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There are no new bills added to our review. We have officially hit the halfway mark, i.e., 45 days. It is expected that both the House of Delegates and the Senate will begin to hold additional floor session. The courtesy date for committees to report bills is March 16th.

Visitation Legislation

The Long-Term Care Subcommittee of the House Health and Government Operations Committee held a workgroup on the visitation bills – **House Bill 806: Essential Caregivers**; **House Bill 893: Nursing Homes – COVID – Visitation** and **House Bill 267: Congregate Care Facilities**. We continue to emphasize caution in acting upon any one bill because of the concern that the bill could become more restrictive than CDC/CMS guidelines, when and if changes are made. Nonetheless, it is obvious that the Committee wants to act on a bill. The vehicle will most likely be House Bill 893, which currently applies to nursing homes and only during the COVID-19 pandemic. However, the sponsor does have an amendment that would expand to “other public health emergencies,” which we again urged caution given that it is difficult to legislate for a public health emergency that does not yet exist (and hopefully never will). We are working with the Committee now on a series of amendments to reflect more closely CDC/CMS guidelines but add flexibility. It is likely that, from House Bill 267, the Committee will pull over the provision that states that facilities should use audio and video visits when in-person visitation is restricted. But this language will be authorizing not mandatory. It is also important to point out that, while the bill applies to nursing homes, there is still the possibility that assisted living communities will be added. A work in progress.

Union Sponsored/Supported Legislation

As you know, there have been several pieces of legislation introduced to address workers during the pandemic. **House Bill 375: Family and Medical Leave (Time to Care Act)** was heard in the House Economic Matters Committee and would implement a family and medical leave program in Maryland, like the federal leave program. It is a paid leave program that would be funded by employer and employee contributions. LifeSpan opposed the bill along with most of the business community. So far, no additional discussions have occurred.

There was a joint workgroup on **House Bill 581: Essential Workers Protection Act**, which includes protections for essential workers (hazard pay; additional leave; coverage of health care costs). The workgroup consisted of three Senators; three Delegates; three proponents from the unions; and three opponents (Maryland Chamber of Commerce, Maryland Retailers Association, and the Prince George’s Chamber of Commerce). Industries, including health care, have expressed their frustration with the limited composition of this workgroup. The workgroup met for 1.5 hours on Thursday morning and during that time only one issue was discussed which was the definition of emergency. Workgroup members expressed

concern that it was overly broad and should be limited to emergencies declared only by the Governor rather than local emergency management boards. The Chair of the House Economic Matters Committee and a member of the workgroup encouraged all those “watching” to provide the workgroup with additional feedback. LifeSpan is working with a coalition of health care providers to determine if any amendments would be accepted but, given the substance of the bill, it is a challenging task. Again, a work in progress.

On these same lines, **House Bill 1326/Senate Bill 727: Maryland Healthy Working Families Act - Revisions and Public Health Emergency Leave** will be heard this week. LifeSpan is opposing and concentrating its testimony on the repeal of the exemption for PRN workers, cost of this new mandate and worker shortages.

Another bill, **House Bill 124: Aerosol Transmissible Diseases**, which would require the Maryland Department of Labor to create a permanent standard for aerosol transmissible diseases and an emergency temporary standard for COVID-19, has not had any discussions on its own but has been referenced during the House Bill 581 workgroup discussions. The sponsor did share amendments with LifeSpan that would make the bill more palatable by removing the temporary standard and instead requiring the standard adopted by the federal Department of Labor per President Biden’s executive order or adopt the guidelines issued by OSHA on January 29, 2021. LifeSpan pointed out to the advocates that those guidelines do not apply to health care and reference that health care must follow CDC guidelines. We would advocate for consistency. Again, a work in progress. Similarly, **House Bill 923/Senate Bill 728: Injury and Illness Prevention Program**, which requires an employer to institute an injury and illness prevention program and for those with more than 10 employees an Injury and Illness Prevention Committee, will be heard this week on March 5th in the House and March 17th in the Senate.

Several bills are being heard this week in the House Economic Matters Committee that would create a presumption standard for employees who test positive for COVID-19. Rather than the burden to prove an injury was work-related in **workers’ compensation**, the bills would create a presumption that COVID-19 was contracted in the workplace if the employee treated or diagnosed patients with COVID-19. The presumption is rebuttable by the employer. It is important to note that, in speaking with legislators, there are strong feelings that if an employee tested positive for COVID-19 when the nursing home was experiencing an outbreak (using the term “outbreak” to mean more than one case) then the presumption is the correct standard.

MDH COVID-19 Plan

Bills were heard this week in the both the House and Senate committees. LifeSpan testified on **House Bill 836: COVID-19 Testing, Contact Tracing and Vaccination Act of 2021** and pointed out that the funding requirements were discretionary not mandatory. It is our understanding that the State is receiving a substantial sum of monies from the federal government (about \$3 billion). LifeSpan argued that if testing is to continue, funding should be allocated. It is our understanding that the bill is going to workgroup.

Other Legislation

The House Economic Matters Committee heard bills on **unemployment insurance** that address ways to mitigate the COVID-19 pandemic on businesses. These bills will be sent to subcommittee to try to consolidate them into one bill.

The Long-Term Care Subcommittee of the House Health and Government Operations Committee worked on **House Bill 674: Nursing Home – Change of Ownership**. Amendments were offered by the sponsor to change the one-, three-, and six-month survey timeframe to within three months of the transfer and then 120 days after the subsequent survey. This will go back to subcommittee this week.

Senate Bill 707: OHCQ – Influenza Virus Immunization Education – Assisted Living was heard in the Senate Finance Committee. LifeSpan did not take a position given that the bill only required OHCQ to check during the annual survey that programs are offering the required education. One point – the requester of this legislation was Sanofi, the manufacturer of the flu vaccine.

Senate Bill 579: Health Care Facilities – Restrooms – Requirements, which would require modifications to all health care facilities and health care offices restrooms to allow for a hands-free door and a touchless towel dispenser. Senator Kagan, the sponsor, presented a PowerPoint to the Committee illustrating pictures of ways to open a door using a foot device, an electric device, and an elbow device as well as the touchless towel dispenser. The reason for the bill was that she went to the restroom at Anne Arundel Medical Center and was dismayed to see a hand blower but no safe way to exit the restroom. She also commented that providers saying that it was too expensive was “wawawa” because there are inexpensive options available. The Chair did comment that LifeSpan and HFAM opposed in addition to the Maryland Hospital Association. As a side note, MedChi also opposed.

The Maryland RELIEF Act has been signed into law. Here is a link to a YouTube video summarizing the Act - <https://www.youtube.com/watch?v=LFG1G6K7co&feature=youtu.be>. In addition, FAQs for businesses and nonprofits can be found on the Comptroller’s website. <https://www.marylandtaxes.gov/RELIEFAct/>

LifeSpan thanks our legislative sponsor for their support and dedication to the senior care industry and to LifeSpan members.



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