

**health testimony .pdf**

Uploaded by: Alexandra Fraser

Position: FAV

TESTIMONY IN SUPPORT OF SB 240

OFFICE OF HEALTH CARE QUALITY STAKEHOLDER ADVISORY COUNCIL

FROM: Rev Alexandra (Alexa) Fraser

My name is Rev. Alexa. I am a resident of District Number 17. I am submitting this testimony in support of SB 240 the Office of Health Care Quality Stakeholder Advisory Council.

I am a minister and concerned citizen of Maryland, Montgomery County and Rockville. My faith, Unitarian Universalism calls for love at the center of all we do. In specific I am concerned about The Office of Health Care Quality (OHCQ)'s inadequate oversight of health care in our state. The Stakeholder Advisory Council will provide diverse perspectives to improve quality of care which is clearly needed in our state.

I'm particularly delighted that the Council will serve as a non-regulatory forum to promote engagement and transparency on critical health care issues State wide. I believe that the Council will provide constructive feedback and help to restore public trust in our health care system. The Council will return OHCQ to its vital oversight function and improve what we have experienced as declining quality of care in Maryland health care facilities.

The sole goal of this Council is to improve oversight by OHCQ. Who would object to that?

# **SB0240. The Arc Maryland. Support.pdf**

Uploaded by: Ande Kolp

Position: FAV



SB0240: Office of Health Care Quality Stakeholder Advisory Council -  
Establishment

February 3, 2026

Position: Support

The Arc Maryland is a statewide training, support, and advocacy organization that is dedicated to advancing and preserving the rights and quality of life of people with intellectual and developmental disabilities.

We support SB0240 which would create a Stakeholder Advisory Council for OHCQ (The Office of Health Care Quality) with a diverse membership of stakeholders charged reviewing performance and providing constructive feedback to the agency as a very important part of healthcare quality oversight.

The Council created through this legislation will serve in a non-regulatory capacity, meeting virtually with OHCQ leadership twice a year, with each member serving two-year terms. Council membership will include representatives the Department of Health and the Legislature, and also representatives from hospital and nursing home workforces, nursing home residents, family members, related Professional Associations, and disability rights representatives.

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.

Ande Kolp, Executive Director  
[www.thearcmd.org](http://www.thearcmd.org)

**SB0240\_MHAMD\_Fav.pdf**

Uploaded by: Ann Geddes

Position: FAV

**Senate Bill 240 – Office of Health Care Quality Stakeholder Advisory Council - Establishment**

Senate Finance Committee

February 3, 2026

**Position: SUPPORT**

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of SB 240.

For over a decade, the Office of Health Care Quality (OHCQ) failed to adequately oversee Maryland's nursing facilities. In 2024, a class action lawsuit was filed against the Maryland Department of Health (MDH), alleging that for many years OHCQ had failed to conduct required annual inspections of nursing facilities and to investigate complaints. At the same time, CMS data indicated that several Maryland nursing homes had not received an annual inspection for four years or more. Maryland ranked second to last in the U.S. in nursing home inspections.

New leadership at MDH and OHCQ brought about some improvements. In addition, in 2025 the legislature began to address the problem, by requiring in SB 376 (CH0680) that OHCQ regularly report data on their inspections of nursing facilities to the legislature and to the Local Area Agencies on Aging.

SB 240 would further enhance protections for people in nursing facilities. It would establish an OHCQ Stakeholder Advisory Council and require that OHCQ regularly report to the Council their data on inspections, violations found, complaints, and resolved complaints. The Council could provide constructive feedback and recommendations to OHCQ, and if necessary, report any deficiencies found to the Secretary of the Department of Health.

People with serious mental illness can be especially negatively impacted by poor quality nursing facilities. About 20% of people living in nursing homes have been diagnosed with a serious mental illness.<sup>1</sup> Despite efforts by the federal government to reduce unnecessary institutionalization of people with mental illness in nursing facilities,<sup>2</sup> over the last two decades the percentage has continued to rise.

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<sup>1</sup> Hannah C. Ratliff et al. Turnover in Nursing Homes that Serve Residents with Serious Mental Illness. J Am Med Dir Assoc (2025). <https://pmc.ncbi.nlm.nih.gov/articles/PMC10089963/>

<sup>2</sup> Though requiring the use of the Preadmission Screening and Resident Review (PASRR) process.

*For more information, please contact Ann Geddes at (443) 926-3396*

More concerning, multiple studies have found that people with serious mental illness who reside in nursing homes are in facilities that provide worse than average care.<sup>3</sup> These facilities have higher rates of hospitalization and untreated pain, higher staff turnover, and lower star ratings, and they fail to ensure that adequate psychiatric care is provided to residents in need of psychiatric care.

People with serious mental illness and older adults are among Maryland's most vulnerable populations. Without adequate oversight of Maryland's nursing homes, they can suffer in poor quality facilities. It is critical that further action be taken to ensure that inspections are completed and complaints are resolved. For these reasons, MHAMD supports SB 240 and urges a favorable report.

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<sup>3</sup> Taylor Bucy. Serious Mental Illness in Nursing Homes: Stakeholder Perspectives on the Federal Preadmission Screening Program. J Aging Soc Policy (2022). <https://pmc.ncbi.nlm.nih.gov/articles/PMC9709959/>

# **SB240\_Marylanders for Patient Rights\_Fav.pdf**

Uploaded by: Anna Palmisano

Position: FAV

# *Marylanders for Patient Rights*

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## **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.

## *Marylanders for Patient Rights*

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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.

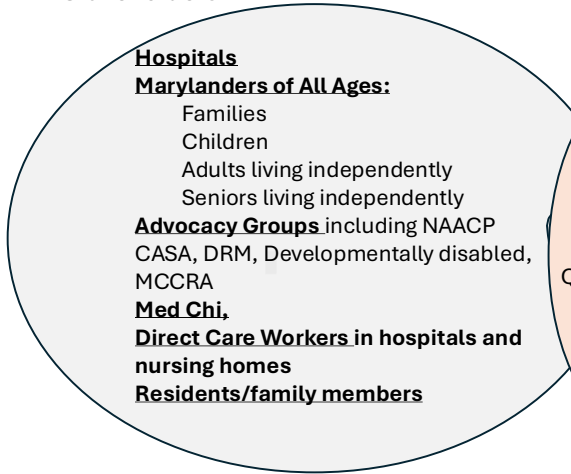
**I urge you to provide a favorable report on SB240.**

Anna Palmisano, Ph.D.  
Director, Marylanders for Patient Rights  
[palmscience@verizon.net](mailto:palmscience@verizon.net);  
301-529-0946

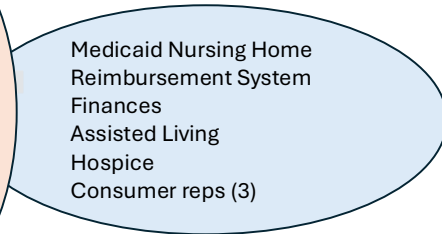
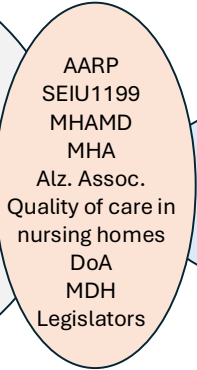
# Marylanders for Patient Rights

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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**

Marylanders  
for Patient  
Rights

- 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****

Marylanders  
for Patient  
Rights

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**

Marylanders  
for Patient  
Rights

- 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

# **MaCCRA 2026 Testimony - Support - Senate Bill 240**

Uploaded by: Bruce Hartung

Position: FAV



Maryland Continuing Care Residents Association  
**Protecting the Future of Continuing Care Residents**  
**The Voice of Continuing Care Residents at Annapolis**

**SUBJECT:** Senate Bill 240 - Office of Health Care Quality Stakeholder Advisory Council - Establishment  
**COMMITTEE:** Senate Finance Committee  
The Honorable Pamela Beidle, Chair  
**DATE:** January 30, 2026  
**POSITION:** **Favorable**

**The Maryland Continuing Care Residents Association (MaCCRA)** is a not-for-profit organization representing the residents in continuing care retirement communities (CCRCs). Maryland has over 20,000 older adults living in 38 licensed CCRCs. The principal purpose of MaCCRA is to protect and enhance the rights, well-being, and financial security of current and future residents while maintaining the viability of the providers whose interests are frequently the same as their residents. MaCCRA supports efforts to enhance transparency, accountability, financial security, and preserve existing protections in law and regulation for current and future CCRC residents statewide.

**MaCCRA supports Senate Bill 240.** This bill establishes a Stakeholder Advisory Council made up of health care workers, state government officials and advocates, including a representative of MaCCRA, who will review complaints from hospital patients and long-term care residents and code violations identified at monitored hospitals and nursing homes and make recommendations to the Office of Health Care Quality in the Department of Health for the continued improvement in nursing home and hospital care quality. Often the voices of those being served cannot be heard. This is an opportunity to foster an environment and process by which they can be heard, and therefore everyone -- hospital patients, long-term care residents and health care organizations – will benefit.

We understand that the proposed advisory council is modeled on Federal Advisory Committees which have proven highly successful over the past several decades; and we believe it should be very helpful to the Department of Health in addressing concerns and crafting solutions, identifying opportunities, providing constructive criticism and ensuring transparency to the public.

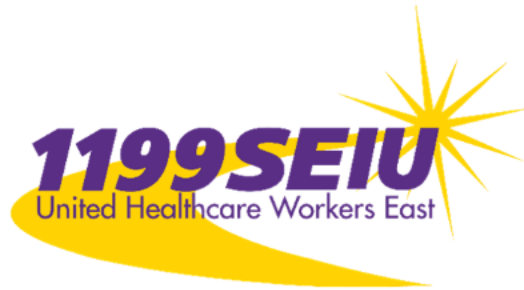
**Therefore, we ask for a favorable report on Senate Bill 240.**

**For further information please contact:** Bruce Hartung, President  
Maryland Continuing Care Residents Association c/o [brucehartung@sbcglobal.net](mailto:brucehartung@sbcglobal.net)

**OHCQAdvisoryCouncil\_1199SEIU\_FAV.pdf**

Uploaded by: Loraine Arikat

Position: FAV



## Testimony on **SB240**

Office of Health Care Quality Stakeholder Advisory Council - Establishment

### **Position: FAV**

To Chair Beidle and Members of the Senate Finance Committee,

My name is Ricarra Jones and I am the Political Director for 1199SEIU United Healthcare Workers East in Maryland and Washington, DC. 1199 is the largest healthcare workers union in the nation, representing 10,000 members in our region. Our union supports SB240 and urges the Committee to issue a **favorable** report.

Federal cuts to healthcare have made it necessary for Maryland to have processes to hold facilities accountable to providing quality care. If passed, SB240 would ensure healthcare workers and consumers can share their expertise as part of the advisory council. This will make it easier to identify where oversight of our facilities is falling short. The Office of Health Care Quality (OHCQ) oversees licensing, certifying, and surveying of Maryland healthcare facilities including hospitals, nursing homes, clinics, residential service agencies, and other long term care facilities.

We urge this committee to think of Maryland's most vulnerable who may be enduring subpar care due to lack of oversight. Please vote YES on SB 240 for more transparency within OHCQ and an inclusive advisory council.

Sincerely,

Ricarra Jones

Political Director

1199SEIU United Healthcare Workers East



**SB 240 - FAV - FIN - ALZ Association (1).pdf**

Uploaded by: Megan Peters

Position: FAV



**Bill:** SB 240 - Office of Health Care Quality Stakeholder Advisory Council - Establishment

**Committee:** Finance

**Position:** Favorable

**Date:** February 3, 2026

On behalf of the 127,200 Marylanders living with Alzheimer's disease and the many others with another type of dementia, the Alzheimer's Association supports SB 240. This bill establishes the Office of Health Care Quality (OHCQ) Stakeholder Advisory Council, creating a forum for transparency and engagement to discuss the oversight of health care facilities including hospitals, long-term care facilities, and adult day care.

Marylanders living with dementia who reside in long-term care facilities depend on stable, high-quality care environments and robust oversight systems. In recent years, Maryland's oversight of long-term care facilities has experienced significant failures. A 2024 federal class-action lawsuit<sup>1</sup> found that 181 nursing facilities, representing 81.5% of Maryland's licensed nursing homes, went at least 16 months without a required inspection, and more than 100 facilities went four years without an annual inspection. During the same period, OHCQ received approximately 13,173 complaints and facility-reported incidents but investigated fewer than half.

For individuals living with dementia, who may be unable to recognize or report mistreatment, these lapses in oversight can have devastating and irreversible consequences. When oversight systems fail, risks escalate resulting in preventable injuries, malnutrition, untreated medical conditions, dangerous wandering, and increased exposure to abuse in care settings.

While state officials have made progress in reducing inspection backlogs and improving regulatory performance, this follows years of systemic breakdowns that eroded public trust. SB 240 represents a commitment to strengthen quality and establish a culture of accountability within the oversight system. By bringing stakeholders together, the OHCQ Stakeholder Advisory Council will help ensure ongoing transparency, provide constructive feedback to the agency, and elevate issues before they lead to systemic failure. Most importantly, this Council will help protect residents in long-term care who are least able to safeguard themselves and most dependent on the State to fulfill its oversight responsibilities.

For these reasons, the Alzheimer's Association urges a favorable report on SB 240. Please contact Megan Peters, Director of Government Affairs at [mrpeters@alz.org](mailto:mrpeters@alz.org) with any questions.

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<sup>1</sup> *Complaint: Maryland Department of Health—Office of Health Care Quality oversight failures.*  
<https://justiceinaging.org/wp-content/uploads/2024/05/1-MD-Complaint.pdf>

# **SB 240 - FAV.pdf**

Uploaded by: Megan Peters

Position: FAV



# Maryland Senior Citizens Action Network

## MSCAN

AARP Maryland

Alzheimer's  
Association,  
Maryland Chapters

Baltimore Jewish  
Council

Catholic Charities of  
Baltimore

Central Maryland  
Ecumenical Council

Church of the Brethren

Episcopal Diocese of  
Maryland

Housing Opportunities  
Commission of  
Montgomery County

Lutheran Office on  
Public Policy in  
Maryland

Maryland Association of  
Area Agencies on Aging

Maryland Catholic  
Conference

Mental Health  
Association of Maryland

Mid-Atlantic LifeSpan

National Association of  
Social Workers,  
Maryland Chapter

Presbytery of Baltimore

The Coordinating  
Center

MSCAN Co-Chairs:  
Carol Lienhard  
Megan Peters  
410-921-9005

The Maryland Senior Citizens Action Network (MSCAN) is a statewide coalition of advocacy groups, service providers, faith-based and mission-driven organizations that support policies that meet the housing, health, and quality of care needs of Maryland's low and moderate-income seniors.

**MSCAN supports SB 240** which establishes the Office of Health Care Quality (OHCQ) Stakeholder Advisory Council, a diverse council designed to strengthen accountability, transparency, and safety in Maryland's health care and long-term care facilities.

Marylanders rely on stable, high-quality care environments and robust oversight systems. In recent years, Maryland's oversight of long-term care facilities, many of which provide care for our older adults, has experienced failures. A 2024 federal class-action lawsuit<sup>1</sup> found that 181 nursing facilities, representing 81.5% of Maryland's licensed nursing homes, went at least 16 months without a required inspection, and more than 100 facilities went four years without an annual inspection.

Compounding these oversight challenges is the complexity of nursing home populations. The prevalence of serious mental illness among nursing home residents nationally has increased dramatically in recent years, rising from 10.5% in 2007 to 18.6% in 2017, an 80% increase in just a decade.<sup>2</sup> Residents with serious mental illness often have more complex care needs, making strong oversight and high-quality staffing even more critical. Research also shows that individuals with serious mental illness are more likely to be admitted to nursing homes with more deficiencies in care, putting them at heightened risk when oversight systems fail.

State officials have made progress in reducing inspection backlogs and improving regulatory performance. However, this follows years of systemic breakdowns that eroded public trust. SB 240 represents an important step toward rebuilding that trust. The Advisory Council will include frontline workers, nursing home residents, industry representatives, and advocacy groups, bringing a wide range of experience to the table. By regularly engaging with these stakeholders, OHCQ will gain a deeper understanding of the real-world challenges faced by providers, residents, patients, and families, ultimately supporting more informed decision-making and stronger outcomes.

In addition, the Advisory Council will be responsible for reviewing OHCQ data reports, compiling feedback from members, and developing recommendations to improve the quality of nursing home and hospital care. This data-driven approach will enable the Council to identify areas of concern early and offer recommendations for improvement before problems escalate.

The Advisory Council will help ensure that Maryland's oversight system is responsive, collaborative, and grounded in the lived experience of those most affected by lapses in quality and safety. Most importantly, the Advisory Council will help protect residents in long-term care who are least able to safeguard themselves and most dependent on the State to fulfill its oversight responsibilities. For these reasons, MSCAN urges a favorable report on SB 240.

<sup>1</sup> *Complaint: Maryland Department of Health—Office of Health Care Quality oversight failures.* <https://justiceinaging.org/wp-content/uploads/2024/05/1-MD-Complaint.pdf>

<sup>2</sup> Bucy, T., Moeller, K., Skarphol, T., Shippee, N., Bowblis, J. R., Winkelman, T., & Shippee, T. (2022). Serious mental illness in nursing homes: Stakeholder perspectives on the federal Preadmission Screening Program. *Journal of Aging & Social Policy*, 34(5), 769–787. <https://doi.org/10.1080/08959420.2022.2083882>

# **SB0240-LWVMD-FAV-Office of Health Care Quality Sta**

Uploaded by: Nora Miller Smith

Position: FAV



## TESTIMONY TO THE SENATE FINANCE COMMITTEE

### SB0240: Office of Health Care Quality Stakeholder Advisory Council- Establishment

**POSITION: Support**

**BY: Linda Kohn, President**

**DATE: February 3, 2026**

**The League of Women Voters believes that every Maryland resident should have access to affordable, quality health care, including long-term care, that also protects patients' rights. It thus supports Senate Bill 240, which would establish a Stakeholder Advisory Council for the Office of Health Care Quality.**

Vulnerable Marylanders living in long-term care facilities rely on the Office of Health Care Quality (OHCQ) to provide pro-active oversight and monitoring to ensure quality care. While the Centers for Medicare and Medicaid Services (CMS) mandates periodic health inspections of nursing homes, in recent years Maryland has not performed these in a timely manner. According to StarPro, which tracks data on nursing homes across the U.S., as of 1/14/26 Maryland ranks #42 out of 51 states and D.C.<sup>1</sup> in on-time Standard Surveys. **This lack of active, timely oversight puts patients at risk.**

In 2025 a class-action lawsuit was filed against the Maryland Department of Health on behalf of the thousands of nursing home residents in the state. A federal judge ruled that the suit could proceed, alleging "a chain of causation between MDH's oversight and enforcement failures and Plaintiffs' particularized and unique injuries and risks as mobility-impaired residents of nursing facilities,"<sup>2</sup>

**An OHCQ Stakeholder Advisory Council would help to restore trust in this important state health care agency by providing diverse perspectives and constructive feedback from a varied group of stakeholders, including nursing home residents and their families, front-line healthcare workers, patient care and disability advocates, state legislators, and healthcare administrators. The League and its 2,000 members urge the committee to give a favorable report to Senate Bill 240.**

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<sup>1</sup> <https://getstarpro.com/old-survey-list/#MD>

<sup>2</sup> <https://marylandmatters.org/2025/05/01/judge-says-lawsuit-against-health-department-can-proceed-over-missed-nursing-home-inspections/#:~:text=Brown%20%2D%20May%201%2C%202025%201,advocacy%20groups%20leading%20the%20lawsuit.>

# **Testimony in support of SB0240 - Office of Health**

Uploaded by: Richard KAP Kaplowitz

Position: FAV

SB0240\_RichardKaplowitz\_FAV

02/03/2026

Richard Keith Kaplowitz

Frederick, MD 21703

**TESTIMONY ON SB#/0240- POSITION: FAVORABLE**

**Office of Health Care Quality Stakeholder Advisory Council - Establishment – Procedures**

**TO:** Chair Beidle, Vice Chair Hayes, and members of the Finance Committee

**FROM:** Richard Keith Kaplowitz

My name is Richard Keith Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of SB#/0240, **Office of Health Care Quality Stakeholder Advisory Council – Establishment**

This bill is personal to me. During my late son's illnesses, I was frequently forced to confront two of the long-term care and rehabilitation facilities he was residing in for lack of quality care to his needs. I forced staff meetings at the facilities to hear our complaints which I documented in writing and required them to answer and address. In both places the administration admitted to me that my strong advocacy for my son made a difference in how they cared for him.

Not every patient has a father who knows the system and is willing to challenge it as an advocate for a family member. This vital bill can correct that lack of advocacy by establishing the Office of Health Care Quality Stakeholder Advisory Council to provide feedback to the Office of Health Care Quality regarding maintaining oversight of health care facilities and to notify the Secretary of Health if the Office is negligent in providing oversight of health care facilities; and requiring the Advisory Council, beginning in 2027, and by December 1 annually, to report its findings and recommendations to the Governor and the General Assembly.

Those reports can guide the legislature and the Attorney General to determine appropriate measures and laws to increase health care quality in every facility within Maryland. Maryland can lead the nation in ensuring appropriate care standards apply in our state.

**I respectfully urge this committee to return a favorable report on SB#/0240.**

# **SB 240 Favorable.pdf**

Uploaded by: Ruth Carlock

Position: FAV



**Date: January 30, 2026**

**Hearing Date: February 3, 2026**

**Committee: Finance**

**Bill: SB 240 - Office of Health Care Quality Stakeholder Advisory Council - Establishment**

**Position: In Support and Request Favorable Report**

**Submitted by:**

**Ruth Carlock**

**Brain Injury Association of Maryland**

**2200 Kernan Dr.**

**Baltimore MD 21207**

**Our organization:**

The Brain Injury Association of Maryland (BIAMD) is a 42-year-old organization providing education, advocacy, and research. We operate an information & assistance hotline, work with over 100 clients in case management, host a yearly conference on brain injury, and advocate for policies that improve the life of Marylander's living with Traumatic Brain Injuries (TBI) and Acquired Brain Injuries (ABI). We are writing in SUPPORT of this bill.

**Rationale:**

Chair Pamela Beidle, Vice Chair Antonio Hayes, Members of the Committee, my name is Ruth Carlock, the Legislative Liaison at the Brain Injury Association of Maryland and am here in support of SB 240.

This bill would collect a diverse team of Maryland's healthcare leaders and designated politicians with frontline hospital workers, nursing home workers, healthcare advocates, and those in the care of these organizations, several times a year to complete a public

meeting to develop recommendations to improve the quality of nursing home and hospital care in Maryland. This change would add greater public feedback and accountability to the process with public meetings focused on reporting the number of hospital monitoring, nursing home inspection, hospital patient complaints, and code violations. These biannual meetings would help build trust that has been lost by the ongoing issues of these healthcare industries.

According to data from 2024, Maryland currently has the longest wait times in the country. Some Marylanders drive for hours to other states/DC for emergency hospital care. Nursing Homes have seen a consistent decline in quality among those living in a nursing facility as more people are needing care. With the need for services only increasing over the coming years with a rapidly aging retirement population.

Currently, The Office of Health Care Quality has seen issues keeping up with the demand for improving health care quality, and this bill will help return the vital oversight function to improve the declining quality of care in Maryland.

As a waiver case manager at the Brain Injury Association of Maryland, my clients come directly from nursing homes and hospitalizations. A client I've been working with for years recently placed in a nursing home has experienced neglect, minimal oversight, and a lack of transparency in getting information to his healthcare teams and family. These are issues we see frequently among TBIs survivors and their advocates, many desperate to get them out of these nursing homes unable to meet their complex demands.

Given the ongoing healthcare quality challenges in Maryland. The establishment of the Stakeholder Advisory Council is a necessary step in providing constructive feedback and advice to push healthcare in the right direction. We ask that you render a favorable report for Senate Bill 240. Thank you.

## References:

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Palmisano, Anna. "Safe Staffing Committees Can Reduce Maryland's Lengthy ER Wait Times - Maryland Matters." *Maryland Matters*, 12 July 2025, [marylandmatters.org/2025/07/12/safe-staffing-committees-can-reduce-marylands-lengthy-er-wait-times/](https://marylandmatters.org/2025/07/12/safe-staffing-committees-can-reduce-marylands-lengthy-er-wait-times/).

Simms, Barry. "Ombudsman on Maryland Nursing Homes: 'We Are Concerned.'" *WBAL*, WBAL, 8 July 2024, [www.wbaltv.com/article/nursing-home-conditions-maryland-ombudsman-concerned/61535157](https://www.wbaltv.com/article/nursing-home-conditions-maryland-ombudsman-concerned/61535157).

# **SB240 - PJC - Support.pdf**

Uploaded by: Sam Williamson

Position: FAV



*Building a Just Society*

Sam Williamson, Attorney  
Public Justice Center  
201 North Charles Street, Suite 1200  
Baltimore, Maryland 21201  
410-625-9409, ext. 234  
williamsons@publicjustice.org

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**SB240: Office of Health Care Quality Stakeholder Advisory Council – Establishment**

**Senate Finance Committee, February 3, 2026**

**Position: FAVORABLE**

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health and Benefits Equity Project advocates to protect and expand access to healthcare and safety net services for Marylanders struggling to make ends meet. We support policies and practices that are designed to eliminate economic and racial inequities and enable every Marylander to attain their highest level of health. **The PJC supports SB240, which would increase oversight of Maryland’s healthcare system.**

Maryland’s Office of Health Care Quality (OHCQ) is entrusted with ensuring that Maryland patients receive adequate care and with investigating complaints of abuse and neglect in Maryland healthcare facilities. Yet, OHCQ has not been able to fulfill its mandate. **Maryland currently ranks #42 out of 51 states and D.C. in fulfilling its obligations to oversee nursing facilities**, with numerous facilities that have not had an inspection in over three years.<sup>1</sup>

SB240 would allow patients, frontline workers, and advocates to provide feedback to OHCQ on how to improve oversight of Maryland healthcare facilities. Importantly, SB240 would also provide the public with ongoing data about the number of complaints received and resolved by OHCQ, and the average length of time it took OHCQ to respond to complaints. Increasing accountability for timely investigations is essential to addressing unsafe conditions. When investigations are late, it can lead to patients being exposed to additional harm, evidence can be lost, and redress can become harder to achieve. Public accountability is a vital step towards better protecting Maryland patients.

For these reasons, the PJC **SUPPORTS SB240** and urges a **FAVORABLE** report. Should you have any questions, please call Sam Williamson at 410-625-9409 ext. 234.

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<sup>1</sup> StarPro, *Outdated Survey List*, <https://getstarpro.com/old-survey-list/> (last checked January 30, 2026).

# **SB 240 - Office of Health Care Quality Stakeholder**

Uploaded by: Sara Westrick

Position: FAV



One Park Place | Suite 475 | Annapolis, MD 21401-3475  
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aarp.org/md | md@aarp.org | twitter: @aarpm  
facebook.com/aarpm

**SB 240 - Office of Health Care Quality Stakeholder Advisory Council - Establishment  
Senate Finance Committee  
February 3, 2026 at 2:00 p.m.  
FAVORABLE**

Good afternoon, Chair Beidle, Vice Chair Hayes, and members of the Senate Finance Committee. Thank you for the opportunity to submit written testimony in support of Senate Bill 240, which establishes a Stakeholder Advisory Council to support the work of the Office of Health Care Quality (OHCQ).

My name is Sara Westrick, Advocacy Director for AARP Maryland. As you may know, AARP Maryland is one of the largest membership-based organizations in the state, with approximately 850,000 members. AARP Maryland thanks Senator Lewis Young for sponsoring this legislation.

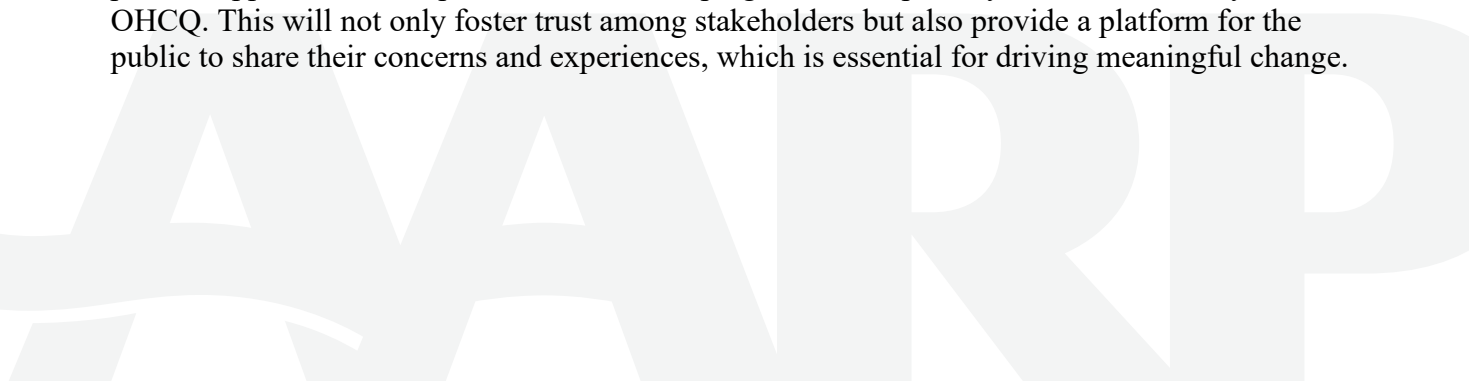
OHCQ plays a vital role in overseeing the quality of care provided in our state's health care facilities. SB 240 takes a crucial step toward enhancing OHCQ's effectiveness by creating a stakeholder advisory council that will provide valuable feedback and recommendations to the office.

**Why AARP Maryland Supports SB 240**

The advisory council, comprising diverse stakeholders, such as frontline hospital workers, nursing home residents, industry representatives, and advocacy groups, including AARP Maryland, will bring a wealth of knowledge and expertise to the table. By periodically engaging with these stakeholders, OHCQ will gain a deeper understanding of the challenges and concerns faced by health care providers, patients, and families, ultimately leading to more informed decision-making and better outcomes.

I am particularly pleased that the advisory council will focus on reviewing OHCQ data reports, compiling feedback from its members, and developing recommendations to improve the quality of nursing home and hospital care. This data-driven approach will enable the council to identify areas of concern and provide targeted suggestions for improvement.

In addition, having the advisory council hold virtual public meetings every six months will provide opportunities for public comment, helping build transparency and accountability with OHCQ. This will not only foster trust among stakeholders but also provide a platform for the public to share their concerns and experiences, which is essential for driving meaningful change.



I also appreciate the provision that requires the advisory council to report its findings and recommendations to the Governor and the General Assembly annually. This will ensure that the Council's work is actionable, with recommendations for follow-up.

I believe that SB 240 has the potential to significantly improve the effectiveness of OHCQ and, ultimately, the quality of care provided in our state's health care facilities.

AARP Maryland respectfully urges a **favorable report** on SB 240. If you have any questions, please contact Sara Westrick at [swestrick@aarp.org](mailto:swestrick@aarp.org) or by calling 410-310-0374.

**SB0240 Written Testimony.pdf**

Uploaded by: Senator Karen Lewis Young

Position: FAV

KAREN LEWIS YOUNG  
Legislative District 3  
Frederick County



Annapolis Office  
Miller Senate Office Building  
11 Bladen Street, Suite 3 West  
Annapolis, Maryland 21401  
410-841-3575  
800-492-7122 Ext. 3575  
Karen.LewisYoung@senate.maryland.gov

Budget and Taxation Committee

Chair  
Pensions Subcommittee

THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

District Office  
253 East Church Street  
Frederick, MD 21701  
301-662-8520

The Honorable Pam Beidle  
The Honorable Antonio Hayes  
Finance Committee  
Annapolis, MD 21401

February 3rd, 2026

**SB0240: Office of Health Care Quality Stakeholder Advisory Council - Establishment**

Chair Beidle, Vice Chair Hayes, and esteemed members of the Finance Committee,

The Office of Health Care Quality (OHCQ) in the Department of Health is charged with monitoring compliance and developing regulations for minimum standards of care. Nevertheless, Maryland faces a number of healthcare-related challenges. SB 240 will establish a Stakeholder Advisory Council to assist the Office of Health Care Quality by providing feedback on the oversight of the State's numerous health care facilities.

The Stakeholder Advisory Council will be composed of 22 members representing a diverse cross-section of the health care industry and state government. The Advisory Council will meet twice a year. During the meeting:

1. OHCQ will provide the Advisory Council with data from the preceding 6 months on
  - a. the number of hospitals actively monitored,
  - b. nursing homes inspected,
  - c. complaints received from hospital patients and long-term care residents, and
  - d. code violations at each facility.
2. OHCQ will also provide data on the average time for the Office to respond to each complaint and the number of complaints resolved by the Office.
3. The Advisory Council will then compile member feedback into a summary report containing recommendations to continue improvement of nursing home and hospital care quality.

Importantly, the advice of the Advisory Panel is non-binding. Instead, the Advisory Council provides a non-regulatory forum for engagement and transparency. This Stakeholder

Advisory Council is modeled after similar councils that have been in use by the federal government for over 50 years. More than 50 federal agencies utilize the stakeholder advisory council model. They help inform regulatory processes, assist agencies in policy development, make agencies more responsive, and ensure that the public is receiving the service they are entitled to.

I request a favorable report,

A handwritten signature in blue ink that reads "Karen Lewis Young". The signature is written in a cursive style with a large, looping "Y" at the end.

Senator Karen Lewis Young

# **DRM\_OHCQ Advisory Council Support.pdf**

Uploaded by: Tam Lynne Kelley

Position: FAV

## **Senate Finance Committee**

**February 3, 2026**

### **Senate Bill 240**

#### **Office of Health Care Quality Stakeholder Advisory Council - Establishment**

Disability Rights Maryland (DRM) strongly supports Senate Bill 240 (SB240), which establishes a new Office of Health Care Quality (OHCQ) Advisory Council. DRM, a non-profit 501(c)(3) organization, is Maryland's designated Protection and Advocacy agency with a federal mandate to advance the civil rights of people with disabilities. DRM works to ensure that individuals with disabilities can receive services that are free from harm, abuse, or coercion; and that are trauma-informed and recovery-oriented.

DRM meets regularly with OHCQ and files complaints on behalf of clients with disabilities that may be subject to abuse or neglect in health care facilities. DRM supports SB240 because OHCQ currently operates with minimal public oversight of its work. This can result in little recourse if an investigation does not address all issues raised in a complaint or, as often happens, a decision is not timely. For example, DRM is still waiting for OHCQ to complete investigations of four complaints that were submitted in 2021, including three complaints regarding the improper use of chemical restraint and one complaint in reference to alleged abuse of a patient by staff.

Added public accountability will make the OHCQ "plan of corrections" process more robust and effective. Advisory Council oversight would ensure that OHCQ holds facilities accountable with more meaningful corrective action plans. Especially when OHCQ investigations find dangerous conditions, facilities must be more closely monitored to ensure that the conditions are resolved. Without these changes, vulnerable patients will remain at risk.

Finally, DRM supports the requirements in SB240 that ensures a diversity of voices will be heard at the Advisory Council meetings. Having individuals with lived experience, including those who reside in nursing facilities, included in the process will help to ensure that facilities provide the quality care that individuals not only need, but also deserve. For these reasons, DRM urges a favorable report on SB240.

**Contact:**

Tam Lynne Kelley, Senior Advocate

[TamK@disabilityrightsmd.org](mailto:TamK@disabilityrightsmd.org)

(410) 727-6352

# **Maryland Catholic Conference\_FWA\_SB240.pdf**

Uploaded by: Diane Arias

Position: FWA



MARYLAND  
CATHOLIC  
CONFERENCE

**February 3, 2026**

**Senate Bill 240**  
**Office of Health Care Quality Stakeholder Advisory Council - Establishment**  
**Senate Finance Committee**

**Position: Favorable with Amendment**

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

**Senate Bill 240** established the Office of Health Care Quality Stakeholder Advisory Council to provide feedback to the Office of Health Care Quality regarding maintaining oversight of health care facilities and to notify the Secretary of Health if the Office is negligent in providing oversight of health care facilities; and requiring the Advisory Council, beginning in 2027, and by December 1 annually, to report its findings and recommendations to the Governor and the General Assembly.

The Advisory Council is charged with providing stakeholder feedback to the Office regarding oversight of health care facilities, while the Advisory Committee is responsible for reviewing data reports, compiling stakeholder input, and developing recommendations to improve nursing home and hospital care quality. To fulfill these responsibilities effectively, the Council and Committee must reflect the full diversity of health care providers serving Maryland residents.

Maryland has a substantial and longstanding presence of faith-based, nonprofit hospitals, particularly within the Catholic and Seventh-day Adventist traditions. These institutions include major systems such as Ascension Saint Agnes, Holy Cross Health (Trinity Health), Mercy Medical Center, and the extensive Adventist HealthCare network.<sup>1</sup> Collectively, faith-based hospitals represent a significant portion of Maryland's hospital infrastructure and serve communities across urban, suburban, and rural regions of the State.

Faith-based hospitals play a critical role in delivering holistic, patient-centered care that addresses not only physical health needs but also emotional and spiritual well-being. They are

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<sup>1</sup> <https://mhaonline.org/about-maryland-hospital-association/members/>

often trusted providers for underserved and vulnerable populations and offer essential services such as palliative care, long-term care, and community-based outreach. Their care models are rooted in missions of compassion, dignity, and service, which shape how care is delivered and how quality and patient outcomes are measured.

Because faith-based institutions are key stakeholders in Maryland's health care system, their exclusion from the Advisory Council would leave a significant gap in perspective and expertise. Including representation from faith-based hospitals or providers ensures that policy recommendations reflect the realities of all major health care systems operating in the State and promotes balanced, inclusive oversight that serves Marylanders equitably.

**Proposed Amendment:**

(C) The Advisory Council consists of the following members:

(VII) One member representing faith-based institutions or providers.

Including faith-based representation will strengthen the Council's work, enhance the quality of its recommendations, and ensure that Maryland's health care oversight reflects the full spectrum of providers serving patients across the State.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 240**.

Thank you for your consideration.

**2026 SB240 NAPNAP.pdf**

Uploaded by: JD Murphy

Position: FWA



January 30<sup>th</sup>, 2026

Maryland Senate  
Finance Committee  
3 Miller Senate Office Building  
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair, and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Maryland Chesapeake Chapter, we are writing to express our **support with amendment of SB240: Office of Health Care Quality Stakeholder Advisory Council – Establishment.**

We commend the efforts of the Maryland General Assembly to enhance healthcare quality and accessibility through the establishment of this advisory council. However, we believe that in order to truly represent the diverse health needs of our population, particularly our children, it is vital to amend this legislation to explicitly include pediatric-focused organizations, such as NAPNAP and the American Academy of Pediatrics (AAP), as active stakeholders on the council. The inclusion of these organizations will ensure that the unique concerns and perspectives related to pediatric healthcare are effectively addressed in all discussions and recommendations made by the council.

Pediatric healthcare is distinct in many ways, including developmental considerations, specific health challenges, and the need for family-centered care. By involving pediatric healthcare-focused organizations, the council will benefit from the expertise of professionals who are specifically trained to understand and advocate for the health and well-being of children and adolescents. This perspective is essential for establishing relevant policies and practices that will enhance the quality of care delivered to Maryland’s young population. Our organizations are committed to promoting high-quality healthcare for children and families. Including pediatric voices in the stakeholder advisory council will support collaborative efforts to improve health outcomes, standardize best practices, and address the specific healthcare challenges that impact our youngest residents. This amendment will also foster a stronger alliance between child health advocates and the broader healthcare community, ultimately leading to a more comprehensive approach to health care in Maryland.

For these reasons, the Maryland Chesapeake Chapter of NAPNAP extends their support with amendment of SB240: Office of Health Care Quality Stakeholder Advisory Council - Establishment **and requests a favorable report.** The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The Maryland Chapter of NAPNAP membership includes over 200 primary and acute care pediatric nurse practitioners who are committed to improving the health and advocating for our state’s pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact the Maryland Chapter legislative chair, Dr. JD Murphy, at [mdchesnapnapleg@outlook.com](mailto:mdchesnapnapleg@outlook.com).

Sincerely,

Dr. Jessica D. Murphy DNP, CPNP-AC, CPHON, CNE  
Maryland Chapter Legislative Chair

Dr. Evgenia Ogorodova DNP, CPNP-PC  
Chapter Legislative Co-Chair

Dr. Yvette Laboy DNP, CPNP-AC,  
CCRN, CPN; Chapter President

Ms. Lindsay Ward MSN, CPNP-PC,  
IBCLC; Immediate Past-President

Dr. Samantha Hoffman DNP, MS,  
CPNP-PC; Chapter President-elect

# **NASW Maryland - 2026 SB 240 FWA - OHCQ Stakeholder**

Uploaded by: Karessa Proctor

Position: FWA



**Testimony before the Senate Finance Committee  
February 3, 2026**

**Senate Bill 240 - Office of Health Care Quality Stakeholder Advisory Council - Establishment**

**SUPPORT with AMENDMENTS**

On behalf of the National Association of Social Workers, Maryland Chapter (NASW-MD) Committee on Aging, we would like to express our support with proposed amendments for SB 240 Office of Health Care Quality Stakeholder Advisory Council – Establishment.

We are social workers who have devoted our careers to working with older adults. We have seen the hardship and suffering many of them experience when they receive poor quality care in a hospital, assisted living facility or nursing home. We have supported the victims and their families as they have made reports to OHCQ, but they often never hear about follow-up from the agency. That’s why we wholeheartedly support the establishment of the OHCQ Stakeholder Advisory Council.

According to its website, the Office of Health Care Quality (OHCQ) monitors “the quality of care in Maryland’s health care facilities and community-based programs. As of July 1, 2025, OHCQ oversees 23,095 providers in 47 industries.” This is a huge task, the results of which impact millions of Marylanders. Therefore, it is essential that its work should be overseen by a robust, well-qualified panel of experts and other stakeholders. We feel this bill meets that requirement.

Because we are aware of the pervasive quality problems in assisted living facilities, we would like to propose the addition of data collection related to assisted living facilities and their residents.

Amendment No. 1, on page 4, starting in line 17:

(H) (1) AT EACH PUBLIC MEETING OF THE ADVISORY COUNCIL, THE OFFICE SHALL REPORT DATA FROM THE IMMEDIATELY PRECEDING 6–MONTH PERIOD REGARDING:

(I) THE NUMBER OF:

1. HOSPITALS ACTIVELY MONITORED;
2. NURSING HOMES INSPECTED;
3. ASSISTED LIVING FACILITIES INSPECTED;
- ~~3.~~ 4. COMPLAINTS RECEIVED FROM HOSPITAL PATIENTS AND LONG–TERM CARE AND ASSISTED LIVING FACILITY RESIDENTS; AND
4. CODE VIOLATIONS IDENTIFIED IN EACH FACILITY;

(over)



Marylanders deserve the high possible quality health care services. That is why we urge you to support Senate Bill 240 with the included amendments.

Respectfully,

Karessa Proctor, BSW, MSW  
Executive Director, NASW-MD

**SB 240 Written Testimony.pdf**

Uploaded by: Karrie Craig

Position: FWA



**Maryland**  
**Long-Term Care**  
**Ombudsman Program**

Date: January 30, 2026

Bill Number: **SB 240**

Bill Title: Office of Health Care Quality Stakeholder Advisory Council - Establishment

Committee: Finance

**Office of the Long-Term Care Ombudsman Position: FAVORABLE WITH  
AMENDMENTS**

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The Maryland Office of the Long-Term Care Ombudsman Program thanks the Chair and Committee members for the opportunity to submit this testimony for Senate Bill (SB) 240 - Office of Health Care Quality Stakeholder Advisory Council - Establishment.

The Maryland Long-Term Care Ombudsman Program (Ombudsman Program) deeply values the work of the Office of Health Care Quality (OHCQ) and has appreciated the collaborative and professional relationship our offices share in promoting quality care and resident rights in long-term care homes. That partnership is essential to ensuring accountability, transparency and responsiveness within Maryland's long-term care system.

We respectfully wish to offer two points for the Committee's consideration:

- First, any advisory body guiding OHCQ should include voices that represent the experiences and needs of long-term care residents and their families. The Long-Term Care Ombudsman Program, by federal and state law, serves as an independent advocate for those residents and is uniquely positioned to contribute that perspective.
- Second, should SB 240 move forward, we strongly request that a representative of the Office of the State Long-Term Care Ombudsman be included among the designated members of the advisory council. This would ensure that the council's recommendations reflect not only regulatory perspectives but also the lived experience and advocacy work that drive quality improvement in care.

We appreciate OHCQ's ongoing partnership and share its goal of maintaining high standards for facility oversight and resident safety. We look forward to continuing this essential collaboration, whether through existing channels or as a participant on any future advisory council.

Thank you for your consideration. If you have any questions, please contact Karrie Craig, State Long-Term Care Ombudsman, at [karrie.craig@maryland.gov](mailto:karrie.craig@maryland.gov) or (410) 940-1721.

Sincerely,

A handwritten signature in cursive script that reads "Karrie Craig".

Karrie Craig  
State Long-Term Care Ombudsman

**SB240\_MoCoDHHS\_Frey\_SWA (GA26).pdf**

Uploaded by: Leslie Frey

Position: FWA



# Montgomery County

## Office of Intergovernmental Relations

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ROCKVILLE: 240-777-6550

ANNAPOLIS: 240-777-8270

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SB 240

DATE: February 3, 2026

SPONSOR: Senator Lewis Young

ASSIGNED TO: Finance

CONTACT PERSON: Leslie Frey

(leslie.frey@montgomerycountymd.gov)

POSITION: SUPPORT WITH AMENDMENTS (Department of Health and Human Services)

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### Office of Health Care Quality Stakeholder Advisory Council – Establishment

Senate Bill 240 establishes the Office of Health Care Quality Stakeholder Advisory Council (the Council) to provide feedback to the Office of Health Care Quality (OHCQ) on maintaining oversight of health care facilities; notify the Secretary of Health if OHCQ is negligent in providing oversight; hold public meetings every six months; and produce annual reports to the Governor and General Assembly on findings and recommendations.

While the Council established by the bill will play a similar role to other bodies that oversee aspects of OHCQ's work (ex. Oversight Committee on Quality of Care in Nursing Homes and Assisted-Living Facilities, Maryland Health Care Commission), Senate Bill 240 nonetheless is important to remedying OHCQ's transparency and workload issues that have troubled stakeholders over recent years. Notably, OHCQ's staffing shortages and inspection backlogs; long-standing delays in nursing home inspections, complaint investigations, and enforcement actions, especially during and after the COVID 19 epidemic; limited transparency of OHCQ's performance metrics including response times, complaint resolution, and inspection frequency; lack of structured stakeholder input, especially from residents, frontline workers, and community organizations; and growing public concern about quality and safety in nursing homes and hospitals all contribute to the need for the Council and data reporting required by Senate Bill 240.

The Montgomery County Department of Health and Human Services requests the following amendments to strengthen the benefits of Senate Bill 240: 1) include representation on the Council from the Maryland Long Term Care Ombudsman Program, which plays a crucial role in resolving complaints from residents of the State's Long Term Care facilities; 2) require disaggregated data reporting from OHCQ, including on race, ethnicity, language spoken, and disability status of complaint-maker, and location of OHCQ activities; 3) stipulate response times from OHCQ to Council feedback; and 4) **ensure that data reported by OHCQ to the Council is readily, publicly, and permanently available.**

We respectfully urge the committee to adopt the above amendments and issue a favorable report on Senate Bill 240.

# **SB 240-OHCQ Stakeholder Advisory Council – Establi**

Uploaded by: Andrew Nicklas

Position: UNF



Maryland  
Hospital Association

**Senate Bill 240- Office of Health Care Quality Stakeholder Advisory Council –  
Establishment**

**Position: *Oppose***

February 3, 2026

Senate Finance Committee

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in opposition of Senate Bill 240. This bill would establish a stakeholder advisory council to provide feedback to the Office of Health Care Quality (OHCQ) and notify the Secretary in cases of perceived negligence. Hospitals support efforts to foster stakeholder engagement and improve the delivery of high-quality care statewide. However, the proposed Council will not provide a meaningful platform to improve transparency, quality, or the regulatory process.

The proposed advisory council would include members who may not possess the relevant subject-matter expertise, training, or contextual understanding that is necessary to evaluate complex clinical regulatory processes and activities. Absent this knowledge or context, information presented to the council could be misinterpreted or oversimplified, potentially resulting in recommendations or conclusions that are infeasible, ineffective, or even harmful. Additionally, there appears to be considerable ambiguity in the standards that the council would use to assess OHCQ activities. This could result in conflicting recommendations that may not align with the agency's statutory or regulatory authority.

OHCQ's oversight often includes review of sensitive clinical information, protected health information, and quality assurance data that are subject to strict federal and state confidentiality requirements. We are concerned that presenting this information in the forum proposed by SB 240 could lead to the public disclosure of sensitive and protected information.

Hospitals operate under a robust regulatory environment where multiple federal and state agencies, including the OHCQ, Health Services Cost Review Commission, Joint Commission, Maryland Health Care Commission, Maryland Department of Health, and the Center for Medicare and Medicaid Services, oversee hospital operations and policies. Introducing another bureaucratic body lacking relevant subject matter expertise would only create confusion and lead to unintended negative consequences with minimal potential for public benefit. We respectfully suggest that the state's extensive existing regulatory authority provides ample opportunity to continue to drive improvement and achieve the bills intended purpose.

For these reasons, we request an unfavorable report on SB 240.

For more information, please contact:

Andrew Nicklas, Senior Vice President, Government Affairs & Policy and General Counsel  
Anicklas@mhaonline.org

**MDOA Written - LOC- SB240- 1.29.26.docx.pdf**

Uploaded by: Carmel Roques

Position: UNF



Wes Moore | Governor

Aruna Miller | Lt. Governor

Carmel Roques | Secretary

Date: January 30, 2026

Bill Number: SB 240

Bill Title: Office of Health Care Quality Stakeholder Advisory Council - Establishment

Committee: Senate Finance Committee

**MDOA Position: Letter of Concern**

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Thank you for the opportunity to submit this letter of concern on behalf of the Maryland Department of Aging for Senate Bill (SB) 240 - Office of Health Care Quality - Stakeholder Advisory Council - Establishment.

Under longtime statutory authority, MDOA already leads the Oversight Committee on Quality of Care in Nursing Homes and Assisted Living Facilities. MDOA acknowledges that this new advisory council would be broader in its reach; however, there would be overlap in the membership of the two bodies, as well as discussions relating to nursing homes and assisted living facilities. The apparent intent of this legislation is understandable: for key stakeholders and the public regular opportunities to convene, share feedback directly and receive updates from the Office of Health Care Quality (OHCQ). However, the additional convenings, preparation, and follow up communications could divert substantial OHCQ resources and attention from other critical tasks, which MDOA supports.

If you have any questions, please contact Andrea Nunez, Legislative Director, at [andrea.nunez@maryland.gov](mailto:andrea.nunez@maryland.gov) or (443) 414-8183.

Sincerely,

Carmel Roques  
Secretary, Maryland Department of Aging

# **SB0240\_UNF\_LifeSpan, MNCHA, MD-MADS\_OHCQ Stakehold**

Uploaded by: Danna Kauffman

Position: UNF



Managed By LifeSpan

Senate Finance Committee

February 3, 2026

Senate Bill 240 – *Office of Health Care Quality Stakeholder Advisory Council – Establishment*

**POSITION: OPPOSE**

On behalf of the LifeSpan Network, the Maryland-National Capital Homecare Association, and the Maryland Association for Medical Adult Day Services, we **respectfully oppose** Senate Bill 240. Senate Bill 240 would create a 22-member Advisory Committee tasked with providing stakeholder feedback to the Office of Health Care Quality (OHCQ) regarding oversight of health care facilities and notifying the Secretary of Health if the Advisory Committee determines that OHCQ has been negligent in fulfilling its oversight responsibilities. The bill requires the Director of OHCQ to select the chair of the Advisory Committee, which would be staffed by the Maryland Department of Health, and mandates public meetings every six months. At these meetings, the Advisory Committee would receive and review OHCQ reports on nursing homes and hospitals and submit recommendations to the Office.

LifeSpan opposes this bill for the following reasons:

- The bill’s scope is vague and internally inconsistent. While the legislation broadly refers to “health care facilities,” its language frequently narrows its focus to nursing homes and hospitals. Currently, OHCQ is responsible for oversight of 47 distinct industries and programs. The bill fails to clearly define whether this Advisory Committee would apply to all facilities regulated by OHCQ or only a subset, such as nursing homes and hospitals, creating confusion and potential inequities in oversight, especially when not all industries are represented in the membership.
- Representation fails to include potentially affected stakeholders. The reference to a “representative from the long-term care industry” is unclear. In addition, if the scope is broader than nursing homes and hospitals, there is no representation from other programs and industries that may be directly affected.
- The bill unnecessarily duplicates existing oversight structures. If Senate Bill 240 is intended to focus on nursing homes and hospitals, it largely mirrors the Oversight Committee on the Quality of Care in Nursing Homes and Assisted Living in its purpose, membership, and responsibilities. Creating an additional advisory body would add redundancy without improving accountability or outcomes.
- The bill establishes an undefined mechanism for alleging negligence by OHCQ. The Advisory Committee is empowered to notify the Secretary of Health if OHCQ is “reported negligent,” yet the bill provides no standards, metrics, or due process for making such a determination. This vague authority risks politicizing regulatory oversight and undermining confidence in OHCQ, given the absence of clear, evidence-based criteria.

Rather than creating another advisory committee with unclear authority and duplicative responsibilities, the State should focus on strengthening OHCQ’s capacity by providing the resources needed to effectively carry out its existing regulatory and statutory obligations.

**For more information call:**

Danna L. Kauffman

Christine K. Krone

410-244-7000

# **SB240\_MoCoCommissionAging\_UNF**

Uploaded by: Linda Bergofsky

Position: UNF



## COMMISSION ON AGING

### **TESTIMONY ON SB0240 - POSITION: UNFAVORABLE**

#### **Office of Health Care Quality Stakeholder Advisory Council – Establishment**

**TO:** Chair Beidle, Vice Chair Hayes, and members of the Finance Committee

**FROM:** Linda Bergofsky, Co-Chair, Montgomery County Commission on Aging

I am writing on behalf of the Montgomery County Commission on Aging (CoA) regarding SB0240— Office of Health Care Quality Stakeholder Advisory Council – Establishment. The CoA was established by Montgomery County in 1974 pursuant to a requirement of the Federal Older Americans Act of 1965, that there be an Advisory Council to the Area Agency on Aging. In that role, the CoA serves as an advocate for the health, safety, and well-being of the County's older residents at the local, State, and National levels.

This legislation establishes a new advisory body to provide feedback to the Office of Health Care Quality (OHCQ) regarding maintaining oversight of health care facilities and to notify the Secretary of Health if the Office is negligent in providing oversight. As you may know, the Montgomery County CoA had for several years raised the issue of OHCQ failing to meet its statutory obligation to inspect nursing homes timely. Last year, we successfully advocated for more transparency and accountability from OHCQ, which now must submit bi-annual reports to each Area Agency on Aging regarding nursing home inspections. While the CoA appreciates the sponsor's intention to increase stakeholder involvement in the oversight of both hospital and nursing home quality, we wanted to acknowledge that hospital quality and nursing home quality are not influenced by the same factors and are not measured using the same metrics.

We also note there is already an advisory group with essentially the same mission and stakeholder representation — the Oversight Committee on Quality of Care in Nursing Homes and Assisted Living Facilities — under the purview of the Department of Aging. The Centers for Medicare and Medicaid Services already works with Quality Improvement Networks to address poor performing hospitals and nursing homes. The Joint Commission also requires hospitals to have fulsome quality improvement structures as well as patient and family councils. Additionally, the Long-Term Care Ombudsman Program attends to the quality of care and increasing the quality of life for Marylanders living in long-term care by advocating for laws, regulations and policies that benefit residents.

**Department of Health and Human Services**

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401 Hungerford Drive, 4th Floor, Rockville, Maryland, 20850 240-777-1120, FAX 240-777-1436

The proposed legislation effectively duplicates the membership of the existing Oversight Committee, and includes monitoring of hospitals, but not of assisted living facilities. Moreover, the Health Care Quality Stakeholder Advisory Group is to include facility staff representation without remuneration, which we believe is inequitable. Lastly, there are existing structures in place to follow up on complaints in health care facilities. It is for all these reasons we believe SB0240 is duplicative and would not achieve the sponsor's intent. We therefore respectfully urge the return of an unfavorable decision and report on SB0240.

Instead, the CoA encourages the General Assembly to focus its efforts on strengthening the role of the existing Oversight Committee to make it more effective and impactful on improving nursing home and assisted living quality. We also request that the General Assembly require more explicit cooperation and information sharing between the Department of Health and the Department of Aging regarding the results of facility inspections and complaint investigations, particularly in long-term care settings. Finally, we ask the General Assembly to fully fund the Maryland Long-Term Care Ombudsman Program as laid out in SB0340.

Linda Bergofsky  
Co-Chair  
Montgomery County Commission on Aging

**SB 240 - FIN - MDH - LOC .pdf**

Uploaded by: Meghan Lynch

Position: UNF



*Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary*

February 3, 2026

The Honorable Pamela Beidle  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, MD 21401-1991

**RE: Senate Bill 240 - Office of Health Care Quality Stakeholder Advisory Council - Establishment - Letter of Concern**

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of concern for Senate Bill (SB) 240 - Office of Health Care Quality Stakeholder Advisory Council - Establishment. SB 240 would establish a new Office of Health Care Quality (OHCQ) Stakeholder Advisory Council (Council) within OHCQ and require the Office to provide staff support for the 22- member Council. Required support would include, but not be limited to, compiling and analyzing data; summarizing public meetings; managing records retention; coordinating public posting; compiling an annual report to the Governor and the General Assembly; and supporting the Council's review of data and development of recommendations to improve nursing home and hospital quality. The bill would also require OHCQ to hold virtual public meetings every six months beginning January 1, 2027, streamed live with public comment, and to post meeting minutes and summaries within 30 days.

The Office of Health Care Quality is the designated State survey agency in Maryland and is authorized to conduct certification activities on behalf of the Centers for Medicare & Medicaid Services (CMS) for more than 40 healthcare program types.

While the Department is aligned with the intent of this bill to provide transparency and continuous improvement to OHCQ processes, the Department has two critical concerns related to: (1) OHCQ staff capacity and (2) the privacy of Marylanders.

**Staff Capacity**

Staffing and managing the Council as outlined in the bill would require OHCQ to divert existing staff away from their primary and critical functions of surveying regulated programs and

responding to complaints. OHCQ already complies with statutory requirements to report quarterly on the status of nursing home surveys, in addition to other annual reporting obligations and required data submission to CMS.

Over the past year, under new leadership, OHCQ has substantially reduced the backlog of nursing home surveys by over 90 percent, and is on track to eliminate the backlog within the next few months. The Department believes it is critical to the on-going success of nursing homes and other programs surveyed by OHCQ that OHCQ staff remain focused on their core mission and ongoing process improvements.

### **Privacy**

While the Department fully supports the goal of transparency underlying this bill, the requirement for publicly streamed meetings with posted minutes and summaries presents practical privacy challenges. The Department is subject to multiple legal restrictions on the disclosure of information or data that the Council, as contemplated in the bill, would review during its meetings.

For example, OHCQ is prohibited from publicly releasing or discussing certain information related to complaints and regulatory requirements prohibit OHCQ from commenting on upcoming or open surveys. Additionally, OHCQ is designated as a “medical review committee” pursuant to Md. Code Ann. Health Occ. Art. § 1-401(a)(3). In this capacity, OHCQ evaluates medical evidence, records and documents that are considered confidential medical review committee materials and are not subject to public disclosure.

The Department remains committed to protect the health, safety, and welfare of Marylanders, and looks forward to continuing to identify opportunities to improve the quality and transparency of its work, many of which we can accomplish under current statutory authority.

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at [meghan.lynch@maryland.gov](mailto:meghan.lynch@maryland.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read 'Meena Seshamani', is positioned above the typed name.

Meena Seshamani, M.D., Ph.D.  
Secretary