

**State Advisory Council on Quality Care at the End of Life
Minutes from the January 28, 2013 Meeting**

Meeting time and place: January 28, 2013, 10:00 a.m, Department of Aging, 301 West Preston Street, Baltimore, Maryland.

Council members present: Ted Meyerson, Chair; Hope Miller; Karen Kaufman; Paul Ballard (Attorney General's designee); Donna DeLeno Neuworth (Department of Aging's designee); Tricia Tomsco Nay (Department of Health and Mental Hygiene's designee); Donna Leister; Delegate Dan Morhaim; Michael Safra (via speakerphone) Lya Karm; Mary Lynn McPherson; George Failla (Department of Disabilities' designee).

Others present: Alan Eason; Lawanda Edwards; Alice Hedt; Catherine Weber; Leslie Piet;

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

Delegate Morhaim discussed the Medical Marijuana bills and suggested supporting both of them. The Council agreed to support the bills.

Paul Ballard updated the Council regarding the Medical Orders for Life-Sustaining Treatment (MOLST) regulations. Mr. Ballard reported that the final MOLST regulations had been adopted by the Secretary of Health and Mental Hygiene. The regulations became effective on January 1, 2013. On July 1, 2013, hospitals (for certain patients), nursing homes, assisted living programs, home health agencies, hospices, and kidney dialysis centers must have the MOLST form completed for all their patients. Certain patients are not required to have MOLST forms, including patients whose primary diagnosis is related to a current pregnancy, children under age 18 who are unlikely to require a life-sustaining treatment, and patients with a primary psychiatric diagnosis, except for dementia, delirium, or mental disorders due to a medical condition. Physicians or nurse practitioners caring for these patients may elect to fill out a MOLST form, depending on the circumstances and the voluntary participation of the patient. There were also other minor changes made to the final regulations and to the final MOLST form. Delegate Morhaim thanked Paul Ballard and Tricia Nay for their work on the MOLST project. The Council agreed to Ted Meyerson's recommendation that suggested that a letter of appreciation be sent to the MOLST project participants from the Council.

Ted Meyerson asked Tricia Nay about the response the MOLST project has been getting to their educational videos on YouTube. She reported that she had not been getting many responses to the YouTube videos on the website. Alice Hedt stated that the Department of Aging would be willing to promote a consumer video on MOLST if one was made available. She promised to get the word out to consumers about MOLST.

The Council discussed the "Allow Natural Death" form presented by Delegate Morhaim. LifeBridge Health/Sinai Hospital ("Sinai") has replaced its internal Do Not Resuscitate forms with Allow Natural Death forms. Thomas Smith and Gail Mansell had provided the Council with research on the issue prior to the Council meeting. Delegate Morhaim stated that Sinai had received favorable feedback on the form. He said he did not have hard data on the form, noted

that a perfect form could not be made, stated that a form is not going to serve as a substitute for talking with the patient, but said that the form would be helpful.

Lynn McPherson stated that the palliative care community would support the approach of the form. Hope Miller said that patients like the term “Allow Natural Death.” Paul Ballard said that use of the term might be positive in the long term if consumers and health care providers understand its meaning. Ted Meyerson thought that the term was somewhat vague and that it would require very careful analysis to properly incorporate it into the MOLST form. Tricia Nay noted that there are different gradations of “Allow Natural Death” such as intubation, without intubation, and comfort care. She suggested that time be given to allow the community to understand these concepts prior to changing the MOLST form in the next year or so. Ted Meyerson stated that people know what “DNR” means. Delegate Morhaim stated that people prefer the term “Allow Natural Death.” Delegate Morhaim asked that the Council endorse the term as being a good idea and explore ways to incorporate the term in conversations with patients and into the MOLST form.

Hope Miller clarified that what she believed Delegate Morhaim was suggesting was that the Council take a first step in endorsing the term “Allow Natural Death.” Alice Hedt asked if the term was equivalent to Option B under the MOLST form’s DNR options (palliative and supportive care only). Tricia Nay stated that it depends on how you define the term and it could include the 3 options for DNR under the MOLST form. Lya Karm stated that she was comfortable using the term as part of a conversation with a patient but not with writing it as an order. The general consensus of the Council was to endorse the statement that “the Council recognizes the use of ‘Allow Natural Death’ as an expression that may be used in end-of-life conversations.” Karen Kaufman abstained.

Paul Ballard discussed House Bill 67 and Senate Bill 121. These identical bills would amend the Health Care Decisions Act to permit a licensed psychologist to provide one of the two required certifications that a patient lacks the capacity to make informed decisions regarding their treatment. Under current law only licensed physicians may make this certification. The Council decided to take no position on the bills.

Paul Ballard stated that no bill had yet been introduced regarding palliative care programs in hospitals. George Failla noted that the workgroup had avoided mention of hospice programs in its recommendations and that instead the proposals concerned requiring palliative care programs in hospitals of a certain size and the requirements would not take effect until 2016. Ted Meyerson stated that he would email the Council to see if they wanted to take a position on bill when it was introduced or to testify regarding the bill.

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