## CHAPTER 81

(House Bill 797)

AN ACT concerning

## Study of Health Care Services for Children with Life-Threatening Medical Conditions

FOR the purpose of requiring the State Advisory Council on Quality Care at the End of Life and the Maryland Health Care Commission to jointly undertake a certain study relating to services for children with life—threatening medical conditions; requiring the Council and the Commission to report the effect of certain programs that provide assistance for children with life—threatening medical conditions, analyze the impact of certain programs in other states, consult with certain persons, and make certain recommendations; requiring the Council and the Commission to report to the Governor and the General Assembly on or before a certain date; and generally relating to the study of health care services for children with life—threatening medical conditions.

## SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That:

- (a) The State Advisory Council on Quality Care at the End of Life and the Maryland Health Care Commission shall jointly study the current services and potential care delivery alternatives available for the care of children with life-threatening medical conditions.
  - (b) As part of the study, the Council and the Commission shall:
- (1) Describe the extent to which, under the Maryland Medical Assistance Program and privately funded health insurance or similar benefits, children who are diagnosed with a life—threatening medical condition are currently able to receive appropriate and timely palliative care services related to the symptoms of the condition, the side effects from treatment, and the psychological, social, and spiritual problems resulting from the condition or treatment;
- (2) Analyze the impact in states that adopted the Children's Hospice International Program for All-Inclusive Care for Children and their Families ("CHI PACC") or other palliative care demonstration projects, including whether a CHI PACC program results in the reallocation of resources for more effective care within the parameters of overall budgetary neutrality;