HOUSE BILL 121

J1, J3 3lr0450 CF SB 8 (PRE-FILED)

By: Delegate Charkoudian Delegates Charkoudian, Pena-Melnyk, Cullison, Alston, Bagnall, Bhandari, Guzzone, Hill, S. Johnson, Kaiser, Kerr, Kipke, R. Lewis, Lopez, Martinez, Taveras, White, and Woods

Requested: September 26, 2022

Introduced and read first time: January 11, 2023 Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 7, 2023

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AN ACT concerning 1

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Mental Health - Treatment Plans for Individuals in Facilities - Requirements and Residence Grievance System

4 FOR the purpose of requiring that a plan of treatment for an individual with a mental 5 disorder admitted to a certain health care facility include a certain discharge goal 6 and an estimate of the probable length of inpatient stay the individual requires 7 before transfer to a certain setting; requiring certain facility staff to review and 8 reassess a plan of treatment within certain time periods; establishing certain rights 9 and requirements relating to the participation of certain family members and other 10 individuals in the development, review, and reassessment of a plan of treatment; 11 establishing an appeals process for individuals admitted to a State facility relating 12 to the review and reassessment of a plan of treatment; requiring the Maryland 13 Department of Health to adopt certain regulations relating to the appeals process; 14 requiring a certain State health care facility to take certain actions if the facility is 15 unable to address certain needs under a plan of treatment; requiring the Department 16 to report certain information related to the Resident Grievance System to the 17 General Assembly on or before a certain date each year; and generally relating to 18 treatment plans for individuals with mental disorders admitted to mental health 19 care facilities.

20 BY repealing and reenacting, with amendments, 21

Article – Health – General

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 2 3	Section 10–706 Annotated Code of Maryland (2019 Replacement Volume and 2022 Supplement)
4 5 6 7 8 9	BY adding to Article – Health – General Section 10–908 to be under the new part "Part II. Resident Grievance System Report" Annotated Code of Maryland (2019 Replacement Volume and 2022 Supplement)
10 11	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
12	Article – Health – General
13	10–706.
14 15 16 17	(a) (1) Except as provided by paragraph (2) of this subsection, promptly after admission of an individual, a facility shall make and periodically update a written plan of treatment for the individual in the facility, in accordance with the provisions of this subtitle.
18 19 20	(2) Promptly after admission of an individual to a psychosocial center, the center shall make and periodically update a written plan of rehabilitation for the individual in the facility, in accordance with the provisions of this subtitle.
21	(b) The Director shall adopt rules and regulations under this section that include:
22 23	(1) [A] SUBJECT TO SUBSECTION (D) OF THIS SECTION, A description of the nature and content of plans of treatment; and
24 25	(2) [Appropriate] SUBJECT TO SUBSECTION (E) OF THIS SECTION, APPROPRIATE time periods for the development, implementation, and review of each plan.
26	(c) An individual shall:
27 28	(1) Participate, in a manner appropriate to the individual's condition, in the development and periodic updating of the plan of treatment; and
29	(2) Be told, in appropriate terms and language, of:
30	(i) The content and objectives of the plan of treatment;
31 32	(ii) The nature and significant possible adverse effects of recommended treatments;

- 1 (iii) The name, title, and role of personnel directly responsible for 2 carrying out the treatment for the individual; and
- 3 (iv) When appropriate, other available alternative treatments, 4 services, or providers of mental health services.
 - (D) A PLAN OF TREATMENT SHALL INCLUDE:

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- 6 (1) A LONG-RANGE DISCHARGE GOAL; AND
- 7 (2) AN ESTIMATE OF THE PROBABLE LENGTH OF INPATIENT STAY 8 THE INDIVIDUAL REQUIRES BEFORE TRANSFER TO A LESS RESTRICTIVE OR 9 INTENSIVE TREATMENT SETTING.
- 10 **(E)** FACILITY STAFF WHO WORK DIRECTLY WITH AND PROVIDE TREATMENT
 11 TO AN INDIVIDUAL SHALL REVIEW AND REASSESS THE PLAN OF TREATMENT FOR
 12 THE INDIVIDUAL TO DETERMINE THE INDIVIDUAL'S PROGRESS AND ANY NEED FOR
 13 ADJUSTMENTS TO THE PLAN NOT LESS THAN:
- 14 (1) ONCE EVERY 15 DAYS FOR THE FIRST 2 MONTHS AFTER 15 ADMISSION OF THE INDIVIDUAL TO THE FACILITY; AND
- 16 (2) ONCE EVERY 60 DAYS FOR THE REMAINDER OF THE INPATIENT STAY OF THE INDIVIDUAL IN THE FACILITY.
- 18 **(F) (1) O**N THE ADMISSION OF AN INDIVIDUAL TO A FACILITY AND AT
 19 EACH REVIEW AND REASSESSMENT OF THE INDIVIDUAL'S PLAN OF TREATMENT, THE
 20 FACILITY SHALL ASK:
- 21 (I) ASK THE INDIVIDUAL WHETHER THE INDIVIDUAL
 22 CONSENTS TO THE INCLUSION OF FAMILY MEMBERS OR ANY OTHER INDIVIDUALS IN
 23 BEING INFORMED OF AND GIVEN THE OPPORTUNITY TO PARTICIPATE IN MEETINGS
 24 WITH THE TREATMENT TEAM REGARDING THE DEVELOPMENT, REVIEW, AND
 25 REASSESSMENT OF THE PLAN OF TREATMENT OF THE INDIVIDUAL; AND
- 26 (II) IF CONSENT IS GIVEN UNDER ITEM (I) OF THIS PARAGRAPH,
 27 AT LEAST EVERY 7 DAYS AFTER CONSENT IS GIVEN, RECONFIRM THE CONSENT AND
 28 PROVIDE THE INDIVIDUAL AT A CLINICAL VISIT WITH AN OPPORTUNITY TO CONSENT
 29 TO ADDITIONAL INDIVIDUALS BEING INFORMED OF AND GIVEN THE OPPORTUNITY
 30 TO PARTICIPATE IN MEETINGS WITH THE TREATMENT TEAM.
- 31 (2) If AN INDIVIDUAL AGREES TO HAVE FAMILY MEMBERS OR OTHER 32 INDIVIDUALS PARTICIPATE IN THE DEVELOPMENT, REVIEW, AND REASSESSMENT OF 33 THE INDIVIDUAL'S PLAN OF TREATMENT, THE FACILITY SHALL:

1	(I) INCLUDE THE FAMILY MEMBERS AND OTHER INDIVIDUALS
2	AUTHORIZED BY THE INDIVIDUAL IN:
3	1. EACH STAGE OF THE DEVELOPMENT OF THE PLAN OF
4	TREATMENT;
~	A ANY DELYEN AND DELEGERGMENT OF THE DIAN OF
5	2. ANY REVIEW AND REASSESSMENT OF THE PLAN OF
6	TREATMENT; AND
7	3. Any meeting of facility staff that has a
8	PURPOSE OF DEVELOPING, REVIEWING, OR REASSESSING THE PLAN OF
9	TREATMENT; AND PROVIDE A SCHEDULE OF ROUTINE TREATMENT TEAM MEETINGS
10	WHERE THE PLAN OF TREATMENT IS DISCUSSED;
11	(II) PROVIDE NOTICE TO THE FAMILY MEMBERS AND OTHER
12	INDIVIDUALS OF A TREATMENT TEAM MEETING:
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13	1. AT LEAST 7 DAYS IN ADVANCE OF THE MEETING; OR
14	2. If the treatment team meeting is being held
14 15	DUE TO AN EMERGENCY, AS SOON AS THE MEETING IS SCHEDULED ESTABLISH A
16	PROCESS FOR THE AUTHORIZED INDIVIDUALS TO PARTICIPATE IN TREATMENT
17	TEAM MEETINGS;
18	(III) IF THE TREATMENT TEAM MEETING IS BEING HELD
19	OUTSIDE THE REGULAR SCHEDULE, INFORM THE AUTHORIZED INDIVIDUALS AS
20	SOON AS THE MEETING IS SCHEDULED; AND
21	(IV) IF THE TREATMENT TEAM MEETING IS BEING HELD DUE TO
22	AN EMERGENCY, INFORM THE AUTHORIZED INDIVIDUALS OF THE OUTCOME OF THE
23	MEETING AS SOON AS PRACTICABLE.
24	(3) THE INDIVIDUAL MAY WITHDRAW THE CONSENT GIVEN UNDER
$\frac{24}{25}$	PARAGRAPH (1) OF THIS SUBSECTION AT ANY TIME ORALLY OR IN WRITING.
20	Thirding if (1) of this sebsection in third time of the in withing.
26	(4) A TREATING PROVIDER MAY WITHHOLD INFORMATION ON AN
27	INDIVIDUAL PLAN OF TREATMENT FROM A FAMILY MEMBER OR OTHER AUTHORIZED
28	INDIVIDUAL IF:
29	(I) IN THE TREATING PROVIDER'S CLINICAL JUDGMENT, THE
30	CONSENT GIVEN UNDER PARAGRAPH (1) OF THIS SUBSECTION WAS PROVIDED
31	THROUGH COERCIVE MEANS:

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1	(II) THE TREATING PROVIDER BELIEVES IT IS IN THE BEST
2	CLINICAL INTEREST OF THE INDIVIDUAL; OR
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3	(III) THE INDIVIDUAL REQUESTS THAT A SPECIFIC PIECE OF THE
4	PLAN OF TREATMENT BE WITHHELD.
5	(G) (1) IF AN INDIVIDUAL ADMITTED TO A FACILITY OR ANY FAMILY
6	MEMBER OR OTHER INDIVIDUAL AUTHORIZED BY THE INDIVIDUAL TO PARTICIPATE
7	IN THE REVIEW AND REASSESSMENT OF THE PLAN OF TREATMENT FOR THE
8	INDIVIDUAL UNDER SUBSECTION (F) OF THIS SECTION BELIEVES THAT THE PLAN OF
9	TREATMENT IS NOT MEETING THE NEEDS OF THE INDIVIDUAL, THE INDIVIDUAL,
10	FAMILY MEMBER, OR OTHER AUTHORIZED INDIVIDUAL HAS THE RIGHT TO REQUEST
11	THAT THE FACILITY REVIEW AND REASSESS THE PLAN OF TREATMENT.
12	(2) ON RECEIPT OF A REQUEST UNDER PARAGRAPH (1) OF THIS
13	SUBSECTION, THE FACILITY STAFF WHO WORK DIRECTLY WITH AND PROVIDE
14	TREATMENT TO THE INDIVIDUAL SHALL CONDUCT :
15	(I) CONDUCT A REVIEW AND REASSESSMENT OF THE PLAN OF
16	TREATMENT THAT INCLUDES A WRITTEN EXPLANATION OF HOW ALL ISSUES RAISED
17 18	IN THE REQUEST WERE CONSIDERED IN THE REVIEW AND REASSESSMENT OF THE PLAN OF TREATMENT;
10	TEAN OF TREATMENT,
19	(II) COMMUNICATE THE RESULTS OF THE REVIEW AND
20	REASSESSMENT OF THE PLAN OF TREATMENT TO THE PATIENT AND INDIVIDUAL
21	WHO REQUESTED THE REVIEW AND REASSESSMENT, INCLUDING AN EXPLANATION
22	OF HOW ALL ISSUES RAISED IN THE REQUEST WERE CONSIDERED; AND
23	(III) INCLUDE THE REQUEST FOR THE REVIEW AND
24	REASSESSMENT OF THE PLAN OF TREATMENT AND THE OUTCOME OF THE REVIEW
25	AND ASSESSMENT, INCLUDING THE EXPLANATION OF THE OUTCOME, IN THE
26	MEDICAL RECORDS OF THE INDIVIDUAL.
27	(3) IF THE FACILITY DOES NOT MAKE ANY CHANGES TO THE PLAN OF
28	TREATMENT FOR THE INDIVIDUAL, THE FACILITY SHALL:
29	(I) PROVIDE A DETAILED WRITTEN EXPLANATION FOR THE
30	DECISION TO THE INDIVIDUAL AND ANY FAMILY MEMBER AND INDIVIDUAL
31	AUTHORIZED BY THE INDIVIDUAL TO PARTICIPATE IN THE REVIEW AND
32	REASSESSMENT OF THE PLAN OF TREATMENT; AND
2.2	(II) INCLUDE THE EVOLANATION IN THE MEDICAL DECODDS OF

34 THE INDIVIDUAL IF A STATE FACILITY DOES NOT MAKE ANY CHANGES TO THE PLAN
35 OF TREATMENT FOR THE INDIVIDUAL, THE STATE FACILITY SHALL PROVIDE

1 REFERRAL INFORMATION FOR THE RESIDENT GRIEVANCE SYSTEM ESTABLISHED 2 UNDER COMAR 10.21.14.

- 3 (H) (1) AN INDIVIDUAL ADMITTED TO A STATE FACILITY MAY REQUEST
 4 AN ADMINISTRATIVE HEARING FOR A RECONSIDERATION OF THE REVIEW AND
 5 REASSESSMENT COMPLETED UNDER SUBSECTION (G) OF THIS SECTION BY FILING A
 6 REQUEST FOR HEARING WITH THE CHIEF EXECUTIVE OFFICER OF THE STATE
 7 FACILITY OR THE CHIEF EXECUTIVE OFFICER'S DESIGNEE WITHIN 7 DAYS AFTER
 8 RECEIPT OF THE WRITTEN EXPLANATION OF THE REVIEW AND REASSESSMENT.
- 9 (2) WITHIN 72 HOURS AFTER RECEIPT OF A REQUEST FOR A
 10 HEARING, THE CHIEF EXECUTIVE OFFICER OF THE STATE FACILITY OR THE CHIEF
 11 EXECUTIVE OFFICER'S DESIGNEE SHALL FORWARD THE REQUEST TO THE OFFICE
 12 OF ADMINISTRATIVE HEARINGS.
- 13 (3) SUBJECT TO PARAGRAPH (5) OF THIS SUBSECTION, THE OFFICE
 14 OF ADMINISTRATIVE HEARINGS SHALL CONDUCT A HEARING AND ISSUE A DECISION
 15 WITHIN 15 CALENDAR DAYS AFTER THE RECEIPT OF THE REQUEST FORWARDED
 16 UNDER PARAGRAPH (2) OF THIS SUBSECTION.
- 17 (4) THE INDIVIDUAL ADMITTED TO A STATE FACILITY IS ENTITLED TO
 18 BE REPRESENTED BY COUNSEL AT THE ADMINISTRATIVE HEARING.
- 19 (5) THE ADMINISTRATIVE HEARING MAY BE POSTPONED BY 20 AGREEMENT OF THE PARTIES OR FOR GOOD CAUSE SHOWN.
- 21 (6) THE ADMINISTRATIVE LAW JUDGE SHALL CONDUCT A DE NOVO 22 HEARING TO DETERMINE WHETHER THE PLAN OF TREATMENT IS MEETING THE 23 NEEDS OF THE INDIVIDUAL.
- 24 (7) AT THE HEARING, THE INDIVIDUAL REPRESENTING THE STATE
 25 FACILITY:
- 26 (I) MAY INTRODUCE THE WRITTEN EXPLANATION RELATING
 27 TO THE PLAN OF TREATMENT AS EVIDENCE; AND
- 28 (II) SHALL PROVE, BY CLEAR AND CONVINCING EVIDENCE, 29 THAT THE PLAN OF TREATMENT IS MEETING THE NEEDS OF THE INDIVIDUAL.
- 30 (8) (1) THE ADMINISTRATIVE LAW JUDGE SHALL STATE ON THE 31 RECORD THE FINDINGS OF FACT AND CONCLUSIONS OF LAW.
- 32 (II) THE ADMINISTRATIVE LAW JUDGE SHALL DETERMINE 33 THAT:

1	1. BY CLEAR AND CONVINCING EVIDENCE, THE PLAN OF
2	TREATMENT IS MEETING THE NEEDS OF THE INDIVIDUAL; OR
3	2. THE PLAN OF TREATMENT IS NOT MEETING THE
5 4	NEEDS OF THE INDIVIDUAL.
4	NEEDS OF THE INDIVIDUALS
5	(III) IF THE ADMINISTRATIVE LAW JUDGE DETERMINES THAT
6	THE PLAN OF TREATMENT IS NOT MEETING THE NEEDS OF THE INDIVIDUAL, THE
7	ADMINISTRATIVE LAW JUDGE SHALL ORDER THE STATE FACILITY TO MAKE
8	ARRANGEMENTS FOR THE INDIVIDUAL TO RECEIVE NECESSARY TREATMENT, WHICH
9	MAY INCLUDE TREATMENT FROM ANOTHER FACILITY OR ANOTHER HEALTH CARE
10	PROVIDER OUTSIDE THE STATE FACILITY.
11	(9) THE DETERMINATION OF THE ADMINISTRATIVE LAW JUDGE IS A
12	FINAL DECISION FOR THE PURPOSE OF JUDICIAL REVIEW OF A FINAL DECISION
13	UNDER THE ADMINISTRATIVE PROCEDURE ACT.
1 /	(I) (1) WITHIN 14 CALENDAR DAYS AFTER THE ADMINISTRATIVE LAW
14 15	(I) (1) WITHIN 14 CALENDAR DAYS AFTER THE ADMINISTRATIVE LAW JUDGE ISSUES A DECISION UNDER SUBSECTION (H) OF THIS SECTION, THE
16	INDIVIDUAL OR THE STATE FACILITY MAY APPEAL THE DECISION TO THE CIRCUIT
17	COURT ON THE RECORD FROM THE HEARING CONDUCTED BY THE OFFICE OF
18	ADMINISTRATIVE HEARINGS.
10	
19	(2) The scope of review shall be as a contested case under
20	THE ADMINISTRATIVE PROCEDURE ACT.
21	(3) (1) REVIEW SHALL BE ON THE RECORD MADE BEFORE THE
22	OFFICE OF ADMINISTRATIVE HEARINGS, UNLESS EITHER PARTY TO THE APPEAL
23	REQUESTS TRANSCRIPTION OF THE TAPE.
24	(H) A REQUEST FOR TRANSCRIPTION OF THE TAPE SHALL BE
25	MADE AT THE TIME THE APPEAL IS FILED.
വ	(III) 1. THE OFFICE OF ADMINISTRATIVE HEARINGS SHALL
26 27	(HI) 1. THE OFFICE OF ADMINISTRATIVE HEARINGS SHALL PREPARE THE TRANSCRIPTION BEFORE THE APPEAL HEARING.
41	THE THE TRANSCRIPTION DEFORE THE ALTEAUTION.
28	2. THE PARTY REQUESTING THE TRANSCRIPTION SHALL
29	BEAR THE COST OF TRANSCRIPTION.
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30	(4) THE CIRCUIT COURT SHALL HEAR AND ISSUE A DECISION ON AN
31	APPEAL WITHIN 30 CALENDAR DAYS AFTER THE DATE THE APPEAL WAS FILED AN
32	INDIVIDUAL ADMITTED TO A STATE FACILITY OR ANOTHER INDIVIDUAL
33	AUTHORIZED BY THE ADMITTED INDIVIDUAL MAY REQUEST A RECONSIDERATION OF

- 1 THE REVIEW AND REASSESSMENT COMPLETED UNDER SUBSECTION (G) OF THIS
- 2 SECTION BY FILING A GRIEVANCE WITH THE RESIDENT GRIEVANCE SYSTEM UNDER
- 3 **COMAR 12.21.14.**
- 4 (I) (1) AN INDIVIDUAL ADMITTED TO A STATE FACILITY OR ANOTHER
- 5 INDIVIDUAL AUTHORIZED BY THE ADMITTED INDIVIDUAL MAY APPEAL THE
- 6 RECONSIDERATION OF THE REVIEW AND REASSESSMENT COMPLETED UNDER
- 7 SUBSECTION (H) OF THIS SECTION BY FILING A REQUEST WITH THE DEPARTMENT'S
- 8 HEALTHCARE SYSTEM'S CHIEF MEDICAL OFFICER.
- 9 (2) THE DEPARTMENT SHALL ADOPT REGULATIONS TO ESTABLISH A
- 10 PROCESS FOR THE APPEAL OF THE RECONSIDERATION OF THE REVIEW AND
- 11 REASSESSMENT UNDER PARAGRAPH (1) OF THIS SUBSECTION.
- 12 (J) IF A AN INDIVIDUAL IS ADMITTED TO A STATE FACILITY AND THE STATE
- 13 FACILITY IS UNABLE TO PROVIDE THE TREATMENT NECESSARY TO ADDRESS THE
- 14 REHABILITATION NEEDS OF AN INDIVIDUAL UNDER A PLAN OF TREATMENT FOR THE
- 15 INDIVIDUAL, THE STATE FACILITY SHALL:
- 16 (1) MAKE ARRANGEMENTS FOR THE INDIVIDUAL TO RECEIVE
- 17 NECESSARY TREATMENT FROM ANOTHER FACILITY OR OTHER HEALTH CARE
- 18 PROVIDER OUTSIDE THE STATE FACILITY; AND
- 19 (2) Ensure that treatment for the individual is
- 20 COORDINATED BETWEEN THE STATE FACILITY AND THE OTHER FACILITY OR
- 21 HEALTH CARE PROVIDER.
- 22 PART II. RESIDENT GRIEVANCE SYSTEM REPORT.
- 23 **10–908.**
- ON OR BEFORE JANUARY 1 EACH YEAR, BEGINNING IN 2024, THE
- 25 DEPARTMENT SHALL REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH
- 26 § 2–1257 OF THE STATE GOVERNMENT ARTICLE, ON:
- 27 (1) THE RESIDENT GRIEVANCE SYSTEM ESTABLISHED UNDER
- 28 **COMAR 12.21.14; AND**
- 29 (2) THE GRIEVANCES THAT WERE RECEIVED BY THE RESIDENT
- 30 GRIEVANCE SYSTEM RELATED TO STATE FACILITIES DURING THE IMMEDIATELY
- 31 PRECEDING FISCAL YEAR.
- 32 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
- 33 October 1, 2023.