

HOUSE BILL 68

O2, J3

(PRE-FILED)

4lr1289
CF SB 76

By: **Delegate Stein**

Requested: October 30, 2023

Introduced and read first time: January 10, 2024

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Continuing Care Retirement Communities – Governing Bodies, Grievances, and**
3 **Entrance Fees**

4 FOR the purpose of altering the membership of governing bodies of continuing care
5 retirement communities by increasing the number of subscribers under certain
6 circumstances; altering the number of times select committees of certain providers
7 are required to meet with subscribers each year; requiring the Department of Aging
8 to collect certain information about certain internal grievances; altering the
9 processes for the termination of a continuing care agreement under certain
10 circumstances; altering the process for refunding certain entrance fees under certain
11 circumstances; and generally relating to continuing care retirement communities.

12 BY repealing and reenacting, without amendments,
13 Article – Human Services
14 Section 10–101(a), (e), and (h)
15 Annotated Code of Maryland
16 (2019 Replacement Volume and 2023 Supplement)

17 BY adding to
18 Article – Human Services
19 Section 10–401(v)
20 Annotated Code of Maryland
21 (2019 Replacement Volume and 2023 Supplement)

22 BY repealing and reenacting, with amendments,
23 Article – Human Services
24 Section 10–401(v) and (w), 10–408(b)(3), 10–427, 10–428, and 10–449
25 Annotated Code of Maryland
26 (2019 Replacement Volume and 2023 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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

Article – Human Services

10–101.

(a) In this title the following words have the meanings indicated.

(e) “Department” means the Department of Aging.

(h) “Secretary” means the Secretary of Aging.

10–401.

**(V) “RESIDENT ASSOCIATION” INCLUDES A RESIDENT ASSOCIATION OR AN
EQUIVALENT BODY.**

[(v)] (W) “Subscriber” means an individual for whom a continuing care
agreement is purchased.

[(w)] (X) (1) “Surcharge” means a separate and additional charge that:

(i) is imposed simultaneously with the entrance fee; and

(ii) may be required of some, but not all, subscribers because of a
condition or circumstance that applies only to those subscribers.

(2) “Surcharge” does not include a second person entrance fee.

10–408.

(b) (3) A capital improvement or replacement that does not meet the standard
of **[(§ 10–401(w)] § 10–401(X)** of this subtitle is not subject to review by the Department
under §§ 10–409 through 10–415 of this subtitle.

10–427.

(a) (1) If a provider has a governing body, at least **[one] TWO** of the provider’s
subscribers shall be **[a] full and regular [member] MEMBERS** of the governing body.

(2) If the provider owns or operates **[more than three] MULTIPLE** facilities
in the State, the governing body shall include at least one of the provider’s subscribers **[for
every three facilities] FROM EACH FACILITY** in the State.

(3) [Subject to paragraph (4) of this subsection, a] **A** member of the governing body who is selected to meet the requirements of this subsection shall be a subscriber at a facility in the State and be [selected according to the same general written standards and criteria used to select other members of the governing body] **ELECTED BY THE RESIDENT ASSOCIATION OF THE FACILITY.**

(4) [The governing body shall confer with the resident association at each of the provider's facilities before the subscriber officially joins the governing body] **A SUBSCRIBER MEMBER OF A GOVERNING BODY MAY REPORT ON NONCONFIDENTIAL DELIBERATIONS, ACTIONS, AND POLICIES OF THE GOVERNING BODY TO THE RESIDENT ASSOCIATION.**

(5) **THE GOVERNING BODY OF EACH OF THE PROVIDER'S FACILITIES SHALL DIRECT AN OFFICER OF THE PROVIDER TO MEET AT LEAST QUARTERLY TO REVIEW AND DISCUSS THE CURRENT FINANCIAL STATEMENTS OF THE PROVIDER WITH THE RESIDENT ASSOCIATION OR A COMMITTEE DESIGNATED BY THE RESIDENT ASSOCIATION.**

(6) The Secretary may waive the requirements of this subsection for a provider in the process of decertifying as a provider, if the Secretary determines that there are no subscribers willing and able to serve on the governing body.

(b) (1) If a provider does not have a governing body, the provider shall appoint a select committee of its officers or partners to meet at least [twice a year] **QUARTERLY** with the resident association at each of its facilities to address concerns of the subscribers and to ensure that the opinions of subscribers are relayed to all officers or partners of the provider.

(2) If a facility does not have a resident association, the committee shall meet with a reasonable number of representatives, not required to exceed fifteen, that the subscribers elect.

(c) As determined by the provider's governing body, the provider shall make available to subscribers either the nonconfidential portions of the minutes of each meeting of the governing body or a summary of the nonconfidential portions of the minutes, within 1 month of approval of the minutes.

10-428.

(a) A provider shall establish an internal grievance procedure to address a subscriber's grievance.

(b) The internal grievance procedure shall at least:

(1) allow a subscriber or group of subscribers collectively to submit a written grievance to the provider;

(2) require the provider to send a written acknowledgment to the subscriber or group of subscribers within 5 days after receipt of the written grievance;

(3) require the provider to assign personnel to investigate the grievance;

(4) give a subscriber or group of subscribers who file a written grievance the right to meet with management of the provider within 30 days after receipt of the written grievance to present the grievance; and

(5) require the provider to respond in writing within 45 days after receipt of the written grievance regarding the investigation and resolution of the grievance.

(c) (1) Within 30 days after the conclusion of an internal grievance procedure established under this section, a subscriber, group of subscribers, or provider may seek mediation through one of the Community Mediation Centers in the State or another mediation provider.

(2) If a provider, subscriber, or group of subscribers seeks mediation under paragraph (1) of this subsection, the mediation shall be nonbinding.

(D) (1) AT LEAST TWICE EACH YEAR, THE DEPARTMENT SHALL COLLECT FROM EACH PROVIDER INFORMATION ABOUT INTERNAL GRIEVANCES FILED FOR EACH OF THE PROVIDER'S FACILITIES, INCLUDING:

(I) THE NUMBER OF INTERNAL GRIEVANCES FILED;

(II) THE SUBJECT MATTER OF EACH GRIEVANCE FILED;

(III) WHETHER A GRIEVANCE WENT TO MEDIATION AND THE OUTCOME OF THE MEDIATION; AND

(IV) THE FINAL DISPOSITION OF EACH FILED GRIEVANCE.

(2) ON OR BEFORE DECEMBER 1 EACH YEAR, THE DEPARTMENT SHALL REPORT ON THE DATA RECEIVED FROM EACH PROVIDER UNDER PARAGRAPH (1) OF THIS SUBSECTION.

10-449.

(a) A continuing care agreement shall allow a subscriber to terminate the agreement by giving a written termination notice to the provider.

[(b) If a continuing care agreement is terminated by the subscriber's election or death within the first 90 days of occupancy, the provider shall pay any contractual entrance fee refund within 30 days after the earlier to occur of:

(1) the recontracting of the subscriber's unit by:

(i) another subscriber for whom an entrance fee has been paid; or

(ii) another party who is not a subscriber; or

(2) the later to occur of:

(i) the 90th day after the date the written termination notice is given or the date of death; or

(ii) the day the independent living units at the facility have operated at 95% of capacity for the previous 6 months.

(c) If a continuing care agreement is terminated by the subscriber's election or death after the first 90 days of occupancy, the provider shall pay any contractual entrance fee refund within 60 days after the subscriber's death or the effective date of termination, if on the date of death or at any time between the date the written termination notice is given and the effective date of termination:

(1) the subscriber resides in a unit at a higher level of care than the level of care in which the subscriber resided on initially entering the facility; and

(2) the last unit in which the subscriber resided at the initial level of care on entering the facility has been occupied by or reserved for another subscriber who has paid an entrance fee.]

(B) (1) IF A CONTINUING CARE AGREEMENT IS TERMINATED:

(I) BY WRITTEN NOTICE GIVEN BY A SUBSCRIBER, THE TERMINATION DATE OF THE CONTINUING CARE AGREEMENT SHALL BE ON THE DATE ON WHICH THE SUBSCRIBER VACATED THE UNIT AND REMOVED ALL PERSONAL PROPERTY OF THE SUBSCRIBER FROM THE UNIT; OR

(II) ON THE SUBSCRIBER'S DEATH, THE TERMINATION OF THE CONTINUING CARE AGREEMENT SHALL BE EFFECTIVE ON THE DATE OF THE SUBSCRIBER'S DEATH.

(2) WHEN A CONTINUING CARE AGREEMENT IS TERMINATED BY THE SUBSCRIBER'S ELECTION OR DEATH, THE PROVIDER SHALL PAY ANY CONTRACTUAL ENTRANCE FEE REFUND.

(C) (1) IF A CONTINUING CARE AGREEMENT PROVIDES FOR A REFUNDABLE ENTRANCE FEE CONDITIONED ON THE REOCCUPANCY OR

RECONTRACTING OF THE SUBSCRIBER'S UNIT, THE PROVIDER SHALL ASSIGN THE UNIT A SEQUENTIAL REFUND NUMBER TO DETERMINE THE ORDER OF REFUNDABLE ENTRANCE FEES TO BE PAID.

(2) WHEN A SEQUENTIAL REFUND NUMBER IS ASSIGNED UNDER PARAGRAPH (1) OF THIS SUBSECTION, THE PROVIDER SHALL RECORD:

(I) THE DATE WHEN THE NUMBER WAS ASSIGNED; AND

(II) THE NUMBER OF VACATED AND AVAILABLE UNITS AT THE FACILITY ON THE DATE THE NUMBER WAS ASSIGNED.

(D) (1) EXCEPT AS PROVIDED IN SUBSECTION (E) OF THIS SECTION, BEGINNING 60 DAYS AFTER THE EFFECTIVE DATE OF TERMINATION OF A CONTINUING CARE AGREEMENT, THE SUBSCRIBER OR THE SUBSCRIBER'S ESTATE SHALL HAVE THE RIGHT TO RECEIVE A REFUND IN THE AMOUNT EQUAL TO ANY ENTRANCE FEE PROVIDED IN THE CONTINUING CARE AGREEMENT LESS THE AMOUNT OF ANY:

(I) UNPAID FEES OR CHARGES INCURRED BY THE SUBSCRIBER, INCLUDING MONTHLY SERVICES FEES; AND

(II) CHARITABLE ASSISTANCE PROVIDED BY THE PROVIDER TO THE SUBSCRIBER.

(2) AFTER A CONTINUING CARE AGREEMENT TERMINATES, THE BALANCE ESTABLISHED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE PAYABLE TO THE SUBSCRIBER OR SUBSCRIBER'S ESTATE IN THE ORDER OF THE SEQUENTIAL REFUND NUMBER ASSIGNED UNDER SUBSECTION (C) OF THIS SECTION.

(E) NOTWITHSTANDING OTHER PROVISIONS OF LAW, A PROVIDER SHALL PAY THE BALANCE OF ANY CONTRACTUAL ENTRANCE FEE REFUND WITHIN 60 DAYS OF THE TERMINATION DATE IF ON THE TERMINATION DATE A SUBSCRIBER RESIDED IN A UNIT AT A HIGHER LEVEL OF CARE THAN THE LEVEL OF CARE IN WHICH THE SUBSCRIBER RESIDED WHEN THE SUBSCRIBER INITIALLY RESIDED AT THE FACILITY.

[(d)] (F) This section does not prohibit a provider from requiring that a subscriber's unit be vacated before any contractual entrance fee refund is paid as a result of the subscriber's election to terminate a continuing care agreement.

(G) EVERY 6 MONTHS, A PROVIDER SHALL SUBMIT TO THE DEPARTMENT A REPORT THAT INCLUDES, FOR THE PRIOR 6 MONTHS:

1 **(1) THE NUMBER OF SATISFIED ENTRANCE FEE REFUNDS;**

2 **(2) THE DOLLAR AMOUNT OF EACH SATISFIED ENTRANCE FEE**
3 **REFUND;**

4 **(3) THE OUTSTANDING SEQUENTIAL LIST OF ENTRANCE FEE**
5 **REFUNDS, INCLUDING DOLLAR AMOUNTS DUE;**

6 **(4) THE CURRENT PERCENTAGE OF UNITS AT A FACILITY THAT ARE**
7 **OCCUPIED; AND**

8 **(5) THE AVERAGE LENGTH OF TIME THE PROVIDER TAKES TO**
9 **CONTRACT OR RECONTRACT UNITS.**

10 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall be construed to
11 apply only prospectively and may not be applied or interpreted to have any effect on or
12 application to any cause of action arising before the effective date of this Act.

13 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
14 October 1, 2024.