



Maryland
Hospital Association

March 7, 2022

To: The Honorable Shane E. Pendergrass, Chair, House Health & Government Operations Committee

Re: Letter of Concern - House Bill 1329 – Suicide Treatment Improvement Act

Dear Chair Pendergrass:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on House Bill 1329.

We appreciate the intent of the legislation to improve care for patients who attempt or may attempt suicide. However, HB 1329 may have unintended consequences.

The primary areas of concern within the legislation are the discharge requirements. Every hospital in Maryland complies with multiple patient discharge regulations, including:

- The Joint Commission Guidelines
- Centers for Medicare & Medicaid Services Conditions of Participation
- Federal Emergency Medical Treatment and Labor Act

Discharges are tailored to each patient and include assessments of post-discharge needs. Hospitals have processes and partnerships to carry out these discharge plans, which are communicated to patients and their caregivers, as required in state and federal regulation. These requirements include the right for patient self-determination and to refuse treatment or post-discharge supports.

Hospitals take these standards very seriously. The Joint Commission and the Office of Health Care Quality (OHCQ) conduct routine on-site inspections for compliance. If a hospital has not met standards, corrective actions may be taken. In extreme cases, OHCQ can revoke a hospital's license, authorized under §19-360 of the Health General Article.

The prohibitions on discharge or transfer outlined in HB 1329 may adversely impact hospitals that serve the most vulnerable patients. Busy emergency departments and inpatient units could quickly fill with individuals who clinically do not require emergency or inpatient care. This would reduce access for patients who are truly in need of those services. The language could also be interpreted to require a hospital to keep a patient against their will due to the patient's housing circumstance.

Additionally, HB 1329 attempts to legislate provider behaviors, such as respect for patients and good bedside manner, which already are central to the core mission of hospitals as places of

health and healing. As such, these qualities already are embedded in performance expectations for our state's 117,000 dedicated caregivers.

We are concerned that the legislation may duplicate requirements on the treatment of patients included in the Patient's Bill of Rights, passed by this Committee in 2019. Every hospital employee is charged with providing the most sensitive, culturally competent care possible. Should a provider not live up to those standards, existing mechanisms are in place to remedy the situation—through the facility or the health professional licensing board, if necessary.

We hope you find this information useful and welcome the opportunity to work through these issues should this legislation move forward.

For more information, please contact:
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