1999 Regular Session

(9lr1564)

Unofficial Copy J3

ENROLLED BILL

-- Environmental Matters/Finance --

Introduced by **Delegates Nathan-Pulliam, Benson, Cadden, Cane, C. Davis, D.** Davis, Dobson, Frush, Howard, Klausmeier, Marriott, Morhaim, Oaks, Paige, and Stull Stull, and Stern

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this _____ day of _____ at _____ o'clock, ____M.

Speaker.

CHAPTER_____

1 AN ACT concerning

2	Nursing Facilities - Licensure Requirements - Staffing
3	Task Force on Staffing Requirements in Nursing Facilities
4	Nursing Facilities - Maryland Medical Assistance Program - Reserved Beds -
5	Task Force on Quality of Care in Nursing Facilities - Nursing Home
6	Comparative Evaluation System

7 FOR the purpose of requiring nursing facilities to meet certain staffing requirements

8 to qualify for licensure; requiring nursing facilities to employ certain individuals

9 for certain positions; specifying certain duties that certain individuals may not

10 perform; specifying the staffing to resident ratio requirements for nursing

11 facilities; requiring nursing facilities to post certain information in certain areas

12 of the facility on a certain form developed by the Department of Health and

13 Mental Hygiene; providing for certain penalties; providing for the application of

14 this Act; requiring the Department to conduct a certain study and to report to

15 the General Assembly by a certain date; authorizing the Department to adopt

1 certain regulations; defining a certain term; and generally relating to staffing 2 requirements for nursing facilities establishing a Task Force on Staffing 3 Requirements in Nursing Facilities to examine certain staffing requirements in nursing facilities; requiring the Task Force to submit a certain report on or 4 5 before a certain date; providing for the membership of the Task Force; requiring the Governor to appoint the Chairman of the Task Force; requiring the 6 7 Department of Health and Mental Hygiene to staff the Task Force; providing 8 that a member of the Task Force may not be compensated but may receive travel 9 expenses; providing for the termination date of the Task Force; and generally 10 relating to a Task Force to examine the staffing requirements in nursing 11 facilities, providing that certain payments to nursing facilities for reserving beds 12 for Maryland Medical Assistance Program recipients may not include payment 13 for certain nursing services; repealing the requirement that certain payments to 14 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 15 16 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 17 18 duties of the Task Force; requiring the Task Force to make certain 19 recommendations and to take into account and examine certain issues; requiring 20 the Secretary of the Department of Aging to chair the Task Force; requiring the 21 Department of Aging to provide staff support for the Task Force; requiring the 22 Task Force to submit a certain report on or before a certain date; providing for the 23 termination of the Task Force; providing for the termination of certain provisions 24 of this Act; requiring the Health Care Access and Cost Commission, in 25 consultation with the Department of Health and Mental Hygiene and the 26 Department of Aging, to develop a system to comparatively evaluate nursing 27 facility quality of care and performance on an objective basis and to annually publish certain summary findings; establishing the purpose of the comparative 28 29 evaluation system; requiring the Commission to consider a certain factor in 30 developing the system; requiring the system to solicit certain information under 31 certain circumstances; authorizing the Commission to adopt certain regulations; 32 requiring a certain report on or before a certain date; and generally relating to 33 the reservation of beds for Program recipients and quality of care in nursing 34 facilities.

- 35 BY repealing and reenacting, with amendments,
 36 Article Health General
- 37 Section 19-319(a)
- 38 Annotated Code of Maryland
- 39 (1996 Replacement Volume and 1998 Supplement)
- 40 BY adding to
- 41 Article Health General
- 42 Section 19 319.3
- 43 Annotated Code of Maryland
- 44 (1996 Replacement Volume and 1998 Supplement)

- 1 BY repealing and reenacting, with amendments,
- 2 <u>Article Health General</u>
- 3 <u>Section 15-117</u>
- 4 <u>Annotated Code of Maryland</u>
- 5 (1994 Replacement Volume and 1998 Supplement)
- 6 BY repealing and reenacting, with amendments,
- 7 <u>Article Health General</u>
- 8 <u>Section 19-1501</u>
- 9 <u>Annotated Code of Maryland</u>
- 10 (1996 Replacement Volume and 1998 Supplement)

11 BY adding to

- 12 Article Health General
- 13 <u>Section 19-1508(d)</u>
- 14 <u>Annotated Code of Maryland</u>
- 15 (1996 Replacement Volume and 1998 Supplement)

16 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF

- 17 MARYLAND, That the Laws of Maryland read as follows *the Laws of Maryland read*
- 18 <u>as follows</u>:

19 Article - Health - General

20 19 319.

21 (a) (1) To qualify for a license, an applicant and the hospital or related 22 institution to be operated shall meet the requirements of this section.

23 (2) IN ADDITION TO THE REQUIREMENTS OF THIS SECTION, TO QUALIFY 24 FOR A LICENSE, A NURSING FACILITY SHALL MEET THE REQUIREMENTS OF § 19-319.3 25 OF THIS SUBTITLE.

26 19-319.3.

27 (A) IN THIS SECTION, "LICENSED PERSONNEL" MEANS:

28 (1) A REGISTERED NURSE WHO IS LICENSED TO PRACTICE IN THE 29 STATE; OR

30 (2) A PRACTICAL NURSE WHO IS LICENSED TO PRACTICE IN THE STATE.

31 (B) A NURSING FACILITY SHALL EMPLOY STAFF SUFFICIENT IN NUMBER AND

32 QUALIFICATIONS TO MEET THE SCHEDULED AND UNSCHEDULED NURSING CARE

33 NEEDS OF THE RESIDENTS.

4			HOUSE BILL 791
1 2	(C) TO ENS NURSING FACILITY		MPLIANCE WITH SUBSECTION (B) OF THIS SECTION, A
3	(1)		LISH AND EMPLOY REGISTERED NURSES WHO ARE LICENSED
4	TO PRACTICE IN TI		TE FOR THE FOLLOWING POSITIONS:
5		(I)	A FULL-TIME DIRECTOR OF NURSING;
6	FULL-TIME ASSIST	(II)	FOR NURSING FACILITIES WITH 100 BEDS OR MORE, A
7		T ANT DI	RECTOR OF NURSING;
8	DAY, 7 DAYS A WE	(III)	NURSING SUPERVISORS ON DUTY AT ALL TIMES, 24 HOURS A
9		EEK; ANI	D
10		(IV)	A FULL TIME DIRECTOR TO SUPERVISE THE IN SERVICE
11		FRAM RI	EQUIRED UNDER § 19-319.1 OF THIS SUBTITLE;
12 13	2 (2) 3 FEWER THAN:	MAINT	AIN A RATIO OF LICENSED PERSONNEL TO RESIDENTS OF NO
14 15	I 5 MORNING SHIFT;	(1)	ONE LICENSED PERSONNEL TO 15 RESIDENTS DURING THE
16	5	(II)	ONE LICENSED PERSONNEL TO 25 RESIDENTS DURING THE
17	7 AFTERNOON SHIF	T; AND	
18	3	(Ⅲ)	ONE LICENSED PERSONNEL TO 35 RESIDENTS DURING THE
19) NIGHT SHIFT; ANI	→	
20) (3)		AIN A RATIO OF CERTIFIED NURSING ASSISTANTS TO
21	Residents of No		THAN:
22	2	(I)	ONE CERTIFIED NURSING ASSISTANT TO FIVE RESIDENTS
23	3 DURING THE MOR	NING SI	HIFT;
24	1	(II)	ONE CERTIFIED NURSING ASSISTANT TO 10 RESIDENTS
25	5 DURING THE AFTI	ERNOON	I SHIFT; AND
26	5	` '	ONE CERTIFIED NURSING ASSISTANT TO 15 RESIDENTS
27	7 DURING THE NIGH		F.
29			ED PERSONNEL AND CERTIFIED NURSING ASSISTANTS MAY ARATION, HOUSEKEEPING, LAUNDRY, OR MAINTENANCE
		AUNDR	IVIDUAL EMPLOYED TO PROVIDE FOOD PREPARATION, Y, OR MAINTENANCE SERVICES MAY NOT PROVIDE ENTS.

33 NURSING CARE TO RESIDENTS.

1 2 3	(E) FACILITY . TO RESIDE	(1) A NOTIC ENTS AN	A NURSING FACILITY SHALL DISPLAY ON EACH FLOOR OF THE E THAT EXPLAINS THE CURRENT RATIO OF LICENSED PERSONNEL O CERTIFIED NURSING ASSISTANTS TO RESIDENTS.
4		(2)	THE NOTICE SHALL BE:
	RESIDENT CONSUME		(I) POSTED IN A LOCATION THAT IS VISIBLE AND ACCESSIBLE TO Y MEMBERS OF THE RESIDENTS, CAREGIVERS, AND POTENTIAL
8			(II) ON A FORM PROVIDED BY THE DEPARTMENT.
		REQUI	AFFING REQUIREMENTS UNDER THIS SECTION ARE MINIMUM EMENTS AND SHALL NOT BE CONSTRUED TO LIMIT THE ABILITY ACILITY TO EMPLOY ADDITIONAL STAFF.
12 13	(G) The prov		CRETARY MAY ADOPT REGULATIONS NECESSARY TO CARRY OUT OF THIS SECTION.
14 15	(H) SECTION,		RSING FACILITY FAILS TO MEET THE REQUIREMENTS OF THIS RETARY MAY IMPOSE THE FOLLOWING PENALTIES:
16		(1)	DELICENSURE OF THE NURSING FACILITY;
17		(2)	\$500 PER DAY FOR EACH DAY THE VIOLATION CONTINUES; OR
18		(3)	BOTH.
19	SECTION SECTION)n 2. An	BE IT FURTHER ENACTED, That:
20	(a)	The Dep	artment of Health and Mental Hygiene shall:
23			Conduct a study to determine whether the staffing ratios and this Act are sufficient to meet the needs of residents in nursing ermining appropriate levels of staffing based on resident
25 26	levels of sta	(2) tffing.	Recommend, if necessary, a methodology for determining appropriate
	(b) from nursin interested p	g facilitie	cting the study, the Department shall consider recommendations , licensed health care providers, advocacy groups, and other
		t its findiı	Fore January 2001 and every 5 years thereafter, the Department gs and recommendations to the General Assembly, in 246 of the State Government Article.

33 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
 34 October 1, 1999.

6	HOUSE BILL 791
1 <u>(a)</u>	There is a Task Force on Staffing Requirements in Nursing Facilities.
2 <u>(b)</u>	The Task Force shall consist of the following members:
3 4 <u>President o</u>	(1) <u>a member of the Senate Finance Committee, appointed by the</u> <u>f the Senate;</u>
5 6 appointed t	(2) <u>a member of the House Environmental Matters Committee</u> , by the Speaker of the House;
7 8 designee;	(3) the Secretary of Health and Mental Hygiene, or the Secretary's
9 10 <u>the Govern</u>	(4) two representatives from the nursing facility industry, appointed by nor;
11 12 appointed	(5) <u>a registered nurse with training and experience in geriatric medicine.</u> by the Governor;
13 14 medicine, a	(6) <u>a certified nursing assistant with training and experience in geriatric</u> appointed by the Governor:
15 16 medicine, ((7) <u>a licensed physician with training and experience in geriatric</u> appointed by the Governor:
17	(8) <u>a licensed social worker, appointed by the Governor;</u>
18 19 nursing fac	(9) <u>a representative from a local union representing employees in</u> cilities, appointed by the Governor;
20 21 appointed 	(10) <u>a public member representing a patient advocacy group for seniors</u> , by the Governor; and
22 23 consumer ·	(11) <u>two consumers of nursing facility services which may include a</u> who has a relative in a nursing facility, appointed by the Governor.
24 (b) 25 Force.	The Governor shall designate one of the members as chairman of the Task
26 (c)	The Task Force shall:
27 28 nursing fac	(1) examine the staffing patterns and standards that currently exist in eilities in Maryland;
	(2) <u>conduct a study to determine the appropriate staffing ratios and</u> necessary to meet the needs of residents in nursing facilities, including appropriate levels of staffing based on resident acuity:
32 33 <u>levels of st</u>	(3) recommend, if necessary, a methodology for determining appropriate affing and standards; and

1		<u>(4)</u>	report its recommendations to the Governor and, in accordance with
			Government Article, to the Senate Finance Committee and the Article on or before August 1, 2000.
5		onnenta	<u>Hutters Committee on of before August 1, 2000.</u>
4	<u>(d)</u>	The De	partment of Health and Mental Hygiene shall provide staff support
5	for the Task	Force.	
6	(e)	A mom	ber of the Task Force:
0	<u>(C)</u>		ber of the Task Porce.
7		<u>(1)</u>	may not receive compensation; but
8		(2)	is entitled to reimbursement for expenses under the Standard State
9	Travel Regu		as provided in the State budget.
10	an om o		
10			ND BE IT FURTHER ENACTED, That this Act shall take effect remain effective for a period of 1 year and 10 months and, at the
			1, with no further action required by the General Assembly, this
			ed and of no further force and effect.
		<u>.</u>	
14			Article - Health - General
15	<u>15-117.</u>		
16		In this	astion "lama of abamoa" includes:
16	<u>(a)</u>	<u>In this s</u>	section, "leave of absence" includes:
17		<u>(1)</u>	A visit with friends or relatives; and
18		<u>(2)</u>	A leave to participate in a State approved therapeutic or rehabilitative
19	<u>program.</u>		
20	(\mathbf{L})	(1)	
20 21	(b) temporarily	<u>(1)</u> from a 1	<u>To ensure that a bed is reserved for a Program recipient who is absent</u> <i>uursing facility, the Program shall include the following payments</i>
			that have made a provider agreement with the Department.
	jor nursing	jucinies	indi nave nade a provider agreement with the Department.
23		<u>(2)</u>	If the Program recipient is absent from a nursing facility due to
24	<u>hospitalizat</u>	ion for a	n acute condition, the facility shall receive payment for each day
	that the Program recipient is hospitalized and a bed is reserved and made available		
26	for the return	rn of that	t Program recipient.
27		(3)	If a Program recipient is on leave of absence from a nursing facility.
	the facility		eive payment for each day that the Program recipient is absent and
			d made available for the return of that Program recipient.
30	<u>(c)</u>	<u>(1)</u>	Payments under subsection (b)(2) of this section may not be made for
31	more than 1	<u>5 days f</u>	or any single hospital stay.
32		(2)	(i) Payments under subsection (b)(3) of this section may not be
	made for m	·	18 days in any calendar year.

1 (ii) Notwithstanding any rule or regulation, a leave of absence is not 2 subject to any requirement that it may not exceed a particular number of days a visit, 3 except that the leave of absence may not exceed a total of 18 days during any 4 [12-month period] CALENDAR YEAR. 5 (d) (1) Payments required under this section shall be made according to the 6 per diem payment procedures that the Department sets [and may not be less than the 7 per diem payments made to the nursing facility for days when the Program recipient is
 8 present in the facility]. 9 (2) PAYMENTS REQUIRED UNDER THIS SECTION MAY NOT INCLUDE 10 PAYMENT FOR NURSING SERVICES.
 <u>(e)</u> <u>A nursing facility may not make additional charges against a Program</u> <u>recipient because the Program recipient is absent temporarily from the nursing facility.</u>
13 <u>SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland</u> 14 <u>read as follows:</u>
15 <u>Article - Health - General</u>
16 <u>19-1501.</u>
17 (a) In this subtitle the following words have the meanings indicated.
 (b) <u>"Commission" means the Maryland Health Care Access and Cost</u> <u>Commission.</u>
20(c)"Comprehensive standard health benefit plan" means the comprehensive21standard health benefit plan adopted in accordance with § 15-1207 of the Insurance22Article.
23 (d) (1) "Health care provider" means:
 24 (i) <u>A person who is licensed, certified, or otherwise authorized</u> 25 <u>under the Health Occupations Article to provide health care in the ordinary course of</u> 26 <u>business or practice of a profession or in an approved education or training program;</u> 27 <u>or</u>
 28 (ii) <u>A facility where health care is provided to patients or recipients.</u> 29 including a facility as defined in § 10-101(e) of this article, a hospital as defined in § 30 <u>19-301(f) of this article, a related institution as defined in § 19-301(n) of this article.</u> 31 <u>a health maintenance organization as defined in § 19-701(e) of this article, an</u> 32 <u>outpatient clinic, and a medical laboratory.</u>
33 (2) "Health care provider" includes the agents and employees of a facility 34 who are licensed or otherwise authorized to provide health care, the officers and

- 35 directors of a facility, and the agents and employees of a health care provider who are
- *licensed or otherwise authorized to provide health care.*

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1	(e) <u>"Health care practitioner" means any person that provides health care</u>
2	services and is licensed under the Health Occupations Article.
3	(f) <u>"Health care service" means any health or medical care procedure or service</u>
4	rendered by a health care practitioner that:
5	(1) <u>Provides testing, diagnosis, or treatment of human disease or</u>
6	dysfunction; or
7	(2) <u>Dispenses drugs, medical devices, medical appliances, or medical</u>
8	goods for the treatment of human disease or dysfunction.
9	(G) <u>"NURSING FACILITY" HAS THE MEANING STATED IN § 19-1401 OF THIS</u>
10	<u>TITLE.</u>
11	[(g)] (H) (1) <u>"Office facility" means the office of one or more health care</u>
12	practitioners in which health care services are provided to individuals.
13	(2) "Office facility" includes a facility that provides:
14	(i) <u>Ambulatory surgery;</u>
15	(ii) <u>Radiological or diagnostic imagery: or</u>
16	(iii) Laboratory services.
17	(3) "Office facility" does not include any office, facility, or service operated
18	by a hospital and regulated under Subtitle 2 of this title.
19	[(h)] (I) "Payor" means:
	(1) <u>A health insurer or nonprofit health service plan that holds a</u> certificate of authority and provides health insurance policies or contracts in the State in accordance with this article or the Insurance Article;
23	(2) <u>A health maintenance organization that holds a certificate of</u>
24	<u>authority in the State; or</u>
25	(3) <u>A third party administrator as defined in § 15-111 of the Insurance</u>
26	<u>Article.</u>
27	<u>19-1508.</u>
28	(D) (1) <u>THE COMMISSION, IN CONSULTATION WITH THE DEPARTMENT OF</u>
29	HEALTH AND MENTAL HYGIENE AND THE DEPARTMENT OF AGING, SHALL:
30	(1) ON OR BEFORE JULY 1, 2001, DEVELOP AND IMPLEMENT A

30 31 SYSTEM TO COMPARATIVELY EVALUATE THE QUALITY OF CARE AND PERFORMANCE 32 OF NURSING FACILITIES ON AN OBJECTIVE BASIS; AND

1(II)ANNUALLY PUBLISH THE SUMMARY FINDINGS OF THE2 EVALUATION.
3(2)(I)THE PURPOSE OF THE COMPARATIVE EVALUATION SYSTEM4ESTABLISHED UNDER THIS SECTION IS TO IMPROVE THE QUALITY OF CARE5PROVIDED BY NURSING FACILITIES BY ESTABLISHING A COMMON SET OF6PERFORMANCE MEASURES AND DISSEMINATING THE FINDINGS OF THE7COMPARATIVE EVALUATION TO NURSING FACILITIES, CONSUMERS, AND OTHER8INTERESTED PARTIES.
9(II)IN DEVELOPING THE COMPARATIVE EVALUATION SYSTEM, THE10COMMISSION SHALL CONSIDER THE HEALTH STATUS OF THE POPULATION SERVED.
11(3)THE SYSTEM, AS APPROPRIATE, SHALL SOLICIT PERFORMANCE12INFORMATION FROM CONSUMERS AND THEIR FAMILIES.
13(4)THE COMMISSION MAY ADOPT REGULATIONS TO ESTABLISH THE14COMPARATIVE 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.
24 <u>SECTION 5. AND BE IT FURTHER ENACTED, That:</u>
25 (a) <u>There is a Task Force on Quality of Care in Nursing Facilities.</u>
26 (b) The Task Force shall consist of the following members:
 27 (1) two members of the Senate Finance Committee, appointed by the 28 President of the Senate;
29(2)two members of the Senate Economic and Environmental Affairs30Committee, appointed by the President of the Senate;
31(3)four members of the House Environmental Matters Committee,32appointed by the Speaker of the House;
33 (4) the Secretary of the Department of Aging;
34(5)the Secretary of the Department of Health and Mental Hygiene, or the35Secretary's designee; and

11		HOUSE BILL 791
1 2	<u>(6)</u> Secretary of Aging.	three representatives of area agencies on aging, appointed by the
3	(c) The Sec	retary of Aging shall chair the Task Force.
4 5	<u>(d)</u> <u>The Tas</u> facilities, including:	k Force shall study the quality of care in Maryland nursing
6	<u>(1)</u>	current quality of care standards for nursing facilities;
7	<u>(2)</u>	current staffing patterns and staffing standards:
8 9	(3) responding to quality	current policies and procedures for inspecting nursing facilities and of care complaints;
10 11	(4) on nursing home com	<u>the findings of a March 1999 U.S. General Accounting Office report</u> aplaints to the Special Committee on Aging of the U.S. Congress;
12 13	(5) those in other states;	a comparison of the Maryland standards, policies, and procedures to
14	<u>(6)</u>	the labor pool available to fill nursing jobs; and
15 16	<u>(7)</u> nursing facilities.	State funding mechanisms for nursing facilities and regulation of
17	(e) <u>The Tas</u>	k Force shall recommend:
18 19	(1) ensure quality of care	<u>changes to current standards, policies, and procedures necessary to</u> e in nursing facilities;
20 21	(2) staffing and standard	<u>if necessary, a methodology for determining appropriate levels of</u> ls; and
22	<u>(3)</u>	if necessary, changes to funding mechanisms.
		<u>k Force shall report its findings and recommendations to the</u> <u>ct to § 2-1246 of the State Government Article, to the General</u> <u>re December 1, 1999.</u>
		partment of Aging, with assistance from the Department of Health and the Department of Legislative Services, shall provide staff Force.
31	take effect June 1, 19 of May 31, 2000, with	D BE IT FURTHER ENACTED, That Section 5 of this Act shall 99. It shall remain effective for a period of 1 year and, at the end In no further action required by the General Assembly, Section 5 of Ingated and of no further force and effect.
22	SECTION 7 AND	D DE IT EUDTUED ENACTED That Seatime 1 and 4 af this

33 <u>SECTION 7. AND BE IT FURTHER ENACTED, That Sections 1 and 4 of this</u>
 34 <u>Act shall take effect July 1, 1999. Sections 1 and 4 of this Act shall remain effective for</u>

- 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
- 3 *force and effect.*
- 4 SECTION 8. AND BE IT FURTHER ENACTED, That, except as provided in
- 5 Sections 6 and 7 of this Act, this Act shall take effect October 1, 1999.