



## Weekly Policy Highlights

For week beginning March 29, 2010

**Key Committee Codes:**

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| B&T = Senate Budget and Taxation                        | APR = House Appropriations                 |
| EHEA = Senate Education, Health & Environmental Affairs | ECM = House Economic Matters               |
| FIN = Senate Finance Committee                          | ENV = House Environmental Matters          |
| JPR = Senate Judicial Proceedings Committee             | HGO = House Health & Government Operations |
|   | JUD = House Judiciary Committee            |

All bills can be reviewed under the General Assembly Website at [www.mlis.state.md.us](http://www.mlis.state.md.us) by clicking “Bill Information and Status”. Type the bill number by SB or HB plus the bill number (e.g., SB101 or HB9).

***2010 GENERAL ASSEMBLY SESSION NEWS --***

**BILL STATUS:** UNF - unfavorable; FWA – favorable with amendments; FAV - favorable

Affected Industry	Business Bills	Comments	Hearing Date
All	<p><b>SB106/HB92 Labor and Employment – Job Creation and Recovery Tax Credit.</b>            This is emergency bill by the Governor would provide a \$5,000 income tax credit to employers that hire an unemployed Maryland resident during calendar year 2010 into a full-time position that is new or has been vacant for at least 6 months. Employers would obtain certification for the credit by submitting required documentation to DLLR, and claim the credit when filing their income tax return. If the employee works less than a</p>	Monitor	Passed awaiting Governor’s signature.

	<p>year the credit would be pro-rated. Total credit amounts are capped at \$250,000 per employer and \$20 million for the total program. As originally introduced, the amount of the credit was \$3,000.</p>		
<p><b>All – reviewed 1/15/10 by LPC</b></p>	<p><b>SB107/HB91 Unemployment Insurance - Tax Deferment, Trust Fund Solvency, and Cost Neutral Modernization Act.</b> This is a Governor’s emergency bill. It has been amended. The amendments were worked out by the Maryland Chamber of Commerce. The amended bill includes \$18.2 million to \$19.5 million in annual reductions to offset the cost of the benefit increases needed to make the state eligible for the federal stimulus funds. Offsets include:</p> <ul style="list-style-type: none"> <li>• Elimination of sick claims.</li> <li>• Increasing the minimum weekly benefit.</li> <li>• Increasing penalties for misconduct and gross misconduct.</li> <li>• Decreasing disregarded wages.</li> </ul> <p>The amended bill also keeps the tax tables at table F, rather than moving to table E.</p>	<p>Monitor</p>	<p>Passed, waiting Governor’s signature.</p>
<p><b>All</b></p>	<p><b>SB110 Labor and Employment – Job and Financial Privacy Protection Act.</b> This bill states that an employer may not request a credit report from an applicant for employment or an employee unless: (1) the request has a bona fide work–related purpose; or (2) the employer is required to request the credit report under federal or state law.</p> <p>The Commissioner (Department of Labor, Licensing and Regulation must adopt regulations specifying what is a bona fide work–related purpose. If an employer denies employment to an applicant or discharges an employee because of a credit report received by the employer the applicant or employee may bring an action for injunctive relief, damages, or other relief.</p>	<p>Monitor</p>	<p>No action yet</p>
<p><b>All</b></p>	<p><b>SB300: Unemployment Insurance – Contributions – Installment Payment Options.</b> This is an emergency bill. This bill allows an employer to pay unemployment insurance contributions for the calendar year 2010 in monthly or quarterly installments. Within 20 days of enactment, the Secretary of Labor must notify employing units of this option.</p>	<p>According to a small business group, this bill simply allows the employer a choice</p>	<p>No action yet, but hearing had been cancelled and not rescheduled.</p>

		to pay monthly or quarterly in addition to the annual payments currently being done. This has been introduced because of the large increase in tax.	
All	<b>SB312: Labor and Employment – Credit Reports and Credit Histories of Applicants and Employees – Limitations on Use by Employers.</b> This bill states that an employer may not use an applicant’s or employee’s credit report or credit history in determining whether to deny employment, discharge employment or determine compensation. The employer may consider the applicant’s credit report or history if the applicant has received an employment offer and the history or report is for a reason other than those already prohibited or for a bona fide work related purpose. If an employer violates this section, the applicant or employee may bring an action for injunctive relief, damages or other relief.	Monitor	UNF
All	<b>HB214/SB694: Labor and Employment – Wage Payment and Collection Law – Definition of Wage:</b> This bill amends the Wage laws to state that “wage” includes “overtime wages.”	According to the small business association, when there is a judgment, the employer must pay all wages, which doesn’t include overtime wages. The small business association is monitoring because of the fairness implications of the bill.	Passed out of the Senate; Passed in the House. Waiting for votes in each opposite chamber.
All	<b>HB175: Labor and Employment - Credit Reports and Credit Histories of Applicants and Employees – Limitations on Use by Employers.</b> This bill does not apply to an employer that is required to inquire into an applicant’s or employee’s credit	Monitor	UNF

	report or credit history under federal law or any provision of state law for the purpose of employment; or a financial institution where deposits are insured by a federal agency that has jurisdiction over the financial institution. An employer may not use an applicant's or employee's credit report or credit history in determining whether to: (1) deny employment to the applicant; (2) discharge the employee; or (3) determine compensation or the terms, conditions, or privileges of employment. An employer may request or consider an applicant's credit report or credit history if: (i) 1. The applicant has received an offer of employment; and 2. The credit report or credit history will be used for a purpose other than those prohibited by subsection (b) of this section; or (ii) the request has a bona fide work-related purpose. If an employer violates this section, the applicant or employee may bring an action for injunctive relief, damages, or other relief.		
All	<b>HB370: Labor and Employment – Payment of Wages.</b> This bill stipulates that each employer must pay each employee at least once in every two weeks or twice in each month the regular full wage earned for each pay period on all paydays that fall within any given year.	Monitor	Withdrawn
All	<b>HB381: Workplace Religious Freedom Act.</b> This bill is a reintroduction of last Session. This bill prohibits an employer from prohibiting an employee from using leave to observe a Sabbath or other holy day in accordance with a sincerely held religious belief. An employer that can demonstrate to the Commission of Labor that reasonable accommodations to comply with the requirements of this section would cause an undue hardship is exempt from this Section.	Oppose	No action yet.
All	<b>HB755: Earned Income Credit Information Act Earned Income.</b> The bill, which the Chamber opposes, would require the Comptroller to annually publish the maximum income eligibility for the state's earned income credit and a notice to employees regarding the federal and state credits. Employers would be required to identify employees who may be eligible for the credit and provide them with a copy of the comptroller's notice. The Chamber opposes the bill for three reasons: 1) duplicative notice standard with federal government; 2) employers would have difficulty determining who would get the notice without knowing family adjusted gross income, etc.; and 3) lack of notice. The bill goes to the Senate Budget and Taxation Committee now.		Passed the House (87 to 51). Referred to Budget and Taxation Cmte
All	<b>HB1272: Family and Medical Leave Act.</b> In addition to current FMLA protections, this bill allows employees to take family and medical leave to care for the eligible	Oppose. LifeSpan testified with the	UNF

	employee's brother, sister, grandparent, grandchild, or domestic partner; and (2) the son or daughter of the eligible employee's domestic partner.	hospitals that this could increase costs and pose a challenge to providers that are required to provide essential health care services.	
<b>Affected Industry</b>	<b>Health Care Bills</b>	Comments	
<b>All</b>	<b>SB9 – Health – Duty to Report Death – Requirement and Penalties.</b> This bill would apply only to an individual who: (1) has permanent or temporary custody or responsibility for the supervision or care of the individual who is the deceased; (2) is a spouse, parent, or adult child of the deceased; or (3) is a member of the household of the deceased. An individual who has personal knowledge of the death of another individual or who has personally discovered the body of another individual shall provide, in person or by telephone, notice of the death within 24 hours after acquiring personal knowledge or discovery of the death to: (1) a law enforcement officer as defined in § 3–101 of 15 the public safety article; (2) a physician who has provided medical treatment to the deceased individual within 30 days prior to the knowledge or discovery of the death; (3) a 9–1–1 system or public safety answering point as those terms are defined in § 1–301 of the public safety article; or (4) a medical examiner.	No Position	UNF
<b>Nursing Facilities</b>	<b>SB141/HB151: Budget Reconciliation and Financing Act of 2010.</b> This bill increases the provider tax from 2-4% and reduces the allowable funding for nursing homes. State says that it will provide a two percent increase in our rates but that is not contained in the bill.	Oppose Provider Tax Increase	Hearings have concluded. Budget cmtes have accepted four percent tax. Bill goes to the floor this week.
<b>Nursing Facilities</b>	<b>SB144/HB137: State Board of Examinations of Nursing Home Administrators – Sunset Review and Evaluation.</b> This bill extends the Board from 2013 to 2017.	No Position	Passed the Senate. Added the long-term

			care ombudsman as a member. No action in House. Hearing on Senate bill 3/31.
<b>All Medicaid Providers</b>	<p><b>SB 187: Maryland False Claims Act.</b> The Governor will be releasing a bill to create a Maryland False Claims Act.</p> <p><b>SB279HB525: Maryland False Claims Act of 2010.</b> This is the Governor’s bill. For the last two years, this bill has died on the Senate floor. Meetings have been occurring on this bill since the beginning of Session, invitation only. The two main provisions that health care providers have expressed concern over include: (1) the definition of “knowing or knowingly” because it states that a provider does not need to have the specific intent to defraud but only an actual knowledge of the information, acts in deliberate ignorance of the truth or falsity of the information or acts in reckless disregard of the truth or falsity of the information; and (2) “qui tam” provision that allows an individual to bring a private cause of action even if the government does not pursue an action.</p>	A committee has been formed to review this bill. LifeSpan has expressed its concern to the Department regarding the “knowingly” definition and the “qui tam” provision.	Senate has passed the bill. Hearing on 4/1 in Judiciary and Appropriations. Definition of “knowingly” has been added to mean that it does not include a mistake or negligence and penalty provisions have been limited. With regard to the private cause of action, if the State decides not to pursue the action, the case is dismissed.
<b>Housing</b>	<b>SB263/HB587: Creation of State Debt – Maryland Affordable Housing Trust.</b> This bill authorizes a \$2 million State loan to the Maryland Affordable Housing Trust.	Support	No action yet.
<b>Assisted Living</b>	<b>SB265: Assisted Living Programs – Elevator Installation – Exemption.</b> This bill is a reintroduction from last Session. This bill exempts an assisted living program with five or fewer beds that is licensed by the Department of Health and Mental Hygiene from the registration and inspection requirements for installing an elevator. The Commissioner of Labor and Industry may adopt regulations to enhance the safety of elevator units in these facilities.	No Position	Passed the Senate with an amendment to allow the Commissioner to adopt regulations for the installation and inspection of noncommercial elevators in 5 beds or under programs. Hearing 3/31 in ECM
<b>All</b>	<p><b>SB266/HB302: State Board of Nursing – Membership – Nominations for Vacancies.</b></p> <ul style="list-style-type: none"> <li>This bill increases the membership to include one more registered nurse. The composition would now be 8 RNs, 3 LPNs and 2 consumers. Currently, of the RNs, one must be in an advanced practice nursing specialty, one must be a</li> </ul>	The Board rejected the inclusion of a DON and a delegating nurse.	LifeSpan has worked out amendments to add a RN who is a delegating nurse;

	<p>baccalaureate nursing educator with, at least, a master’s in nursing or education, one must be a practical nursing educator with, at least, a bachelor’s degree in nursing or education, one must be a nurse administrator with, at least, a master’s degree in nursing administration, education or public health and 2 shall be nurse clinicians with at least a master’s in nursing or public health.</p> <ul style="list-style-type: none"> <li>• As far as the education requirements, this bill would allow the nurse administrator slot to have a master’s degree also in business administration or business management. It would also add the requirement that one should be a currently practicing nurse who has practiced acute care for at least 5 years with a bachelor’s in nursing.</li> <li>• The bill also requires that for the RN certified in an advance practice nursing specialty, the vacancy should rotate between nurse anesthetist, nurse practitioner, nurse midwife and nurse psychotherapist.</li> <li>• The bill also expands the organizations that can submit numbers to the Governor to include not only the Maryland Nurses Association but any other professional nursing organization that represents at least 25 licensed registered nurses or a valid petition submitted to the Secretary and the Governor by an RN with an active license. The same provision applies for the licensed practical nurses, except the organization must have at least 25 licensed practical nurses.</li> <li>• Any petition submitted must have at least 25 signatures of support from nurses with active licenses in the State.</li> <li>• Lastly, the bill states that a member who is appointed after a term has begun may serve an additional two consecutive full terms rather than the current requirement that the member only serves for the rest of the term and until a successor is appointed and qualifies.</li> </ul>	<p>LifeSpan is working with the DD providers to have the Board composition changed. A meeting will take place next week.</p> <p>A medical adult day care CNA will be added to the CNA Advisory Committee</p>	<p>require that at least one LPN member of the Board work in a nursing facility and to add a CNA from a medical adult day care to the Advisory Committee. Identical bills have passed both chambers. Need final action on one bill.</p>
<p><b>All Medicaid Providers</b></p>	<p><b>SB429/HB278: Maryland Medical Assistance Program – Medical Eligibility for Nursing Facility Level of Care.</b> This bill requires DHMH to determine that an individual is medically eligible for nursing facility services or for a nursing facility level of care under the Program if the individual requires, on a regular basis, health-related services above the level of room and board. If an individual does not demonstrate the clinical need for health-related services above the level of room and board on a regular basis, DHMH must permit the individual to submit additional information for clinical review to demonstrate eligibility under applicable federal or State regulations.</p> <p>Definitions include:</p> <ul style="list-style-type: none"> <li>• ADL = bathing, dressing, mobility, transfer, toileting or continence and eating;</li> <li>• Health-Related Services Above the Level of Room and Board = Care of an</li> </ul>	<p>Support</p>	<p>Bill passed both Chambers. Bills are identical. Senate has heard the House bill and the House will hear the Senate bill 3/30. Need final vote from opposite chamber on one bill.</p>

	<p>individual who requires hands-on assistance to perform adequately and safety 2 or more ADLs as a result of a current medical condition or disability; supervision of an individual’s performance of 2 or more ADLs for an individual with cognitive deficits, as indicated by a score of 15 or less on the mini-mental status evaluation or equivalent determination by a licensed, physician psychologist or certified social worker-clinical and who is in need of assistance with at least three IDLs; or supervision of an individual’s performance of 2 or more ADLs combined with the need for supervision of or redirection for an individual who exhibits at least 2 of the following behaviors – wandering several times a day, hallucinations or delusions at least weekly, aggressive or abusive behavior several times a week, disruptive or socially inappropriate behavior several times a week or self injurious behavior.</p> <p><b>AMENDED BILL:</b></p> <p>At least 90 days prior to making any change to medical eligibility for program long-term care services, including nursing facility services, home- and community-based waiver services (refers to living at home, older adults and medical adult day care), and other services that require a nursing facility level of care, the department shall provide a report to: (1) the Senate FIN and House HGO; and (2) the Medicaid Advisory Committee. The report shall include: (1) the details of the intended change in medical eligibility; (2) a description of how the intended change will affect current medical eligibility; (3) the intended effective date of the change; and (4) whether the change will be pursued through departmental policy, by regulation, or by statute. DHMH shall discuss any report submitted to the Medicaid Advisory Committee at a meeting of the Committee.</p>		
<p><b>All</b></p>	<p><b>SB309/HB483: Uniform Power of Attorney Act.</b> Note: This is a 48 page bill that completely revises the laws relating to durable powers of attorney. Staff is still reviewing this bill.</p> <p><b>SB519/HB659: Maryland General and Limited Power of Attorney Act (Loretta’s Law):</b> This bill also makes substantial changes to the durable powers of attorney law. The bill provides a statutory form power of attorney and an optional form for use by an agent to certify facts concerning a power of attorney. The bill prohibits a person from requiring an additional or different form of power of attorney for authority granted in the</p>	<p>Hold</p>	<p>UNF</p> <p>FWA by Judiciary. There are 32 pages of amendments to this bill which are being reviewed.</p>

	<p>statutory form power of attorney. A person that refuses to accept an acknowledged statutory form power of attorney is subject to a court order mandating acceptance and liability for reasonable attorney's fees and costs incurred in an action that confirms the validity of the power of attorney or mandates its acceptance. A "principal" is an individual who grants authority to an agent in a power of attorney. An "agent" is a person granted authority to act for a principal under a power of attorney, whether denominated an agent, attorney-in-fact, or otherwise.</p>		
<b>Chronic Hospitals</b>	<p><b>SB328: Hospitals – Financial Assistance and Debt Collection.</b> This bill alters the requirements for hospital financial assistance and debt collection policies and makes the requirements applicable to chronic care hospitals that are subject to rates set by the Health Services Cost Review Commission (HSCRC).</p>	No Position	Passed in the Senate with amendments. Hearing in House on 4/1
<b>All</b>	<p><b>HB179: State Board of Nursing – Temporary License – Issuance.</b> This bill allows the Board to issue a temporary license when an applicant has passed an examination for RN or LPN but is waiting for a criminal history background check.</p>	No Position	FAV; Hearing in Senate 3/24; no action yet.
<b>Nursing Facilities and CCRC</b>	<p><b>HB384/SB655: Task Force to Study Financial Matters Relating to LTC Facilities – Extension.</b> This bill extends this Task Force until January 1, 2010 to January 1, 2012. The reason for the extension is that the Governor just made appointments to this Task Force this month. Several LifeSpan representatives will be serving on this Task Force, which will examine trends in ownership, impact of ownership on quality of care, whether there should be limitations or restrictions on certain types of ownership, whether LTC facilities should be required to have liability insurance and whether any laws should be amended.</p>	Support	FAV in both House and Senate. Opposite chambers need to vote each bills.
<b>All</b>	<p><b>SB484/HB319: State Board of Nursing – Nurse Practitioners – Certification Requirements and Authority to Practice.</b> This bill authorizes nurse practitioners the ability to practice independently. As part of their scope of practice, nurse practitioners would be authorized to refer an individual to an appropriate licensed physician or other health care provider and admit an individual to a hospital or nursing facility. The bill states that an HMO must allow access to a nurse practitioner similar to a physician. NOTE: This bill has traditionally been opposed by Med Chi, the physician's association.</p>	No Position	Senate has passed FWA (amendments not available yet); House has passed FWA, which require a nurse practitioner to have an approved attestation that the nurse practitioner has an agreement for collaboration and consulting with a licensed physician. The Board of Nursing

			and Board of Physicians must develop a plan for this Act's implementation.
NF and AL	<p><b>HB536: Department of Aging – Long-Term Care Ombudsman Program:</b> This bill looks to implement several recommendations contained in the comprehensive report on the Long-Term Care Ombudsman Program that was released in March 2009. The report found various flaws in Maryland's Ombudsman Program, including: (1) having the State Long-Term Care Ombudsman report directly to the Secretary of Aging; (2) merging smaller county offices into larger offices; (3) no central program governance; (4) understaffed offices; (5) uneven distribution of funds for the program; and (6) improved recruitment of volunteers (only 103 volunteers used in Maryland primarily in two jurisdictions). The report also questioned the amount of complaints and issues brought forth by the facilities rather than residents and the lack of advocacy by the ombudsman for systems change. This bill provides a general structure for redesigning the ombudsman program. The bill states that: (1) the Secretary must appoint the State Long-Term Care Ombudsman; (2) the State Long-Term Care Ombudsman personally administers the office; and (3) lists the duties of the Ombudsman's office. The Secretary must adopt regulations to establish requirements for training and designating ombudsmen as well as confidentiality and privacy of complainants. An ombudsman must have access to long-term care facilities and residents as well as the necessary medical and social records of a resident if the ombudsman has the permission of the resident or resident's legal representative. If the legal representative will not give permission, the ombudsman may examine the records after receiving approval of the State Long-Term Care Ombudsman and believes the legal representative is not acting in the best interest of the resident. The report also states that the Secretary must establish and maintain a statewide uniform reporting system to collect and analyze data relating to complaints and conditions in long-term care facilities and to residents.</p>	<p>LifeSpan amendments offered and accepted by the Department of Aging regarding: (1) Training requirements on confidentiality of facility records; (2) the reporting system is only for the local ombudsman and not a report by nursing facilities or AL; or (3) that the ombudsman must work with providers to resolve issues.</p>	<p>LifeSpan amendments accepted. Passed House. Hearing in Senate on 3/31.</p>
ALL	<p><b>SB 632/HB624: Registered Nurses, Licensed Practical Nurses, Nursing Assistants and Medication Technicians – Changes to Licensure Requirements.</b> This bill states that, in addition to the licensee, the Board can review an applicant to an appropriate examination by a health care provider if the Board believes that the applicant may cause harm to individuals affected by the applicant's practice of nursing. Refusal is prima facie evidence of the applicant's inability to practice nursing competently. This applies to CNAs and med techs as well.</p>	<p>Support. NOTE: CNAs have a 90 extension for criminal history records check.</p>	<p>Reported FWA by Senate Committee and the House Committee. Waiting for votes from opposite committees.</p>

	<p>This bill broadens the exemptions for needing a license to practice as an LPN or RN to an individual who has taken and passed a required examination but is waiting for the completion of the criminal history record information as well as an individual who provides gratuitous care for friends and family. Specifies that the examination for a certified nurse practitioner, registered nurse or LPN must be developed by the National Council of State Boards of Nursing and administered at a testing site approved by the National Council rather than simply “approved by the Board.” Acceptable proof of proficiency in the oral communication of the English language will now include completion of at least five years of practicing nursing in another state or territory of the U.S. Removes that the Board should give examinations to applicants at least once each year calendar year.</p> <p>The bill provides that each new licensee must be issued a license number and registration certificate that indicates that the initial license was issued by the Board and electronically record each license in the Board’s database and on the Board’s website – this also extends to CNAs and medication technicians. The Board must also record the inactive status on the Board’s database and on the Board’s website.</p> <p>Three months before a license expires, the Board must send to the licensee a renewal notice by first-class mail to the last known mailing address or electronic means to the last known electronic address – this applies to CNAs and med techs. The Board must also send information for initiating the criminal history records check if necessary for licenses and med techs and CNAs. This bill allows a license for nurse practitioner, RN or LPN to be renewed by paper or electronically.</p> <p>Increases from 10 to 12 years for a criminal history records check.</p> <p>A certificate holder has 60 days to notify the Board of any change in name or address.</p> <p>Removes reference to a skilled nursing assistant, which is a CNA who may perform additional tasks based on the successful completion of a Board-approved supplemental training program.</p>		
	<p><b>HB627: Health Occupations Boards and Committees – Consumer Member Requirements.</b> This bill prohibits a consumer member of a Board or committee from</p>	No Position	No action yet.

	being or being in the past a health care professional or in training to be a health care professional. The person may not have a household member who is a health care professional or in training to be a health care professional and may not participate or ever have participated in a commercial or professional field related to the jurisdiction of the Board of committee or have a household member who participates in a commercial or professional related field or have, or have had within 2 years before appointment, a substantial financial interest in a person regulated by the Board or committee.		
	<b>HB706/SB751: Nursing Facilities – Medical Assistance Program – Rights.</b> This is a LifeSpan/HFAM bill which originated after speaking with Attorney General Doug Gansler. The bill broadens the actions that a court can take if a person fails to comply with a court order directing them to pay the determination determined available by DHR or a to apply for Medicaid or cooperate fully with Medicaid. The court can now, after 14 days, find the nursing facility civilly liable to the nursing facility for \$20K, the cost of care billed by the nursing facility or both as well as attorney fees and reasonable court costs.	Support	A workgroup has been established consisting of the nursing facility industry, Legal Aid and elder law attorneys.
<b>AL and NH</b>	<b>SB719/HB1302: Health Occupations – Dental Hygienists – Practice in LTC Facilities.</b> This bill authorizes a dental hygienist to practice under the supervision of a dentist in an AL community or nursing facility. There must be a written agreement between the dental hygienist and the dentist. The dentist does not need to be on premise. The community or facility must have a medical emergency plan and adequate equipment, including portable equipment and appropriate armamentarium available for the appropriate delivery of dental hygiene services.	Support	Passed out of each committee. Senate amendments not available. House amendments state that tasks that a dental hygienist can perform and requires an agreement with a dentist.
<b>All Medicaid providers</b>	<b>HB849: DHMH – Home-and-Community Based Services Waiver – Denial of Access Prohibited.</b> This bill changes the time frame for when a person can become eligible for home-and-community based services. Right now, the person must be in a NF for 30 days. This bill changes that the person only has to be in the nursing facility but eligible for 30 days of a nursing facility placement. Therefore, the person becomes eligible for transfer into home-and-community based services after one day of stay rather than 30 days of stay.	Support	FWA by House Committee. Amendment clarifies a person is eligible for HCBS if at least 30 consecutive days of the individual’s nursing facility stay are eligible to be paid for by Medicaid. Hearing 4/1 in Senate.

	<p><b>HB874: Oversight Committee on Monitoring and Quality of Care in Group Homes.</b>  This bill deals with monitoring the quality of care in “group homes.” “Group home” is not defined but the composition of the Oversight Committee seems to point to group homes regulated by the Department of Health and Mental Hygiene, Juvenile Justice and local law enforcement.</p>	<p>Get clarification that it doesn’t apply to AL or others.  Define Group Homes.</p>	<p>UNF</p>
NH and AL	<p><b>HB879/SB776: AL and NH Residents Protection Act of 2010.</b></p> <ul style="list-style-type: none"> <li>• This bill requires law enforcement, as soon as possible but not later than 5 days, after receiving a registration of a sex offender to send it to the AL or NH.</li> <li>• During the admission process, an AL or NH must conduct a criminal history records check AND must check the sex offender registry for each applicant.</li> <li>• As of December 1, 2010, an AL or NH must conduct a criminal history records check for each current resident.</li> <li>• If a sex offender is identified, the NF or community must place the individual in a private room, inform the staff, and develop a care plan to keep residents safe.</li> <li>• Each community or facility must provide notice of the sex offender registry and the availability of the website to every prospective resident and current resident and their guardian as well as have a notice at the front door concerning the sex offender registry and the website, require the individual to sign a statement acknowledging the notice, keep the signed statement in the resident’s file.</li> </ul>	<p>Oppose</p>	<p>No action yet.</p>
	<p><b>HB897: Health – Task Force on Alzheimer’s Disease.</b> This bill is a reintroduction. The Task Force shall: (1) survey current Alzheimer’s disease research; (2) survey practices being used and approaches being taken in the State regarding Alzheimer’s disease; and (3) make recommendations regarding the steps the State should take in dealing with Alzheimer’s disease. On or before September 30, 2012, the Task Force shall report its findings and recommendations to the Governor and, in accordance with § 2–1246 of the State Government Article, the General Assembly.</p>	<p>No Position.  But sponsor has asked that we put in a letter of support</p>	<p>UNF. Chair wrote a letter asking the Alz. Association and Johns Hopkins to study the issue.</p>
NF	<p><b>HB899: Nursing Facility – Home Based Community Services Assistance.</b></p> <ul style="list-style-type: none"> <li>• This bill requires social workers to provide information to residents about living in the community upon discharge. The current requirement is admission OR discharge. Now it will be admission AND discharge.</li> <li>• This bill places timeframes on the State – if an individual asks for information on living in the community, the State must provide information within 10 days of the request and must move the individual within 25 days.</li> <li>• A nursing facility may not deny representatives of a designated protection and advocacy systems agency access to residents of a nursing facility. The secretary may impose a civil money penalty set by the Secretary for a violation of this</li> </ul>	<p>LifeSpan offered amendments to remove mandatory language about denying access and the penalties.</p>	<p>Passed the House. Hearing in Senate 3/30. LifeSpan amendments accepted to remove the NH penalty and the prohibition against denying access. All timeframes on the State have been removed. Bill simply recognizes</p>

	<p>subsection. If a civil money penalty is imposed under this section, the nursing facility shall have the right to appeal from an order imposing the civil money penalty. Currently the law states that a nursing facility must give reasonable and unaccompanied access to residents by designated groups. Employees of designated groups must maintain the confidentiality of residents. Nursing facilities may require proof of employment before authorizing access.</p>		<p>“Designated protection and advocacy systems agencies.”</p>
<p><b>ALL</b></p>	<p><b>SB797: Blue Ribbon Commission on Alzheimer’s and Related Disorders.</b> This bill creates a Task Force comprised of 19 members. The members are State officials and health care professionals with experience in geriatrics, alzheimer’s, end-of-life, etc. The Task Force shall:</p> <p>(1) examine population data in the State for Alzheimer’s disease and related disorders;</p> <p>(2) survey current research on Alzheimer’s disease and related disorders;</p> <p>(3) assess existing services, resources, and capacity for the State’s Alzheimer’s disease and related disorders population, including: (i) the cost and availability of health care, housing, and other support services; (ii) training requirements for long-term care staff; and (iii) quality care measures for nursing homes; and</p> <p>(4) make recommendations regarding the steps the State should take in dealing with Alzheimer’s disease and related disorders, including a review of: (i) long-term care; (ii) family caregiver support; and (iii) assistance to individuals with early onset and early stage Alzheimer’s disease.</p> <p>On or before September 30, 2012, the Task Force shall report its findings and recommendations to the Governor and, in accordance with § 2-1246 of the State Government Article, the General Assembly</p>	<p>Support but add a long-term care provider.</p>	<p>UNF</p>
<p><b>NHs</b></p>	<p><b>SB812: End of Life Care Disclosure Act.</b> This bill is a reintroduction. If an individual who is capable of making an informed decision is admitted to a health care facility, the facility shall: (1) provide the individual with information on the right of the individual to make decisions concerning health care, including the right to accept or refuse treatment; (2) request from the individual a copy of any existing advance directive made by the individual; (3) if the individual does not have an advance directive, inform the individual of the right to make an advance directive; and (4) inform the individual of the facility’s policies and procedures concerning: (i) implementation of an advance directive; and (ii) the use of cardiopulmonary resuscitation and “do not resuscitate” orders. If an individual who is incapable of making an informed decision is admitted to a health care facility, the facility shall: (1) provide the proxy decision maker with information on the right of the proxy decision maker to make decisions concerning health care for the individual, including the right to accept or refuse treatment; (2) request from the proxy decision</p>	<p>Review the law to see if we can copy it to mirror the current regulations</p>	<p>FWA in Senate. Amendments removed the provision regarding providing information on hospice programs.</p>

	<p>make a copy of any existing advance directive made by the individual or on behalf of he individual; and (3) inform the proxy decision maker of the facility’s policies and procedures concerning: (i) implementation of an advance directive; and (ii) the use of cardiopulmonary resuscitation and “do not resuscitate” orders.</p> <p>The legislation also requires the State Advisory Council on Quality Care at the End of Life, after consultation with named groups (including LifeSpan) to review the information sheet under § 5–615(c) of the Health – General Article to determine whether changes should be recommended to the Department of Health and Mental Hygiene. In conducting this review, the State Advisory Council shall also consider the development of model language, checklists, points to consider, references to published materials, or other information that the State Advisory Council considers helpful to facilitate patient–centered decision making about life–sustaining procedures. To the extent feasible, these resources shall take account of relevant differences among types of health care facilities or time constraints on decision making.</p>		
	<p><b>SB855/HB929: Patient Centered Medical Home Program.</b> This is the Governor’s bill. It does not apply to long-term care but I think it is interesting given the discussions that will occur on restructuring long-term care delivery in the State.</p> <p>“Patient centered medical home” means a primary care practice organized to provide first, coordinated, ongoing, and comprehensive source of care to patients to: (1) foster a partnership with a qualifying individual; (2) coordinate health care services for a qualifying individual; and (3) exchange medical information with carriers, other providers, and qualifying individuals. “Primary care practice” means a practice or federally qualified health center organized by or including pediatricians, general internal medicine physicians, family medicine physicians, or nurse practitioners.</p> <p>In establishing the Program the Insurance Commission shall adopt: (1) standards qualifying a primary care practice as a participant in the Program;(2) the payment method to be used by a carrier to pay a participating patient centered medical home for services associated with the coordination of covered health care services; (3) standards to be used to determine the bonus, fee based incentive, bundled fees, or other incentives a carrier may pay to a participating patient centered medical home based on the savings from reduced health care expenditures by qualifying individuals attributed to the participating</p>	No Position	Voted FWA in each committee.

	<p>patient centered medical home; (4) the method for attributing a patient to a participating patient centered medical home; (5) the uniform set of health care quality and performance measures that the participating patient centered medical home is to report to the commission and to carriers; (6) the enrollment form notifying carriers a qualifying individual has voluntarily agreed to participate in the Program; and (7) the process for primary care practices to commence and terminate participation in the Program.</p> <p>In developing the standards, the Commission shall consider: (1) the use of health information technology, including electronic medical records; (2) the relationship between the primary care practice, specialists, other providers, and hospitals; (3) the access standards for qualifying individuals to receive primary medical care in a timely manner; and (4) the ability of the primary care practice to foster a partnership with qualifying individuals.</p> <p>In developing the payment method, the Commission, in consultation with carriers and primary care practices, shall: (1) define the payment method used by a carrier to pay a participating patient centered medical home for services associated with the coordination of covered health care services; (2) define the methodology for determining any bonus, fee based incentive, bundled fees, or other incentives to be paid by a carrier to a participating patient centered medical home based on improvements in quality or efficiency.</p>		
<p><b>NH and AL</b></p>	<p><b>HB1019: Nursing Homes – Electronic Monitoring (Vera’s Law).</b> This bill authorizes a person to intercept a wire, oral, or electronic communication in a nursing home or an assisted living facility licensed to serve 17 or more residents under certain circumstances. These facilities have to permit a resident or the resident’s legal representative to monitor the resident through the use of electronic monitoring devices.</p> <p>A nursing home or assisted living facility must require a resident who engages in electronic monitoring to post a notice on the resident’s door stating that the room is being monitored by an electronic monitoring device. The facility must also inform residents of their right to electronic monitoring and cannot discharge or refuse to admit a resident who uses electronic monitoring.</p> <p>The institution must make reasonable physical accommodation for electronic monitoring by providing a reasonably secure place to mount the device and access to power sources. The institution may request that a resident conduct the electronic monitoring within plain</p>	<p>Oppose</p>	<p>No action yet. It is our understanding that a nursing facility has discussed being a pilot site with the Chair and the sponsor of the legislation.</p>

	<p>view and require a resident who wishes to install a device to make a written request to do so. A resident who elects to use electronic monitoring devices is responsible for paying for the monitoring and must protect the privacy rights of other residents and visitors to the extent reasonably possible.</p> <p>A resident who wishes to engage in electronic monitoring, and who shares a room with another resident, must obtain the other resident’s written consent to perform electronic monitoring in the room.</p> <p>Subject to the Maryland Rules of Evidence, a tape created through the use of electronic monitoring is admissible in either a civil or criminal action brought in a Maryland court. A tape or recording derived from electronic monitoring in possession of a nursing home or assisted living facility must be made available to the Department of Health and Mental Hygiene (DHMH) in order to assess compliance with the bill. A person who operates an institution in violation of the bill’s provisions is guilty of a misdemeanor and subject to a fine of up to \$2,000 and/or imprisonment for up to five years. A person who willfully and without consent of a resident hampers, obstructs, tampers with, or destroys an electronic monitoring device or tape is guilty of a misdemeanor and subject to a fine of up to \$2,000 and/or imprisonment for up to 90 days.</p>		
<p><b>NF</b></p>	<p><b>HB1162: DHMH – Health Care Facilities – Abuser Registry.</b> This bill requires the Secretary to establish a registry that includes the name and social security number of any employee who has been terminated for abusing or neglecting any of the following individuals in a health care facility:</p> <p>(1) a senior citizen; (2) a disabled individual; (3) a developmentally disabled individual; (4) an individual receiving care by an in-home aide; or (5) any individual incapable of self-defense.</p> <p>The employee shall be placed in the registry if: (1) the employee grievance procedure adopted by the health care facility has been followed; (2) an investigation has been completed by both the health care facility and an appropriate authority; (3) the abuse has been deemed to have occurred;</p> <p>(4) the employee has been terminated; and (5) no charges have been filed.</p> <p>A health care facility may access the registry if: (i) the licensing authority has determined that the health care facility should have access to the registry; and (ii) the health care facility is determining whether an individual seeking employment is listed in</p>	<p>Oppose. Question - (1) how do you determine “the abuse has been deemed to have occurred.”; (2) who is reported the person for the registry – the health care facility or the appropriate authority?; (3) what protections would there be for the health care facility not being sued by the employee?</p>	<p>No action yet.</p>

	<p>the registry.</p> <p>The health care facility may not allow an employee to access the registry unless the employee has been granted access to confidential records. A person responsible for an individual who is receiving care by an in-home aide may access the registry.</p> <p>This bill does not affect the right of a hospital or related institution to employ any individual or appoint staff. Each health care facility shall adopt an employee grievance procedure. A health care facility may not employ an individual who is listed in the registry.</p>	<p>Also, there are already a federal registry and registries operated by BON that are not kept up to date. There isn't a need for a new one just have the ones that exist be effective.</p>	
<b>NF and AL</b>	<p><b>HB649: Pharmaceutical Disposal Act:</b> This bill prohibits a health care facility and any employees, etc. from discharging, disposing of, flushing, pouring, or emptying an unused medication into a wastewater system. This section does not apply to the disposal of a controlled medication by a home health agency, home-based hospice care program, or hospice facility unless the federal DEA adopts regulations to dispose of controlled medication (Schedule II) in a manner consistent with this section.</p> <p>A health care facility shall modify its written medication protocols to be consistent with the requirements of this section. The MDE (Environment) shall be responsible for enforcing this section. DHMH and Agriculture shall assist MDE in enforcing this section by: (i) notifying MDE of any health care facility that has violated this section; and (ii) providing MDE access to any records it maintains that indicate a violation of this section has occurred.</p> <p>MDE may adopt regulations: (1) specifying acceptable methods for disposing of unused medication; or (2) to enforce this section. A person who violates any provision of this section is guilty of a misdemeanor and on conviction is subject to a fine of \$500. The secretary shall deposit money collected from penalties imposed under this subsection into the bay restoration fund under § 9-1605.2 of this title.</p>	No Position	No action yet.
<b>All</b>	<p><b>HB1106: Criminal Law – Limited Immunity – Seeking Care or Medical Assistance for a Vulnerable Adult.</b> Notwithstanding any other law, a caregiver, a parent, or any other person who has permanent or temporary care or responsibility for the supervision of a vulnerable adult and who, in good faith, voluntarily seeks care or medical assistance for the vulnerable adult, may not be charged with or prosecuted under § 3-604 or § 3-605 of this subtitle (sections prohibit abuse of a vulnerable adult) if the evidence for the</p>	No Position	UNF

	criminal prosecution was obtained solely as a result of seeking care or medical assistance for the vulnerable adult. The bill sunsets after one year.		
<b>FYI Bills</b>			
	<b>SB190: Seniors Tax Relief Act.</b> This bill increases the additional exemption amounts allowed under the Maryland income tax for elderly or blind individuals from \$1,000 to \$1,500 from 1/31/11 – 1/1/13 \$2,350 from 1/31/12 – 1/1/14, and \$3,200 in after December 31, 2013 and beyond.		
	<b>SB320: Income Tax – Credit for LTC Premium.</b> This bill is a reintroduction of last Session. It expands the existing LTC Insurance income tax credit by (1) allowing the credit to be claimed for every year a policy is in force in the amount of \$500 in the first year the credit is claimed and \$150 thereafter.		
	<b>HB382: Income Tax – Credit for LTC Premium.</b> This bill is the same as SB320 but it does not allow the \$500 credit to be claims with respect to an insured individual if the insured was covered by a long-term care insurance at any time before July 1, 2000. The \$150 credit cannot be used if the insured was covered at any time before January 1, 2012.		

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