

## MEMORANDUM

**Date:** February 24, 2022

**To:** House Health and Government Operations Committee  
Delegate Shane E. Pendergrass, Chair

**From:** Ronda Butler Bell   
Immediate Past Executive Director  
Maryland State Board of Examiners of Nursing Home Administrators

**Re:** Support for HB 1034

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Madam Chair, Madam Vice-Chair, and members of the Committee, I appreciate the opportunity to provide this testimony in full support of House Bill 1034, State Board of Examiners of Nursing Home Administrators – Renaming and Licensure of Assisted Living Managers. I served as the Executive Director of the Maryland State Board of Examiners of Nursing Home Administrators from January of 2015 through January of 2021. In May of 2019, in preparation for the 2020 Legislative Session, I drafted a pre-proposal concept paper that was submitted to the Maryland Department of Health (“MDH”) in the hope that it would be included in departmental legislation. Unfortunately, MDH did not select or support moving the legislation forward.

In 2022, Maryland still needs to have its assisted living managers licensed to: 1) protect the public; 2) close the gap caused by the lack of federal oversight of assisted living facilities; 3) create accountability that does not currently exist; 4) allow for use of the National Practitioner Databank reporting system, which catches many health occupations boards’ licensing actions that will never be discovered via CJIS criminal history records checks; 5) show that Maryland takes all of the data seriously and is focused on the care of its citizens by joining at least 11 other states (e.g., Virginia) that have licensed assisted living managers; and 6) provide the robust level of training and credentialing necessary to provide the appropriate level care to the residents in our state’s assisted living facilities, who are very frequently on par with their nursing home counterparts in their levels of acuity.

As a part of the research conducted in 2019, I looked at Maryland’s assisted living residents vis-à-vis the national average as well as in comparison to the following states: Virginia, District of Columbia, Delaware, Pennsylvania, New Jersey, and New York. ***At that time, the data indicated that Maryland had a higher percentage of assisted living residents in need of help in 4 of the 6 measured Activities of Daily Living (or “ADLs,” which are: bathing; walking; dressing; toileting; transferring to and from bed; and eating) than all the above-referenced states. Additionally, I found that Maryland had a percentage of assisted living residents in need of help, across all 6 ADLs, that was higher than the national average.*** As far back as 2005, the Maryland Office of Health Care Quality, in Maryland’s 2005 Assisted Living Evaluation, that “The DHMH has confirmed, from a review of national and Maryland-specific studies, that individuals in assisted living programs are more frail than was anticipated when the program was implemented in 1996.” In 2022, I think we can all agree that acuity levels in all facilities, nursing homes as well as assisted living facilities, have continued to worsen.

In July of 2019, my dear mother, who was already battling stage 4 breast cancer, suffered 2 strokes; I assisted her and watched her transition from the hospital, to a nursing home, to an assisted living facility, and, finally, hospice. I personally was able to witness, as a family member, the differences in the treatment of residents in nursing homes versus assisted living facilities. The lack of accountability and low sense of urgency to assist with something such as a call bell for a nurse, for example, was very telling. As was the open verbal abuse of a resident, which I personally overheard in the assisted living facility. The time has long passed for Maryland to license assisted living managers. It is my sincere hope that the Committee will issue a favorable report.