- 1 SB360
- 2 196139-1
- 3 By Senator Singleton
- 4 RFD: Healthcare
- 5 First Read: 30-APR-19

1	196139-1:n:12/18/2018:AHP/th LSA2018-2995
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8	SYNOPSIS: This bill would update provisions to reflect
9	new federal regulations.
10	Under existing law, the Office of the State
11	Long Term Care Ombudsman Program is responsible for
12	investigating complaints concerning certain
13	residential health care facilities and promoting
14	the well-being of long term residential health care
15	facility recipients.
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17	A BILL
18	TO BE ENTITLED
19	AN ACT
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21	Relating to the Office of the Long Term Care
22	Ombudsman Program; to amend Sections 22-5A-1 to 22-5A-7, Code
23	of Alabama 1975; to update provisions to reflect new federal
24	regulations.
25	BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:
26	Section 1. Sections 22-5A-1 to 22-5A-7, inclusive,
27	of the Code of Alabama 1975, are amended to read as follows:

1 "§22-5A-1. 2 "This chapter shall be known and may be cited as the "Long-term Residential Health Care Recipient Ombudsman Act." 3 Office of the State Long Term Care Ombudsman Program Act. 4 5 "§22-5A-2. "For the purposes of this chapter, the following 6 7 words shall have the meanings ascribed to them by this section: 8 "(1) ADMINISTRATOR. Any individual charged with the 9 10 general administration or supervision of a health care \overline{r} domiciliary or residential facility without regard to whether 11 12 such person the individual has an ownership interest in such 13 the facility or to whether such person's the individual's functions and duties are shared with one or more other persons 14 15 individuals. "(2) COMMUNITY OMBUDSMAN. A person selected by an 16 area agency on aging who is then trained and certified as such 17 18 by the commission pursuant to Section 22-5A-4. AREA AGENCY ON 19 AGING. An entity that coordinates and provides services for 20 seniors and individuals with disabilities in a specific 21 planning and service area. 22 "(3) DEPARTMENT. Department of Senior Services. "(4) HEALTH CARE FACILITY. Any skilled nursing 23 24 facility, intermediate care facility, domiciliary, boarding 25 home facility, or hospital, or other facility now or hereafter 26 subject to regulation or licensure by the Bureau of Licensure

and Certification of the State Department of Health or a

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county department of health which that provides any generally
 accepted facet of long-term residential health care or treats
 any recipient of long-term residential health care.

4 "(5) LONG-TERM RESIDENTIAL HEALTH CARE. Those health
5 care services rendered to an individual who is a resident
6 in-patient of a health care facility for any period which is
7 expected to exceed 90 days.

8 "(6) OMBUDSMAN. The State Ombudsman or any community 9 ombudsman. OFFICE. The Office of the State Long Term Care 10 Ombudsman Program which carries out its duties, functions, and 11 responsibilities directly or through local area agencies on 12 aging or other entities designated by the Office of the State 13 Long Term Care Ombudsman Program.

"(7) RECIPIENT. Any person individual receiving 14 15 long-term residential health care treatment in any health care facility or other community setting in all its aspects 16 including, but not limited to, admission, retention, 17 18 confinement, commitment, length of stay, transfer, discharge, physical examination, issuing or filling a prescription for a 19 20 controlled pharmaceutical substance, dispensing drugs or 21 medication, counseling, and/or and treatment, and any 22 instances directly related.

"(8) <u>RECIPIENT REPRESENTATIVE. An individual chosen</u>
 by a recipient to act on the recipient's behalf in order to
 <u>support the recipient in decision making; accessing medical,</u>
 <u>social, or other personal information; managing financial</u>
 matters; or receiving notifications. This includes a person

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1	authorized by state or federal law, including, but not limited
2	to, powers of attorney, representative payees, and other
3	fiduciaries; legal representatives; and court appointed
4	guardians or conservators of a recipient.
5	"(9) REPRESENTATIVE OF THE OFFICE. An individual who
6	is designated, trained, and certified by the ombudsman
7	pursuant to Section 22-5A-4, and selected by an area agency on
8	aging or by another designated entity funded by the
9	department.
10	" <u>(10)</u> STATE OMBUDSMAN. The State Long-term
11	Residential Health Care Recipient Ombudsman, currently known
12	as the Nursing Home Ombudsman of the Alabama Commission on
13	Aging. The State Ombudsman shall be appointed by the
14	commission and shall report to the executive director of the
15	commission Director of the Office of the State Long Term Care
16	Ombudsman Program, who is appointed by and reports to the
17	Commissioner of the Department of Senior Services.
18	"§22-5A-3.
19	"(a) The department shall establish the Office of
20	the State Long Term Care Ombudsman Program within the
21	department but as a separately identifiable entity, and shall
22	appoint a Director of the Office of the State Long Term Care
23	Ombudsman Program. The department shall be responsible for
24	supervision and personnel management of individuals in the
25	office who are employed by the department, but the department
26	shall not be responsible for programmatic oversight of the
27	office beyond what is necessary to comply with federal

regulations, nor shall it be responsible for supervision and 1 2 personnel management of representatives of the office who are 3 not employed by the department. "(b) The department and the office shall identify 4 5 actual and potential conflicts of interest, both organizational and individual, that may impact the 6 7 effectiveness and credibility of the work of the office and 8 shall take steps to remove or remedy any conflict of interest between the office and the department, an area agency on 9 10 aging, or another designated entity carrying out the duties of 11 the program.

12 "(c) The State Ombudsman ombudsman and the 13 department are office are hereby authorized to investigate 14 complaints concerning health care, domiciliary and residential 15 care facilities. The State Ombudsman ombudsman shall promote 16 the well-being and quality of life of long-term residential 17 health care recipients and encourage the development of 18 community ombudsman activities at the local level.

19 "(d) The ombudsman, in accordance with the
20 commissioner of the department, may enter into a contract or
21 other arrangement with any public agency or nonprofit
22 corporation to carry out the duties of the ombudsman program
23 as a designated entity.

24 "(e) After appropriate training and approval by the
 25 department ombudsman, community ombudsmen representatives of
 26 the office shall be certified and designated by the department
 27 ombudsman and shall have the powers and responsibilities set

1 forth in Sections 22-5A-4 and 22-5A-6, subject to the 2 procedures established by the State Ombudsman office pursuant 3 to Section 22-5A-5.

"(f) The ombudsman shall have the sole authority to 4 5 make or delegate to a representative of the office determinations concerning the disclosure of files, records, 6 7 and other information maintained by the office and shall provide that all files, records, and information obtained by 8 the office be disclosed only at the discretion of the 9 10 ombudsman or a representative of the office in accordance with criteria developed by the office. 11

12 "(g) The State Ombudsman office shall submit to the 13 department and to the U.S. Department of Health and Human 14 Services Administration for Community Living an annual written 15 report documenting the kinds of complaints and problems 16 reported so that the department can make recommendations 17 concerning needed policy, and regulatory, and legislative 18 changes.

"(h) The office shall analyze, comment on, and 19 20 monitor the development and implementation of federal, state, 21 and local laws, regulations, and other government policies and 22 actions that pertain to long term care and other health care facilities and services and to the health, safety, welfare, 23 24 and rights of recipients. The office shall recommend any 25 regulatory or legislative changes to the Commissioner of the 26 Department of Senior Services or the Legislature, as 27 appropriate.

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"§22-5A-4.

2 "(a) Each area agency on aging or other designated entity funded by the department shall select at least one 3 community ombudsman full-time representative of the office in 4 5 each planning and service area established according to 6 regulations issued pursuant to the Older Americans Act of 7 1965, as amended. The community ombudsman representative of the office shall be an employee or contractual employee of the 8 9 area agency on aging or other designated entity and shall 10 certify to having no association with any health care facility or provider for reward or profit. Each representative of the 11 office shall be trained, certified, and designated by the 12 13 ombudsman as provided in this section.

"(b) The duties of each community ombudsman
 representative of the office shall be as follows:

16 "(1) To receive, investigate, respond to, and 17 attempt informally to resolve complaints made by or on behalf 18 of recipients; related to action, inaction, or decisions that 19 adversely affect the health, safety, welfare, or rights of the 20 recipients.

"(2) To <u>investigate and</u> report immediately instances
of fraud, abuse, neglect, or exploitation to the department of
pensions and security for investigation and follow-up
<u>ombudsman for referral to the appropriate agency for</u>
<u>investigation and follow-up</u> pursuant to Chapter 9 of Title 38,
the Adult Protective Services Act of 1976, and Article 1 of
Chapter 16 of Title 26, the Child Abuse and Neglect Prevention

1 Act or the Department of Public Health pursuant to subsection 2 (d) of Section 38-9-8. The ombudsman shall determine if a 3 report should be made to the appropriate agency for further investigation and follow-up when consent has not been given by 4 5 the complainant, recipient, or recipient representative. The ombudsman and representatives of the office are excluded from 6 7 abuse reporting requirements when reporting the abuse would disclose the identity of a complainant or recipient without 8 9 appropriate consent or court order, unless the circumstances 10 of the complaint could lead to immediate danger or harm to the complainant or recipient. + 11 "(3) To serve as a third-party mechanism for 12 13 protecting the health, safety, welfare, and human rights of 14 recipients;. 15 "(4) To report immediately in a reasonable time, as set forth by the office, any complaint that cannot be resolved 16 17 informally to the State Ombudsman ombudsman for appropriate 18 action under Section 22-5A-6; "(5) To collect data about the number and kinds of 19 20 complaints handled; and. 21 "(6) To report regularly monthly to the State 22 Ombudsman ombudsman about the data collected and activities of 23 the community ombudsman program. 24 "(c) A description of the operation of its community 25 ombudsman program shall be included by each area agency on 26 aging or other designated entity in its area plan, which is 27 subject to the approval of the department and the office.

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"(d) Each area agency on aging shall immediately 1 2 notify the department ombudsman of the selection of, and request the certification and designation of, prospective 3 community ombudsmen representatives. 4 5 "(e) The State Ombudsman ombudsman shall arrange for 6 the training of all prospective community ombudsmen 7 representatives of the office selected by area agencies on 8 aging or other designated entities. Such The training shall include instructions in at least the following subjects as 9 10 they relate to health care: "(1) The responsibilities, duties and authority of 11 12 community ombudsmen representatives of the office. 7. 13 "(2) The laws and regulations governing the receipt, 14 investigation, and resolution of complaints; 15 "(3) The role of local, state and federal agencies that regulate health care facilities +. 16 "(4) The different kinds of health care facilities 17 18 in Alabama and the services provided in each setting 7. "(5) The special needs of the elderly and of the 19 20 physically and mentally handicapped; 21 "(6) The role of the family, the sponsor, the legal representative, the physician, the church and other public and 22 23 private agencies, and the community. 24 "(7) How to work with health providers, medical 25 professionals, and staff.

"(8) The laws and regulations governing Medicare,
 Medicaid, social security Social Security, supplemental
 security income, and the Veterans Administration; and.

4 "(9) The licensure requirements for administrators
5 of hospitals, nursing homes, home health care agencies, etc.
6 <u>and other licensed entities</u>, including familiarity with the
7 actual information required to obtain the various licenses.

"(f) Persons Individuals selected by area agencies 8 9 on aging or other designated entities who shall have 10 satisfactorily completed the training arranged by the State Ombudsman ombudsman shall be certified and designated as 11 community ombudsmen representatives of the office by the 12 13 department ombudsman. The certification can be terminated at 14 any time by the Department of Senior Services or appropriate 15 area agency on aging ombudsman for either of the following:

16 "(1) When the community ombudsman When the
17 representative of the office is no longer employed by the
18 Department of Senior Services or an employee or contractual
19 employee of the area agency on aging or other designated
20 entity.;

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"(2) For cause.

"(g) Each area's agency on aging <u>or other designated</u>
<u>entity's</u> advisory council shall appoint a subcommittee to
advise it in the operation of its community ombudsman program.
The number and qualifications of members of the advisory
subcommittee shall be determined by the <u>respective</u> area agency
on aging or other designated entity but shall contain adequate

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1 representation from the various types of health facilities 2 covered under the Area Agency Community Ombudsman Plan 3 ombudsman plan of the respective area agency on aging or other 4 designated entity. 5 "§22-5A-5. "The State Ombudsman office shall establish written 6 7 procedures for receiving complaints involving long-term 8 residential health care facilities and their employees. The 9 Department of Senior Services office shall provide written 10 information on the ombudsman program to health care \overline{r} domiciliary and residential facilities written information on 11

13 time of admission, or rendering of care, and/or or treatment 14 at or by a health care facility.

the ombudsman program to be distributed to recipients at the

15 "§22-5A-6.

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16 "(a) A community ombudsman's access to any health 17 care facility shall be limited to standard operating hours 18 unless prior arrangements with the operator of the facility 19 has been made (a)(1) A representative of the office shall have 20 access to any health care facility to investigate a complaint 21 at any time during regular business hours or regular visiting hours and at any time when access is required to investigate 22 the circumstances of any complaint that could lead to 23 24 immediate danger or harm to the complainant or recipient. 25 "(2) If the circumstances of the complaint could lead to immediate danger or harm to the complainant or 26 recipient, the ombudsman shall review the complaint and 27

<u>determine if investigation during hours other than those</u>
 <u>considered to be regular operating or visiting hours is</u>
 warranted, and if so, shall approve off-hour access.

4 "<u>(3)</u> If the complaint involves more than one
5 provider or alleges to involve more than one provider, the
6 ombudsman representative of the office shall investigate all
7 providers.

"(b) Any complaint requiring remedial action and 8 9 deemed valid by the ombudsman representative of the office 10 shall be identified and brought to the attention of the office as well as the administrator or provider involved; provided 11 the legal representative or recipient gives permission. The 12 13 and followed up in writing within a reasonable time. Upon receipt of such document, the administrator or provider, in 14 15 coordination with the ombudsman representative of the office, shall establish a course of appropriate remedial action. If 16 17 the remedial action is not forthcoming within a reasonable 18 time, the ombudsman must representative of the office shall refer the case to the State Ombudsman ombudsman who may take 19 20 any one or more of the following actions:

"(1) Allow more time if the State Ombudsman
 <u>ombudsman</u> has reason to believe such action <u>allowing for more</u>
 <u>time</u> would facilitate resolution of the complaint;.

24 "(2) Refer a complaint regarding a nursing home,
 25 <u>assisted living facility, specialty care assisted living</u>
 26 <u>facility, or long term care unit of a hospital or domiciliary</u>

in writing to the Bureau of Licensure and Certification <u>or the</u>
 Department of Human Resources.

3 "(3) Refer a complaint regarding a boarding house
4 <u>home</u> to the appropriate agency and request that appropriate
5 action be initiated.

6 "(4) Refer any and all complaints arising out of or 7 in any way related to the provision of any medical or surgical 8 service or medical care and treatment to a recipient by a 9 physician licensed to practice medicine in Alabama, in 10 whatever setting the said complaint should arise, to the State 11 Board of Medical Examiners only.

"(c) The Department of Senior Services, the State
 Ombudsman office and the affected community ombudsman
 representative of the office shall be kept advised and shall
 be notified in writing by the state agency of the resolution
 of any complaint that has been referred to the state agency by
 the State Ombudsman office.

18 "(d) Any ombudsmen representative of the office shall respect the right to privacy of all involved parties 19 20 when engaged in resolving complaints. Any requests to review 21 information concerning the medical condition of a recipient or 22 any health care facility records of a recipient must be 23 accompanied by a current valid duly executed an authorization 24 and release which has been signed by the recipient or by one 25 an individual legally authorized to act on behalf of the 26 recipient. Requests for copies of any medical records must be 27 accompanied by a current valid duly executed an authorization

and release which has been signed by the recipient or by one 1 2 an individual legally authorized to act on behalf of the recipient. The recipient or an individual legally authorized 3 to act on behalf of the recipient may provide informed consent 4 5 in writing, orally, or through the use of assistive technology, and the representative of the office must document 6 7 that the recipient or the individual legally authorized to act 8 on behalf of the recipient provided the informed consent. 9 However, the requirement for a signed authorization and 10 release may be waived by the ombudsman if the ombudsman determines the circumstances of a complaint could lead to 11 immediate danger or harm to the recipient. The Health 12 13 Insurance Portability and Accountability Act of 1996 (HIPAA) 14 Privacy Rule, 45 CFR Part 160 and 45 CFR Part 164, subparts A 15 and E, do not preclude release by covered entities of resident 16 private health information or other resident identifying information to the ombudsman program, including, but not 17 limited to, residents' medical, social, or other records, a 18 list of resident names and room numbers, or information 19 20 collected in the course of a state or federal survey or 21 inspection process. Any physician health care provider 22 providing medical information and/or or copies of medical 23 records and any health care facility providing copies of 24 health care facility medical records shall be entitled to the 25 payment of a reasonable charge for the preparation and/or and reproduction of the records. Information concerning any aspect 26 of a complaint resolution proceeding shall be kept 27

1 confidential and shall not be disclosed by an ombudsman the 2 representative of the office to any person not directly involved in the particular complaint, except in strict 3 accordance with the provisions of this chapter. Such Any 4 5 disclosure of information concerning any aspect of a complaint resolution proceeding by the representative of the office in 6 7 violation of this section shall result in the ombudsman's dismissal termination of that representative. 8

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"§22-5A-7.

10 "Any person or agency who in good faith participates in the making of a report or provides information or evidence 11 in direct accordance with the procedures for resolving 12 13 complaints under the provisions of this chapter shall, in so 14 doing, be immune from any liability, civil or criminal, that 15 might otherwise be incurred or imposed. Notwithstanding the 16 foregoing, this immunity shall not apply if an ombudsman a representative of the office communicates any information 17 18 concerning a complaint to any party not involved in such the complaint." 19

20 Section 2. This act shall become effective on the 21 first day of the third month following its passage and 22 approval by the Governor, or its otherwise becoming law.