

HOUSE BILL 1696

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CF SB 1071

By: **Delegate Reznik**

Introduced and read first time: February 15, 2018

Assigned to: Rules and Executive Nominations

A BILL ENTITLED

1 AN ACT concerning

2 **Task Force to Study Access to Home Health Care for Children and Adults With**
3 **Medical Disabilities**

4 FOR the purpose of establishing the Task Force to Study Access to Home Health Care for
5 Children and Adults with Medical Disabilities; providing for the composition, chair,
6 and staffing of the Task Force; prohibiting a member of the Task Force from receiving
7 certain compensation, but authorizing the reimbursement of certain expenses;
8 requiring the Task Force to meet monthly; requiring the Task Force to conduct
9 certain studies and make certain determinations and recommendations; requiring
10 the Task Force to report its findings and recommendations to certain committees in
11 the General Assembly on or before a certain date; providing for the termination of
12 this Act; and generally relating to the Task Force to Study Access to Home Health
13 Care for Children and Adults with Medical Disabilities.

14 Preamble

15 WHEREAS, Appropriate use of home health care helps children and adults with
16 medical disabilities be as healthy as possible for as long as possible in their communities
17 and with their families; and

18 WHEREAS, Appropriate use of home health care typically results in medical
19 outcomes equal to or better than the same care provided in a hospital, a skilled nursing
20 facility, or any other health care facility; and

21 WHEREAS, Appropriate use of home health care is preferred by patients over the
22 same care provided in a hospital, a skilled nursing facility, or any other health care facility;
23 and

24 WHEREAS, Appropriate use of home health care promotes a reduced overall
25 expenditure for children and adults with medical disabilities in the Medicaid program; and

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 WHEREAS, Appropriate use of home health care supports families in living together
2 and maintaining employment outside the home, and improves mental well-being for all
3 family members of a child or an adult with medical disabilities; and

4 WHEREAS, Having an adequate number of high-quality home health care providers
5 to care for Maryland's children and adults with medical disabilities in all areas of the State
6 promotes appropriate use of home health care; now, therefore,

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

9 (a) There is a Task Force to Study Access to Home Health Care for Children and
10 Adults with Medical Disabilities.

11 (b) The Task Force consists of the following members:

12 (1) one representative from the Office of the Governor with experience with
13 health care legislation, appointed by the Governor;

14 (2) the Director of the Center for Health Care Facilities Planning and
15 Development within the Maryland Health Care Commission, or the Director's designee;

16 (3) the President of the Maryland Board of Nursing, or the President's
17 designee;

18 (4) one representative of the Maryland Department of Health with
19 experience with Medicaid Long Term Services and Supports, appointed by the Secretary of
20 Health;

21 (5) the Director of the HealthChoice Program within the Maryland
22 Department of Health, or the Director's designee;

23 (6) the President of the Maryland Hospital Association, or the President's
24 designee;

25 (7) the President of the Maryland-National Capital Homecare Association,
26 or the President's designee;

27 (8) the Executive Director of the Parents' Place of Maryland, or the
28 Executive Director's designee;

29 (9) the President of the Coordinating Center, or the President's designee;

30 (10) two family members of children or adults with disabilities or advocates
31 with disabilities, appointed by the Governor;

1 (11) one representative from a specialized children's hospital in the State,
2 appointed by the Governor; and

3 (12) one representative from a home health care provider in the State,
4 appointed by the Governor.

5 (c) The Governor shall designate the chair of the Task Force.

6 (d) The Maryland Department of Health shall provide staff for the Task Force.

7 (e) A member of the Task Force:

8 (1) may not receive compensation as a member of the Task Force; but

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

11 (f) The Task Force shall meet at least monthly.

12 (g) The Task Force shall, to the extent information is publicly available:

13 (1) determine the total number of home health care hours at the licensed
14 practical nurse (LPN) level prescribed to children and adults with medical disabilities in
15 Medicaid or managed Medicaid programs, including any waiver programs, in 2017 and how
16 many of those home health care hours were not administered, both statewide and at the
17 county level;

18 (2) determine how many children and adults with medical disabilities in
19 Medicaid or managed Medicaid programs, including any waiver programs, have previously
20 been authorized home health care services at the LPN level and are currently authorized
21 for certified nursing assistant care;

22 (3) determine:

23 (i) how many children and adults are currently on waiting lists or
24 registries for home health care in Medicaid or managed Medicaid programs, including any
25 waiver programs;

26 (ii) whether any of the waiting lists or registries have become longer
27 or shorter over the previous year; and

28 (iii) the extent of change in the length of any of the waiting lists or
29 registries;

30 (4) study the history of the Medicaid-provided LPN-level home health care
31 reimbursement rates for any Medicaid or managed Medicaid programs, including any

1 waiver programs that have served children or adults with medical disabilities over the last
2 10 years;

3 (5) study the history of the average wages for LPNs in the State over the
4 last 10 years;

5 (6) study Medicaid–provided reimbursement rates for LPN–level home
6 health care in neighboring states; and

7 (7) make recommendations for improving access to home health care in all
8 areas of the State, including a recommendation relating to reimbursement rates.

9 (h) On or before November 30, 2018, the Task Force shall report its findings and
10 recommendations to the Senate Education, Health, and Environmental Affairs Committee,
11 the Senate Finance Committee, the House Appropriations Committee, and the House
12 Health and Government Operations Committee in accordance with § 2–1246 of the State
13 Government Article.

14 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
15 1, 2018. It shall remain effective for a period of 1 year and, at the end of June 30, 2019, this
16 Act, with no further action required by the General Assembly, shall be abrogated and of no
17 further force and effect.