



Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, DrPH, MHSA, Acting Secretary

March 6, 2025

The Honorable Joseline A. Peña-Melnyk
Chair, Health and Government Operations Committee
240 Taylor House Office Building
Annapolis, MD 21401-1991

RE: House Bill (HB) 1291 - Health Facilities - Assisted Living Programs - Family Councils - Letter of Information

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Department of Health (Department) respectfully submits this Letter of Information for House Bill (HB) 1291 - Health Facilities - Assisted Living Programs - Family Councils.

HB 1291 provides for the composition of a family council for assisted living programs which may be created by the owner, operator, or staff of an assisted living program and can lead the family council for not longer than 6 months. The assisted living program is required to provide new and prospective residents with information about the family council and create and maintain processes for a public correspondence file and grievances/communications.

On January 24, 2025, a complete overhaul of COMAR 10.07.14 Assisted Living Program regulations was published in the [Maryland Register](#). Included in Regulation .13 Administration of this revision is regulatory guidance on assisted living program family councils. This language was the result of discussion and consensus with a broad group of stakeholders, a process that started in 2015.

As such, the Office of Health Care Quality (OHCQ) believes the intent of this bill is encompassed within the proposed regulations that the Department plans to adopt following the completion of the public comment period. The Department's family council regulations apply to all assisted living programs regardless of bed size, and resident councils, and allow for 30 days to respond to grievances. HB 1291 only applies to assisted living programs with 15 or more beds, does not address resident councils, and requires a response to a grievance within 14 days.

The process of promulgating regulations for assisted living was a complex undertaking. OHCQ held multiple in-person and online public meetings to involve and seek input from hundreds of stakeholders. In addition to family councils, the revisions address abuse, neglect, and financial

exploitation protections; provision and posting of a Resident Bill of Rights; stiffer penalties for programs operating without a license; and the requirement for awake overnight staff for assisted living programs that have Alzheimer's Special Care Units.

MDH's new regulation states: *"Family council" means a group of individuals who work together to protect the rights of and improve the quality of life for residents of an assisted living program*

B. Family Council.

(1) If assisted living program residents have a family council, the assisted living program shall make reasonable attempts to support and cooperate with the family council.

(2) The family council for an assisted living program may include the following members:

(a) Members of a current resident's family;

(b) An individual appointed by a current resident who has the capacity to appoint an individual;

(c) A resident representative; or

(d) An individual appointed by a resident representative.

(3) The assisted living program shall provide the family council the right to privacy for meetings and, if possible, the space to meet privately.

(4) Staff members may attend a meeting only if requested by the family council.

(5) The assisted living program shall consider the family council's recommendations and grievances and attempt to accommodate those recommendations and grievances that affect residents' quality of life.

(6) The assisted living program shall respond in writing within 30 calendar days to the family council when it has received written requests or grievances from the council.

C. Resident Council.

(1) If an assisted living program has a resident council, the assisted living program shall make reasonable attempts to support and cooperate with the resident council.

(2) A resident council includes current residents of the assisted living program.

(3) The assisted living program shall provide the resident council the right to privacy for meetings and, if possible, the space to meet privately.

(4) Staff members may attend a meeting only if requested by the resident council.

(5) The assisted living program shall consider the council's recommendations and grievances and attempt to accommodate those recommendations and grievances that affect the residents' quality of life.

(6) The assisted living program shall respond in writing within 30 calendar days to the resident council when it has received written requests or grievances from the council.

If you have any questions, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs for the Maryland Department of Health at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink that reads "Ryan B. Moran". The signature is fluid and cursive, with a long horizontal line extending from the end.

Ryan B. Moran, Dr.P.H., MHSA

Acting Secretary