

HOUSE BILL 145

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9lr0457
CF 9lr0456

By: **Delegates K. Young, Bagnall, Barron, Bhandari, Brooks, Cullison, Dumais, Fraser-Hidalgo, Healey, Hill, Jalisi, Jones, Kelly, Kerr, Kipke, Korman, R. Lewis, Lierman, Lisanti, McIntosh, Metzgar, Sample-Hughes, Shetty, and P. Young**

Introduced and read first time: January 21, 2019

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

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

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

17 BY repealing and reenacting, with amendments,
18 Article – Health – General
19 Section 19–342
20 Annotated Code of Maryland
21 (2015 Replacement Volume and 2018 Supplement)

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

24 **Article – Health – General**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 19-342.

2 (A) IN THIS SECTION, "PATIENT" INCLUDES AN INPATIENT, AN OUTPATIENT,
3 AND AN EMERGENCY SERVICES PATIENT.

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

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

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

13 (I) THE hospital adopts under [the] Joint Commission [on
14 Accreditation of Hospitals'] guidelines; AND

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

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

21 (3) CONSPICUOUSLY POST COPIES OF THE PATIENT'S BILL OF RIGHTS
22 ON THE HOSPITAL'S WEBSITE AND IN AREAS OF THE HOSPITAL ACCESSIBLE TO
23 PATIENTS, INCLUDING THE ADMITTING OFFICE, PATIENT FLOORS, PATIENT ROOMS,
24 THE OUTPATIENT DEPARTMENT, AND EMERGENCY SERVICES WAITING AREAS; AND

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

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

32 (1) RECEIVE CONSIDERATE, RESPECTFUL, AND COMPASSIONATE

1 CARE;

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

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

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

9 (5) BE TOLD THE NAMES AND JOBS OF THE HEALTH CARE TEAM
10 MEMBERS INVOLVED IN THE PATIENT'S CARE;

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

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

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

19 (9) RECEIVE INFORMATION ABOUT THE PATIENT'S HOSPITAL AND
20 PHYSICIAN CHARGES AND ASK FOR AN ESTIMATE OF HOSPITAL CHARGES BEFORE
21 CARE IS PROVIDED;

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

24 (I) SIGN AND FOREIGN LANGUAGE INTERPRETERS;

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

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

29 (11) RECEIVE INFORMATION FROM THE PATIENT'S DOCTOR OR
30 HEALTH CARE TEAM MEMBER ABOUT THE PATIENT'S DIAGNOSIS, PROGNOSIS, TEST

1 RESULTS, POSSIBLE OUTCOMES OF CARE, AND UNANTICIPATED OUTCOMES OF
2 CARE;

3 (12) ACCESS THE PATIENT'S MEDICAL RECORDS;

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

5 (14) HAVE PAIN MANAGED;

6 (15) REFUSE CARE;

7 (16) HAVE AN INDIVIDUAL OF THE PATIENT'S CHOICE REMAIN WITH
8 THE PATIENT FOR EMOTIONAL SUPPORT DURING THE PATIENT'S HOSPITAL STAY,
9 CHOOSE THE INDIVIDUALS WHO MAY VISIT THE PATIENT, AND CHANGE THE
10 PATIENT'S MIND ABOUT THE INDIVIDUALS WHO MAY VISIT;

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

13 (18) MAKE OR CHANGE AN ADVANCE DIRECTIVE;

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

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

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

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

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

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

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

1 **(F) ON OR BEFORE JANUARY 1 EACH YEAR, THE OFFICE OF HEALTH CARE**
2 **QUALITY SHALL REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH §**
3 **2-1246 OF THE STATE GOVERNMENT ARTICLE, ON THE COMPLIANCE OF HOSPITALS**
4 **WITH THE REQUIREMENTS OF THIS SECTION.**

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