

HB0068/643721/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 68
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “**Delegate Stein**” and substitute “**Delegates Stein, Hill, Feldmark, Alston, Bagnall, Bhandari, Chisholm, Cullison, Guzzone, Hutchinson, S. Johnson, Kaiser, Kerr, Kipke, R. Lewis, Lopez, Martinez, M. Morgan, Pena-Melnyk, Reilly, Rosenberg, Szeliga, Taveras, White Holland, and Woods**”; in line 2, strike “**Governing Bodies**” and substitute “**Transparency**”; in line 3, strike “**Entrance Fees**” and substitute “**Unit Reoccupancy**”; strike beginning with “altering” in line 4 down through “circumstances” in line 6 and substitute “requiring a provider to post the provider’s most recent disclosure statement on the provider’s website”; in line 6, strike “select committees of certain”; in line 7, strike “meet with” and substitute “hold a meeting open to all of the provider’s”; in the same line, after “year;” insert “requiring an authorized officer of a provider to provide a summary of certain grievance information at certain meetings; authorizing a subscriber member of a governing body to report on certain nonconfidential information;”; strike beginning with “altering” in line 8 down through “circumstances;” in line 11 and substitute “requiring a provider to submit certain reports to a subscriber or a subscriber’s beneficiary if the subscriber’s unit has not been reoccupied within certain periods of time;”; strike in their entirety lines 17 through 21, inclusive; and in line 24, strike “10–401(v) and (w), 10–408(b)(3),” and substitute “10–424, 10–426.”

AMENDMENT NO. 2

On page 2, strike in their entirety lines 8 through 21, inclusive; after line 21, insert:

“10–424.”

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(a) (1) A provider shall give without cost a disclosure statement for each facility for which the provider holds a preliminary, initial, or renewal certificate of registration:

(i) to a prospective subscriber before the earlier of payment of any part of the entrance fee or execution of a continuing care agreement; and

(ii) annually to any subscriber who requests a disclosure statement.

(2) A provider shall submit its initial disclosure statement to the Department for review at least 45 days before giving the statement to any prospective subscriber.

(b) (1) A provider shall revise the disclosure statement annually and file it with the Department within 120 days after the end of the provider's fiscal year.

(2) The Department shall review the disclosure statement solely to ensure compliance with § 10-425 of this subtitle.

(c) (1) An amended disclosure statement is subject to each requirement of this subtitle.

(2) A provider shall file an amended disclosure statement with the Department when it is delivered to a subscriber or prospective subscriber.

(D) A PROVIDER SHALL POST THE MOST RECENT DISCLOSURE STATEMENT ON THE PROVIDER'S WEBSITE.

10-426.

(a) At least [once a year] QUARTERLY, each provider shall hold a meeting open to all of the provider's subscribers.

(b) At the [meeting] MEETINGS, an authorized officer of the provider shall:

(1) summarize the provider's operations, significant changes from the previous year, and goals and objectives for the next year; and

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(2) answer subscribers' questions.

(C) AT THE LAST QUARTERLY MEETING OF THE YEAR, AN AUTHORIZED OFFICER OF THE PROVIDER SHALL PROVIDE AN AGGREGATED, DEIDENTIFIED SUMMARY OF INTERNAL GRIEVANCES SUBMITTED UNDER § 10-428 OF THIS SUBTITLE.;

in lines 23, 24, 25, 26, and 27, in each instance, strike the brackets; in line 23, strike "TWO"; in line 24, strike "MEMBERS"; in line 25, strike "MULTIPLE"; and in line 27, strike "FROM EACH FACILITY".

AMENDMENT NO. 3

On page 3, in lines 1, 3, 4, and 6, in each instance, strike the brackets; in line 1, strike "A"; in lines 4 and 5, strike "ELECTED BY THE RESIDENT ASSOCIATION OF THE FACILITY"; in line 7, strike the bracket and substitute ".

(5) (I);

after line 10, insert:

"(II) THE GOVERNING BODY SHALL DETERMINE WHETHER A MATTER IS CONFIDENTIAL.";

and strike in their entirety lines 11 through 15, inclusive.

On page 4, in line 15, strike "AT LEAST TWICE EACH YEAR" and substitute "**ON AN ANNUAL BASIS**"; in line 19, strike "SUBJECT MATTER OF EACH GRIEVANCE FILED" and substitute "**AGGREGATED, DEIDENTIFIED SUMMARY OF INTERNAL GRIEVANCES**"; in line 24, after "REPORT" insert "**TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE,**"; and in line 29, strike the bracket.

AMENDMENT NO. 4

On pages 5 and 6, strike beginning with the bracket in line 18 on page 5 down through the period in line 28 on page 6.

(Over)

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On page 6, in line 29, strike the brackets; in the same line, strike “(F)”; and in line 32, strike “(G)” and substitute “(E)”.

On pages 6 and 7, strike beginning with “EVERY” in line 32 on page 6 down through “UNITS” in line 9 on page 7 and substitute “**(1) IF AN ENTRANCE FEE REFUND IS CONDITIONED ON THE REOCCUPYING OF A SUBSCRIBER’S UNIT AND THE UNIT HAS NOT BEEN REOCCUPIED WITHIN 9 MONTHS OF THE SUBSCRIBER’S DEATH OR THE DATE OF THE CONTRACT TERMINATION, A PROVIDER SHALL SUBMIT A WRITTEN REPORT TO THE SUBSCRIBER OR THE SUBSCRIBER’S BENEFICIARY STATING:**”

(I) THAT THE UNIT HAS NOT BEEN REOCCUPIED; AND

(II) THE EFFORTS THE PROVIDER HAS MADE TO REOCCUPY THE UNIT.

(2) AFTER THE PROVIDER SUBMITTED THE REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION, THE PROVIDER SHALL SUBMIT AN UPDATED WRITTEN REPORT TO THE SUBSCRIBER OR THE SUBSCRIBER’S BENEFICIARY EVERY 6 MONTHS UNTIL THE SUBSCRIBER’S UNIT HAS BEEN REOCCUPIED”.