



Maryland
Hospital Association

Senate Bill 733 – Public Health - Care of Medically Fragile Individuals (Channing's Law)

Position: *Oppose*

March 10, 2020

Senate Finance Committee

MHA Position

Maryland's 61 nonprofit hospitals and health systems care for more than 5 million people each year, treating 2.3 million in emergency departments and delivering more than 67,000 babies. The 108,000 people they employ are [caring for Maryland](#) around-the-clock every day.

Maryland's hospitals are proud to partner with family, friends, and caregivers to support the complex needs of patients as they transition from the hospital. Although the hospital field supports the intent of SB 733—to protect medically fragile individuals—this legislation replicates numerous standards Maryland hospitals are already held to. This includes the Medicare Conditions of Participation (CoP) hospitals must meet to participate in the Medicare and Medicaid programs, the Joint Commission requirements for accreditation, as well as licensing standards, which are enforced by the Office of Health Care Quality.ⁱ Legislation passed in 2016 also allows designation of a lay caregiver before discharge. This allows any person designated by the patient to be notified before a patient's discharge and be consulted during the discharge planning process, allowing another option for support.ⁱⁱ

SB 733 outlines specific medical techniques a parent or legal guardian must be instructed on prior to discharge. However, CoP already requires an evaluation that includes an assessment of the patient's capacity for self-care or how others can care for the patient. If a patient is not able to care for themselves, the evaluation must also address whether the patient has family or friends who can “provide the required care at the times it will be needed, or who could, if willing, be trained by the hospital sufficiently to provide the required care.”ⁱⁱⁱ

The CoP also requires ongoing consultation about discharge plans with the patient and family members. Hospitals must provide in-hospital education and/or training to the patient, family member, or caregiver that is tailored to the patient's identified needs. These discharge instructions are provided in writing and are verbally reinforced.

Family and caregivers play an important role in ensuring patients follow their post-acute care plans and transition smoothly home or to the next level of care—reducing avoidable readmissions. This is even more important when a patient is unable to provide self-care. Maryland's strong state laws coupled with federal requirements for accreditation and licensing provide a solid framework that ensure a patient's guardians, family members, or caregivers are partners in the discharge process and well-equipped to ensure the patient's needs are met.

For these reasons, we urge an *unfavorable* report.

For more information, please contact:

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ⁱ The Joint Commission. PC.04.01.03: (4)

ⁱⁱ Md. Code Ann., Health General § 19-381

mgaleg.maryland.gov/mgawebsite/laws/StatuteText?article=ghg§ion=19-381&enactments=false

ⁱⁱⁱ Centers for Medicare & Medicaid Services §482.43 Condition of Participation Interpretive Guidelines §482.43(b)(1), §482.43(b)(3) & §482.43(b)(4) www.cms.gov/media/423601