

Chapter 529

(Senate Bill 591)

AN ACT concerning

Maryland Health Care Commission – Patient Safety Center – Designation and Fund

FOR the purpose of requiring the Maryland Health Care Commission to designate a center as the Patient Safety Center for the State on or before a certain date; establishing requirements for a center designated under this Act; establishing the Patient Safety Center Fund as a special, nonlapsing fund; requiring interest earnings of the Fund to be credited to the Fund; and generally relating to a Patient Safety Center.

BY adding to

Article – Health – General
Section 19–112
Annotated Code of Maryland
(2019 Replacement Volume and 2021 Supplement)

BY repealing and reenacting, without amendments,

Article – State Finance and Procurement
Section 6–226(a)(2)(i)
Annotated Code of Maryland
(2021 Replacement Volume)

BY repealing and reenacting, with amendments,

Article – State Finance and Procurement
Section 6–226(a)(2)(ii)144. and 145.
Annotated Code of Maryland
(2021 Replacement Volume)

BY adding to

Article – State Finance and Procurement
Section 6–226(a)(2)(ii)146.
Annotated Code of Maryland
(2021 Replacement Volume)

Preamble

WHEREAS, The Maryland Health Care Commission has been designating the State’s patient safety center since 2009; and

WHEREAS, The Maryland Patient Safety Center, Inc., has been designated by the Maryland Health Care Commission as the State’s patient safety center through April 2025; and

WHEREAS, The vision of the Maryland Patient Safety Center, Inc., the State–designated patient safety center since its inception, is to be a model of patient safety innovation and implementation and to convene providers, patients, and families across the health care continuum to prevent avoidable harm and provide safe and equitable health care for all; and

WHEREAS, The Maryland Patient Safety Center, Inc., has convened and facilitated successful, results–driven quality improvement and patient safety initiatives focused on decreasing lengths of stay and transfers for infants with neonatal abstinence syndrome, increasing rates of women with opioid use disorder in treatment at the time of delivery, reducing primary cesarean section rates, improving sepsis survival, reducing injuries related to falls in long–term care facilities, and reducing facility–acquired infections in hospitals and long–term care facilities; and

WHEREAS, The COVID–19 pandemic has stressed Maryland’s health care workforce and led to a severe staffing shortage, nearing 2,600 nursing vacancies, and in response, the Maryland Patient Safety Center, Inc., has collaborated with the Armstrong Institute for Patient Safety and Quality at The Johns Hopkins University to deliver Caring for the Caregiver, a training program focused on peer support, resiliency, and emotional well–being of the health care workforce with the goal of decreased turnover and optimal safety for providers and patients alike; and

WHEREAS, Racial and ethnic disparities persist in maternal health care and present a patient safety concern, as shown in the 2020 Maryland Mortality Review Committee report, which demonstrated that the maternal mortality rate from 2014 to 2018 was 18.4 per 100,000 live births for all races, but 8.8 for white Marylanders and 35.1 for Black Marylanders; and

WHEREAS, The Statewide Integrated Health Improvement Strategy includes maternal and child health as one of three population health priorities and the State has committed to reducing the overall severe maternal morbidity rate by 19% by 2026, focusing on closing the racial gap by lowering the Black (non–Hispanic) rate by 20%; and

WHEREAS, Through a 2–year collaborative agreement, the Maryland Patient Safety Center, Inc., supported 31 Maryland birthing hospitals in achieving an aggregate decrease of primary cesarean sections by 5.1% during the collaborative period with a total cost savings of \$2.6 million; and

WHEREAS, Health equity is a priority for the Maryland Patient Safety Center, Inc., and, through partnerships with local experts, it created the Maternal Health Equity Project to educate and develop resources for nonobstetric providers on maternal morbidity, racial bias, and the value of the patient’s voice and experience; now, therefore,

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

Article – Health – General

19–112.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “CENTER” MEANS A PATIENT SAFETY CENTER DESIGNATED BY THE COMMISSION.

(3) “FUND” MEANS THE MARYLAND PATIENT SAFETY CENTER FUND.

(B) (1) ON OR BEFORE DECEMBER 31, 2025, THE COMMISSION SHALL DESIGNATE A CENTER FOR THE STATE.

(2) THE CENTER DESIGNATED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL CONTINUE TO ACT AS THE STATE–DESIGNATED CENTER FOR THE DURATION OF THE DESIGNATION PERIOD, AS DETERMINED BY THE COMMISSION, IF THE CENTER CONTINUOUSLY MEETS THE STANDARDS AND REQUIREMENTS ESTABLISHED BY THE COMMISSION.

(C) THE DESIGNATED CENTER SHALL:

(1) DEVELOP, COORDINATE, AND IMPLEMENT PATIENT SAFETY INITIATIVES ACROSS THE STATE;

(2) BE A MODEL FOR PATIENT SAFETY INNOVATION AND IMPLEMENTATION IN THE STATE;

(3) CONVENE HEALTH CARE PROVIDERS, PATIENTS, AND FAMILIES TO:

(I) IMPROVE THE QUALITY OF HEALTH CARE AND REDUCE PREVENTABLE AND AVOIDABLE HARM; AND

(II) PROVIDE SAFE AND EQUITABLE HEALTH CARE FOR STATE CITIZENS; AND

(4) SHARE INFORMATION RELATING TO BEST PRACTICES AMONG PROVIDERS AND PATIENTS IN THE STATE.

(D) (1) THERE IS A PATIENT SAFETY CENTER FUND.

(2) THE PURPOSE OF THE FUND IS TO SUBSIDIZE A PORTION OF THE COSTS OF THE CENTER SO THAT THE CENTER MAY PERFORM THE DUTIES DESCRIBED UNDER SUBSECTION (C) OF THIS SECTION.

(3) THE COMMISSION SHALL ADMINISTER THE FUND.

(4) (I) THE FUND IS A SPECIAL, NONLAPSING FUND THAT IS NOT SUBJECT TO § 7-302 OF THE STATE FINANCE AND PROCUREMENT ARTICLE.

(II) THE STATE TREASURER SHALL HOLD THE FUND SEPARATELY, AND THE COMPTROLLER SHALL ACCOUNT FOR THE FUND.

(5) THE FUND CONSISTS OF:

(I) MONEY APPROPRIATED IN THE STATE BUDGET TO THE FUND;

(II) INTEREST EARNINGS; AND

(III) ANY OTHER MONEY FROM ANY OTHER SOURCE ACCEPTED FOR THE BENEFIT OF THE FUND.

(6) THE FUND MAY BE USED ONLY TO SUBSIDIZE A PORTION OF THE COSTS OF THE CENTER SO THAT THE CENTER MAY PERFORM THE DUTIES DESCRIBED UNDER SUBSECTION (C) OF THIS SECTION.

(7) (I) THE STATE TREASURER SHALL INVEST THE MONEY OF THE FUND IN THE SAME MANNER AS OTHER STATE MONEY MAY BE INVESTED.

(II) ANY INTEREST EARNINGS OF THE FUND SHALL BE CREDITED TO THE FUND.

(E) (1) FOR FISCAL YEAR 2023 AND EACH FISCAL YEAR THEREAFTER, THE GOVERNOR SHALL INCLUDE IN THE ANNUAL BUDGET BILL AN APPROPRIATION OF \$1,000,000 FOR THE FUND.

(2) THE COMMISSION MAY PROVIDE AN ANNUAL GRANT FROM THE FUND TO THE CENTER IN THE AMOUNT APPROPRIATED UNDER PARAGRAPH (1) OF THIS SUBSECTION, PLUS ANY INTEREST AND OTHER INCOME DISTRIBUTED TO THE FUND.

(3) EXPENDITURES FROM THE FUND MAY BE MADE ONLY IN ACCORDANCE WITH THE STATE BUDGET.

(4) MONEY EXPENDED FROM THE FUND FOR THE CENTER IS SUPPLEMENTAL TO, AND IS NOT INTENDED TO TAKE THE PLACE OF, FUNDING THAT OTHERWISE WOULD BE APPROPRIATED FOR THE CENTER.

(F) ON OR BEFORE OCTOBER 1 EACH YEAR, THE COMMISSION, IN CONJUNCTION WITH THE CENTER, SHALL REPORT TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, ON:

(1) THE CENTER’S STATEWIDE ACTIVITIES RELATED TO THE DEVELOPMENT, COORDINATION, AND IMPLEMENTATION OF PATIENT SAFETY INITIATIVES; AND

(2) HOW THE CENTER’S STATEWIDE INITIATIVES ALIGN WITH STATE-DESIGNATED PRIORITIES.

Article – State Finance and Procurement

6-226.

(a) (2) (i) Notwithstanding any other provision of law, and unless inconsistent with a federal law, grant agreement, or other federal requirement or with the terms of a gift or settlement agreement, net interest on all State money allocated by the State Treasurer under this section to special funds or accounts, and otherwise entitled to receive interest earnings, as accounted for by the Comptroller, shall accrue to the General Fund of the State.

(ii) The provisions of subparagraph (i) of this paragraph do not apply to the following funds:

144. the Health Equity Resource Community Reserve Fund;

[and]

145. the Access to Counsel in Evictions Special Fund; AND

146. THE PATIENT SAFETY CENTER FUND.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2022.

Enacted under Article II, § 17(c) of the Maryland Constitution, May 29, 2022.