

TO: HGO Committee Members

SUPPORT: HB1073 sponsored by Delegate Bonnie Cullison

HB1073 is the result of an intensive effort by a broad stakeholder group that met throughout the interim at the request of HGO Chair Pendergrass to address the important issue of advance care medical planning. I'd like to thank Delegate Cullison for her leadership in this important and challenging subject.

This bill closes the gaps on advance care planning in key areas:

- It provides information and encouragement to complete Advance Directives by Maryland citizens via appropriate settings
- It allows adult individuals to easily and readily upload the advance directive of their choice and to make changes at any time in a secure manner
- It makes that information available to clinicians if/when needed - typically in Emergency Departments and Intensive Care units - and it does so via the Maryland Health Care Commission and the CRISP system which is already established, secure, and operating
- It involves all key medical groups in the process: healthcare providers, healthcare institutions, insurance carriers

Advance care planning is an important patient centered, patient determined, no/low-cost method of better managing serious illness and end-of-life care. This is done by completing an advance directive form. Though legal and available in Maryland and the United States since the early 1990's, only about 40% of Maryland adults have completed these forms, and the rate is about ½ that in minority groups.

The main benefit of advance care planning is that clinicians know who speaks for a patient when that person is unable to make medical decisions for themselves. The need for advance care planning has been heightened by the COVID pandemic because families are now often not able to be at the bedside with their loved one.

In my over 40 years as an ER doctor, I've seen the benefit of advance care planning, but also the problems that occur when the proper documents are not available. Without clear direction, conflicts between family members can arise; knowing what the patient would have wanted eases those. As a clinician facing impending serious and often immediate decision-making, I want to know what my patients would want so I can respect and follow their wishes.

End-of-life care is a challenging issue, but it is one we cannot avoid, and we will all face for ourselves and our loved ones. Our collective tendency is to avoid talking about or thinking about this, and that's understandable. But the realities of 21st century medicine now allow us to be involved in that final stage of life, and that's empowering and valuable. We can shift to a holistic, family-centered, and peaceful closure in our final passage by completing free, readily available, legal documents. HB1073 supports that valuable action step.

Please support HB1073.

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