



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