

BY: Finance Committee

AMENDMENTS TO SENATE BILL NO. 740

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “Senator Conway” and substitute “Senators Conway and Collins”; strike in its entirety line 2 and substitute “Nursing Facilities - Maryland Medical Assistance Program - Reserved Beds - Task Force on Quality of Care in Nursing Facilities”; strike beginning with “requiring” in line 3 down through “facilities” in line 13 and substitute “providing that certain payments to nursing facilities for reserving beds for Maryland Medical Assistance Program recipients may not include payment for certain nursing services; repealing the requirement that certain payments to nursing facilities for reserving beds for Program recipients may not be less than a certain amount; requiring that savings resulting from certain provisions of this Act be used for a certain purpose; establishing a Task Force on Quality of Care in Nursing Facilities; specifying the membership of the Task Force; specifying the duties of the Task Force; requiring the Task Force to make certain recommendations and to take into account and examine certain issues; requiring the Secretary of the Department of Aging to chair the Task Force; requiring the Department of Aging to provide staff support for the Task Force; requiring the Task Force to submit a certain report on or before a certain date; providing for the termination of the Task Force; and generally relating to the reservation of beds for Program recipients and quality of care in nursing facilities”; strike in their entirety lines 14 through 23, inclusive, and substitute:

“BY repealing and reenacting, with amendments,

Article - Health - General

Section 15-117

Annotated Code of Maryland

(1994 Replacement Volume and 1998 Supplement)”.

AMENDMENT NO. 2

On pages 2 through 4, strike in their entirety the lines beginning with line 2 on page 2 through line 14 on page 4, inclusive, and substitute:

(Over)

“15-117.

(a) In this section, “leave of absence” includes:

(1) A visit with friends or relatives; and

(2) A leave to participate in a State approved therapeutic or rehabilitative program.

(b) (1) To ensure that a bed is reserved for a Program recipient who is absent temporarily from a nursing facility, the Program shall include the following payments for nursing facilities that have made a provider agreement with the Department.

(2) If the Program recipient is absent from a nursing facility due to hospitalization for an acute condition, the facility shall receive payment for each day that the Program recipient is hospitalized and a bed is reserved and made available for the return of that Program recipient.

(3) If a Program recipient is on leave of absence from a nursing facility, the facility shall receive payment for each day that the Program recipient is absent and a bed is reserved and made available for the return of that Program recipient.

(c) (1) Payments under subsection (b)(2) of this section may not be made for more than 15 days for any single hospital stay.

(2) (i) Payments under subsection (b)(3) of this section may not be made for more than 18 days in any calendar year.

(ii) Notwithstanding any rule or regulation, a leave of absence is not subject to any requirement that it may not exceed a particular number of days a visit, except that the leave of absence may not exceed a total of 18 days during any [12-month period] CALENDAR YEAR.

(d) (1) Payments required under this section shall be made according to the per diem payment procedures that the Department sets [and may not be less than the per diem payments made to the nursing facility for days when the Program recipient is present in the facility].

(2) PAYMENTS REQUIRED UNDER THIS SECTION MAY NOT INCLUDE PAYMENT FOR NURSING SERVICES FOR BEDS RESERVED FOR PROGRAM RECIPIENTS ON A LEAVE OF ABSENCE.

(e) A nursing facility may not make additional charges against a Program recipient because the Program recipient is absent temporarily from the nursing facility.

SECTION 2. AND BE IT FURTHER ENACTED, That General Fund savings that result from Section 1 of this Act shall be used to increase the nursing services cost center of the Medicaid nursing home reimbursement formula, in accordance with the study conducted pursuant to Chapter 724 of the Acts of 1998.

SECTION 3. AND BE IT FURTHER ENACTED, That:

- (a) There is a Task Force on Quality of Care in Nursing Facilities.
- (b) The Task Force shall consist of the following members:
 - (1) two members of the Senate Finance Committee, appointed by the President of the Senate;
 - (2) two members of the Senate Economic and Environmental Affairs Committee, appointed by the President of the Senate;
 - (3) four members of the House Environmental Matters Committee, appointed by the Speaker of the House;
 - (4) the Secretary of the Department of Aging;
 - (5) the Secretary of the Department of Health and Mental Hygiene, or the Secretary's designee; and
 - (6) three representatives of area agencies on aging, appointed by the Secretary of Aging.

(Over)

- (c) The Secretary of Aging shall chair the Task Force.

- (d) The Task Force shall study the quality of care in Maryland nursing facilities, including:
 - (1) current quality of care standards for nursing facilities;
 - (2) current staffing patterns and staffing standards;
 - (3) current policies and procedures for inspecting nursing facilities and responding to quality of care complaints;
 - (4) the findings of a March 1999 U.S. General Accounting Office report on nursing home complaints to the Special Committee on Aging of the U.S. Congress;
 - (5) a comparison of the Maryland standards, policies, and procedures to those in other states;
 - (6) the labor pool available to fill nursing jobs; and
 - (7) State funding mechanisms for nursing facilities and regulation of nursing facilities.

- (e) The Task Force shall recommend:
 - (1) changes to current standards, policies, and procedures necessary to ensure quality of care in nursing facilities;
 - (2) if necessary, a methodology for determining appropriate levels of staffing and standards; and
 - (3) if necessary, changes to funding mechanisms.

(f) The Task Force shall report its findings and recommendations to the Governor and, subject to § 2-1246 of the State Government Article, to the General Assembly on or before December 1, 1999.

(g) The Department of Aging, with assistance from the Department of Health and Mental Hygiene and the Department of Legislative Services, shall provide staff support for the Task Force.

SECTION 4. AND BE IT FURTHER ENACTED, That Section 3 of this Act shall take effect June 1, 1999. It shall remain effective for a period of 1 year and, at the end of May 31, 2000, with no further action required by the General Assembly, Section 3 of this Act shall be abrogated and of no further force and effect.”;

in line 15, strike “3.” and substitute “5.”; in the same line, after “That” insert “, subject to Section 4 of this Act.”; and in line 16, strike “October” and substitute “July”.