

## Chapter 286

**(Senate Bill 301)**

AN ACT concerning

**Hospitals – Patient’s Bill of Rights**

FOR the purpose of requiring each administrator of a hospital to provide patients with a certain patient’s bill of rights; requiring each administrator of a hospital to provide certain patients with a translator, an interpreter, or another accommodation to provide certain assistance to patients; requiring each administrator of a hospital to conspicuously post copies of the patient’s bill of rights on the hospital’s website and in areas of the hospital accessible to patients and visitors; requiring each administrator of a hospital to provide annual training to certain staff members to ensure the staff’s knowledge and understanding of the patient’s bill of rights; requiring a certain statement to be written in plain language; altering the rights that are required to be included in a patient’s bill of rights; requiring the Office of Health Care Quality to monitor certain compliance; requiring the Office to report to the General Assembly on or before a certain date ~~each year~~; declaring the intent of the General Assembly; defining a certain term; making a technical change; and generally relating to hospitals and a patient’s bill of rights.

BY repealing and reenacting, with amendments,  
 Article – Health – General  
 Section 19–342  
 Annotated Code of Maryland  
 (2015 Replacement Volume and 2018 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
 That the Laws of Maryland read as follows:

**Article – Health – General**

19–342.

**(A) IN THIS SECTION, “PATIENT” INCLUDES AN INPATIENT, AN OUTPATIENT, AND AN EMERGENCY SERVICES PATIENT.**

**(B) THE GENERAL ASSEMBLY INTENDS TO PROMOTE THE HEALTH, SAFETY, AND WELL-BEING OF PATIENTS AND TO FOSTER BETTER COMMUNICATION BETWEEN PATIENTS AND HEALTH CARE PROVIDERS IN HOSPITALS THROUGH THE USE OF A PATIENT’S BILL OF RIGHTS THAT SPECIFIES THE ETHICAL AND HUMANE TREATMENT THE PATIENT HAS A RIGHT TO EXPECT.**

**[(a)] (C)** Each administrator of a hospital [is responsible for making available] **SHALL:**

**(1) PROVIDE** to each patient in the hospital a **WRITTEN** copy of the patient's bill of rights that [the]:

**(I) THE** hospital adopts under [the] Joint Commission [on Accreditation of Hospitals'] guidelines **OR GUIDELINES ISSUED BY A NATIONALLY RECOGNIZED HOSPITAL ACCREDITATION ORGANIZATION APPROVED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES CONDITIONS OF PARTICIPATION;** AND

**(II) COMPLIES WITH SUBSECTION (D) OF THIS SECTION;**

**(2) IF A PATIENT DOES NOT SPEAK ENGLISH, OR REQUIRES THE PATIENT'S BILL OF RIGHTS IN AN ALTERNATIVE FORMAT, ~~OR IS ILLITERATE,~~ PROVIDE A TRANSLATOR, AN INTERPRETER, OR ANOTHER ACCOMMODATION TO ASSIST THE PATIENT IN UNDERSTANDING AND EXERCISING THE RIGHTS INCLUDED IN THE PATIENT'S BILL OF RIGHTS;**

**(3) CONSPICUOUSLY POST COPIES OF THE PATIENT'S BILL OF RIGHTS ON THE HOSPITAL'S WEBSITE AND IN AREAS ~~OF THE HOSPITAL ACCESSIBLE TO PATIENTS, INCLUDING THE ADMITTING OFFICE~~ THAT ARE ACCESSIBLE TO PATIENTS AND VISITORS, WHICH MAY INCLUDE ADMITTING OFFICES, PATIENT FLOORS, PATIENT ROOMS, THE OUTPATIENT DEPARTMENT, AND EMERGENCY SERVICES WAITING AREAS; AND**

**(4) PROVIDE ANNUAL TRAINING TO ALL PATIENT CARE STAFF MEMBERS TO ENSURE THE STAFF'S KNOWLEDGE AND UNDERSTANDING OF THE PATIENT'S BILL OF RIGHTS.**

**[(b)] (D)** The patient's bill of rights shall **AT A MINIMUM** include a statement, **IN PLAIN LANGUAGE**, that a patient has a right to [expect and receive appropriate assessment, management, and treatment of pain as an integral component of the patient's care]:

**(1) RECEIVE CONSIDERATE, RESPECTFUL, AND COMPASSIONATE CARE;**

**(2) BE PROVIDED CARE IN A SAFE ENVIRONMENT FREE FROM ALL FORMS OF ABUSE AND NEGLECT, INCLUDING VERBAL, MENTAL, PHYSICAL, AND SEXUAL ABUSE;**

(3) HAVE A MEDICAL SCREENING EXAM AND BE PROVIDED STABILIZING TREATMENT FOR EMERGENCY MEDICAL CONDITIONS AND LABOR;

(4) BE FREE FROM RESTRAINTS AND SECLUSION UNLESS NEEDED FOR SAFETY;

(5) BE TOLD THE NAMES AND JOBS OF THE HEALTH CARE TEAM MEMBERS INVOLVED IN THE PATIENT'S CARE IF STAFF SAFETY IS NOT A CONCERN;

(6) HAVE RESPECT SHOWN FOR THE PATIENT'S PERSONAL VALUES, BELIEFS, AND WISHES;

(7) BE TREATED WITHOUT DISCRIMINATION BASED ON RACE, COLOR, NATIONAL ORIGIN, ETHNICITY, AGE, GENDER, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, PHYSICAL OR MENTAL DISABILITY, RELIGION, LANGUAGE, OR ABILITY TO PAY;

(8) BE PROVIDED A LIST OF PROTECTIVE AND ADVOCACY SERVICES WHEN NEEDED;

(9) RECEIVE INFORMATION ABOUT THE PATIENT'S HOSPITAL AND PHYSICIAN CHARGES AND ASK FOR AN ESTIMATE OF HOSPITAL CHARGES BEFORE CARE IS PROVIDED AND AS LONG AS PATIENT CARE IS NOT IMPEDED;

(10) RECEIVE INFORMATION IN A MANNER THAT IS UNDERSTANDABLE BY THE PATIENT, WHICH MAY INCLUDE:

(I) SIGN AND FOREIGN LANGUAGE INTERPRETERS;

(II) ALTERNATIVE FORMATS, INCLUDING LARGE PRINT, BRAILLE, AUDIO RECORDINGS, AND COMPUTER FILES; AND

(III) VISION, SPEECH, HEARING, AND OTHER TEMPORARY AIDS AS NEEDED, WITHOUT CHARGE;

(11) RECEIVE INFORMATION FROM THE PATIENT'S DOCTOR OR ~~HEALTH CARE TEAM MEMBER~~ OTHER HEALTH CARE PRACTITIONERS ABOUT THE PATIENT'S DIAGNOSIS, PROGNOSIS, TEST RESULTS, POSSIBLE OUTCOMES OF CARE, AND UNANTICIPATED OUTCOMES OF CARE;

(12) ACCESS THE PATIENT'S MEDICAL RECORDS IN ACCORDANCE WITH HIPAA NOTICE OF PRIVACY PRACTICES;

(13) BE INVOLVED IN THE PATIENT'S PLAN OF CARE;

(14) ~~HAVE PAIN MANAGED~~ BE SCREENED, ASSESSED, AND TREATED FOR PAIN;

(15) REFUSE CARE;

(16) ~~HAVE~~ IN ACCORDANCE WITH HOSPITAL VISITATION POLICIES, HAVE AN INDIVIDUAL OF THE PATIENT'S CHOICE REMAIN WITH THE PATIENT FOR EMOTIONAL SUPPORT DURING THE PATIENT'S HOSPITAL STAY, CHOOSE THE INDIVIDUALS WHO MAY VISIT THE PATIENT, AND CHANGE THE PATIENT'S MIND ABOUT THE INDIVIDUALS WHO MAY VISIT;

(17) APPOINT AN INDIVIDUAL OF THE PATIENT'S CHOICE TO MAKE HEALTH CARE DECISIONS FOR THE PATIENT, IF THE PATIENT IS UNABLE TO DO SO;

(18) MAKE OR CHANGE AN ADVANCE DIRECTIVE;

(19) GIVE INFORMED CONSENT BEFORE ANY NONEMERGENCY CARE IS PROVIDED, INCLUDING THE BENEFITS AND RISKS OF THE CARE, ALTERNATIVES TO THE CARE, AND THE BENEFITS AND RISKS OF THE ALTERNATIVES TO THE CARE;

(20) AGREE OR REFUSE TO TAKE PART IN MEDICAL RESEARCH STUDIES, WITHOUT THE AGREEMENT OR REFUSAL AFFECTING THE PATIENT'S CARE;

(21) ALLOW OR REFUSE TO ALLOW PICTURES OF THE PATIENT FOR PURPOSES OTHER THAN THE PATIENT'S CARE;

(22) EXPECT PRIVACY AND CONFIDENTIALITY IN CARE DISCUSSIONS AND TREATMENTS;

(23) BE PROVIDED A COPY OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT NOTICE OF PRIVACY PRACTICES; AND

(24) FILE A COMPLAINT ABOUT CARE AND HAVE THE COMPLAINT REVIEWED WITHOUT THE COMPLAINT AFFECTING THE PATIENT'S CARE.

(E) THE OFFICE OF HEALTH CARE QUALITY SHALL MONITOR THE COMPLIANCE OF EACH HOSPITAL WITH THE REQUIREMENTS OF THIS SECTION.

~~(F) ON OR BEFORE JANUARY 1 EACH YEAR, THE OFFICE OF HEALTH CARE QUALITY SHALL REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2-1246 OF THE STATE GOVERNMENT ARTICLE, ON THE COMPLIANCE OF HOSPITALS WITH THE REQUIREMENTS OF THIS SECTION.~~

SECTION 2. AND BE IT FURTHER ENACTED, That, on or before January 1, 2021, the Maryland Department of Health shall report to the General Assembly, in accordance with § 2-1246 of the State Government Article, on the compliance of hospitals with the requirements of this Act.

SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2019.

**Approved by the Governor, April 30, 2019.**