



**Maryland Developmental
Disabilities Council**

House Health and Government Operations Committee

**HB 255: Health Care Facilities - Hospitals and Related Institutions -
Discrimination Protections**

Position: Support with Amendment

February 5, 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. Language that suggests that DDA licensed providers are required to support anyone who seeks out their services is inconsistent with federal and state mandates for a person centered plan that offers a high degree of individual choice.

For these reasons, we offer the attached amendment removing related institutions from the “admitting” provision of the bill while clarifying that related institutions remain subject to the prohibition on discrimination in providing care, and to the expanded list of classifications in the proposed language.

Respectfully submitted.

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

HB 255 - HEALTH CARE FACILITIES - HOSPITALS AND RELATED INSTITUTIONS -
DISCRIMINATION PROTECTIONS

On page 1, starting on line 22: **Delete** “or related institution”

On page 2, after line 11: **Insert** “A related institution may not discriminate in providing care for an individual because of the individual’s race, sex, sexual orientation, gender identity, religion or creed, citizenship, age, physical or mental disability, genetic information, color, or national origin or ancestry.”

Explanation:

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. Language that suggests that DDA licensed providers are required to support anyone who seeks out their services is inconsistent with federal and state mandates for a person centered plan that offers a high degree of individual choice.