

BY: Conference Committee

AMENDMENTS TO HOUSE BILL NO. 791

(Third Reading File Bill)

AMENDMENT NO. 1

On page 1, strike line 3 in its entirety and substitute:

“Nursing Facilities - Maryland Medical Assistance Program - Reserved Beds - Task Force on Quality of Care in Nursing Facilities - Nursing Home Comparative Evaluation System”;

and strike in their entirety lines 14 through 23, inclusive, 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; providing for the termination of certain provisions of this Act; requiring the Health Care Access and Cost Commission, in consultation with the Department of Health and Mental Hygiene and the Department of Aging, to develop a system to comparatively evaluate nursing facility quality of care and performance on an objective basis and to annually publish certain summary findings; establishing the purpose of the comparative evaluation system; requiring the Commission to consider a certain factor in developing the system; requiring the system to solicit certain information under certain circumstances; authorizing the Commission to adopt certain regulations; requiring a certain report on or before a certain date; and generally relating to the reservation of beds for Program recipients and quality of care in nursing facilities.”.

(Over)

On page 2, after line 8, insert:

“BY repealing and reenacting, with amendments,

Article - Health - General

Section 15-117

Annotated Code of Maryland

(1994 Replacement Volume and 1998 Supplement)

BY repealing and reenacting, with amendments,

Article - Health - General

Section 19-1501

Annotated Code of Maryland

(1996 Replacement Volume and 1998 Supplement)

BY adding to

Article - Health - General

Section 19-1508(d)

Annotated Code of Maryland

(1996 Replacement Volume and 1998 Supplement)”.

AMENDMENT NO. 2

On page 2, in line 10, before the colon insert “the Laws of Maryland read as follows”.

On pages 4 through 6, strike in their entirety the lines beginning with line 27 on page 4 through line 4 on page 6, inclusive, and substitute:

“Article - Health - General

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.

(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 the laws of Maryland read as follows:

(Over)

Article - Health - General

19-1501.

- (a) In this subtitle the following words have the meanings indicated.
- (b) “Commission” means the Maryland Health Care Access and Cost Commission.
- (c) “Comprehensive standard health benefit plan” means the comprehensive standard health benefit plan adopted in accordance with § 15-1207 of the Insurance Article.
- (d) (1) “Health care provider” means:
- (i) A person who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care in the ordinary course of business or practice of a profession or in an approved education or training program; or
- (ii) A facility where health care is provided to patients or recipients, including a facility as defined in § 10-101(e) of this article, a hospital as defined in § 19-301(f) of this article, a related institution as defined in § 19-301(n) of this article, a health maintenance organization as defined in § 19-701(e) of this article, an outpatient clinic, and a medical laboratory.
- (2) “Health care provider” includes the agents and employees of a facility who are licensed or otherwise authorized to provide health care, the officers and directors of a facility, and the agents and employees of a health care provider who are licensed or otherwise authorized to provide health care.
- (e) “Health care practitioner” means any person that provides health care services and is licensed under the Health Occupations Article.
- (f) “Health care service” means any health or medical care procedure or service rendered by a health care practitioner that:

(1) Provides testing, diagnosis, or treatment of human disease or dysfunction; or

(2) Dispenses drugs, medical devices, medical appliances, or medical goods for the treatment of human disease or dysfunction.

(G) “NURSING FACILITY” HAS THE MEANING STATED IN § 19-1401 OF THIS TITLE.

~~[(g)](H)~~ (1) “Office facility” means the office of one or more health care practitioners in which health care services are provided to individuals.

(2) “Office facility” includes a facility that provides:

(i) Ambulatory surgery;

(ii) Radiological or diagnostic imagery; or

(iii) Laboratory services.

(3) “Office facility” does not include any office, facility, or service operated by a hospital and regulated under Subtitle 2 of this title.

~~[(h)](I)~~ “Payor” means:

(1) A health insurer or nonprofit health service plan that holds a certificate of authority and provides health insurance policies or contracts in the State in accordance with this article or the Insurance Article;

(2) A health maintenance organization that holds a certificate of authority in the State; or

(3) A third party administrator as defined in § 15-111 of the Insurance Article.

19-1508.

(Over)

(D) (1) THE COMMISSION, IN CONSULTATION WITH THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND THE DEPARTMENT OF AGING, SHALL:

(I) ON OR BEFORE JULY 1, 2001, DEVELOP AND IMPLEMENT A SYSTEM TO COMPARATIVELY EVALUATE THE QUALITY OF CARE AND PERFORMANCE OF NURSING FACILITIES ON AN OBJECTIVE BASIS; AND

(II) ANNUALLY PUBLISH THE SUMMARY FINDINGS OF THE EVALUATION.

(2) (I) THE PURPOSE OF THE COMPARATIVE EVALUATION SYSTEM ESTABLISHED UNDER THIS SECTION IS TO IMPROVE THE QUALITY OF CARE PROVIDED BY NURSING FACILITIES BY ESTABLISHING A COMMON SET OF PERFORMANCE MEASURES AND DISSEMINATING THE FINDINGS OF THE COMPARATIVE EVALUATION TO NURSING FACILITIES, CONSUMERS, AND OTHER INTERESTED PARTIES.

(II) IN DEVELOPING THE COMPARATIVE EVALUATION SYSTEM, THE COMMISSION SHALL CONSIDER THE HEALTH STATUS OF THE POPULATION SERVED.

(3) THE SYSTEM, AS APPROPRIATE, SHALL SOLICIT PERFORMANCE INFORMATION FROM CONSUMERS AND THEIR FAMILIES.

(4) THE COMMISSION MAY ADOPT REGULATIONS TO ESTABLISH THE COMPARATIVE EVALUATION SYSTEM PROVIDED UNDER THIS SECTION.

SECTION 3. AND BE IT FURTHER ENACTED, That, on or before January 1, 2001, the Commission shall report to the Governor and, subject to § 2-1246 of the State Government Article, to the General Assembly on the nursing facility comparative evaluation system required by Section 2 of this Act.

SECTION 4. AND BE IT FURTHER ENACTED, That General Fund savings that result

from Section 1 of this Act shall be used to increase the payments for services to Program recipients under 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 5. 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.
- (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;

(Over)

- (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 6. AND BE IT FURTHER ENACTED, That Section 5 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 5 of this Act shall be abrogated and of no further force and effect.

SECTION 7. AND BE IT FURTHER ENACTED, That Sections 1 and 4 of this Act shall take effect July 1, 1999. Sections 1 and 4 of this Act shall remain effective for a period of 3 years and, at the end of June 30, 2002, with no further action required by the General Assembly, Sections 1 and 4 of this Act shall be abrogated and of no further force and effect.

SECTION 8. AND BE IT FURTHER ENACTED, That, except as provided in Sections 6 and 7 of this Act, this Act shall take effect October 1, 1999.”.