

HB0581/826587/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 581

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “and V. Turner” and substitute “V. Turner, Hammen, Pendergrass, Bromwell, Costa, Elliott, Frank, Kach, A. Kelly, Krebs, McDonough, Morhaim, Murphy, Nathan-Pulliam, Oaks, Ready, Reznik, and Tarrant”; in line 2, after “Care” insert “Pilot”; in the same line strike “- Required”; strike beginning with “requiring” in line 3 down through “date;” in line 4 and substitute “providing for the establishment of a certain number of palliative care pilot programs in certain hospitals in the State; requiring the Maryland Health Care Commission to select the pilot programs in a certain manner; requiring certain palliative care pilot programs to collaborate with certain providers to deliver care, gather certain data, and report certain information to the Maryland Health Care Commission; requiring the Maryland Health Care Commission to consult with certain palliative care pilot programs and certain stakeholders to develop certain core data measures and certain reporting standards;”; in line 4, strike “the palliative care program” and substitute “certain palliative care pilot programs”; strike beginning with “requiring” in line 7 down through “date;” in line 12 and substitute “requiring the Maryland Health Care Commission, on or before a certain date, in consultation with the Office of Health Care Quality and the Maryland Hospital Association, to report certain findings to certain committees of the General Assembly; requiring the report to include certain recommendations; requiring the report to be used to develop certain standards; providing for the termination of this Act;”; and in line 13, after “care” insert “pilot”.

AMENDMENT NO. 2

On page 2, strike in their entirety lines 18 through 24, inclusive, and substitute:

“(B) (1) (I) AT LEAST FIVE PALLIATIVE CARE PILOT PROGRAMS SHALL BE ESTABLISHED IN THE STATE IN HOSPITALS WITH 50 OR MORE BEDS.”

(Over)

(II) THE FIVE PILOT PROGRAMS SHALL BE SELECTED BY THE MARYLAND HEALTH CARE COMMISSION IN A MANNER THAT ENSURES GEOGRAPHIC BALANCE IN THE STATE.

(III) THE PILOT PROGRAMS ESTABLISHED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH SHALL:

1. COLLABORATE WITH PALLIATIVE CARE OR COMMUNITY PROVIDERS TO DELIVER CARE;

2. GATHER DATA ON COSTS AND SAVINGS TO HOSPITALS AND PROVIDERS, ACCESS TO CARE, AND PATIENT CHOICE; AND

3. REPORT TO THE MARYLAND HEALTH CARE COMMISSION ON BEST PRACTICES THAT CAN BE USED IN THE DEVELOPMENT OF STATEWIDE PALLIATIVE CARE STANDARDS.

(2) THE MARYLAND HEALTH CARE COMMISSION SHALL, IN CONSULTATION WITH THE PILOT PROGRAMS ESTABLISHED UNDER PARAGRAPH (1) OF THIS SUBSECTION AND STAKEHOLDERS SELECTED BY THE COMMISSION, IDENTIFY CORE DATA MEASURES FOR THE DATA COLLECTED UNDER PARAGRAPH (1)(II)2 OF THIS SUBSECTION AND DEVELOP STANDARDS FOR THE REPORTING REQUIREMENTS OF PARAGRAPH (1)(II)3 OF THIS SUBSECTION.”;

and in line 25, strike “A HOSPITAL’S NONACCREDITED PALLIATIVE CARE PROGRAM” and substitute “THE PILOT PROGRAMS ESTABLISHED UNDER SUBSECTION (B) OF THIS SECTION”.

AMENDMENT NO. 3

On pages 3 and 4, strike in their entirety the lines beginning with line 21 on page 3 through line 16 on page 4, inclusive, and substitute:

“SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) On or before December 1, 2015, the Maryland Health Care Commission, in consultation with the Office of Health Care Quality and the Maryland Hospital Association, shall report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2-1246 of the State Government Article, on the findings of the pilot programs established under Section 1 of this Act, including best practices and data outcomes experienced during the pilot period.

(b) The report required under subsection (a) of this section shall:

(1) include recommendations, based on the findings of the pilot programs established under Section 1 of this Act, to be used to develop minimum standards for palliative care programs with the goal of expanding access to palliative care services statewide at hospitals with 50 beds or more by July 1, 2016, in a manner that ensures geographic balance and promotes racial and ethnic diversity; and

(2) be used by the Department of Health and Mental Hygiene, in consultation with experts in hospital palliative care and other interested stakeholders, to assist in the development of regulations related to standards for palliative care programs.”;

in line 17, strike “4.” and substitute “3.”; and in line 18, after “2013.” insert “It shall remain effective for a period of 3 years and 2 months and, at the end of November 30, 2016, with no further action required by the General Assembly, this Act shall be abrogated and of no further force and effect.”.