



2024 Maryland General Assembly Session Summary

Health Facilities Related Bills

- HB 723/SB 863 - Office of the Attorney General - Rights of Residents of Health Care Facilities - Injunctive Relief and Penalties. HB 723 has fully passed and is before the Governor. The bill takes effect July 1, 2024.

This bill authorizes the Attorney General to seek injunctive relief on behalf of the State on the basis of an imminent or ongoing violation of a right of residents of a nursing home or assisted living program. Concerns exist about the duplication of a multitude of agencies (ie OHCQ) to penalize one facility for a specific violation. In summary, this bill would:

To prevent irreparable harm to residents in a facility, the attorney general may seek injunctive relief on the basis of an imminent or ongoing violation of a basic right of residents of facilities provided under § 19–343(b)(2)(ii), (iv), (v), (viii), or (x) of this subtitle. In exercising the authority, the attorney general may not duplicate any corrective action imposed by the department for the same violation.

The bill also establishes a “resident bill of rights” for residents of assisted living program facilities that includes:

- the right to be treated with consideration, respect, and full recognition of human dignity and individuality;
- the right to receive treatment, care, and services that are adequate, appropriate, and in compliance with relevant federal and state laws, rules, and regulations;
- the right to be free from mental and physical abuse;
- the right to be free from mental, verbal, sexual, and physical abuse, neglect, or involuntary seclusion or exploitation;
- the right to notice, procedural fairness, and humane treatment when being transferred or discharged from a facility;
- the right to participate in decision making regarding transitions in care, including a transfer or discharge from a facility;

- the right to be free from physical and chemical restraints, except for restraints that a physician authorizes for a clearly indicated medical need; and
 - the right to manage personal financial affairs;
- SB 1000/HB 1122 Maryland Health Care Commission – Nursing Homes – Acquisitions. HB 1122 has fully passed and is before the Governor. This bill significantly impacts the process of a change in ownership of nursing homes. The major impact, which we mitigated, is the timeline for approving such a change in ownership. We advocated for a balance of the potential benefits of scrutinizing changes of ownership to guard against bad operators bringing bad practices to a given facility with the right and need of organizations to conduct transactions. In summary, the bill requires providers to:

A person shall provide notice to the Maryland Health Care Commission (MHCC) at least 30 days before the closing of a change of ownership of a nursing home that involves at least a 5% transfer in ownership interest and is not a transfer amongst existing owners. At least 60 days before making a contractual arrangement for the closing date of the acquisition of a nursing home, a person shall:

- submit to the commission a request for acquisition; and
- provide notice to the residents, resident representatives, and staff employees of the nursing home that:
 - the request for acquisition was submitted to the commission; and
 - there will be an opportunity to submit comments

The Executive Director of the MHCC shall review a completed request for acquisition within 45 days after receiving the completed request from the applicant. The executive director, in consultation with the secretary or the secretary's designee, may approve the acquisition, approve the acquisition with conditions; deny the acquisition; or refer the request for acquisition to the commission for a final decision. To approve a request, the executive director must find that the acquisition is consistent with the state health plan and is in the public interest. In determining whether an acquisition of a nursing home is in the public interest, the executive director shall:

- solicit and accept comments from individuals who:
 - reside in the nursing home;
 - have family members who reside in the nursing home; or

- are employed at employees of the nursing home; and
- consult with the attorney general on whether the acquisition raises public interest concerns.

If the Executive Director refers a request for acquisition to the MHCC, the MHCC shall make a final decision within 60 days after receiving the completed request from the applicant. If the executive director denies a request for acquisition or imposes a condition on the approval of the acquisition, a person that is an interested a party to the acquisition may submit a written request for the commission to review the decision A decision of the commission shall be a final decision for the purpose of judicial review. A person that is an interested a party to the acquisition may take a direct judicial appeal within 30 days after the commission makes the final decision. The commission shall send each final decision to the secretary, the secretary of aging, the office of health care quality, and the office of the attorney general, and the state long-term care ombudsman.

On or before July 1 immediately following the acquisition of a nursing home and every each year for 3 years thereafter, the person that acquired the nursing home shall submit a report to the commission. The commission shall adopt regulations through an update to the state health plan for facilities and services to carry out the provisions of this section. The regulations shall require the person that acquired ownership of a nursing home to:

- reduce the number of resident rooms in the nursing home that contain more than two beds in accordance with standards established by the commission; or receive a waiver from the requirement from the executive director in accordance with standards established by the commission;
- if necessary, allow the person that acquired ownership of a nursing home to temporarily delicense beds for at least 3 years immediately following the acquisition to reduce the number of resident rooms that contain more than two beds; and
- authorize the commission to extend the period the beds are temporarily delicensed beyond 3 years for good cause shown, including demonstrated progress toward eliminating multibedded rooms by expanding the existing facility or transferring the beds to another facility within a merged asset system in the same jurisdiction;
- establish standards for the evaluation of the quality of the facilities nursing homes currently or previously owned, whether in the state or

- outside the state, by the person that submitted a request for acquisition;
- and
- establish criteria for the executive director and the commission to consider when making a decision regarding a request for acquisition.

Housing Related Bills

- HB 538/SB 484 Land Use - Affordable Housing - Zoning Density and Permitting (Housing Expansion and Affordability Act of 2024). House Bill 538 has passed and is before the Governor.

HB 538 would require local jurisdictions to provide “density bonuses” for certain development projects that include affordable housing options. This would allow developers to exceed local density regulations so long as the new buildings offered a certain percentage of “affordable dwelling units.” In the bill, this refers to housing units that are affordable to households earning 60% or less of the area’s median income.

The initial version of the bill would have provided a density bonus to developers who include at least 25% of affordable housing units within one mile of a rail station. But committee amendments dropped those qualifications to just needing 15% affordable housing units in the new development within three-quarters of a mile of a rail station to qualify for the density bonus.

A similar cut happened to a density bonus granted to non-profits that want to create new affordable housing units. Initially, the bill required that 50% of the new housing be affordable units in order for a non-profit to qualify for the density bonus. Now, only 25% of the units need to be affordable to qualify.

Independent Living and CCRC Related Bills

- HB 68/SB 76 Continuing Care Retirement Communities - Governing Bodies, Grievances, and Entrance Fees. HB 68 and SB 76 fully passed and are before the Governor.

As initially introduced, this bill would significantly impact the operations of a CCRC by increasing resident representation on the Board and require a sequential return of entrance fees. Both of these provisions have been struck from the bill in favor of codifying many existing practices of providers. In summary, the bill requires providers to:

- Post most recent disclosure statement on website
- Hold Quarterly Meetings
 - Summarize operations, changes, goals and objectives
 - Answer resident questions
 - At last quarterly meeting of year, provide aggregated, de-identified summary of internal grievances
- Resident on the Board may report on nonconfidential actions, policies of Board to Resident Association
- Governing Body shall determine whether a matter is confidential
- On an annual basis, MDOA must collect internal grievances from the Provider
- 9 months after unit becomes unoccupied, Provider must submit a written report to the resident/estate that the unit hasn't been reoccupied and efforts to reoccupy; Provider must submit report every 6 months thereafter until the unit is reoccupied.
- HB 1177 Continuing Care Retirement Communities – Subscriber Rights And Provider Duties. HB 1177 did not move this session.
Similar to some provisions in HB 68, this bill establishes several new requirements on providers while the Sponsor is really seeking disclosure of a resident's bill of rights.
- HB 1103/SB 875 - Miriam Kelty Aging and Senior Social Connection Hub and Spoke Pilot Program. Both HB 1103 and SB 875 have fully passed and are before the Governor.
This bill establishes the Miriam Kelty Aging and Senior Social Connection Hub and Spoke Pilot Program in the Maryland Department of Aging (MDOA). The goal of the pilot program is to support “villages” that seek to take advantage of operational proficiencies and existing systems, knowledge, skills, and resources to expand services to more residents in the geographic region. Older adults who actively participate in their Villages experience improvements in social and civic engagement, quality of life, and confidence in believing they can age in their own homes.

Medicaid Related Bills

- HB 350/ SB 360 Budget Bill (FY 2025). The budget bill has fully passed and is before the Governor.
Senate passed SB 360 Medicaid funding totals \$14.4 billion, allowing the State to provide coverage to over 1.6 million of our residents. Rate increases of 3% are funded for providers serving the developmentally disabled, behavioral health providers, nursing homes, and most Medicaid community-based providers. This is a significant reduction from the previous fiscal years.
- SB 600/HB 103 Maryland Medical Assistance Program – Dental Services – Coverage and Rate Study. Both bills have fully passed and are before the Governor.
This bill requires the Maryland Department of Health to study the feasibility of including removable full and partial dentures and setting adequate reimbursement rates for providers on a per-patient basis for house calls and extended care facility calls among the coverage offered by the Maryland Healthy Smiles Dental Program. Proper dental coverage is critical to overall health and provides patients with a sense of dignity - being able to smile with confidence, talk with others and consume the least restrictive food texture.

Workforce Related Bills

- SB 137 Registered Nurse Degree Apprenticeship Program Workgroup. This bill did not move this session.
This bill establishes the Registered Nurse (RN) Degree Apprenticeship Program Workgroup, staffed by the Maryland Department of Labor (MDL). Aging services organizations struggle to meet nursing staffing requirements. We believe Senate Bill 137 offers a collaborative effort and attempt to fill in the gaps for a growing demand in nursing.
- SB 328/HB 462 Funding for Wages and Benefits for Nursing Home Workers (Nursing Home Staffing Crisis Funding Act of 2024). Neither bill will move this session.
This bill requires the Governor's proposed budget for fiscal 2026 through 2028 to include an 8% rate increase for specified providers in the Medicaid and Maryland Children's Health Program (MCHP). Seventy-five percent of the funding increase must be used to fund wages and benefits for specified nursing home workers. Reimbursement mechanisms must be aligned to ensure providers are also able to meet rising costs in other areas of operations Nursing homes have many

payer sources, not just Medicaid. Requiring nursing homes to issue increase in wages and benefits to workers when only a portion of the nursing home's budget comes from Medicaid reimbursement would be highly problematic.

- HB 354/SB 718 Maryland Pathway to Nursing Program and Advisory Committee – Establishment. SB 718 has fully passed and is before the Governor. This bill establishes a Maryland Pathway to Nursing Advisory Committee to develop and implement the Maryland Pathway to Nursing Program. In light of staffing shortages across the State, exacerbated by the COVID-19 pandemic, nursing homes struggle to secure sufficient staff. Maryland offers several levels and types of nursing assistant certification. Certified Nursing Assistant is regarded as an entry-level credential for those who have completed training programs and cleared background checks. This bill seeks to support professional growth for certified nursing assistants. LeadingAge Maryland was able to amend the bill to add a representative of the Association to the Advisory Committee.
- SB 613/HB 874 State Board Of Long-Term Care Administrators – Requirements For Assisted Living Managers. Both bills have fully passed and are before the Governor.

This bill extends, from October 1, 2024, to July 1, 2026, the date by which individuals must be licensed by the State Board of Long-Term Care Administrators before practicing as an assisted living manager in the State. Managing the licensure for assisted living managers will be a new responsibility for the Board of Long-Term Care Administrators. The delay in implementation of this change required by this bill is necessary to ensure that both the Board and licensees have appropriate time to prepare for the transition.

- SB 999/HB 1125 Certified Nursing Assistants – Licensing Requirements And Administrative Updates. Both bills have fully passed and are before the Governor.

This legislation repeals the classification of a “geriatric nurse assistant” in favor of “certified nurse assistant.” The intent of this bill is to seek to remove the barrier of Maryland's current two-pronged nursing assistant credentialing system. These changes may also help out-of-state CNAs be qualified to work in Maryland nursing homes without the requirement of additional certification. Introducing such changes is likely to be a step forward in addressing the care-

team staffing shortages that long-term care facilities and nursing homes are suffering from.