

HCS HB 351 -- LICENSURE AND INSPECTION OF HOSPITALS (Frederick)

COMMITTEE OF ORIGIN: Committee on Health Care Policy

This substitute changes the laws regarding the licensure and inspection of hospitals. In its main provisions, the substitute:

(1) Requires the Department of Health and Senior Services to review and revise its regulations governing hospital licensure and enforcement to promote efficiency and eliminate duplicate regulations and inspections by or on behalf of state and federal agencies;

(2) Requires regulations adopted by the department to include, but not be limited to, the following:

(a) Requiring each citation or finding of a regulatory deficiency to refer to the specific written interpretive guidance developed by the department and any publicly available, professionally recognized standards of care that are the basis of the citation or finding;

(b) Ensuring, subject to appropriations, that department hospital licensure regulatory standards are consistent with and do not contradict the federal Centers for Medicare and Medicaid Services' (CMS) Conditions of Participation (COP) for hospitals and the CMS associated interpretive guidance. The department is not precluded from enforcing standards produced by the department which exceed the federal CMS' COP and associated interpretive guidance, as long as the standards produced by the department do not contradict the federal CMS', COP, and associated interpretive guidance;

(c) Establishing and publishing guidelines for complaint investigations including, but not limited to, a process for reviewing and determining which complaints warrant an onsite investigation based on a preliminary review of available information from the complainant, other appropriate sources, and the hospital;

(d) Limiting a complaint investigation performed by the department to the specific regulatory standard or standards raised by the complaint unless a documented immediate and serious threat is observed or identified during the investigation;

(e) Providing a hospital with a report of all complaints made against it with specified details;

(f) Ensuring that hospitals and their personnel have the opportunity to participate in annual continuing training sessions

when the training is provided to state licensure surveyors; and

(g) Establishing specific time lines identical, to the extent practicable, to those for the federal hospital certification and enforcement system in the CMS State Operations Manual for state hospital officials to respond to a hospital regarding the status and outcome of pending investigations and regulatory action and questions about interpretations of regulations; and

(3) Requires the department to accept hospital inspection reports from the Joint Commission and the American Osteopathic Association Healthcare Facilities Accreditation Program, provided the accreditation inspection was conducted within one year of the date of license renewal. Prior to accepting any other accrediting organization reports the accrediting organization's survey process must be deemed appropriate and must be comparable to the department's licensure survey. It is the duty of the accrediting organization to provide the department any and all information necessary to determine if the accrediting organization's survey process is comparable and fully meets the intent of the licensure regulations.