

# SENATE BILL 297

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SB 505/14 – FIN

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By: **Senators Kelley, Astle, Benson, Feldman, King, Klausmeier, Lee, Mathias, Middleton, Montgomery, Nathan-Pulliam, and Pugh**

Introduced and read first time: February 5, 2015

Assigned to: Finance

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Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 3, 2015

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## CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Task Force on Family Caregiving and Long-Term Supports**

3 FOR the purpose of establishing the Task Force on Family Caregiving and Long-Term  
4 Supports; providing for the composition, staff, and dates of the Task Force;  
5 prohibiting a member of the Task Force from receiving certain compensation, ~~but~~  
6 authorizing the reimbursement of certain expenses for certain members of the Task  
7 Force; requiring the Task Force to report its findings and recommendations to the  
8 Governor and the General Assembly on or before a certain date; providing for the  
9 termination of this Act; and generally relating to the Task Force on Family  
10 Caregiving and Long-Term Supports.

11 Preamble

12 WHEREAS, Some 770,000 Marylanders are taking care of loved ones, including  
13 those who are aging or have failing health; and

14 WHEREAS, The vast majority of older adults who need assistance with activities of  
15 daily living want to remain in their homes and communities; and

16 WHEREAS, Providing services and supports to older adults in their homes and  
17 communities is generally much less expensive than nursing home care or adult day care;  
18 and

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**EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 WHEREAS, Almost three–fourths of older adults living in their homes and receiving  
2 personal assistance rely exclusively on unpaid caregivers for help; and

3 WHEREAS, Older adults who receive cost–effective services in their homes are much  
4 less likely to need public assistance; and

5 WHEREAS, To successfully address the surging population of older adults who have  
6 significant needs for long–term services and supports, the State must encourage families  
7 to assist their aging relatives and develop ways to support families in that undertaking, as  
8 well as enhance efforts to recruit and retain a qualified, responsive in–home care workforce;  
9 now, therefore,

10 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
11 That:

12 (a) There is a Task Force on Family Caregiving and Long–Term Supports.

13 (b) The Task Force consists of the following members:

14 (1) one member of the Senate of Maryland, appointed by the President of  
15 the Senate;

16 (2) one member of the House of Delegates, appointed by the Speaker of the  
17 House;

18 (3) one representative of the Department of Human Resources, appointed  
19 by the Secretary of Human Resources;

20 (4) one representative of the Department of Aging, appointed by the  
21 Secretary of Aging;

22 (5) one representative of the Department of Health and Mental Hygiene,  
23 appointed by the Secretary of Health and Mental Hygiene;

24 (6) one representative of MTA Mobility, appointed by the Secretary of  
25 Transportation;

26 (7) the health officer or the health officer’s designee from a county from  
27 each of the following areas:

28 (i) the Eastern Shore;

29 (ii) a suburb of Washington, D.C.;

30 (iii) Western Maryland; and

31 (iv) the Baltimore region;

1 (8) one representative of AARP Maryland, appointed by the AARP  
2 Maryland State President;

3 (9) one representative of the March of Dimes Maryland–National Capital  
4 Area, appointed by the Executive Director of the March of Dimes  
5 Maryland–National Capital Area;

6 (10) one representative of the Alzheimer’s Association, Greater Maryland  
7 Chapter, appointed by the Executive Director of the Alzheimer’s  
8 Association, Greater Maryland Chapter;

9 (11) one representative of the Mental Health Association of Maryland,  
10 appointed by the Chief Executive Officer of the Mental Health Association of Maryland;

11 (12) one representative of the Health Facilities Association of Maryland,  
12 appointed by the President of the Health Facilities Association of Maryland;

13 (13) one representative of the National Alliance on Mental Illness of  
14 Maryland, appointed by the Executive Director of the National Alliance on Mental Illness  
15 of Maryland;

16 (14) one representative of the Hospice and Palliative Care Network of  
17 Maryland, appointed by the President of the Board of Directors of the Hospice and  
18 Palliative Care Network of Maryland;

19 (15) one representative of the Maryland Gerontological Association,  
20 appointed by the President of the Board of Directors of the Maryland Gerontological  
21 Association;

22 (16) one representative of the Maryland Hospital Association, appointed by  
23 the President of the Maryland Hospital Association; ~~and~~

24 (17) one representative of the Maryland Caregivers Support Coordinating  
25 Council, appointed by the Chair of the Maryland Caregivers Support Coordinating Council;

26 (18) one representative of LeadingAge Maryland, appointed by the  
27 President of LeadingAge Maryland;

28 (19) one representative of the Maryland–National Capital Home Care  
29 Association, appointed by the President of the Maryland–National Capital Home Care  
30 Association;

31 (20) one representative of the Maryland Association of Adult Day Services,  
32 appointed by the President of the Maryland Association of Adult Day Services; and

33 ~~(17)~~ (21) three family caregivers, appointed by AARP Maryland.

1 (c) AARP Maryland shall provide staff for the Task Force.

2 (d) (1) A member of the Task Force:

3 ~~(1)~~ may not receive compensation as a member of the Task Force, ~~but~~.

4 (2) A State-agency affiliated member of the Task Force is entitled to  
5 reimbursement for expenses under the Standard State Travel Regulations, as provided in  
6 the State budget.

7 (e) The Task Force shall:

8 (1) identify policies, resources, and programs available for family  
9 caregivers and find additional innovative and creative means to support family caregivers  
10 in continuing to provide needed in-home care and assistance for older adults;

11 (2) receive testimony on the needs of family caregivers, including  
12 designation of caregivers, training, respite services, medical leave policies, delegation of  
13 tasks to nonmedical aides, and other related policies;

14 (3) compile an inventory of the resources available to family caregivers;  
15 and

16 (4) evaluate and recommend actions the State could take, including  
17 legislative and administrative actions, to develop, train, and retain a qualified and  
18 responsive in-home care workforce.

19 (f) On or before September 30, 2016, the Task Force shall submit a report of its  
20 findings and recommendations to the Governor and, in accordance with § 2-1246 of the  
21 State Government Article, the General Assembly.

22 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July  
23 1, 2015. It shall remain effective for a period of 1 year and 4 months and, at the end of  
24 October 30, 2016, with no further action required by the General Assembly, this Act shall  
25 be abrogated and of no further force and effect.