

HB0945/933929/1

BY: Health Committee

AMENDMENTS TO HOUSE BILL 945
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “**Delegate Sample–Hughes**” and substitute “**Delegates Sample–Hughes, Alston, Bagnall, Cullison, Guzzone, Hill, Hutchinson, S. Johnson, Kaufman, Kipke, Lopez, Martinez, Reilly, Rosenberg, Ross, Taveras, and White Holland**”; strike line 2 in its entirety and substitute:

“Nursing Homes and Assisted Living Facilities – Notification of Investigations and Establishment of the Health Care Quality Improvement Initiative”;

in line 6, after “harm;” insert “establishing the Health Care Quality Improvement Initiative to identify strategies to improve the quality of care and the affordability and accessibility of services in nursing homes and assisted living programs and determine how the State can best use and share available data and expertise for certain purposes; establishing a task force to carry out the purposes of the Initiative; requiring the Department to staff the Initiative;”; and in line 6, strike “home complaints” and substitute “homes and assisted living programs”.

AMENDMENT NO. 2

On page 2, in line 9, strike “IMMEDIATELY”; in line 10, after “LOCATED” insert “**WITHIN 24 HOURS AFTER INITIATING THE INVESTIGATION**”; strike beginning with “WITHIN” in line 11 down through “SUBSECTION” in line 12 and substitute “**AND AS PERMITTED BY FEDERAL LAW**”; in line 7, after “(3)” insert “(I)”; in lines 9 and 11, strike “(I)” and “(II)”, respectively, and substitute “1.” and “2.”, respectively; in line 13, strike “OFFICER” and substitute “**DEPARTMENT**”; and after line 14, insert:

“(II) THIS PARAGRAPH MAY NOT BE CONSTRUED TO REQUIRE A LOCAL HEALTH DEPARTMENT TO ASSIST WITH OR OTHERWISE ASSUME THE

NURSING HOME OVERSIGHT RESPONSIBILITIES OF THE DEPARTMENT AS
REQUIRED BY FEDERAL OR STATE LAW.”.

AMENDMENT NO. 2

On page 3, after line 7, insert:

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

(a) (1) There is a Health Care Quality Improvement Initiative.

 (2) The purpose of the Initiative is to:

 (i) identify strategies to improve the quality of care and the
affordability and accessibility of services in nursing homes and assisted living programs;
and

 (ii) determine how the State can best use and share available
data and expertise for the purposes of analysis, monitoring, public transparency, and
oversight of nursing homes and assisted living programs.

 (3) The Initiative shall be carried out by a task force established in
accordance with subsection (b) of this section.

(b) The task force consists of the following members:

 (1) one member of the Senate who is a member of the Senate Finance
Committee, appointed by the President of the Senate;

 (2) one member of the House of Delegates who is a member of the House
Health Committee, appointed by the Speaker of the House;

 (3) the Attorney General, or the Attorney General’s designee;

 (4) the Secretary of Health, or the Secretary's designee;

 (5) the Secretary of Aging, or the Secretary’s designee;

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(6) the Secretary of Human Services, or the Secretary's designee;

(7) the Deputy Secretary for Public Health Services, or the Deputy Secretary's designee;

(8) the Deputy Secretary of Maryland Medicaid, or the Deputy Secretary's designee;

(9) the Executive Director of the Office of Health Care Quality, or the Executive Director's designee;

(10) the Executive Director of the Maryland Health Care Commission, or the Executive Director's designee; and

(11) the Chief Executive Officer of the Maryland Patient Safety Center, or the Chief Executive Officer's designee.

(c) The Secretary of Health shall designate the chair of the task force.

(d) The Maryland Department of Health shall provide staff for the task force.

(e) A member of the task force:

(1) may not receive compensation as a member of the task force; but

(2) is entitled to reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.

(f) The task force shall study:

(1) the feasibility of quality standards and potential use of the Centers for Medicaid and Medicare Quality Assurance and Performance Improvement framework for maintaining and improving safety and quality for assisted living facilities; and

(2) barriers and policy recommendations regarding:

(Over)

(i) recruitment and retention of the nursing home and assisted living program workforce;

(ii) the quality of required staff training for nursing home and assisted living program staff;

(iii) oversight of small assisted living programs, including whether a different regulatory structure should be implemented;

(iv) post-acute care involving discharges from the hospital;

(v) sharing data that is transparent to the public; and

(vi) any other issues the task force determines will improve the quality of care, oversight, and affordability of nursing homes and assisted living programs and the accessibility of services in nursing homes and assisted living programs.

(g) To complete the work of the task force, the task force:

(1) shall engage with members of the health care industry, advocacy organizations, and the nursing home and assisted living communities;

(2) may establish workgroups to conduct its work that may include the stakeholders described in item (1) of this subsection;

(3) shall collaborate with the Maryland Health Care Commission regarding the use and sharing of available data and expertise for the purposes of analysis, monitoring, public transparency, and oversight of nursing homes and assisted living programs;

(4) shall hold a virtual meeting to seek feedback and recommendations from frontline workers and family members involved in the care of individuals receiving care from nursing homes and assisted living programs; and

(5) comply with the meeting requirements established under subsection (h) of this section.

(h) (1) The task force shall meet once every 3 months.

(2) At each meeting, the Office of Health Care Quality shall report data from the immediately preceding 6-month period regarding:

(i) the number of nursing homes and assisted living programs inspected;

(ii) the number of complaints received regarding nursing homes and assisted living programs;

(iii) the number of complaints investigated regarding nursing homes and assisted living programs; and

(iv) de-identified aggregate data on citations issued to nursing homes and assisted living programs.

(3) (i) Within 30 days after each meeting, the task force shall provide a public update, consistent with applicable federal and State confidentiality laws and privileges, that includes the date of the meeting, general topics discussed at the meeting, and any nonconfidential next steps of the task force.

(ii) The public update required under subparagraph (i) of this paragraph may be posted on the Maryland Department of Health's website.

(i) (1) Subject to paragraph (2) of this subsection, the task force may not request or receive complaint information for identifiable individual facilities, protected health information, or survey evidence, including records, documentation, observations, survey notes, interviews, or other materials collected or created by the Office of Health Care Quality in connection with a survey, inspection, or complaint investigation of a facility.

(2) The task force may request or receive redacted statements of deficiencies.

(j) The task force shall:

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(1) compile feedback received under subsection (g)(4) of this section and otherwise through the work of the task force from frontline workers and family members involved in the care of individuals receiving care from nursing homes and assisted living programs;

(2) develop recommendations for the Secretary of Health to further the purpose of the Initiative established under subsection (a)(2) of this section;

(3) identify resources required to implement the recommendations developed in accordance with item (2) of this subsection; and

(4) (i) on or before December 1, 2027, report its preliminary findings and recommendations to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly; and

(ii) on or before December 1, 2028, report its final findings and recommendations to the Governor and, in accordance with § 2–1257 of the State Government Article, the General Assembly.”;

in line 8, strike “2.” and substitute “3.”; and in line 9, after “2026.” insert “Section 2 of this Act shall remain effective for a period of 2 years and 9 months and, at the end of June 30, 2029, Section 2 of this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect.”.