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1999 Regular Session 9lr0601

By: Senators Kasemeyer and Kelley Introduced and read first time: January 22, 1999 Assigned to: Finance A BILL ENTITLED 1 AN ACT concerning 2 Continuing Care Communities - Comprehensive Care Nursing Beds -3 Limitations 4 FOR the purpose of authorizing the Health Resources Planning Commission to grant 5 permission to certain continuing care communities to add additional 6 comprehensive care nursing beds under certain circumstances; specifying 7 certain factors that the Commission is to consider when making a determination 8 on whether to permit certain continuing care communities to add additional 9 comprehensive care nursing beds; altering a certain definition; and generally relating to authorizing the Health Resources Planning Commission to grant 10 permission to certain continuing care communities to add additional 11 comprehensive care nursing beds under certain circumstances. 12 13 BY repealing and reenacting, with amendments, Article - Health - General 14 15 Section 19-101(f) 16 Annotated Code of Maryland (1996 Replacement Volume and 1998 Supplement) 17

18 BY adding to

19 Article - Health - General

20 Section 19-115.1

21 Annotated Code of Maryland

22 (1996 Replacement Volume and 1998 Supplement)

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

24 MARYLAND, That the Laws of Maryland read as follows:

25 Article - Health - General

26 19-101.

27 (f) (1) "Health care facility" means:

28 (i) A hospital, as defined in § 19-301 of this title;

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1		(ii)	A related	d institution, as defined in § 19-301 of this title;
2		(iii)	An ambi	ulatory surgical facility;
			iduals, th	cient facility that is organized primarily to help in the rough an integrated program of medical and t professional supervision;
6		(v)	A home	health agency, as defined in § 19-401 of this title;
7		(vi)	A hospic	ce, as defined in § 19-901 of this title; and
8 9	I of this subtitle requi	(vii) res a cert		er health institution, service, or program for which Part need.
10	(2)	"Health	care facil	ity" does not include:
11 12	certified, by the First	(i) Church o		al or related institution that is operated, or is listed and Scientist, Boston, Massachusetts;
			ıbtitle, a f	ourpose of providing an exemption from a certificate of acility to provide comprehensive care care, as defined by Article 70B of the Code, if:
18		living ur	nits or [do	The facility is for the exclusive use of the provider's ing care agreements for the purpose of omiciliary care] ASSISTED LIVING UNITS MMUNITY;
	facility does not exce continuing care comm			[The number of comprehensive care nursing beds in the number of independent living units at the
23 24	[facility] COMMUN	ITY; AN	3.] D	The facility is located on the campus of the continuing care
25 26	IN THE FACILITY:		3.	THE NUMBER OF COMPREHENSIVE CARE NURSING BEDS
27 28	INDEPENDENT LIV	VING UN		DOES NOT EXCEED 20 PERCENT OF THE NUMBER OF THE CONTINUING CARE COMMUNITY; OR
31	COMMISSION HAS	GRAN1	NITS AT ' TED PER	EQUALS 20 PERCENT OR MORE OF THE NUMBER OF THE CONTINUING CARE COMMUNITY AND THE MISSION TO THE COMMUNITY UNDER § 19-115.1 OF NAL COMPREHENSIVE CARE NURSING BEDS;
	programs, a kidney d United States Departs		atment fa	or a facility to provide kidney transplant services or a facility, as defined by rule or regulation of the Human Services;

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	disease treatment stat related institution; or	(iv) ions and		for kidney transplant services or programs, the kidney provided by or on behalf of a hospital or
	dentistry under Title 4 practicing dentistry.	(v) 4 of the H		ce of one or more individuals licensed to practice cupations Article, for the purposes of
7	19-115.1.			
10 11	COMMUNITY THA SUBTITLE TO ADI	T MEET: O ADDIT	S THE RITIONAL (THE NU	Y GRANT PERMISSION TO A CONTINUING CARE EQUIREMENTS OF § 19-101(F)(2)(II) OF THIS COMPREHENSIVE CARE NURSING BEDS THAT EQUAL IMBER OF INDEPENDENT LIVING UNITS AT THE IF:
13 14	(1) COMMUNITY HAS			OF THE REQUEST TO THE COMMISSION, THE SIDENTS FOR AT LEAST 5 YEARS;
15 16	()			ITY WILL USE THE ADDITIONAL BEDS ONLY TO OF THE COMMUNITY WHO HAS:
17		(I)	SIGNEI	A CONTRACT TO RECEIVE CONTINUING CARE;
	THE RESIDENT RE BED; AND	(II) ESIDED I		HE APPROPRIATE ENTRANCE FEE FOR A UNIT IN WHICH O MOVING TO A COMPREHENSIVE CARE NURSING
21		(III)	RESIDE	ED IN THE COMMUNITY FOR:
22			1.	AT LEAST 90 DAYS; OR
				FEWER THAN 90 DAYS, BUT HAS DEVELOPED A H STATUS THAT REQUIRES THE RESIDENT TO SIVE CARE NURSING BED; AND
26 27				ITY IS ABLE TO DEMONSTRATE TO THE COMMISSION'S UNITY IS, OR WITHIN 1 YEAR WILL BE, UNABLE TO:
		(I) CARE N		MODATE EXISTING RESIDENTS IN EXISTING BEDS ON THE CONTINUING CARE COMMUNITY
33	THE HEALTH OR S	SAFETY	NG CAR OF RESI	DE THE NECESSARY LEVEL OF CARE IN OTHER EXISTING E COMMUNITY CAMPUS WITHOUT THREATENING IDENTS OR VIOLATING ANY REQUIREMENTS O QUALITY OF CARE.
35 36				ETHER A CONTINUING CARE COMMUNITY WILL BE SSARY LEVEL OF CARE WITHIN 1 YEAR UNDER

25 effect October 1, 1999.

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1 SUBSECTION (A)(3) OF THIS SECTION, THE COMMISSION MAY REQUIRE THE 2 CONTINUING CARE COMMUNITY TO PROVIDE, ON A MONTHLY BASIS, FOR ALL TYPES 3 OF UNITS ON THE CONTINUING CARE COMMUNITY CAMPUS FOR THE PAST FISCAL 4 YEAR: 5 UTILIZATION DATA THAT INCLUDES: (1) OCCUPANCY PERCENTAGES FOR THE COMPREHENSIVE CARE 6 (I) 7 NURSING BEDS; 8 (II)LENGTH OF STAY BY LEVEL OF CARE; AND 9 (III)TOTAL PATIENT DAYS; 10 (2) BASED ON THE YEAR OF INITIAL OCCUPANCY, THE NUMBER OF 11 RESIDENT TRANSFERS: 12 (I) TO OTHER HEALTH CARE FACILITIES; AND 13 WITHIN THE CONTINUING CARE COMMUNITY TO OTHER UNITS; (II)14 AND THE HEALTH STATUS OF AND LEVEL OF CARE NEEDED BY 15 (3) 16 RESIDENTS OF THE CONTINUING CARE COMMUNITY THAT IS BASED ON: THE ASSISTANCE NEEDED BY A RESIDENT WITH ACTIVITIES OF 17 (I) 18 DAILY LIVING; 19 (II)AGE; 20 (III)DIAGNOSIS; AND 21 ANY OTHER RELEVANT COMPLICATING CONDITION THE (IV) 22 COMMISSION CONSIDERS APPROPRIATE TO DETERMINE HEALTH STATUS AND 23 NECESSARY LEVEL OF CARE. SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take 24