

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL NO. 1326

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 4, after “of” insert “requiring the Secretary of Health and Mental Hygiene to collect and disseminate to certain providers certain information on best practices; providing for certain civil penalties to be distributed to a certain account;”; strike beginning with the second “certain” in line 15 down through “including” in line 16; in line 18, strike “make certain disclosures;”; strike beginning with “, and” in line 19 down through “Department” in line 20; in line 21, after “manner;” insert “authorizing the Department to restrict or close certain special care units or programs under certain circumstances;”; strike beginning with “prohibiting” in line 21 down through “hospital” in line 22 and substitute “authorizing adult care homes to receive referrals from hospitals under certain circumstances; defining certain terms”; in line 23, after “Act;” insert “requiring the Department to issue certain reports to the House Health and Government Operations Committee and the Senate Finance Committee;”; and in lines 23 and 24, strike “a delayed effective date” and substitute “the effective dates of this Act”.

On page 2, in line 2, strike “19-359, and” and substitute “19-1407, 19-1412(a),”; in the same line, strike “and 19-1805” and substitute “19-1805, and 20-109”; in line 12, after “Section” insert “19-1412(c),”; and in the same line, strike “19-1809, and 19-1810” and substitute “and 19-1809”.

AMENDMENT NO. 2

On page 2, after line 16, insert:

“Article - Health - General

19-1412.

(a) The Secretary shall:

(Over)

(1) Establish a technical assistance unit within the Department to support compliance efforts and best practices; [and]

(2) Establish a list of approved medical automated systems; AND

(3) COLLECT INFORMATION ON BEST PRACTICES IDENTIFIED DURING INSPECTION OF NURSING HOMES REGULATED UNDER THIS SUBTITLE AND FACILITIES REGULATED UNDER SUBTITLE 18 OF THIS TITLE AND, AT LEAST ANNUALLY, DISSEMINATE A REPORT ON THE INFORMATION COLLECTED TO PROVIDERS REGULATED UNDER THIS SUBTITLE AND SUBTITLE 18 OF THIS TITLE.

(C) ON OR BEFORE DECEMBER 1 OF EACH YEAR, THE SECRETARY SHALL REPORT, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, TO THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE AND THE SENATE FINANCE COMMITTEE ON THE BEST PRACTICES IDENTIFIED UNDER SUBSECTION (A) OF THIS SECTION.

SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:”.

AMENDMENT NO. 3

On page 2, in line 34, strike the brackets; in the same line, strike “\$10,000”; in line 35, strike the brackets; and in the same line, strike “\$20,000”.

On page 3, strike in their entirety lines 5 through 19, inclusive; and after line 19, insert:
“19-1407.

(a) (1) There is a Health Care Quality Account established in the Department.

(2) The Account shall be funded by civil money penalties paid by nursing homes AND HOUSING PROGRAMS AS DEFINED BY § 19-1801 OF THIS ARTICLE and other penalties that the Office of Health Care Quality may assess.

(3) The Department shall pay all penalties collected under this title to the Comptroller of the State.

(4) The Comptroller shall distribute the funds collected under this title to the Health Care Quality Account.

(5) The Account is a continuing nonlapsing fund, not subject to § 7-302 of the State Finance and Procurement Article.

(6) Any unspent portions of the Account may not be transferred or reverted to the General Fund of the State, but shall remain in the Account to be used for the purposes specified in this section.

(b) The Health Care Quality Account shall be used for training, grant awards, demonstration projects, or other purposes designed to improve the quality of care.

(c) The Department shall adopt regulations for the distribution of funds from the Health Care Quality Account.

(D) ON OR BEFORE DECEMBER 1 OF EACH YEAR, THE DEPARTMENT SHALL REPORT, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, TO THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE AND THE SENATE FINANCE COMMITTEE ON THE STATUS OF THE HEALTH CARE QUALITY ACCOUNT AND THE MONEY COMING INTO AND DISBURSED FROM THE ACCOUNT.”.

AMENDMENT NO. 4

On page 3, in line 24, after “INDIVIDUALS” insert “IN A SINGLE PRIVATE RESIDENCE WHERE THE PRIMARY CAREGIVER OF THE HOME IS ALSO THE PRIMARY RESIDENT OF THE HOME”; in line 35, strike “FIVE” and substitute “ONE”; and in the same line, after “INDIVIDUALS” insert “AND THAT IS NOT AN ADULT CARE HOME”.

AMENDMENT NO. 5

On page 4, in line 26, strike “the” and substitute “A”; in lines 28 and 31, in each instance, strike the bracket; and strike beginning with “A” in line 32 down through the second “HOME” in

line 33 and substitute “HOUSING PROGRAMS”.

AMENDMENT NO. 6

On page 5, in line 6, strike “CARE”; in the same line, after “levels” insert “OF CARE”; strike beginning with “periodic” in line 23 down through “least” in line 24; and in line 24, after “inspection” insert “OF EACH RESIDENTIAL CARE HOME AND ASSISTED LIVING PROGRAM”.

AMENDMENT NO. 7

On page 5, strike beginning with “assisted” in line 29 down through “HOMES” in line 30 and substitute “HOUSING PROGRAMS”.

AMENDMENT NO. 8

On page 6, in line 23, strike the brackets; and in line 28, after “licenses” insert “AND CERTIFICATES”.

AMENDMENT NO. 9

On page 7, in line 35, strike “FELONY” and substitute “MISDEMEANOR”.

AMENDMENT NO. 10

On pages 8 and 9, strike in their entirety the lines beginning with line 3 on page 8 through line 2 on page 9, inclusive.

On page 9, in line 3, strike “19-1810.” and substitute “19-1809.”.

AMENDMENT NO. 11

On page 9, in line 14, strike “NOT”; in the same line, after “HOSPITAL” insert “IF THE HOSPITAL AND THE ADULT CARE HOME HAVE ASSESSED THE PATIENT AND DETERMINED THAT THE NEEDS OF THE PATIENT CAN BE MET”; and after line 20, insert:

“20-109.”

(a) (1) In this section[,] THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “Alzheimer’s special care unit or program” means a secured or segregated special unit or program specifically designed for individuals with a probable or confirmed diagnosis of Alzheimer’s disease or a related disorder.

(3) “HOUSING PROGRAM” HAS THE MEANING STATED IN § 19-1801 OF THIS ARTICLE.

(b) [An assisted living program] A HOUSING PROGRAM that provides care for or offers to provide care for persons with Alzheimer’s disease or a related disorder by means of an Alzheimer’s special care unit or program, shall disclose how the form of care and treatment provided by the Alzheimer’s special care unit or program is specifically designed for the specialized care of individuals diagnosed with Alzheimer’s disease or a related disorder.

(c) (1) At the time of licensure [or license renewal, an assisted living program], A HOUSING PROGRAM with an Alzheimer’s special care unit or program shall send to the Department a written description of the special care unit or program.

(2) AT THE TIME OF LICENSE RENEWAL, IF THE HOUSING PROGRAM HAS MADE ANY CHANGES TO THE ALZHEIMER’S SPECIAL CARE UNIT OR PROGRAM, THE HOUSING PROGRAM SHALL SEND TO THE DEPARTMENT A WRITTEN DESCRIPTION OF THE CHANGES AND A STATEMENT AS TO HOW THESE CHANGES DIFFER FROM THE PREVIOUS YEAR’S SUBMISSION.

(d) [An assisted living program] A HOUSING PROGRAM with an Alzheimer’s special care unit or program shall disclose the written description of the special care unit to:

(1) Any person on request; and

(2) The family or party responsible for any resident prior to admission of the resident to the Alzheimer’s special care unit or program.

(e) The description of the Alzheimer’s special care unit or program shall include:

(Over)

- (1) A statement of philosophy or mission;
- (2) Staff training and staff job titles;
- (3) Admission procedures including screening criteria;
- (4) Assessment and care planning protocol;
- (5) Staffing patterns;
- (6) A description of the physical environment and any unique design features appropriate to support the functioning of cognitively impaired individuals;
- (7) A description of activities including frequency and type;
- (8) Charges to residents for services provided by the Alzheimer's special care unit or program;
- (9) Discharge procedures;
- (10) Any services, training, or other procedures that are over and above those that are provided in the existing [assisted living] HOUSING program; and
- (11) Any other information that the Department may require.

(f) The Department, in consultation with the Alzheimer's Association, the Health Facilities Association of Maryland, and Lifespan, may adopt regulations that govern the submission of disclosure materials to the Department and to consumers.

(G) IF THE DEPARTMENT CONDUCTS AN ON-SITE SURVEY AND DETERMINES THAT THE HEALTH AND SAFETY OF A RESIDENT IN AN ALZHEIMER'S SPECIAL CARE UNIT OR PROGRAM ARE AT RISK, THE DEPARTMENT MAY RESTRICT OR CLOSE THE OPERATION OF THE SPECIAL CARE UNIT OR PROGRAM."

AMENDMENT NO. 12

On page 9, in line 21, strike “2.” and substitute “3.”; and in line 22, after “with” insert “the Department of Aging, the Department of Human Resources, and”.

AMENDMENT NO. 13

On page 9, after line 24, insert

“SECTION 4. AND BE IT FURTHER ENACTED, That:

(a) The Department of Health and Mental Hygiene, in consultation with providers, advocates, legislators, consumers, and family members of consumers shall conduct an evaluation of need for housing programs for individuals with mental illness.

(b) (1) The Department shall submit a report regarding the evaluation to the House Health and Government Operations Committee and the Senate Finance Committee in accordance with § 2-1246 of the State Government Article, on or before June 30, 2007.

(2) The report shall include recommendations regarding:

(i) the need for various types of housing programs for individuals with mental illness;

(ii) the types of services that individuals with mental illness require;

(iii) appropriate oversight and quality standards for housing programs serving individuals with mental illness;

(iv) coordination of housing programs for individuals with mental illness with other service providers;

(v) barriers to access to housing programs for individuals with mental illness;

(Over)

(vi) the fiscal impact of implementing the recommendations; and

(vii) any other issues related to housing needs for individuals with mental illness.

(c) The Department shall provide interim reports on June 30, 2005, October 1, 2005, and October 1, 2006.

SECTION 5. AND BE IT FURTHER ENACTED, That Sections 2 and 3 of this Act shall take effect October 1, 2006.”;

in line 25, strike “3.” and substitute “6.”; in the same line, after “That” insert “, except as provided in Section 5 of this Act,”; and in line 26, strike “October 1, 2006” and substitute “June 1, 2005”.