

Department of Legislative Services
 Maryland General Assembly
 2019 Session

FISCAL AND POLICY NOTE
 Enrolled - Revised

House Bill 145

(Delegate K. Young, *et al.*)

Health and Government Operations

Finance

Hospitals - Patient's Bill of Rights

This bill establishes additional duties for a hospital administrator and specifies the minimum required contents of a hospital patient’s bill of rights. The Office of Health Care Quality (OHCQ) must monitor the compliance of each hospital with the patient’s bill of rights requirements. The Maryland Department of Health (MDH) must report to the General Assembly on hospital compliance with the bill’s provisions by January 1, 2021.

Fiscal Summary

State Effect: General fund expenditures increase by \$43,900 in FY 2020 for OHCQ to hire additional personnel, as discussed below. Potential additional minimal increase in general fund expenditures for some State hospital facilities to provide translators, interpreters, or other accommodations. Revenues are not affected.

(in dollars)	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	43,900	52,200	53,900	55,800	57,700
Net Effect	(\$43,900)	(\$52,200)	(\$53,900)	(\$55,800)	(\$57,700)

Note: () = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: A hospital administrator must provide each patient (including inpatient, outpatient, and emergency services) with a written copy of the hospital’s patient’s bill of

rights adopted under Joint Commission guidelines or guidelines issued by a nationally recognized hospital accreditation organization approved by the Centers for Medicare and Medicaid Services conditions of participation. If a patient does not speak English or requires the patient's bill of rights in an alternative format, then a translator, interpreter, or other accommodation must be provided. Copies of the patient's bill of rights must be conspicuously posted on the hospital's website and in areas of the hospital accessible to patients and visitors. A hospital administrator must provide annual training to all patient care staff members to ensure the staff's knowledge and understanding of the patient's bill of rights.

Current Law/Background: Each hospital administrator is responsible for making available to each patient in the hospital a copy of the patient's bill of rights that the hospital adopts under Joint Commission (formerly the Joint Commission on Accreditation of Hospitals) guidelines. The patient's bill of rights must include a statement that the patient has a right to expect and receive appropriate assessment, management, and treatment of pain as an integral component of the patient's care.

According to the Maryland Hospital Association (MHA), each hospital has a patient's bill of rights in place that meets State and federal requirements, including those established by the Joint Commission and the Centers for Medicare and Medicaid Services. MHA advises that the patient's bill of rights is one of the first items reviewed during hospital licensure or compliance surveys conducted by OHCQ or the Joint Commission.

OHCQ has historically faced a shortage of surveyors, the type of employee that would be tasked with monitoring compliance under the bill. According to a staffing analysis conducted by OHCQ in fiscal 2018, the hospital unit, which surveys the 63 hospital facilities in the State, currently employs six surveyors. Based on the number of required activities conducted by the unit and the average time to complete each activity, an additional part-time (50%) surveyor (a roughly 10% increase in capacity) is necessary to fulfill the unit's duties under the bill. Across all six survey units in OHCQ, the total staffing deficit is approximately 43 surveyors.

State Expenditures: OHCQ general fund expenditures increase by \$43,912 in fiscal 2020, which accounts for the bill's October 1, 2019 effective date. This estimate reflects the cost of hiring one part-time (50%) surveyor to conduct an administrative review of each of the 63 hospitals' patient's bill of rights, determine compliance with the bill, and collect and analyze compliance data. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Permanent Position	0.5
Salary and Fringe Benefits	\$38,787
One-time Start-up Expenses	4,890
Ongoing Operating Expenses	<u>235</u>
Total FY 2020 General Fund Expenditures	\$43,912

Future year expenditures reflect a full salary with annual increases and employee turnover and ongoing operating expenses. In subsequent years, the surveyor’s duties would include reviewing all pertinent changes to State and federal statutes, regulations, and guidance, and reevaluating hospitals’ patient’s bill of rights in order to ensure continued compliance, in addition to reviewing any changes made by hospitals. This analysis assumes that the OHCQ surveyor would prepare the one-time report on compliance to be submitted by MDH by January 1, 2021.

This estimate does not account for any travel costs that may be incurred to ensure compliance, additional resources related to oversight, or potential costs to provide accommodations at State hospital facilities.

Additional Comments: Although no State funds will be impacted, the University of Maryland Medical System (UMMS) advises that replacing patient’s bill of rights signage will cost approximately \$145,000 (\$25,000 combined for its two downtown campuses and approximately \$10,000 each at UMMS’ 12 other hospitals). Additional expenditures may be required to revise and print a new patient’s bill of rights. Other hospitals likely face similar expenditures.

Additional Information

Prior Introductions: Similar legislation has been introduced in recent legislative sessions. SB 530 of 2018 passed the Senate and received a hearing in the House Health and Government Operations Committee, but no further action was taken. Its cross file, HB 562, received a hearing in the House Health and Government Operations Committee but was withdrawn. SB 660 and HB 808 of 2017 and SB 661 and HB 587 of 2016 each received a hearing in the Senate Finance Committee or House Health and Government Operations Committee, but all were subsequently withdrawn.

Cross File: SB 301 (Senator Benson, *et al.*) - Finance.

Information Source(s): University of Maryland Medical System; Maryland Department of Health; Maryland Hospital Association; Department of Legislative Services

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