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Senate Finance Committee SB 311: Catastrophic Health Emergencies - Health Care Providers - Definition and Immunity (Maryland Health Care Heroes Protection Act)

Position: Support with Amendment
February 2, 2021

The Maryland Association of Community Services (MACS) is a non-profit association of over 100 agencies across Maryland serving people with intellectual and developmental disabilities (IDD). MACS members provide residential, day and supported employment services to thousands of Marylanders, so that they can live, work and fully participate in their communities.

Current law already includes DDA-licensed *group home* providers within the definition of health care providers who may be eligible for civil and criminal immunity during a Catastrophic Health Emergency. However, by only covering a subset of services offered by DDA-licensed providers, many providers only have protection for *part* of the services they offer, and not for others. MACS respectfully seeks an amendment to include *all* DDA-licensed community providers and services.

Health and safety is central to the core mission of enabling people with intellectual and developmental disabilities (IDD) to live meaningful, inclusive lives in their communities. For this reason, *all* DDA-licensed community service providers-- those that provide supports to people in group homes and those that provide services in people's homes and day supports (often the same provider)-- are highly regulated with regard to health, safety and emergency protocols as part of the regular licensing process. Providers have made heroic efforts to protect the people they support and their staff by complying with a changing array of federal, state and local guidelines with regard to COVID-19, regardless of the service they are providing.

While providers are often offering the same types of support (e.g. medication management and personal supports) across various services authorized by DDA, only the group home providers are eligible for immunity. Further highlighting the inconsistency in the current definition is the fact that most providers licensed to provide group home supports are also licensed to provide many other types of services, including in-home supports and day supports—yet only claims related to their group home services would be eligible for immunity.

We respectfully seek an amendment that would correct this discrepancy and include *all* DDA-licensed community providers within the definition of health care provider pursuant to §14-3A-01(e).

Respectfully submitted:
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