

# HOUSE BILL 1572

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By: **Chair, Health and Government Operations Committee (By Request –  
Departmental – Maryland Opioid Operational Command Center)**

Introduced and read first time: February 10, 2020

Assigned to: Rules and Executive Nominations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Intermediate Care Facilities – Substance-Related Disorder Treatment Services**  
3 **– Review and Certificate of Need**

4 FOR the purpose of requiring the Behavioral Health Administration to review at its  
5 discretion intermediate care facilities that offer residential or intensive  
6 substance-related disorder treatment services for compliance with certain laws and  
7 regulations; providing that the review may include verification of compliance with  
8 certain standards; altering the definition of “health care facility” to exempt  
9 intermediate care facilities that offer residential or intensive substance-related  
10 disorder treatment services from the requirement that a health care facility have a  
11 certificate of need issued by the Maryland Health Care Commission; making  
12 conforming changes; and generally relating to intermediate care facilities that offer  
13 substance-related disorder treatment services.

14 BY repealing and reenacting, with amendments,  
15 Article – Health – General  
16 Section 8–401(a), 19–114(d), and 19–120(h)(2)(v)  
17 Annotated Code of Maryland  
18 (2019 Replacement Volume)

19 BY repealing and reenacting, without amendments,  
20 Article – Health – General  
21 Section 19–114(a) and (c) and 19–120(h)(1)  
22 Annotated Code of Maryland  
23 (2019 Replacement Volume)

24 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
25 That the Laws of Maryland read as follows:

26 **Article – Health – General**

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



8–401.

(a) (1) (I) The Administration shall:

[(i)] 1. Promote, develop, establish, conduct, certify, and monitor programs for the prevention, treatment, and rehabilitation related to the misuse of alcohol and drugs; [and]

2. **SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, REVIEW AT ITS DISCRETION AN INTERMEDIATE CARE FACILITY THAT OFFERS RESIDENTIAL OR INTENSIVE SUBSTANCE–RELATED DISORDER TREATMENT SERVICES FOR COMPLIANCE WITH ANY LAWS OR REGULATIONS RELATING TO SAFE OR ETHICAL OPERATION OR PATIENT CARE; AND**

[(ii)] 3. Promote and conduct training and research related to the misuse of alcohol and drugs.

**(II) A REVIEW UNDER SUBPARAGRAPH (I)2 OF THIS PARAGRAPH MAY INCLUDE VERIFICATION OF COMPLIANCE WITH ANY STANDARDS ESTABLISHED BY INDUSTRY–RECOGNIZED ACCREDITATION BODIES.**

(2) (i) In cooperation with the Motor Vehicle Administration, courts, police, and other agencies, the Administration shall approve appropriate programs of alcohol and drug abuse education or treatment for individuals who are convicted under § 21–902 of the Transportation Article.

(ii) The programs under this paragraph shall be coordinated with and integrated into broad planning for comprehensive community health and welfare services.

(3) The Administration shall:

(i) Review and, in accordance with regulations that the Administration shall adopt, approve or disapprove each program that a public or private agency wants to offer under § 6–219(c) or § 6–220(c) of the Criminal Procedure Article;

(ii) Promptly give the Administrative Office of the Courts notice of each program approved under this paragraph;

(iii) Monitor and biennially review each program approved under this paragraph;

(iv) Investigate each complaint made in connection with a program; and

(v) Promptly give the Administrative Office of the Courts notice if the Department withdraws its approval of any program.

19–114.

(a) In this Part II of this subtitle the following words have the meanings indicated.

(c) “Certificate of need” means a certification of public need issued by the Commission under this Part II of this subtitle for a health care project.

(d) (1) “Health care facility” means:

(i) A hospital, as defined in § 19–301 of this title;

(ii) A limited service hospital, as defined in § 19–301 of this title;

(iii) A related institution, as defined in § 19–301 of this title;

(iv) An ambulatory surgical facility;

(v) An inpatient facility that is organized primarily to help in the rehabilitation of disabled individuals, through an integrated program of medical and other services provided under competent professional supervision;

(vi) A home health agency, as defined in § 19–401 of this title;

(vii) A hospice, as defined in § 19–901 of this title;

(viii) A freestanding medical facility, as defined in § 19–3A–01 of this title; and

(ix) Any other health institution, service, or program for which this Part II of this subtitle requires a certificate of need.

(2) “Health care facility” does not include:

(i) A hospital or related institution that is operated, or is listed and certified, by the First Church of Christ Scientist, Boston, Massachusetts;

(ii) For the purpose of providing an exception to the requirement for a certificate of need under § 19–120 of this subtitle, a facility to provide comprehensive care constructed by a provider of continuing care, as defined in § 10–401 of the Human Services Article, if:

1. Except as provided under § 19–123 of this subtitle, the facility is for the exclusive use of the provider’s subscribers who have executed continuing

care agreements and paid entrance fees that are at least equal to the lowest entrance fee charged for an independent living unit or an assisted living unit before entering the continuing care community, regardless of the level of care needed by the subscribers at the time of admission;

2. The facility is located on the campus of the continuing care community; and

3. The number of comprehensive care nursing beds in the community does not exceed:

A. 24 percent of the number of independent living units in a community having less than 300 independent living units; or

B. 20 percent of the number of independent living units in a community having 300 or more independent living units;

(iii) For the purpose of providing an exception to the requirement for a certificate of need under § 19–120 of this subtitle, a facility to provide comprehensive care that:

1. Is owned and operated by the Maryland Department of Veterans Affairs; and

2. Restricts admissions to individuals who meet the residency requirements established by the Maryland Department of Veterans Affairs and are:

A. Veterans who were discharged or released from the armed forces of the United States under honorable conditions;

B. Former members of a reserve component of the armed forces of the United States; or

C. Nonveteran spouses of eligible veterans;

(iv) Except for a facility to provide kidney transplant services or programs, a kidney disease treatment facility, as defined by rule or regulation of the United States Department of Health and Human Services;

(v) Except for kidney transplant services or programs, the kidney disease treatment stations and services provided by or on behalf of a hospital or related institution; [or]

(vi) The office of one or more individuals licensed to practice dentistry under Title 4 of the Health Occupations Article, for the purposes of practicing dentistry;

**OR**

(VII) FOR THE PURPOSE OF PROVIDING AN EXCEPTION TO THE REQUIREMENT FOR A CERTIFICATE OF NEED UNDER § 19-120 OF THIS SUBTITLE, AN INTERMEDIATE CARE FACILITY THAT OFFERS RESIDENTIAL OR INTENSIVE SUBSTANCE-RELATED DISORDER TREATMENT SERVICES.

19-120.

(h) (1) A certificate of need is required before the bed capacity of a health care facility is changed.

(2) This subsection does not apply to any increase or decrease in bed capacity if:

(v) 1. The increase or decrease in bed capacity will occur in[:

A. An intermediate care facility that offers residential or intensive substance-related disorder treatment services and has a current license issued by the Secretary; or

B. An] AN existing general hospice program that has a current license issued by the Secretary; and

2. At least 45 days before increasing or decreasing bed capacity, written notice of the intent to change bed capacity is filed with the Commission.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2020.