



**General Assembly Legislative Report
March 29, 2024
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The House Appropriations Committee and the Senate Budget & Taxation Committee are in conference on the proposed FY2025 budget. No change has been made to the three percent increase in Medicaid rates. The General Assembly must complete the budget by Monday, April 1st. Below is a list of bills of interest to LifeSpan, divided by subject.

Health Care Facility Regulation

- Nursing Homes

Senate Bill 825/House Bill 1475: Health Facilities – Delegation of Inspection Authority – Related Institutions and Nursing Homes allows counties to request from the Maryland Department of Health the ability to conduct inspections for nursing homes. The bill requires that the requesting county and the State equally share in the cost. **This bill passed the Senate, but no action has occurred yet in the House Health and Government Operations (HGO) Committee.**

There has been heightened scrutiny regarding nursing home acquisitions on both the State and federal level. Following an interim workgroup, **Senate Bill 1000/House Bill 1122: Nursing Home – Acquisitions – Revision** was introduced to strengthen the review. This bill modifies the authority of the Maryland Health Care Commission. Under the bill, an acquisition remains a transfer of stock or assets that results in a change of the person that controls a health care facility or the transfer of more than 25% of stock or ownership interest in a health care facility. The bill requires that at least 60 days before the closing date of the acquisition of a nursing home, a person must submit to the Commission a request and provide notice to the residents, resident representatives, and employees of the nursing home. Either the Executive Director or the full Commission must complete the request within 60 days, The request can be approved, denied, or approved with conditions. If an applicant disagrees with the decision, the applicant can appeal to the Commission (if the Executive Director made the determination) or through a direct judicial appeal. The bill also requires that the acquiring entity reduce triples and quads or apply for a waiver if reduction is not possible. The Commission will be issuing regulations by the end of the year on the process. **The House has passed by the bill, but, in the Senate Finance Committee, Senator Arthur Ellis is offering an extensive amendment to apply a process currently used when a nonprofit health insurer, nonprofit HMO or nonprofit hospital is sold. Given the extent of this amendment, the Committee has held the bill over until its next voting session on Tuesday. LifeSpan has not seen the amendment but has expressed our opposition to amending the bill.**

House Bill 462/Senate Bill 328: Funding for Wages and Benefits for Nursing Home Workers (Nursing Home Staffing Crisis Funding Act of 2024), which would have required the State to

increase Medicaid rates for nursing homes by 8% in Fiscal Years 2026, 2027 and 2028 while at the same time requiring nursing homes to use 75% of each increase to raise wages for direct and indirect workers. The Maryland Department of Health estimated that the increase would cost approximately \$400 million in future years. Given this fiscal note as well as the concerns raised by LifeSpan, the bill failed to advance from either committee. **Not passing**

- Assisted Living

House Bill 874/Senate Bill 613: State Board of Long-Term Care Administrators - Requirements for Assisted Living Managers extends the timeframe for licensure of managers by the State Board of Long-Term Care Administrators from October 1, 2024 to July 1, 2026 and extends the time for small providers (4 beds and less) to take the 80-hour course to July 1, 2026. The course requirements have also been altered to allow both in person and virtual without the 25-hour limitation on non-direct interaction. LifeSpan will be working closely with the Board on the implementation of this new requirement. **A small amendment was added in both committees this week to clarify the changes being made to the 80-hour course. LifeSpan supported the amendment. It is on track for full passage this week.**

- Nursing Homes/Assisted Living

House Bill 723/Senate Bill 863: Office of the Attorney General – Rights of Residents of Health Care Facilities – Injunctive Relief and Penalties authorizes the Attorney General to seek injunctive relief in a court to prevent irreparable harm to a resident on the basis of an imminent or ongoing violation of a basic right in a nursing home or in an assisted living community. LifeSpan opposed the bill given the duplicate enforcement from the Department of Health (i.e., Office of Health Care Quality). Consequently, the authority to impose up to a \$10,000 penalty for each violation was removed from the bill and language was added stating that in exercising the authority granted by this bill, the Attorney General may not duplicate any corrective action imposed by the Department of Health for the same violation. **The Senate Finance Committee voted favorable the bill this week with the House amendments, which removes the penalties, states that the AG may not duplicate any corrective action and tightens the rationale for requesting injunctive relief.**

Senate Bill 813/House Bill 1153: Health Care Facilities – Use of Telephones, which would have required a health care facility to provide access to a telephone, including in a patient/resident room. Note: During the HGO Committee hearing, the Chair did ask the sponsor to convene a meeting during the interim to further discuss to ensure that residents/patients have sufficient phone access. **Not passing**

- Residential Service Agencies

Two bills passed that affect residential service agencies (RSAs) and personal care aides. **Senate Bill 371/House Bill 189: Maryland Medicaid Assistance – Personal Care Aides – Wage Rates** requires RSAs, beginning September 1, 2025 and each year thereafter, to report wage data for personal care aides to the Maryland Department of Labor (average wage rate and highest/lowest wage) and on or before the 180th day after the release of the final federal Ensuring Access to Medicaid Services rule, the Maryland Department of Health (MDH) must report to the committees of the General Assembly on an overview of the final rule and plans or steps that MDH will take to operationalize the rule, including (1) the process that MDH will use to review wage reports of personal care aides; and (2) how the data will be used to review Medicaid reimbursement rates as

outlined in the rule. In addition, beginning January 1, 2026, **House Bill 39: Residential Service Agencies - Reimbursement - Personal Assistance Services (Homecare Worker Rights Act of 2024)** requires RSAs that hire personal care aides and participate in the Medicaid program only use W2 and not 1099 workers. **Moving through committees**

- Continuing Care Retirement Communities

Senate Bill 999/House Bill 1125: Certified Nursing Assistants – Licensing Requirements and Administrative Updates seeks to align Maryland with all other states regarding the education and examination requirements for nursing assistants. In the late 1980’s, federal rules passed requiring nursing assistants to meet certain education requirements to work in nursing homes. While other states incorporated these requirements across the board, Maryland created two tracks – geriatric nursing assistants and certified nursing assistants. Under this bill, beginning October 1, 2025, all nursing assistant training programs will need to comply with the federal requirements for nursing assistants. For those currently working as certified nursing assistants, this bill will not require them to make any changes to their scope. This bill is about making changes proactively and not retroactively. **Passed; Sent to Governor’s desk.**

Workforce Development

In the continuing attempt to alleviate the workforce shortage, two bills passed.

Beginning July 1, 2024, **Senate Bill 221/House Bill 146 Health Occupation Boards – Reciprocal Licensure and Certification** (passed) authorizes a health occupations board to adopt regulations to establish reciprocity for individuals who are licensed or certified in another state that offers similar reciprocity to individuals licensed or certified by the health occupations board. **Passed; Sent to Governor’s desk.**

Senate Bill 718: Maryland Pathway to Nursing Pilot Program and Advisory Committee – Establishment creates, within the Maryland Higher Education Commission, a Maryland Pathway to Nursing Pilot Program to support students in licensed practical nursing education programs who intend to practice licensed practical nursing as a career in the State or continue to become a registered nurse (RN) in the State by facilitating student applications for financial resources that provide tuition assistance, loan repayment, and support for other educational costs and provide program participants with financial assistance to cover the cost of computers, textbooks, and other supplies and additional education support services as well as wraparound support services that provide assistance with transportation, child care, elder care, and other living expenses that pose a barrier to students successfully completing their educational requirements. In consultation with the new statutorily-created advisory committee, the Commission must determine the timeframe and steps necessary to establish the pilot program and, by July 1, 2025, the Commission must issue grants to at least two pilot sites located in diverse areas. LifeSpan is a named entity on the advisory committee. **Moving through committees**

Labor and Employment

Several bills passed affecting labor and employment laws. **House Bill 385/Senate Bill 38: Wage Payment and Collection – Pay Stubs and Pay Statements – Required Information**, beginning October 1, 2024, alters the requirements governing information that must be on pay stubs/pay statements. The Commissioner of Labor is required to create and make available to an employer

at no charge a pay stub template that may be used by the employer to comply with these requirements. The bill carries with it penalties for non-compliance. Under this bill, the pay stub or pay statement must include:

- (i) the employer's name registered with the state, address, and telephone number;
- (ii) the date of payment and the beginning and ending dates of the pay period for which the payment is made;
- (iii) unless the employee is exempt from overtime under federal and state law, the number of hours worked during the pay period;
- (iv) the rates of pay;
- (v) the gross and net pay earned during the pay period;
- (vi) the amount and purpose of all deductions;
- (vii) a list of additional bases of pay, including bonuses, commissions on sales, or other bases; and
- (viii) for each employee paid at a piece rate, the applicable piece rates of pay and the number of pieces completed at each piece rate. **Moving through the committees.**

Senate Bill 525/House Bill 649: Labor and Employment – Equal Pay for Equal Work – Wage Range Transparency, beginning October 1, 2024, this bill requires an employer to disclose in each public or internal posting for each position the wage range and a general description of benefits and any other compensation offered for the position. If a public or internal posting for a position was not made available to an applicant for the position, an employer must disclose the information before a discussion of compensation is held with the applicant and at any other time on request of the applicant. The wage range must be disclosed in good faith. The Commissioner of Labor is required to develop and make available to employers a form that an employer may use for compliance. The bill requires that each employer must keep a record of compliance for each position for at least three years after the position is filled or, if the position is not filled, the position was initially posted. **Moving through the committees.**

Senate Bill 485/House Bill 571: Family and Medical Leave Insurance Program – Revisions, among other amendments, delays the contribution rate that must be paid into the Family and Medical Leave Insurance Fund by employees/employers to July 1, 2025 (rather than October 1, 2024). The bill requires the Maryland Department of Labor to set the initial contribution rate by February 1, 2025 and then for each year thereafter by November 15th. Employees may start taking leave on July 1, 2026. More information on this Program can be found at [Paid Family and Medical Leave \(maryland.gov\)](https://www.maryland.gov/paid-family-and-medical-leave). **Moving through the committees.**

House Bill 998/Senate Bill 846: Maryland Department of Labor – Unemployment Insurance – Study on Actively Seeking Work Requirements requires the Maryland Department of Labor to conduct a study on the actively seeking work requirements of the unemployment insurance (UI) system in the State and other states to evaluate the effects of “ghosting” on those requirements. “Ghost” means the failure of a claimant for UI benefits who is scheduled for a job interview with an employer to attend the interview or maintain contact with the employer after the interview is scheduled. By December 1, 2024, MDL must report its findings and recommendations to the General Assembly. **Moving through the committees.**

House Bill 1388: Labor and Employment – Noncompete and Conflict of Interest Clauses – Veterinary and Health Care Professionals prohibits the use of noncompete clauses to be used for health care professionals. This is forward and not retroactive. **Has been passed in the House and heard in the Senate Finance Committee but no further action.**

As a subset of the labor and employment bills, there were two bills regarding medical cannabis. Neither passed. **House Bill 525/Senate Bill 513: Employment Discrimination - Use of Cannabis Products** would have prohibited an employer from being able to take an adverse employment action against an employee for legal use of medical cannabis. LifeSpan opposed given the need for flexibility in determining whether an employee is under the influence and able to safely provide care. **House Bill 790/Senate Bill 347: Medical Cannabis – Employees in Health Care Settings Caring for Qualifying Patients** would have authorized a qualifying patient to obtain medical cannabis through “designated medical personnel” and authorizes the “designated medical personnel” to administer medical cannabis to qualifying patients. **Neither bill passing.**