

SENATE BILL 530

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8lr3039
CF HB 562

By: **Senators Young, Benson, Currie, Feldman, Guzzone, Klausmeier, Lee, Manno, Nathan–Pulliam, Oaks, Robinson, Salling, and Smith**

Introduced and read first time: January 29, 2018

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Hospitals – Patient’s Bill of Rights**

3 FOR the purpose of requiring each administrator of a hospital to provide patients with a
4 certain patient’s bill of rights; requiring each administrator of a hospital to provide
5 certain patients with a translator, an interpreter, or another accommodation to
6 provide certain assistance to patients; requiring each administrator of a hospital to
7 conspicuously post copies of the patient’s bill of rights on the hospital’s website and
8 in areas of the hospital accessible to patients; requiring each administrator of a
9 hospital to provide annual training to certain staff members to ensure the staff’s
10 knowledge and understanding of the patient’s bill of rights; requiring a certain
11 statement to be written in plain language; altering the rights that are required to be
12 included in a patient’s bill of rights; declaring the intent of the General Assembly;
13 defining a certain term; making a technical change; and generally relating to
14 hospitals and a patient’s bill of rights.

15 BY repealing and reenacting, with amendments,
16 Article – Health – General
17 Section 19–342
18 Annotated Code of Maryland
19 (2015 Replacement Volume and 2017 Supplement)

20 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
21 That the Laws of Maryland read as follows:

22 **Article – Health – General**

23 19–342.

24 **(A) IN THIS SECTION, “PATIENT” INCLUDES AN INPATIENT, AN OUTPATIENT,**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 AND AN EMERGENCY SERVICES PATIENT.

2 (B) THE GENERAL ASSEMBLY INTENDS TO PROMOTE THE HEALTH, SAFETY,
3 AND WELL-BEING OF PATIENTS AND TO FOSTER BETTER COMMUNICATION
4 BETWEEN PATIENTS AND HEALTH CARE PROVIDERS IN HOSPITALS THROUGH THE
5 USE OF A PATIENT'S BILL OF RIGHTS THAT SPECIFIES THE ETHICAL AND HUMANE
6 TREATMENT THE PATIENT HAS A RIGHT TO EXPECT.

7 [(a)] (C) Each administrator of a hospital [is responsible for making available]
8 SHALL:

9 (1) PROVIDE to each patient in the hospital a WRITTEN copy of the
10 patient's bill of rights that [the]:

11 (I) THE hospital adopts under [the] Joint Commission [on
12 Accreditation of Hospitals'] guidelines; AND

13 (II) COMPLIES WITH SUBSECTION (D) OF THIS SECTION;

14 (2) IF A PATIENT DOES NOT SPEAK ENGLISH, REQUIRES THE
15 PATIENT'S BILL OF RIGHTS IN AN ALTERNATIVE FORMAT, OR IS ILLITERATE,
16 PROVIDE A TRANSLATOR, AN INTERPRETER, OR ANOTHER ACCOMMODATION TO
17 ASSIST THE PATIENT IN UNDERSTANDING AND EXERCISING THE RIGHTS INCLUDED
18 IN THE PATIENT'S BILL OF RIGHTS;

19 (3) CONSPICUOUSLY POST COPIES OF THE PATIENT'S BILL OF RIGHTS
20 ON THE HOSPITAL'S WEBSITE AND IN AREAS OF THE HOSPITAL ACCESSIBLE TO
21 PATIENTS, INCLUDING THE ADMITTING OFFICE, PATIENT FLOORS, PATIENT ROOMS,
22 THE OUTPATIENT DEPARTMENT, AND EMERGENCY SERVICES WAITING AREAS; AND

23 (4) PROVIDE ANNUAL TRAINING TO ALL PATIENT CARE STAFF
24 MEMBERS TO ENSURE THE STAFF'S KNOWLEDGE AND UNDERSTANDING OF THE
25 PATIENT'S BILL OF RIGHTS.

26 [(b)] (D) The patient's bill of rights shall AT A MINIMUM include a statement, IN
27 PLAIN LANGUAGE, that a patient has a right to [expect and receive appropriate
28 assessment, management, and treatment of pain as an integral component of the patient's
29 care]:

30 (1) RESPECTFUL, COMPASSIONATE CARE REGARDLESS OF AGE,
31 GENDER, RACE, NATIONAL ORIGIN, RELIGION, SEXUAL ORIENTATION, GENDER
32 IDENTITY, OR DISABILITY;

33 (2) BE PROVIDED CARE IN A CLEAN, SAFE ENVIRONMENT FREE FROM

1 ALL FORMS OF ABUSE, NEGLECT, OR MISTREATMENT;

2 (3) BE TOLD THE NAMES OF DOCTORS, NURSES, AND OTHER HEALTH
3 CARE TEAM MEMBERS INVOLVED IN THE PATIENT'S CARE;

4 (4) HAVE A FAMILY MEMBER OR AN INDIVIDUAL OF THE PATIENT'S
5 CHOICE AND THE PATIENT'S DOCTOR NOTIFIED OF THE PATIENT'S ADMISSION TO
6 THE HOSPITAL;

7 (5) HAVE A FAMILY MEMBER OR AN INDIVIDUAL OF THE PATIENT'S
8 CHOICE REMAIN WITH THE PATIENT FOR EMOTIONAL SUPPORT DURING THE
9 PATIENT'S HOSPITAL STAY;

10 (6) INFORMED DECISION MAKING AND INFORMED CONSENT
11 REGARDING DIAGNOSIS AND POSSIBLE PROGNOSIS, AND THE BENEFITS AND RISKS
12 OF TREATMENT;

13 (7) HAVE PAIN MANAGED;

14 (8) BE FREE FROM RESTRAINTS AND SECLUSION UNLESS NEEDED
15 FOR SAFETY;

16 (9) PRIVACY AND CONFIDENTIALITY IN CARE DISCUSSIONS, EXAMS,
17 AND TREATMENTS;

18 (10) REQUEST AN ESCORT DURING ANY TYPE OF EXAM;

19 (11) ACCESS PROTECTIVE AND ADVOCACY SERVICES IN CASES OF
20 SUSPECTED OR ALLEGED ABUSE OR NEGLECT;

21 (12) PARTICIPATE IN DECISIONS ABOUT THE PATIENT'S CARE,
22 INCLUDING THE RIGHT TO REFUSE TREATMENT;

23 (13) REFUSE TO TAKE PART IN MEDICAL RESEARCH STUDIES,
24 WITHOUT THE REFUSAL AFFECTING THE PATIENT'S CARE;

25 (14) COMMUNICATION THAT THE PATIENT CAN UNDERSTAND, WHICH
26 MAY INCLUDE SIGN OR FOREIGN LANGUAGE INTERPRETERS, AND VISION, SPEECH,
27 HEARING, AND OTHER AIDS AS NEEDED WITHOUT CHARGE;

28 (15) MAKE AN ADVANCE DIRECTIVE AND APPOINT A FAMILY MEMBER
29 OR AN INDIVIDUAL OF THE PATIENT'S CHOICE TO MAKE HEALTH CARE DECISIONS
30 FOR THE PATIENT, IF THE PATIENT IS UNABLE TO DO SO;

1 **(16) BE INVOLVED IN DEVELOPING THE DISCHARGE PLAN;**

2 **(17) RECEIVE DETAILED INFORMATION ABOUT THE PATIENT'S**
3 **HOSPITAL AND PHYSICIAN CHARGES AND ASK FOR AN ESTIMATE OF HOSPITAL**
4 **CHARGES BEFORE CARE IS PROVIDED;**

5 **(18) ACCESS THE PATIENT'S MEDICAL RECORDS;**

6 **(19) REFUSE CONSENT FOR RECORDING OR IMAGES TO BE MADE FOR**
7 **PURPOSES OTHER THAN PATIENT CARE;**

8 **(20) DISCUSS AN ETHICAL ISSUE RELATED TO THE PATIENT'S CARE**
9 **WITH A MEMBER OF THE HOSPITAL'S ETHICS SERVICES;**

10 **(21) ACCESS SPIRITUAL SERVICES; AND**

11 **(22) FILE A COMPLAINT ABOUT CARE AND HAVE ACCESS TO A**
12 **GRIEVANCE PROCESS.**

13 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
14 October 1, 2018.