

Marylanders for Patient Rights

SB0240 Office of Health Care Quality - Stakeholder Advisory Council - Favorable

Background

For the last decade, the Office of Health Care Quality (OHCQ) has failed to provide sufficient oversight of Maryland's health care facilities, including hospitals and nursing homes. The lack of adequate annual inspections and monitoring is a key factor in the declining CMS metrics for quality health care in Maryland. Nationally, Maryland has consistently been in the bottom 10% of hospital patient satisfaction, the worst in ER wait time, and the second to worst in nursing home inspections. With new leadership in place, there is hope that OHCQ will return to its vital function of providing pro-active oversight of our health care facilities and improve our key metrics of quality of care. However, after years of inertia, public trust in OHCQ has declined. OHCQ needs oversight, as described in my Washington Post [opinion letter](#).

A Stakeholder Advisory Council for OHCQ will help to restore public trust and provide constructive feedback to the agency.

The Council

The Council is modeled on the highly successful Federal Advisory Committees that have operated across the federal agencies for over five decades. As a former member of the Senior Executive Service, I and my fellow executives found our advisory groups to be very helpful in providing thoughtful advice, guidance and support. These advisory groups serve a non-regulatory function but instead promote engagement and transparency. The Council will provide feedback from a diverse group of stakeholders, and members could raise red flags if they see that OHCQ is experiencing mission drift away from providing oversight of Maryland's health care systems. The Council could help to regain public trust for an agency with a history of dysfunction and improve quality of care for Maryland patients and nursing home residents.

Operation

The Council will meet virtually with OHCQ leadership twice a year, with two-year terms. Meetings will be streamed live on the web and meeting minutes posted. Council membership will include representatives from: frontline hospital workers, nursing home care workers, nursing home residents or family members, Maryland Continuing Care Residents Association, a long term care industry rep, an MHA representative, Med Chi, a SEIU union rep, patient advocates including AARP, NAACP and CASA, Disability Rights Maryland, behavioral health experts, state legislators, the Office of the Secretary of Health, and the Office of the Secretary of Aging, and the Long Term Care Ombudsman.

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A Chair will be selected by the Director of OHCQ and serve a two-year term. Similarly to Federal advisory committees, no more than 24 Council members will serve on the Council.

At Council meetings, OHCQ will provide the past six months data on: 1) Number of hospitals monitored; 2) number of nursing homes inspected; 3) number of complaints received by hospital patients and long term care residents; 4) length of time for OHCQ response to complaints; 5) number of Code violations identified by OHCQ; and 6) number of complaints resolved. At the end of the formal Council meeting, members of the public will be invited to provide comments.

The Chair will write a summary report which is not a consensus document; it should include all stakeholder feedback. Advice from the Stakeholder Advisory Council will be non-binding; instead, it will provide an opportunity for feedback from diverse stakeholders to OHCQ.

Uniqueness

While there are obviously other health care related committees under the state government, the Stakeholder Advisory Council will provide unique perspectives related to a broader purview. For example, the Dept. of Aging Oversight Committee on Assisted Living and Nursing Homes has a focus on aging seniors who need assistance. The Council will look at the entire portfolio of the OHCQ mission, including health care for families, children, adults, and independent seniors as well. I attach Venn diagram analysis that visually explains this point.

Impact

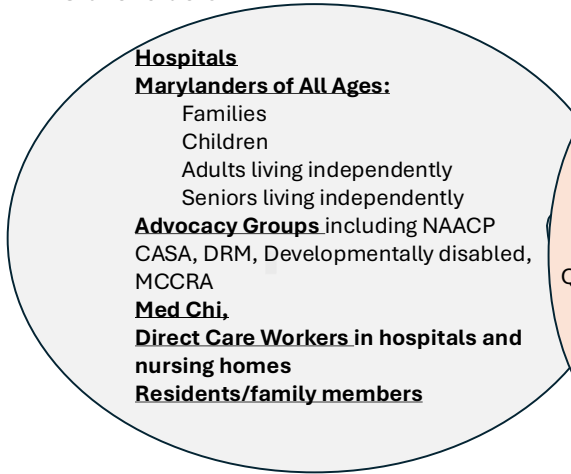
A Stakeholders Advisory Council for OHCQ will help to restore trust in a vitally important state health care agency, provide constructive criticism, increase engagement and transparency, and provide diverse stakeholder perspectives to improve the quality of care in our state. The Council will support the implementation of the AHEAD model for health care in Maryland. The Stakeholder Advisory Council will be initiated on Jan. 1, 2027.

I urge you to provide a favorable report on SB240.

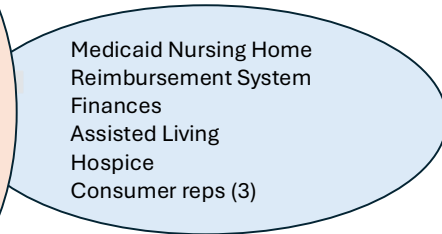
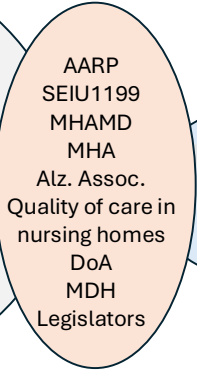
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**OHCQ's Stakeholder Advisory Council:
Broad Community of Health Care
Stakeholders**



**Dept. of Aging's Oversight
Committee on Quality of Care in
Nursing Homes and Assisted
Living Facilities**



Maryland's list of “worsts”

- Longest ER wait time out of 50 states for 10 years
- Bottom 10% of states in hospital patient satisfaction
- Bottom 10% in salaries for registered nurses (adjusted for cost of living)
- Bottom 10% in number of staffed hospital beds
- Alarming increase in medical errors (see *Wash. Post*)
- Next to the worst in providing timely nursing home inspections
- Numerous violations in adult day care (see *Wash. Post*)

A new bill in 2026: **Stakeholder Advisory Council** for the Office of Health Care Quality (OHCQ)

The Council would:

- Provide diverse perspectives to improve quality of care
- Restore public trust and provide constructive feedback
- Return OHCQ to its vital oversight function to improve declining quality of care in Maryland facilities.

[Sponsored by Senator Karen Lewis Young and Del. Teresa Woorman](#)

Stakeholder Advisory Council

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- Operate similarly to Federal advisory committees
- Non-regulatory forum for engagement and transparency
- 22 diverse members
- Meet virtually twice a year, with two year terms
- OHCQ will provide updates on their inspections
- Open to the public for comment
- Chair will write a summary report, not consensus

Stakeholder Advisory Council: Proposed Membership for **Broad Engagement**

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Frontline hospital and nursing home workers, and unions

Patient advocates (AARP, Disability Rights, NAACP, CASA and more)

Continuing care communities (MaCCRA)

Maryland Medical Society

Maryland Hospital Association

Long term care business (e.g. Leading Age)

Behavioral and mental health experts

State legislators

Offices of the Secretary of Health and Secretary of Aging

Long Term Care Ombudsman



Positive Impact: Improve the Quality of Health Care for all Marylanders

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- Provide diverse stakeholder perspectives and constructive, helpful criticism
- Increase engagement and transparency
- Identify opportunities for increasing efficiency and effectiveness.
- Build public trust in the agency