

HCS HB 1123 -- 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 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 refer to the specific written and publicly available standard and associated written interpretive guidance 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 for hospitals and associated interpretive guidance;

(c) Establishing and publishing a process and standards to determine if a complaint warrants an onsite investigation and complaint reporting requirements;

(d) Limiting a complaint investigation performed by the department to the specific regulatory standard or standards raised by the complaint unless there is a documented immediate and serious threat identified in hospital licensure regulations;

(e) Requiring the department to designate, subject to appropriations, sufficient resources for annual hospital licensure inspections to facilitate hospital improvements;

(f) Ensuring that hospitals and their personnel have the opportunity to participate at least annually in training sessions provided to state licensure surveyors and that surveyors assigned to inspect hospitals receive training to the fullest extent possible; and

(g) Establishing specific time lines identical, to the extent practicable, to those for the federal hospital certification and enforcement system in CMS's 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 CMS-approved organizations in lieu of the department's annual inspection, limits a good cause inspection to the scope of a department investigation of a complaint, and requires the department to accept licensed hospital inspection reports from CMS-approved organizations for licensure purposes if the inspection was conducted within three years, instead of the current within one year, of the most recent accreditation license renewal for the hospital.

Currently, the department must inspect each licensed hospital annually and additionally as it deems necessary for good cause shown.

FISCAL NOTE: No impact on state funds in FY 2013, FY 2014, and FY 2015.