

Chapter 545

(House Bill 592)

AN ACT concerning

**Health Care Facilities – Comprehensive and Extended Care Facilities –
Discharges and Transfers**

FOR the purpose of altering the basic rights afforded to each resident of a comprehensive care facility and an extended care facility; requiring certain individuals to pursue certain assistance from the medical assistance program in a certain manner; altering the contents of a certain form required to be provided to certain facilities by the Maryland Department of Health; requiring that a certain written notice be provided to certain residents; requiring a facility to provide a certain written notice as soon as practicable before discharge or transfer under certain circumstances; requiring the facility to provide any changes to a certain notice to recipients of the notice as soon as practicable if the information in the notice changes prior to the discharge or transfer; requiring a facility to develop a certain post discharge plan of care for a certain resident; requiring a facility to designate certain staff to coordinate the development of a certain plan; requiring the facility to meet, if possible, with certain individuals for a certain purpose within a certain period of time; requiring that a certain plan be developed with the participation of certain individuals; requiring the facility to include in a resident's medical record a certain explanation under certain circumstances; requiring that a certain plan be developed in consultation with certain individuals; altering the time at which a facility is required to provide certain information to certain individuals; altering the information required to be provided to certain individuals by certain facilities before discharge or transfer; requiring, to the extent authorized under State and federal law, a facility to provide a certain supply of certain medications at the time of discharge or transfer; altering the authority of a facility to discharge or transfer a resident without obtaining the written consent of the resident; altering the cooperation and assistance required of a resident's next of kin or legal representative in the discharge planning process; authorizing a facility to petition a certain circuit court for certain relief under certain circumstances; authorizing the Attorney General to request that the court in a certain action impose a certain civil penalty for certain violations under certain circumstances; making conforming changes; and generally relating to discharges and transfers from comprehensive care facilities and extended care facilities.

BY repealing and reenacting, with amendments,

Article – Health – General

Section 19–343, 19–344(c), 19–345.1, 19–345.2, and 19–345.3

Annotated Code of Maryland

(2015 Replacement Volume and 2018 Supplement)

BY repealing and reenacting, without amendments,

Article – Health – General

Section 19–345(a)
 Annotated Code of Maryland
 (2015 Replacement Volume and 2018 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
 That the Laws of Maryland read as follows:

Article – Health – General

19–343.

(a) In this section and §§ 19–344 [and], 19–345, **19–345.1, 19–345.2, AND 19–345.3** of this subtitle, “facility” means a related institution that, under the rules and regulations of the Department, is a comprehensive care facility or an extended care facility.

(b) (1) The General Assembly intends to promote the interests and well-being of each resident of a facility.

(2) It is the policy of this State that, in addition to any other rights, each resident of a facility has the following basic rights:

(i) The right to be treated with consideration, respect, and full recognition of human dignity and individuality;

(ii) The right to receive treatment, care, and services that are adequate, appropriate, and in compliance with relevant State and federal laws, rules, and regulations;

(iii) The right to privacy;

(iv) The right to be free from mental and physical abuse;

(V) THE RIGHT TO NOTICE, PROCEDURAL FAIRNESS, AND HUMANE TREATMENT WHEN BEING TRANSFERRED OR DISCHARGED FROM A FACILITY;

(VI) THE RIGHT TO PARTICIPATE IN DECISION MAKING REGARDING TRANSITIONS IN CARE, INCLUDING A TRANSFER OR DISCHARGE FROM A FACILITY;

[(v)] (VII) The right to expect and receive appropriate assessment, management, and treatment of pain as an integral component of the patient’s care;

[(vi)] (VIII) The right to be free from physical and chemical restraints, except for restraints that a physician authorizes for a clearly indicated medical need;

[(vii)] **(IX)** The right to receive respect and privacy in a medical care program; and

[(viii)] **(X)** The right to manage personal financial affairs.

(c) Each facility shall:

(1) Post, conspicuously in a public place, the policy set forth in subsection (b) of this section and the provisions in §§ 19–344(b) through (m), 19–345, and 19–346(i)(2) of this subtitle;

(2) Give a copy of the policy and those provisions:

(i) On admission, to the resident;

(ii) To the guardian, next of kin, or sponsoring agency of the resident; and

(iii) To a representative payee of the resident;

(3) Keep a receipt for the copy that is signed by the person who received the copy; and

(4) Provide appropriate staff training to carry out the policy and those provisions.

19–344.

(c) (1) In this subsection, “agent” means a person who manages, uses, or controls the funds or assets that legally may be used to pay the applicant’s or resident’s share of costs or other charges for the facility’s services.

(2) Except as provided by the Department, a facility may not charge an applicant or resident who is a medical assistance beneficiary, or the applicant’s or resident’s agent, any amount in addition to the amounts determined by the medical assistance program for services that are covered by medical assistance.

(3) Unless otherwise agreed, the financial obligation of the applicant’s or resident’s agent is limited to the amount of the applicant’s or resident’s funds that are considered available to the agent by the medical assistance program.

(4) (i) A facility may require an applicant, a resident, or the agent of an applicant or resident to agree to distribute any funds, including income or assets of the applicant or resident, which the medical assistance program has determined to be available

to pay for the cost of the applicant's or resident's care, to the facility, promptly when due, for the cost of the applicant's or resident's care.

(ii) For the purpose of this section, funds of the applicant or resident include funds of the applicant or resident that are under the use, ownership, management, or control of the agent.

(iii) A resident or agent of the resident who has not paid a current obligation for the resident's care may apply to the medical assistance program for a determination of the funds available to pay for the cost of the resident's care.

(iv) If a request for a determination is made under subparagraph (iii) of this paragraph, the medical assistance program shall make the determination.

(v) If a resident or agent of a resident who has not paid a current obligation for the resident's care fails to request a determination under subparagraph (iii) of this paragraph, the facility may, without requesting the appointment of a guardian, petition the appropriate circuit court for an order **OR INJUNCTION** directing the resident or agent of the resident to request **AND PURSUE** the determination with due diligence **OR GRANTING OTHER APPROPRIATE RELIEF TO ENFORCE THE OBLIGATIONS UNDER THIS SECTION.**

(vi) If a resident or agent of the resident fails to pay for the cost of the resident's care from funds that the medical assistance program has determined to be available to pay for that care, the facility may, without requesting the appointment of a guardian, petition the appropriate circuit court for an order directing the resident or agent of the resident to pay the facility from the funds determined by the medical assistance program to be available.

(5) (i) An applicant, a resident, or the agent of an applicant or resident shall seek **AND PURSUE WITH DUE DILIGENCE**, on behalf of the applicant or resident, all assistance from the medical assistance program which may be available to the applicant or resident.

(ii) The facility shall cooperate with and assist the agent in seeking assistance from the medical assistance program on behalf of the applicant or resident.

(iii) If a resident or the agent of a resident fails to seek assistance from the medical assistance program or to cooperate fully in the eligibility determination process, a facility providing care to the resident may, without requesting the appointment of a guardian, petition the appropriate circuit court for an order **OR INJUNCTION** requiring the resident or agent of the resident to seek assistance from the medical assistance program or to cooperate in the eligibility determination process with due diligence **OR GRANTING OTHER APPROPRIATE RELIEF TO ENFORCE THE OBLIGATIONS UNDER THIS SECTION.**

(6) (i) Any agent who willfully or with gross negligence violates the requirements of paragraph (4) of this subsection regarding the distribution of the applicant's or resident's funds is subject to a civil penalty not less than the amount of funds subject to the violation.

(ii) Any agent who willfully or with gross negligence violates the requirements of paragraph (5) of this subsection regarding an application for medical assistance by or on behalf of an applicant or resident is subject to a civil penalty not exceeding \$10,000.

(iii) The Attorney General is responsible for the enforcement and prosecution of violations of the provisions of paragraphs (4) and (5) of this subsection.

(7) Nothing in this subsection may be construed to prohibit any person from knowingly and voluntarily agreeing to guarantee payment for the cost of an applicant's care.

19-345.

(a) A resident of a facility may not be transferred or discharged from the facility involuntarily except for the following reasons:

(1) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;

(2) The transfer or discharge is appropriate because the resident's health has improved sufficiently so that the resident no longer needs the services provided by the facility;

(3) The health or safety of an individual in a facility is endangered;

(4) The resident has failed, after reasonable and appropriate notice, to pay for, or under Medicare or Medicaid or otherwise, to have paid for a stay at the facility; or

(5) The facility ceases to operate.

19-345.1.

(a) [Except as provided in subsection (e) of this section, a] **A** facility shall provide the resident with written notice of:

(1) Any proposed discharge or transfer; and

(2) The opportunity for a hearing in accordance with the provisions of this section before the discharge or transfer.

(b) The Department shall prepare and provide each facility with a standardized form that provides, in clear and simple language, at least the following information:

(1) Notice of the intended discharge or transfer of the resident, INCLUDING THE PROPOSED DATE OF THE INTENDED DISCHARGE OR TRANSFER, WHICH MAY CHANGE AS A RESULT OF AN APPEAL OR THE DISCHARGE PLANNING PROCESS;

(2) Each reason for the discharge or transfer;

(3) THE LOCATION TO WHICH THE RESIDENT WILL BE DISCHARGED OR TRANSFERRED, WHICH MAY CHANGE AS A RESULT OF AN APPEAL OR THE DISCHARGE PLANNING PROCESS;

~~(4) THE NAMES OF THE FACILITY STAFF WHO:~~

~~(I) ARE DESIGNATED TO PROVIDE SOCIAL WORK AND DISCHARGE PLANNING SERVICES TO THE RESIDENT IN CONNECTION WITH THE DISCHARGE OR TRANSFER; AND~~

~~(II) WILL BE RESPONSIBLE FOR THE DEVELOPMENT OF THE POST DISCHARGE PLAN OF CARE UNDER SUBSECTION (C) OF THIS SECTION;~~

(4) THE NAME OF THE SOCIAL WORKER OR OTHER PROFESSIONALLY QUALIFIED STAFF, WHICH MAY CHANGE DURING THE DISCHARGE PLANNING PROCESS, WHO:

(I) IS DESIGNATED TO PROVIDE SOCIAL SERVICES AND DISCHARGE PLANNING SERVICES TO THE RESIDENT IN CONNECTION WITH THE DISCHARGE OR TRANSFER; AND

(II) WILL BE RESPONSIBLE FOR THE DEVELOPMENT OF THE POST DISCHARGE PLAN OF CARE UNDER SUBSECTION (G) OF THIS SECTION;

(5) A PROPOSED DATE WITHIN 10 DAYS AFTER THE DATE OF THE NOTICE FOR A MEETING BETWEEN THE RESIDENT, THE RESIDENT'S REPRESENTATIVE, AND FACILITY STAFF TO DEVELOP THE POST DISCHARGE PLAN OF CARE UNDER SUBSECTION (G) OF THIS SECTION;

[(3)] (6) The right of the resident to request a hearing;

[(4)] (7) The right of the resident to consult with any lawyer the resident chooses;

[(5)] (8) The availability of the services of the Legal Aid Bureau, the Older American Act Senior Legal Assistance Programs, and other agencies that may provide assistance to individuals who need legal counsel;

[(6)] (9) The availability of the [Department of Aging and local Office on Aging] Long-Term Care Ombudsman **PROGRAM** to assist the resident; and

[(7)] (10) The provisions of this section.

(c) Except as otherwise provided in this section, at least 30 days before the facility involuntarily transfers or discharges a resident, the facility shall:

(1) Provide to the resident the written notice required under subsection (a) of this section; and

(2) Provide the written notice required under subsection (a) of this section to:

(I) THE RESIDENT;

[(i)] (II) The next of kin, guardian, or any other individual known to have acted as the [individual's] **RESIDENT'S** representative, if any;

[(ii)] (III) The Long-Term Care Ombudsman; and

[(iii)] (IV) The Department.

(d) (1) (i) In accordance with regulations adopted by the Secretary, the facility shall provide the resident with an opportunity for a hearing on the proposed transfer or discharge.

(ii) The regulations adopted by the Secretary may provide for the establishment of an escrow account when:

1. The basis for the discharge is nonpayment; and

2. The resident continues to reside in the facility while the appeal is pending.

(2) Except as otherwise provided in this subsection, hearings on proposed transfers or discharges shall be conducted in accordance with the provisions of Title 10, Subtitle 2 of the State Government Article and the Medicaid Fair Hearing Procedures.

(3) Any hearing on a proposed discharge or transfer of a resident:

(i) Is not a contested case as defined in § 10–202 of the State Government Article; and

(ii) May not include the Secretary as a party.

(4) A decision by an administrative law judge on a proposed discharge or transfer of a resident:

(i) Is not a decision of the Secretary;

(ii) Unless appealed, is final and binding on the parties; and

(iii) May be appealed in accordance with § 10–222 of the State Government Article as if it were a contested case but the appeal does not automatically stay the decision of the administrative law judge.

(e) [(1) The provisions of this section requiring 30 days' notice and an opportunity for a hearing before discharge or transfer of a resident do not apply if:] **THE FACILITY SHALL PROVIDE THE WRITTEN NOTICE REQUIRED IN SUBSECTION (A) OF THIS SECTION AS SOON AS PRACTICABLE BEFORE DISCHARGE OR TRANSFER IF:**

[(i)] **(1)** An emergency exists and health or safety of the resident or other residents would be placed in imminent and serious jeopardy if the resident were not transferred or discharged from the facility as soon as possible; or

[(ii)] **(2)** The resident has not resided in the facility for 30 days.

[(2) If a facility discharges or transfers a resident under the provisions of this subsection, the facility shall provide reasonable notice of the proposed discharge or transfer.]

(F) IF THE INFORMATION IN THE NOTICE PROVIDED UNDER SUBSECTION (C) OF THIS SECTION CHANGES BEFORE THE DISCHARGE OR TRANSFER, THE FACILITY SHALL PROVIDE THE CHANGES TO THE RECIPIENTS OF THE NOTICE AS SOON AS PRACTICABLE AFTER THE NEW INFORMATION BECOMES AVAILABLE.

(G) (1) BEFORE ANY DISCHARGE OR TRANSFER AND SUBJECT TO PARAGRAPHS (4) AND (5) OF THIS SUBSECTION, A FACILITY SHALL DEVELOP A POST DISCHARGE PLAN OF CARE FOR THE RESIDENT TO ASSIST THE RESIDENT WITH ADJUSTING TO THE RESIDENT'S NEW LIVING ENVIRONMENT AND THAT:

(I) ADDRESSES THE RESIDENT'S POST DISCHARGE GOALS OF CARE AND TREATMENT PREFERENCES; AND

(II) IDENTIFIES EACH OF THE RESIDENT'S REASONABLY ANTICIPATED MEDICAL AND BASIC NEEDS AFTER DISCHARGE OR TRANSFER AND ESTABLISHES A PLAN FOR MEETING THOSE NEEDS;~~AND~~

~~**(III) ASSISTS THE RESIDENT WITH ADJUSTING TO THE RESIDENT'S NEW LIVING ENVIRONMENT.**~~

(2) THE FACILITY SHALL DESIGNATE A SOCIAL WORKER OR OTHER PROFESSIONALLY QUALIFIED STAFF MEMBER TO COORDINATE THE DEVELOPMENT OF THE RESIDENT'S POST DISCHARGE PLAN OF CARE.

(3) THE FACILITY SHALL, IF POSSIBLE, MEET WITH THE RESIDENT AND, WITH THE RESIDENT'S CONSENT, THE RESIDENT'S REPRESENTATIVE WITHIN 10 DAYS AFTER PROVIDING THE NOTICE REQUIRED UNDER SUBSECTION (A) OF THIS SECTION TO DISCUSS THE POST DISCHARGE PLAN OF CARE FOR THE RESIDENT.

(4) (I) THE RESIDENT'S POST DISCHARGE PLAN OF CARE SHALL BE DEVELOPED WITH THE PARTICIPATION OF THE RESIDENT AND, WITH THE RESIDENT'S CONSENT, THE RESIDENT'S REPRESENTATIVE.

(II) IF THE POST DISCHARGE PLAN OF CARE WAS DEVELOPED WITHOUT THE PARTICIPATION OF THE RESIDENT OR THE RESIDENT'S REPRESENTATIVE, THE FACILITY SHALL INCLUDE IN THE RESIDENT'S MEDICAL RECORD AN EXPLANATION OF WHY THE RESIDENT OR THE RESIDENT'S REPRESENTATIVE DID NOT PARTICIPATE.

(5) THE RESIDENT'S POST DISCHARGE PLAN OF CARE SHALL BE DEVELOPED IN CONSULTATION WITH:

(I) THE RESIDENT'S ATTENDING PHYSICIAN;

(II) A REGISTERED NURSE RESPONSIBLE FOR THE CARE OF THE RESIDENT; AND

(III) ANY OTHER APPROPRIATE STAFF OR PROFESSIONAL INVOLVED WITH MEETING THE RESIDENT'S MEDICAL NEEDS.

19-345.2.

(a) In addition to the provisions of §§ 19-345 and 19-345.1 of this subtitle, a facility may not involuntarily discharge or transfer a resident unless, within 48 hours before the discharge or transfer, the facility has:

(1) Provided or obtained:

(i) A comprehensive medical assessment and evaluation of the resident, including a physical examination, that is documented in the resident's medical record;

(ii) A post discharge plan of care for the resident that is developed, if possible, with the participation of the resident's next of kin, guardian, or legal representative **IN ACCORDANCE WITH § 19-345.1 OF THIS SUBTITLE**; and

(iii) Written documentation from the resident's attending physician indicating that the transfer or discharge is in accordance with the post discharge plan of care and is not contraindicated by the resident's medical condition; and

(2) Provided information to the resident concerning the resident's rights to make decisions concerning health care, including:

(i) The right to accept or refuse medical treatment;

(ii) The right to make an advance directive, including the right to make a living will and the right to appoint an agent to make health care decisions; and

(iii) The right to revoke an advance directive.

(b) Except as provided in subsection ~~(e)(3)~~ **(D)(3)** of this section, [at the time of transfer or discharge] **AND AT LEAST 24 HOURS BEFORE DISCHARGE OR TRANSFER**, the facility shall provide the resident [or] **AND** the resident's next of kin, guardian, or legal representative with:

(1) **[A] THE** written statement of the medical assessment and evaluation and [post discharge plan of care] **WRITTEN DOCUMENTATION FROM THE RESIDENT'S ATTENDING PHYSICIAN** required under subsection (a) of this section;

(2) THE POST DISCHARGE PLAN OF CARE DEVELOPED UNDER § 19-345.1 OF THIS SUBTITLE;

~~[(2) (3) A written statement itemizing the medications currently being taken by the resident;~~

~~[(3) (4) To the extent permitted under State and federal law, at least a 3-day supply of the medications currently being taken by the resident;~~

[(4) (5) (4) (3)] The information necessary to assist the resident[,] **AND** the resident's next of kin, **GUARDIAN**, or legal representative in obtaining additional prescriptions for necessary medication through consultation with the resident's treating physician; and

~~[(5)]~~ ~~(6)~~ ~~(5)~~ **(4)** A written statement containing the date, time, method, mode, and destination of discharge.

(C) TO THE EXTENT AUTHORIZED UNDER STATE AND FEDERAL LAW, A FACILITY SHALL PROVIDE AT LEAST A 3-DAY SUPPLY OF MEDICATIONS CURRENTLY BEING TAKEN BY THE RESIDENT AT THE TIME OF DISCHARGE OR TRANSFER.

~~(D)~~ **(1)** Except as provided in paragraphs (2) and (3) of this subsection, a facility may not discharge or transfer a resident unless the resident is capable of and has consented in writing to the discharge or transfer.

(2) A facility may discharge or transfer a resident without obtaining the written consent of the resident **FOR ONE OF THE REASONS LISTED IN § 19-345(A) OF THIS SUBTITLE** if the discharge or transfer:

(i) Is in accordance with a post discharge plan of care developed under [subsection (a) of this section] **§ 19-345.1 OF THIS SUBTITLE**; [and]

(II) IS TO THE COMMUNITY IN WHICH THE RESIDENT RESIDED BEFORE BECOMING A RESIDENT OF THE FACILITY UNLESS THE FACILITY DOCUMENTS WHY IT IS IN THE BEST INTEREST OF THE RESIDENT TO BE DISCHARGED TO ANOTHER LOCATION;

(III) IS TO ANOTHER LICENSED PROVIDER, UNLESS:

1. THE RESIDENT IS BEING DISCHARGED OR TRANSFERRED BECAUSE THE RESIDENT'S HEALTH HAS IMPROVED SUFFICIENTLY AND THE RESIDENT NO LONGER NEEDS THE SERVICES PROVIDED BY THE FACILITY;

2. THE RESIDENT HAS NO PENDING APPLICATION TO THE ~~MARYLAND MEDICAL ASSISTANCE PROGRAM~~, MEDICAL ASSISTANCE PROGRAM OR IS INELIGIBLE FOR THE ~~MARYLAND MEDICAL ASSISTANCE PROGRAM~~ MEDICAL ASSISTANCE PROGRAM AND IS BEING DISCHARGED OR TRANSFERRED FOR NONPAYMENT UNDER § 19-345(A)(4) OF THIS SUBTITLE; OR

3. ~~A. THE~~ IF THE RESIDENT IS OR MAY BE ELIGIBLE FOR THE ~~MARYLAND MEDICAL ASSISTANCE PROGRAM~~ MEDICAL ASSISTANCE PROGRAM;

~~B. A.~~ THE FACILITY HAS FULFILLED ITS OBLIGATION UNDER ~~§ 19-334(C)~~ § 19-344(C) OF THIS SUBTITLE TO COOPERATE WITH AND ASSIST THE RESIDENT OR THE RESIDENT'S REPRESENTATIVE IN SEEKING ASSISTANCE

FROM THE ~~MARYLAND MEDICAL ASSISTANCE PROGRAM~~ MEDICAL ASSISTANCE PROGRAM AND HAS DOCUMENTED THE COOPERATION AND ASSISTANCE;

~~C. THE FACILITY HAS DOCUMENTED THE COOPERATION AND ASSISTANCE PROVIDED UNDER ITEM B OF THIS ITEM;~~

~~D. B.~~ THE RESIDENT OR RESIDENT'S REPRESENTATIVE HAS REFUSED TO APPLY FOR OR SEEK ASSISTANCE FROM THE ~~MARYLAND MEDICAL ASSISTANCE PROGRAM~~ MEDICAL ASSISTANCE PROGRAM OR HAS REPEATEDLY FAILED, DESPITE THE FACILITY'S DOCUMENTED ASSISTANCE, TO MAKE GOOD-FAITH EFFORTS TO SUPPLY INFORMATION OR MATERIALS NECESSARY FOR THE MEDICAL ASSISTANCE PROGRAM TO ENROLL THE RESIDENT; AND

~~E. C.~~ THE RESIDENT IS BEING DISCHARGED FOR NONPAYMENT UNDER § 19-345(A)(4) OF THIS SUBTITLE; AND

~~(ii)~~ (IV) Is to a safe and secure environment [where the resident will be under the care of:

1. Another licensed, certified, or registered care provider; or
2. Another person who has agreed in writing to provide a safe and secure environment].

(3) A facility that is certified as a continuing care provider under Title 10, Subtitle 4 of the Human Services Article is not subject to the provisions of subsection (b) of this section if:

(i) The facility transfers a resident to a lesser level of care within the same facility in accordance with a contractual agreement between the facility and the resident; and

(ii) The transfer is approved by the attending physician.

~~(E)~~ (1) If the requirements of §§ 19-345 and 19-345.1 of this subtitle and subsections (a) and (b) of this section have been met, the resident's next of kin or legal representative shall cooperate and assist in the discharge planning process, including:

~~(1)~~ (I) Contacting, cooperating with, and assisting other facilities considering admitting the resident; and

~~(2)~~ (II) Cooperating with governmental agencies, including ~~applying for medical assistance for the resident~~ MEETING THE REQUIREMENTS OF § 19-344(C) OF

THIS SUBTITLE TO SEEK AND PURSUE WITH DUE DILIGENCE ASSISTANCE FROM THE MEDICAL ASSISTANCE PROGRAM.

(2) A FACILITY MAY, WITHOUT REQUESTING THE APPOINTMENT OF A GUARDIAN, PETITION THE APPROPRIATE CIRCUIT COURT FOR AN ORDER OR INJUNCTION DIRECTED AT THE RESIDENT OR AGENT OF THE RESIDENT FOR APPROPRIATE RELIEF TO ENFORCE THIS SUBSECTION.

~~(e)~~ **(F)** If requested by any person during the process of transferring or discharging a resident or on its own initiative, the Office of the Attorney General may investigate whether an abuse of funds under § 19–346 of this subtitle contributed to the decision to transfer or discharge the resident and may make appropriate referrals of the matter to other government agencies.

19–345.3.

(a) The Secretary may impose a civil money penalty not to exceed \$10,000 for:

(1) Each violation by a facility of § 19–345, § 19–345.1, or § 19–345.2 of this subtitle; or

(2) Each willful or grossly negligent violation by a resident’s agent or legal representative of § 19–345, § 19–345.1, or § 19–345.2 of this subtitle.

(b) If a civil money penalty is imposed under this section, the facility or agent or legal representative of the resident shall have the right to appeal from an order imposing the civil money penalty in accordance with Title 10, Subtitle 2 of the State Government Article.

(c) **(1)** A resident, resident’s agent, or resident’s attorney, or the Attorney General on behalf of the resident, who believes that an involuntary discharge or transfer that violates the requirements of § 19–345, § 19–345.1, or § 19–345.2 of this subtitle is imminent or has taken place may request injunctive relief from a circuit court.

(2) IN AN ACTION BROUGHT BY THE ATTORNEY GENERAL UNDER THIS SUBSECTION, THE ATTORNEY GENERAL MAY REQUEST THAT THE COURT IMPOSE A CIVIL PENALTY NOT TO EXCEED \$100,000 FOR EACH VIOLATION BY A FACILITY OF § 19–345, § 19–345.1, OR § 19–345.2 OF THIS SUBTITLE.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2019.

Approved by the Governor, May 13, 2019.