J3 9lr2077 CF SB 669

By: The Speaker (By Request - Office of the Attorney General) and Delegates Atterbeary, D.E. Davis, Fennell, Gaines, Kelly, Sample-Hughes, Stein, and Wilson

Introduced and read first time: February 4, 2019 Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

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Health Care Facilities – Comprehensive and Extended Care Facilities – Discharges and Transfers

FOR the purpose of altering the basic rights afforded to each resident of a comprehensive care facility and an extended care facility; altering the contents of a certain form required to be provided to certain facilities by the Maryland Department of Health; requiring that a certain written notice be provided to certain residents; requiring a facility to provide a certain written notice as soon as practicable before discharge or transfer under certain circumstances; requiring the facility to provide any changes to a certain notice to recipients of the notice as soon as practicable if the information in the notice changes prior to the discharge or transfer; requiring a facility to develop a certain post discharge plan of care for a certain resident; requiring a facility to designate certain staff to coordinate the development of a certain plan; requiring the facility to meet, if possible, with certain individuals for a certain purpose within a certain period of time; requiring that a certain plan be developed with the participation of certain individuals; requiring the facility to include in a resident's medical record a certain explanation under certain circumstances; requiring that a certain plan be developed in consultation with certain individuals; altering the time at which a facility is required to provide certain information to certain individuals; altering the information required to be provided to certain individuals by certain facilities before discharge or transfer; altering the authority of a facility to discharge or transfer a resident without obtaining the written consent of the resident; authorizing the Attorney General to request that the court in a certain action impose a certain civil penalty for certain violations under certain circumstances; making conforming changes; and generally relating to discharges and transfers from comprehensive care facilities and extended care facilities.

BY repealing and reenacting, with amendments,

Article – Health – General

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 2 3	Section 19–343, 19–345.1, 19–345.2, and 19–345.3 Annotated Code of Maryland (2015 Replacement Volume and 2018 Supplement)					
4 5 6 7 8	BY repealing and reenacting, without amendments, Article – Health – General Section 19–345(a) Annotated Code of Maryland (2015 Replacement Volume and 2018 Supplement)					
9 10	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:					
11	Article - Health - General					
12	19–343.					
13 14 15	(a) In this section and §§ 19–344 [and], 19–345, 19–345.1 , 19–345.2 , AND 19–345.3 of this subtitle, "facility" means a related institution that, under the rules and regulations of the Department, is a comprehensive care facility or an extended care facility.					
16 17	(b) (1) The General Assembly intends to promote the interests and well–being of each resident of a facility.					
18 19	(2) It is the policy of this State that, in addition to any other rights, each resident of a facility has the following basic rights:					
20 21	(i) The right to be treated with consideration, respect, and full recognition of human dignity and individuality;					
22 23 24	(ii) The right to receive treatment, care, and services that are adequate, appropriate, and in compliance with relevant State and federal laws, rules, and regulations;					
25	(iii) The right to privacy;					
26	(iv) The right to be free from mental and physical abuse;					
27 28 29	(V) THE RIGHT TO NOTICE, PROCEDURAL FAIRNESS, AND HUMANE TREATMENT WHEN BEING TRANSFERRED OR DISCHARGED FROM A FACILITY;					
30 31 32	(VI) THE RIGHT TO PARTICIPATE IN DECISION MAKING REGARDING TRANSITIONS IN CARE, INCLUDING A TRANSFER OR DISCHARGE FROM A FACILITY;					

$\frac{1}{2}$	[(v)] (VII) The right to expect and receive appropriate assessment, management, and treatment of pain as an integral component of the patient's care;					
3 4	[(vi)] (VIII) The right to be free from physical and chemical restraints except for restraints that a physician authorizes for a clearly indicated medical need;					
5 6	program; and	ł	[(vii)] (IX)	The right to receive respect and privacy in a medical care		
7			[(viii)] (X)	The right to manage personal financial affairs.		
8	(c)	Each	facility shall:			
9 10 11	(1) Post, conspicuously in a public place, the policy set forth in subsection (b) of this section and the provisions in §§ 19–344(b) through (m), 19–345, and 19–346(i)(2) of this subtitle;					
12		(2)	Give a copy	of the policy and those provisions:		
13			(i) On ac	lmission, to the resident;		
14 15	and		(ii) To the	e guardian, next of kin, or sponsoring agency of the resident;		
16			(iii) To a i	representative payee of the resident;		
17 18	the copy; and	(3) l	Keep a rece	ipt for the copy that is signed by the person who received		
19 20	provisions.	(4)	Provide app	propriate staff training to carry out the policy and those		
21	19–345.					
22 23	(a) A resident of a facility may not be transferred or discharged from the facility involuntarily except for the following reasons:					
24 25	(1) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;					
26 27 28		(2) d suffi		r or discharge is appropriate because the resident's health at the resident no longer needs the services provided by the		
29		(3)	The health	or safety of an individual in a facility is endangered;		
30		(4)	The residen	t has failed, after reasonable and appropriate notice, to pay		

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for, or under Medicare or Medicaid or otherwise, to have paid for a stay at the facility; or 1 2 The facility ceases to operate. (5)3 19-345.1. Except as provided in subsection (e) of this section, a A facility shall provide 4 (a) the resident with written notice of: 5 6 (1) Any proposed discharge or transfer; and 7 The opportunity for a hearing in accordance with the provisions of this 8 section before the discharge or transfer. 9 The Department shall prepare and provide each facility with a standardized (b) 10 form that provides, in clear and simple language, at least the following information: 11 Notice of the intended discharge or transfer of the resident, (1) INCLUDING THE DATE OF THE INTENDED DISCHARGE OR TRANSFER: 12 13 (2) Each reason for the discharge or transfer; THE LOCATION TO WHICH THE RESIDENT WILL BE DISCHARGED **(3)** 14 15 OR TRANSFERRED; 16 **(4)** THE NAMES OF THE FACILITY STAFF WHO: 17 (I)ARE DESIGNATED TO PROVIDE SOCIAL WORK AND 18 DISCHARGE PLANNING SERVICES TO THE RESIDENT IN CONNECTION WITH THE 19 DISCHARGE OR TRANSFER; AND 20 WILL BE RESPONSIBLE FOR THE DEVELOPMENT OF THE (II)21POST DISCHARGE PLAN OF CARE UNDER SUBSECTION (G) OF THIS SECTION; 22**(5)** A PROPOSED DATE WITHIN 10 DAYS AFTER THE DATE OF THE 23 NOTICE FOR A MEETING BETWEEN THE RESIDENT AND FACILITY STAFF TO DEVELOP 24THE POST DISCHARGE PLAN OF CARE UNDER SUBSECTION (G) OF THIS SECTION; The right of the resident to request a hearing; 25**[**(3)**] (6)** 26 [(4)] (7) The right of the resident to consult with any lawyer the resident 27 chooses; 28 The availability of the services of the Legal Aid Bureau, the Older [(5)] **(8)**

American Act Senior Legal Assistance Programs, and other agencies that may provide

1 assistance to individuals who need legal counsel; 2 [(6)] **(9)** The availability of the Department of Aging and local Office on 3 Aging Long-Term Care Ombudsman PROGRAM to assist the resident; and [(7)] **(10)** The provisions of this section. 4 5 Except as otherwise provided in this section, at least 30 days before the facility 6 involuntarily transfers or discharges a resident, the facility shall: 7 (1) Provide to the resident the written notice required under subsection (a) 8 of this section; and 9 (2)Provide the written notice required under subsection (a) of this section 10 to: 11 **(I)** THE RESIDENT; 12 [(i)] **(II)** The next of kin, guardian, or any other individual known to have acted as the [individual's] RESIDENT'S representative, if any: 13 14 [(ii)] (III) The Long-Term Care Ombudsman; and 15 [(iii)] (IV) The Department. 16 (d) In accordance with regulations adopted by the Secretary, the (1) (i) 17 facility shall provide the resident with an opportunity for a hearing on the proposed 18 transfer or discharge. 19 (ii) The regulations adopted by the Secretary may provide for the 20 establishment of an escrow account when: 1. 21The basis for the discharge is nonpayment; and 22 2. The resident continues to reside in the facility while the 23 appeal is pending. 24Except as otherwise provided in this subsection, hearings on proposed 25 transfers or discharges shall be conducted in accordance with the provisions of Title 10, 26 Subtitle 2 of the State Government Article and the Medicaid Fair Hearing Procedures. 27 (3)Any hearing on a proposed discharge or transfer of a resident: 28 Is not a contested case as defined in § 10–202 of the State 29 Government Article; and

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1	(ii) May not include the Secretary as a party.					
2 3	(4) A decision by an administrative law judge on a proposed discharge or transfer of a resident:					
4	(i) Is not a decision of the Secretary;					
5	(ii) Unless appealed, is final and binding on the parties; and					
6 7 8	(iii) May be appealed in accordance with § 10–222 of the State Government Article as if it were a contested case but the appeal does not automatically stay the decision of the administrative law judge.					
9 10 11 12	(e) [(1) The provisions of this section requiring 30 days' notice and an opportunity for a hearing before discharge or transfer of a resident do not apply if:] THE FACILITY SHALL PROVIDE THE WRITTEN NOTICE REQUIRED IN SUBSECTION (A) OF THIS SECTION AS SOON AS PRACTICABLE BEFORE DISCHARGE OR TRANSFER IF:					
13 14 15	[(i)] (1) An emergency exists and health or safety of the resident or other residents would be placed in imminent and serious jeopardy if the resident were not transferred or discharged from the facility as soon as possible; or					
16	[(ii)] (2) The resident has not resided in the facility for 30 days.					
17 18 19	[(2) If a facility discharges or transfers a resident under the provisions of this subsection, the facility shall provide reasonable notice of the proposed discharge or transfer.]					
20 21 22 23	(F) IF THE INFORMATION IN THE NOTICE PROVIDED UNDER SUBSECTION (C) OF THIS SECTION CHANGES BEFORE THE DISCHARGE OR TRANSFER, THE FACILITY SHALL PROVIDE THE CHANGES TO THE RECIPIENTS OF THE NOTICE AS SOON AS PRACTICABLE AFTER THE NEW INFORMATION BECOMES AVAILABLE. (G) (1) BEFORE ANY DISCHARGE OR TRANSFER AND SUBJECT TO					
25 26	PARAGRAPHS (4) AND (5) OF THIS SUBSECTION, A FACILITY SHALL DEVELOP A POST DISCHARGE PLAN OF CARE FOR THE RESIDENT THAT:					
27 28	(I) ADDRESSES THE RESIDENT'S POST DISCHARGE GOALS OF CARE AND TREATMENT PREFERENCES;					
29 30 31	(II) IDENTIFIES EACH OF THE RESIDENT'S REASONABLY ANTICIPATED MEDICAL AND BASIC NEEDS AFTER DISCHARGE OR TRANSFER AND ESTABLISHES A PLAN FOR MEETING THOSE NEEDS; AND					

(III) ASSISTS THE RESIDENT WITH ADJUSTING TO THE

1 RESIDENT'S NEW LIVING ENVIRONMENT.

- 2 (2) THE FACILITY SHALL DESIGNATE A SOCIAL WORKER OR OTHER
- 3 PROFESSIONALLY QUALIFIED STAFF MEMBER TO COORDINATE THE DEVELOPMENT
- 4 OF THE RESIDENT'S POST DISCHARGE PLAN OF CARE.
- 5 (3) THE FACILITY SHALL, IF POSSIBLE, MEET WITH THE RESIDENT
- 6 AND, WITH THE RESIDENT'S CONSENT, THE RESIDENT'S REPRESENTATIVE WITHIN
- 7 10 DAYS AFTER PROVIDING THE NOTICE REQUIRED UNDER SUBSECTION (A) OF THIS
- 8 SECTION TO DISCUSS THE POST DISCHARGE PLAN OF CARE FOR THE RESIDENT.
- 9 (4) (I) THE RESIDENT'S POST DISCHARGE PLAN OF CARE SHALL BE
- 10 DEVELOPED WITH THE PARTICIPATION OF THE RESIDENT AND, WITH THE
- 11 RESIDENT'S CONSENT, THE RESIDENT'S REPRESENTATIVE.
- 12 (II) IF THE POST DISCHARGE PLAN OF CARE WAS DEVELOPED
- 13 WITHOUT THE PARTICIPATION OF THE RESIDENT OR THE RESIDENT'S
- 14 REPRESENTATIVE, THE FACILITY SHALL INCLUDE IN THE RESIDENT'S MEDICAL
- 15 RECORD AN EXPLANATION OF WHY THE RESIDENT OR THE RESIDENT'S
- 16 REPRESENTATIVE DID NOT PARTICIPATE.
- 17 (5) THE RESIDENT'S POST DISCHARGE PLAN OF CARE SHALL BE
- 18 DEVELOPED IN CONSULTATION WITH:
- 19 (I) THE RESIDENT'S ATTENDING PHYSICIAN;
- 20 (II) A REGISTERED NURSE RESPONSIBLE FOR THE CARE OF THE
- 21 RESIDENT; AND
- 22 (III) ANY OTHER APPROPRIATE STAFF OR PROFESSIONAL
- 23 INVOLVED WITH MEETING THE RESIDENT'S MEDICAL NEEDS.
- 24 19-345.2.
- 25 (a) In addition to the provisions of §§ 19–345 and 19–345.1 of this subtitle, a
- 26 facility may not involuntarily discharge or transfer a resident unless, within 48 hours
- 27 before the discharge or transfer, the facility has:
- 28 (1) Provided or obtained:
- 29 (i) A comprehensive medical assessment and evaluation of the
- 30 resident, including a physical examination, that is documented in the resident's medical
- 31 record;

- 1 (ii) A post discharge plan of care for the resident that is developed, 2 if possible, with the participation of the resident's next of kin, guardian, or legal 3 representative IN ACCORDANCE WITH § 19–345.1 OF THIS SUBTITLE; and
- 4 (iii) Written documentation from the resident's attending physician 5 indicating that the transfer or discharge is in accordance with the post discharge plan of 6 care and is not contraindicated by the resident's medical condition; and
- 7 (2) Provided information to the resident concerning the resident's rights to 8 make decisions concerning health care, including:
- 9 (i) The right to accept or refuse medical treatment;
- 10 (ii) The right to make an advance directive, including the right to 11 make a living will and the right to appoint an agent to make health care decisions; and
- 12 (iii) The right to revoke an advance directive.
- 13 (b) Except as provided in subsection (c)(3) of this section, [at the time of transfer 14 or discharge] AT LEAST 24 HOURS BEFORE DISCHARGE OR TRANSFER, the facility shall 15 provide the resident [or] AND the resident's next of kin, guardian, or legal representative 16 with:
- 17 (1) [A] **THE** written statement of the medical assessment and evaluation 18 and [post discharge plan of care] **WRITTEN DOCUMENTATION FROM THE RESIDENT'S** 19 **ATTENDING PHYSICIAN** required under subsection (a) of this section;
- 20 (2) THE POST DISCHARGE PLAN OF CARE DEVELOPED UNDER § 21 19–345.1 OF THIS SUBTITLE;
- 22 [(2)] (3) A written statement itemizing the medications currently being 23 taken by the resident;
- [(3)] (4) To the extent permitted under State and federal law, at least a 3-day supply of the medications currently being taken by the resident;
- [(4)] (5) The information necessary to assist the resident[,] AND the resident's next of kin, GUARDIAN, or legal representative in obtaining additional prescriptions for necessary medication through consultation with the resident's treating physician; and
- 30 **[(5)] (6)** A written statement containing the date, time, method, mode, and destination of discharge.
- 32 (c) (1) Except as provided in paragraphs (2) and (3) of this subsection, a facility 33 may not discharge or transfer a resident unless the resident is capable of and has consented

- 1 in writing to the discharge or transfer.
- 2 (2) A facility may discharge or transfer a resident without obtaining the
- 3 written consent of the resident FOR ONE OF THE REASONS LISTED IN § 19-345(A) OF
- 4 THIS SUBTITLE if the discharge or transfer:
- 5 (i) Is in accordance with a post discharge plan of care developed
- 6 under [subsection (a) of this section] § 19–345.1 OF THIS SUBTITLE; [and]
- 7 (II) IS TO THE COMMUNITY IN WHICH THE RESIDENT RESIDED
- 8 BEFORE BECOMING A RESIDENT OF THE FACILITY;
- 9 (III) IS TO ANOTHER LICENSED PROVIDER, UNLESS:
- 1. The resident is being discharged or
- 11 TRANSFERRED BECAUSE THE RESIDENT'S HEALTH HAS IMPROVED SUFFICIENTLY
- 12 AND THE RESIDENT NO LONGER NEEDS THE SERVICES PROVIDED BY THE FACILITY;
- 13 2. The resident has no pending application to
- 14 THE MARYLAND MEDICAL ASSISTANCE PROGRAM, IS INELIGIBLE FOR THE
- 15 MARYLAND MEDICAL ASSISTANCE PROGRAM AND IS BEING DISCHARGED OR
- 16 TRANSFERRED FOR NONPAYMENT UNDER § 19–345(A)(4) OF THIS SUBTITLE; OR
- 3. A. THE RESIDENT IS ELIGIBLE FOR THE
- 18 MARYLAND MEDICAL ASSISTANCE PROGRAM;
- B. THE FACILITY HAS FULFILLED ITS OBLIGATION
- 20 UNDER § 19-334(C) OF THIS SUBTITLE TO COOPERATE WITH AND ASSIST THE
- 21 RESIDENT OR THE RESIDENT'S REPRESENTATIVE IN SEEKING ASSISTANCE FROM
- 22 THE MARYLAND MEDICAL ASSISTANCE PROGRAM;
- 23 C. THE FACILITY HAS DOCUMENTED THE COOPERATION
- 24 AND ASSISTANCE PROVIDED UNDER ITEM B OF THIS ITEM;
- 25 D. THE RESIDENT OR RESIDENT'S REPRESENTATIVE HAS
- 26 REFUSED TO APPLY FOR OR SEEK ASSISTANCE FROM THE MARYLAND MEDICAL
- 27 ASSISTANCE PROGRAM; AND
- E. THE RESIDENT IS BEING DISCHARGED FOR
- 29 NONPAYMENT UNDER § 19–345(A)(4) OF THIS SUBTITLE; AND
- 30 [(ii)] (IV) Is to a safe and secure environment [where the resident
- 31 will be under the care of:

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- 1 1. Another licensed, certified, or registered care provider; or 2 2. Another person who has agreed in writing to provide a safe 3 and secure environment]. 4 (3) A facility that is certified as a continuing care provider under Title 10, 5 Subtitle 4 of the Human Services Article is not subject to the provisions of subsection (b) of 6 this section if: 7 The facility transfers a resident to a lesser level of care within the same facility in accordance with a contractual agreement between the facility and the 8 9 resident; and 10 The transfer is approved by the attending physician. (ii) 11 If the requirements of §§ 19–345 and 19–345.1 of this subtitle and subsections 12 (a) and (b) of this section have been met, the resident's next of kin or legal representative 13 shall cooperate and assist in the discharge planning process, including: 14 (1) Contacting, cooperating with, and assisting other facilities considering admitting the resident; and 15 16 Cooperating with governmental agencies, including applying for (2)17 medical assistance for the resident. 18 If requested by any person during the process of transferring or discharging a resident or on its own initiative, the Office of the Attorney General may investigate whether 19 20 an abuse of funds under § 19–346 of this subtitle contributed to the decision to transfer or 21discharge the resident and may make appropriate referrals of the matter to other 22 government agencies. 23 19-345.3. 24(a) The Secretary may impose a civil money penalty not to exceed \$10,000 for: 25 (1) Each violation by a facility of § 19–345, § 19–345.1, or § 19–345.2 of this 26 subtitle; or 27 (2) Each willful or grossly negligent violation by a resident's agent or legal representative of § 19–345, § 19–345.1, or § 19–345.2 of this subtitle. 28 29 If a civil money penalty is imposed under this section, the facility or agent or legal representative of the resident shall have the right to appeal from an order imposing 30 31 the civil money penalty in accordance with Title 10, Subtitle 2 of the State Government 32 Article.
 - (c) (1) A resident, resident's agent, or resident's attorney, or the Attorney

- General on behalf of the resident, who believes that an involuntary discharge or transfer that violates the requirements of § 19–345, § 19–345.1, or § 19–345.2 of this subtitle is
- 3 imminent or has taken place may request injunctive relief from a circuit court.
- 4 (2) IN AN ACTION BROUGHT BY THE ATTORNEY GENERAL UNDER 5 THIS SUBSECTION, THE ATTORNEY GENERAL MAY REQUEST THAT THE COURT 6 IMPOSE A CIVIL PENALTY NOT TO EXCEED \$100,000 FOR EACH VIOLATION BY A FACILITY OF § 19–345, § 19–345.1, OR § 19–345.2 OF THIS SUBTITLE.
- 8 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 9 October 1, 2019.