

Department of Legislative Services
Maryland General Assembly
2026 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

House Bill 945
Health

(Delegate Sample-Hughes, *et al.*)

Finance

Nursing Homes and Assisted Living Facilities - Notification of Investigations and
Establishment of the Health Care Quality Improvement Initiative

This bill requires the Maryland Department of Health (MDH), when investigating a nursing home complaint alleging actual harm or immediate jeopardy to a resident, to notify the local health department (LDH) for the county in which the nursing home is located within 24 hours after initiating the investigation. To the extent practicable and as permitted by federal law, MDH must consult and coordinate with the LHD on the complaint investigation and response. This provision may not be construed to require an LHD to assist with or otherwise assume nursing home oversight responsibilities as required by federal or State law. The bill also establishes a Health Care Quality Improvement Initiative (Initiative) to be carried out by a task force staffed by MDH. The task force must submit to the Governor and the General Assembly (1) an interim report by December 1, 2027, and (2) a final report by December 1, 2028. The bill also makes a technical change to a reporting requirement. **The Initiative and task force terminate June 30, 2029.**

Fiscal Summary

State Effect: The bill's requirements can be handled with existing budgeted resources.

Local Effect: LHDs can consult and coordinate with MDH using existing budgeted resources.

Small Business Effect: None.

Analysis

Bill Summary:

Health Care Quality Improvement Initiative

The purpose of the Initiative is to (1) identify strategies to improve the quality of care and the affordability and accessibility of services in nursing homes and assisted living programs and (2) 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.

Task Force

The Initiative must be carried out by a task force that consists of: one member of the Senate; one member of the House of Delegates; the Attorney General (or their designee); the Secretaries of Aging, Health, and Human Services (or their designees); the Deputy Secretary for Public Health Services (or their designee); the Deputy Secretary of Maryland Medicaid (or their designee); the Executive Director of the Office of Health Care Quality (OHCQ) (or their designee); the Executive Director of the Maryland Health Care Commission (MHCC) (or their designee); and the Chief Executive Officer of the Maryland Patient Safety Center (or their designee).

The Secretary of Health must designate the chair of the task force, and MDH must provide staff. A member of the task force may not receive compensation but is entitled to reimbursement for expenses under standard State travel regulations. The task force may establish workgroups.

The task force must:

- study the feasibility of quality standards and potential use of the federal Centers for Medicare and Medicaid Services (CMS) Quality Assurance and Performance Improvement (QAPI) framework for maintaining and improving safety and quality for assisted living facilities;
- study barriers and policy recommendations regarding (1) recruitment and retention of the nursing home and assisted living program workforce; (2) the quality of required staff training for nursing home and assisted living program staff; (3) oversight of small assisted living programs; (4) post-acute care involving discharges from the hospital; (5) sharing data that is transparent to the public; and (6) 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;

- engage with members of the health care industry, advocacy organizations, and the nursing home and assisted living communities;
- collaborate with MHCC 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;
- 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
- meet once every three months.

At each meeting, OHCQ must report data from the immediately preceding six-month period regarding: (1) the number of nursing homes and assisted living programs inspected; (2) the number of complaints received regarding nursing homes and assisted living programs; (3) the number of complaints investigated regarding nursing homes and assisted living programs; and (4) de-identified aggregate data on citations issued to nursing homes and assisted living programs.

Within 30 days after each meeting, the task force must 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. The public update may be posted on MDH’s website.

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 OHCQ in connection with a survey, inspection, or complaint investigation of a facility. The task force may request or receive redacted statements of deficiencies.

The task force must (1) compile any feedback received from virtual meetings 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; and (3) identify resources required to implement the developed recommendations.

Current Law: “Nursing home” means a facility (other than a facility offering domiciliary or personal care) that offers nonacute inpatient care to patients suffering from a disease, chronic illness, condition, disability of advanced age, or terminal disease requiring maximal nursing care without continuous hospital services and who require medical services and nursing services rendered by or under the supervision of a licensed nurse together with convalescent, restorative, or rehabilitative services.

Office of Health Care Quality

OHCQ within MDH generally makes an unannounced site visit and conducts a full survey of each licensed nursing home at least once per year. After a nursing home complaint alleging actual harm, OHCQ must initiate an investigation within 10 business days. If OHCQ receives a complaint alleging immediate jeopardy to a resident, it must make every effort to investigate the complaint within 24 hours, and no later than 48 hours, after receiving the complaint.

According to OHCQ's quarterly nursing home inspections [report](#) submitted in January 2026, OHCQ completed a total of 122 complaint surveys statewide between August 1, 2025, and October 31, 2025. The report does not specify how many complaints were for actual harm or immediate jeopardy.

Additionally, OHCQ must submit an annual report to the Oversight Committee on Quality of Care in Nursing Homes and Assisted Living Facilities regarding the status of quality of care in nursing homes. The oversight committee – within the Maryland Department of Aging – comprises several members, including the Secretary of Aging, the Secretary of Health, and the Director of OHCQ. In general, the oversight committee evaluates progress in improving the quality of nursing home and assisted living facility care in the State.

Federal Oversight of Specified Health Care Facilities

The 1864 Agreement is an agreement between CMS and the state health facility survey agency to carry out specified provisions of the Social Security Act. Each 1864 Agreement stipulates the functions of the states to, among other things, certify whether or not providers and suppliers within the state comply with all applicable definitions and requirements.

CMS allocates funding to each state for the reasonable costs of performing the functions specified in the agreement and for Medicare's fair share of costs related to Medicare facilities. States that fail to perform survey and certification functions in a manner sufficient to assure the full certification of compliance, may, among other things, receive a revised budgetary allocation. The Medicare and Medicaid certification of providers in a state whose oversight process is substantially deficient may be jeopardized if CMS cannot ensure that the regulatory minimum health and safety standards have been met.

In Maryland, certain long-term care facilities (assisted living programs and developmental disabilities facilities) necessitate compliance with CMS waiver requirements. Additionally, hospice facilities, residential treatment facilities, and other long-term care facilities require adherence to corresponding federal standards.

Quality Assurance and Performance Improvement

[CMS's QAPI](#) takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in nursing homes while involving all nursing home caregivers in practical and creative problem solving.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: None.

Information Source(s): Maryland Association of County Health Officers; Maryland Department of Health; Department of Legislative Services

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