



Maryland
Hospital Association

Senate Bill 1000 - Maryland Health Care Commission - Nursing Homes - Acquisitions

Position: *Support*

March 7, 2024

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 1000.

Maryland hospitals have expressed concerns with the declining health of patients who are unable to be discharged to nursing homes when they no longer need hospital care. Often patients' conditions deteriorate due to isolation and inability to be placed in the appropriate treatment setting. The risk of infection, sepsis, and the like rises when overstaying in hospitals. Although the delays in discharges are multifactorial, hospitals are vested in exploring and developing solutions for patients to receive prompt, appropriate care. When a patient who no longer needs acute care cannot be discharged, it limits access to care for those who need to be admitted.

Nursing homes play a critical role in discharge processes and emergency department throughput. The lack of available post-discharge facility beds leads to long-term hospital occupancy and impacts the ability to adequately discharge patients to the right level of care at the right time. MHA participated in the Maryland Health Care Commission's (MHCC) Nursing Home Acquisitions Transparency Workgroup and appreciated the opportunity to engage in thoughtful dialogue with nursing home representatives and other stakeholders. We appreciate SB 1000's codification of certain recommendations from that work group and the subsequent work group report. Specifically, the bill expands MHCC's authority to review and adjudicate the appropriateness of a nursing home acquisition prior to its finalization. This promotes equitable access for patients across the health care system and ensures nursing home ownership changes do not harm the quality of care.

For these reasons, we request a *favorable* report on SB 1000.

For more information, please contact:
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