Department of Legislative Services

Maryland General Assembly 2003 Session

FISCAL AND POLICY NOTE Revised

House Bill 647 (Delegate Goldwater, et al.)

Health and Government Operations

Finance

Task Force to Study the Regulation of Long-Term Care Providers

This bill creates a 15-member Task Force to Study the Regulation of Long-Term Care Providers to review numerous specified items relating to long-term care providers and make appropriate recommendations. The task force may contract with an expert if expert services are required.

The task force must consult with the Legal Aid Bureau of Maryland, the United Seniors of Maryland, the Maryland Disability Law Center, and the Alzheimer's Association, Maryland Chapter.

Reports on the study's findings and task force recommendations must be made to the General Assembly's Senate Finance Committee and the House Health and Government Operations Committee. An interim report is due by October 1, 2003 and a final report by January 1, 2004. The Department of Legislative Services (DLS) must staff the task force.

The bill takes effect July 1, 2003 and expires June 30, 2004.

Fiscal Summary

State Effect: Any expense reimbursements for task force members and staffing costs are assumed to be minimal and absorbable within existing budgeted resources. General fund expenditures could increase by \$50,000 in FY 2004 if an expert is hired to assist the task force.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: Maryland statute sets licensing and operational requirements for longterm care facilities.

Background: Maryland offers a variety of long-term care services that are regulated by the Department of Aging and the Department of Health and Mental Hygiene. Those services include Medicaid Adult Day Care, the Medicaid Nursing Home Program, and the Medicaid Home and Community Based Services. The Department of Aging's Long Term Care Ombudsman investigates possible violations or abuses of residents in nursing homes and assisted living facilities.

Both departments also regulate continuing care retirement communities (CCRCs), assisted-living facilities, and nursing homes. CCRCs offer a full range of housing, residential services, and health care to serve older residents as their needs change over time. Assisted living facilities provide assistance with daily living activities.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene, Department of

Aging, Department of Legislative Services

Fiscal Note History: First Reader - February 18, 2003

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