

**SB 837 Advance Care Planning\_SUPPORT.pdf**

Uploaded by: Anderson, Stephanie

Position: FAV



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**Bill No:** SB 837  
**Title:** Health – Advance Care Planning and Advance Directives  
**Committees:** Finance  
**Hearing:** March 11, 2021  
**Position:** SUPPORT

Horizon Foundation supports SB 837 as an important step in making it easier and more efficient to express and honor wishes for health care at the end of life.

Advance care planning has been found to improve the care experience and significantly reduce healthcare costs. When an advance directive does not exist, patients are more likely to receive unwanted treatments. It also increases the burden on health care providers as well as families and loved ones called on to make decisions for patients when they are unable to speak for themselves.

For the past five years, Horizon Foundation has worked with partners, including our local hospital, county government, physician groups, hospice providers, skilled nursing facilities, and faith communities on our Speak(easy) Howard advance care planning campaign. The campaign has successfully created public awareness and captured health care agents of Howard County residents. The campaign also takes advantage of legislation passed in 2016 that allows Maryland residents to create advance directives electronically.

Most Maryland residents, however, have still have not completed an advance directive or named a health care agent - on average, only 30% have taken action. And there remain several policy barriers that were addressed in the State Advisory Council on Quality Care at the End of Life's December 2020 report. These barriers have led to the low rate of advance directive completion across Maryland.

We encourage you to pass SB 837 to address these barriers. Through this legislation, Maryland has the opportunity to normalize advance care planning as a routine part of every person's health care. This legislation will also enable the effective completion and storage of advance care planning documents, improving the quality of care provided and ensuring that care aligns with a patient's treatment wishes.

Thank you for consideration of this testimony in support of SB 837.

**SB0837 Testimony Clayborne Favorable .pdf**

Uploaded by: Clayborne, Elizabeth

Position: FAV

**Testimony SB0837: Advance Care Planning and Advance Directives  
Senator Kramer**

March 9, 2021

Dear Senate Finance Committee,

As an emergency physician who has been on the front lines since the beginning of the COVID-19 pandemic, I am acutely aware of the challenges that have confronted families and healthcare workers around the nation. As a Black woman and physician with a background in bioethics, I have long been passionate about advance care planning (ACP) and this pandemic has highlighted its supreme importance. I work at University of Maryland Prince George's Hospital Center, which serves a patient base that is largely African American, a community that is even less likely than the general population to have ACP. Too often, patients arrive at the ED in respiratory distress or acutely ill and cannot speak for themselves. My colleagues and I have to scramble to piece together information about their medical history and who to speak to about interventions that they might need. It is even more difficult to ask a family member to make a decision about placing a breathing tube or resuscitating a loved one when they haven't had any conversations with them about their wishes. It is essential that everyone thinks carefully about what matters most to them in life and how this would be affected if they became deathly ill or injured.

I am passionate about this issue and recently did a [TEDx talk](#) that best summarizes why now more than ever is a time that everyone needs an advance care plan. Americans are dying at an unprecedented rate and the time for us to prepare for worst case scenarios is long overdue. I offer a unique lens as a physician who has been thinking about these issues for years and has been working in the trenches for months, calling the time of death for many who have succumbed to COVID-19. I've also had the experience of giving birth during this tumultuous and unpredictable time. I worked on the front lines pregnant through the first wave and my daughter was born in May 2020. I understand why people are scared and why this is a tough topic to address at any time. That said, the issue of advance care planning has been overlooked for too long. I strongly support SB0837 which will help to provide tools for Marylanders to have an electronic advance directive. This is integral to them having a voice in their care and physicians like me giving the best care possible.

Please consider watching the [TEDx talk](#) and supporting this bill.

Sincerely,

Dr. Clayborne

**Elizabeth Clayborne, MD, MA Bioethics**  
Emergency Physician  
Adjunct Assistant Professor  
University of Maryland School of Medicine  
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# **HFAM Testimony SB 837 Final.pdf**

Uploaded by: DeMattos, Joseph

Position: FAV



**TESTIMONY BEFORE THE  
SENATE FINANCE COMMITTEE**

March 11, 2021

Senate Bill 837: Health - Advance Care Planning and Advance Directives  
*Written Testimony Only*

**POSITION: FAVORABLE**

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 837. HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers.

HFAM members provide the majority of post-acute and long-term care to Marylanders in need: 6 million days of care across all payer sources annually, including more than 4 million Medicaid days of care and one million Medicare days of care. Thousands of Marylanders across the state depend on the high-quality services that our skilled nursing and rehabilitation centers offer every day.

Senate Bill 837 would require the Maryland Health Care Commission to coordinate the implementation of advance care planning programs in the State. It requires each health insurance carrier to offer electronic advance directives to its members and enrollees during open enrollment and periodically thereafter.

As many residents and patients in long-term and post-acute care are older, may be disabled, or have some form of dementia, advance care planning documents are commonplace and are often created or updated for those in our settings. It is critical to ensure that a resident's or patient's preferences are formally documented to facilitate care planning and stimulate family conversations on this important topic in any way we are collectively able.

As we all know, the law sometimes lags behind technology. With the social distancing requirements put in place due to the COVID-19 pandemic, it is more important than ever that advance care directives be readily available electronically and remotely.

**For these reasons, we request a favorable report from the Committee on Senate Bill 837.**

*Submitted by:*

Joseph DeMattos, Jr.  
President and CEO  
(410) 290-5132

# **SB0837\_FAV\_MedChi\_Health - Advance Planning & Adva**

Uploaded by: Kasemeyer, Pam

Position: FAV

# MedChi

*The Maryland State Medical Society*

1211 Cathedral Street  
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[www.medchi.org](http://www.medchi.org)

TO: The Honorable Delores G. Kelley, Chair  
Members, Senate Finance Committee  
The Honorable Benjamin F. Kramer

FROM: Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman

DATE: March 11, 2021

RE: **SUPPORT** – Senate Bill 837 – *Health – Advance Care Planning and Advance Directives*

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The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports** Senate Bill 837.

Senate Bill 837 requires the adoption of a number of measures designed to increase public awareness of the importance of advance care planning and facilitate access to advance care planning documents, such as advanced directives. The legislation charges the Health Care Commission with coordinating the implementation of advance care planning programs. The Commission can specify actions to be taken by health care systems and health care providers to encourage individuals to execute advance directives, including through an electronic service recognized by the Commission. Senate Bill 837, also, requires carriers to make electronic advance directives available to enrollees during open enrollment and to periodically inquire whether enrollees have executed or updated their advance directive.

MedChi strongly supports efforts to advance the public's appreciation of the importance of advance care planning and, specifically, the execution of an advanced directive. Individuals and their families too often find themselves in unexpected circumstances where they wish they had considered health care decision-making preferences and responsibilities when the decisions are required and the appropriate legal framework to enable health care providers to honor the desire of the individual has not been put in place. Passage of Senate Bill 837 will enhance the likelihood that individuals will execute the legal decision-making frameworks required by health care providers and health care systems prior to a need for their use. A favorable report is requested.

**For more information call:**

Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman  
410-244-7000



**SB0837\_FAV\_Hospice\_Advance Care Planning.pdf**

Uploaded by: Kauffman, Danna

Position: FAV



Hospice & Palliative Care Network  
OF MARYLAND

To: The Honorable Delores Kelley, Chair  
Members, Senate Finance Committee  
The Honorable Ben Kramer

From: Danna L. Kauffman  
Pamela Metz Kasemeyer  
J. Steven Wise

DATE: March 11, 2021

RE: **SUPPORT** – Senate Bill 837 – *Health – Advance Care Planning and Advance Directives*

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On behalf of the Hospice & Palliative Care Network of Maryland, we **support** Senate Bill 837. The provisions in Senate Bill 837 are the result of a December 2020 Report by the *State Advisory Council on Quality at the End of Life*.<sup>1</sup>

Among other provisions, Senate Bill 837 charges the Maryland Health Care Commission to coordinate the implementation of the advance care planning programs in the State and requires each insurance carrier to offer electronic advance directives to its members/enrollees and to make arrangements to receive status notifications when members/enrollees have completed an updated advance directive. As noted in the report, advance care planning improves the care experience by ensuring that patients do not receive unwanted treatments when they are unable to communicate with their care team. It also alleviates the burden often placed on families who may be called upon to make care decisions for patients. Ultimately, the use of advance care planning reduces health care costs by staving off unwanted treatments and ensuring that the patient, at end of life, receives treatment commensurate with his/her medical wishes.

Senate Bill 837 continues the trend in Maryland to ensure that advance care planning is accessible to patients and available to care teams through a coordinated approach. Given the importance of advance care planning, The Network supports Senate Bill 837 and urges a favorable vote.

**For more information call:**

Danna L. Kauffman  
Pamela Metz Kasemeyer  
J. Steven Wise  
410-244-7000

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<sup>1</sup> [https://www.marylandattorneygeneral.gov/Health%20Policy%20Documents/SAC/Inc\\_Elect\\_Adv\\_Dir\\_Reg.pdf](https://www.marylandattorneygeneral.gov/Health%20Policy%20Documents/SAC/Inc_Elect_Adv_Dir_Reg.pdf)

# **SB 837 Health Advance Care Planning and Advance Di**

Uploaded by: Meyerson, Ted

Position: FAV



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1-866-542-8163 | Fax: 410-895-0269 | TTY: 1-877-434-7598  
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facebook.com/aarpmid

**SB 837 Health - Advance Care Planning and Advance Directives**  
**Senate Finance Committee**  
**FAVORABLE**  
**March 11<sup>th</sup>, 2021**

Good Afternoon Chairwoman Kelley and members of the Senate Finance Committee. I am Ted Meyerson. I am lead volunteer for AARP MD and am a former chair of the State Advisory Council on Quality Care at the End of Life. I live in Howard County Maryland.

AARP Maryland is one of the largest membership-based organizations in the state, encompassing AARP Maryland is a nonprofit membership organization for persons 50 years old and older with 770,000 members in the State of Maryland. AARP MD supports SB 837 and we thank Senator Kramer for sponsoring this important bill.

AARP is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

SB 837 requires the Maryland Health Care Commission to coordinate the implementation of advance care planning programs in the State and requires each health insurance carrier to offer an electronic advance directives to its members and enrollees during open enrollment and periodically thereafter.

The Maryland Legislature has long been a proponent of the use of advance directives and a template for an advance directive is part of the Maryland Health Care Decisions Act. Advance directives enable the creator to stipulate the kinds of treatment he/she might want or not want. They give family and friend's peace of mind by informing them of what decisions they would want made, they save families from arguments about who would make decisions, even if they could not speak for themselves. No one ever knows when they might become incapacitated because of an accident or sickness. That is why every eligible adult should have an advance directive. But for many reasons the public is not prone to creating an advance directive and less than thirty percent of eligible adults have one.

By requiring the Maryland Health Care Commission to coordinate implementing advance care planning, and by requiring health insurance carriers to offer electronic advance directives to its members and enrollees periodically and during open enrollment, SB 837 will encourage individuals to create an advance directive.

Real Possibilities

This bill sets up a situation in which everyone is a winner. The user wins by making known how they want to be treated. The family wins by knowing what their loved one wants, thus avoiding family arguments and allowing family members to honor decisions with a clear conscience, and many economists believe insurance carriers will win as well.

AARP believes that advance care planning should be encouraged through the creation of advance directives. Accordingly, AARP respectfully ask the Committee give SB 837 a favorable report. If you have questions, please contact Tammy Bresnahan at [tbresnahan@aarp.org](mailto:tbresnahan@aarp.org) or by calling 410-302-8451.

**SB837 Testimony from Dan Morhaim, M.D..pdf**

Uploaded by: Morhaim, Dan

Position: FAV

TO: SENATE FINANCE COMMITTEE  
SENATOR DELORES KELLEY, CHAIR  
SENATOR BRIAN FELDMAN, VICE CHAIR  
COMMITTEE MEMBERS

SB837 (SENATOR KRAMER) – HEALTH – ADVANCE CARE PLANNING AND ADVANCE DIRECTIVES  
**SUPPORT**

Studies show that about 40% of Marylanders have completed advance directives and that the rate among communities of color is about ½ that. The number for both should be closer to 100%.

Advance directives are free legal forms that empower patients to direct their medical care should they be unable to speak for themselves. There is, understandably, reluctance to talk about end-of-life care. While we Americans strive to control nearly every aspect of our lives, many of us abandon control of life's final passage. But the realities of healthcare today will allow most of us to have a say in how, when, and where we die, so we need to make decisions surrounding death, too.

Advance care planning and the completion of advance directives has always been an important way for individuals to exercise their values and wishes when managing medical care. The pandemic has made the need more compelling because patients may not be able to communicate their wishes due to the nature of the disease and because family members are not currently allowed at the bedside for safety reasons. Clinicians, like me, have long relied on families for information and direction.

At the request of legislative committees, the State's End-of-Life Care Council was requested to address steps to promote advance directive completion, and the report has been submitted to you separately. SB837 implements the recommendations of the report.

The benefits of advance directives are manifold. Care is personalized. Values are respected. Intra-family conflicts are minimized or avoided. Clinicians know what kind of care patients want. The end-of-life experience becomes more holistic, manageable, and compassionate. Health care costs are reduced.

The provisions of SB837 will make it likely that more Marylanders will take advantage of the legal framework that empowers them to make important health care decisions and that clinicians will have ready access to those decisions when needed.

Please vote for SB837. Thank you for your consideration.

Dan Morhaim, M.D.  
11 Whitebridge Court  
Pikesville, MD 21208

# **SB 837 Health-Advanced Care Planning and Advanced**

Uploaded by: Witten, Jennifer

Position: FWA





Maryland  
Hospital Association

**Senate Bill 837 - Health - Advance Care Planning and Advance Directives**

**Position: *Support with Amendments***

March 11, 2021

Senate Finance Committee

**MHA Position**

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 837 with amendments. Maryland hospitals agree end-of-life care should be improved. Health systems can exemplify the importance of planning by embedding advance care planning into their internal processes and support health care professionals and staff to ensure this information becomes part of a patient's electronic health record and can be shared.

Maryland health care systems are an important part of efforts to identify and record advanced directives. According to the report issued by the State Advisory Council on Quality Care at the End of Life, there are an estimated 1.4 million state residents who have paper directives. Health systems can request that patients submit their existing directives and help facilitate entering this information into CRISP, the state's designated health information exchange program. This would ensure a doctor or hospital has the most current version of a patient's directive and that the patient has recently reviewed their decisions. The bill is a departure from current and evolving practices in leveraging electronic health records and CRISP in accessing this information.

SB 837 could circumvent many efforts that have been underway for some time. MHA worked to implement several hospital-led activities to improve communication with patients and families and understanding of treatment goals near the end of life. We agree with the intent of the legislation to increase the number of people who create advance care plans to help consumers guide their health care decisions. Hospitals and caregivers want to have these conversations in a planned and sensitive way. We do not recommend a regulatory approach that creates incentives that may impact the trust between the health care practitioner and patient. The bill's definition of advance care planning does not include the importance of a health care decision-making proxy. This is an important part of the process, especially for people who are not yet seriously ill.

We support the bill's intent to encourage insurance carriers to provide educational materials and resources to their enrolled members regarding advance directives planning. However, we advise against an approach that is linked to an incentive or required benefit.

Given the efforts underway, we ask the sponsor and committee for the following amendments:

Page 2, Section A, 4 strike lines 13-18

Page 2, Section B, strike lines 19-31

Page 3, subsection (II) strike lines 1-4

For more information, please contact:

Jennifer Witten, Vice President, Government Affairs

Jwitten@mhaonline.org

**3a - FIN - SB 837 - MHCC - LOI.pdf**

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: INFO

STATE OF MARYLAND



Andrew N. Pollak, MD  
CHAIR

Ben Steffen  
EXECUTIVE DIRECTOR

**MARYLAND HEALTH CARE COMMISSION**

4160 PATTERSON AVENUE – BALTIMORE, MARYLAND 21215  
TELEPHONE: 410-764-3460 FAX: 410-358-1236

March 11, 2021

The Honorable Dolores G. Kelley  
Chair, Finance Committee  
3 East  
Miller Senate Office Building  
Annapolis, Maryland 21401

**RE: SB 837 – Health – Advance Care Planning and Advance Directives**

Dear Chair Kelley:

The Maryland Health Care Commission (the “MHCC”) is submitting this letter of information on *SB 837 – Health – Advance Care Planning and Advance Directives*.

SB 837 requires the MHCC to coordinate the implementation of an advance care planning program in the State. The bill mandates health insurance carriers to offer electronic advance directives to its members during open enrollment. The Motor Vehicle Administration will be required to report on progress made to educate customers on the process for completing an electronic advance directive, noting any obstacles and plans to resolve those obstacles. In addition, the Maryland Department of Health (MDH) will be required to collaborate with local jurisdictions to develop and implement a plan that provides individuals receiving a COVID-19 vaccination at select sites with information about advance care planning and the State-designated electronic advance directives system.

In 2016, the General Assembly passed House Bill 1385, *Public Health – Advance Directives - Procedures, Information Sheet, and Use of Electronic Advance Directives*. The law consists of two key components: 1) State recognition of electronic advance directives services<sup>1</sup> and 2) outreach and education.<sup>2</sup> The MHCC was tasked with developing criteria for State recognition of an electronic advance directives services seeking to integrate their web-based repository with

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1 Electronic advance directives services are third-party vendors that allows consumers to create, maintain, and share electronic advance directives online. Vendors are required by statute to adopt privacy and security guidelines in the National Institute of Standards and Technology Special Publication 800-63A, *Digital Identity Guidelines: Enrollment and Identity Proofing*.

2 The law placed responsibility on MDH to increase public awareness about electronic advance directives, including vendors recognized by MHCC. In 2017, MDH began procuring services to support a public campaign designed to increase awareness about advance care planning and encourage use of electronic advance directives. Grants were awarded to more than a dozen organizations across Maryland, including faith-based communities.

*Note: The Maryland Health Care Commission is an independent State agency. The position of the Commission may differ from the Maryland Department of Health*

the State-Designated Health Information Exchange (CRISP).<sup>3</sup> To date, ADVault, Inc. (or MyDirectives.com) is the only web-based repository recognized by MHCC. The National Institute of Standards and Technology (NIST) standards established for the privacy and security protections for web-based repositories have deterred other vendors from seeking State recognition. Several vendors have argued that the NIST standards should not be applied to web-based advance directive repositories. The MHCC found little support for waiving these standards in the privacy community. Some privacy advocates have lauded the NIST requirements and others suggest even more stringent requirements should be in place to safeguard consumers' information.

The goal of encouraging use of advance directives is commendable but new approaches to engage the public are needed. Consumer use of a web-based repository to create, maintain, and share their advance directive has been slow and growth has now stalled. Approximately 2,532 Marylanders have used MyDirectives.com for their electronic advance directive to date. In 2020, providers accessed 51 advance directives in the MyDirectives.com application through the CRISP application programming interface(API). SB 837 promotes the standalone web-based advance directive solutions that have seen slow uptake.

The MHCC will continue to work with stakeholders to promote the use of advance directives and to identify realistic approaches for accelerating adoption. A promising trend is the embedding of advance directive features in electronic health record (EHR) systems. The MHCC has confirmed that EPIC and Cerner, the two most used EHRs in Maryland offer advance directive features. As EHRs are tuned to support routine clinical workflows accessing an advance directive through these systems is most natural and more convenient for most providers. As of January 2016, EHR systems are required to adopt standards to store advance directives as a condition of national certification.<sup>4</sup> The majority of Maryland hospitals (87 percent) report they primarily rely on their certified EHR system to locate patients' advance directives.<sup>5</sup> Nationally, most consumers (65 percent) favor storing their advance directive in an EHR over a web-based repository largely citing EHRs increase accessibility.<sup>6</sup> The MHCC has found that most consumers prefer to store their advance directive in the EHR along with medication lists, problem lists, and other types of medical information that consumers should review on an ongoing basis. If the goal is to promote use of advance directives, legislation should encourage use of advance directives stored in all appropriately protected electronic systems, particularly EHRs.

I hope you find this information useful. If you would like to discuss this further, please contact Ben Steffen, Executive Director, Maryland Health Care Commission at [ben.steffen@maryland.gov](mailto:ben.steffen@maryland.gov) or Tracey DeShields, Director of Policy Development at [tracey.deshields2@maryland.gov](mailto:tracey.deshields2@maryland.gov).

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3 In the fall of 2016, MHCC convened a stakeholder workgroup to deliberate on various policy issues related to electronic advance directives. Feedback informed the development of draft regulations and vendor criteria for State Recognition. COMAR 10.25.19, *State Recognition of an Electronic Advance Directives Service*, outlines procedures for State Recognition.

4 Certified EHRs are required to adopt standards for storing advance directives in the January 14, 2016 Final Rule: *2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications* adopted on January 14, 2016.

5 Maryland hospitals were asked in 2020 to specify the extent they rely on their EHR to locate advance directives. Approximately 54 percent selected "always," and 33 percent selected "usually." For family/friends, about 12 percent selected "always," and 35 percent selected "usually." For CRISP, about 2 percent selected "always," and 44 percent selected "usually."

6 Software Advice, *EHRs' Potential for Improving End-of-Life Care Documentation*, January 2015. Available at: [softwareadvice.com/long-term-care/industryview/ehr-end-of-life-report-2015/](https://softwareadvice.com/long-term-care/industryview/ehr-end-of-life-report-2015/).

Sincerely,



Andrew Pollack  
Chair, MHCC



Ben Steffen  
Executive Director, MHCC

cc: Senator Benjamin F. Kramer

**3b - FIN - SB 837 - MACHO - LOIWA.pdf**

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: INFO



**2021 SESSION  
POSITION PAPER**

**BILL: SB 837 – Health – Advance Care Planning and Advance Directives**

**COMMITTEE: Senate Finance Committee**

**POSITION: Letter of Information with Amendment**

**BILL ANALYSIS: SB 837 would require the Maryland Health Care Commission to coordinate implementation of advance care planning programs in the state and address mechanisms of advance care coordination through healthcare providers, insurance plans, the Motor Vehicle Administration and the Maryland Department of Health to coordinate with local health departments to provide the information through their COVID-19 vaccine sites.**

**POSITION RATIONALE:** The Maryland Association of County Health Officers (MACHO) has supported in the past efforts and campaigns to increase awareness of and planning for how an individual’s care should be handled when they are not able to make decisions for themselves via advanced care planning and advance care directives.

While MACHO believes advance directives are important and necessary, the COVID-19 vaccination clinics are not the avenue to launch such a campaign, as it may send an alarming and conflicting message to those waiting to get vaccinated without the ability to have a meaningful conversation on this topic. COVID-19 vaccination is important to help prevent the spread of COVID-19 and MACHO does not want to deter people from getting those vaccines. Educating people that they need to put someone in charge of their health care decisions or certain actions are to be taken in case they are unable to make them themselves, is not the message local health departments (LHDs) want to mix with the message of the importance of getting a lifesaving, effective and safe COVID-19 vaccination when some of the public already has hesitation about the vaccine.

In addition, COVID-19 vaccine (and testing sites) are already busy locations focused on getting individuals in and out to reduce potential for transmission and move higher volumes of people in and out quickly, safely, and efficiently. Adding another task to this system will increase waiting times and decrease the number of people each location will be able to handle in each clinic in order to communicate about advance directives. As volume of vaccine increases, LHDs will continue to work around the clock to vaccinate each and every resident in their communities and will continue to be held accountable by the state for reaching targets of vaccinations. LHD clinics are highly organized sites involving many layers of safety, coordination, technology, and clinical services that already face technology and database system challenges that sometimes force the LHDs to resort to paper when technology issues arise. Adding another technology layer/system will further complicate these clinics in an unnecessary way.

Therefore, we respectfully ask that **the local health departments (Section 3) be amended (see page 2) from the bill.** For more information, please contact Ruth Maiorana, MACHO Executive Director at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-937-1433. *This communication reflects the position of MACHO.*

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615 North Wolfe Street, Room E 2530 // Baltimore, Maryland 21205 // 410-937-1433

**MACHO Amendment**

~~21 SECTION 3. AND BE IT FURTHER ENACTED, That:~~

~~22 (a) (1) In this section the following words have the meanings indicated.~~

~~23 (2) “Advance care planning” means a process through which an individual 23  
24 considers and documents in a formal manner the individual’s preferences for the receipt of  
25 health care, including through the use of an advance directive. 25~~

~~26 (3) “Advance directive” has the meaning stated in § 5-601 of the Health 26  
27 General Article. 27~~

~~28 (4) “COVID-19” means, interchangeably and collectively, the coronavirus 28  
29 known as COVID-19 or 2019-nCoV and the SARS-CoV-2 virus. 29~~

~~30 (b) For calendar years 2021 and 2022, the Maryland Department of Health, in  
31 collaboration with local jurisdictions in the State, shall develop and implement a plan to 31  
1 provide to individuals receiving a COVID-19 vaccine at a location established by the State 1  
2 or a local jurisdiction for the administration of COVID-19 vaccines information about 2  
3 advance care planning and the State-designated electronic advance directive system, and 3  
4 the opportunity to: 4~~

~~5 (1) upload paper documents to the State-designated electronic advance 5  
6 directive system; or 6~~

~~7 (2) create a digital advance directive care plan that is stored in the 7 State-designated electronic  
8 advance directive system.~~