



**TESTIMONY BEFORE THE
HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE**

March 4, 2021

House Bill 1292: Baltimore City - Nursing Homes and Assisted Living Programs - Social Workers

Written Testimony Only

POSITION: FAVORABLE WITH AMENDMENT

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support with amendment for House Bill 1292: Baltimore City - Nursing Homes and Assisted Living Programs - Social Workers.

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. Our members provide services and employ individuals in nearly every jurisdiction of the state. HFAM members provide the majority of post-acute and long-term care to Marylanders in need: 6 million days of care across all payer sources annually, including more than 4 million Medicaid days of care and one million Medicare days of care. Thousands of Marylanders across the state depend on the high-quality services that our skilled nursing and rehabilitation centers offer every day.

House Bill 1292 requires nursing homes and assisted living programs in Baltimore City to designate a licensed social worker for each resident to serve as the resident's case manager, and authorizes a social worker to provide services for nursing home or assisted living residents that will help them maintain their physical, mental, and psychosocial status.

We appreciate the intent of this legislation, and support the premise of a social worker acting as a case manager -- particularly for patients or residents who are unable to advocate for themselves or who do not have an authorized decision maker.

However, we do have concerns that this bill imposes a burden on Baltimore City nursing homes and assisted living providers. For example, the bill is unclear in that it requires "designation" of a social worker without clarifying if this means employ or contract at the cost of the provider. In addition, this legislation requires the social worker who is "designated" to act as a "case manager" for residents. As such, if this is at the expense of the nursing home or assisted living program, this adds a significant Baltimore City-specific burden. We ask that the Committee take these concerns in to consideration.

Even though the social worker would be a case manager, the bill would provide statutory authority to provide mental health services. This is not the role of a case manager and not all social workers provide mental health services. Insurance and Medicare may not reimburse for mental health services a social worker at any level provides. The bill does not address who pays for such mental health services. **Therefore, we request that the bill be amended to remove the provision of a case manager providing mental health services.**

In addition, HB 1292 would provide broad statutory authority for a social worker to assist with legal matters, even though the social worker is not an attorney. **We request that this legislation be amended to remove the provision that a social worker will provide assistance with legal matters.**

The bill requires the social worker to undertake a substantial level of responsibility for resident but the nursing home or assisted living provider does not have the authority to designate someone to act for a resident. Only the resident or authorized decisionmaker can do this. **We request that this provision be amended so that the resident or authorized decisionmaker designate a social worker to act for the resident.**

It is important to note that residents may not want the nursing home or assisted living provider to designate their case manager. They may advocate for themselves or have an authorized decisionmaker. Federal and state regulations already identify when a nursing home is required to have a social worker. If this legislation is enacted, we ask that the Committee take in to consideration the potential for duplicative regulations that could actually impede the delivery of care.

With these considerations and proposed amendments, we request a favorable report from the Committee on House Bill 1292.

Submitted by:

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