SENATE BILL 204

J3, J1 (1lr1096)

ENROLLED BILL

— Finance/Health and Government Operations —

Introduced by Senator Beidle
Read and Examined by Proofreaders:
Proofreader.
Proofreader.
Sealed with the Great Seal and presented to the Governor, for his approval this
day of at o'clock,M.
President.
CHAPTER
AN ACT concerning
Health Care Facilities – Assisted Living Programs – <u>Requirements for</u> <u>Alzheimer's Special Care Units and</u> <u>Memory Care and Alzheimer's Disease Unit</u> Regulations
FOR the purpose of requiring that the Maryland Department of Health adopt certain regulations that establish specific standards governing memory care and establish certain training and staffing requirements for Alzheimer's disease special care units in assisted living programs, including certain training requirements, certain staffing pattern requirements, certain activity requirements, certain admissions and discharge criteria, and certain other procedures, and that require compliance by assisted living programs with the standards; defining certain terms defining a

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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

Italics indicate opposite chamber/conference committee amendments.



1 2 3 4 5	BY repealing and reenacting, with amendments, Article - Health - General Section 19-1805(a)(8) and (9) Annotated Code of Maryland (2019 Replacement Volume and 2020 Supplement)
6 7 8 9 10	BY adding to Article – Health – General Section 19–1805(e) <u>19–1805(a)(10)</u> Annotated Code of Maryland (2019 Replacement Volume and 2020 Supplement)
11 12	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
13	Article – Health – General
14	19–1805.
15	(a) The Department shall:
16 17	(8) Establish a "resident bill of rights" for residents of assisted living program facilities; [and]
18 19	(9) Define which, if any, assisted living programs may be exempt from the requirements of § 19–311 of this title; AND
20	(10) FOR ALZHEIMER'S SPECIAL CARE UNITS:
21 22 23	(I) <u>ESTABLISH</u> THE NUMBER OF DEMENTIA—SPECIFIC TRAINING HOURS TO BE COMPLETED FOR THOSE STAFF WORKING IN ALZHEIMER'S SPECIAL CARE UNITS;
24 25 26	(II) DETERMINE THE TOPIC CONTENT FOR DEMENTIA-SPECIFIC TRAINING REQUIRED FOR THOSE STAFF WORKING IN ALZHEIMER'S SPECIAL CARE UNITS; AND
27 28	(III) REQUIRE STAFF SUFFICIENT TO MEET THE NEEDS OF RESIDENTS IN ALZHEIMER'S SPECIAL CARE UNITS.
29 30	(C) (1) (I) IN THIS SUBSECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

1. (1) MEDICATION ADMINISTRATION OR ASSISTANCE; 2. (11) ASSISTANCE WITH AMBULATION AND TRANSFER; 3. (111) ESSENTIAL ACTIVITIES OF DAILY LIVING; OR 4. (112) ANY OTHER LIMITED NURSING SERVICES. (III) "LIMITED NURSING SERVICES" MEANS THE ASSESSMENT OF THE PHYSICAL, MENTAL, AND EMOTIONAL STATUS OF AN INDIVIDUAL TO DETERMINE THE APPROPRIATE LEVEL OF CARE FOR THE INDIVIDUAL, AND THE PROVISION OF NURSING CARE WITHIN THE DIRECT CARE STAFF'S SCOPE OF PRACTICE, WHICH CAN BE COMPLETED WITHIN 7 DAYS OR INTERMITTENTLY. (2) THE DEPARTMENT SHALL ADOPT REGULATIONS THAT: (4) ESTABLISH SPECIFIC STANDARDS GOVERNING MEMORY CARE AND ALZHEIMER'S DISEASE UNITS IN ASSISTED LIVING PROGRAMS INCLUDING: 1. STAFF TRAINING REQUIREMENTS, INCLUDING THE THAT IS REQUIRED TO A SPECIAL CARE UNIT; AND 2. STAFFING PATTERN REQUIREMENTS, INCLUDING AND DIRECT CARE STAFF ASSIGNED TO A SPECIAL CARE UNIT; AND 3. APPROPRIATE FREQUENCY AND TYPE OF ACTIVITIES FOR RESIDENTS, INCLUDING: 4. APPROPRIATE FREQUENCY AND TYPE OF ACTIVITIES FOR RESIDENTS, INCLUDING:	1	(II) "DIRECT CARE STAFF" MEANS, "DIRECT CARE STAFF"
1. (1) MEDICATION ADMINISTRATION OR ASSISTANCE; 2. (III) ASSISTANCE WITH AMBULATION AND TRANSFER; 3. (III) ESSENTIAL ACTIVITIES OF DAILY LIVING; OR 4. (IV) ANY OTHER LIMITED NURSING SERVICES. (III) "LIMITED NURSING SERVICES" MEANS THE ASSESSMENT O THE PHYSICAL, MENTAL, AND EMOTIONAL STATUS OF AN INDIVIDUAL, AND THE PROVISION OF NURSING CARE WITHIN THE DIRECT CARE STAFF'S SCOPE O PRACTICE, WHICH CAN BE COMPLETED WITHIN 7 DAYS OR INTERMITTENTLY. (2) THE DEPARTMENT SHALL ADOPT REGULATIONS THAT; (4) ESTABLISH SPECIFIC STANDARDS GOVERNING MEMOR CARE AND ALZHEIMER'S DISEASE UNITS IN ASSISTED LIVING PROGRAMS INCLUDING: 1. STAFF TRAINING REQUIREMENTS, INCLUDING THE THE NUMBER OF HOURS AND TOPIC CONTENT OF DEMENTIA SPECIFIC TRAINING THAT IS REQUIRED TO BE COMPLETED ANNUALLY BY ADMINISTRATORS AND DIRECT CARE STAFF ASSIGNED TO A SPECIAL CARE UNIT; AND 2. STAFFING PATTERN REQUIREMENTS, INCLUDING AND THE NEEDS OF RESIDENTS DURING WAKING AND NONWAKING HOURS; RESIDENTS AND 3. APPROPRIATE FREQUENCY AND TYPE OF ACTIVITIES TOR REQUIREMENTS, INCLUDING: A. THE NUMBER OF HOURS AND TRAINING REQUIREMENTS FOR THE INDIVIDUAL WHO OVERSEES THE ACTIVITIES; AND B. ADJUSTING ACTIVITIES TO REDUCE SOCIA	2	MEANS AN EMPLOYEE, A VOLUNTEER, OR A CONTRACTUAL EMPLOYEE WHO
3. (III) ESSENTIAL ACTIVITIES OF DAILY LIVING; OR 4. (IV) ANY OTHER LIMITED NURSING SERVICES. (III) "LIMITED NURSING SERVICES" MEANS THE ASSESSMENT OF THE PHYSICAL, MENTAL, AND EMOTIONAL STATUS OF AN INDIVIDUAL TO DETERMINE THE APPROPRIATE LEVEL OF CARE FOR THE INDIVIDUAL, AND THE PROVISION OF NURSING CARE WITHIN THE DIRECT CARE STAFF'S SCOPE OF PRACTICE, WHICH CAN BE COMPLETED WITHIN 7 DAYS OR INTERMITTENTLY. (2) THE DEPARTMENT SHALL ADOPT REGULATIONS THAT: (3) ESTABLISH SPECIFIC STANDARDS GOVERNING MEMORICANE AND ALZHEIMER'S DISEASE UNITS IN ASSISTED LIVING PROGRAMS INCLUDING: 1. STAFF TRAINING REQUIREMENTS, INCLUDING THAT IS REQUIRED TO BE COMPLETED ANNUALLY BY ADMINISTRATORS AND DIRECT CARE STAFF ASSIGNED TO A SPECIAL CARE UNIT; AND 2. STAFFING PATTERN REQUIREMENTS, INCLUDING ASSISTED THE NEEDS OF RESIDENTS DURING WAKING AND NONWAKING HOURS; RESIDENTS THE NEEDS OF RESIDENTS DURING WAKING AND NONWAKING HOURS; RESIDENTS AND 3. APPROPRIATE FREQUENCY AND TYPE OF ACTIVITIES FOR RESIDENTS, INCLUDING: 4. THE NUMBER OF HOURS AND TRAINING REQUIREMENTS, INCLUDING: 5. ADJUSTING ACTIVITIES TO REDUCE SOCIA	3	PROVIDES TO RESIDENTS:
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### Completed Nursing Services" Means the assessment of the physical, Mental, and Emotional Status of an individual the determine the appropriate level of care for the individual, and the provision of nursing care within the direct care staff's scope of practice, which can be completed within 7 days or intermittently. ###################################	6	3. (III) ESSENTIAL ACTIVITIES OF DAILY LIVING; OR
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24 AND 25 3. APPROPRIATE FREQUENCY AND TYPE OF ACTIVITIE 26 FOR RESIDENTS, INCLUDING: 27 A. THE NUMBER OF HOURS AND TRAINING 28 REQUIREMENTS FOR THE INDIVIDUAL WHO OVERSEES THE ACTIVITIES; AND 29 B. ADJUSTING ACTIVITIES TO REDUCE SOCIA		DIRECT CARE STAFF STANDARD AND NURSING STAFF RATIO ADEQUATE TO MEET
25 3. APPROPRIATE FREQUENCY AND TYPE OF ACTIVITIES 26 FOR RESIDENTS, INCLUDING: 27 A. THE NUMBER OF HOURS AND TRAINING 28 REQUIREMENTS FOR THE INDIVIDUAL WHO OVERSEES THE ACTIVITIES; AND 29 B. ADJUSTING ACTIVITIES TO REDUCE SOCIA	23	THE NEEDS OF RESIDENTS DURING WAKING AND NONWAKING HOURS; RESIDENTS;
26 FOR RESIDENTS, INCLUDING: 27 A. THE NUMBER OF HOURS AND TRAINING 28 REQUIREMENTS FOR THE INDIVIDUAL WHO OVERSEES THE ACTIVITIES; AND 29 B. ADJUSTING ACTIVITIES TO REDUCE SOCIA	24	<u>AND</u>
A. THE NUMBER OF HOURS AND TRAINING REQUIREMENTS FOR THE INDIVIDUAL WHO OVERSEES THE ACTIVITIES; AND B. ADJUSTING ACTIVITIES TO REDUCE SOCIA	25	3. APPROPRIATE FREQUENCY AND TYPE OF ACTIVITIES
REQUIREMENTS FOR THE INDIVIDUAL WHO OVERSEES THE ACTIVITIES; AND B. ADJUSTING ACTIVITIES TO REDUCE SOCIA	26	FOR RESIDENTS, INCLUDING:
29 B. Adjusting activities to reduce social	27	A. THE NUMBER OF HOURS AND TRAINING
	28	REQUIREMENTS FOR THE INDIVIDUAL WHO OVERSEES THE ACTIVITIES; AND
	20	P. ADDICTING ACTIVITIES TO DEDUCE SOCIAL

1	4. Procedures that are beyond those
2	PROCEDURES HISTORICALLY PROVIDED FOR IN AN ASSISTED LIVING PROGRAM,
3	INCLUDING FREQUENCY OF NIGHTTIME BED CHECKS TO PREVENT DANGEROUS
4	EVENTS AMONG RESIDENTS; AND
5	5. Admissions and discharge criteria and
6	PROCEDURES, INCLUDING THE APPROPRIATENESS OF PLACEMENT AND CONTINUED
7	RESIDENCE IN THE SPECIAL CARE UNIT; AND
8	(H) REQUIRE COMPLIANCE BY ASSISTED LIVING PROGRAMS
9	WITH THE STANDARDS ESTABLISHED UNDER ITEM (I) OF THIS PARAGRAPH.
10	SECTION 2. AND BE IT FURTHER ENACTED, That:
11	(1)
$\begin{array}{c} 11 \\ 12 \end{array}$	(1) on or before December 1, 2022, subject to item (2) of this section, the
13	Maryland Department of Health shall adopt the regulations for Assisted Living Programs (COMAR 10.07.14) that are in draft form, closed for comment, and undergoing internal
13 14	review and are on the Department's website as of the effective date of this Act: and
14	1eview and are on the Department's website as or the enective date of tims ret, and
15	(2) the regulations adopted under item (1) of this section shall include the
16	regulations required under § 19–1805(c) of the Health – General Article, as enacted by
17	Section 1 of this Act.
18	SECTION 2. AND BE IT FURTHER ENACTED, That, on or before December 1,
19	2022, the Maryland Department of Health shall:
20	(1) convene interested stakeholders to make revisions to the regulations for
21	Assisted Living Programs (COMAR 10.07.14) using the draft dated September 30, 2016, as
22	the starting point for discussion; and
23	(9) adapt national regulations for assisted living programs that incorporate
$\frac{25}{24}$	(2) <u>adopt revised regulations for assisted living programs that incorporate</u> the requirements for Alzheimer's special care units as enacted under Section 1 of this Act.
44	ine requirements for Alzheimer's special care units as enacted uniter Section 1 of this Act.
25	SECTION \(\frac{2}{2} \). AND BE IT FURTHER ENACTED, That this Act shall take effect
26	October July 1, 2021.
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