

**State Advisory Council on Quality Care at the End of Life
Minutes from the June 19, 2015 Meeting**

Meeting time and place: June 19, 2015, 10:00 a.m., Office of Health Care Quality, 55 Wade Avenue, Spring Grove Hospital Center, Bland Bryant Building, Catonsville, Maryland.

Council members present: Ted Meyerson, Chair; Paul Ballard (Attorney General's designee); Steve Levenson; Delegate Dan Morhaim; Lya Karm; Catherine Stavely; Sister Lawrence Mary Pocock; Gail S. Mansell; Henry Wilner; Tricia Nay (Department of Health and Mental Hygiene's designee). On speakerphone: Senator Roger Manno; Mary Lynn McPherson; Rabbi Michael Safra.

Others present: Yvette Rode; Phyllis Meyerson; Anne Evans; Frederick Weinstein; Patricia Alt; Angela Evatt (Maryland Health Care Commission); Terry Douglas. On speakerphone: LaWanda Edwards (on behalf of Senator Manno)

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

The Council discussed the 2015 legislation session. House Bill 293 was enacted into law, permitting a person to include in an advance directive a provision electing to waive the right to revoke the advance directive during a period in which the person has been certified as incapable of making an informed decision regarding a treatment. House Bill 45 would have required the Governor to annually proclaim April 16 as National Healthcare Decisions Day passed in the House of Delegates but failed to pass in the Senate. Finally, House Bill 1106 was enacted into law, authorizing electronic advance directives to be witnessed in accordance with electronic witness protocols of the advance directive registry of the Department of Health and Mental Hygiene.

Ted Meyerson gave a presentation regarding the advance directive registry. He asked the Council to endorse a mechanism for funding the advance directive registry by requiring health insurance companies to pay a capitation fee based on their population of enrollees. The registry would be available free of charge to persons without health insurance. Health Insurance companies would be notified by the Chesapeake Regional Information System that an electronic advance directive had been registered with the advance directive registry so that the health insurance company can notify the enrollee's health care provider of the existence of the electronic advance directive registry. In the immediate future, State employees would be offered the opportunity to register an electronic advance directive with the registry during open enrollment in the Fall of 2015. Consideration would be given for legislation to be introduced in the 2016 session to require health insurance companies to offer the same opportunity to enrollees during open enrollment. Insurance companies offering advance directives that would be filed with the registry as a benefit would be a way to get more people educated about the importance of completing advance directives and to change the attitude of the general population toward advance directives.

Steve Levenson stated his preference to have more time to consider the details of the proposal and its potential consequences prior to being asked to approve it. Senator Manno

expressed concerns about the delays in establishing the advance directive registry, especially given the legal obstacles described by Paul Ballard with regard to witnessing electronic advance directives. Mr. Ballard explained that under accepted law witnesses must be physically present to observe the preparer of an advance directive sign the advance directive and that the enactment of House Bill 1106 would enable alternative ways to witness the preparer's signature on an electronic advance directive. Mr. Ballard further explained that the Department was in the process of amending the advance directive registry's regulations to provide for the registration of electronic advance directives and to establish electronic witness protocols. Mr. Ballard noted that the adoption of the regulations would not solve the more fundamental issue of funding the advance directive registry. Senator Manno stated he had previously introduced legislation that was enacted requiring the Department of Health and Mental Hygiene to charge a fee to users of the registry and that the Department had assured him that the registry could be established with existing budget resources.

After extensive discussion among the Council members, the Council approved a motion to ask the Governor to require all health insurance providers to offer State employees the option of registering an electronic advance directive with the registry during open enrollment. The Council also agreed to consider any proposals for legislation at its next meeting in September.

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