

LATE - HFAM_FAV_SB547

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Position: FAV

Rec'd 2/14/20



**Testimony Before the
Senate Finance Committee**
February 13, 2020
Senate Bill 547: Health Care Facilities -
Hospitals and Related Institutions - Discrimination Protections
Written Testimony Only

POSITION: SUPPORT

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 547. HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers throughout the state. Our members provide services and employ individuals in nearly every jurisdiction in the state. HFAM members provide quality and cost-efficient care to the majority of the 5.8 million total Medicaid patient days in Maryland skilled nursing and rehabilitation centers annually.

HFAM supports this legislation and its intent to prohibit hospitals and related institutions from discriminating in admitting or providing care for an individual based on the individual's sex, sexual orientation, gender identity, religion or creed, citizenship, age, physical or mental disability, genetic information or ancestry, as well as the type of treatment sought by the individual.

Hospitals and other healthcare centers have an obligation to admit patients and provide care equally and without discrimination to all individuals regardless of the characteristics that this legislation protects. Individuals in need of healthcare deserve equal access to that care at a location of their choosing as long as the care sought can be clinically best provided at that hospital or related institution. No individual should be turned away for care based on sex, sexual orientation, gender identity, religion or creed, citizenship, age, physical or mental disability, genetic information or ancestry.

For these reasons, we request a favorable report from the committee on Senate Bill 547.

Submitted by:

Joseph DeMattos, Jr.
President and CEO
(410) 290-5132



BCA_SB547_FAV

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Position: FAV



BERNARD C. "JACK" YOUNG
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

SB 547

February 13, 2020

TO: Members of the Senate Finance Committee

FROM: Nicholas Blendy, Deputy Director of Government Relations

RE: Senate Bill 547 – Health Care Facilities - Hospitals and Related Institutions -
Discrimination Protections

POSITION: SUPPORT

Chair Kelley, Vice-Chair Feldman, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 547.

SB 547 aims to protect vulnerable populations by requiring hospitals and related institutions to admit and treat individuals regardless of certain immutable characteristics and type of treatment sought. Reflecting the Americans with Disabilities Act, it expands protected classes for healthcare admittance and treatment to include sex, sexual orientation, gender identity, religion or creed, citizenship, age, physical or mental disability, veteran status, or genetic ancestry. Further, it protects individuals from being denied care based on the treatment or procedure they are seeking if said treatment or procedure is provided by the hospital or related institution.

Recently, the Trump Administration promulgated three rules that will significantly harm access to fundamental, patient-centered health services across the country. All three policies concern healthcare access for vulnerable communities spanning from recent immigrants to the LGBTQ community:

- Title X Compliance with Statutory Program Integrity Requirements provisions, commonly known as the “gag rule”
- Protecting Statutory Conscience in Rights in Health Care, commonly known as the “conscience clause”
- 83 FR 51114, commonly known as the “public charge”

These policies pose distinctive and significant harm to the health of Baltimore City's, and the State's, residents. Without the protections codified in SB 547, many of Baltimore City's most vulnerable communities will be at risk of losing access to crucial health services and programs.

Gag Rule

The Trump Administration's nearly implemented "gag" rule would significantly limit or eliminate access to the reproductive health services by preventing Title X funds from flowing to any healthcare institution that provides abortion services or referrals for abortions.¹

In 2017, over 16,000 unique, low-income clients used Baltimore City's 23 Title X clinics (including the Baltimore City Health Department ["BCHD"], its subcontractors, and Planned Parenthood) to receive cancer screenings, sexually-transmitted disease testing, pregnancy and motherhood counseling, and publicly funded contraceptive services. Access to these services is indispensable to the health of low-income residents. Title X funded services in Baltimore have helped decrease teen birth rates by 61% from 2000 and 2016, prevent the spread of disease, and provide care to the nearly 1 in 3 Baltimore City women in need of contraception.² Without institutional safeguards like HB 255, low-income residents seeking safe, quality, and affordable reproductive healthcare could face significant discrimination and be left with nowhere to turn.

Further, because the "gag" rule prohibits medical professionals from providing comprehensive, evidence-based abortion counseling and referrals, community health centers may discontinue Title X participation out of fear for medical liability, mostly stemming from the inability to provide accurate, medically-sound advice to patients.³ HB 255 could potentially protect both healthcare providers advising patients on comprehensive reproductive health care options and patients seeking evidence-based family planning counseling and services.

Conscience Clause

The "conscience clause" allows hospital administrative staff, along with healthcare providers and organizations, to withhold services, information, and referrals in the case of religious or moral opposition.⁴ By sanctioning religious or moral objections, the Trump Administration is potentially sanctioning discrimination against patients, especially those in our most vulnerable communities. LGBTQ individuals in Baltimore and around Maryland could be denied care for important health services simply because of their sexual orientation. A 2015 survey found that 29% of transgender individuals nationally had reported an incident where a

¹ Sobel, L., Rosenzweig, C., Salganicoff, A., & Long, M. (2018, November 21). Proposed Changes to Title X: Implications for Women and Family Planning Providers. Retrieved January 17, 2019, from <https://www.kff.org/womens-health-policy/issue-brief/proposed-changes-to-title-x-implications-for-women-and-family-planning-providers/>

² Wen, L. (2018, July 6). Trump's family planning dystopia. Retrieved January 17, 2019, from <https://www.baltimoresun.com/news/opinion/oped/bs-ed-op-0708-wen-dystopia-20180703-story.html>

³ Wickline v State of California (1986). Retrieved January 17, 2019, from <https://law.justia.com/cases/california/court-of-appeal/3d/192/1630.html>

⁴ Sonfield, A. (2018, March 21). How The Administration's Proposed 'Conscience' Rule Undermines Reproductive Health And Patient Care. Retrieved January 17, 2019, from <https://www.healthaffairs.org/doi/10.1377/hblog20180316.871660/full/>

provider refused to see them because of their gender identity.⁵ Another study found that 18.4% of LGBTQ individuals avoided doctor's offices because of discrimination.⁶ This type of routine discrimination severely limits healthcare utilization, deepening already significant health disparities. Compared to heterosexual individuals, LGBTQ individuals have higher rates of chronic illness, sexually transmitted diseases, and behavioral health conditions.⁷

The "conscience clause" provides cover and relief for individuals who deny medically necessary care to LGBTQ persons, underscoring the need for state protections such as HB 255. The rule could potentially deny access to emergency abortion care, limit access to comprehensive family planning counseling and services, and exacerbate health inequities.⁸ In 2014, 28,140 abortions were provided in Maryland.⁹ Without the protections outlined in HB 255, the thousands of women in Baltimore City seeking abortions could be denied the counseling and care they need. Altogether, the "conscience clause" rule's impact on healthcare access for vulnerable communities in our city amounts to a significant assault to public health.

Public Charge

The "public charge" rule specifically targets access to services for both documented and undocumented immigrant communities. The rule would make green card access more difficult for any immigrant who has used public assistance services such as Medicaid and Supplemental Nutrition Assistance Program ("SNAP"). A Kaiser Family Foundation report found that 94% of noncitizens nationally have at least one factor that could potentially count against them in a public charge determination.¹⁰ Consequently, the report predicted that the rule has the potential to cause 15% to 35% of households with a noncitizen to disenroll from Medicaid and CHIP, meaning anywhere from 2.1 to 4.9 million Medicaid/CHIP enrollees will be left without coverage.¹¹

In Baltimore City, immigrant families avail themselves of many BCHD-run programs and services including vision screenings and treatments in schools, school-based health centers

⁵ Mirza, S., Rooney, C. (2018, January 18). Discrimination Prevents LGBTQ People from Accessing Health Care. Retrieved January 17, 2019. from <https://www.americanprogress.org/issues/lgbt/news/2018/01/18/445130/discrimination-prevents-lgbtq-people-accessing-health-care/>

⁶ Singh, S., Durso, L. (2017, May 2). Widespread Discrimination Continues to Shape LGBT People's Lives in Both Subtle and Significant Ways. Retrieved January 17, 2019. from <https://www.americanprogress.org/issues/lgbt/news/2017/05/02/429529/widespread-discrimination-continues-shape-lgbt-peoples-lives-subtle-significant-ways/>

⁷ Kates, J. et al. (2018, May). Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S. Retrieved January 17, 2019. from <http://files.kff.org/attachment/Issue-Brief-Health-and-Access-to-Care-and-Coverage-for-LGBT-Individuals-in-the-US>

⁸ Sonfield, A. (2018, March 21). How The Administration's Proposed 'Conscience' Rule Undermines Reproductive Health And Patient Care. Retrieved January 17, 2019. from <https://www.healthaffairs.org/doi/10.1377/hblog20180316.871660/full/>

⁹ Jones, R.K., Jerman J. (2017). Abortion incidence and service availability in the United States, 2014, Perspectives on Sexual and Reproductive Health, 2017, 49(1), doi:10.1363/psrh.12015.

¹⁰ Artiga, S., Garfield, R., Damico, A. (2018, October). Estimated Impacts of the Proposed Public Charge Rule on Immigrants and Medicaid. Retrieved January 25th, 2019. <http://files.kff.org/attachment/Issue-Brief-Estimated-Impacts-of-the-Proposed-Public-Charge-Rule-on-Immigrants-and-Medicaid>

¹¹ Ibid.

and suites, family planning and sexually-transmitted diseases and infections (“STDs/STIs”) services, dental clinics, meals for seniors, and home visits for infant care, all of which could be construed as “public benefits.” Many children from immigrant families also rely on school-based health centers for routine vaccinations for diseases like measles, mumps, and various STDS. By avoiding these vital programs, many immigrant parents could be jeopardizing their family’s well-being as well as their own livelihoods.

The rule’s potential impact on immigration status may also dampen future enrollment of immigrants in public assistance, thereby limiting use of routine preventative and primary healthcare.¹² Protections from HB 255 would prohibit discrimination of healthcare providers based on citizenship status, allaying fears.

It is our belief that 2019’s Patient Bill of Rights (HB 145/SB 301) provided great relief to the groups discussed above, and that SB 547 could help bolster its provisions. Whereas the former requires reporting to the Maryland Department of Health’s Office of Healthcare Quality (“OHQ”), the latter would create a cause of action enforceable by the Maryland Commission on Civil Rights (“CCR”), further empowering individuals who have suffered discrimination. Moreover, HB 255 expands the amount of protected classes to effectively mirror the Patient Bill of Rights, thereby allowing for parallel enforcement by OHQ and CCR.

Altogether, SB 547 proactively codifies patient protections to ensure that no matter who you are, who you love, or what type of care you seek; your access to quality, affordable healthcare is never compromised. In Baltimore, this legislation will help insulate our city’s vulnerable communities from politically motivated attacks on their health. It would help slow disenrollment from public benefits, promote continued healthcare utilization, and defend access to reproductive health services. SB 547 is a necessary step towards safeguarding healthcare as a fundamental and apolitical human right for Marylanders.

We respectfully request a **favorable** report on Senate Bill 547.

¹² Parmet, W. (2018, September 27). The Health Impact Of The Proposed Public Charge Rules. Retrieved January 17, 2019. from <https://www.healthaffairs.org/doi/10.1377/hblog20180927.100295/full/>

HEAU_FAV_SB0547

Uploaded by: O'Connor, Patricia

Position: FAV

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February 13, 2020

To: The Honorable Delores G. Kelley
Chair, Finance Committee

From: Patricia F. O'Connor, Health Education and Advocacy Unit

Re: Senate Bill 547 (Health Care Facilities - Hospitals and Related Institutions -
Discrimination Protections): Support

The Office of the Attorney General's Health Education and Advocacy Unit (HEAU) supports Senate Bill 547 because people in Maryland require and deserve the clarity this bill provides regarding protections against discrimination by hospitals and related institutions in the delivery of care. We understand the sponsor has agreed to amend, or accept amendments, to delete Section 2 of the bill.

Health-General § 19-355 provides that a hospital or related institution cannot discriminate in providing personal care based on an individual's race, color or national origin. As currently enacted, the section is at variance with the full panoply of anti-discrimination protections contained in Health - General, § 19-342, Hospital patient's bill of rights (PBOR law), and State Government, § 20-304, Maryland's public accommodation law. The apparent gaps in Health-General § 19-355's anti-discrimination protections have been covered by Section 1557 of the Affordable Care Act since its enactment, but federal regulatory proposals intended to diminish those protections, and the risk of repeal, render continued reliance on Section 1557 uncertain.

This bill provides that a hospital or related institution cannot discriminate in admitting (a new criterion) or providing care for an individual based on the individual's race, sex, sexual orientation, gender identity, religion or creed, citizenship, age, physical or mental disability, or genetic information. HEAU does note that the protected categories enumerated in the PBOR law are slightly different than the categories enumerated in this

bill, and consistency would provide additional clarity.

We believe many consumers of care in hospitals and related institutions in Maryland assume this bill's anti-discrimination protections already exist, and that the protections will continue uninterrupted, independent of the Affordable Care Act. This bill would provide that continuity for consumers and clarity for hospitals and related institutions.

We urge the committee to give the bill a favorable report.

cc: Members of the Finance Committee

MACS_SWA_SB547

Uploaded by: Howell, Laura

Position: FWA



**Maryland Developmental
Disabilities Council**

Senate Finance Committee

**SB 547: Health Care Facilities - Hospitals and Related Institutions -
Discrimination Protections**

Position: Support with Amendment

February 13, 2020

Both the Maryland Association of Community Services (MACS) and the Maryland Developmental Disabilities Council advocate on behalf of thousands of Marylanders with intellectual and developmental disabilities (IDD) so that they can live, work and fully participate in their communities.

Unlike large hospitals and other health care facilities, DDA-licensed residential providers (included in the definition of “related institutions”) provide highly individualized supports to people with IDD in small, home-settings typically comprised of 2-4 people. Best practices in the field of developmental disabilities require a high degree of choice for people using supports-- including roommates, personal preferences, needs, employment, other activities, healthcare, etc.—all of which are important factors taken into consideration when a provider determines whether or not they are able to deliver the appropriate supports needed by a given person with IDD. These are decisions based on the expertise and staffing of the provider as well as the unique needs of other people with IDD who the provider may also be supporting in a particular home. Situations arise where a person’s needs, related to their disability, and/or the gender make-up of a home, as well as the personal choice of the other people already living in a home contribute to a decision that a provider is not able to accept a person into services. This amendment complies with federal guidelines regarding individual choice, and allows providers to ensure that they can meet the needs of the individuals they serve.

Respectfully submitted.

AMENDMENT REQUESTED BY
MARYLAND ASSOCIATION OF COMMUNITY SERVICES and
MARYLAND DEVELOPMENTAL DISABILITIES COUNCIL

SB 547 - HEALTH CARE FACILITIES - HOSPITALS AND RELATED INSTITUTIONS -
DISCRIMINATION PROTECTIONS

Explanation:

On page 2, after line 10, insert:

(b) Section (a) of this subsection does not prevent providers of services to developmentally disabled individuals under Title 7 of the Health General Article from making a determination of whether to admit someone based on the ability of the provider to meet the needs of the individual, or the rights and preferences of individuals affected by the admission.

Unlike large hospitals and other health care facilities, DDA-licensed residential providers (included in the definition of “related institutions”) provide highly individualized supports to people with IDD in small, home-settings typically comprised of 2-4 people. Best practices in the field of developmental disabilities require a high degree of choice for people using supports-- including roommates, personal preferences, needs, employment, other activities, healthcare, etc.—all of which are important factors taken into consideration when a provider determines whether or not they are able to deliver the appropriate supports needed by a given person with IDD. These are decisions based on the expertise and staffing of the provider as well as the unique needs of other people with IDD who the provider may also be supporting in a particular home. Situations arise where a person’s needs, related to their disability, and/or the gender make-up of a home, as well as the personal choice of the other people already living in a home contribute to a decision that a provider is not able to accept a person into services. This amendment complies with federal guidelines regarding individual choice and allows providers to ensure that they can meet the needs of the individuals they serve.

LifeSpan_Danna Kauffman_FWA_SB0547

Uploaded by: Kauffman, Danna

Position: FWA



*Keeping You Connected...Expanding Your Potential...
In Senior Care and Services*

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Ronald N. Young

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
Richard A. Tabuteau

DATE: February 13, 2020

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 547 – *Health Care Facilities – Hospitals and Related Institutions – Discrimination Protections*

On behalf of the LifeSpan Network, the largest and most diverse senior care provider association in Maryland representing nursing facilities, assisted living providers, continuing care retirement communities, medical adult day care centers, senior housing communities and other home and community-based services, we submit this letter noting our concerns below on Senate Bill 547.

Senate Bill 547 alters the discrimination laws as it applies to hospitals and related institutions (nursing facilities, assisted living and others) by expanding the list of protected clauses. Senate Bill 547 also specifies that a hospital or related institution may not discriminate in admitting or providing care for an individual because of the treatment or procedure sought by the individual, if the treatment or procedure is (1) capable of being executed by the hospital or related institution, and accompanied by a referral subject to specified limitations contained in the Health Occupations Article or (2) otherwise determined to be medically necessary (page 2; lines 5-11). LifeSpan opposes this provision. First, it does not appear that related institutions are subject to the referral language. Second, while care may be deemed medically necessary, not every nursing facility is appropriate to provide care to every individual. Therefore, we request that this provision be eliminated from the bill.

With regard to the expansion of the protected classes, it is important to note that Senate Bill 738: *Health Care Providers and Health Benefit Plans – Discrimination in Provision of Services* also expands the list of protected classes and applies to, among others, hospitals and related institutions. The Senate Finance Committee is scheduled to hear this bill on February 26th. Unlike Senate Bill 547, this bill contains an important qualifier that specifies that care may be refused, withheld or denied if it is based on the inability to comply with the usual and regular requirements, standards and regulations governing the health occupation. We believe that this is an important provision and should be added to the section on related institutions. Moreover, we respectfully request that these bills be discussed together to ensure consistency.

For more information call:

Danna L. Kauffman
Pamela Metz Kasemeyer
Richard A. Tabuteau
410-244-7000

SB547_The Arc Maryland_SWA_Ande Kolp

Uploaded by: kolp, ande

Position: FWA



The Arc Maryland
8601 Robert Fulton Drive, Suite 140
Columbia, MD 21046
www.thearcmd.org

Senate Finance Committee

SB 547: Health Care Facilities - Hospitals and Related Institutions - Discrimination Protections

Support with Amendment

The Arc Maryland is a state-wide non-profit advocacy organization dedicated to the rights and quality of life of people with intellectual and developmental disabilities (I/DD) and their families. We are providing this letter of information to communicate our views on this bill, and possible unintended consequences for the Community DDA providers that support people with developmental disabilities.

This bill would extend protections against discrimination to hospitals and "related institutions" at the point of admission consideration. "Disability" is one of many protected classes named.

While much of The Arc Maryland's work is focused on protecting and furthering the rights and freedoms of people with I/DD, including freedom from discrimination, the bill's extension to admissions for "related institutions" is problematic for the DDA home and community-based service system.

Residential Group Homes, for people with intellectual and developmental disabilities are considered "related institutions." These group homes are small facilities, with typical licensed capacities of 1 to 4 people. The people who live and receive healthcare supports in these homes are grouped based on a highly person-centered approach as required by state and federal mandates. People with I/DD choose their housemates and staffing support is then designed around the needs of the small grouping. Group Homes are community-based, in typical neighborhoods throughout Maryland and most are perceived only as single-family homes.

DDA providers of community services provide residential support to people through non-nursing caregivers known as Direct Support Professionals. The staffing pool is much smaller than that of a hospital, with staff on duty who have little more than medication technician certifications; they have Maryland Board of Nursing permission to administer medications for conditions that are "routine and predictable."

Currently, when a DDA Provider agency determines through the admissions process that they do not have a vacancy that is appropriate for the small individual groupings, or if they determine they do not possess, nor can they acquire, the medical expertise needed on staff to safely support a person, they will deny the admission of the person. This process provides for individuals with I/DD to remain safe as they seek services from one of the other many DDA providers and preserves the rights of other individuals living in the DDA group homes.

The Arc Maryland supports a bill amendment offered by The Maryland Association of Community Services and also supported by The Developmental Disabilities Council.

The amendment would clarify that nothing in the bill's language would be intended to prevent providers of services to developmentally disabled individuals under Title 7 of the Health General Article from making a determination of whether to admit someone based on the ability of the provider to meet the needs of the individual, or the rights and preferences of individuals affected by the admission.

Respectfully submitted, Ande Kolp, Executive Director

MCCR_Info_SB547

Uploaded by: Dove, Spencer

Position: INFO

State of Maryland

Commission on Civil Rights

“Our vision is to have a State that is free from any trace of unlawful discrimination.”



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February 13, 2020

Senate Bill 547 - Health Care Facilities - Hospitals and Related Institutions - Discrimination Protections Position: Letter of Concern

Dear Chairperson Kelley, Vice Chairperson Feldman, and Members of the Senate Finance Committee:

The Maryland Commission on Civil Rights (“MCCR”; “The Commission”) is the State agency responsible for the enforcement of laws prohibiting discrimination in employment, housing, public accommodations, and state contracts based upon race, color, religion, sex, age, national origin, marital status, familial status, sexual orientation, gender identity, genetic information, and physical and mental disability.

Current law prohibits a hospital or related institution from discriminating in providing care for an individual based on that individual’s race, color, or national origin. Senate Bill 547 expands this list of protected classes to include sex, sexual orientation, gender identity, religion or creed, citizenship, age, physical or mental disability, genetic information, or ancestry. The bill further states that an individual shall not be discriminated against during admission to the hospital or related institution, in addition to the existing prohibition regarding providing care. Finally, SB547 prohibits a hospital or related institution from discriminating against an individual in administering a treatment or procedure sought by the individual if such a treatment or procedure is (1) capable of being executed by the institution and is accompanied by a referral, or (2) is otherwise deemed medically necessary.

While MCCR understands and supports expanding anti-discrimination protections for all, including in the area of health care accessibility and deliverability, the agency has concerns with this bill as presented.

First, the Maryland Commission on Civil Rights is concerned that this legislation is not assigned to the appropriate agency for enforcement. It is the Commission’s understanding that the Maryland Department of Health’s Office of Health Care Quality currently takes complaints from patients who are concerned about the health care or treatment they received or did not receive. Page 2, lines 5 through 11 add language to existing anti-discrimination protections in the Health – General Article that expand the Commission’s scope of enforcement to include health care delivery. The agency does not have the subject matter expertise to be able to investigate

allegations of discrimination regarding the adequacy or denial of a treatment or a procedure that the patient alleges they are due.

Second, if MCCR's statutory jurisdiction is expanded to include investigating discrimination complaints about health care delivery, the agency will require additional resources from the State. These resources will be needed to ensure that current case processing times are not adversely impacted. Commission staff are experiencing high case inventories due to an increase in complaint intakes over the past few years. Any increase in case inventories will result in investigations taking longer to complete. This is of particular concern to MCCR because it has the potential to hinder the agency's ability to satisfy contractual obligations with the U.S. Equal Employment Opportunity Commission ("EEOC") and the U.S. Department of Housing & Urban Development ("HUD"). MCCR receives approximately 25% of its annual budget from federal funds. Any loss of federal funds would need to be supplemented by the State, or the agency would need to begin cutting vital investigative staff in order to stay within its annual allowance. Indeed, any increase in case processing times or decrease in investigative staff is to the detriment of Complainants and Respondents accessing MCCR services seeking resolutions to allegations of unlawful discrimination.

Third, MCCR will require additional resources to guarantee that all staff are adequately equipped and trained to enforce the provisions of SB547. All investigators at MCCR are cross-trained to investigate complaints in each of our areas of jurisdiction. This enables the Commission to evenly spread workloads out across all staff. Because MCCR is unaware of any other revenue sources to cover the costs associated with equipping and training investigators with what they need, MCCR must rely on increased funding from the State to cover the cost.

Thank you for your time and consideration of the information contained in this letter. The Maryland Commission on Civil Rights looks forward to the continued opportunity to work with you to improve and promote civil rights in Maryland.

MHA_INFO_SB547

Uploaded by: Witten, Jennifer

Position: INFO



Maryland
Hospital Association

February 13, 2020

To: The Honorable Delores Kelley, Chairman
Senate Finance Committee

From: Jennifer Witten, Vice President, Government Affairs
Maryland Hospital Association

Re: Letter of Concern- Senate Bill 547 - Health Care Facilities – Hospitals and Related Institutions –
Discrimination Protections

Dear Chairman Kelley and Committee Members;

On behalf of the Maryland Hospital Association's (MHA) 61 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 547. No Marylander should ever face discrimination, particularly in a health care setting where people often are at their most vulnerable. That is why the state's hospitals have a long-standing commitment to anti-discrimination and equitable care. Not only is that effort central to the mission of Maryland's health care providers, it also is, rightly, mandated by federal and state laws and regulations.

At the federal level, **anti-discrimination protections are specifically included in section 1557 of the Affordable Care Act**, which “builds on long-standing and familiar Federal civil rights laws: Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.”ⁱ These statutory protections are enacted through practice standards detailed by Medicare, which are enforced through an accreditation process that uses onsite inspections by the Joint Commission and Maryland Department of Health's Office of Health Care Quality (OHCQ). In addition to the inspection process, OHCQ will also investigate patient complaints about their care. If non-compliance is found, corrective actions may be taken, including termination of a hospital's license.

In addition to federal law, there are numerous state laws and regulations prohibiting discrimination. The revised Patient Bill of Rights, which passed in 2019, included anti-discrimination provisions that require all Maryland hospitals to treat all patients 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.

While hospitals appreciate the intent of SB 547, it is important to note the provisions are covered by multiple federal and state laws for hospitals. We thank you for your careful consideration of this issue.

For more information, please contact:
Jennifer Witten
Jwitten@mhaonline.org

ⁱ U.S. Department of Health & Human Services, <https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>