

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
Enrolled - Revised

Senate Bill 376

Finance

(Senator Kramer, *et al.*)

Health and Government Operations

**Maryland Department of Health and Office of Health Care Quality - Nursing
Home Inspections - Reporting**

This bill requires the Maryland Department of Health (MDH), beginning July 1, 2025, and every three months thereafter, to report to the Senate Finance Committee and the House Health and Government Operations Committee the number of nursing home surveys conducted in each county. The data must be disaggregated by the following types of surveys: standard; complaint; follow-up; revisit; special focus facility; abbreviated; and life safety code. Beginning July 1, 2025, and every six months thereafter, the Office of Health Care Quality (OHCQ) must report to each area agency on aging (AAA) the name of each nursing home in the county that was surveyed in the immediately preceding six months and the date each survey was conducted. **The bill takes effect June 1, 2025, and terminates May 31, 2029.**

Fiscal Summary

State Effect: MDH can report to specified committees of the General Assembly and AAAs using existing budgeted resources. Revenues are not affected.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: “Nursing home” means a facility (other than a facility offering domiciliary or personal care) that offers nonacute inpatient care to patients suffering from a disease, chronic illness, condition, disability of advanced age, or terminal disease requiring

maximal nursing care without continuous hospital services and who require medical services and nursing services rendered by or under the supervision of a licensed nurse together with convalescent, restorative, or rehabilitative services.

State Oversight of Specified Health Care Facilities

The Secretary of Health must adopt reasonable rules and regulations that set standards of services for related institutions, hospitals, and residential treatment centers in the following areas: (1) the care of patients; (2) the medical supervision of patients; (3) the physical environment; (4) disease control; (5) sanitation; (6) safety; and (7) dietary matters.

To ensure compliance with these rules and regulations, MDH's OHCQ inspects each related institution, hospital, and residential treatment center. In general, OHCQ inspects facilities for which a license is sought and periodically after a license has been issued. MDH submits an annual report to the General Assembly regarding the inspections conducted during the immediately preceding year. Additionally, OHCQ must submit an annual report to the Oversight Committee on Quality of Care in Nursing Homes and Assisted Living Facilities regarding the status of quality of care in nursing homes.

The oversight committee – within the Maryland Department of Aging (MDOA) – comprises several members, including the Secretary of Aging, the Secretary of Health, and the Director of OHCQ. In general, the oversight committee evaluates progress in improving the quality of nursing home and assisted living facility care in the State.

Area Agencies on Aging

MDOA administers programs and activities under the provisions of the federal Older Americans Act. Most of the direct services funded by MDOA are delivered through AAAs. In Maryland, each of the 23 counties and Baltimore City designate an AAA. The agency may be a unit of local government or a private, nonprofit corporation. AAAs provide a variety of adult services, incorporating assisted living, protective services, and temporary disability programs.

Federal Oversight of Specified Health Care Facilities

The 1864 Agreement is an agreement between the federal Centers for Medicare and Medicaid Services (CMS) and the state health facility survey agency to carry out specified provisions of the Social Security Act. Each 1864 Agreement stipulates the functions of the states to, among other things, certify whether or not providers and suppliers within the state comply with all applicable definitions and requirements.

CMS allocates funding to each state for the reasonable costs of performing the functions specified in the agreement and for Medicare's fair share of costs related to Medicare facilities. States that fail to perform survey and certification functions in a manner sufficient to assure the full certification of compliance, may, among other things, receive a revised budgetary allocation. The Medicare and Medicaid certification of providers in a state whose oversight process is substantially deficient may be jeopardized if CMS cannot ensure that the regulatory minimum health and safety standards have been met.

In Maryland, certain long-term care facilities (assisted living programs and developmental disabilities facilities) necessitate compliance with CMS waiver requirements. Additionally, hospice facilities, residential treatment facilities, and other long-term care facilities require adherence to corresponding federal standards.

Nursing Homes

OHCQ generally makes an unannounced site visit and conducts a full survey of each licensed nursing home at least once per year. After a nursing home complaint alleging actual harm, OHCQ must initiate an investigation within 10 business days. If MDH receives a complaint alleging immediate jeopardy to a resident, it must make every effort to investigate the complaint within 24 hours, and no later than 48 hours, after receiving the complaint.

According to MDH, and pursuant to specified federal regulations, the following nursing home surveys may generally be conducted to ensure compliance with both federal and State requirements:

- a “[standard survey](#)” means a periodic, resident-centered inspection that gathers information about the quality of service to determine compliance with specified requirements (according to MDH, a standard survey is referred to as the “annual survey” in the State, and is conducted on a 15.9 month cycle);
- an “[abbreviated standard survey](#)” means a survey other than a standard survey that gathers information primarily through resident-centered techniques on facility compliance and may be premised on (1) complaints received; (2) a change of ownership, management, or director of nursing; or (3) other indicators of concern;
- a complaint survey is a type of abbreviated standard survey initiated following a complaint alleging violation of federal and/or State laws and/or regulations;
- a [follow-up survey, or revisit survey](#), occurs when the State has cited deficiencies during the course of another survey, and the State may, as necessary, conduct a post survey revisit to determine if the facility has come into compliance with specified CMS requirements;

- a [special focus facility survey](#) is conducted as part of CMS's Special Focus Facility program, which is targeted at nursing homes that have a history of serious quality issues; and
- a [life safety code survey](#) is a review of specified fire protection requirements.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: HB 429 (Delegate Cullison, *et al.*) - Health and Government Operations.

Information Source(s): Maryland Association of County Health Officers; Harford, Montgomery, and Wicomico counties; Maryland Association of Counties; Maryland Department of Health; Department of Legislative Services

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