Department of Legislative Services Maryland General Assembly 2005 Session

FISCAL AND POLICY NOTE

House Bill 609

(Delegate Goldwater, *et al.*)

Health and Government Operations

Long-Term Care Facilities and Hospitals - Reporting Deaths of Long-Term Care Facility Residents

This bill requires a medical examiner to investigate the death of a resident of a long-term care facility, or a patient in a hospital under specified circumstances.

Fiscal Summary

State Effect: Department of Health and Mental Hygiene (DHMH) general fund expenditures could increase by \$16.4 million in FY 2006. Future year estimates reflect annualization and inflation. No effect on revenues.

(\$ in millions)	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	16.4	20.1	21.0	22.0	23.0
Net Effect	(\$16.4)	(\$20.1)	(\$21.0)	(\$22.0)	(\$23.0)

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate effect

Local Effect: Contractual payments to county deputy medical examiners could increase by \$1.2 million beginning in FY 2006.

Small Business Effect: None.

Analysis

Bill Summary: If a resident of a long-term care facility dies, or if a former resident of a long-term care facility dies in a hospital within five days of entering the hospital, the long-term term care facility hospital, as the case may be, must immediately notify the

medical examiner and give the known facts concerning the time, place, manner, and circumstances of the death. This report must be made even if the long-term care facility or hospital believes the death to be from natural causes, the result of maltreatment, or from any other cause.

If the medical examiner finds reasonable cause to suspect the reported death was a result of maltreatment, the medical examiner must report the findings to the police and appropriate prosecuting attorney. If the facility where the death occurred is a nursing home or hospital, the medical examiner must report the findings to the nursing home or hospital unless the findings are part of a law enforcement investigation. The medical examiner must also report the findings to DHMH under certain circumstances.

A person who violates these provisions is guilty of a misdemeanor and subject to a fine up to \$5,000.

Current Law: A medical examiner is required to investigate the death of a human being if the death occurs: (1) by violence; (2) by suicide; (3) by casualty; (4) suddenly, if the deceased was in apparent good health or unattended by a physician; or (5) in any suspicious or unusual manner.

Background: The Office of the Chief Medical Examiner (OCME) conducts death investigations throughout the State. For fiscal 2006, it is projected OCME will conduct about 8,350 death investigations, of which about half require autopsies.

State Fiscal Effect: DHMH general fund expenditures could increase by an estimated \$16,367,672 in fiscal 2006, which reflects the bill's October 1, 2005 effective date. This estimate reflects the cost of hiring 50 medical examiners, 38 assistant toxicologists, 40 forensic investigators, 23 autopsy assistants, and 52 clerical staff to perform investigations and autopsies on individuals who died in a long-term care facility or hospital. It includes equipment costs, salaries, fringe benefits, one-time start-up costs, and ongoing operating expenses. The information and assumptions used in calculating the estimate are stated below:

- there are 13,000 deaths in hospices annually;
- there are 9,000 deaths in nursing homes annually,
- there are 3,000 deaths in adult day care and assisted living facilities annually;
- each OCME medical examiner may not perform more than 250 annual autopsies without OCME losing its accreditation from the National Association of Medical Examiners;
- OCME performs 25,000 death investigations, of which 50% require autopsies;

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- OCME pays county medical examiners \$1.2 million for support services;
- body transport costs are \$824,578;
- all reported deaths are tested for toxicology; and
- OCME needs three gas chromatograph mass spectrometers (\$180,000 each), 15 gas chromatographs (\$32,000 each), and 40 microscopes (\$4,500 each).

Total FY 2006 State Expenditures	\$16,367,672
Other Operating Expenses	2,018,970
Body Transport Services	824,578
County Support Services/Investigations	1,200,000
Equipment	1,200,000
Salaries and Fringe Benefits	\$11,124,124

Future year expenditures reflect: (1) full salaries with 4.6% annual increases and 3% employee turnover; and (2) 1% annual increases in ongoing operating expenses.

To the extent cases are referred to the Office of Health Care Quality (OHCQ) for additional investigation, OHCQ general fund expenditures could increase. The bill's penalty provisions are not expected to significantly affect State finances or operations.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Human Resources, Department of Health and Mental Hygiene (Office of the Chief Medical Examiner), Department of Aging, Department of Legislative Services

Fiscal Note History: First Reader - March 1, 2005 ncs/jr

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