By: The President (By Request – Office of the Attorney General) and Senators Augustine, Guzzone, Kelley, King, Lee, Peters, Rosapepe, and Zucker

Introduced and read first time: February 4, 2019 Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

Health Care Facilities - Comprehensive and Extended Care Facilities Discharges and Transfers

4 FOR the purpose of altering the basic rights afforded to each resident of a comprehensive $\mathbf{5}$ care facility and an extended care facility; altering the contents of a certain form 6 required to be provided to certain facilities by the Maryland Department of Health; 7 requiring that a certain written notice be provided to certain residents; requiring a facility to provide a certain written notice as soon as practicable before discharge or 8 9 transfer under certain circumstances; requiring the facility to provide any changes 10 to a certain notice to recipients of the notice as soon as practicable if the information 11 in the notice changes prior to the discharge or transfer; requiring a facility to develop 12a certain post discharge plan of care for a certain resident; requiring a facility to 13 designate certain staff to coordinate the development of a certain plan; requiring the 14 facility to meet, if possible, with certain individuals for a certain purpose within a 15certain period of time; requiring that a certain plan be developed with the participation of certain individuals; requiring the facility to include in a resident's 1617medical record a certain explanation under certain circumstances; requiring that a 18 certain plan be developed in consultation with certain individuals; altering the time 19at which a facility is required to provide certain information to certain individuals; 20altering the information required to be provided to certain individuals by certain 21facilities before discharge or transfer; altering the authority of a facility to discharge 22or transfer a resident without obtaining the written consent of the resident; 23authorizing the Attorney General to request that the court in a certain action impose 24a certain civil penalty for certain violations under certain circumstances; making 25conforming changes; and generally relating to discharges and transfers from 26comprehensive care facilities and extended care facilities.

- 27 BY repealing and reenacting, with amendments,
- 28 Article Health General
- 29 Section 19–343, 19–345.1, 19–345.2, and 19–345.3

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW. [Brackets] indicate matter deleted from existing law.



1 Annotated Code of Maryland $\mathbf{2}$ (2015 Replacement Volume and 2018 Supplement) 3 BY repealing and reenacting, without amendments, Article – Health – General 4 Section 19-345(a) $\mathbf{5}$ Annotated Code of Maryland 6 (2015 Replacement Volume and 2018 Supplement) 7 8 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows: 9 Article - Health - General 10 19 - 343.11 12In this section and §§ 19-344 [and], 19-345, 19-345.1, 19-345.2, AND (a) 19-345.3 of this subtitle, "facility" means a related institution that, under the rules and 13regulations of the Department, is a comprehensive care facility or an extended care facility. 14 15(b) (1)The General Assembly intends to promote the interests and well-being of each resident of a facility. 16 17(2)It is the policy of this State that, in addition to any other rights, each resident of a facility has the following basic rights: 18 19 (i) The right to be treated with consideration, respect, and full 20recognition of human dignity and individuality; 21The right to receive treatment, care, and services that are (ii) 22adequate, appropriate, and in compliance with relevant State and federal laws, rules, and 23regulations; 24(iii) The right to privacy; 25The right to be free from mental and physical abuse; (iv) 26**(**V**)** THE RIGHT TO NOTICE, PROCEDURAL FAIRNESS, AND 27HUMANE TREATMENT WHEN BEING TRANSFERRED OR DISCHARGED FROM A 28FACILITY; 29(VI) THE RIGHT TO PARTICIPATE IN DECISION MAKING 30 **REGARDING TRANSITIONS IN CARE, INCLUDING A TRANSFER OR DISCHARGE FROM** 31A FACILITY; 32(v)] (VII) The right to expect and receive appropriate assessment.

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1	management, and treatment of pain as an integral component of the patient's care;	
$\frac{2}{3}$	except for rest	[(vi)] (VIII) The right to be free from physical and chemical restraints, raints that a physician authorizes for a clearly indicated medical need;
4 5	program; and	[(vii)] (IX) The right to receive respect and privacy in a medical care
6		[(viii)] (X) The right to manage personal financial affairs.
7	(c) H	ach facility shall:
8 9 10	(1) Post, conspicuously in a public place, the policy set forth in subsection (b) of this section and the provisions in §§ 19–344(b) through (m), 19–345, and 19–346(i)(2) of this subtitle;	
11	(2) Give a copy of the policy and those provisions:
12		(i) On admission, to the resident;
$\begin{array}{c} 13\\14 \end{array}$	and	(ii) To the guardian, next of kin, or sponsoring agency of the resident;
15		(iii) To a representative payee of the resident;
$\begin{array}{c} 16 \\ 17 \end{array}$	(the copy; and	3) Keep a receipt for the copy that is signed by the person who received
18 19	(provisions.	4) Provide appropriate staff training to carry out the policy and those
20	19–345.	
$\begin{array}{c} 21 \\ 22 \end{array}$		resident of a facility may not be transferred or discharged from the facility except for the following reasons:
$\begin{array}{c} 23\\ 24 \end{array}$	(1) The transfer or discharge is necessary for the resident's welfare and the ls cannot be met in the facility;
$25 \\ 26 \\ 27$,	2) The transfer or discharge is appropriate because the resident's health sufficiently so that the resident no longer needs the services provided by the
28	(3) The health or safety of an individual in a facility is endangered;
29 30		4) The resident has failed, after reasonable and appropriate notice, to pay fedicare or Medicaid or otherwise, to have paid for a stay at the facility; or

4 **SENATE BILL 669** 1 (5)The facility ceases to operate. $\mathbf{2}$ 19 - 345.1.3 Except as provided in subsection (e) of this section, a A facility shall provide (a) the resident with written notice of: 4 $\mathbf{5}$ (1)Any proposed discharge or transfer; and 6 (2)The opportunity for a hearing in accordance with the provisions of this 7 section before the discharge or transfer. 8 The Department shall prepare and provide each facility with a standardized (b)9 form that provides, in clear and simple language, at least the following information: 10 Notice of the intended discharge or transfer of the resident, (1)11 INCLUDING THE DATE OF THE INTENDED DISCHARGE OR TRANSFER: 12(2)Each reason for the discharge or transfer; THE LOCATION TO WHICH THE RESIDENT WILL BE DISCHARGED 13(3) 14 **OR TRANSFERRED;** 15(4) THE NAMES OF THE FACILITY STAFF WHO: 16 **(I)** ARE DESIGNATED TO PROVIDE SOCIAL WORK AND DISCHARGE PLANNING SERVICES TO THE RESIDENT IN CONNECTION WITH THE 1718 **DISCHARGE OR TRANSFER; AND** 19 WILL BE RESPONSIBLE FOR THE DEVELOPMENT OF THE **(II)** 20POST DISCHARGE PLAN OF CARE UNDER SUBSECTION (G) OF THIS SECTION; 21A PROPOSED DATE WITHIN 10 DAYS AFTER THE DATE OF THE (5) 22NOTICE FOR A MEETING BETWEEN THE RESIDENT AND FACILITY STAFF TO DEVELOP 23THE POST DISCHARGE PLAN OF CARE UNDER SUBSECTION (G) OF THIS SECTION; 24**[**(3)**] (6)** The right of the resident to request a hearing; 25**[**(4)**] (7)** The right of the resident to consult with any lawyer the resident 26chooses; 27The availability of the services of the Legal Aid Bureau, the Older **[**(5)**] (8)** 28American Act Senior Legal Assistance Programs, and other agencies that may provide

29 assistance to individuals who need legal counsel;

1 **[**(6)**] (9)** The availability of the [Department of Aging and local Office on $\mathbf{2}$ Aging Long–Term Care Ombudsman **PROGRAM** to assist the resident; and 3 **[**(7)**] (10)** The provisions of this section. 4 (c)Except as otherwise provided in this section, at least 30 days before the facility $\mathbf{5}$ involuntarily transfers or discharges a resident, the facility shall: 6 Provide to the resident the written notice required under subsection (a) (1)7 of this section; and 8 (2)Provide the written notice required under subsection (a) of this section 9 to: **(I)** 10 THE RESIDENT: 11 [(i)] **(II)** The next of kin, guardian, or any other individual known to have acted as the [individual's] **RESIDENT'S** representative, if any; 12(ii)] (III) The Long-Term Care Ombudsman; and 13[(iii)] **(IV)** 14 The Department. (d) 15(1)(i) In accordance with regulations adopted by the Secretary, the 16 facility shall provide the resident with an opportunity for a hearing on the proposed 17transfer or discharge. 18 (ii) The regulations adopted by the Secretary may provide for the 19 establishment of an escrow account when: 201. The basis for the discharge is nonpayment; and 212. The resident continues to reside in the facility while the 22appeal is pending. 23(2)Except as otherwise provided in this subsection, hearings on proposed 24transfers or discharges shall be conducted in accordance with the provisions of Title 10, 25Subtitle 2 of the State Government Article and the Medicaid Fair Hearing Procedures. 26(3)Any hearing on a proposed discharge or transfer of a resident: 27Is not a contested case as defined in § 10-202 of the State (i) 28Government Article: and 29(ii) May not include the Secretary as a party.

1 (4) A decision by an administrative law judge on a proposed discharge or 2 transfer of a resident:

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(i) Is not a decision of the Secretary;

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(ii) Unless appealed, is final and binding on the parties; and

5 (iii) May be appealed in accordance with § 10–222 of the State 6 Government Article as if it were a contested case but the appeal does not automatically 7 stay the decision of the administrative law judge.

8 (e) [(1) The provisions of this section requiring 30 days' notice and an 9 opportunity for a hearing before discharge or transfer of a resident do not apply if:] THE 10 FACILITY SHALL PROVIDE THE WRITTEN NOTICE REQUIRED IN SUBSECTION (A) OF 11 THIS SECTION AS SOON AS PRACTICABLE BEFORE DISCHARGE OR TRANSFER IF:

12 [(i)] (1) An emergency exists and health or safety of the resident 13 or other residents would be placed in imminent and serious jeopardy if the resident were 14 not transferred or discharged from the facility as soon as possible; or

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[(ii)] (2) The resident has not resided in the facility for 30 days.

16 [(2) If a facility discharges or transfers a resident under the provisions of 17 this subsection, the facility shall provide reasonable notice of the proposed discharge or 18 transfer.]

19 (F) IF THE INFORMATION IN THE NOTICE PROVIDED UNDER SUBSECTION 20 (C) OF THIS SECTION CHANGES BEFORE THE DISCHARGE OR TRANSFER, THE 21 FACILITY SHALL PROVIDE THE CHANGES TO THE RECIPIENTS OF THE NOTICE AS 22 SOON AS PRACTICABLE AFTER THE NEW INFORMATION BECOMES AVAILABLE.

(G) (1) BEFORE ANY DISCHARGE OR TRANSFER AND SUBJECT TO
 PARAGRAPHS (4) AND (5) OF THIS SUBSECTION, A FACILITY SHALL DEVELOP A POST
 DISCHARGE PLAN OF CARE FOR THE RESIDENT THAT:

26(I)ADDRESSES THE RESIDENT'S POST DISCHARGE GOALS OF27CARE AND TREATMENT PREFERENCES;

28 (II) IDENTIFIES EACH OF THE RESIDENT'S REASONABLY 29 ANTICIPATED MEDICAL AND BASIC NEEDS AFTER DISCHARGE OR TRANSFER AND 30 ESTABLISHES A PLAN FOR MEETING THOSE NEEDS; AND

31 (III) ASSISTS THE RESIDENT WITH ADJUSTING TO THE 32 RESIDENT'S NEW LIVING ENVIRONMENT. 1(2)THE FACILITY SHALL DESIGNATE A SOCIAL WORKER OR OTHER2PROFESSIONALLY QUALIFIED STAFF MEMBER TO COORDINATE THE DEVELOPMENT3OF THE RESIDENT'S POST DISCHARGE PLAN OF CARE.

4 (3) THE FACILITY SHALL, IF POSSIBLE, MEET WITH THE RESIDENT 5 AND, WITH THE RESIDENT'S CONSENT, THE RESIDENT'S REPRESENTATIVE WITHIN 6 10 DAYS AFTER PROVIDING THE NOTICE REQUIRED UNDER SUBSECTION (A) OF THIS 7 SECTION TO DISCUSS THE POST DISCHARGE PLAN OF CARE FOR THE RESIDENT.

8 (4) (I) THE RESIDENT'S POST DISCHARGE PLAN OF CARE SHALL BE 9 DEVELOPED WITH THE PARTICIPATION OF THE RESIDENT AND, WITH THE 10 RESIDENT'S CONSENT, THE RESIDENT'S REPRESENTATIVE.

11 (II) IF THE POST DISCHARGE PLAN OF CARE WAS DEVELOPED 12 WITHOUT THE PARTICIPATION OF THE RESIDENT OR THE RESIDENT'S 13 REPRESENTATIVE, THE FACILITY SHALL INCLUDE IN THE RESIDENT'S MEDICAL 14 RECORD AN EXPLANATION OF WHY THE RESIDENT OR THE RESIDENT'S 15 REPRESENTATIVE DID NOT PARTICIPATE.

16 **(5)** THE RESIDENT'S POST DISCHARGE PLAN OF CARE SHALL BE 17 DEVELOPED IN CONSULTATION WITH:

- 18
- (I) THE RESIDENT'S ATTENDING PHYSICIAN;

19(II)A REGISTERED NURSE RESPONSIBLE FOR THE CARE OF THE20RESIDENT; AND

21 (III) ANY OTHER APPROPRIATE STAFF OR PROFESSIONAL 22 INVOLVED WITH MEETING THE RESIDENT'S MEDICAL NEEDS.

23 19-345.2.

(a) In addition to the provisions of §§ 19–345 and 19–345.1 of this subtitle, a
facility may not involuntarily discharge or transfer a resident unless, within 48 hours
before the discharge or transfer, the facility has:

27 (1) Provided or obtained:

(i) A comprehensive medical assessment and evaluation of the
 resident, including a physical examination, that is documented in the resident's medical
 record;

31 (ii) A post discharge plan of care for the resident that is developed,

$\frac{1}{2}$	if possible, with the participation of the resident's next of kin, guardian, or legal representative IN ACCORDANCE WITH § 19–345.1 OF THIS SUBTITLE; and
$3 \\ 4 \\ 5$	(iii) Written documentation from the resident's attending physician indicating that the transfer or discharge is in accordance with the post discharge plan of care and is not contraindicated by the resident's medical condition; and
6 7	(2) Provided information to the resident concerning the resident's rights to make decisions concerning health care, including:
8	(i) The right to accept or refuse medical treatment;
9 10	(ii) The right to make an advance directive, including the right to make a living will and the right to appoint an agent to make health care decisions; and
11	(iii) The right to revoke an advance directive.
$12 \\ 13 \\ 14 \\ 15$	(b) Except as provided in subsection (c)(3) of this section, [at the time of transfer or discharge] AT LEAST 24 HOURS BEFORE DISCHARGE OR TRANSFER, the facility shall provide the resident [or] AND the resident's next of kin, guardian, or legal representative with:
16 17 18	(1) [A] THE written statement of the medical assessment and evaluation and [post discharge plan of care] WRITTEN DOCUMENTATION FROM THE RESIDENT'S ATTENDING PHYSICIAN required under subsection (a) of this section;
19 20	(2) THE POST DISCHARGE PLAN OF CARE DEVELOPED UNDER § 19–345.1 OF THIS SUBTITLE;
$\begin{array}{c} 21 \\ 22 \end{array}$	[(2)] (3) A written statement itemizing the medications currently being taken by the resident;
$\begin{array}{c} 23\\ 24 \end{array}$	[(3)] (4) To the extent permitted under State and federal law, at least a 3-day supply of the medications currently being taken by the resident;
25 26 27 28	[(4)] (5) The information necessary to assist the resident[,] AND the resident's next of kin, GUARDIAN, or legal representative in obtaining additional prescriptions for necessary medication through consultation with the resident's treating physician; and
29 30	[(5)] (6) A written statement containing the date, time, method, mode, and destination of discharge.

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A facility may discharge or transfer a resident without obtaining the 1 (2)written consent of the resident FOR ONE OF THE REASONS LISTED IN § 19-345(A) OF $\mathbf{2}$ THIS SUBTITLE if the discharge or transfer: 3 4 Is in accordance with a post discharge plan of care developed (i) under [subsection (a) of this section] § 19–345.1 OF THIS SUBTITLE; [and] $\mathbf{5}$ 6 IS TO THE COMMUNITY IN WHICH THE RESIDENT RESIDED **(II) BEFORE BECOMING A RESIDENT OF THE FACILITY;** 7 8 (III) IS TO ANOTHER LICENSED PROVIDER, UNLESS: 9 1. THE BEING RESIDENT IS DISCHARGED OR 10 TRANSFERRED BECAUSE THE RESIDENT'S HEALTH HAS IMPROVED SUFFICIENTLY 11 AND THE RESIDENT NO LONGER NEEDS THE SERVICES PROVIDED BY THE FACILITY; 122. THE RESIDENT HAS NO PENDING APPLICATION FOR THE MARYLAND MEDICAL ASSISTANCE PROGRAM, IS INELIGIBLE FOR THE 13MARYLAND MEDICAL ASSISTANCE PROGRAM, AND IS BEING DISCHARGED OR 14TRANSFERRED FOR NONPAYMENT UNDER § 19-345(A)(4) OF THIS SUBTITLE; OR 1516 3. THE Α. RESIDENT IS ELIGIBLE FOR THE MARYLAND MEDICAL ASSISTANCE PROGRAM; 17**B**. 18 THE FACILITY HAS FULFILLED ITS OBLIGATION UNDER § 19-334(C) OF THIS SUBTITLE TO COOPERATE WITH AND ASSIST THE 19 RESIDENT OR THE RESIDENT'S REPRESENTATIVE IN SEEKING ASSISTANCE FROM 2021THE MARYLAND MEDICAL ASSISTANCE PROGRAM; 22**C**. THE FACILITY HAS DOCUMENTED THE COOPERATION AND ASSISTANCE PROVIDED UNDER ITEM B OF THIS ITEM; 23THE RESIDENT OR RESIDENT'S REPRESENTATIVE HAS 24D. 25REFUSED TO APPLY FOR OR SEEK ASSISTANCE FROM THE MARYLAND MEDICAL **ASSISTANCE PROGRAM; AND** 2627Е. THE RESIDENT IS BEING DISCHARGED FOR 28NONPAYMENT UNDER § 19-345(A)(4) OF THIS SUBTITLE; AND 29[(ii)] **(IV)** Is to a safe and secure environment [where the resident 30 will be under the care of: 31 1. Another licensed, certified, or registered care provider; or

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12.Another person who has agreed in writing to provide a safe2and secure environment].

3 (3) A facility that is certified as a continuing care provider under Title 10,
4 Subtitle 4 of the Human Services Article is not subject to the provisions of subsection (b) of
5 this section if:

6 (i) The facility transfers a resident to a lesser level of care within 7 the same facility in accordance with a contractual agreement between the facility and the 8 resident; and

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(ii) The transfer is approved by the attending physician.

10 (d) If the requirements of §§ 19–345 and 19–345.1 of this subtitle and subsections 11 (a) and (b) of this section have been met, the resident's next of kin or legal representative 12 shall cooperate and assist in the discharge planning process, including:

(1) Contacting, cooperating with, and assisting other facilities considering
 admitting the resident; and

15 (2) Cooperating with governmental agencies, including applying for 16 medical assistance for the resident.

17 (e) If requested by any person during the process of transferring or discharging a 18 resident or on its own initiative, the Office of the Attorney General may investigate whether 19 an abuse of funds under § 19–346 of this subtitle contributed to the decision to transfer or 20 discharge the resident and may make appropriate referrals of the matter to other 21 government agencies.

22 19-345.3.

23 (a) The Secretary may impose a civil money penalty not to exceed \$10,000 for:

24 (1) Each violation by a facility of § 19–345, § 19–345.1, or § 19–345.2 of this 25 subtitle; or

26 (2) Each willful or grossly negligent violation by a resident's agent or legal 27 representative of § 19–345, § 19–345.1, or § 19–345.2 of this subtitle.

(b) If a civil money penalty is imposed under this section, the facility or agent or
legal representative of the resident shall have the right to appeal from an order imposing
the civil money penalty in accordance with Title 10, Subtitle 2 of the State Government
Article.

32 (c) (1) A resident, resident's agent, or resident's attorney, or the Attorney 33 General on behalf of the resident, who believes that an involuntary discharge or transfer

that violates the requirements of § 19–345, § 19–345.1, or § 19–345.2 of this subtitle is
imminent or has taken place may request injunctive relief from a circuit court.

3 (2) IN AN ACTION BROUGHT BY THE ATTORNEY GENERAL UNDER 4 THIS SUBSECTION, THE ATTORNEY GENERAL MAY REQUEST THAT THE COURT 5 IMPOSE A CIVIL PENALTY NOT TO EXCEED \$100,000 FOR EACH VIOLATION BY A 6 FACILITY OF \$19-345, \$19-345.1, OR \$19-345.2 OF THIS SUBTITLE.

7 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 8 October 1, 2019.