Encourage individuals to create, upload, and update advance planning documents; and
$25\\26$	2. Make electronic advance care planning documents accessible through:
27 28 29	A. THE USE OF AN ELECTRONIC ADVANCE DIRECTIVE SERVICE RECOGNIZED BY THE COMMISSION UNDER § 19–144 OF THIS SUBTITLE AND
$30 \\ 31$	B. Providing the capability to upload an advance care planning document and make it accessible to the

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$rac{1}{2}$	STATE-DESIGNATED HEALTH INFORMATION EXCHANGE OR UPDATE AN ELECTRONIC ADVANCE CARE PLANNING DOCUMENT;
2	ELECTRONIC ADVANCE CARE I LANNING DOCUMENT,
3	(II) IDENTIFICATION OF OPTIONS MEETING FEDERAL, STATE,
4	AND INDUSTRY CYBERSECURITY STANDARDS THAT MAY BE TAKEN BY CARRIERS,
5	MANAGED CARE ORGANIZATIONS, AND HEALTH CARE PROVIDERS TO:
6	1. ENCOURAGE MEMBERS, ENROLLEES, AND PATIENTS
7	TO CREATE, UPLOAD OR SAVE, AND UPDATE ADVANCE PLANNING DOCUMENTS; AND
0	
8 9	<u>2.</u> <u>Make tools, which may include electronic</u> advance directive services recognized by the Commission under § 19–144
9 10	OF THIS SUBTITLE, ACCESSIBLE TO MEMBERS, ENROLLEES, AND PATIENTS THAT
10	ALLOW THEM TO CREATE, UPLOAD OR SAVE, AND UPDATE ELECTRONIC ADVANCE
11	CARE PLANNING DOCUMENTS;
14	
13	(III) DEVELOPMENT AND IMPLEMENTATION OF QUALITY
14	MEASURES ENDORSED OR DESIGNATED FOR TESTING BY A NATIONAL QUALITY
15	MEASUREMENT ORGANIZATION TO MEASURE THE EFFECTIVENESS OF THE OPTIONS
16	IDENTIFIED UNDER ITEM (II) OF THIS PARAGRAPH; AND
17	(IV) INCLUSION OF A DISTINCT TAB ON THE STATE-DESIGNATED
18	HEALTH INFORMATION EXCHANGE WEBSITE THAT PROVIDES:
10	
19	1. Access to the advance directive information
20	SHEET DEVELOPED UNDER § 5–615 OF THIS ARTICLE;
21	2. THE ELECTRONIC MEANS TO CREATE, EXECUTE, AND
22	STORE AN ADVANCE DIRECTIVE OR HEALTH CARE DESIGNATION; AND
23	3. The capability to upload or save an advance
24	CARE PLANNING DOCUMENT AND MAKE IT ACCESSIBLE TO THE STATE-DESIGNATED
25	HEALTH INFORMATION EXCHANGE TO THE ELECTRONIC PLATFORM DEVELOPED IN
26	ACCORDANCE WITH ITEM (I) OF THIS PARAGRAPH AND UPDATE EXISTING
27	ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS.
28	(3) AS THE COMMISSION IDENTIFIES OPTIONS UNDER PARAGRAPH
29	(2)(II) OF THIS SUBSECTION, THE COMMISSION MAY EXPLORE WHETHER CARRIERS,
30	MANAGED CARE ORGANIZATIONS, AND HEALTH CARE PROVIDERS WITH SECURE
31	MEMBER AUTHENTICATION WEBSITES CAN LINK BETWEEN THE WEBSITE OF THE
32	CARRIER, MANAGED CARE ORGANIZATION, OR HEALTH CARE PROVIDER AND THE
33	STATE-DESIGNATED HEALTH INFORMATION EXCHANGE WEBSITE.

(4) IN DEVELOPING THE ELECTRONIC PLATFORM IN ACCORDANCE 1 WITH PARAGRAPH (2)(I) OF THIS SUBSECTION, THE COMMISSION AND THE $\mathbf{2}$ 3 STATE-DESIGNATED HEALTH INFORMATION EXCHANGE: 4 SHALL CONSULT WITH OTHER STATE AGENCIES AND **(I)** STAKEHOLDERS, AS APPROPRIATE; AND $\mathbf{5}$ 6 (II) SUBJECT TO AVAILABLE FUNDS, MAY CONTRACT WITH A 7 THIRD-PARTY VENDOR, AS APPROPRIATE. 8 (5) THE ELECTRONIC PLATFORM DEVELOPED IN ACCORDANCE WITH PARAGRAPH (2)(I) OF THIS SUBSECTION SHALL: 9 10 **(I) PROVIDE AN INDIVIDUAL WITH DISABILITIES WITH** 11 NONVISUAL ACCESS IN A WAY THAT IS FULLY AND EQUALLY ACCESSIBLE TO AND 12INDEPENDENTLY USABLE BY THE INDIVIDUAL WITH DISABILITIES SO THAT THE INDIVIDUAL IS ABLE TO ACQUIRE THE SAME INFORMATION, ENGAGE IN THE SAME 1314INTERACTIONS, AND ENJOY THE SAME SERVICES AS USERS WITHOUT DISABILITIES, 15 WITH SUBSTANTIALLY EQUIVALENT EASE OF USE; AND 16 (II) BE CONSISTENT WITH THE STANDARDS OF § 508 OF THE 17FEDERAL REHABILITATION ACT OF 1973. AS AN OPTION UNDER SUBSECTION (B)(2)(II) OF THIS SECTION, A 18 (C) CARRIER, MANAGED CARE ORGANIZATION, OR HEALTH CARE PROVIDER MAY 19 20CONTRACT WITH AN ELECTRONIC ADVANCE DIRECTIVE SERVICE IF THE SERVICE: IS APPROVED BY THE MARYLAND HEALTH CARE COMMISSION 21 (1) 22UNDER § 19–144 OF THIS SUBTITLE; AND 23MEETS THE TECHNOLOGY, SECURITY, AND PRIVACY STANDARDS (2) SET BY THE COMMISSION. 2425THE COMMISSION MAY ADOPT REGULATIONS TO CARRY OUT THIS **(D)** 26SECTION. 27 19-1401.4. IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS 28(A) (1)INDICATED. 2930 "Advance care planning document" has the meaning (2) 31STATED IN § 19–145 OF THIS TITLE.

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1	(9) (TIDETRONIC ADVANCE CARE DIANNING DOCUMENT? HAG THE
$\frac{1}{2}$	(3) "Electronic advance care planning document" has the meaning stated in § 19–145 of this title.
4	MEANING STATED IN S 17-110 OF THIS TILE.
3	(b) (1) On admittance of an individual to a nursing home, the
4	NURSING HOME SHALL:
-	
$5 \\ 6$	(1) Use the State-designated health information exchange to identify if the individual has any electronic advance
7	PLANNING DOCUMENTS;
•	
8	(II) IF THE INDIVIDUAL HAS ANY ELECTRONIC ADVANCE
9	PLANNING DOCUMENTS, ATTEMPT TO VERIFY THE CONTENTS AND UPDATE THE
10	DOCUMENTS AS NECESSARY; AND
11	(iii) If the individual does not have any electronic
12	ADVANCE PLANNING DOCUMENTS:
13	1. OFFER THE INDIVIDUAL THE OPPORTUNITY TO SCAN
14	ANY PAPER ADVANCE CARE PLANNING DOCUMENTS THE INDIVIDUAL BROUGHT TO
15	THE NURSING HOME AND MAKE THEM ACCESSIBLE TO THE STATE-DESIGNATED
16	HEALTH INFORMATION EXCHANCE; OR
10	
10	2. PROVIDE THE INDIVIDUAL WITH AN INFORMATION
-	
17	2. PROVIDE THE INDIVIDUAL WITH AN INFORMATION
17 18 19	2. PROVIDE THE INDIVIDUAL WITH AN INFORMATION
17 18	2. Provide the individual with an information SHEET DEVELOPED IN ACCORDANCE WITH § 5–615 OF THIS ARTICLE.
17 18 19 20	 2. Provide the individual with an information sheet developed in accordance with § 5–615 of this article. (2) If a nursing home maintains a website, the nursing home shall provide to its residents:
17 18 19 20 21	 2. Provide the individual with an information sheet developed in accordance with § 5-615 of this article. (2) If a nursing home maintains a website, the nursing home shall provide to its residents: (1) Access to the electronic means to create, execute,
17 18 19 20	 2. Provide the individual with an information sheet developed in accordance with § 5–615 of this article. (2) If a nursing home maintains a website, the nursing home shall provide to its residents:
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1	(i) Provide for the licensing of assisted living programs;
2	(ii) Require the Department, during a survey or other inspection of
3	an assisted living program, to review the number of waivers granted to the program under
4	subsection (a)(3) of this section and determine whether a change in the program's licensure
5	status is warranted; [and]
6	(iii) Require an assisted living program facility to post in a
7	conspicuous place visible to actual and potential residents of the facility and other
8	interested parties:
9	1. A. Its statement of deficiencies for the most recent
10	survey;
11	B. Any subsequent complaint investigations conducted by
11 12	B. Any subsequent complaint investigations conducted by federal, State, or local surveyors; and
14	ieuerai, blate, or iocar surveyors, and
13	C. Any plans of correction in effect with respect to the survey
14	or complaint investigation; or
15	2. A notice of the location, within the facility, of the items
16	listed in item 1 of this item;
17	(IV) ON ADMITTANCE OF AN INDIVIDUAL TO AN ASSISTED LIVING
18	FACILITY, REQUIRE THE ASSISTED LIVING FACILITY TO:
10	
19	1. Use the State-designated health information
20	EXCHANGE TO IDENTIFY IF THE INDIVIDUAL HAS ANY ELECTRONIC ADVANCE CARE
21	PLANNING DOCUMENTS AS DEFINED IN § 19–145 OF THIS TITLE;
22	2. IF THE INDIVIDUAL HAS ANY ELECTRONIC ADVANCE
$\frac{22}{23}$	CARE PLANNING DOCUMENTS, ATTEMPT TO VERIFY THE CONTENTS AND UPDATE
$\frac{23}{24}$	THE DOCUMENTS AS NECESSARY; AND
<i>4</i> 4	THE DOCUMENTS AN INECESSARILY AND
25	3. If the individual does not have any electronic
$\frac{20}{26}$	ADVANCE CARE PLANNING DOCUMENTS:
20	
27	A. OFFER THE INDIVIDUAL THE OPPORTUNITY TO SCAN
28	ANY PAPER ADVANCED CARE PLANNING DOCUMENTS THE INDIVIDUAL BROUGHT TO
29^{-5}	THE ASSISTED LIVING FACILITY AND MAKE THEM ACCESSIBLE TO THE
$\frac{-\circ}{30}$	STATE DESIGNATED HEALTH INFORMATION EXCHANGE; OR
=	
31	B. PROVIDE THE INDIVIDUAL WITH AN INFORMATION
32	SHEET DEVELOPED IN ACCORDANCE WITH § 5-615 OF THIS ARTICLE; AND
	-

	16 HOUSE BILL 1073
$\frac{1}{2}$	(v) I f an assisted living facility maintains a website, require the assisted living facility to provide to its residents:
$egin{array}{c} 3 \ 4 \ 5 \end{array}$	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.
11	Article – Insurance
12	15 - 122.1.
13	(a) (1) In this section the following words have the meanings indicated.
$\begin{array}{c} 14 \\ 15 \end{array}$	(2) "Advance directive" has the meaning stated in § 5–601 of the Health – General Article.
16	(3) (i) "Carrier" means:
17	1. an insurer;
18	2. a nonprofit health service plan;
19	3. a health maintenance organization; and
$\begin{array}{c} 20\\ 21 \end{array}$	4. any other person that provides health benefit plans subject to regulation by the State.
22	(ii) "Carrier" does not include a managed care organization.
$\begin{array}{c} 23\\ 24 \end{array}$	(b) A carrier shall provide the advance directive information sheet developed under § 5–615 of the Health – General Article:
$25 \\ 26 \\ 27$	(1) TO ALL MEMBERS OR ENROLLEES AT THE TIME OF IN INITIAL ENROLLMENT MATERIALS DISTRIBUTED AFTER INITIAL PURCHASE AND UPON RENEWAL AND in the carrier's member publications;
$\frac{28}{29}$	(2) if the carrier maintains a [Web site on the Internet] WEBSITE, on the carrier's [Web site] WEBSITE; and
30	(3) at the request of a member.

1	(C) IF A CARRIER MAINTAINS A WEBSITE, <u>AFTER THE TAB ON THE</u>
2	STATE-DESIGNATED HEALTH INFORMATION EXCHANGE WEBSITE REQUIRED UNDER
3	§ 19–145(B)(2)(IV) OF THIS ARTICLE IS DEVELOPED, THE CARRIER SHALL PROVIDE
$\frac{4}{5}$	<u>A LINK TO THE WEBPAGE THAT IS ACCESSED THROUGH THE TAB.</u> TO ALL ITS MEMBERS OR ENROLLEES TO:
5	WEWDERS OR ENROLLED FO.
6	(1) ACCESS TO THE ELECTRONIC MEANS TO CREATE, EXECUTE, AND
7	STORE AN ADVANCE DIRECTIVE OR A HEALTH CARE AGENT DESIGNATION; AND
8	(2) THE CAPABILITY TO UPLOAD AN ADVANCE CARE PLANNING
9	DOCUMENT AS DEFINED IN § 19–145 OF THE HEALTH – GENERAL ARTICLE TO THE
10	STATE-DESIGNATED HEALTH INFORMATION EXCHANGE OR UPDATE AN EXISTING
11	ELECTRONIC ADVANCE CARE PLANNING DOCUMENT AS DEFINED IN § 19–145 OF THE
12	HEALTH GENERAL ARTICLE.
13	(D) THIS SECTION MAY NOT BE CONSTRUED TO REQUIRE A CARRIER TO:
10	
14	(1) ASSIST A MEMBER OR ENROLLEE IN DRAFTING AN ELECTRONIC
15	ADVANCE CARE PLANNING DOCUMENT;
16	(2) STORE ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS; OR
17	(3) ACCESS ADVANCE CARE PLANNING DOCUMENTS.
18	SECTION 2. AND BE IT FURTHER ENACTED, That:
19 20 21 22 23	(a) On or before December 1, 2022, the Motor Vehicle Administration shall submit a report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § $2-1257$ of the State Government Article, that provides an update on the status of implementing the requirements of § $12-303.1$ of the Transportation Article relating to advance directives.
24	(b) The report required under this section shall include:
$\begin{array}{c} 25\\ 26 \end{array}$	(1) a timeline for implementation of the requirements of § 12–303.1 of the Transportation Article;
$\begin{array}{c} 27\\ 28 \end{array}$	(2) identification of any obstacles to implementation of the requirements; and
29 30 31	(3) measures being taken by the Motor Vehicle Administration to resolve any identified obstacles and implement the requirements of § 12–303.1 of the Transportation Article.

1 SECTION 3. AND BE IT FURTHER ENACTED, That § 15–122.1 of the Insurance 2 Article, as enacted by Section 1 of this Act, shall apply to all policies, contracts, and health 3 benefit plans issued, delivered, or renewed in the State on or after June 1, 2022 January 1, 4 2023.

5 SECTION 4. AND BE IT FURTHER ENACTED, That <u>Section 1 of</u> this Act shall take 6 effect June 1, 2022 January 1, 2023.

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

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.