



Health and Human Services

Palliative Care Interdisciplinary Advisory Council

January 29, 2026

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.





[Palliative Care Interdisciplinary Advisory Council](#) consults with and advises on matters related to the establishment, maintenance, operation and outcome evaluation of the statewide palliative care consumer and professional information and education program.

Members:

Physician Representatives

- Larry Driver, MD, Houston
- Robert Fine, MD, MACP, FAAHPM, HEC-C, Dallas
- Alison Wiesenthal, Vice-Chair, MD, FACP, FAAHPM, San Antonio
- Neela Patel, MD, Shavano Park
- Nancy Weber, DO, MBA, FACOEP, FACEP, El Paso
- Kelly Klein, Chair, MD, FAAFP, FAAHPM, HMDC
- Mohammed Iqbal, MD, Richardson

Advanced Practice Registered Nurse Representatives

- Heather Paterson, MS, RN, Dallas
- Erin Perez, DNP, APRN, ANP-C, AGNP-C, ACHPN, Live Oak

Physician Assistant Representative

- Daniel Tamez, DSc, MPH, MS-PA, Edinburg

Nurse Representative

- Carol Cates, RN, Tyler

Social Worker Representative

- Crystal Walter, MPA, MSW, LCSW, Bellaire

Pharmacist Representative

- Genoveva "Hennie" Garza, MS, Plano

Spiritual Care Professional Representative

- Jerry Fenter, Beaumont

Advocate for Patients and Families Representatives

- Jennifer Carr Allmon, MA, Austin
- Kristin Rombach, RN, BSN, OCN, Austin
- Nancy Jackson, Gainesville
- Maxcine "Max" Tomlinson, Austin

Ex-Officio Members

- Karen Hardwick, PhD, Texas Health and Human Services Commission, Austin
- Dianne Overshown, MPA, Texas Health and Human Services Commission, Austin

[Texas Palliative Care Interdisciplinary Advisory Council Recommendations to the 89th Texas Legislature - 2024](#)

Every two years, the PCIAC must submit a report to the Legislature and the HHSC Executive Commissioner assessing: the availability of palliative care in Texas, barriers to greater access to palliative care, and policies, practices, and protocols in Texas concerning patients' rights related to palliative care.

[Texas Palliative Care Interdisciplinary Advisory Council Recommendations to the 88th Texas Legislature - 2022](#)



This biennial report was created by the council members of the Palliative Care Interdisciplinary Advisory Council and includes recommendations to the 88th Texas Legislature on various policy issues.

Meeting

1. Welcome, introductions, and roll call. The 37th meeting of the PCIAC was convened by the Chair, Kelly Klein. A quorum was eventually established.

2. Consideration of October 10, 2025, draft meeting minutes. The minutes were approved as drafted.

3. Consideration of draft revisions to PCIAC Bylaws. **Tabled**

4. Presentation: Digitalized Advance Care Planning My Directives.
[MyDirectives | Advance care planning that's simple, secure, and always available.](#)

Summary. Scott Brown, President/CEO of MyDirectives, presented an update on digital ACP platforms and nationwide registry progress. MyDirectives offers free consumer and professional (clinician) tools for storing and accessing ACP documents, including integration with EHRs (Epic, Oracle Health, Meditech, PointClickCare, etc.).

Mr. Brown highlighted high security standards (HITRUST, SOC 2, HIPAA, TexRAMP) and broad usage across the US and stressed the low percentages of patients with accessible ACP documents in the EHR and the frequent problem of siloed, inaccessible records.

CMS is expanding ACP-related quality measures and reporting, with new legislative efforts to broaden ACP reimbursement and registry support (e.g., Improving Access to Advanced Care Planning Act, Map for Care Act).

Mr. Brown described how other states (Massachusetts, Maryland, DC, Nebraska, Delaware, etc.) are building comprehensive ACP ecosystems, often leveraging HIEs and a mix of funding sources (state, federal, CMS, rural transformation programs).

Cautionary tales were shared regarding failed or inflexible statewide registry efforts in New York, California, and Arizona.



Texas efforts include: outreach to major health systems, associations, and the Texas Health Services Authority (THSA) for a statewide ACP ecosystem, with budget proposals representing a minimal fraction of state healthcare spending.

Funding models were discussed: state-funded, hybrid, and provider-driven with a focus on accessibility for rural/small providers and EMS.

Mr. Brown provided strong encouragement for Texas stakeholders to support integration, coalition building, and research partnerships. MyDirectives supports Five Wishes, including electronic versions for adults, adolescents (Voice My Choices), and efforts toward digital pediatric ACP materials.

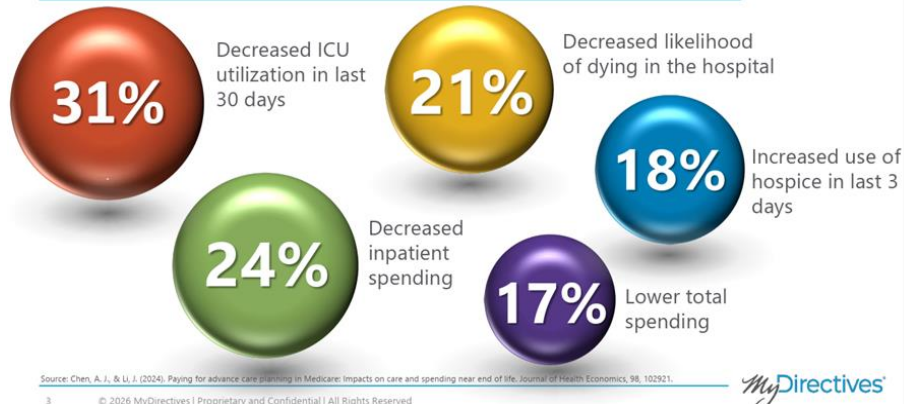
Presentation.

Why My Directives is Different.

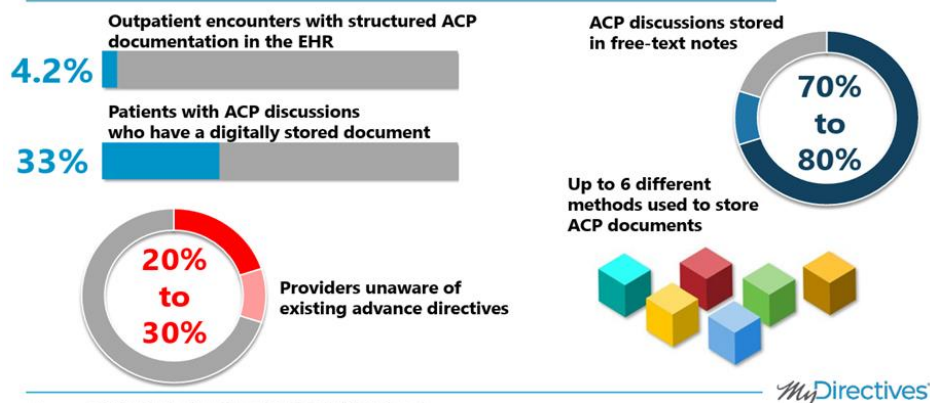
Industry Pioneer Focused on ALL aspects of digital ACP • Legal • Technical • Clinical • Policy 	National Adoption  Award-winning platform used in all 50 states for 15 years	Certified Nationwide Registry  TX-RAMP HIPAA COMPLIANT	Trusted by Premier Clients 	Gold Standard Partners 
Standards-Driven 	Interoperable Networks 	Integrated Into EHR Workflows 	9-1-1 & ePCR Platform Integration 	National Recognition 

2 © 2026 MyDirectives | Proprietary and Confidential | All Rights Reserved 

The Value of ACP



Challenges in ACP Documentation & Accessibility

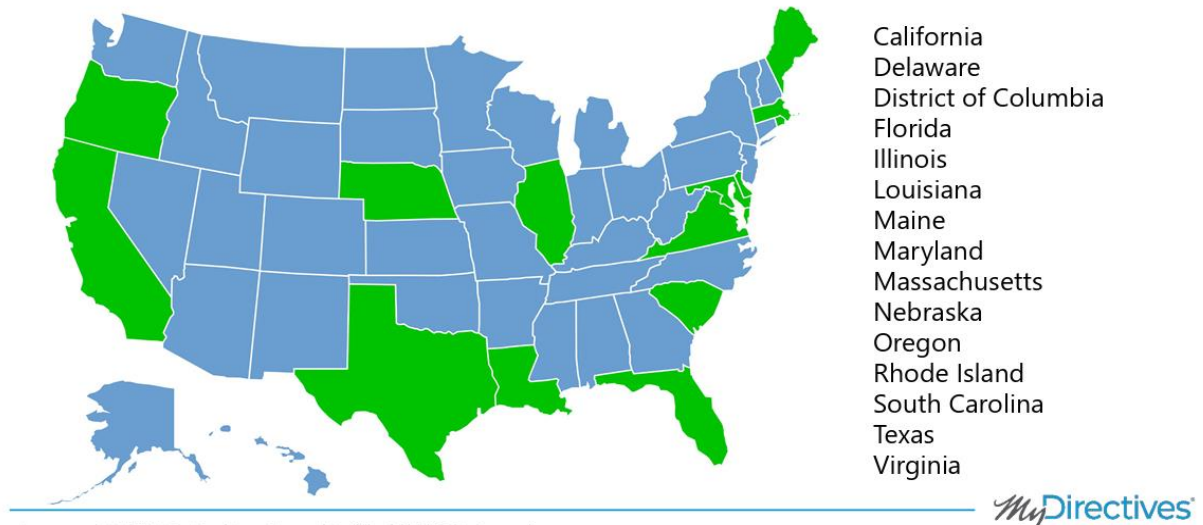


Drivers of Change

<p>CMS is formalizing ACP as infrastructure (MUC2025-020)</p> <p>✓</p> <ul style="list-style-type: none"> • ACP measurement expanded from 65+ to 18+ • 12+ Medicare programs evaluated simultaneously under a single measure • Shift to electronic CQMs (eCQMs) • Rural Health Transformation Program 	<p>Accountability is becoming longitudinal by design</p> <p>🔄</p> <ul style="list-style-type: none"> • ACCESS, LEAD, MAHA ELEVATE • Outcomes must align with what matters most to the individual • Whole-person care requires clearly documented preferences 	<p>Congress views ACP as bipartisan, low-risk policy</p> <p>🏛️</p> <ul style="list-style-type: none"> • Improving Access to Advance Care Planning Act • Medicare Advance Planning (MAP) for Care Act
--	--	---

Better processes and interoperable technology are now required to create, store, and access ACP documents across every point of care — including EMS and community-based teams.

States Answering the Call



State Work – Nebraska, Delaware, and Maryland



- Comprehensive ecosystem – payers, providers, state government, and state Healthcare Quality Forum (HQF) or HIE
- HQF or HIE contracts with one vendor for all digital ACP solutions — including connection to nationwide registry — with funding from multiple sources
- Healthcare providers join the program through an addendum to their HQF/HIE agreement already in place
- Multiple ways to create, upload, and access ACP documents and portable medical orders
- Mobile medicine accesses forms at no charge directly or via ePCR or state HIE

State Work – Massachusetts

- Nationwide registry also acts as state POLST registry
- State and CMS pay for healthcare providers to use professional tools either standalone or EHR-embedded to create/upload and access forms
- Mobile medicine accesses forms at no charge directly or via ePCR or state HIE
- Massachusetts has completed Phase One (standalone MyDirectives for Clinicians licenses) and is moving to Phase Two



State Work – District of Columbia and South Carolina

- CRISP Shared Services (CSS), HIE technology provider, contracts with a digital ACP solutions provider to connect to the nationwide registry and embed document creation, upload, and access tools in native workflows
- Healthcare providers contract with CSS for access to individual capabilities • ACP document and portable medical orders upload from EHR
- Query/retrieve functionality for all documents in the nationwide registry
- Tools to create documents are native to EHRs or embedded in HIE platform tools
- Mobile medicine accesses forms at no charge directly or via ePCR or state HIE
- Funding sourced by state agency or individual healthcare provider organization

New York State eMOLST Registry

- Proprietary state registry adapted from Oregon's POLST model and launched in 2005
- Developed by Dr. Pat Bomba with support and funding from Excellus BlueCross BlueShield
- Restrictive and state-centric by design, and supported by state legislation, the eMOLST Registry is a closed system
- In 2025, Excellus BCBS transitioned its support away from the eMOLST Registry, leaving it somewhat in limbo

California ePOLST Registry

- California has tried multiple POLST registry initiatives since early 2000s
- In 2021, California passed legislation calling for a registry and allocating \$10 million to the development and operations
- In 2022, California's Emergency Medical Service Authority (EMSA) launched the initiative and asked stakeholders to register for updates
- 2022-2024 – Radio Silence
- March 2025 – Stakeholders informed that, instead of conducting an RFP, EMSA awarded a sole-source contract to ServiceNow, a company with a market value of \$140 billion and zero POLST registry experience
- October 2025 – ServiceNow demonstrated the registry at the CCCC Annual Meeting — it was a catastrophe

Arizona Healthcare Directives Registry

- In 2020, Arizona conducted an RFP and selected a small vendor proposing the lowest cost • February 2022 – AzHDR launched
- The registry is described as rigid, unusable, and unused
- Another “closed” system with no document accessibility to EMS or outside state lines
- Operates year to year with funding always at risk

State Work – Texas

- MyDirectives has begun building stakeholder support
- BSWH connected to the nationwide registry in 2022
- Other large hospitals and health systems have expressed support
- Texas eHealth Alliance, Texas TALKS
- PCIAC, THA, TNPHA, DFWHC, and others
- Texas Health Services Authority
- C3HIE, RGVHIE, and others
- Blue Cross and Blue Shield of Texas, Superior Health, and UnitedHealthcare
- Preliminary budget and proposal

Funding Models

Totally State-funded	Hybrid Funding	Healthcare Provider-Driven Funding
<ul style="list-style-type: none"> • State pays MyDirectives to operate registry. • State purchases and distributes MyDC licenses to healthcare providers. • Hospitals and healthcare systems may pay additional, minimal integration fees. • Rural Health Transformation Program Funds 	<ul style="list-style-type: none"> • State pays MyDirectives to operate registry. • State purchases and licenses to small healthcare providers (SNFs, home health, etc.) • Hospitals and healthcare systems pay MyDirectives for MyDC integrations and licenses. • Rural Health Transformation Program Funds 	<ul style="list-style-type: none"> • State incentivizes or mandates healthcare providers to deploy MyDirectives solutions. • All healthcare providers license MyD solutions directly from MyDirectives.
In all models...		
<ul style="list-style-type: none"> • MyDirectives licenses MyDC (query & retrieve only) to statewide EMS agencies at no charge. • Advance directives, DNR forms, and POLST forms already created and stored in healthcare system EHRs or file cabinets must be migrated to the A/D Vault Exchange. • Stakeholders work with MyDirectives to engage health plans, and a portion of fees generated go to the partner to support sustainability of the program and the HIE. • As MyDirectives digital ACP tools become part of the core foundational offering of EHRs, we remove their customers from the program and lower fees accordingly. 		



How to Engage in the Texas ACP Statewide Initiative

- Engage in funding
- Support integration of MyDirectives for Clinicians and MyDirectives.com in your EHR
- Facilitate ACP through MyDirectives for Clinicians licenses
- Communicate your support to the Texas Health Services Authority
- Consider academic study of quality outcomes after digital ACP interventions

Discussion.

Are any of the larger health care systems integrating with you besides Baylor Scott and White. The speaker answered that they are not. People are querying the system through Epoch ([Epoch Health - Healthcare Communications Network](#)) and they don't even know it. We have a strong integration with Metatech. ([Metatech Insights | Trends, Reports & Market Share Analysis](#))

In Texas we have been trying to get the Executive Commissioner to allow the palliative benefit line to be included. We have to get advanced care planning covered to make it work. Providers need reimbursement. The speaker stated that nationally we work with CAPC. We approach states like Texas who are forward leaning. Some states are not ready for this.

Partnerships with all stakeholders is important. What has been your pediatric experience. The speaker stated that pediatric ACP is more difficult than adult. There is Five Wishes that have documents. Five wishes can be accessed now through *My Directives*. There is a coloring book through Five Wishes that can be digitized. [Home · Five Wishes](#)

In summary, Dr. Fine emphasized the importance and effectiveness of integrated digital ACP (noting Baylor Scott & White's experience with MyDirectives), called for statewide participation, and highlighted state budget surplus as low barrier for funding.

Dr. Perez stressed that Texas Medicaid/HHSC currently does not reimburse for ACP, pointing to the need for policy changes to support provider engagement and funding before focusing solely on the technology.



Suggestion was made to bundle ACP reimbursement efforts with statewide registry advocacy, especially in light of new HHSC executive leadership and available rural health transformation funds.

The discussion highlighted the need to involve broad coalitions (e.g., Texans for Healthcare Access, national organizations like CAPC, NHPCO, John A. Hartford Foundation) to make the initiative more inclusive and address underinsured/uninsured needs.

Mr. Brown affirmed willingness to partner with any relevant national or state-level advocacy groups and to support both legislative and coalition-building efforts in Texas. Additional discussion on the need for dedicated research around pediatric/perinatal advance care planning and partnership with organizations like Five Wishes. MyDirectives expressed openness for academic collaborations and digital innovation in pediatric ACP.

5. Presentation: Update on PCIAC and HHSC collaboration on perinatal materials and providers ben.taylor@hhs.texas.gov

Summary. Ben Taylor (HHSC) provided an update on implementation of SB 1233, focusing on perinatal palliative care informational materials and provider lists. The bill's goal is to ensure pregnant women diagnosed with life-threatening fetal conditions are informed about perinatal palliative care options.

HHSC Family Health Services is responsible for developing informational materials and a provider list. The regulatory division handles the certification form. Informational materials will be comprehensive and posted online, with a one-page handout featuring a QR code for easy access and minimal provider burden. Materials will include service descriptions, available medical assistance, and information on related initiatives like the perinatal bereavement care webpage.

The Texas Family Resources website has been chosen as the primary home for these materials, due to its client-friendly design and existing pregnancy-related resources. A provider lookup tool will be modeled after existing tools, allowing searches by location and filters for specific care aspects.



Drafts of both the materials and provider list have received council feedback and will be revised and recirculated for further review, including input from subject matter experts, once completed.

The certification form is planned for availability by May 1, 2026. Collaboration with the regulatory division is encouraged, and an email contact was provided. The Target date for the revised materials to go live is the end of April.

Presentation

SB 1233 - Purpose “Ensure a pregnant woman whose unborn child is diagnosed with a life-threatening or life-limiting illness or medical condition is informed of the availability of perinatal palliative care.” [Texas Legislature Online - 89\(R\) Text for SB 1233](#)

Health and Human Services Commission is required to develop: •Informational materials •Provider list •Certification form.

Informational Materials One-page handout with QR code and the full materials are posted on [Texas Family Resources](#)

- Description of perinatal palliative care
- Available services
- Medical assistance benefits
- Links
 - [Perinatal Bereavement Care Initiative | Texas DSHS](#)
 - [Pediatric Supportive Palliative Care | Texas Health and Human Services](#)

Texas Family Resources is a one-stop source of information provided by the state government on programs available for Texas families, including pregnancy care, adoption services, health insurance, parenting classes, food benefits, child support, childcare, financial assistance and more.

The Provider List is “Geographically indexed list of perinatal palliative care providers and programs in this state” and contains:

- Name, physical address, phone number
- May included providers, programs in other states
- Note providers that offer services free of charge
- Posted on “the commission’s Internet website”



- [Texas Family Resources](#)

Certification Form a pregnant woman certifies she received the perinatal palliative care informational materials and list of the perinatal palliative care providers and programs” The Perinatal Palliative Care Certification form is expected to be published on the Health Care Facilities Regulation website by May 1, 2026.

Review status

- Palliative Care Interdisciplinary Advisory Council
- HHSC Communications
- Department of State Health Services
- HHSC leadership Anticipated go-live date: End of April 2026

Discussion.

Is there an opportunity to collaborate with the regulatory body on the form? HHSC answered in the affirmative and that follow up should occur through hcr_pru@hhs.Texas.gov

6. Update: Annual Palliative Care Continuing Education Event outcomes (Held in November)

Summary. Dr. Roberto Berrios Garza summarized the outcomes of the annual Advancing Supportive Palliative Care in Texas 2025 CE event, which had a perinatal focus. There were 318 attendees with 201 evaluation forms returned and 183 individuals receiving CE credit (2.25 hours each). 411.75 total CE hours and 64.5 hours of ethics credit were awarded; breakdowns were provided and included nursing, social worker, physician, and general attendance certificates.

99% of respondents rated presenters as good to excellent; 83% planned to implement new ideas or skills learned. The most requested future topics: adult/geriatric care, IDD, caregiver support, family communication, and program evaluation.

The team overcame technical issues during the event and adjusted attendance requirements accordingly.



Presentation

- Total attendees: 318 (vs 347 in 2024)
- Evaluation survey respondents: 201 (vs 204 in 2024)
- Total attendees who received CE credit: 183
- Total hours awarded: 411.75 – Total ethics credit awarded: 75 (100 respondents)
- Feedback regarding presenters: 99% rated the competence and effectiveness of every presenter as “good” to “excellent”.
- Requested topics for next year: palliative care in adults/geriatric settings, communication with families, topics related to IDD, evaluating palliative care programs, and caregiver support.

Discussion. No discussion

7. Discussion: 2026 priorities and timeline

2026 PCIAC Legislative Report Topics

- SPC Standards for Home and Community Support Services Agencies
- Request for paid FMLA for Family Caregivers of SPC and Hospice Patients
- Digitalized Advance Directives Repository
- Request for HHSC to Pursue a Supportive Palliative Care Texas Medicaid Benefit

PCIAC 2026 Legislative Report Timeline

Palliative Care Interdisciplinary Advisory Council (PCIAC) Legislative Report Timeline	
Milestones	Due Date
PCIAC Committees provide preliminary recommendations to full Council	4/16/2026
Preliminary Draft Report submitted by PCIAC members to council liaison	7/2/2026
Draft report prepared for review by council liaison and sent to HHSC SMEs	7/7/2026
HHSC SMEs complete content review and feedback (5 days). Draft Report routed to committee.	7/14/2026
Draft Report finalized by PCIAC committee members and submitted to council liaison	7/28/2026
Draft Report reviewed by QDAR Director/ VBI Manager and returned to liaison	8/3/2026
Draft Report reviewed and finalized by committee members for distribution before full council meeting.	8/10/2026
Draft report approved by PCIAC members at full council meeting	8/13/2026
Draft sent to DAC for review (5-7 days)	8/14/2026
Draft sent to DEC for review (5days)	8/18/2026
Draft sent to SMD for review (20 business days)	8/24/2026
Draft sent to EC (10 business days)	9/17/2026
Report published and posted to website	10/1/2026



Upcoming Full Council Meetings: • April 16, 2026 • August 13, 2026 • October 9, 2026

Other Key Deadlines/Events: • October 1, 2026 – Legislative Report Due • TBD – Annual Palliative Care CE Event

8. Public comment. No public comment

9. Action items and topics for staff or member follow-up.

- Follow up on feedback to materials and provider list
- Regulatory e-mail address will be provided
- Contact the liaison with topics for the next meeting

10. Adjourn. The next meeting will be April 16th, 2026. There being no further business, the meeting was adjourned.

The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.
