



Wes Moore | Governor

Aruna Miller | Lt. Governor

Carmel Roques | Secretary

Date: January 23, 2026

Bill Number: **SB 123**

Bill Title: Oversight Committee on Quality of Care in Nursing Homes and Assisted Living Facilities - Membership

Committee: Senate Finance

MDOA Position: FAVORABLE WITH AMENDMENTS

The Maryland Department of Aging (MDOA) thanks the Chair and Committee members for the opportunity to submit this **favorable with amendments** testimony for Senate Bill (SB) 123 - Oversight Committee on Quality of Care in Nursing Homes and Assisted Living Facilities - Membership.

MDOA serves as Maryland's State Unit on Aging, administering federal and state funding for core programs, overseeing the Area Agency on Aging (AAA) network at the local level that provides supportive services to older adults, and planning for Maryland's growing older adult population. Under Human Services Article § 19-1409, the Secretary of Aging, or their designee, is an appointed member of the Oversight Committee on Quality of Care in Nursing Homes and Assisted Living Facilities (the "Oversight Committee") and must serve as the Chair. MDOA currently provides all staff support for the Oversight Committee.

MDOA is supportive of SB 123's aim to conform the current membership with respect to its General Assembly members with the current committee structure. MDOA requests additional straightforward amendments that:

- repeal two member organizations that no longer exist, the Health Facilities Association of Maryland, and Voices for Quality Care;
- Updates the name of the Maryland Association for Medical Adult Day Services;
- Adds a representative for LeadingAge Maryland, a membership association that includes nursing home and assisted living facilities;



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- Modifies the language of the currently prescribed three representatives from the assisted living industry to give reasonable flexibility terms of the assisted living facility sizes as prescribed currently in statute. To date there have been challenges in securing consistent assisted living facility participation on the Oversight Committee in each size group (serving 1-4 residents, 5-9 residents, and more than 10 residents).

MDOA thanks the sponsor for his leadership in making needed updates to this important committee's statute. For these reasons, the Department of Aging respectfully urges a **favorable with amendments** report for SB 123. If you have any questions, please contact Andrea Nunez, Legislative Director, at andrea.nunez@maryland.gov or (443) 414-8183.

Sincerely,

Carmel Roques
Secretary
Maryland Department of Aging



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Proposed Amendments to SB 123 – Oversight Committee on Quality of Care in Nursing Homes and Assisted Living Facilities - Membership

On page 2, insert in subsection (b)(3):

(3) ~~Two members~~ **ONE MEMBER** of the House Health [and Government Operations] Committee, appointed by the Speaker of the House;

On pages 2 and 3, insert in subsection (b)(13):

[14] (13) The following representatives, selected by the organizations the individuals represents:

- [(i)] One representative from the Health Facilities Association of Maryland;]
- [(ii)](i) One representative from Mid-Atlantic Lifespan;
- [(iii)](ii) One representative of the Hospice Network of Maryland;
- [(iv)](iii) One representative of the Maryland Hospital Association;
- [(v)](iv) One representative of 1199 SEIU United Health Workers East;
- [(vi)](v) One representative of the Maryland Chapter of AARP;
- [(vii)](vi) One representative of United Seniors of Maryland;
- [(viii)] One representative of Voices for Quality Care;]
- [(ix)] (vii) One representative of the Mental Health Association of Maryland knowledgeable in issues of aging;
- [(x)](viii) One representative of the Maryland Chapter of the Alzheimer’s Association;



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[(xi)](ix) One representative of the Maryland Association FOR [of] **MEDICAL** Adult Day Services; and

(x) **ONE REPRESENTATIVE OF LEADINGAGE MARYLAND**

(14) Three representatives from the assisted living industry, **OF WHICH, TO THE EXTENT PRACTICABLE**, representatives shall come from programs that care for 1 to four residents, five to nine residents, and more than 10 residents.