SENATE BILL 549

EMERGENCY BILL ENROLLED BILL

(7lr0859)

— Education, Health, and Environmental Affairs/Health and Government Operations —

Introduced by Chair, Education, Health, and Environmental Affairs Committee

Read and I	Examined by Proofreaders:
	Proofreader
	Proofreader
Sealed with the Great Seal and	presented to the Governor, for his approval this
day of	atM
	President
	CHAPTER
AN ACT concerning	
_	Allied Health Advisory Committees – Sunset and Program Evaluation
advisory committees in accord Evaluation Act (Sunset Law) provisions relating to statuto Physicians and the committee regarding complaints of sexual boards to enter into a ceragreements with the State Behealth professional" to include panel, rather than the State Benerical state Benerical services and the state Benerical service	tate Board of Physicians and the related allied health dance with the provisions of the Maryland Program by extending to a certain date the termination ry and regulatory authority of the State Board of es; altering the content of a certain statistical report I misconduct; authorizing certain health occupations rain agreement regarding prescriber—pharmacist oard of Pharmacy; altering the definition of "allied de naturopathic doctors; authorizing a disciplinary foard of Physicians and subject to the Administrative ering provisions, to deny a license to an applicant or

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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

Italics indicate opposite chamber/conference committee amendments.



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under certain circumstances to refuse to renew or reinstate an applicant's license for certain reasons; requiring the State Board of Physicians to submit an annual report on or before a certain date each year to the Governor, the Secretary of Health and Mental Hygiene, and the General Assembly that includes certain data related to eriminal history records checks on a fiscal year basis; codifying the requirement that requiring the State Board of Physicians to provide certain training on a certain basis rather than at least annually at certain intervals to the Office of Administrative Hearings; authorizing the State Board of Physicians to discipline individuals exempt from licensure under a certain provision of this Act in a certain manner and for certain grounds; altering the circumstances under which certain individuals may practice medicine without a license; authorizing a disciplinary panel, instead of the State Board of Physicians, to issue a cease and desist order or obtain injunctive relief against an individual for practicing medicine without a license or taking a certain action for which a disciplinary panel, instead of the State Board of Physicians, determines there is certain evidence and that poses a serious risk; requiring the State Board of Physicians to consider certain factors in determining whether to take disciplinary action based on criminal history record information against certain physicians or allied health professionals, rather than in determining whether to renew or reinstate the license; altering the circumstances under which the State Board of Physicians may renew or reinstate a license to practice medicine; altering the circumstances under which a disciplinary panel is required to refer an allegation to peer review; clarifying the application of the requirement that the State Board of Physicians or a disciplinary panel give certain individuals an opportunity for a certain hearing before taking certain action; requiring a disciplinary panel to give an individual against whom certain action is contemplated an opportunity for a hearing before a hearing officer; repealing certain provisions of law rendered obsolete by certain provisions of this Act; repealing the requirement that hospitals, related institutions, and alternative health systems report certain information to the State Board of Physicians at certain intervals; <u>authorizing a disciplinary panel</u>, <u>instead of</u> the State Board of Physicians, on a certain vote of a disciplinary panel, instead of the State Board of Physicians, to deny a license to an applicant; authorizing a disciplinary panel, instead of the State Board of Physicians, to levy certain fines; requiring certain licensees to notify the State Board of Physicians in writing of a change in name or address within a certain time period; establishing a certain penalty; altering a certain penalty provision; requiring the State Board of Physicians to pay certain penalties into the Board of Physicians Fund; altering the circumstances under which certain provisions of law related to penalties for the unlicensed practice of medicine do not apply to certain licensees; making conforming and technical changes requiring the State Board of Physicians, under certain circumstances, to submit a certain proposal to certain committees of the General Assembly regarding moving certain cases from the jurisdiction of the full State Board of Physicians to the jurisdiction of the disciplinary panels; requiring that the State Board of Physicians include certain information in certain reports; limiting the scope of a certain full evaluation to certain matters; making this Act an emergency measure; and generally relating to the State Board of Physicians and the related allied health advisory committees.

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1
    BY repealing and reenacting, with amendments,
 2
          Article – Health Occupations
 3
          Section 1–212(e), 12–6A–03(b), 14–101(a–1), 14–205(b), 14–206(e), 14–302(a),
 4
                 14-302.1, 14-316(g), 14-401.1(a)(5)(i), (c)(2), (k), and (l), 14-405(a),
 5
                 14–411.1(b)(6)(iv), 14–413(a)(1) and (2), 14–414(a)(1) and (2), 14–5A–13(g),
 6
                14-5A-17(a), 14-5A-23(b), 14-5A-25, 14-5B-12(g), 14-5B-14(a), 14-5B-21,
 7
                 14-5C-14(g), 14-5C-17(a),
                                                14-5C-25,
                                                             14-5D-12(h),
                                                                             14-5D-14(a),
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                 14-5D-18(b), 14-5D-20, 14-5E-13(g), 14-5E-16(a), 14-5E-23(b), 14-5E-25,
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                 14-5F-15(d),
                                  14-5F-18(a), 14-5F-25,
                                                                 14-5F-29,
                                                                                14-5F-32,
10
                <del>14-602(c), 14-606(a)(5)</del>
                                           14-606(a)(4) and
                                                                (5),
                                                                      14 - 702,
                                                                                15-307(g),
                 15–311, 15–313, 15–315(a)(1), and 15–502
11
          Annotated Code of Maryland
12
          (2014 Replacement Volume and 2016 Supplement)
13
14
    BY adding to
15
          Article – Health Occupations
16
          Section 14–205.1, 14–205.2, and 14–302.2 14–5C–14.1, and 14–5F–15.1
17
          Annotated Code of Maryland
18
          (2014 Replacement Volume and 2016 Supplement)
19
    BY repealing and reenacting, without amendments,
20
          Article – Health Occupations
          Section 14-401.1(c)(1) and 14-606(a)(4)
21
22
          Annotated Code of Maryland
23
          (2014 Replacement Volume and 2016 Supplement)
24
    BY repealing
25
          Article – Health Occupations
26
          Section 14–401.1(j)
27
          Annotated Code of Maryland
28
          (2014 Replacement Volume and 2016 Supplement)
29
    BY repealing and reenacting, without amendments,
          Article - Insurance
30
          Section 24-201(a)
31
          Annotated Code of Maryland
32
33
          (2011 Replacement Volume and 2016 Supplement)
    BY repealing and reenacting, with amendments,
34
          Article - Insurance
35
36
          Section 24-201(d)
          Annotated Code of Maryland
37
          (2011 Replacement Volume and 2016 Supplement)
38
39
    BY repealing and reenacting, without amendments,
          Article – State Government
40
41
          Section 8–405(a)
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$\frac{1}{2}$	Annotated Code of Maryland (2014 Replacement Volume and 2016 Supplement)
3 4 5 6 7	BY repealing and reenacting, with amendments, Article – State Government Section 8–405(b)(5) Annotated Code of Maryland (2014 Replacement Volume and 2016 Supplement)
8 9 10	BY repealing Chapter 539 of the Acts of the General Assembly of 2007 Section 4 and 5
11 12 13 14 15	BY repealing Chapter 109 of the Acts of the General Assembly of 1988, as amended by Chapter 271 of the Acts of the General Assembly of 1992 and Chapter 662 of the Acts of the General Assembly of 1994 Section 5
16 17	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
18	Article - Health Occupations
19	1–212.
20 21	(e) (1) (i) Each year, each health occupations board shall submit a statistical report to the Secretary, indicating [the]:
22 23	1. THE number of complaints of sexual misconduct received [and the resolution of each complaint];
24 25 26	2. THE NUMBER OF LICENSEES, CERTIFICATE HOLDERS, AND COMPLAINANTS INVOLVED IN THE COMPLAINTS OF SEXUAL MISCONDUCT LISTED SEPARATELY BY CATEGORY;
27 28	3. THE NUMBER OF COMPLAINTS OF SEXUAL MISCONDUCT STILL UNDER INVESTIGATION;
29 30	4. THE NUMBER OF COMPLAINTS OF SEXUAL MISCONDUCT THAT WERE CLOSED WITH NO DISCIPLINARY ACTION;
31 32	5. THE NUMBER OF COMPLAINTS OF SEXUAL MISCONDUCT THAT RESULTED IN INFORMAL OR NONPUBLIC ACTION;

1 2 3	6. THE NUMBER OF COMPLAINTS OF SEXUAL MISCONDUCT THAT WERE REFERRED TO THE OFFICE OF THE ATTORNEY GENERAL FOR PROSECUTORIAL ACTION;
4 5	7. THE NUMBER OF COMPLAINTS OF SEXUAL MISCONDUCT THAT RESULTED IN EACH OF THE FOLLOWING:
6	A. LICENSE REVOCATION;
7	B. Suspension;
8	C. PROBATION;
9	D. REPRIMAND; AND
10	E. DENIAL OF LICENSURE;
11 12 13	8. THE NUMBER OF COMPLAINTS OF SEXUAL MISCONDUCT THAT WERE FORWARDED TO LAW ENFORCEMENT FOR POSSIBLE CRIMINAL PROSECUTION; AND
14 15 16	9. FOR ANY OTHER ACTIONS TAKEN REGARDING COMPLAINTS OF SEXUAL MISCONDUCT, A DETAILED BREAKDOWN OF THE TYPES OF ACTIONS TAKEN.
17 18 19	(ii) The report shall cover the period beginning October 1 and ending the following September 30 and shall be submitted by the board not later than the November 15 following the reporting period.
20 21 22	(2) The Secretary shall compile the information received from the health occupations boards and submit an annual report to the General Assembly, in accordance with § 2–1246 of the State Government Article, not later than December 31 of each year.
23	12–6A–03.
24 25 26 27 28 29	(b) (1) (I) [An] EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS PARAGRAPH, AN authorized prescriber who has entered into a prescriber—pharmacist agreement shall submit to the health occupations board that regulates the authorized prescriber a copy of the prescriber—pharmacist agreement and any subsequent modifications made to the prescriber—pharmacist agreement or the protocols specified in the prescriber—pharmacist agreement.

30 (II) A HEALTH OCCUPATIONS BOARD MAY ENTER INTO AN 31 AGREEMENT WITH THE BOARD OF PHARMACY THAT REQUIRES AUTHORIZED 32 PRESCRIBERS REGULATED BY THE HEALTH OCCUPATIONS BOARD TO SUBMIT TO

- 1 THE BOARD OF PHARMACY DOCUMENTATION THAT OTHERWISE WOULD BE 2 REQUIRED TO BE SUBMITTED TO THE HEALTH OCCUPATIONS BOARD UNDER 3 SUBPARAGRAPH (I) OF THIS PARAGRAPH.
- 4 (2) A licensed pharmacist who has entered into a prescriber—pharmacist agreement shall submit to the Board of Pharmacy a copy of the prescriber—pharmacist agreement and any subsequent modifications made to the prescriber—pharmacist agreement or the protocols specified in the prescriber—pharmacist agreement.
- 8 14-101.
- 9 (a-1) "Allied health professional" means an individual licensed by the Board under 10 Subtitle 5A, 5B, 5C, 5D, [or] 5E, OR 5F of this title or Title 15 of this article.
- 11 <u>14–205.</u>
- 12 (b) (1) In addition to the powers set forth elsewhere in this title, the Board 13 may:
- 14 <u>(i) Adopt regulations to regulate the performance of acupuncture,</u> 15 <u>but only to the extent authorized by § 14–504 of this title;</u>
- 16 <u>(ii)</u> After consulting with the State Board of Pharmacy, adopt rules 17 and regulations regarding the dispensing of prescription drugs by a licensed physician;
- 18 <u>I(iii)</u> Subject to the Administrative Procedure Act, deny a license to an
 19 applicant or, if an applicant has failed to renew the applicant's license, refuse to renew or
 20 reinstate an applicant's license for:
- 21 <u>Any of the reasons that are grounds for action under §</u> 22 14–404 of this title; or
- 23 <u>Eailure to submit to a criminal history records check in</u> 24 accordance with § 14–308.1 of this title;
- I(iv)] (III) On receipt of a written and signed complaint, including a referral from the Commissioner of Labor and Industry, conduct an unannounced inspection of the office of a physician or acupuncturist, other than an office of a physician or acupuncturist in a hospital, related institution, freestanding medical facility, or a freestanding birthing center, to determine compliance at that office with the Centers for Disease Control and Prevention's guidelines on universal precautions; and
- 31 <u>[(v)] (IV)</u> Contract with others for the purchase of administrative 32 and examination services to carry out the provisions of this title.

$\frac{1}{2}$	(2) The Board or a disciplinary panel may investigate an alleged violation of this title.
3	(3) SUBJECT TO THE ADMINISTRATIVE PROCEDURE ACT AND THE
4	HEARING PROVISIONS OF § 14-405 OF THIS TITLE, A DISCIPLINARY PANEL MAY
5 c	DENY A LICENSE TO AN APPLICANT OR, IF AN APPLICANT HAS FAILED TO RENEW THE
6 7	APPLICANT'S LICENSE, REFUSE TO RENEW OR REINSTATE AN APPLICANT'S LICENSE
1	FOR:
8	(I) ANY OF THE REASONS THAT ARE GROUNDS FOR ACTION
9	UNDER § 14–404 OF THIS TITLE; OR
	
10	(II) FAILURE TO SUBMIT TO A CRIMINAL HISTORY RECORDS
11	CHECK IN ACCORDANCE WITH § 14–308.1 OF THIS TITLE.
12	14–205.1.
10	Over the proper December Occorded 1 page very man Board character
13	ON OR BEFORE DECEMBER OCTOBER 1 EACH YEAR, THE BOARD SHALL
14	SUBMIT TO THE GOVERNOR, THE SECRETARY, AND, IN ACCORDANCE WITH § 2–1246
15 16	OF THE STATE GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY AN ANNUAL
16 17	REPORT THAT INCLUDES THE FOLLOWING DATA FOR BOTH PHYSICIANS AND ALLIED HEALTH-PROFESSIONALS CALCULATED ON A FISCAL YEAR BASIS:
11	HEALTH-I NOTESSIONALS CALCULATED ON A FISCAL TEAR DASIS.
18	(1) RELEVANT DISCIPLINARY INDICATORS, INCLUDING:
19	(I) THE NUMBER OF PHYSICIANS INVESTIGATED UNDER EACH
20	OF THE DISCIPLINARY GROUNDS ENUMERATED UNDER § 14-404 OF THIS ARTICLE;
21	(II) THE NUMBER OF PHYSICIANS WHO WERE REPRIMANDED OR
22	PLACED ON PROBATION OR WHO HAD THEIR LICENSES SUSPENDED OR REVOKED;
0.0	(III) THE NUMBER OF GAGES PROSECUEED AND DISMISSED AND
23	(III) THE NUMBER OF CASES PROSECUTED AND DISMISSED AND
24	ON WHAT GROUNDS;
25	(IV) THE CRITERIA USED TO ACCEPT AND REJECT CASES FOR
26	PROSECUTION; AND
27	(V) THE NUMBER OF UNRESOLVED ALLEGATIONS PENDING
28	BEFORE THE BOARD;
29	(2) The average length of the time spent investigating
30	ALLEGATIONS BROUGHT AGAINST PHYSICIANS UNDER EACH OF THE DISCIPLINARY
31	GROUNDS ENUMERATED UNDER § 14–404 OF THIS ARTICLE;

$\frac{1}{2}$	(3) THE NUMBER OF CASES NOT COMPLETED WITHIN 18 MONTHS AND THE REASONS FOR THE FAILURE TO COMPLETE THE CASES IN 18 MONTHS;
	·
3	(4) FOR BOTH PHYSICIANS AND ALLIED HEALTH PROFESSIONALS:
4	(1) (I) THE NUMBER OF INITIAL AND RENEWAL LICENSES ISSUED;
5	(2) (II) THE NUMBER OF POSITIVE AND NEGATIVE CRIMINAL
6	HISTORY RECORDS CHECKS RESULTS RECEIVED;
7	(3) (III) THE NUMBER OF INDIVIDUALS DENIED INITIAL OR
8	RENEWAL LICENSURE DUE TO POSITIVE CRIMINAL HISTORY RECORDS CHECKS
9	RESULTS; AND
10	(1V) THE NUMBER OF INDIVIDUALS DENIED INITIAL OR
11	RENEWAL LICENSURE DUE TO REASONS OTHER THAN A POSITIVE CRIMINAL
12	HISTORY RECORDS CHECK; AND
14	Install Records check, and
13	(5) THE ADEQUACY OF CURRENT BOARD STAFFING IN MEETING THE
14	WORKLOAD OF THE BOARD.
15	14-205.2.
16	(A) SUBJECT TO SUBSECTION (B) OF THIS SECTION, THE THE BOARD SHALL
17	PROVIDE TRAINING AT LEAST ANNUALLY ON AN AS-NEEDED BASIS TO THE
18	PERSONNEL OF THE OFFICE OF ADMINISTRATIVE HEARINGS IN ORDER TO IMPROVE
19	THE QUALITY AND EFFICIENCY OF THE HEARINGS IN PHYSICIAN DISCIPLINE CASES.
2.0	
20	(B) THE TRAINING PROVIDED UNDER SUBSECTION (A) OF THIS SECTION
21	SHALL INCLUDE MEDICAL TERMINOLOGY, MEDICAL ETHICS, AND, TO THE EXTENT
22	POSSIBLE, DESCRIPTIONS OF BASIC MEDICAL AND SURGICAL PROCEDURES
23	CURRENTLY IN USE.
24	<u>14–206.</u>
25	(e) [The Board] A DISCIPLINARY PANEL may issue a cease and desist order or
26	obtain injunctive relief against an individual for:
27	(1) Practicing medicine without a license; or
28	(2) Taking any action:
29	(i) For which [the Board] A DISCIPLINARY PANEL determines
30	there is a preponderance of evidence of grounds for discipline under § 14-404 of this title;
31	<u>and</u>

1 2	(ii) That poses a serious risk to the health, safety, and welfare of a patient.
3	14–302.
4 5 6	(a) Subject to the rules, regulations, and orders of the Board, the following individuals may practice medicine without a license if the individuals submit to a criminal history records check in accordance with § 14–308.1 of this subtitle:
7 8 9	{ (1) A medical student or an individual in a postgraduate medical training program that is approved by the Board, while doing the assigned duties at any office of a licensed physician, hospital, clinic, or similar facility;
10 11	$\{(2)\}$ (1) A physician licensed by and residing in another jurisdiction, if the physician:
12 13	(i) Is engaged in consultation with a physician licensed in the State about a particular patient and does not direct patient care; or
14	(ii) Meets the requirements of § 14-302.1 of this subtitle;
15 16	$\{(3)\}$ A physician employed in the service of the federal government while performing the duties incident to that employment;
17 18	$\{(4)\}$ A physician who resides in and is authorized to practice medicine by any state adjoining this State and whose practice extends into this State, if:
19 20	(i) The physician does not have an office or other regularly appointed place in this State to meet patients; and
21 22	(ii) The same privileges are extended to licensed physicians of this State by the adjoining state; and
23 24 25 26	f (5) f (4) An individual while under the supervision of a licensed physician who has specialty training in psychiatry, and whose specialty training in psychiatry has been approved by the Board, if the individual submits an application to the Board on or before October 1, 1993, and either:
27 28	(i) 1. Has a master's degree from an accredited college or university; and
29 30 31	2. Has completed a graduate program accepted by the Board in a behavioral science that includes 1,000 hours of supervised clinical psychotherapy experience; or

$\frac{1}{2}$	(ii) 1. Has a baccalaureate degree from an accredited college or university; and
3 4	2. Has 4,000 hours of supervised clinical experience that is approved by the Board.
5	<u>14–302.1.</u>
6 7 8	[(a) Subject to subsection (b) of this section, a] A physician who is licensed and resides in another jurisdiction may practice medicine without a license while engaged in clinical training with a licensed physician if:
9	(1) The Board finds, on application by a hospital in the State, that:
10	(i) The physician possesses a skill or uses a procedure that:
11 12	1. <u>Is advanced beyond those skills or procedures normally taught or exercised in the hospital and in standard medical education or training;</u>
13 14	2. <u>Could not be otherwise conveniently taught or demonstrated in standard medical education or training in that hospital; and</u>
15	3. Is likely to benefit Maryland patients in this instance;
16 17	(ii) The demonstration of the skill or procedure would take no more than 14 consecutive days within a calendar year;
18 19 20	(iii) A licensed physician who practices at a hospital in the State has certified to the Board that the licensed physician will be responsible for the medical care provided by that visiting physician to patients in the State;
21 22 23 24	(iv) The visiting physician has no history of any medical disciplinary action in any other state, territory, nation, or any branch of the United States uniformed services or the Veterans Administration, and has no significant detrimental malpractice history in the judgment of the Board;
25 26	(v) <u>The physician is covered by malpractice insurance in the jurisdiction in which the physician practices; and</u>
27 28	(vi) The hospital assures the Board that the patients will be protected by adequate malpractice insurance; or
29	(2) The Board finds, on application by a Maryland hospital, that:
30	(i) The hospital provides training in a skill or uses a procedure that:

1 2	1. <u>Is advanced beyond those skills or procedures normally</u> taught or exercised in standard medical education or training;
3 4	2. <u>Could not be otherwise conveniently taught or demonstrated in the visiting physician's practice; and</u>
5	<u>3.</u> <u>Is likely to benefit Maryland patients in this instance;</u>
6 7	(ii) The demonstration or exercise of the skill or procedure will take no more than 14 consecutive days within a calendar year;
8 9 10	(iii) A hospital physician licensed in the State has certified to the Board that the physician will be responsible for the medical care provided by that visiting physician to patients in the State;
11 12 13 14	(iv) The visiting physician has no history of any medical disciplinary action in any other state, territory, nation, or any branch of the United States uniformed services or the Veterans Administration, and has no significant detrimental malpractice history in the judgment of the Board;
15 16	(v) The physician is covered by malpractice insurance in the jurisdiction where the physician practices; and
17 18	(vi) The hospital assures the Board that the patients will be protected by adequate malpractice insurance.
19 20 21	[(b) A physician who is licensed and resides in another jurisdiction may practice medicine without a license under subsection (a) of this section if the physician submits to a criminal history records check in accordance with § 14–308.1 of this subtitle.]
22	14-302.2.
23 24 25 26 27 28	(A) SUBJECT TO THE RULES, REGULATIONS, AND ORDERS OF THE BOARD, A MEDICAL STUDENT OR AN INDIVIDUAL IN A POSTGRADUATE MEDICAL TRAINING PROGRAM THAT IS APPROVED BY THE BOARD, WHILE DOING ASSIGNED DUTIES AT ANY OFFICE OF A LICENSED PHYSICIAN, HOSPITAL, CLINIC, OR SIMILAR FACILITY, MAY PRACTICE MEDICINE WITHOUT A LICENSE IF THE INDIVIDUAL SUBMITS TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 14–308.1 OF THIS
29 30 31 32	(B) THE BOARD MAY DISCIPLINE AN INDIVIDUAL WHO IS EXEMPT FROM LICENSURE UNDER SUBSECTION (A) OF THIS SECTION IN THE SAME MANNER AND BASED ON THE SAME GROUNDS AS IF THE INDIVIDUAL WERE A LICENSED PHYSICIAN.

- Beginning October 1, 2016, the Board shall require a criminal history 1 (g) (1) 2 records check in accordance with § 14–308.1 of this subtitle for: 3 Annual renewal applicants as determined by regulations adopted by the Board; and 4 5 (ii) Each former licensee who files for reinstatement under § 14–317 6 of this subtitle after failing to renew the license for a period of 1 year or more. 7 On receipt of the criminal history record information of a licensee forwarded to the Board in accordance with § 14-308.1 of this subtitle, in determining 8 9 whether [to renew or reinstate a license] DISCIPLINARY ACTION SHOULD BE TAKEN. BASED ON THE CRIMINAL RECORD INFORMATION, AGAINST A LICENSEE WHO 10 RENEWED OR REINSTATED A LICENSE, the Board shall consider: 11 12 (i) The age at which the crime was committed; The nature of the crime; 13 (ii) The circumstances surrounding the crime; 14 (iii) (iv) The length of time that has passed since the crime; 15 16 (v) Subsequent work history; Employment and character references; and 17 (vi) 18 Other evidence that demonstrates whether the licensee poses a (vii) 19 threat to the public health or safety. 20 The Board may not renew or reinstate a license ONLY if the LICENSEE 21OR APPLICANT ATTESTS THAT THE LICENSEE OR APPLICANT HAS SUBMITTED TO A 22 criminal history record RECORDS CHECK information required under § 14-308.1 of this 23 subtitle has not been received. 2414-401.1.
- 25 (a) (5) (i) If a complaint proceeds to a hearing under § 14–405 of this 26 subtitle, § 14–5A–17, § 14–5B–14, § 14–5C–17, § 14–5D–15, [or] § 14–5E–16, OR § 27 14–5F–21 of this title, or § 15–315 of this article, the chair of the disciplinary panel that was assigned the complaint under paragraph (2)(i) of this subsection shall refer the complaint to the other disciplinary panel.
- 30 (c) (1) Except as otherwise provided in this subsection, after being assigned a complaint under subsection (a) of this section, the disciplinary panel may:

- 1 (i) Refer an allegation for further investigation to the entity that 2 has contracted with the Board under subsection (e) of this section;
- 3 (ii) Take any appropriate and immediate action as necessary; or
- 4 (iii) Come to an agreement for corrective action with a licensee 5 pursuant to paragraph (4) of this subsection.
- 6 (2)[After] IF, AFTER being assigned a complaint AND (i) 7 COMPLETING THE PRELIMINARY INVESTIGATION, the disciplinary panel FINDS THAT 8 THE LICENSEE MAY HAVE VIOLATED § 14-404(A)(22) OF THIS SUBTITLE, THE DISCIPLINARY PANEL shall refer [any] THE allegation [in the complaint based on § 9 14-404(a)(22) of this subtitle to the entity or entities that have contracted with the Board 10 11 under subsection (e) of this section for further investigation and physician peer review 12 within the involved medical specialty or specialties.
- 13 (ii) A disciplinary panel shall obtain two peer review reports from 14 the entity or individual with whom the Board contracted under subsection (e) of this section 15 for each allegation the disciplinary panel refers for peer review.
- [(j) Those individuals not licensed under this title but covered under § 14-413(a)(1)(ii)3 and 4 of this subtitle are subject to the hearing provisions of § 14-405 of this subtitle.]
- [(k)] (J) (1) It is the intent of this section that the disposition of every complaint against a licensee that sets forth allegations of grounds for disciplinary action filed with the Board shall be completed as expeditiously as possible and, in any event, within 18 months after the complaint was received by the Board.
- 23 (2) If a disciplinary panel is unable to complete the disposition of a complaint within 1 year, the Board shall include in the record of that complaint a detailed explanation of the reason for the delay.
- [(1)] (K) A disciplinary panel, in conducting a meeting with a physician or allied health professional to discuss the proposed disposition of a complaint, shall provide an opportunity to appear before the disciplinary panel to both the licensee who has been charged and the individual who has filed the complaint against the licensee giving rise to the charge.
- 31 <u>14–405.</u>
- 32 (a) Except as otherwise provided in the Administrative Procedure Act, before the
 33 Board or a disciplinary panel takes any action under § 14–404(a) of this subtitle or §
 34 14–205(B)(3), § 14–5A–17(a), § 14–5B–14(A), § 14–5C–17(A), § 14–5D–14(A), §
 35 14–5E–16(A), OR § 14–5F–18 of this title, it shall give the individual against whom the
 36 action is contemplated an opportunity for a hearing before a hearing officer.

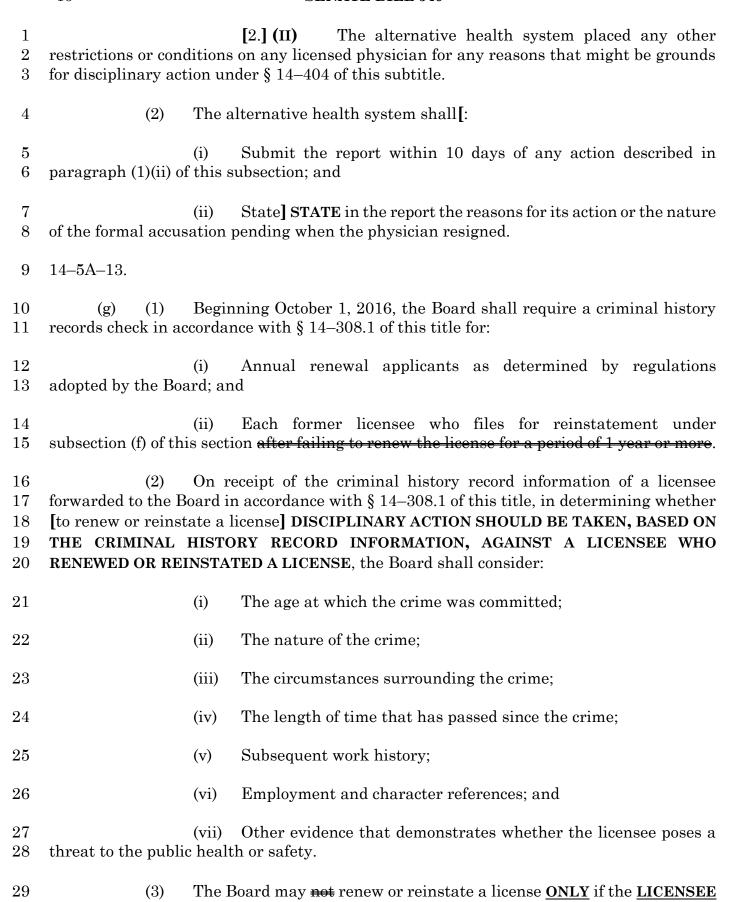
- 1 14-411.1.
- 2 (b) The Board shall create and maintain a public individual profile on each 3 licensee that includes the following information:
- 4 (6) Medical education and practice information about the licensee 5 including:
- 6 (iv) The name of any hospital where the licensee has medical privileges [as reported], IF KNOWN to the Board [under § 14–413 of this subtitle];
- 8 14-413.

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- 9 (a) (1) [Every 6 months, each] **EACH** hospital and related institution shall 10 [file with] **SUBMIT TO** the Board a report [that:
- 11 (i) Contains the name of each licensed physician who, during the 6 months preceding the report:
- 13 1. Is employed by the hospital or related institution;
- 14 2. Has privileges with the hospital or related institution; and
- 15 3. Has applied for privileges with the hospital or related 16 institution; and
- 17 (ii) States whether, as to each licensed physician, during the 6 months preceding the report WITHIN 10 DAYS AFTER:
- 19 **[1.] (I)** The hospital or related institution denied the application of a physician for staff privileges or limited, reduced, otherwise changed, or terminated the staff privileges of a physician, or the physician resigned whether or not under formal accusation, if the denial, limitation, reduction, change, termination, or resignation is for reasons that might be grounds for disciplinary action under § 14–404 of this subtitle;
- [2.] (II) The hospital or related institution took any disciplinary action against a salaried, licensed physician without staff privileges, including termination of employment, suspension, or probation, for reasons that might be grounds for disciplinary action under § 14–404 of this subtitle;
 - [3.] (III) The hospital or related institution took any disciplinary action against an individual in a postgraduate medical training program, including removal from the training program, suspension, or probation for reasons that might be grounds for disciplinary action under § 14–404 of this subtitle;

1 2 3 4	[4.] (IV) (III) A licensed physician or an individual in a postgraduate training program voluntarily resigned from the staff, employ, or training program of the hospital or related institution for reasons that might be grounds for disciplinary action under § 14–404 of this subtitle; or
5 6 7 8 9	[5.] (V) (IV) The hospital or related institution placed any other restrictions or conditions on any of the licensed physicians OR INDIVIDUALS IN A POSTGRADUATE TRAINING PROGRAM as listed in items [1 through 4 of this item] (I) THROUGH (IV) (III) OF THIS PARAGRAPH for any reasons that might be grounds for disciplinary action under § 14–404 of this subtitle.
10	(2) The hospital or related institution shall[:
11 12	(i) Submit the report within 10 days of any action described in paragraph (1)(ii) of this subsection; and
13 14	(ii) State] STATE in the report the reasons for its action or the nature of the formal accusation pending when the physician resigned.
15	14–414.
16 17	(a) (1) [Every 6 months, each] EACH alternative health system as defined in § 1–401 of this article shall [file with] SUBMIT TO the Board a report [that:
18 19	(i) Contains the name of each licensed physician who, during the 6 months preceding the report:
20	1. Is employed by the alternative health system;
21	2. Is under contract with the alternative health system; and
22 23	3. Has completed a formal application process to become under contract with the alternative health system; and
24 25	(ii) States whether, as to each licensed physician, during the 6 months preceding the report] WITHIN 10 DAYS AFTER:
26 27 28 29 30	[1.] (I) The alternative health system denied the formal application of a physician to contract with the alternative health system or limited, reduced, otherwise changed, or terminated the contract of a physician, or the physician resigned whether or not under formal accusation, if the denial, limitation, reduction, change, termination, or resignation is for reasons that might be grounds for disciplinary action under § 14–404 of this subtitle; or



OR APPLICANT ATTESTS THAT THE LICENSEE OR APPLICANT HAS SUBMITTED TO A

criminal history record RECORDS CHECK information required under § 14–308.1 of this 1 2 title has not been received. 3 14-5A-17. Subject to the hearing provisions of § 14–405 of this title, [the Board] A 4 (a) **DISCIPLINARY PANEL**, on the affirmative vote of a majority of a quorum of the [Board] 5 DISCIPLINARY PANEL, may deny a license to any applicant, for a disciplinary panel, on 6 7 the affirmative vote of a majority of a quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license, if the applicant 8 9 or licensee: 10 Fraudulently or deceptively obtains or attempts to obtain a license for (1) 11 the applicant, licensee, or for another: Fraudulently or deceptively uses a license; 12 (2) Is guilty of unprofessional or immoral conduct in the practice of 13 (3)14 respiratory care; 15 Is professionally, physically, or mentally incompetent; (4) Abandons a patient; 16 (5)17 (6)Is habitually intoxicated; 18 Is addicted to or habitually abuses any narcotic or controlled dangerous (7)substance as defined in § 5–101 of the Criminal Law Article; 19 20 (8)Provides professional services while: 21 Under the influence of alcohol; or (i) 22 Using any narcotic or controlled dangerous substance as defined (ii) 23 in § 5–101 of the Criminal Law Article or any other drug that is in excess of therapeutic amounts or without valid medical indication; 2425 Promotes the sale of services, drugs, devices, appliances, or goods to a (9)26patient so as to exploit the patient for financial gain; 27 (10)Willfully makes or files a false report or record in the practice of 28respiratory care; 29 Willfully fails to file or record any report as required under law, (11)willfully impedes or obstructs the filing or recording of a report, or induces another to fail 30

to file or record a report:

1	<u>(12)</u>	Breaches patient confidentiality;
2 3 4 5		Pays or agrees to pay any sum or provide any form of remuneration or any person for bringing or referring a patient or accepts or agrees to any form of remuneration or material benefit from an individual for aga patient;
6 7	<u>(14)</u> care;	Knowingly makes a misrepresentation while practicing respiratory
8 9	(15) or aids an unautho	Knowingly practices respiratory care with an unauthorized individual orized individual in the practice of respiratory care;
10 11	(16) method, treatment	Offers, undertakes, or agrees to cure or treat disease by a secret, or medicine;
12 13 14 15	States uniformed s	Is disciplined by a licensing or disciplinary authority or is convicted or urt of any state or country or is disciplined by any branch of the United ervices or the Veterans' Administration for an act that would be grounds ion under the Board's disciplinary statutes;
16 17 18	-	Fails to meet appropriate standards for the delivery of respiratory care inpatient or outpatient facility, office, hospital or related institution, cility, patient's home, or any other location in this State;
19 20	(19) are not provided;	Knowingly submits false statements to collect fees for which services
21 22 23	-	(i) Has been subject to investigation or disciplinary action by a inary authority or by a court of any state or country for an act that would iplinary action under the Board's disciplinary statutes; and
24		(ii) Has:
25		1. Surrendered the license issued by the state or country; or
26 27	or lapse;	2. Allowed the license issued by the state or country to expire
28 29	of the Family Law	Knowingly fails to report suspected child abuse in violation of § 5–704 Article;
30 31	(22) illegitimate medica	

- 1 (23) Practices or attempts to practice beyond the authorized scope of 2 practice;
- 3 (24) Refuses, withholds from, denies, or discriminates against an individual
 4 with regard to the provision of professional services for which the licensee is licensed and
 5 qualified to render because the individual is HIV positive;
- 6 (25) Practices or attempts to practice a respiratory care procedure or uses or 7 attempts to use respiratory care equipment if the applicant or licensee has not received 8 education and training in the performance of the procedure or the use of the equipment;
- 9 (26) Fails to cooperate with a lawful investigation conducted by the Board 10 or a disciplinary panel;
- 11 (27) Fails to practice under the supervision of a physician or violates a supervisory order of a supervising physician; or
- 13 (28) Fails to submit to a criminal history records check under § 14–308.1 of this title.
- 15 <u>14–5A–23.</u>
- 16 (b) Any person who violates a provision of this subtitle is subject to a civil fine of not more than \$5,000 to be levied by [the Board] A DISCIPLINARY PANEL.
- 18 14–5A–25.
- Subject to the evaluation and reestablishment provisions of the Maryland Program Evaluation Act and subject to the termination of this title under § 14–702 of this title, this subtitle and all rules and regulations adopted under this subtitle shall terminate and be of no effect after July 1, [2018] **2023**.
- 23 14–5B–12.
- 24 (g) (1) Beginning October 1, 2016, the Board shall require a criminal history 25 records check in accordance with § 14–308.1 of this title for:
- 26 (i) Annual renewal applicants as determined by regulations 27 adopted by the Board; and
- 28 (ii) Each former licensee who files for reinstatement under 29 subsection (f) of this section after failing to renew the license for a period of 1 year or more.
- 30 (2) On receipt of the criminal history record information of a licensee 31 forwarded to the Board in accordance with § 14–308.1 of this title, in determining whether 32 [to renew or reinstate a license] DISCIPLINARY ACTION SHOULD BE TAKEN, BASED ON

$\frac{1}{2}$		ORY RECORD INFORMATION, AGAINST A LICENSEE WHO ATED A LICENSE, the Board shall consider:
3	(i)	The age at which the crime was committed;
4	(ii)	The nature of the crime;
5	(iii)	The circumstances surrounding the crime;
6	(iv)	The length of time that has passed since the crime;
7	(v)	Subsequent work history;
8	(vi)	Employment and character references; and
9 10	(vii) threat to the public heal	Other evidence that demonstrates whether the licensee poses a th or safety.
11 12 13 14	OR APPLICANT ATTES	Board may not reinstate a license ONLY if the LICENSEE IS THAT THE LICENSEE OR APPLICANT HAS SUBMITTED TO A RECORDS CHECK information required under § 14–308.1 of this ed.
15	<u>14–5B–14.</u>	
16 17 18 19 20 21	DISCIPLINARY PANEL, DISCIPLINARY PANEL, the affirmative vote of a	the hearing provisions of § 14–405 of this title, [the Board] A on the affirmative vote of a majority of the quorum of the [Board] may deny a license to any applicant, [or a disciplinary panel, on majority of the quorum of the disciplinary panel, may] reprimand icensee on probation, or suspend or revoke a license, if the applicant
22 23		idulently or deceptively obtains or attempts to obtain a license for individual, or for another;
24	<u>(2)</u> <u>Frau</u>	adulently or deceptively uses a license;
25 26		uilty of unprofessional or immoral conduct in the practice of graphy, nuclear medicine technology, or radiology assistance;
27	<u>(4)</u> <u>Is pr</u>	rofessionally, physically, or mentally incompetent;
28	<u>(5)</u> <u>Abar</u>	ndons a patient;
29	<u>(6)</u> <u>Is ha</u>	abitually intoxicated;

$\frac{1}{2}$	(7) substance as defin	<u>Is addicted to or habitually abuses any narcotic or controlled dangerous</u> <u>led in § 5–101 of the Criminal Law Article;</u>
3	<u>(8)</u>	Provides professional services while:
4		(i) Under the influence of alcohol; or
5 6 7		(ii) Using any narcotic or controlled dangerous substance as defined Criminal Law Article or any other drug that is in excess of therapeutic at valid medical indication;
8 9	(9) patient so as to ex	Promotes the sale of services, drugs, devices, appliances, or goods to a ploit the patient for financial gain;
10 11	(10) radiation therapy,	Willfully makes or files a false report or record in the practice of radiography, nuclear medicine technology, or radiology assistance;
12 13 14	willfully impedes of to file or record a n	Willfully fails to file or record any report as required under law, or obstructs the filing or recording of a report, or induces another to fail report;
15	<u>(12)</u>	Breaches patient confidentiality;
16 17 18 19	•	Pays or agrees to pay any sum or provide any form of remuneration or o any person for bringing or referring a patient or accepts or agrees to r any form of remuneration or material benefit from an individual for ng a patient;
17 18	material benefit to accept any sum of bringing or referri	o any person for bringing or referring a patient or accepts or agrees to r any form of remuneration or material benefit from an individual for
17 18 19 20	material benefit to accept any sum of bringing or referring (14) therapy, radiograph (15) technology, or referring to the second	o any person for bringing or referring a patient or accepts or agrees to rany form of remuneration or material benefit from an individual for ng a patient; Knowingly makes a misrepresentation while practicing radiation phy, nuclear medicine technology, or radiology assistance; Knowingly practices radiation therapy, radiography, nuclear medicine adiology assistance with an unauthorized individual or aids an vidual in the practice of radiation therapy, radiography, nuclear medicine
17 18 19 20 21 22 23 24	material benefit to accept any sum of bringing or referring (14) therapy, radiograph (15) technology, or required individual therapy of the control of the c	o any person for bringing or referring a patient or accepts or agrees to rany form of remuneration or material benefit from an individual for ng a patient; Knowingly makes a misrepresentation while practicing radiation oby, nuclear medicine technology, or radiology assistance; Knowingly practices radiation therapy, radiography, nuclear medicine adiology assistance with an unauthorized individual or aids an vidual in the practice of radiation therapy, radiography, nuclear medicine iology assistance; Offers, undertakes, or agrees to cure or treat disease by a secret
17 18 19 20 21 22 23 24 25 26	material benefit to accept any sum of bringing or referring (14) therapy, radiograph (15) technology, or radiograph (16) method, treatment (17) disciplined by a constates uniformed series.	o any person for bringing or referring a patient or accepts or agrees to rany form of remuneration or material benefit from an individual for ng a patient; Knowingly makes a misrepresentation while practicing radiation oby, nuclear medicine technology, or radiology assistance; Knowingly practices radiation therapy, radiography, nuclear medicine adiology assistance with an unauthorized individual or aids an vidual in the practice of radiation therapy, radiography, nuclear medicine iology assistance; Offers, undertakes, or agrees to cure or treat disease by a secret

in any outpatient surgical facility, office, hospital or related institution, or any other 1 2location in this State; 3 (19)Knowingly submits false statements to collect fees for which services 4 are not provided; 5 (20)(i) Has been subject to investigation or disciplinary action by a 6 licensing or disciplinary authority or by a court of any state or country for an act that would 7 be grounds for disciplinary action under the Board's disciplinary statutes; and 8 (ii) Has: 9 Surrendered the license issued by the state or country: or <u>1.</u> 10 <u>2.</u> Allowed the license issued by the state or country to expire 11 or lapse; 12 (21)Knowingly fails to report suspected child abuse in violation of § 5–704 13 of the Family Law Article; 14 (22)Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes; 15 16 (23)Practices or attempts to practice beyond the authorized scope of 17 practice; 18 Refuses, withholds from, denies, or discriminates against an individual (24)with regard to the provision of professional services for which the licensee is licensed and 19 20qualified to render because the individual is HIV positive; 21Practices or attempts to practice a radiation therapy, radiography, 22nuclear medicine technology, or radiology assistance procedure or uses radiation therapy, 23radiography, nuclear medicine technology, or radiology assistance equipment if the 24applicant or licensee has not received education, internship, training, or experience in the 25performance of the procedure or the use of the equipment: 26 Fails to cooperate with a lawful investigation conducted by the Board (26)or a disciplinary panel; 27 28 Fails to practice under the supervision of a physician or violates a (27)29 supervisory order of a supervising physician; or

Fails to submit to a criminal history records check under § 14–308.1 of

32 14–5B–21.

this title.

(28)

30

- 1 Subject to the evaluation and reestablishment provisions of the Maryland Program 2 Evaluation Act, and subject to the termination of this title under § 14–702 of this title, this 3 subtitle and all rules and regulations adopted under this subtitle shall terminate and be of no effect after July 1, [2018] 2023. 4 5 14-5C-14. 6 Beginning October 1, 2016, the Board shall require a criminal history (g) (1) 7 records check in accordance with § 14–308.1 of this title for: 8 Annual renewal applicants as determined by regulations (i) 9 adopted by the Board; and 10 Each former licensee who files for reinstatement under (ii) subsection (f) of this section after failing to renew the license for a period of 1 year or more. 11 12 On receipt of the criminal history record information of a licensee 13 forwarded to the Board in accordance with § 14–308.1 of this title, in determining whether [to renew or reinstate a license] DISCIPLINARY ACTION SHOULD BE TAKEN, BASED ON 14 THE CRIMINAL HISTORY RECORD INFORMATION, AGAINST A LICENSEE WHO 15 RENEWED OR REINSTATED A LICENSE, the Board shall consider: 16 17 (i) The age at which the crime was committed; (ii) The nature of the crime; 18 19 (iii) The circumstances surrounding the crime; 20 The length of time that has passed since the crime; (iv) Subsequent work history; 21(v) 22(vi) Employment and character references; and 23Other evidence that demonstrates whether the licensee poses a (vii) 24threat to the public health or safety. 25 The Board may not renew or reinstate a license ONLY if the LICENSEE (3)26 OR APPLICANT ATTESTS THAT THE LICENSEE OR APPLICANT HAS SUBMITTED TO A criminal history record RECORDS CHECK information required under § 14–308.1 of this 27
- 29 <u>14-5C-14.1.</u>

title has not been received.

30 (A) A LICENSEE SHALL NOTIFY THE BOARD IN WRITING OF A CHANGE IN 31 NAME OR ADDRESS WITHIN 60 DAYS AFTER THE CHANGE.

1 2	(B) A LICENSEE WHO FAILS TO COMPLY WITH SUBSECTION (A) OF THIS SECTION IS SUBJECT TO AN ADMINISTRATIVE PENALTY OF \$100.
3	<u>14–5C–17.</u>
4 5 6 7 8 9	(a) Subject to the hearing provisions of § 14–405 of this title, [the Board] A DISCIPLINARY PANEL, on the affirmative vote of a majority of a quorum of the [Board] DISCIPLINARY PANEL, may deny a license to any applicant, [or a disciplinary panel, or the affirmative vote of a majority of a quorum of the disciplinary panel, may] reprimand any licensee, place any licensee on probation, or suspend or revoke a license, if the applicant or licensee:
10 11	(1) Fraudulently or deceptively obtains or attempts to obtain a license for the applicant, licensee, or for another;
12	(2) Fraudulently or deceptively uses a license;
13 14	(3) Is guilty of unprofessional or immoral conduct in the practice of polysomnography;
15	(4) <u>Is professionally, physically, or mentally incompetent;</u>
16	(5) Abandons a patient;
17	(6) <u>Is habitually intoxicated;</u>
18 19	(7) <u>Is addicted to or habitually abuses any narcotic or controlled dangerous</u> substance as defined in § 5–101 of the Criminal Law Article;
20	(8) Provides professional services while:
21	(i) Under the influence of alcohol; or
22 23 24	(ii) Using any narcotic or controlled dangerous substance as defined in § 5–101 of the Criminal Law Article or any other drug that is in excess of therapeutic amounts or without valid medical indication;
25 26	(9) Promotes the sale of services, drugs, devices, appliances, or goods to a patient so as to exploit the patient for financial gain;
27 28	(10) Willfully makes or files a false report or record in the practice of polysomnography;

1 2 3	(11) Willfully fails to file or record any report as required under law, willfully impedes or obstructs the filing or recording of a report, or induces another to fail to file or record a report;
4	(12) Breaches patient confidentiality;
5 6 7 8	(13) Pays or agrees to pay any sum or provide any form of remuneration or material benefit to any person for bringing or referring a patient or accepts or agrees to accept any sum or any form of remuneration or material benefit from an individual for bringing or referring a patient;
9 10	(14) Knowingly makes a misrepresentation while practicing polysomnography;
11 12	(15) Knowingly practices polysomnography with an unauthorized individual or aids an unauthorized individual in the practice of polysomnography;
13 14	(16) Knowingly delegates a polysomnographic duty to an unlicensed individual;
15 16	(17) Offers, undertakes, or agrees to cure or treat disease by a secret method, treatment, or medicine;
17 18 19 20	(18) Is disciplined by a licensing or disciplinary authority or is convicted or disciplined by a court of any state or country or is disciplined by any branch of the United States uniformed services or the U.S. Department of Veterans Affairs for an act that would be grounds for disciplinary action under the Board's disciplinary statutes;
21 22 23	(19) Fails to meet appropriate standards for the delivery of polysomnographic services performed in a hospital sleep laboratory or a stand-alone sleep center;
24 25	(20) Knowingly submits false statements to collect fees for which services are not provided;
26 27 28	(21) (i) Has been subject to investigation or disciplinary action by a licensing or disciplinary authority or by a court of any state or country for an act that would be grounds for disciplinary action under the Board's disciplinary statutes; and
29	(ii) Has:
30 31	1. Surrendered the license, if any, issued by the state or country; or
32	2. Allowed the license, if any, issued by the state or country

- 1 (22) Knowingly fails to report suspected child abuse in violation of § 5–704 2 of the Family Law Article;
- 3 (23) Sells, prescribes, gives away, or administers drugs for illegal or 4 illegitimate medical purposes;
- 5 (24) Practices or attempts to practice beyond the authorized scope of 6 practice;
- 7 (25) Is convicted of or pleads guilty or nolo contendere to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside;
- 10 (26) Refuses, withholds from, denies, or discriminates against an individual
 11 with regard to the provision of professional services for which the licensee is licensed and
 12 qualified to render because the individual is HIV positive;
- 13 (27) Practices or attempts to practice a polysomnography procedure or uses 14 or attempts to use polysomnography equipment if the applicant or licensee has not received 15 education and training in the performance of the procedure or the use of the equipment;
- 16 (28) Fails to cooperate with a lawful investigation conducted by the Board; 17 or
- 18 (29) Fails to submit to a criminal history records check under § 14–308.1 of this title.
- 20 14-5C-25.
- Subject to the evaluation and reestablishment provisions of the Maryland Program Evaluation Act and subject to the termination of this title under § 14–702 of this title, this subtitle and all regulations adopted under this subtitle shall terminate and be of no effect after July 1, [2018] **2023**.
- 25 14-5D-12.
- 26 (h) (1) Beginning October 1, 2016, the Board shall require a criminal history records check in accordance with § 14–308.1 of this title for:
- 28 (i) Annual renewal applicants as determined by regulations 29 adopted by the Board; and
- 30 (ii) Each former licensee who files for reinstatement under 31 subsection (f) of this section after failing to renew the license for a period of 1 year or more.
- 32 (2) On receipt of the criminal history record information of a licensee 33 forwarded to the Board in accordance with § 14–308.1 of this title, in determining whether

Ito renew or reinstate a license DISCIPLINARY ACTION SHOULD BE TAKEN, BASED ON 1 2 THE CRIMINAL HISTORY RECORD INFORMATION, AGAINST A LICENSEE WHO 3 RENEWED OR REINSTATED A LICENSE, the Board shall consider: 4 (i) The age at which the crime was committed; The nature of the crime: 5 (ii) 6 The circumstances surrounding the crime; (iii) 7 (iv) The length of time that has passed since the crime; 8 (v) Subsequent work history; 9 Employment and character references; and (vi) 10 Other evidence that demonstrates whether the licensee poses a (vii) threat to the public health or safety. 11 12 The Board may net renew or reinstate a license ONLY if the LICENSEE 13 OR APPLICANT ATTESTS THAT THE LICENSEE OR APPLICANT HAS SUBMITTED TO A 14 criminal history record RECORDS CHECK information required under § 14–308.1 of this 15 title has not been received. 16 14-5D-14. Subject to the hearing provisions of § 14–405 of this title, [the Board] A 17 (a) DISCIPLINARY PANEL, on the affirmative vote of a majority of a quorum of the [Board] 18 19 DISCIPLINARY PANEL, may deny a license to any applicant, for a disciplinary panel, on 20 the affirmative vote of a majority of a quorum of the disciplinary panel, may reprimand 21any licensee, place any licensee on probation, or suspend or revoke a license, if the applicant 22or licensee: 23Fraudulently or deceptively obtains or attempts to obtain a license for (1) the applicant, licensee, or for another; 2425(2)Fraudulently or deceptively uses a license; 26 (3) Is guilty of unprofessional or immoral conduct in the practice of athletic 27training: Is professionally, physically, or mentally incompetent; 28 <u>(4)</u> 29 Abandons a patient; (5)30 (6)Habitually is intoxicated;

$\frac{1}{2}$	(7) <u>Is addicted to, or habitually abuses, any narcotic or controlled</u> dangerous substance as defined in § 5–101 of the Criminal Law Article;
3	(8) Provides professional services while:
4	(i) Under the influence of alcohol; or
5 6 7	(ii) <u>Using any narcotic or controlled dangerous substance as defined in § 5–101 of the Criminal Law Article, or any other drug that is in excess of therapeutic amounts or without valid medical indication;</u>
8 9	(9) Promotes the sale of services, drugs, devices, appliances, or goods to a patient so as to exploit the patient for financial gain;
10 11	(10) Willfully makes or files a false report or record in the practice of athletic training;
12 13 14	(11) Willfully fails to file or record any report as required under law willfully impedes or obstructs the filing or recording of the report, or induces another to fait to file or record the report;
15	(12) Breaches patient confidentiality;
16 17 18 19	(13) Pays or agrees to pay any sum or provide any form of remuneration or material benefit to any individual for bringing or referring a patient or accepts or agrees to accept any sum or any form of remuneration or material benefit from an individual for bringing or referring a patient;
20 21	(14) Knowingly makes a misrepresentation while practicing athletic training:
22 23	(15) Knowingly practices athletic training with an unauthorized individual or aids an unauthorized individual in the practice of athletic trainer services;
24 25	(16) Offers, undertakes, or agrees to cure or treat disease by a secre method, treatment, or medicine;
26 27 28 29	(17) Is disciplined by a licensing, certifying, or disciplinary authority or is convicted or disciplined by a court of any state or country or is disciplined by any branch of the United States uniformed services or the Veterans Administration for an act that would be grounds for disciplinary action under this section;
30 31	(18) Fails to meet appropriate standards for the delivery of athletic training services;

$\frac{1}{2}$	(19) Knowingly submits false statements to collect fees for which services have not been provided;
3 4 5	(20) (i) Has been subject to investigation or disciplinary action by a licensing or disciplinary authority or by a court of any state or country for an act that would be grounds for disciplinary action under the Board's disciplinary statutes; and
6	(ii) Has:
7	1. Surrendered the license issued by the state or country; or
8 9	2. Allowed the license issued by the state or country to expire or lapse;
10 11	(21) Knowingly fails to report suspected child abuse in violation of § 5–704 of the Family Law Article;
12 13	(22) Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes;
14 15	(23) Practices or attempts to practice beyond the authorized scope of practice;
16 17 18	(24) Refuses, withholds from, denies, or discriminates against an individual with regard to the provision of professional services for which the licensee is licensed and qualified to render because the individual is HIV positive;
19 20 21	(25) Practices or attempts to practice an athletic training procedure or uses or attempts to use athletic training equipment if the applicant or licensee has not received education and training in the performance of the procedure or the use of the equipment;
22 23	(26) Fails to cooperate with a lawful investigation conducted by the Board or a disciplinary panel;
24 25	(27) Fails to practice under the supervision of a physician or violates the approved evaluation and treatment protocol;
26 27	(28) <u>Violates an order of the Board or a disciplinary panel, including any</u> condition of probation; or
28 29	(29) Fails to submit to a criminal history records check under § 14–308.1 of this title.
30	14-5D-18.
31	(b) Any person who violates any provision of this subtitle is subject to a civil fine

of not more than \$5,000 to be levied by [the Board] A DISCIPLINARY PANEL.

1 14-5D-20.

- Subject to the evaluation and reestablishment provisions of the Maryland Program Evaluation Act and subject to the termination of this title under § 14–702 of this title, this subtitle and all rules and regulations adopted under this subtitle shall terminate and be of no effect after July 1, [2018] **2023**.
- 6 14–5E–13.
- 7 (g) (1) Beginning October 1, 2016, the Board shall require a criminal history 8 records check in accordance with § 14–308.1 of this title for:
- 9 (i) Annual renewal applicants as determined by regulations 10 adopted by the Board; and
- 11 (ii) Each former licensee who files for reinstatement under 12 subsection (f) of this section after failing to renew the license for a period of 1 year or more.
- 13 (2) On receipt of the criminal history record information of a licensee 14 forwarded to the Board in accordance with § 14–308.1 of this title, in determining whether 15 [to renew or reinstate a license] DISCIPLINARY ACTION SHOULD BE TAKEN, BASED ON 16 THE CRIMINAL HISTORY RECORD INFORMATION, AGAINST A LICENSEE WHO 17 RENEWED OR REINSTATED A LICENSE, the Board shall consider:
- 18 (i) The age at which the crime was committed;
- 19 (ii) The nature of the crime;
- 20 (iii) The circumstances surrounding the crime;
- 21 (iv) The length of time that has passed since the crime;
- (v) Subsequent work history;
- (vi) Employment and character references; and
- 24 (vii) Other evidence that demonstrates whether the licensee poses a 25 threat to the public health or safety.
- 26 (3) The Board may not renew or reinstate a license ONLY if the LICENSEE
 27 OR APPLICANT ATTESTS THAT THE LICENSEE OR APPLICANT HAS SUBMITTED TO A
 28 criminal history record RECORDS CHECK information required under § 14–308.1 of this
 29 title has not been received.
- 30 <u>14–5E–16.</u>

1 2 3 4 5 6	DISCIPLINARY PA DISCIPLINARY PA the affirmative vote	NEL, on the affirmative vote of a majority of the quorum of the [Board] NEL, may deny a license to any applicant, [or a disciplinary panel, on e of a majority of the quorum of the disciplinary panel, may] reprimand any licensee on probation, or suspend or revoke a license, if the applicant
7 8	(1) the applicant or lice	Fraudulently or deceptively obtains or attempts to obtain a license for ensee or for another;
9	<u>(2)</u>	Fraudulently or deceptively uses a license;
10 11	(3) perfusion;	Is guilty of unprofessional or immoral conduct in the practice of
12	<u>(4)</u>	Is professionally, physically, or mentally incompetent;
13	<u>(5)</u>	Abandons a patient;
14	<u>(6)</u>	Is habitually intoxicated;
15 16	(7) substance as define	Is addicted to or habitually abuses any narcotic or controlled dangerous ed in § 5–101 of the Criminal Law Article;
17	<u>(8)</u>	Provides professional services while:
18		(i) Under the influence of alcohol; or
19 20 21	=	(ii) Using any narcotic or controlled dangerous substance as defined criminal Law Article or any other drug that is in excess of therapeutic t valid medical indication;
22 23	(9) patient so as to exp	Promotes the sale of services, drugs, devices, appliances, or goods to a loit the patient for financial gain;
24 25	(10) perfusion;	Willfully makes or files a false report or record in the practice of
26 27 28	willfully impedes of to file or record a re	Willfully fails to file or record any report as required under law, robstructs the filing or recording of a report, or induces another to fail eport;
29	<u>(12)</u>	Breaches patient confidentiality;

1	<u>(13)</u>	Pays or agrees to pay any sum or provide any form of remuneration or
2		o any person for bringing or referring a patient or accepts or agrees to
3		any form of remuneration or material benefit from an individual for
4	bringing or referri	ng a patient;
5	<u>(14)</u>	Knowingly makes a misrepresentation while practicing perfusion;
6 7	(15) an unauthorized in	Knowingly practices perfusion with an unauthorized individual or aids advidual in the practice of perfusion;
8	<u>(16)</u>	Knowingly delegates a perfusion duty to an unlicensed individual;
9 10	(17) method, treatment	Offers, undertakes, or agrees to cure or treat disease by a secret s, or medicine;
11 12 13 14	States uniformed s	Is disciplined by a licensing or disciplinary authority or is convicted or urt of any state or country or is disciplined by any branch of the United services or the U.S. Department of Veterans Affairs for an act that would explinary action under the Board's disciplinary statutes;
15 16	(19) services;	Fails to meet appropriate standards for the delivery of perfusion
17 18	(20) are not provided;	Knowingly submits false statements to collect fees for which services
19 20 21		(i) Has been subject to investigation or disciplinary action by a inary authority or by a court of any state or country for an act that would explinary action under the Board's disciplinary statutes; and
22		(ii) Has:
23 24	country; or	1. Surrendered the license, if any, issued by the state or
25 26	to expire or lapse;	2. Allowed the license, if any, issued by the state or country
27 28	(22) of the Family Law	Knowingly fails to report suspected child abuse in violation of § 5–704 Article;
29 30	(23) illegitimate medica	Sells, prescribes, gives away, or administers drugs for illegal or al purposes;
31 32	(24)	Practices or attempts to practice beyond the authorized scope of

- 1 (25) <u>Is convicted of or pleads guilty or nolo contendere to a felony or to a</u> 2 <u>crime involving moral turpitude, whether or not any appeal or other proceeding is pending</u> 3 to have the conviction or plea set aside;
- 4 (26) Refuses, withholds from, denies, or discriminates against an individual
 5 with regard to the provision of professional services for which the licensee is licensed and
 6 qualified to render because the individual is HIV positive;
- 7 (27) Practices or attempts to practice a perfusion procedure or uses or attempts to use perfusion equipment if the applicant or licensee has not received education and training in the performance of the procedure or the use of the equipment;
- 10 (28) Fails to cooperate with a lawful investigation of the Board or a disciplinary panel; or
- 12 (29) Fails to submit to a criminal history records check under § 14–308.1 of this title.
- 14 14–5E–23.
- 15 (b) A person who violates any provision of this subtitle is subject to a civil fine of 16 not more than \$5,000 to be levied by [the Board] A DISCIPLINARY PANEL.
- 17 14-5E-25.
- Subject to the evaluation and reestablishment provisions of the Maryland Program Evaluation Act and subject to the termination of this title under § 14–702 of this title, this subtitle and all regulations adopted under this subtitle shall terminate and be of no effect after July 1, [2018] **2023**.
- 22 14–5F–15.
- 23 (d) (1) Beginning October 1, 2016, the Board shall require a criminal history 24 records check in accordance with § 14–308.1 of this title for:
- 25 (i) Annual renewal applicants as determined by regulations 26 adopted by the Board; and
- 27 (ii) Each former licensee who files for reinstatement under § 28 14–5F–16(b) of this subtitle after failing to renew the license for a period of 1 year or more.
- 29 (2) On receipt of the criminal history record information of a licensee 30 forwarded to the Board in accordance with § 14–308.1 of this title, in determining whether
- 31 [to renew or reinstate a license] DISCIPLINARY ACTION SHOULD BE TAKEN, BASED ON
- 32 THE CRIMINAL HISTORY RECORD INFORMATION, AGAINST A LICENSEE WHO
- 33 **RENEWED OR REINSTATED A LICENSE**, the Board shall consider:

1		(i)	The age at which the crime was committed;
2		(ii)	The nature of the crime;
3		(iii)	The circumstances surrounding the crime;
4		(iv)	The length of time that has passed since the crime;
5		(v)	Subsequent work history;
6		(vi)	Employment and character references; and
7 8	threat to the publi	(vii) c healt	Other evidence that demonstrates whether the licensee poses at hor safety.
9 10 11 12	criminal history title has not been to 14-5F-15.1.	TTEST ecord <u>I</u> receive	Board may not renew or reinstate a license ONLY if the LICENSEE S THAT THE LICENSEE OR APPLICANT HAS SUBMITTED TO A RECORDS CHECK information required under § 14–308.1 of this od.
5			THIN 60 DAYS AFTER THE CHANGE.
16 17			EE WHO FAILS TO COMPLY WITH SUBSECTION (A) OF THIS O AN ADMINISTRATIVE PENALTY OF \$100.
18	14-5F-18.		
19 20 21 22 23 24	DISCIPLINARY PA DISCIPLINARY PA the affirmative vo	ANEL, ANEL, te of a any li	the hearing provisions of § 14–405 of this title, [the Board] A on the affirmative vote of a majority of a quorum of the [Board] may deny a license to any applicant, [or a disciplinary panel, on majority of a quorum of the disciplinary panel, may] reprimand censee on probation, or suspend or revoke a license of any licensee see:
25 26 27 28	Article, or any dr services while und	lled da ug wit er the	bitually intoxicated, or is addicted to or habitually abuses any angerous substance, as defined in § 5–101 of the Criminal Law hout a valid prescription or indication, or provides professional influence of alcohol or using any narcotic or controlled dangerous § 5–101 of the Criminal Law Article:

1 2 3	(2) Has been found to be mentally incompetent by a physician if the mental incompetence impairs the ability of the applicant or licensee to undertake the practice of naturopathic medicine in a manner consistent with the safety of the public;
4 5	(3) Has entered into a consent agreement with or has been assessed an administrative penalty by a licensing authority in another state;
6 7	(4) <u>Fraudulently or deceptively obtains, attempts to obtain, or uses a license for the applicant, the licensee, or another;</u>
8 9	(5) Has a license revoked or suspended, or was otherwise acted against, including the denial of licensure, by the licensing authority of another state;
10	(6) <u>Uses false, deceptive, or misleading advertising;</u>
11 12	(7) Advertises, practices, or attempts to practice under a name other than the applicant's or licensee's own name;
13 14	(8) Aids, assists, employs, or advises any unlicensed individual to practice naturopathic medicine in violation of this subtitle;
15 16	(9) Willfully makes or files a false report or record in the practice of naturopathic medicine;
17 18 19	(10) Willfully or negligently fails to file a report or record as required by law, willfully impedes or obstructs the filing or recording of a report, or induces another to fail to file or record a report;
20 21 22	(11) Pays or receives any commission, bonus, kickback, or rebate, or engages in any split—fee arrangement in any form with a licensed physician, organization, agency, or other person, either directly or indirectly, for patients referred to health care providers;
23 24	(12) Exercises influence within a patient–doctor relationship for purposes of engaging a patient in sexual activity;
25	(13) Engages in sexual misconduct with a patient;
26 27	(14) Fails to keep written medical records justifying the course of treatment of a patient;
28 29 30	(15) Engages in an act or omission that does not meet generally accepted standards of practice of naturopathic medicine or of safe care of patients, whether or not actual injury to a patient is established;
31	(16) Delegates professional responsibilities to an individual when the

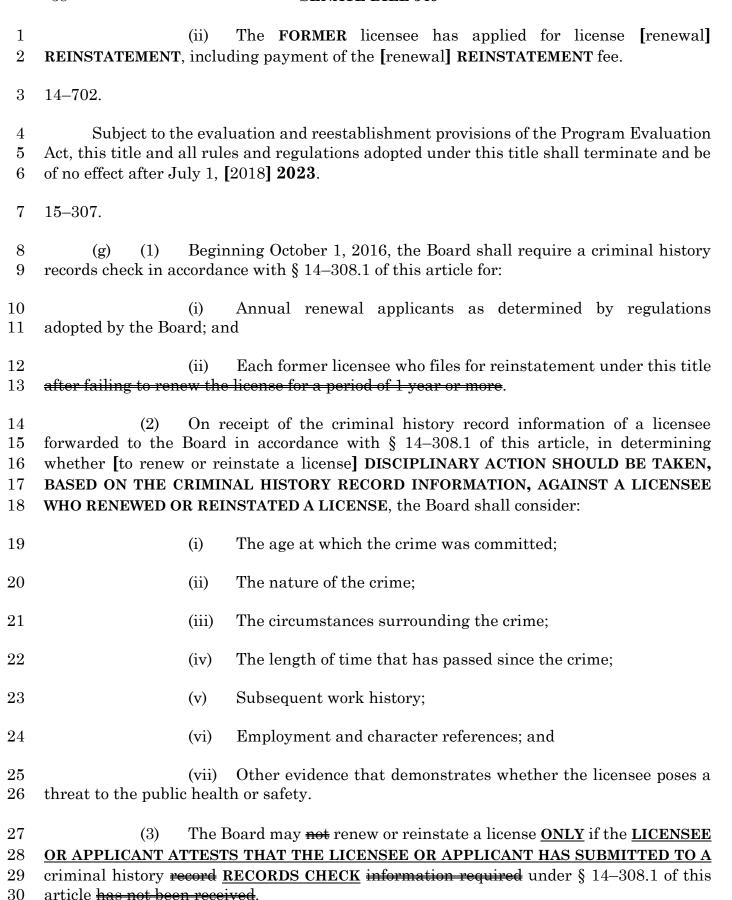
licensee delegating the responsibilities knows or has reason to know that the individual is

not qualified by training, experience, or licensure to perform the responsibilities;

32

1 2		(17) to exp	Promotes the sale of services, drugs, devices, appliances, or goods to a ploit the patient for financial gain;
3		<u>(18)</u>	Breaches patient confidentiality:
4 5	naturopathic	(19) medi	Is guilty of unprofessional or immoral conduct in the practice of cine;
6 7		<u>(20)</u> tment	Offers, undertakes, or agrees to cure or treat a disease by a secret, or medicine;
8 9	of the Family	<u>(21)</u> 7 Law	Knowingly fails to report suspected child abuse in violation of § 5–704 Article;
10 11	illegitimate p	<u>(22)</u> ourpos	Sells, prescribes, gives away, or administers drugs for illegal or ses;
12 13 14	provision of p		Denies or discriminates against an individual with regard to the sional services for which the licensee is licensed and qualified to render dual is HIV positive;
15		<u>(24)</u>	Fails to cooperate with a lawful investigation of the Board;
16		<u>(25)</u>	Abandons a patient;
17 18	Board; or	<u>(26)</u>	Violates any provision of this title or any regulation adopted by the
19 20	this title.	<u>(27)</u>	Fails to submit to a criminal history records check under § 14–308.1 of
21	14-5F-25.		
22	<u>[The E</u>	Board]	A DISCIPLINARY PANEL may issue a cease and desist order for:
23 24	unauthorized	<u>(1)</u> l perso	Practicing naturopathic medicine without a license or with an on; or
25 26	naturopathic	<u>(2)</u> medi	Supervising or aiding an unauthorized person in the practice of cine.
27	14–5F–29.		
28 29 30		_	et as otherwise provided in this subtitle, an individual may not practice, e, or offer to practice naturopathic medicine in this State without a

- 1 (b) An individual who violates [this section] ANY PROVISION OF THIS SUBTITLE 2 is guilty of a felony and on conviction is subject to [: 3 Al A fine not exceeding \$10,000 or imprisonment not exceeding 5 years (1) 4 or both [; and 5 (2)A civil fine of no more than \$50,000 to be levied by the Board. 6 (C) ANY INDIVIDUAL WHO VIOLATES A PROVISION OF THIS SUBTITLE IS 7 SUBJECT TO A CIVIL FINE OF NOT MORE THAN \$50,000 TO BE LEVIED BY A 8 DISCIPLINARY PANEL. 9 THE BOARD SHALL PAY ANY PENALTY COLLECTED UNDER THIS **(D)** 10 SECTION INTO THE BOARD OF PHYSICIANS FUND. 11 14-5F-32. 12 Subject to the evaluation and reestablishment provisions of the Program Evaluation Act, this subtitle and all rules and regulations adopted under this subtitle shall terminate 13 14 and be of no effect after July 1, [2018] 2023. 14-602. 15 An unlicensed individual who acts under § 14-302, § 14-302.2, or § 14-306 16 of this title may use the word "physician" together with another word to describe the 17 occupation of the individual as in phrases such as "physician's assistant" or "physician's 18 aide". 19 20 14–606. 21(4) Except as provided in paragraph (5) of this subsection, a person who violates § 14–601 or § 14–602 of this subtitle is: 2223 (i) Guilty of a felony and on conviction is subject to a fine not 24exceeding \$10,000 or imprisonment not exceeding 5 years or both; and Subject to a civil fine of not more than \$50,000 to be levied by the 25(ii) 26Board A DISCIPLINARY PANEL. 27 The provisions of paragraph (4) of this subsection do not apply to a 28**FORMER** licensee who has failed to renew a license under § 14–316 of this title if:
- 29 (i) Less than 60 days have elapsed since the expiration of the 30 license; and



- 1 <u>15–311.</u>
- Subject to the hearing provisions of $\frac{\$ + 15 313}{\$ + 15 315}$ \ \\$ 15 315 of this subtitle, [the
- 3 Board A DISCIPLINARY PANEL, on the affirmative vote of a majority of a quorum, may
- 4 deny a license to any applicant for:
- 5 (1) Any of the reasons that are grounds for disciplinary action under §
- 6 <u>15–314 of this subtitle; and</u>
- 7 (2) Failure to submit to a criminal history records check in accordance with
- 8 § 14–308.1 of this article.
- 9 15–313.
- 10 (a) (1) Except as otherwise provided under § 10–226 of the State Government
- 11 Article, before the Board takes any action [to deny a license or] to reject or modify a
- 12 delegation agreement or advanced duty OR A DISCIPLINARY PANEL TAKES ANY ACTION
- 13 TO DENY A LICENSE, the Board OR THE DISCIPLINARY PANEL shall give the applicant
- 14 or licensee the opportunity for a hearing before the Board OR THE DISCIPLINARY PANEL,
- 15 THE BOARD SHALL GIVE THE LICENSEE THE OPPORTUNITY FOR A HEARING BEFORE
- 16 *THE BOARD*.
- 17 (2) The Board OR DISCIPLINARY PANEL shall give notice and hold the
- 18 hearing under Title 10, Subtitle 2 of the State Government Article.
- 19 (3) The Board OR DISCIPLINARY PANEL may administer oaths in
- 20 connection with any proceeding under this section.
- 21 (4) At least 14 days before the hearing, the hearing notice shall be sent to
- 22 the last known address of the applicant or licensee.
- 23 (b) Any applicant LICENSEE aggrieved under this subtitle by a final decision of
- 24 the Board [denying a license or] rejecting or modifying a delegation agreement or advanced
- 25 duty OR A DISCIPLINARY PANEL DENYING A LICENSE may petition for judicial review
- as allowed by the Administrative Procedure Act.
- 27 *15–315*.
- 28 (a) (1) Except as otherwise provided under § 10–226 of the State Government
- 29 Article, before a disciplinary panel takes any action under § 15–311 OR § 15–314(a) of this
- 30 subtitle, the disciplinary panel shall give the individual against whom the action is
- 31 <u>contemplated an opportunity for a hearing before a hearing officer.</u>
- 32 15–502.

1 2 3	Evaluation A	ct to the evaluation and reestablishment provisions of the Maryland Program Act, this title and all regulations adopted under this title shall terminate and et after July 1, [2018] 2023 .
4		Article - Insurance
5	24–201.	
6	(a)	In this subtitle the following words have the meanings indicated.
7	(d)	"Physician" means an individual who:
8		(1) is licensed to practice medicine in the State; or
9 10	through (4)	(2) lawfully practices medicine without a license under [§ 14-302(1) § 14-302(1) THROUGH (3) OR § 14-302.2 of the Health Occupations Article.
11		Article - State Government
12	8–405.	
13	(a)	The Department shall:
14 15	evaluated ur	(1) conduct a full evaluation of each governmental activity or unit to be nder this section; and
16		(2) prepare a report on each full evaluation conducted.
17 18 19	_	Each of the following governmental activities or units and the statutes and that relate to the governmental activities or units are subject to full evaluation, ation year specified, without the need for a preliminary evaluation:
20 21	[2016] 2021	(5) Physicians, State Board of (§ 14–201 of the Health Occupations Article:), including:
22 23	Occupations	(i) Athletic Training Advisory Committee (§ 14–5D–04 of the Health Article: [2016] 2021);
24 25	Health Occu	(ii) Naturopathic Medicine Advisory Committee (§ 14–5F–04 of the pations Article: [2016] 2021);
26 27	Occupations	(iii) Perfusion Advisory Committee (§ 14–5E–05 of the Health Article: [2016] 2021);
28 29	Occupations	(iv) Physician Assistant Advisory Committee (§ 15–201 of the Health Article: [2016] 2021);

$1\\2$	(v) 14–5C–05 of the Healt	0 1 0		Standards	Committee	(§
3 4 5	(vi Advisory, and Radiolo Article: [2016] 2021);	ogy Assistance Commi	, , ,			~
6 7	(vi 14–5A–05 of the Healt	, 1		Standards	Committee	(§
8		Chapter 539 of	the Acts of 200	07		
9 10 11	[SECTION 4. A Law Judge shall de Administrative Hearin	•	dministrative 1	aw judges i	n the Office	
12 13 14 15 16 17	[SECTION 5. Physicians shall prov Administrative Hearing physician discipline cannot be and, to the extent procurrently in use.]	ngs in order to improvesses. The training shal	annually to the e the quality an l include medica	ne personnel d efficiency o al terminology	of the Office of the hearings y, medical eth	of in ics,
18 19	Chapter 109 of the	Acts of 1988, as ame and Chapter 662			ne Acts of 199	<u>)2</u>
20 21 22	[SECTION 5. A October 1 of each yea fiscal year regarding:	ND BE IT FURTHER or, shall report to the I				
23	<u>(1)</u> <u>Re</u>	levant disciplinary ind	licators, which n	nay include:		
24 25	(i) disciplinary grounds e	The number of pumerated under § 14		_		<u>the</u>
26 27	probation or who had		•	ere repriman	ded or placed	<u>on</u>
28 29	grounds;	<u>The number of ca</u>	ases prosecuted	and dismiss	ed and on w	<u>hat</u>
30	<u>(iv</u>	The criteria used t	o accept and rej	ect cases for j	prosecution; a	<u>nd</u>

- 1 (2) The average length of the time spent investigating allegations brought
 2 against physicians under each of the disciplinary grounds enumerated under § 14–404 of
 3 the Health Occupations Article;
- 4 (3) The number of cases not completed within 18 months and the reasons for the failure to complete the cases in 18 months;
- 6 (4) The number and nature of allegations filed with the Board concerning
 7 cardiac rescue technicians, aviation trauma technicians, emergency medical technicians,
 8 medical radiation technicians, and physician assistants; and
- 9 (5) The adequacy of current Board staffing in meeting the workload of the 10 Board.
- SECTION 2. AND BE IT FURTHER ENACTED, That, in the <u>annual</u> report the State
 Board of Physicians is required to submit under Section 2 of Chapter 401 of the Acts of the
 General Assembly of 2013 § 14–205.1 of the Health Occupations Article, as enacted by
 Section 1 of this Act, on or before October 1, 2017, the Board shall include:
- 15 (1) a description of the efforts the Board has taken to meet the goal of issuing licenses within 10 days after the receipt of the last qualifying document, especially for the allied health professionals; and
- 18 (2) the findings and recommendations of the Board and the Physician
 19 Assistant Advisory Committee regarding ways to expedite the process for physician
 20 assistants to assume the duties under a delegation agreement; and
- 21 (3) (2) whether it is feasible to describe any underlying sexual 22 misconduct in order summaries and, if it is not feasible, a description of other steps that 23 the Board can take to make it easier for the public to determine whether a case involved 24 sexual misconduct.
- SECTION 3. AND BE IT FURTHER ENACTED, That, in the <u>annual</u> report the State
 Board of Physicians is required to submit under Section 2 of Chapter 401 of the Acts of the
 Ceneral Assembly of 2013 § 14–205.1 of the Health Occupations Article, as enacted by
 Section 1 of this Act, on or before October 1, 2018 2019, the Board shall include:
- 29 (1) the results of the internal fiscal analysis and reassessment of fees that 30 was recommended by the Department of Legislative Services in the December 2016 31 publication "Sunset Review: Evaluation of the State Board of Physicians and the Related 32 Allied Health Advisory Committees", including any possible changes to the fee schedules 33 for physicians and allied health professionals;
- 34 (2) comments on the Board's fund balance in light of the additional 35 retained revenue that resulted from Chapter 178 of the Acts of the General Assembly of 36 2016; and

1 2 3	(3) steps the Board has taken to address ongoing issues with filling staff vacancies and the impact that filling vacancies will have on Board expenditures and the Board's fund balance.
4 5 6 7	SECTION 4. AND BE IT FURTHER ENACTED, That, in the <u>annual</u> report the State Board of Physicians is required to submit under § 14–205.1 of the Health Occupations Article, <u>as enacted by Section 1 of this Act</u> , on or before <u>December October</u> 1, 2019, as enacted by Section 1 of this Act , the Board shall report:
8	(1) whether criminal history records checks are causing delays in licensure;
9 10	(2) whether existing Board staff are able to manage the criminal history records checks workload; and
11 12	(3) any other concerns the Board has regarding the criminal history records checks requirement.
13 14 15 16 17 18	SECTION 5. AND BE IT FURTHER ENACTED, That, if the State Board of Physicians determines it is practicable to move certain cases that are under the jurisdiction of the full Board to the jurisdiction of the disciplinary panels, the Board shall submit to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee, in accordance with § 2–1246 of the State Government Article, a proposal that includes the following:
19	(1) a list of the types of cases that should be moved;
19 20	 (1) a list of the types of cases that should be moved; (2) the reasons that justify moving the cases; and
20	(2) the reasons that justify moving the cases; and
20 21 22 23 24	(2) the reasons that justify moving the cases; and (3) any necessary draft legislation. SECTION 6. 5. AND BE IT FURTHER ENACTED, That, notwithstanding § 8–405(e) of the State Government Article, the full evaluation required to be conducted by the Department of Legislative Services on or before December 1, 2021, shall be limited to
20 21 22 23 24 25	(2) the reasons that justify moving the cases; and (3) any necessary draft legislation. SECTION 6. 5. AND BE IT FURTHER ENACTED, That, notwithstanding § 8–405(e) of the State Government Article, the full evaluation required to be conducted by the Department of Legislative Services on or before December 1, 2021, shall be limited to evaluating:
20 21 22 23 24 25 26 27	(2) the reasons that justify moving the cases; and (3) any necessary draft legislation. SECTION & 5. AND BE IT FURTHER ENACTED, That, notwithstanding § 8–405(e) of the State Government Article, the full evaluation required to be conducted by the Department of Legislative Services on or before December 1, 2021, shall be limited to evaluating: (1) the implementation of recommendations made by the Department in the December 2016 publication "Sunset Review: Evaluation of the State Board of
20 21 22 23 24 25 26 27 28	(2) the reasons that justify moving the cases; and (3) any necessary draft legislation. SECTION 6. 5. AND BE IT FURTHER ENACTED, That, notwithstanding § 8-405(e) of the State Government Article, the full evaluation required to be conducted by the Department of Legislative Services on or before December 1, 2021, shall be limited to evaluating: (1) the implementation of recommendations made by the Department in the December 2016 publication "Sunset Review: Evaluation of the State Board of Physicians and the Related Allied Health Advisory Committees"; (2) the efficacy of the two-panel disciplinary system; and (3) if a proposal is not submitted under Section 5 of this Act by April 1,
20 21 22 23 24 25 26 27 28 29	(2) the reasons that justify moving the cases; and (3) any necessary draft legislation. SECTION 6. 5. AND BE IT FURTHER ENACTED, That, notwithstanding § 8–405(e) of the State Government Article, the full evaluation required to be conducted by the Department of Legislative Services on or before December 1, 2021, shall be limited to evaluating: (1) the implementation of recommendations made by the Department in the December 2016 publication "Sunset Review: Evaluation of the State Board of Physicians and the Related Allied Health Advisory Committees"; (2) the efficacy of the two–panel disciplinary system; and (3) if a proposal is not submitted under Section 5 of this Act by April 1, 2021, whether certain cases should be moved from the jurisdiction of the full State Board
20 21 22 23 24 25 26 27 28 29	(2) the reasons that justify moving the cases; and (3) any necessary draft legislation. SECTION 6. 5. AND BE IT FURTHER ENACTED, That, notwithstanding § 8-405(e) of the State Government Article, the full evaluation required to be conducted by the Department of Legislative Services on or before December 1, 2021, shall be limited to evaluating: (1) the implementation of recommendations made by the Department in the December 2016 publication "Sunset Review: Evaluation of the State Board of Physicians and the Related Allied Health Advisory Committees"; (2) the efficacy of the two-panel disciplinary system; and (3) if a proposal is not submitted under Section 5 of this Act by April 1,

<u>(</u>	SECTION 7. AND BE IT FURTHER ENACTED, That this Act shall take effect June
$\frac{1, 2017}{1}$	-
S	SECTION 6. AND BE IT FURTHER ENACTED, That this Act is an emergency
	re, is necessary for the immediate preservation of the public health or safety, has
	assed by a yea and nay vote supported by three–fifths of all the members elected to
	the two Houses of the General Assembly, and shall take effect from the date it is
enacted	
	_
Approv	red:
	Governor.
	President of the Senate.
	Speaker of the House of Delegates.