

**State Advisory Council on Quality Care at the End of Life
Minutes from the January 16, 2015 Meeting**

Meeting time and place: January 16, 2015, 10:00 a.m., Department of Aging, 301 West Preston Street, Baltimore, Maryland.

Council members present: Ted Meyerson, Chair; Paul Ballard (Attorney General's designee); Rabbi Michael Safra; M. Jane Markley; Catherine Staveley; Sister Lawrence Mary Pocock; Tom Smith; Hank Wilner; Alice Hedt (Department of Aging's designee); Karren Pope-Onwukwe; Mary Lynn McPherson. On speakerphone: Gail S. Mansell; Hope Miller; Steve Levenson; George Failla (Department of Disabilities' designee).

Others present: Alan Eason; Delores Rich; Erin Dorrien; David Sharp; Chelsea Beaupre; Sally Hunt; Tammy Bresnahan; Andrea Garvey. On speakerphone: Jeff Zucker.

Chairman Ted Meyerson convened the meeting at 10:00 a.m.

Tammy Bresnahan of the AARP discussed the Care Act for Caregivers Model Act. AARP is seeking sponsors in the General Assembly to introduce a bill in the 2015 legislative session. Ms. Bresnahan stated that the Model Act would require a hospital to give a patient the opportunity to designate a caregiver when released from the hospital, and if one is identified, would require the hospital to give the caregiver 4 hours advance notice of the impending discharge and to provide the caregiver with instructions regarding the care of the patient such as how to perform medical tasks. She stated that New Jersey had recently passed such a bill. The Council inquired about New Jersey's experience and Ms. Bresnahan stated that it was passed too recently for there to be any available data.

Ted Meyerson raised the possibility of legislation to fund the Council's education activities by authorizing the Council to raise and keep funds for that purpose. The legislation may not be timely in 2015 but in the meantime the Council could request some funds from the Department of Health and Mental Hygiene to support these efforts. However, he did not believe that several thousand dollars would be sufficient. Andrea Garvey of the Maryland Catholic Conference discussed the efforts of the Catholic Church in Maryland to promote advance directives. Ted Meyerson applauded those efforts and similar efforts by other organizations but stated his belief that the State should play a greater leadership role in this area.

The Council discussed the Advance Directive Registry. David Sharp of the Maryland Health Care Commission explained that about 10 years ago the Chesapeake Regional Information System for our Patients (CRISP) built the technology to connect all hospitals and some nursing homes to an electronic system of records, that it, a health information exchange (HIE), and he estimated that in 3 years a majority of physicians will be connected to the HIE. CRISP has been working with ADVault to create an electronic advance directive registry that links with CRISP's HIE. Advance directives may be prepared on the ADVault website MyDirectives.com or they may be uploaded to that website. An issue was raised regarding the validity of an advance directive prepared by a Maryland resident on the website when the electronic signature of the person preparing the advance directive had not been witnessed by two

witnesses in the physical presence of the person electronically signing the advance directive. A proposed solution was for the website to email a reminder to a Maryland resident who had prepared an advance directive on the website that two witnesses were needed under Maryland law and that the person should log on to their website account and add witnesses. Council members agreed that a legal opinion was needed from Paul Ballard regarding the legitimacy of electronic signatures that were not witnessed in the physical presence of two witnesses and to advise what would be needed for the Council to endorse the website to be the State's advance directive registry.

Paul Ballard reported that the MOLST study is ongoing and health care providers are being surveyed at this point in the study.

Ted Meyerson reported that the National Health Care Decisions Day bill will be introduced again in the 2015 legislative session. He also reported that there is a link to the educational videos on advance directives and the MOLST form on the Attorney General's website and that the videos are being used by some hospitals.

Delores Rich of the Department of Health and Mental Hygiene's Prevention and Health Promotion Administration discussed the activities of the palliative care workgroup. She stated that at their December meeting the workgroup discussed the most effective ways to increase public awareness of palliative care and selected a good educational video. She said she would send a link to the video to the Council. She also noted that a journal article regarding a survey of hospitals regarding palliative care would be published soon under the title "An Assessment of Hospital-Based Palliative Care in Maryland: Infrastructure, Barriers, and Opportunities."

Ted Meyerson discussed the articles in the Washington Post regarding the services provided by quality of care provided in for-profit hospice care programs versus nonprofit hospice care programs and asked whether the council should do a study regarding the services available at each. Tom Smith noted that there are already studies showing that for-profit hospice care programs do not provide as many ancillary services but stated that no one has performed a consumer-driven study. Karren Pope-Onwukwe expressed concern how negative press coverage can reinforce public resistance to seeking hospice care services.

Ted Meyerson discussed bills being drafted that would allow a terminally ill patient to take medications to hasten death similar to the law in Washington State. He presented the Council with a draft bill that had been prepared by Senator Young. The consensus of the Council was that they should review the issue further. Physicians on the Council noted that they have been asked by some patients to help them to hasten their deaths. Council members expressed concerns about palliative care or hospice care being associated in the public's minds with providing patients with medications to hasten death, but Tom Smith noted that hospice care had not been impacted in Oregon or Washington by having such a law. Sister Lawrence Mary Pocock stated her opposition to assisted suicide, stating that no matter how sick, a person may still be able to pray, forgive family members, come to closure, and die comfortably.

No further items of business being presented, Chairman Meyerson adjourned the meeting.