

From the Baltimore Sun 4/18/2022

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## Important unsung legislative actions matter to your health

By Dan Morhaim

I served in the Maryland House of Delegates for 24 years, from 1995 to 2019. At the end of each General Assembly session, I'd send a letter to my constituents summarizing the bills that passed or failed. The media covered the high profile and controversial issues, so my report included a section of "Unsung Legislative Actions." These were items that didn't get headlines but were important. These two bills — both enacted in the 2022 session — initially may seem remote or technical in nature, but they will impact the health and well-being of every Marylander with minimal cost and substantial benefit. You should know about them.

### *Accessibility of Electronic Advance Care Planning Documents (HB1073/SB824)*

This legislation passed both the House and Senate unanimously. It requires the adoption of several measures to increase public awareness of the importance of and facilitate access to advance care planning documents, such as advanced directives. While end-of-life care is a subject that many of us avoid, we need to recognize that we are now the first generation in human history that has some say about how, when and where we die.

The inevitable cannot be avoided, but how we get there can be a supported, manageable, family-centered experience, one that respects individual values. What we fear the most — pain, isolation and dependency — can be addressed by completing free legal documents called advance directives. Unfortunately, only about 40% of Marylanders have done this, and the rate in minority communities is about half that. Those with chronic medical conditions should work with their clinicians to complete a MOLST form (Medical Orders for Life Sustaining Treatment) as well. When patients do this, they are more likely to obtain other helpful services such as hospice care and palliative care. This legislation encourages Marylanders to complete the forms and provides them electronically so that these are available when needed, making it more likely that people's end-of-life wishes will be honored.

Those who worked on these bills included the Maryland State Medical Society, AARP, the Maryland Health Care Commission, the Maryland Hospital Association, the State End-of-Life Care Council and the Horizon Foundation. Credit the bill's sponsors, Sen. Ben Kramer and Del. Bonnie Cullison, who worked tirelessly, addressing interests and concerns on a sensitive subject, and building consensus to achieve passage.

### *Public Health — State Designated Exchange — Health Data Utility (HB1127)*

In Maryland today, there's a prescription medication information gap. As an ER physician, I can immediately look up which narcotics and sedatives a patient may be taking via the state's Prescription Drug Monitoring Program (PMDP). These medications are the ones considered risky for addiction and overdose. But what about the other 99% of all prescriptions?

That data is not consistently available or accurate. This is critically important information, especially in an emergency department where every patient is new and may not be able to give a complete history. Further, there are wholly new kinds of medicines with potential for interactions and dosing errors, and patients may be seeing different clinicians for different conditions, with each prescribing medicines while not fully able to know what else has been prescribed. Clinicians must have the confidence that prescription information is timely, accurate, complete, and readily accessible. Ben Steffen, executive director of the Maryland Health Care Commission, wrote: "Medication errors are among the most common causes of morbidity and mortality in hospitals. Studies find that inaccuracies in medication histories account for upwards of 50 to 70 percent of admitted patients; over one quarter of these errors are attributable to incomplete information at the time of admission. Provider access to comprehensive medication history has great potential to increase patient safety by improving the medication reconciliation process that will reduce medication prescribing errors." This bill will help eliminate these shortfalls. Thanks go to the State Medical Society, the Hospital Association, and the state Health Care Commission for hammering out the specifics to make this work.

The political process is frustrating, and at times, it seems like little that's positive is being done and that disagreement is the order of the day. But Marylanders should know that individual citizens, advocacy groups, legislators and staff, and state agencies are working hard behind the scenes to make things better. These efforts are not glamorous, demand attention to detail, require flexibility and compromise, and sometimes take years to complete. They don't get the attention they deserve, but they should.

Dr. Dan Morhaim served in the Maryland House of Delegates for 24 years. He is the author of "Preparing for a Better End" (Johns Hopkins Press – [www.thebetterend.com](http://www.thebetterend.com)) and can be reached at [danmorhaim@gmail.com](mailto:danmorhaim@gmail.com).