



Hospice & Palliative Care Network
OF MARYLAND

February 17, 2025

The Honorable Joseline A. Pena-Melnyk, Chair
The Honorable Bonnie Cullison, Vice Chair
Members, Health and Government Operations Committee
The Honorable Heather Bagnall

RE: **OPPOSE** – *House Bill 737 – Public Health – Nonopioid Advance Directive*

On behalf of the Hospice & Palliative Care Network of Maryland (HPCNM), we write to express our opposition to House Bill 737. This bill authorizes individuals to create a nonopioid advance directive that allows them to refuse the administration of opioid medications, including during emergency treatment. It also requires the Maryland Department of Health to develop and disseminate a separate nonopioid advance directive form.

The introduction of an additional Advance Directive is deeply concerning for several reasons:

Confusion for Patients and Providers:

Creating another form within the already complex framework of advance directives risks significant confusion for both patients and healthcare professionals. Patients may struggle to understand the differences and implications between multiple directives, while physicians could face challenges in interpreting and implementing these directives accurately during critical moments.

Essential Role of Opioids in Hospice Care:

Opioids play a critical role in hospice and palliative care. They are:

- **Fundamental for Pain Management:** Opioids provide effective relief from severe and chronic pain, which is paramount for ensuring patient comfort at the end of life.
- **Key for Symptom Control:** Beyond pain relief, opioids help alleviate other distressing symptoms, such as dyspnea (difficulty breathing), enabling patients to maintain the highest quality of life possible during their final days.
- **Critical for Individualized Patient Care:** The use of opioids in hospice settings is carefully tailored to each patient's needs, balancing benefits with potential risks through continuous clinical evaluation.



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Impact on Quality of End-of-Life Care:

While we recognize the good intentions behind House Bill 737, its implementation could inadvertently undermine the nuanced, patient-centered approach that is fundamental to quality end-of-life care. Instead of enhancing patient autonomy, the bill may restrict access to necessary and effective symptom management, thereby compromising patient comfort and dignity during critical moments.

Instead of adopting measures that could create confusion and potentially limit essential care, efforts should focus on improving education for both patients and providers about existing advance directives and the safe, effective use of opioids.

Given these concerns, we respectfully ask for an unfavorable vote for House Bill 737.

Sincerely,

Peggy Funk, CAE
Executive Director
Hospice & Palliative Care Network of Maryland
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