

SENATE BILL 824

J1, J5, O2

2lr2121
CF 2lr2118

By: **Senator Kramer**

Introduced and read first time: February 7, 2022

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health – Accessibility of Electronic Advance Care Planning Documents**

3 FOR the purpose of requiring the Maryland Health Care Commission to coordinate the
4 accessibility of electronic advance care planning documents in the State; requiring
5 health care facilities, nursing homes, assisted living facilities, managed care
6 organizations, and carriers to take certain actions related to electronic advance care
7 planning documents; altering the required content for an information sheet on
8 advance directives developed by the Maryland Department of Health; requiring the
9 Motor Vehicle Administration to submit a report regarding the implementation of
10 certain provisions of law related to advance directives; and generally relating to
11 advance care planning documents.

12 BY repealing and reenacting, with amendments,
13 Article – Health – General
14 Section 5–615, 15–103(b)(9)(xv) and (xvi), 19–144, and 19–1805(b)
15 Annotated Code of Maryland
16 (2019 Replacement Volume and 2021 Supplement)

17 BY adding to
18 Article – Health – General
19 Section 15–103(b)(9)(xvii) and (xviii), 19–145, and 19–1401.4
20 Annotated Code of Maryland
21 (2019 Replacement Volume and 2021 Supplement)

22 BY repealing and reenacting, with amendments,
23 Article – Insurance
24 Section 15–122.1
25 Annotated Code of Maryland
26 (2017 Replacement Volume and 2021 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Health – General

5–615.

(a) (1) In this section[, “health”] THE FOLLOWING WORDS HAVE THE
MEANINGS INDICATED.

(2) “ADVANCE CARE PLANNING DOCUMENT” HAS THE MEANING
STATED IN § 19–145 OF THIS ARTICLE.

(3) “ELECTRONIC ADVANCE CARE PLANNING DOCUMENT” HAS THE
MEANING STATED IN § 19–145 OF THIS ARTICLE.

(4) “HEALTH care facility” has the meaning stated in § 19–114 of this
article.

(b) (1) Each health care facility shall provide each individual on admittance to
the facility information concerning the rights of the individual to make decisions concerning
health care, including the right to accept or refuse treatment, and the right to make an
advance directive, including a living will.

(2) ON ADMITTANCE OF AN INDIVIDUAL TO A HEALTH CARE FACILITY,
EACH HEALTH CARE FACILITY SHALL:

(i) USE THE STATE–DESIGNATED HEALTH INFORMATION
EXCHANGE TO IDENTIFY IF THE INDIVIDUAL HAS ANY ELECTRONIC ADVANCE
PLANNING DOCUMENTS;

(ii) IF THE INDIVIDUAL HAS ANY ELECTRONIC ADVANCE
PLANNING DOCUMENTS, ATTEMPT TO VERIFY THE CONTENTS AND UPDATE THE
DOCUMENTS AS NECESSARY; AND

(iii) IF THE INDIVIDUAL DOES NOT HAVE ANY ELECTRONIC
ADVANCE CARE PLANNING DOCUMENTS:

1. OFFER THE INDIVIDUAL THE OPPORTUNITY TO SCAN
ANY PAPER ADVANCE CARE PLANNING DOCUMENTS THE INDIVIDUAL BROUGHT TO
THE HEALTH CARE FACILITY AND MAKE THEM ACCESSIBLE TO THE
STATE–DESIGNATED HEALTH INFORMATION EXCHANGE; OR

1 **2. PROVIDE THE INDIVIDUAL WITH AN INFORMATION**
2 **SHEET DEVELOPED IN ACCORDANCE WITH THIS SECTION.**

3 **(3) IF A HEALTH CARE FACILITY MAINTAINS AN ELECTRONIC HEALTH**
4 **RECORD SYSTEM, THE HEALTH CARE FACILITY SHALL PROVIDE ACCESS THROUGH**
5 **THE ELECTRONIC HEALTH RECORD SYSTEM'S PATIENT PORTAL:**

6 **(I) THE ELECTRONIC MEANS TO CREATE, EXECUTE, AND STORE**
7 **AN ADVANCE DIRECTIVE OR A HEALTH CARE AGENT DESIGNATION; AND**

8 **(II) THE CAPABILITY TO UPLOAD AN ADVANCE CARE PLANNING**
9 **DOCUMENT AND MAKE IT ACCESSIBLE TO THE STATE-DESIGNATED HEALTH**
10 **INFORMATION EXCHANGE OR UPDATE AN EXISTING ELECTRONIC ADVANCE CARE**
11 **PLANNING DOCUMENT.**

12 (c) (1) The Department, in consultation with the Office of the Attorney
13 General, shall develop an information sheet that provides information relating to advance
14 directives, which shall include:

15 (i) Written statements informing an individual that an advance
16 directive:

17 1. **CAN BE UPDATED OR REVOKED BY THE INDIVIDUAL**
18 **AT ANY TIME;**

19 2. Is a useful, legal, and well established way for an
20 individual to [direct] **COMMUNICATE THE PREFERENCES OF THE INDIVIDUAL FOR**
21 **medical care;**

22 [2.] 3. Allows an individual to specify the medical care that the
23 individual [will] **MAY** receive and can alleviate conflict among family members and health
24 care providers;

25 [3.] 4. Can **HELP** ensure that an individual's religious beliefs are
26 considered [when directing] **IF medical care IS PROVIDED;**

27 [4.] 5. [Is most effective if completed in consultation] **CAN BE**
28 **MORE EFFECTIVE IF DISCUSSED** with family members, or legal and religious advisors, if
29 an individual desires;

30 [5. Can be revoked or changed at any time;]

31 6. Is available in many forms, including model forms
32 developed by religious organizations, estate planners, and lawyers;

7. Does not have to be on any specific form and can be personalized; [and]

8. If completed, should be copied for an individual's family members, physicians, and legal advisors **AND, AT THE DISCRETION OF THE INDIVIDUAL, MADE ACCESSIBLE TO THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE;** and

9. IS MOST EFFECTIVE IF IT IS MADE ACCESSIBLE TO THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE; AND

(ii) The following written statements:

1. **THAT AN INDIVIDUAL IS NOT REQUIRED TO COMPLETE AN ADVANCE DIRECTIVE;**

2. That an individual should discuss the appointment of a health care agent with the potential appointee;

[2.] 3. That advance directives are for individuals of all ages; **AND**

[3.] 4. That in the absence of an appointed health care agent, the next of kin make an individual's health care decisions when the individual is incapable of making **OR COMMUNICATING** those decisions[; and

4. That an individual is not required to complete an advance directive].

(2) The information sheet developed by the Department under this subsection shall be provided by:

(i) The Department, in accordance with § 15-109.1 of this article;

(ii) The Motor Vehicle Administration, in accordance with § 12-303.1 of the Transportation Article;

(iii) A carrier, in accordance with § 15-122.1 of the Insurance Article; [and]

(iv) The Maryland Health Benefit Exchange, in accordance with § 31-108(g) of the Insurance Article;

(V) A LICENSED PHYSICIAN TO A PATIENT AT AN APPROPRIATE TIME DURING A SCHEDULED APPOINTMENT;

(VI) A MANAGED CARE ORGANIZATION IN ACCORDANCE WITH § 15-103 OF THIS ARTICLE;

(VII) A HEALTH CARE FACILITY IN ACCORDANCE WITH SUBSECTION (B) OF THIS SECTION;

(VIII) A NURSING HOME IN ACCORDANCE WITH § 19-1401.4 OF THIS ARTICLE;

(IX) AN ASSISTED LIVING FACILITY IN ACCORDANCE WITH § 19-1805 OF THIS ARTICLE; AND

(X) THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE IN ACCORDANCE WITH § 19-145(B)(2)(IV) OF THIS ARTICLE.

(3) (I) [The] EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS PARAGRAPH, THE information sheet developed by the Department under this subsection may not contain or promote a specific advance directive form or an electronic advance directive technology or service.

(II) THE INFORMATION SHEET SHALL INCLUDE LINKS TO WEBSITES FOR ELECTRONIC ADVANCE DIRECTIVE SERVICES THAT THE MARYLAND HEALTH CARE COMMISSION HAS RECOGNIZED UNDER § 19-144 OF THIS ARTICLE.

(4) The information sheet developed by the Department under this subsection at a minimum shall:

- (i) Educate the public on the use of electronic advance directives;
- (ii) Encourage the use of electronic advance directives;
- (iii) Provide information about developing an electronic advance directive;
- (iv) Describe how electronic advance directives are made available at the point of care;
- (v) Indicate that the use of an electronic advance directive is not required; [and]
- (vi) Indicate that individuals do not have to pay to have their electronic advance directives honored; AND

(VII) EMPHASIZE THE IMPORTANCE OF MAKING AN ELECTRONIC ADVANCE DIRECTIVE ACCESSIBLE THROUGH THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE.

15–103.

(b) (9) Each managed care organization shall:

(xv) Upon provision of information specified by the Department under paragraph (19) of this subsection, pay school-based clinics for services provided to the managed care organization's enrollees; [and]

(xvi) In coordination with participating dentists, enrollees, and families of enrollees, develop a process to arrange to provide dental therapeutic treatment to individuals under 21 years of age that requires:

1. A participating dentist to notify a managed care organization when an enrollee is in need of therapeutic treatment and the dentist is unable to provide the treatment;

2. A managed care organization to provide the enrollee or the family of the enrollee with a list of participating providers who offer therapeutic dental services; and

3. A managed care organization to notify the enrollee or the family of the enrollee that the managed care organization will provide further assistance if the enrollee has difficulty obtaining an appointment with a provider of therapeutic dental services;

(XVII) PROVIDE THE ADVANCE DIRECTIVE INFORMATION SHEET DEVELOPED UNDER § 5–615 OF THIS ARTICLE:

1. TO ALL ENROLLEES AT THE TIME OF INITIAL ENROLLMENT AND IN THE MANAGED CARE ORGANIZATION'S ENROLLEE PUBLICATIONS;

2. IF THE MANAGED CARE ORGANIZATION MAINTAINS A WEBSITE, ON THE MANAGED CARE ORGANIZATION'S WEBSITE; AND

3. AT THE REQUEST OF AN ENROLLEE; AND

(XVIII) IF A MANAGED CARE ORGANIZATION MAINTAINS A WEBSITE, PROVIDE ACCESS ON ITS WEBSITE TO ITS ENROLLEES TO:

1 **1. THE ELECTRONIC MEANS TO CREATE, EXECUTE, AND**
2 **STORE AN ADVANCE DIRECTIVE OR HEALTH CARE AGENT DESIGNATION; AND**

3 **2. THE CAPABILITY TO UPLOAD AN ADVANCE CARE**
4 **PLANNING DOCUMENT AS DEFINED IN § 19-145 OF THIS ARTICLE, AND MAKE IT**
5 **ACCESSIBLE TO THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE OR**
6 **UPDATE AN EXISTING ELECTRONIC ADVANCE CARE PLANNING DOCUMENT, AS**
7 **DEFINED IN § 19-145 OF THIS ARTICLE.**

8 19-144.

9 (a) To facilitate the use of Web-based technology for electronic advance
10 directives, the Maryland Health Care Commission shall develop criteria for recognizing
11 electronic advance directives services that are authorized to connect to the
12 State-designated health information exchange.

13 (b) To be authorized to connect to the State-designated health information
14 exchange, an electronic advance directives service shall:

15 (1) Be recognized by the Maryland Health Care Commission;

16 (2) [Be established in accordance with the National Institute of Standards
17 and Technology Special Publication 800-63-2: Electronic Authentication Guideline;

18 (3)] Be responsible for all costs associated with connecting to the
19 State-designated health information exchange; and

20 [(4)] **(3)** Store electronic advance directives that are received by facsimile
21 or other electronic means.

22 (c) The State-designated health information exchange may charge electronic
23 advance directives services recognized by the Maryland Health Care Commission a fee for
24 connecting to the State-designated health information exchange.

25 (d) The State-designated health information exchange shall ensure that
26 electronic advance directives services do not have access to information stored on the
27 State-designated health information exchange.

28 **19-145.**

29 **(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS**
30 **INDICATED.**

(2) (I) “ADVANCE CARE PLANNING DOCUMENT” MEANS A DOCUMENT THAT INDICATES AN INDIVIDUAL’S PREFERENCES FOR THE RECEIPT OF HEALTH CARE.

(II) “ADVANCE CARE PLANNING DOCUMENT” INCLUDES:

- 1. AN ADVANCE DIRECTIVE;**
- 2. A DOCUMENT THAT APPOINTS A HEALTH CARE AGENT; AND**
- 3. A MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT FORM.**

(3) “CARRIER” MEANS:

- (I) AN INSURER;**
- (II) A NONPROFIT HEALTH SERVICE PLAN;**
- (III) A HEALTH MAINTENANCE ORGANIZATION; AND**
- (IV) A MANAGED CARE ORGANIZATION.**

(4) “ELECTRONIC ADVANCE CARE PLANNING DOCUMENT” MEANS AN ELECTRONIC VERSION OF AN ADVANCE CARE PLANNING DOCUMENT THAT IS ACCESSIBLE TO THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE AND APPROPRIATE HEALTH CARE PROVIDERS.

(5) “HEALTH CARE PROVIDER” MEANS:

(I) A HEALTH CARE PRACTITIONER WHO IS LICENSED OR CERTIFIED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE IN THE ORDINARY COURSE OF BUSINESS;

(II) A SET OF HEALTH CARE PRACTITIONERS, AS DEFINED IN § 15-113 OF THIS ARTICLE;

(III) A HEALTH CARE FACILITY AS DEFINED IN § 19-114 OF THIS SUBTITLE;

(IV) A NURSING FACILITY, AS DEFINED IN § 19-301 OF THIS TITLE; OR

(V) AN ASSISTED LIVING PROGRAM, AS DEFINED IN § 19-1801
OF THIS TITLE.

(B) (1) THE COMMISSION SHALL COORDINATE THE ACCESSIBILITY OF
ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS IN THE STATE.

(2) THE COORDINATION PROVIDED BY THE COMMISSION UNDER THIS
SUBSECTION SHALL INCLUDE:

(I) IDENTIFYING A PROCESS THROUGH WHICH:

1. INDIVIDUALS CAN MAKE ADVANCE CARE PLANNING
DOCUMENTS ACCESSIBLE TO THE STATE-DESIGNATED HEALTH INFORMATION
EXCHANGE;

2. INDIVIDUALS CAN UPDATE ELECTRONIC ADVANCE
CARE PLANNING DOCUMENTS; AND

3. HEALTH CARE PROVIDERS CAN ACCESS ELECTRONIC
ADVANCE CARE PLANNING DOCUMENTS AS APPROPRIATE;

(II) IDENTIFICATION OF OPTIONS THAT MAY BE TAKEN BY
CARRIERS AND HEALTH CARE PROVIDERS TO:

1. ENCOURAGE INDIVIDUALS TO CREATE, UPLOAD, AND
UPDATE ADVANCE PLANNING DOCUMENTS; AND

2. MAKE ELECTRONIC ADVANCE CARE PLANNING
DOCUMENTS ACCESSIBLE THROUGH:

A. THE USE OF AN ELECTRONIC ADVANCE DIRECTIVE
SERVICE RECOGNIZED BY THE COMMISSION UNDER § 19-144 OF THIS SUBTITLE;
AND

B. PROVIDING THE CAPABILITY TO UPLOAD AN
ADVANCE CARE PLANNING DOCUMENT AND MAKE IT ACCESSIBLE TO THE
STATE-DESIGNATED HEALTH INFORMATION EXCHANGE OR UPDATE AN
ELECTRONIC ADVANCE CARE PLANNING DOCUMENT;

(III) DEVELOPMENT AND IMPLEMENTATION OF QUALITY
MEASURES ENDORSED OR DESIGNATED FOR TESTING BY A NATIONAL QUALITY
MEASUREMENT ORGANIZATION TO MEASURE THE EFFECTIVENESS OF THE OPTIONS
IDENTIFIED UNDER ITEM (II) OF THIS PARAGRAPH; AND

(IV) INCLUSION OF A DISTINCT TAB ON THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE WEBSITE THAT PROVIDES:

1. ACCESS TO THE ADVANCE DIRECTIVE INFORMATION SHEET DEVELOPED UNDER § 5-615 OF THIS ARTICLE;

2. THE ELECTRONIC MEANS TO CREATE, EXECUTE, AND STORE AN ADVANCE DIRECTIVE OR HEALTH CARE DESIGNATION; AND

3. THE CAPABILITY TO UPLOAD AN ADVANCE CARE PLANNING DOCUMENT AND MAKE IT ACCESSIBLE TO THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE AND UPDATE EXISTING ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS.

(C) AS AN OPTION UNDER SUBSECTION (B)(2)(II) OF THIS SECTION, A CARRIER OR HEALTH CARE PROVIDER MAY CONTRACT WITH AN ELECTRONIC ADVANCE DIRECTIVE SERVICE IF THE SERVICE:

(1) IS APPROVED BY THE MARYLAND HEALTH CARE COMMISSION UNDER § 19-144 OF THIS SUBTITLE; AND

(2) MEETS THE TECHNOLOGY, SECURITY, AND PRIVACY STANDARDS SET BY THE COMMISSION.

(D) THE COMMISSION MAY ADOPT REGULATIONS TO CARRY OUT THIS SECTION.

19-1401.4.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) "ADVANCE CARE PLANNING DOCUMENT" HAS THE MEANING STATED IN § 19-145 OF THIS TITLE.

(3) "ELECTRONIC ADVANCE CARE PLANNING DOCUMENT" HAS THE MEANING STATED IN § 19-145 OF THIS TITLE.

(B) (1) ON ADMITTANCE OF AN INDIVIDUAL TO A NURSING HOME, THE NURSING HOME SHALL:

1 **(I) USE THE STATE-DESIGNATED HEALTH INFORMATION**
2 **EXCHANGE TO IDENTIFY IF THE INDIVIDUAL HAS ANY ELECTRONIC ADVANCE**
3 **PLANNING DOCUMENTS;**

4 **(II) IF THE INDIVIDUAL HAS ANY ELECTRONIC ADVANCE**
5 **PLANNING DOCUMENTS, ATTEMPT TO VERIFY THE CONTENTS AND UPDATE THE**
6 **DOCUMENTS AS NECESSARY; AND**

7 **(III) IF THE INDIVIDUAL DOES NOT HAVE ANY ELECTRONIC**
8 **ADVANCE PLANNING DOCUMENTS:**

9 **1. OFFER THE INDIVIDUAL THE OPPORTUNITY TO SCAN**
10 **ANY PAPER ADVANCE CARE PLANNING DOCUMENTS THE INDIVIDUAL BROUGHT TO**
11 **THE NURSING HOME AND MAKE THEM ACCESSIBLE TO THE STATE-DESIGNATED**
12 **HEALTH INFORMATION EXCHANGE; OR**

13 **2. PROVIDE THE INDIVIDUAL WITH AN INFORMATION**
14 **SHEET DEVELOPED IN ACCORDANCE WITH § 5-615 OF THIS ARTICLE.**

15 **(2) IF A NURSING HOME MAINTAINS A WEBSITE, THE NURSING HOME**
16 **SHALL PROVIDE TO ITS RESIDENTS:**

17 **(I) ACCESS TO THE ELECTRONIC MEANS TO CREATE, EXECUTE,**
18 **AND STORE AN ADVANCE DIRECTIVE OR A HEALTH CARE AGENT DESIGNATION; AND**

19 **(II) THE CAPABILITY TO UPLOAD AN ADVANCE CARE PLANNING**
20 **DOCUMENT AND MAKE IT ACCESSIBLE TO THE STATE-DESIGNATED HEALTH**
21 **INFORMATION EXCHANGE OR UPDATE AN EXISTING ELECTRONIC ADVANCE CARE**
22 **PLANNING DOCUMENT.**

23 19-1805.

24 (b) (1) The Department, in consultation with representatives of the affected
25 industry and advocates for residents of the facilities and with the approval of the
26 Department of Aging and the Department of Human Services, shall adopt regulations to
27 implement this subtitle.

28 (2) The regulations adopted under paragraph (1) of this subsection shall:

29 (i) Provide for the licensing of assisted living programs;

30 (ii) Require the Department, during a survey or other inspection of
31 an assisted living program, to review the number of waivers granted to the program under
32 subsection (a)(3) of this section and determine whether a change in the program's licensure
33 status is warranted; [and]

(iii) Require an assisted living program facility to post in a conspicuous place visible to actual and potential residents of the facility and other interested parties:

1. A. Its statement of deficiencies for the most recent survey;

B. Any subsequent complaint investigations conducted by federal, State, or local surveyors; and

C. Any plans of correction in effect with respect to the survey or complaint investigation; or

2. A notice of the location, within the facility, of the items listed in item 1 of this item;

(IV) ON ADMITTANCE OF AN INDIVIDUAL TO AN ASSISTED LIVING FACILITY, REQUIRE THE ASSISTED LIVING FACILITY TO:

1. USE THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE TO IDENTIFY IF THE INDIVIDUAL HAS ANY ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS AS DEFINED IN § 19-145 OF THIS TITLE;

2. IF THE INDIVIDUAL HAS ANY ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS, ATTEMPT TO VERIFY THE CONTENTS AND UPDATE THE DOCUMENTS AS NECESSARY; AND

3. IF THE INDIVIDUAL DOES NOT HAVE ANY ELECTRONIC ADVANCE CARE PLANNING DOCUMENTS:

A. OFFER THE INDIVIDUAL THE OPPORTUNITY TO SCAN ANY PAPER ADVANCED CARE PLANNING DOCUMENTS THE INDIVIDUAL BROUGHT TO THE ASSISTED LIVING FACILITY AND MAKE THEM ACCESSIBLE TO THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE; OR

B. PROVIDE THE INDIVIDUAL WITH AN INFORMATION SHEET DEVELOPED IN ACCORDANCE WITH § 5-615 OF THIS ARTICLE; AND

(V) IF AN ASSISTED LIVING FACILITY MAINTAINS A WEBSITE, REQUIRE THE ASSISTED LIVING FACILITY TO PROVIDE TO ITS RESIDENTS:

1. ACCESS TO THE ELECTRONIC MEANS TO CREATE, EXECUTE, AND STORE AN ADVANCE DIRECTIVE OR A HEALTH CARE AGENT DESIGNATION; AND

1 **2. THE CAPABILITY TO UPLOAD AN ADVANCE CARE**
2 **PLANNING DOCUMENT AS DEFINED IN § 19–145 OF THIS TITLE AND MAKE IT**
3 **ACCESSIBLE TO THE STATE–DESIGNATED HEALTH INFORMATION EXCHANGE OR**
4 **UPDATE AN EXISTING ELECTRONIC ADVANCE CARE PLANNING DOCUMENT AS**
5 **DEFINED IN § 19–145 OF THIS TITLE.**

6 **Article – Insurance**

7 15–122.1.

8 (a) (1) In this section the following words have the meanings indicated.

9 (2) “Advance directive” has the meaning stated in § 5–601 of the Health –
10 General Article.

11 (3) (i) “Carrier” means:

12 1. an insurer;

13 2. a nonprofit health service plan;

14 3. a health maintenance organization; and

15 4. any other person that provides health benefit plans
16 subject to regulation by the State.

17 (ii) “Carrier” does not include a managed care organization.

18 (b) A carrier shall provide the advance directive information sheet developed
19 under § 5–615 of the Health – General Article:

20 (1) **TO ALL MEMBERS OR ENROLLEES AT THE TIME OF INITIAL**
21 **ENROLLMENT AND** in the carrier’s member publications;

22 (2) if the carrier maintains a [Web site on the Internet] **WEBSITE**, on the
23 carrier’s [Web site] **WEBSITE**; and

24 (3) at the request of a member.

25 **(C) IF A CARRIER MAINTAINS A WEBSITE, THE CARRIER SHALL PROVIDE TO**
26 **ALL ITS MEMBERS OR ENROLLEES TO:**

27 **(1) ACCESS TO THE ELECTRONIC MEANS TO CREATE, EXECUTE, AND**
28 **STORE AN ADVANCE DIRECTIVE OR A HEALTH CARE AGENT DESIGNATION; AND**

1 **(2) THE CAPABILITY TO UPLOAD AN ADVANCE CARE PLANNING**
2 **DOCUMENT AS DEFINED IN § 19–145 OF THE HEALTH – GENERAL ARTICLE TO THE**
3 **STATE–DESIGNATED HEALTH INFORMATION EXCHANGE OR UPDATE AN EXISTING**
4 **ELECTRONIC ADVANCE CARE PLANNING DOCUMENT AS DEFINED IN § 19–145 OF THE**
5 **HEALTH – GENERAL ARTICLE.**

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

7 (a) On or before December 1, 2022, the Motor Vehicle Administration shall submit
8 a report to the Senate Finance Committee and the House Health and Government
9 Operations Committee, in accordance with § 2–1257 of the State Government Article, that
10 provides an update on the status of implementing the requirements of § 12–303.1 of the
11 Transportation Article relating to advance directives.

12 (b) The report required under this section shall include:

13 (1) a timeline for implementation of the requirements of § 12–303.1 of the
14 Transportation Article;

15 (2) identification of any obstacles to implementation of the requirements;
16 and

17 (3) measures being taken by the Motor Vehicle Administration to resolve
18 any identified obstacles and implement the requirements of § 12–303.1 of the
19 Transportation Article.

20 SECTION 3. AND BE IT FURTHER ENACTED, That § 15–122.1 of the Insurance
21 Article, as enacted by Section 1 of this Act, shall apply to all policies, contracts, and health
22 benefit plans issued, delivered, or renewed in the State on or after June 1, 2022.

23 SECTION 4. AND BE IT FURTHER ENACTED, That this Act shall take effect June
24 1, 2022.