# By: Delegate Pena-Melnyk Delegates Pena-Melnyk, Alston, Bagnall, Bhandari, Chisholm, Cullison, Guzzone, Hill, Hutchinson, S. Johnson, Kaiser, Kerr, Kipke, Lopez, Martinez, M. Morgan, Reilly, Rosenberg, Ross, Szeliga, Taveras, White Holland, Woods, and Woorman

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Committee Report: Favorable with amendments House action: Adopted Read second time: March 6, 2025

CHAPTER \_\_\_\_\_

# 1 AN ACT concerning

# Maryland Medical Practice Act and Maryland Physician Assistants Act – Revisions

- 4 FOR the purpose of repealing obsolete and redundant language in, clarifying language in,  $\mathbf{5}$ and making language consistent across certain provisions of law governing the State 6 Board of Physicians and the regulation of physicians, physician assistants, and allied 7 health professionals; altering certain licensure requirements; altering physician, 8 physician assistant, and allied health professional licensure exceptions for 9 individuals in the service of the federal government; altering the grounds for 10 discipline for physicians, physician assistants, and allied health professionals; altering certain disciplinary procedures; altering the duties and power of the Board, 11 12disciplinary panels, and the allied health advisory committees; authorizing the 13 Board to impose certain administrative penalties under certain circumstances; 14 altering. establishing. and repealing certain reporting and notification 15requirements; authorizing the Board to impose a civil penalty for a certain report 16 made in bad faith; establishing certain membership requirements, term limits, and 17the quorums for the allied health advisory committees; altering and establishing 18 prohibitions related to the employment of unlicensed individuals; altering certain 19fines; and generally relating to the State Board of Physicians and the regulation of 20physicians, physician assistants, and allied health professionals.
- 21 BY repealing and reenacting, with amendments,

#### 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.



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- 1 Article – Health Occupations  $\mathbf{2}$ Section 14-101, 14-205(b)(2) and (3) and (c), 14-206(d) and (e), 14-207, 14-302(2)(iii)4. and (3), 14-306(g)(1)(iii)2., 14-307(e) and (h), 14-308, 14-309, 3 4 14–315(b), 14–316(a)(3), (b)(1), (c)(1), (d)(1), and (f), 14–317, 14–3A–01 Section  $\mathbf{5}$ 5(f), 14–401(a), 14–401.1(a)(5) and (f), 14–402, 14–403(a), 14–404(a)(4), (19), 6 (25), (37), (38), (45), and (46), 14-405(a), 14-409(a), 14-411, 14-411.1(c) and7 (d)(2), 14-413, 14-5A-01(c), 14-5A-05, 14-5A-06, 14-5A-07, 14-5A-08(b)(1), 8  $14-5A-14(a), 14-5A-17(a)(3), (4), (14), (15), (19), and (21), \frac{14-5A-18(c)(1)}{14-5A-18(c)(1)}$ 9 (g)(1) 14-5A-18, 14-5A-22.1(e) 14-5A-22.1(b) and (c), 14-5A-23, 14-5B-05, 10 14-5B-06, 14-5B-08(b)(1), 14-5B-11, 14-5B-12.1(a), 14-5B-14(a)(3), (4), 11 (14), (15), (19), and (21),  $\frac{14-5B-15(c)(1)}{14-5B-15(c)(1)}$  and (g)(1) 14-5B-15,  $\frac{14-5B-18.1(c)}{14-5B-18.1(c)}$ 1214-5B-18.1(b) and (c), 14-5B-19, 14-5C-01(c), 14-5C-05, 14-5C-06, 14-5C-07, 14-5C-08(b) and (c), 14-5C-14.1(a), 14-5C-17(a)(3), (4), (14), (15), (14), (15), (14), (15), (14), (15), (14), (15), (14), (15), (14), (15), (14), (15), (14), (15), (14), (15), (14), (15), (14), (15), (14), (15), (14), (15), (14), (15), (14), (15), (14), (15), (1 13 14(16), (20), and (22),  $\frac{14-5C-18(c)(1)}{14-3C-18(c)(1)}$  and (g)(1) 14-5C-18, 14-5C-22.1(b), 1514-5D-06, 14–5D–07(b)(1), 14-5C-23, 14–5D–05. 14–5D–10(a). 16 14-5D-11.1(a) 14-5D-11.1(b) and (c), 14-5D-12.1(a), 14-5D-14(a)(3), (4), 17(14), (15), (19), and (21), 14–5E–06, 14–5E–07, 14–5E–08(b), 14–5E–14(a)(1), 18 14-5E-16(a)(3), (4), (14), (15), (16), (20), and (22),  $\frac{14-5E-18(c)(1)}{14-5E-18(c)(1)}$  and (g)(1) 19 14-5E-18, 14-5F-07, 14-5F-08, 14-5F-10(b)(1), 14-5F-12, 14-5F-15.1(a), 2014-5F-18(a)(2), (19), and (21), 14-5F-19, 14-5F-25, 14-5G-06, 14-5G-07, 2114-5G-08(b)(1), 14-5G-09, 14-5G-15(a), 14-5G-18(a)(3), (4), (14), (15), (16)22(17), (21), and (23),  $\frac{14-5G-20(c)(1)}{14-5G-20(c)(1)}$  and (g)(1) 14-5G-20,  $\frac{14-5G-26(c)}{14-5G-26(c)}$ 2314-5G-26(b) and (c), 14-5G-27, 14-602(b)(3), 14-606(a)(3),  $\frac{15-103(b)(3)}{15-103(b)(3)}$ 24(e)(1), and (i)(1) 15–103, 15–202, 15–205, 15–206(c), 15–301(f)(2), 15–302(a) 25and (j), 15-302.1(g), 15-302.2(a), 15-303(a)(5), 15-309(b)(1), 15-314(a)(4), 26 $(19), (25), (37), (38), (46), and (47), and <math>\frac{15-402.1(c)}{15-402.1(c)}$  15-402.1(b) and (c) 27Annotated Code of Maryland 28(2021 Replacement Volume and 2024 Supplement) 29BY repealing 30 Article – Health Occupations 31 Section 14–101.1, 14–414, 14–5C–10, 14–5F–20, 14–5F–21(f), and 15–302.2(d)
- 32 Annotated Code of Maryland
- 33 (2021 Replacement Volume and 2024 Supplement)
- 34 BY adding to
- 35 Article Health Occupations
- 36Section 14–205(d) and (e), 14–208, 14–404(a)(47), 14–414, 14–5D–11.5, 14–5E–22.1,3714–5F–12.1, 14–5F–12.2, 14–5F–20, and 15–314(a)(48)
- 38 Annotated Code of Maryland
- 39 (2021 Replacement Volume and 2024 Supplement)
- 40 BY repealing and reenacting, without amendments,
- 41 Article Health Occupations
- 42 Section 14–5A–01(a), 14–5A–22.1(a) and (b), 14-5B-18.1(a) and (b) 14-5B-18.1(a), 43 14–5C–01(a), 14–5D–04, 14–5E–05, 14–5F–06, 14–5G–05, 14–5G–26(a) and 44 (b), 15-103(e)(2), 15–201(a), and 15–402.1(a) and (b)

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$\frac{1}{2}$						
$\frac{3}{4}$	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:					
5	Article – Health Occupations					
6	14–101.					
7	(a) In this title the following words have the meanings indicated.					
8 9 10	(A-1) "ADVISORY COMMITTEE" MEANS A COMMITTEE APPOINTED BY THE BOARD THAT INCLUDES MEMBERS OF A PROFESSION REGULATED UNDER THIS TITLE OR TITLE 15 OF THIS ARTICLE AND FORMED TO:					
$\begin{array}{c} 11 \\ 12 \end{array}$	(1) FURTHER THE BOARD'S REGULATION OF APPLICANTS AND LICENSEES OF THE REGULATED PROFESSION;					
$13\\14$	(2) ASSIST THE BOARD IN PROTECTING THE HEALTH, SAFETY, AND WELFARE OF THE PUBLIC; AND					
$\begin{array}{c} 15\\ 16\end{array}$	(3) MAKE RECOMMENDATIONS ABOUT THE REGULATED PROFESSION TO THE BOARD ON REQUEST.					
17 18 19	[(a-1)] (A-2) "Allied health professional" means an individual licensed by the Board under Subtitle 5A, 5B, 5C, 5D, 5E, [or] 5F, OR 5G of this title or Title 15 of this article.					
$\begin{array}{c} 20\\ 21 \end{array}$	(A–3) "Alternative health system" has the meaning stated in § 1–401 of this article.					
22 23 24	(A-4) "Applicant" means, unless the context requires otherwise, an individual applying for initial licensure, renewal, or reinstatement as a physician or an allied health professional in the State.					
25	(b) "Board" means the State Board of Physicians.					
$\begin{array}{c} 26 \\ 27 \end{array}$	(c) "Board certified" means the physician is certified by a public or private board, including a multidisciplinary board, and the certifying board:					
28	(1) Is:					
29	(i) A member of the American Board of Medical Specialties;					
30	(ii) An American Osteopathic Association certifying board;					

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1		(iii)	The Royal College of Physicians and Surgeons of Canada; or
2		(iv)	The College of Family Physicians of Canada; OR
3	(2)	[Has	been approved by the Board under § 14–101.1 of this subtitle; or
4	(3)]	Requ	ires that, in order to be certified, the physician:
5		(i)	Complete a postgraduate training program that:
$6 \\ 7$	subspecialty; and		1. Provides complete training in the specialty or
$\frac{8}{9}$	Medical Education	or the	2. Is accredited by the Accreditation Council for Graduate e American Osteopathic Association; and
10		(ii)	Be certified by:
$\begin{array}{c} 11 \\ 12 \end{array}$	Specialties;		1. The member board of the American Board of Medical
$\begin{array}{c} 13\\14\end{array}$	field;		2. The American Osteopathic Association in the training
$\begin{array}{c} 15\\ 16\end{array}$	or		3. The Royal College of Physicians and Surgeons of Canada;
17			4. The College of Family Physicians of Canada.
$\begin{array}{c} 18\\19\end{array}$	(d) "Civil 2A of the Courts A		n" includes a health care malpractice claim under Title 3, Subtitle
$\begin{array}{c} 20\\ 21 \end{array}$	. ,		hysician" means a physician licensed under the Interstate Medical olished under § 14–3A–01 of this title.
$\begin{array}{c} 22 \\ 23 \end{array}$	(e) (1) reshape the struct		netic surgical procedure" means the use of surgical services to a human body in order to change the appearance of an individual.
$\begin{array}{c} 24 \\ 25 \end{array}$	(2) surgical procedure	-	pt as provided in paragraph (3) of this subsection, "cosmetic not include:
26		(i)	A procedure done under local anesthesia or mild sedation; or
27 28	aspirate.	(ii)	Liposuction that removes less than 1,000 cubic centimeters of

1 (3) "Cosmetic surgical procedure" includes any procedure under paragraph 2 (2) of this subsection that, under the circumstances established by the Secretary in 3 regulations adopted under Title 19, Subtitle 3C of the Health – General Article, is a 4 cosmetic surgical procedure.

5 (e-1) "Disciplinary panel" means a disciplinary panel of the Board established 6 under § 14-401 of this title.

# 7 (E-2) "EMPLOYER" MEANS A PERSON THAT ENTERS AN ARRANGEMENT FOR 8 PROFESSIONAL SERVICES, WHETHER PAID OR UNPAID OR CONTRACTUAL OR 9 OTHERWISE, WITH AN INDIVIDUAL LICENSED UNDER THIS TITLE OR TITLE 15 OF 10 THIS ARTICLE.

11 (f) "Hospital" has the meaning stated in § 19–301 of the Health – General Article.

(g) "License" means, unless the context requires otherwise, a license issued by the
 Board to practice medicine OR AN ALLIED HEALTH PROFESSION REGULATED BY THE
 BOARD.

15 (h) "Licensed physician" means, unless the context requires otherwise, a 16 physician, including a doctor of osteopathy, who is licensed by the Board to practice 17 medicine.

(i) "Licensee" means an individual to whom THE BOARD ISSUES a license [is
 issued], including an individual practicing medicine within or as a professional corporation
 or professional association.

- 21 (j) "MedChi" means the Maryland State Medical Society.
- 22 (k) "Mild sedation" means a drug–induced state during which:
- 23 (1) A patient is able to respond to verbal commands;

24 (2) A patient's ventilatory and cardiovascular functions are not affected; 25 and

- 26
- (3) A patient's cognitive function and coordination may be impaired.

(1) "Perform acupuncture" means to stimulate a certain point or points on or near the surface of the human body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of ailments or conditions of the body.

31 (m) "Physician" means an individual who practices medicine.

1 [(n) "Physician Rehabilitation Program" means the program of the Board or the 2 nonprofit entity with which the Board contracts under § 14–401.1(g) of this title that 3 evaluates and provides assistance to impaired physicians and other health professionals 4 regulated by the Board who are directed by the Board to receive treatment and 5 rehabilitation for alcoholism, chemical dependency, or other physical, emotional, or mental 6 conditions.]

7 (N) "PHYSICIAN ASSISTANT" MEANS AN INDIVIDUAL LICENSED UNDER 8 TITLE 15 OF THIS ARTICLE TO PRACTICE AS A PHYSICIAN ASSISTANT.

- 9 (o) (1) "Practice medicine" means to engage, with or without compensation, in 10 medical:
- 11 (i) Diagnosis;
- 12 (ii) Healing;
- 13 (iii) Treatment; or
- 14 (iv) Surgery.

15 (2) "Practice medicine" includes doing, undertaking, professing to do, and 16 attempting any of the following:

17 (i) Diagnosing, healing, treating, preventing, prescribing for, or 18 removing any physical, mental, or emotional ailment or supposed ailment of an individual:

- 19 1. By physical, mental, emotional, or other process that is 20 exercised or invoked by the practitioner, the patient, or both; or
- 21 2. By appliance, test, drug, operation, or treatment;
- 22 (ii) Ending of a human pregnancy; and
- 23 (iii) Performing acupuncture as provided under § 14–504 of this title.
- 24 (3) "Practice medicine" does not include:
- 25 (i) Selling any nonprescription drug or medicine;
- 26 (ii) Practicing as an optician; or
- (iii) Performing a massage or other manipulation by hand, but by noother means.

29 (p) "Registered cardiovascular invasive specialist" means an individual who is 30 credentialed by Cardiovascular Credentialing International or another credentialing body

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1 approved by the Board to assist in cardiac catheterization procedures **IN A HOSPITAL** 2 under the direct, in-person supervision of a licensed physician.

3 (Q) "REHABILITATION PROGRAM" MEANS THE PROGRAM OF THE BOARD 4 OR THE NONPROFIT ENTITY WITH WHICH THE BOARD CONTRACTS UNDER § 5 14-401.1(G) OF THIS TITLE THAT EVALUATES AND PROVIDES ASSISTANCE TO 6 IMPAIRED PHYSICIANS AND ALLIED HEALTH PROFESSIONALS WHO ARE DIRECTED 7 BY THE BOARD TO RECEIVE TREATMENT AND REHABILITATION FOR ALCOHOLISM, 8 CHEMICAL DEPENDENCY, OR OTHER PHYSICAL, EMOTIONAL, OR MENTAL 9 CONDITIONS.

10 [(q)] (R) "Related institution" has the meaning stated in § 19–301 of the Health 11 – General Article.

12 [14–101.1.

The Board may approve a public or private board including a multidisciplinary board as a certifying board only if the certifying board requires that, in order to be certified, a physician:

16

(1) Complete a postgraduate training program that:

17 (i) Provides complete training in the specialty or subspecialty being18 certified; and

19 (ii) Is accredited by the Accreditation Council for Graduate Medical20 Education or the American Osteopathic Association; and

21 (2) Be certified by the American Board of Medical Specialties or the 22 American Osteopathic Association in the same training field.]

23 14-205.

24 (b) (2) The Board or a disciplinary panel may investigate an alleged violation 25 of this title **AND TITLE 15 OF THIS ARTICLE**.

(3) Subject to the Administrative Procedure Act and the hearing provisions
of § 14–405 of this title, a disciplinary panel may deny a license to an applicant or, if an
applicant has failed to renew the applicant's license, refuse to renew or reinstate an
applicant's license for:

30 (i) Any of the reasons that are grounds for action under § 14–404, §
31 14–5A–17, § 14–5B–14, § 14–5C–17, § 14–5D–14, § 14–5E–16, [or] § 14–5F–18, OR §
32 14–5G–18 of this title, as applicable; or

1 2	(ii) Failure to complete a criminal history records check in accordance with § 14–308.1 of this title.
$\frac{3}{4}$	(c) (1) In addition to the duties set forth elsewhere in this title, the Board shall:
5 6 7	(i) Issue, for use in other jurisdictions, a certificate of professional standing AND A VERIFICATION OF LICENSE STATUS to any [licensed physician] LICENSEE; and
8	(ii) Keep a list of all <b>PENDING</b> license applicants.
9 10	(2) (i) The Board shall keep a list of all [physicians] LICENSEES who are currently licensed.
$\begin{array}{c} 11 \\ 12 \end{array}$	(ii) The list shall include each [physician's] LICENSEE'S designated public address.
$\begin{array}{c} 13\\14\\15\end{array}$	(iii) A [physician's] LICENSEE'S designated public address may be a post office box only if the [physician] LICENSEE provides to the Board a nonpublic address, under paragraph (3) of this subsection, that is not a post office box.
$\begin{array}{c} 16 \\ 17 \end{array}$	(iv) [Each list prepared under this paragraph shall be kept as a permanent record of the Board.
18 19	(v)] The list of [currently licensed physicians] CURRENT LICENSEES is a public record.
20 21 22	(3) (i) The Board shall [maintain on file a physician's] COLLECT A LICENSEE'S designated nonpublic address, if provided by the [physician] LICENSEE, to facilitate communication between the [physician] LICENSEE and the Board.
$\begin{array}{c} 23\\ 24\\ 25 \end{array}$	(ii) The Board shall offer a [physician] LICENSEE the opportunity to designate a nonpublic address, in addition to the [physician's] LICENSEE'S public address, at the time of initial licensure and license renewal.
$\frac{26}{27}$	(iii) A [physician] LICENSEE shall designate an address where the Board may send the [physician] LICENSEE mail.
$\begin{array}{c} 28\\ 29 \end{array}$	(iv) A [physician's] LICENSEE'S designated nonpublic address is not a public record and may not be released by the Board.
30	(D) THE BOARD MAY NOT RELEASE A LIST OF APPLICANTS FOR LICENSURE.

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1 **(E) EXCEPT AS OTHERWISE SPECIFIED IN STATUTE, THE BOARD MAY ADOPT**  $\mathbf{2}$ **REGULATIONS REGARDING ADVISORY COMMITTEES ESTABLISHED UNDER THIS** 3 TITLE AND TITLE 15 OF THIS ARTICLE GOVERNING: (1) 4 THE TERM OF OFFICE FOR MEMBERS;  $\mathbf{5}$ (2) THE PROCEDURES FOR FILLING VACANCIES ON AN ADVISORY 6 **COMMITTEE;** 7 (3) THE REMOVAL OF MEMBERS; AND 8 (4) THE DUTIES OF EACH OFFICER. 9 14 - 206.10 (d) (1)If the entry is necessary to carry out a duty under this title **OR TITLE** 15 OF THIS ARTICLE, the Board's executive director or other duly authorized agent or 11 12investigator of the Board may enter at any reasonable hour: 13(i) A place of business of a [licensed physician] LICENSEE; or 14(ii) Public premises. (2)A person may not deny or interfere with an entry under this subsection. 1516 A person who violates [any provision of] this subsection is guilty of a (3)17misdemeanor and on conviction is subject to a fine [not exceeding \$100] OF \$1,000. 18 (e) A disciplinary panel may issue a cease and desist order or obtain injunctive 19relief against an individual for: 20(1)Practicing a profession regulated under this title or Title 15 of this 21article without a license OR WITH AN UNAUTHORIZED PERSON; 22Representing to the public, by title, description of services, methods, (2)23procedures, or otherwise, that the individual is authorized to practice: 24Medicine in this State, in violation of § 14–602 of this title; (i) 25Respiratory care in this State, in violation of § 14–5A–21 of this (ii) title; 2627Radiation therapy, radiography, nuclear medicine technology, or (iii) radiation assistance in this State, in violation of § 14–5B–18 of this title; 28

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$\frac{1}{2}$	title;	(iv)	Polysomnography in this State, in violation of § 14–5C–21 of this
$\frac{3}{4}$	this title;	(v)	Athletic training in this State, in violation of § 14–5D–17(3) of
5		(vi)	Perfusion in this State, in violation of § 14–5E–21 of this title;
$6\\7$	of this title; [or]	(vii)	Naturopathic medicine in this State, in violation of § 14–5F–30 $$
8 9	14–5G–24 of th		GENETIC COUNSELING IN THIS STATE, IN VIOLATION OF § LE; OR
10 11	15–402 of this arti	- · ·	] (IX) As a physician assistant in this State, in violation of §
12	(3)	Takir	ng any action:
13 14 15 16		5C-17	For which a disciplinary panel determines there is a nee of grounds for discipline under § $14-404$ , § $14-5A-17$ , § 7, § $14-5E-16$ , § $14-5F-18$ , OR § $14-5G-18$ of this title OR § LE; and
17 18	patient.	(ii)	That poses a serious risk to the health, safety, and welfare of a
19	14–207.		
20	(a) There	e is a E	Board of Physicians Fund.
$\begin{array}{c} 21 \\ 22 \end{array}$	(b) (1) licenses and its oth		Board may set reasonable fees for the issuance and renewal of vices <b>PROVIDED TO APPLICANTS OR LICENSEES</b> .
23 24 25 26 27 28	UNDER THIS TIT PROVIDES TO A	ximate LE ANI APPLIC gram [f	fees charged shall be set [so as] to GENERATE SUFFICIENT the cost of maintaining the Board, THE LICENSE PROGRAMS D TITLE 15 OF THIS ARTICLE, AND THE OTHER SERVICES IT CANTS AND LICENSEES, including the cost of providing a for physicians] under § 14–401.1(g) of this title.
$\frac{28}{29}$			s to cover the compensation and expenses of the Board members s set under this section.
30 31 32		CLE SH	E COLLECTED UNDER THIS SECTION, THIS TITLE, OR TITLE IALL BE USED TO COVER THE ACTUAL DOCUMENTED DIRECT OF FULFILLING THE STATUTORY AND REGULATORY DUTIES

1 OF THE BOARD ESTABLISHED UNDER THIS TITLE AND TITLE 15 OF THIS ARTICLE 2 FOR THE PRACTITIONER TYPE OF THE APPLICANT OR LICENSEE FROM WHOM THE 3 FEE WAS COLLECTED.

4 (c) The Board shall pay all fees collected under [the provisions of] this title to the 5 Comptroller of the State.

6 (d) (1) [In each of fiscal years 2019 through 2021, if the Governor does not 7 include in the State budget at least \$400,000 for the operation of the Maryland Loan 8 Assistance Repayment Program for Physicians and Physician Assistants under Title 24, 9 Subtitle 17 of the Health – General Article, as administered by the Department, the 10 Comptroller shall distribute:

(i) \$400,000 of the fees received from the Board to the Department
to be used to make grants under the Maryland Loan Assistance Repayment Program for
Physicians and Physician Assistants under Title 24, Subtitle 17 of the Health – General
Article to physicians and physician assistants engaged in primary care or to medical
residents specializing in primary care who agree to practice for at least 2 years as primary
care physicians in a geographic area of the State that has been designated by the Secretary
as being medically underserved; and

18

(ii) The balance of the fees to the Board of Physicians Fund.

19 (2) In fiscal year 2022, if the Governor does not include in the State budget 20 at least \$1,000,000 for the operation of the Maryland Loan Assistance Repayment Program 21 for Physicians and Physician Assistants under Title 24, Subtitle 17 of the Health – General 22 Article, as administered by the Department, the Comptroller shall distribute:

(i) \$1,000,000 of the fees received from the Board to the Department
to be used to make grants under the Maryland Loan Assistance Repayment Program for
Physicians and Physician Assistants under Title 24, Subtitle 17 of the Health – General
Article to physicians and physician assistants engaged in primary care or to medical
residents specializing in primary care who agree to practice for at least 2 years as primary
care physicians in a geographic area of the State that has been designated by the Secretary
as being medically underserved; and

30

(ii) The balance of the fees to the Board of Physicians Fund.

31 (3)] In fiscal year 2023 and each fiscal year thereafter, if the Department 32 does not implement a permanent funding structure under § 24–1702(b)(1) of the 33 Health – General Article and the Governor does not include in the State budget at least 34 \$400,000 for the operation of the Maryland Loan Assistance Repayment Program for 35 Physicians and Physician Assistants under Title 24, Subtitle 17 of the Health – General 36 Article, as administered by the Department, the Comptroller shall distribute:

1 (i) \$400,000 of the fees received from the Board to the Department 2 to be used to make grants under the Maryland Loan Assistance Repayment Program for 3 Physicians and Physician Assistants under Title 24, Subtitle 17 of the Health – General 4 Article to physicians and physician assistants engaged in primary care or to medical 5 residents specializing in primary care who agree to practice for at least 2 years as primary 6 care physicians in a geographic area of the State that has been designated by the Secretary 7 as being medically underserved; and

8

(ii) The balance of the fees to the Board of Physicians Fund.

9 [(4)] (2) If the Governor includes in the State budget at least the amount 10 specified in paragraph (1) [or (2)] of this subsection for the operation of the Maryland Loan 11 Assistance Repayment Program for Physicians and Physician Assistants under Title 24, 12 Subtitle 17 of the Health – General Article, as administered by the Department, the 13 Comptroller shall distribute the fees to the Board of Physicians Fund.

14 (e) (1) The Fund shall be used exclusively to cover the actual documented 15 direct and indirect costs of fulfilling the statutory and regulatory duties of the Board as 16 provided by [the provisions of] this title.

17 (2) (i) The Fund is a continuing, nonlapsing fund, not subject to § 18 7–302 of the State Finance and Procurement Article.

19 (ii) Any unspent portions of the Fund may not be transferred or 20 revert to the General Fund of the State, but shall remain in the Fund to be used for the 21 purposes specified in this title.

(3) Interest or other income earned on the investment of money in the Fundshall be paid into the Fund.

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(4) No other State money may be used to support the Fund.

25 (f) [(1)] In addition to the requirements of subsection (e) of this section, the 26 Board shall fund the budget of the [Physician] Rehabilitation Program with fees set, 27 collected, and distributed to the Fund under this title.

28 [(2) After review and approval by the Board of a budget submitted by the 29 Physician Rehabilitation Program, the Board may allocate money from the Fund to the 30 Physician Rehabilitation Program.]

(g) (1) The chair of the Board or the designee of the chair shall administer the
 Fund.

33 (2) Money in the Fund may be expended only for any lawful purpose 34 authorized by [the provisions of] this title. 1 (h) The Legislative Auditor shall audit the accounts and transactions of the Fund 2 as provided in § 2–1220 of the State Government Article.

3 **14–208.** 

4 (A) THE BOARD MAY IMPOSE AN ADMINISTRATIVE PENALTY NOT 5 EXCEEDING <u>\$25,000</u> <u>\$15,000</u> ON A LICENSEE FOR:

6 (1) FAILURE TO PRODUCE ALL DOCUMENTS IN RESPONSE TO A 7 BOARD SUBPOENA;

8 (2) DISPENSING A DRUG WITHOUT THE PROPER AUTHORITY FROM A 9 VALID DISPENSING PERMIT; AND

10 (3) FAILURE TO COMPLETE A SUPPLEMENTAL APPLICATION FOR A 11 LICENSE COMPACT.

12 (B) THE BOARD SHALL ADOPT REGULATIONS ESTABLISHING THE 13 ADMINISTRATIVE PENALTIES LISTED IN SUBSECTION (A) OF THIS SECTION.

14 (C) THE BOARD SHALL PAY ANY PENALTY COLLECTED UNDER THIS 15 SECTION TO THE BOARD OF PHYSICIANS FUND ESTABLISHED UNDER § 14–207 OF 16 THIS SUBTITLE.

17 14–302.

18 Subject to the rules, regulations, and orders of the Board, the following individuals 19 may practice medicine without a license:

20 (2) A physician licensed by and residing in another jurisdiction, if the 21 physician:

22 (iii) Is engaged in clinical training or participates in training or 23 teaching of a skill or procedure in a hospital if:

4. 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] U.S. DEPARTMENT OF VETERANS
AFFAIRS, and has no significant detrimental malpractice history;

(3) A physician employed in the service of the federal government while
 [performing the duties incident to that] PRACTICING WITHIN THE SCOPE OF THE
 employment;

31 14–306.

	14				HOUSE BILL 776		
1	(g	g) (1	) (iii)	"Supe	ervised medical graduate"	means an individua	l who:
2				2.	Has passed parts 1 and	2 of the:	
3				A.	United States Medical L	icensing Examinatio	n <b>; OR</b>
4 5	LICENS	SING E	XAMINAT	B. ION OI	COMPREHENSIVE F THE UNITED STATES.	OSTEOPATHIC	MEDICAL
6	14–307.						
7 8 9		ation r	required]	MEET	ise provided in this subt <b>F ANY EDUCATION, CI</b> <b>TS ESTABLISHED</b> by the 1	ERTIFICATION, TRA	
$10 \\ 11 \\ 12$	*	res tha	t an appl	icant fo	shall require as part or a license to practice m nglish language.		-
$13 \\ 14 \\ 15 \\ 16 \\ 17$	enrollm	ent, or profici	including from a r ency in t	: Gener ecogniz	from a recognized Englist ral Education Developmen zed English–speaking pro l AND WRITTEN commun	nt (GED), after at lea ofessional school is a	ast 3 years of acceptable as
$18 \\ 19 \\ 20$			o because	of their	cion, the Board shall d ir speech impairment are u test of oral competency.		-
$21 \\ 22 \\ 23 \\ 24$	under tl	nis title	<b>TEN</b> comp e, the Boa	munica .rd sha	plinary charges or action ation of the English langua all require the licensee to <b>WRITTEN</b> competency.	age are brought agair	nst a licensee
25	14–308.						
26	(8	a) (1	) In th	is secti	ion the following terms ha	ve the meanings indi	cated.
$\frac{27}{28}$	its regul	(2 lations	) "Fiftl for a stud		way program" means a pro no:	ogram that the Board	l approves in
29 30	medical	school;	(i)	Has	studied medicine at [a	foreign] AN INTE	RNATIONAL
$\frac{31}{32}$	[foreign]	] INTE	(ii) RNATION		a United States citizen v dical school; and	when the student en	rolled in the

1 Has completed all of the formal requirements for graduation (iii)  $\mathbf{2}$ from the [foreign] INTERNATIONAL medical school, except for any social service or 3 postgraduate requirements. ["Foreign] "INTERNATIONAL medical school" means a medical school 4 (3) $\mathbf{5}$ located outside of the United States, its territories or possessions, Puerto Rico, or Canada. An applicant for a license is exempt from the educational requirements of § 6 (b)7 14–307 of this subtitle, if the applicant: 8 (1)Has studied medicine at [a foreign] AN INTERNATIONAL medical 9 school: 10 (2)Is certified by the Educational Commission for Foreign Medical 11 Graduates or by its successor as approved by the Board; 12Passes a qualifying examination for [foreign] INTERNATIONAL (3)13medical school graduates required by the Board; 14Meets any other qualifications for [foreign] INTERNATIONAL medical (4)school graduates that the Board establishes in its regulation for licensing of applicants; 1516 Submits acceptable evidence to the Board of the requirements set in the (5)17Board's regulations; and 18 (6)Meets one of the following requirements: 19 (i) The applicant graduated from any [foreign] INTERNATIONAL 20medical school and submits evidence acceptable to the Board of successful completion of 2 21years of training in a postgraduate medical education program accredited by an accrediting 22organization recognized by the Board; or 23The applicant successfully completed a fifth pathway program (ii) 24and submits evidence acceptable to the Board that the applicant: 25Has a document issued by the [foreign] INTERNATIONAL 1. 26medical school certifying that the applicant completed all of the formal requirements of 27that school for the study of medicine, except for the postgraduate or social service components as required by the [foreign] INTERNATIONAL country or its medical school: 28292.Has successfully completed a fifth pathway program; and Has successfully completed 2 years of training in a 30 3. 31postgraduate medical education program following completion of a Board approved fifth 32pathway program.

1 14 - 309. $\mathbf{2}$ [(a)]To apply for a license, an applicant shall: 3 Complete a criminal history records check in accordance with § (1)4 14–308.1 of this subtitle; (2)Submit an application to the Board on the form that the Board requires;  $\mathbf{5}$ 6 and  $\overline{7}$ (3)Pay to the Board the application fee set by the Board. 8 (b) The Board may not release a list of applicants for licensure.] 9 14 - 315.10 (b) Except as provided in subsection (c) of this section, each license issued under 11 this section expires on [the second anniversary of the date on which it is issued] A DATE 12SET BY THE BOARD and may be renewed [every 2 years on application to] FOR A TERM 13 SET BY the Board. 14 - 316.1415(a) (3)A license expires on a date set by the Board, unless the license is 16renewed for [a] AN ADDITIONAL term as provided in this section. 17(b) (1)Subject to paragraph (2) of this subsection, at least 1 month before the 18license expires, the Board shall send to the licensee, by electronic or first-class mail to the 19last known electronic or physical address of the licensee [: 20A] A renewal notice that states: (i) 21[1.] **(I)** The date on which the current license expires; 22[2.] (II) The date by which the renewal application must be 23received by the Board for the renewal to be issued and mailed before the license expires; 24and [3.] (III) The amount of the renewal fee[; and 2526A blank panel data sheet supplied by the Health Care (ii) 27Alternative Dispute Resolution Office]. 28(c) Before the license expires, the licensee periodically may renew it for an (1)

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29

additional term, if the licensee:

1		(i)	Otherwise is entitled to be licensed;
2		(ii)	Is of good moral character;
3		(iii)	Pays to the Board a renewal fee set by the Board; [and]
4		(iv)	Submits to the Board:
$5 \\ 6$	and		1. A renewal application on the form that the Board requires;
7 8	education OR COM	<b>1PETE</b>	2. Satisfactory evidence of compliance with any continuing <b>NCY</b> requirements set under this section for license renewal; <b>AND</b>
9 10	REQUIREMENTS	(V) ESTAF	MEETS ANY ADDITIONAL LICENSE RENEWAL BLISHED BY THE BOARD.
$11 \\ 12 \\ 13$		ard ma	dition to any other qualifications and requirements established by y establish continuing education <b>OR COMPETENCY</b> requirements ewal of licenses under this section.
$\begin{array}{c} 14\\ 15\\ 16\end{array}$	(f) (1) [any] A change [i change.		h] A licensee shall notify [the secretary of] the Board in writing of licensee's] IN name or address within [60] <del>10</del> <u>30</u> days after the
17 18 19		under	A licensee WHO fails to [notify the secretary of the Board within this section, the licensee] COMPLY WITH PARAGRAPH (1) OF bject to an administrative penalty of \$100.
20	14–317.		
$21 \\ 22 \\ 23$	license for any rea	son, is	reinstate the license of a physician who has failed to renew the on inactive status under § 14–320 of this subtitle, or is on emeritus of this subtitle if the physician:
24	(1)	Meet	s the renewal requirements of § 14–316 of this subtitle;
$\frac{25}{26}$	(2) the Board req		MITS A REINSTATEMENT APPLICATION ON THE FORM THAT
27	<b>[</b> (2) <b>]</b>	(3)	Pays to the Board a reinstatement fee set by the Board; [and]
28 29 30	[(3)] the qualifications AND		Submits to the Board satisfactory evidence of compliance with quirements established under this title for license reinstatements;

# 1(5) MEETS ANY ADDITIONAL LICENSE REINSTATEMENT2REQUIREMENTS ESTABLISHED BY THE BOARD.

3 <u>14–3A–01.</u>

# 4 <u>SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE</u>

# 5 <u>(f)</u> <u>An expedited license obtained [though] THROUGH the Compact shall be</u> 6 <u>terminated if a physician fails to maintain a license in the state of principal license for a</u> 7 <u>nondisciplinary reason, without redesignation of a new state of principal license.</u>

8 14-401.

9 (a) There are two disciplinary panels [through which allegations of grounds for 10 disciplinary action against a licensed physician or an allied health professional shall be 11 resolved] RESPONSIBLE FOR RESOLVING ALLEGATIONS OF VIOLATIONS OF THIS 12 TITLE AND TITLE 15 OF THIS ARTICLE.

13 14-401.1.

(a) (5) (i) If a complaint proceeds to a hearing under § 14–405 of this
subtitle, § 14–5A–17, § 14–5B–14, § 14–5C–17, § 14–5D–15, § 14–5E–16, [or] § 14–5F–21,
OR § 14–5G–18 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] OFFICE OF ADMINISTRATIVE HEARINGS.

(ii) If the [complaint proceeds to a hearing and is referred to the
 other disciplinary panel under subparagraph (i) of this paragraph,] DISCIPLINARY PANEL
 RESCINDS ITS REFERRAL OF THE COMPLAINT TO THE OFFICE OF ADMINISTRATIVE
 HEARINGS, the COMPLAINT WILL RETURN TO THE ORIGINAL disciplinary panel that
 was assigned the complaint under paragraph (2)(i) of this subsection.

(III) AFTER AN EVIDENTIARY HEARING AT THE OFFICE OF
ADMINISTRATIVE HEARINGS, THE CHAIR OF THE ORIGINAL DISCIPLINARY PANEL
THAT WAS ASSIGNED THE COMPLAINT UNDER PARAGRAPH (2)(I) OF THIS
SUBSECTION SHALL REFER THE COMPLAINT TO THE OTHER DISCIPLINARY PANEL
FOR FURTHER ACTION.

(IV) AFTER AN EVIDENTIARY HEARING AT THE OFFICE OF
 ADMINISTRATIVE HEARINGS, THE ORIGINAL DISCIPLINARY PANEL THAT WAS
 ASSIGNED THE COMPLAINT UNDER PARAGRAPH (2)(I) OF THIS SUBSECTION, or any
 of its members, may not:

1. Continue to handle the complaint;

18

33

$\frac{1}{2}$	2. Participate in any disciplinary proceedings regarding the complaint; or
3	3. Determine the final disposition of the complaint.
45	(f) (1) The entity or individual peer reviewer with which the Board contracts under subsection (e) of this section shall have <b>[</b> 90 <b>] 60</b> days for completion of peer review.
6 7 8	(2) The entity or individual peer reviewer may apply to the Board for an extension of up to [30] <b>20</b> days to the time limit imposed under paragraph (1) of this subsection.
9 10 11	(3) If an extension is not granted, and <b>[</b> 90 <b>] 60</b> days have elapsed, the Board may contract with any other entity or individual who meets the requirements of subsection (e)(2) of this section for the services of peer review.
12 13 14	(4) If an extension has been granted, and [120] <b>80</b> days have elapsed, the Board may contract with any other entity or individual who meets the requirements of subsection (e)(2) of this section for the services of peer review.
15	14-402.
16 17 18 19 20 21 22	(a) In reviewing an application for licensure or in investigating an allegation brought against a licensed physician or any allied health professional regulated by the Board under this title <b>OR TITLE 15 OF THIS ARTICLE</b> , the [Physician] Rehabilitation Program may request the Board to direct, or the Board or a disciplinary panel on its own initiative may direct, the licensed physician or any allied health professional regulated by the Board under this title <b>OR TITLE 15 OF THIS ARTICLE</b> to submit to an appropriate examination.
$\begin{array}{c} 23\\ 24 \end{array}$	(b) In return for the privilege given by the State issuing a license, certification, or registration, the licensed, certified, or registered individual is deemed to have:
$\begin{array}{c} 25\\ 26 \end{array}$	(1) Consented to submit to an examination under this section, if requested by the Board in writing; and
$\begin{array}{c} 27\\ 28 \end{array}$	(2) Waived any claim of privilege as to the testimony or examination reports.
29 30 31 32 33	(c) The unreasonable failure or refusal of the [licensed individual] APPLICANT OR LICENSEE to submit to an examination is prima facie evidence of the [licensed individual's] APPLICANT'S OR LICENSEE'S inability to practice medicine or the respective discipline competently, unless the Board or disciplinary panel finds that the failure or refusal was beyond the control of the [licensed individual] APPLICANT OR LICENSEE.

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$rac{1}{2}$	(d) FOR:	The B	oard s	shall pay the costs of any examination made under this section
3		(1)	A LIC	ENSEE; OR
45	BOARD.	(2)	An a	PPLICANT WHO WAS NOT PREVIOUSLY LICENSED BY THE
$6 \\ 7$	[(e) appoint the			oard or the entity or entities with which the Board contracts shall he Physician Rehabilitation Program.
$\frac{8}{9}$	as a liaison	. ,		hair of the Board shall appoint one member of the Board to serve an Rehabilitation Program.]
10 11	(E) EXAMINAT			ANT FOR REINSTATEMENT SHALL PAY THE COST OF ANY D BY THE BOARD UNDER THIS SECTION.
$\begin{array}{c} 12\\ 13 \end{array}$	(f) Auditor as p	_	•	an] Rehabilitation Program is subject to audit by the Legislative 2–1220 of the State Government Article.
14	14-403.			
$15\\16\\17\\18\\19$	surrender t registration	, or reg he licen lapse	istrati 1se, ce by c	sciplinary panel agrees to accept the surrender of a license, ion of an individual the Board regulates, the individual may not rtification, or registration nor may the license, certification, or operation of law FOR PURPOSES OF INVESTIGATION OR dividual is under investigation or while charges are pending.
20	14-404.			
$21 \\ 22 \\ 23 \\ 24$		ne affirn any lice	native	ne hearing provisions of § 14–405 of this subtitle, a disciplinary vote of a majority of the quorum of the disciplinary panel, may place any licensee on probation, or suspend or revoke a license if
25		(4)	Is [pr	ofessionally, physically, or mentally <b>]:</b>
26			<b>(I)</b>	<b>PROFESSIONALLY INCOMPETENT;</b>
27			<b>(</b> II)	PHYSICALLY INCOMPETENT; OR
28			(III)	MENTALLY incompetent;

1	(19) [Grossly overutilizes] ESTABLISHES A PATTERN OF
2	OVERUTILIZATION OF health care services EXCESSIVE OR MEDICALLY UNNECESSARY
3	PROCEDURES OR TREATMENT;
4 5	(25) [Knowingly] WILLFULLY fails to report suspected child abuse in violation of § 5–704 of the Family Law Article;
6 7 8 9	(37) [By corrupt means, threats, or force, intimidates] <b>INTIMIDATES</b> or influences, or attempts to intimidate or influence, for the purpose of causing any person to withhold or change testimony in hearings or proceedings before the Board or a disciplinary panel or those otherwise delegated to the Office of Administrative Hearings;
$10\\11\\12\\13$	(38) [By corrupt means, threats, or force, hinders] HINDERS WILLFULLY HINDERS, prevents, or otherwise delays any person from making information available to the Board or a disciplinary panel in furtherance of any investigation of the Board or a disciplinary panel;
14	(45) Fails to comply with § 1–223 of this article; [or]
$15\\16$	(46) Fails to comply with the requirements of the Prescription Drug Monitoring Program under Title 21, Subtitle 2A of the Health – General Article <b>; OR</b>
$17\\18$	(47) WILLFULLY MAKES A MISREPRESENTATION TO A DISCIPLINARY PANEL.
19	14-405.
$20 \\ 21 \\ 22 \\ 23 \\ 24$	(a) Except as otherwise provided in the Administrative Procedure Act, before the Board or a disciplinary panel takes any action under § $14-404(a)$ of this subtitle or § $14-205(b)(3)$ , § $14-5A-17(a)$ , § $14-5B-14(a)$ , § $14-5C-17(a)$ , § $14-5D-14(a)$ , § $14-5E-16(a)$ , [or] § $14-5F-18$ , OR § $14-5G-18(A)$ of this title, it shall give the individual against whom the action is contemplated an opportunity for a hearing before a hearing officer.
25	14–409.
26 27 28	(a) (1) Except as provided in subsection (b) of this section, a disciplinary panel may reinstate the license of an individual whose license has been surrendered or revoked under this title only in accordance with:
29 30	(i) The terms and conditions of the order of revocation or letter of surrender;
31	(ii) An order of reinstatement issued by the disciplinary panel; or
32	(iii) A final judgment in any proceeding for review.

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$\frac{1}{2}$	(2) If a license is surrendered or revoked for a period of more than 1 year, [the Board] A DISCIPLINARY PANEL may reinstate the license after 1 year if the licensee:
$\frac{3}{4}$	(i) Meets the requirements for reinstatement as established by the Board; and
$5 \\ 6$	(ii) Completes a criminal history records check in accordance with § 14–308.1 of this title.
7	14-411.
8 9	(a) In this section, "record" means the proceedings, records, or files of the Board or a disciplinary panel.
$10 \\ 11 \\ 12$	(b) Except as otherwise expressly provided in this section and § 14–411.1 of this subtitle, the Board, a disciplinary panel, or any of its other investigatory bodies may not disclose any information contained in a record.
13 14	(c) [Nothing in this] <b>THIS</b> section [shall] <b>MAY NOT</b> be construed to prevent or limit the disclosure of:
$15 \\ 16 \\ 17$	(1) General licensure, certification, or registration information maintained by the Board, if the request for release complies with the criteria of § $4-333$ of the General Provisions Article;
18 19	(2) Profile information collected and disseminated under § 14–411.1 of this subtitle; or
20 21	(3) Personal and other identifying information of a licensee, as required by the National Practitioner Data Bank for participation in the proactive disclosure service.
22	(d) The Board shall disclose any information contained in a record to:
$\begin{array}{c} 23\\ 24 \end{array}$	(1) A committee of a hospital, health maintenance organization, or related institution if:
$25 \\ 26 \\ 27$	(i) The committee of a medical hospital staff concerned with [physician] LICENSEE discipline or other committee of a hospital, health maintenance organization, or related institution requests the information in writing;
28 29	(ii) A disciplinary panel has issued an order as to a [licensed physician] LICENSEE on whom the information is requested; and
$30 \\ 31 \\ 32$	(iii) The Board determines that the information requested is necessary for an investigation or action of the committee as to a medical privilege of a [licensed physician] LICENSEE; or

1 (2) The Secretary, the Office of Health Care Quality in the Department, 2 the Maryland Health Care Commission, or the Health Services Cost Review Commission 3 for the purpose of investigating quality or utilization of care in any entity regulated by the 4 Office of Health Care Quality or the Health Services Cost Review Commission.

5 (e) [On or before January 1, 2013, the Board, the Secretary, the Maryland Health 6 Care Commission, and the Health Services Cost Review Commission jointly shall adopt 7 regulations for the efficient and secure transfer, under subsection (d)(2) of this section, of 8 any information in a record that may indicate that an investigation of an entity regulated 9 by the Office of Health Care Quality, the Maryland Health Care Commission, or the Health 10 Services Cost Review Commission may be appropriate.

11 (f)] Subsection (d)(2) of this section may not be construed to alter the authority of 12 the Secretary under 1-203(a) of this article or 2-106(c) of the Health – General Article.

13 [(g)] (F) (1) The Board shall notify all hospitals, health maintenance 14 organizations, or other health care facilities where a [physician or an allied health 15 professional regulated by the Board] LICENSEE has privileges, has a provider contract with 16 a health maintenance organization, or is employed of a complaint or report filed against 17 that [physician] LICENSEE, if:

18 (i) The Board determines, in its discretion, that the hospital, health 19 maintenance organization, or health care facility should be informed about the report or 20 complaint;

21 (ii) The nature of the complaint suggests a reasonable possibility of 22 an imminent threat to patient safety; or

(iii) The complaint or report was as a result of a claim filed in the
Health Care Alternative Dispute Resolution Office and a certificate of a qualified expert is
filed in accordance with § 3–2A–04(b)(1) of the Courts Article.

26 (2) The Board shall disclose any information pertaining to a [physician's] 27 LICENSEE'S competency to practice [medicine] UNDER THE LICENSE contained in record 28 to a committee of a hospital, health maintenance organization, or other health care facility 29 if:

- 30 (i) The committee is concerned with [physician] LICENSEE 31 discipline and requests the information in writing; and
- 32 (ii) The Board has received a complaint or report pursuant to 33 paragraph (1)(i) and (ii) of this subsection on the [licensed physician] LICENSEE on whom 34 the information is requested.

The Board shall, after formal action is taken pursuant to § 14-406 of 1 (3) $\mathbf{2}$ this subtitle, notify those hospitals, health maintenance organizations, or health care 3 facilities where the [physician] LICENSEE has privileges, has a provider contract with a health maintenance organization, or is employed of its formal action within 10 days after 4 the action is taken and shall provide the hospital, health maintenance organization, or  $\mathbf{5}$ 6 health care facility with periodic reports as to enforcement or monitoring of a formal 7 disciplinary order against a [physician] LICENSEE within 10 days after receipt of those 8 reports.

9 [(h)] (G) On the request of a person who has made a complaint to the Board 10 regarding a [physician] LICENSEE, the Board shall provide the person with information 11 on the status of the complaint.

12 [(i)] (H) Following the filing of charges or notice of initial denial of license 13 application, the Board shall disclose the filing to the public on the Board's website.

14 **[(j)] (I)** The Board may disclose any information contained in a record to a 15 licensing or disciplinary authority of another state if:

16 (1) The licensing or disciplinary authority of another state that regulates 17 [licensed physicians] LICENSEES in that state requests the information in writing; and

18 (2) The disclosure of any information is limited to the pendency of an 19 allegation of a ground for disciplinary or other action by a disciplinary panel until:

20 (i) The disciplinary panel has passed an order under § 14–406 of 21 this subtitle; or

22 (ii) A [licensed physician] LICENSEE on whom the information is 23 requested authorizes a disclosure as to the facts of an allegation or the results of an 24 investigation before the Board.

25 [(k)] (J) The Board may disclose any information contained in a record to a 26 person if:

27 (1) A [licensed physician] LICENSEE on whom any information is 28 requested authorizes the person to receive the disclosure;

- 29 (2) The person requests the information in writing; and
- 30 (3) The authorization for the disclosure is in writing.

31 [(1)] (K) The Board may disclose any information contained in a record to the 32 State Medical Assistance Compliance Administration, the Secretary of the U.S. 33 Department of Health and Human Services or the Secretary's designee, or any health 34 occupational regulatory board if:

$\frac{1}{2}$	(1) health occupation	(i) al regu	The State Medical Assistance Compliance Administration or any latory board requests the information in writing; or
$3 \\ 4 \\ 5$		•	The Secretary of the U.S. Department of Health and Human y's designee is entitled to receive the information or have access to 2 U.S.C. § 1396r-2;
$\frac{6}{7}$	(2) subtitle; or	(i)	A disciplinary panel has issued an order under § 14–406 of this
8 9	and	(ii)	An allegation is pending before the Board or a disciplinary panel;
$\begin{array}{c} 10\\ 11 \end{array}$	(3) the proper conduc		Board determines that the requested information is necessary for business of that administration or board.
$12 \\ 13 \\ 14$		cord co	e Board or a disciplinary panel determines that the information oncerns possible criminal activity, the Board or the disciplinary nformation to a law enforcement or prosecutorial official.
1516	[(n)] (M) otherwise is not av		Board may permit inspection of records for which inspection ed by a person who is engaged in a research project if:
$17\\18$	(1) approves a writter		researcher submits to the executive director and the Board est that:
19		(i)	Describes the purpose of the research project;
20		(ii)	Describes the intent, if any, to publish the findings;
21		(iii)	Describes the nature of the requested personal records;
$\frac{22}{23}$	protect the identit	(iv) y of th	Describes the safeguards that the researcher would take to e persons in interest; and
$24 \\ 25$	executive director	(v) approv	States that persons in interest will not be contacted unless the ves and monitors the contact;
$\frac{26}{27}$	(2) prevent the disclos		executive director is satisfied that the proposed safeguards will the identity of persons in interest; and
28	(3)	The r	researcher makes an agreement with the executive director that:
29		(i)	Defines the scope of the research project;

	26		HOUSE BILL 776
$\frac{1}{2}$	in interest; and	(ii)	Sets out the safeguards for protecting the identity of the persons
$\frac{3}{4}$	of contract.	(iii)	States that a breach of any condition of the agreement is a breach
5 6 7		arings	ne request of a person who has testified in a Board or Office of proceeding, the Board shall provide to the person who testified a transcript of that person's testimony.
8 9	[(p)] <b>(O)</b> for disciplinary or	(1) other a	The Board may publish a summary of any allegations of grounds action.
10	(2)	A sun	nmary may not identify:
$\begin{array}{c} 11 \\ 12 \end{array}$	investigatory bodie	(i) es;	Any person who makes an allegation to the Board or any of its
$\begin{array}{c} 13\\14 \end{array}$	made; or	(ii)	A [licensed physician] LICENSEE about whom an allegation is
$\begin{array}{c} 15\\ 16 \end{array}$	any of its investiga	(iii) tory b	A witness in an investigation or a proceeding before the Board or odies.
17 18 19 20 21	Government Artic	ry, or le. Ho t disclo	Board shall disclose information in a record upon the request of the Legislative Auditor, in accordance with § 2–1223(a) of the State owever, the Governor, Secretary, or Auditor, or any of their ose personally identifiable information from any of these records idential by law.
22	[(r)] (Q)	This s	section does not apply to:
$\begin{array}{c} 23\\ 24 \end{array}$	(1) its other investigat	-	lisclosure of a record by the Board to a disciplinary panel or any of dies; or
25 26 27	U	s title o	ensee, certificate holder, or registration holder who has been or a party to a proceeding before the Board or a disciplinary panel ed by the decision of the Board or the disciplinary panel.
28 29 30 31	exhibit in any reco	s othe ord of	y information contained in any medical or hospital document or rwise open for disclosure under law, the use of that document or the Board, a disciplinary panel, or any of its other investigatory ts disclosure in any other proceeding.

32 14-411.1.

1 (c) In addition to the requirements of subsection (b) of this section, the Board 2 shall:

# 3 (1) FOLLOWING THE FILING OF CHARGES OR NOTICE OF INITIAL 4 DENIAL OF A LICENSE APPLICATION, DISCLOSE THE FILING TO THE PUBLIC ON THE 5 BOARD'S WEBSITE;

6 [(1)] (2) Provide appropriate and accessible Internet links from the 7 Board's [Internet site] WEBSITE:

8 (i) To the extent available, to the appropriate portion of the 9 [Internet site] WEBSITE of each health maintenance organization licensed in this State 10 which will allow the public to ascertain the names of the physicians affiliated with the 11 health maintenance organization; and

12 (ii) To the appropriate portion of the [Internet site] **WEBSITE** of the 13 American Medical Association;

14 **[**(2)**] (3)** Include a statement on each licensee's profile of information to 15 be taken into consideration by a consumer when viewing a licensee's profile, including 16 factors to consider when evaluating a licensee's malpractice data, and a disclaimer stating 17 that a charging document does not indicate a final finding of guilt by a disciplinary panel; 18 and

- 19
- [(3)] (4) Provide on the Board's [Internet site] WEBSITE:

(i) Notification that a person may contact the Board by telephone, electronic mail, or written request to find out whether the number of medical malpractice settlements involving a particular licensee totals three or more with a settlement amount of [\$150,000] **\$1,000,000** or greater within the most recent 5-year period as reported to the Board; and

(ii) A telephone number, electronic mail address, and physical
address through which a person may contact the Board to request the information required
to be provided under item (i) of this item.

28 (d) The Board:

29 (2) Shall maintain a website that serves as a single point of entry where 30 all [physician] LICENSEE profile information is available to the public on the Internet; and

31 14-413.

32 (a) (1) [Each] EXCEPT AS PROVIDED IN SUBSECTIONS (B) AND (D) OF 33 THIS SECTION, EACH hospital [and], related institution, ALTERNATIVE HEALTH

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$\frac{1}{2}$	<del>SYSTEM, AND</del> EMPLOYER <u>OF A LICENSED PHYSICIAN</u> shall submit to the Board a report [within 10 days] <del>after:</del>
3	(i) The hospital [or], related institution, ALTERNATIVE HEALTH
4	SYSTEM, OR EMPLOYER denied the application of a physician for staff privileges or
5	limited, reduced, otherwise changed, or terminated the staff privileges of a physician, or
$\frac{6}{7}$	the physician resigned whether or not under formal accusation, if the denial, limitation, reduction, change, termination, or resignation is for reasons IF:
8	(I) THE EMPLOYER:
9	1. <u>Reduced, suspended, revoked, restricted,</u>
10 11	DENIED, CONDITIONED, OR DID NOT RENEW THE LICENSED PHYSICIAN'S CLINICAL PRIVILEGES, EMPLOYMENT, OR OTHER ABILITY TO PRACTICE OR TREAT PATIENTS;
12	2. INVOLUNTARILY TERMINATED OR RESTRICTED THE
13	LICENSED PHYSICIAN'S EMPLOYMENT OR STAFF MEMBERSHIP; OR
14	<b><u>3.</u></b> Asked the licensed physician to voluntarily
15	RESIGN BECAUSE OF THE LICENSED PHYSICIAN'S CONDUCT OR WHILE THE
16	LICENSED PHYSICIAN IS BEING INVESTIGATED; AND
17	(II) THE ACTION DESCRIBED UNDER ITEM (I) OF THIS
18	PARAGRAPH WAS TAKEN:
19 20	<b><u>1.</u> <u>FOR REASONS</u></b> that might be grounds for disciplinary action under § 14–404 of this subtitle;
$\begin{array}{c} 21 \\ 22 \end{array}$	2. <u>Because the licensed physician may have</u> <u>ENGAGED IN AN ACT THAT MAY CONSTITUTE UNPROFESSIONAL CONDUCT;</u>
23	<b>3. BECAUSE THE LICENSED PHYSICIAN MAY BE UNABLE</b>
$\overline{24}$	TO PRACTICE MEDICINE WITH REASONABLE SKILL AND SAFETY BECAUSE OF A
25	PHYSICAL OR MENTAL CONDITION OR PROFESSIONAL INCOMPETENCE; OR
26	4. BECAUSE THE LICENSED PHYSICIAN MAY HAVE
27	HARMED OR PLACED ONE OR MORE PATIENTS OR THE PUBLIC AT UNREASONABLE
28	RISK OF HARM BY ENGAGING IN AN ACT THAT CREATES AN IMMEDIATE OR
29	CONTINUING DANGER.
30 31	(2) Each report submitted under paragraph (1) of this subsection shall include:
32	(I) THE ACTION TAKEN BY THE EMPLOYER;

1	(II) A DETAILED EXPLANATION OF THE REASONS FOR THE
2	ACTION, INCLUDING REFERENCES TO SPECIFIC PATIENT MEDICAL RECORDS, IF
3	ANY, THAT INFORMED THE EMPLOYER'S ACTION; AND
4	(III) THE STEPS TAKEN BY THE EMPLOYER TO INVESTIGATE THE
5	CONDUCT OF THE LICENSED PHYSICIAN.
0	CONDUCT OF THE LICENSED FRISICIAN.
6	(3) (1) THE BOARD MAY REQUEST FROM THE EMPLOYER
7	ADDITIONAL INFORMATION REGARDING AN ACTION DESCRIBED IN PARAGRAPH (1)
8	OF THIS SUBSECTION THAT WAS TAKEN BY THE EMPLOYER.
9	(II) IF AN EMPLOYER RECEIVES A REQUEST MADE UNDER
10	SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE EMPLOYER SHALL PROMPTLY
11	PROVIDE THE ADDITIONAL INFORMATION.
**	
12	(ii) The hospital-[or], related institution, ALTERNATIVE HEALTH
13	SYSTEM, OR EMPLOYER took any disciplinary action against a salaried, licensed physician
14	without staff privileges, including termination of employment, suspension, or probation, for
15	reasons that might be grounds for disciplinary action under § 14–404 of this subtitle;
16	(iii) A licensed physician voluntarily resigned from the staff, employ,
17	or training program of the hospital-[or], related institution, ALTERNATIVE HEALTH
18	SYSTEM, OR EMPLOYER for reasons that might be grounds for disciplinary action under §
10	14–404 of this subtitle; or
10	
20	(iv) The hospital [or], related institution, ALTERNATIVE HEALTH
21	SYSTEM, OR EMPLOYER placed any other restrictions or conditions on any of the licensed
22	physicians as listed in items (i) through (iii) of this paragraph for any reasons that might
23	be grounds for disciplinary action under § 14–404 of this subtitle.
24	(2) The hospital [or], related institution, ALTERNATIVE HEALTH
25	SYSTEM, OR EMPLOYER shall state in the report the reasons for its action or the nature
26	of the formal accusation pending when the physician resigned.
27	(3) The Board may extend the reporting time under this subsection for good
28	<del>cause shown.</del>
29	(4) The minutes or notes taken in the course of determining the denial,
30	limitation, reduction, or termination of the staff privileges of any physician in a hospital or
31	related institution are not subject to review or discovery by any person.
32	(5) The Board, in consultation with all interested parties, may adopt
33	regulations to define:

 1
 (i)
 Changes in employment or privileges that require reporting

 2
 under this section; and

 3
 (ii)

 4
 require reporting under this section.

 $\mathbf{5}$ A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE HEALTH **(B)** 6 SYSTEM, OR IF AN EMPLOYER THAT HAS REASON TO KNOW THAT KNOWS THAT THE 7 CONDUCT OF A LICENSED PHYSICIAN HAS COMMITTED AN ACTION OR HAS A **CONDITION THAT MIGHT BE-GROUNDS FOR REPRIMAND OR PROBATION OF THE** 8 9 LICENSED PHYSICIAN OR-SUSPENSION OR REVOCATION OF THE LICENSE REQUIRES 10 THAT THE EMPLOYER SUBMIT A REPORT UNDER SUBSECTION (A)(1) OF THIS SECTION BECAUSE THE LICENSED PHYSICIAN IS ALCOHOL-IMPAIRED OR 11 12**DRUG-IMPAIRED** IMPAIRED BY ALCOHOL OR ANOTHER SUBSTANCE, THE EMPLOYER IS NOT REQUIRED TO REPORT THE LICENSED PHYSICIAN TO THE BOARD IF: 13

14(1) THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH15SYSTEM, OR EMPLOYER KNOWS THAT THE LICENSED PHYSICIAN IS:

16 (I) IN AN ALCOHOL OR DRUG A SUBSTANCE USE DISORDER 17 TREATMENT PROGRAM THAT IS ACCREDITED BY THE JOINT COMMISSION OR IS 18 CERTIFIED BY THE DEPARTMENT; OR

19(II)UNDER THE CARE OF A HEALTH CARE PRACTITIONER WHO20IS COMPETENT AND CAPABLE OF DEALING WITH ALCOHOLISM AND DRUG ABUSE21SUBSTANCE USE DISORDERS;

22(2)THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH23SYSTEM, OREMPLOYER IS ABLE TO VERIFY THAT THE LICENSED PHYSICIAN24REMAINS IN THE TREATMENT PROGRAM UNTIL SUCCESSFUL DISCHARGE; AND

25 (3) THE ACTION OR CONDITION OF THE LICENSED PHYSICIAN HAS 26 NOT CAUSED INJURY TO ANY PERSON WHILE THE <u>PRACTITIONER</u> <u>PHYSICIAN</u> IS 27 PRACTICING AS A LICENSED PHYSICIAN.

(C) (1) IF THE LICENSED PHYSICIAN ENTERS OR IS CONSIDERING
 ENTERING AN ALCOHOL OR DRUG TREATMENT PROGRAM THAT IS ACCREDITED BY
 THE JOINT COMMISSION OR THAT IS CERTIFIED BY THE DEPARTMENT, THE
 LICENSED PHYSICIAN SHALL NOTIFY THE HOSPITAL, RELATED INSTITUTION,
 ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER WITHIN 15 DAYS AFTER THE
 LICENSED PHYSICIAN'S DECISION TO ENTER THE TREATMENT PROGRAM.

34 (2) IF THE LICENSED PHYSICIAN FAILS TO PROVIDE THE NOTICE 35 REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION, AND THE HOSPITAL,

1

 $\mathbf{2}$ 

3

4 5 RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER LEARNS THAT THE LICENSED PHYSICIAN HAS ENTERED A TREATMENT PROGRAM, THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER SHALL REPORT TO THE BOARD THAT THE LICENSED PHYSICIAN HAS ENTERED A TREATMENT PROGRAM AND HAS FAILED TO PROVIDE THE REQUIRED NOTICE.

6 (3) IF THE TREATMENT PROGRAM FINDS THAT THE LICENSED 7 PHYSICIAN IS NONCOMPLIANT WITH THE TREATMENT PROGRAM'S POLICIES AND 8 PROCEDURES WHILE IN THE TREATMENT PROGRAM, THE TREATMENT PROGRAM 9 SHALL NOTIFY THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH 10 SYSTEM, OR EMPLOYER OF THE LICENSED PHYSICIAN'S NONCOMPLIANCE.

11 (4) ON RECEIPT OF A NOTIFICATION MADE UNDER PARAGRAPH (3) OF 12 THIS SUBSECTION, THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH 13 SYSTEM, OR IF THE EMPLOYER KNOWS THAT THE LICENSED PHYSICIAN IS 14 NONCOMPLIANT WITH THE SUBSTANCE USE DISORDER TREATMENT PROGRAM, THE 15 EMPLOYER OF THE LICENSED PHYSICIAN SHALL REPORT THE LICENSED 16 PHYSICIAN'S NONCOMPLIANCE TO THE BOARD.

# 17(D)(1)THE BOARD MAY EXTEND THE REPORTING TIME UNDER THIS18SECTION FOR GOOD CAUSE SHOWN.

(D) (2) A PERSON IS NOT REQUIRED UNDER THIS SECTION TO MAKE ANY
 REPORT THAT WOULD BE IN VIOLATION OF ANY FEDERAL OR STATE LAW, RULE, OR
 REGULATION CONCERNING THE CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE
 SUBSTANCE USE DISORDER PATIENT RECORDS.

23 [(b)] (E) The Board may enforce this section by subpoena.

24 [(c)] (F) Any person shall have the immunity from liability described under § 25 5-715(d) of the Courts and Judicial Proceedings Article for giving any of the information 26 required by this section.

# 27 (G) A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE HEALTH 28 SYSTEM, OR AN AN EMPLOYER REQUIRED TO MAKE A REPORT TO THE BOARD UNDER 29 THIS SECTION SHALL SUBMIT THE REPORT WITHIN 10 DAYS AFTER THE ACTION 30 REQUIRING THE REPORT.

[(d)] (H) A report made under this section is <u>PRIVILEGED, NOT SUBJECT TO</u>
 <u>INSPECTION UNDER THE PUBLIC INFORMATION ACT, AND</u> not subject to subpoena or
 discovery in any civil action other than a proceeding arising out of a hearing and decision
 of the Board or a disciplinary panel under this title.

$\frac{1}{2}$	[(e)] (I) (1) A disciplinary panel may impose a civil penalty of up to [\$5,000] <b>\$10,000</b> for failure KNOWINGLY FAILING to report under this section.
$\frac{3}{4}$	(2) <u>A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF</u> <u>UP TO \$10,000 PER INCIDENT FOR A REPORT MADE BY AN EMPLOYER IN BAD FAITH.</u>
$5 \\ 6$	(3) The Board shall remit any penalty collected under this subsection into the General Fund of the State.
7	[14-414.
$\frac{8}{9}$	(a) (1) Each alternative health system as defined in § 1–401 of this article shall submit to the Board a report within 10 days after:
$10 \\ 11 \\ 12 \\ 13 \\ 14 \\ 15$	(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
$16 \\ 17 \\ 18$	(ii) The alternative health system placed any other restrictions or conditions on any licensed physician for any reasons that might be grounds for disciplinary action under § 14–404 of this subtitle.
19 20	(2) The alternative health system shall state in the report the reasons for its action or the nature of the formal accusation pending when the physician resigned.
$\begin{array}{c} 21 \\ 22 \end{array}$	(3) The Board may extend the reporting time under this subsection for good cause shown.
$23 \\ 24 \\ 25$	(4) The minutes or notes taken in the course of determining the denial, limitation, reduction, or termination of the employment contract of any physician in an alternative health system are not subject to review or discovery by any person.
$\frac{26}{27}$	(5) The Board, in consultation with all interested parties, may adopt regulations to define:
$\frac{28}{29}$	(i) Changes in employment or privileges that require reporting under this section; and
$\begin{array}{c} 30\\ 31 \end{array}$	(ii) Actions by licensees that are grounds for discipline and require reporting under this section.
32	(b) The Board may enforce this section by subpoena.

1 (c) Any person shall have the immunity from liability described under § 5–715(d) 2 of the Courts and Judicial Proceedings Article for giving any of the information required by 3 this section.

4 (d) A report made under this section is not subject to subpoena or discovery in 5 any civil action other than a proceeding arising out of a hearing and decision of the Board 6 or a disciplinary panel under this title.

7 (e) (1) A disciplinary panel may impose a civil penalty of up to \$5,000 for 8 failure to report under this section.

9 (2) The Board shall remit any penalty collected under this subsection into 10 the General Fund of the State.]

11 **14–414.** 

12(A) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, A HOSPITAL, A13RELATED INSTITUTION, AN ALTERNATIVE HEALTH CARE SYSTEM, OR14MAY NOT EMPLOY AN INDIVIDUAL TO PRACTICE MEDICINE WITHOUT A LICENSE.

15 (B) A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY IN AN AMOUNT 16 NOT EXCEEDING <del>\$5,000</del> **\$10,000** FOR A VIOLATION OF THIS SECTION.

17 (C) THE BOARD SHALL REMIT ANY PENALTY COLLECTED UNDER THIS 18 SECTION INTO THE BOARD OF PHYSICIANS FUND.

19 14–5A–01.

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

21 (c) "Committee" means the Respiratory Care [Professional Standards] 22 ADVISORY Committee established under § 14–5A–05 of this subtitle.

23 14–5A–05.

There is a Respiratory Care [Professional Standards] **ADVISORY** Committee within the Board.

- 26 14–5A–06.
- 27 (a) The Committee consists of seven members appointed by the Board as follows:
- 28 (1) Three LICENSED respiratory care practitioners;
- 29 (2) Three LICENSED physicians:

	34 HOUSE BILL 776					
1		(i)	One of whom is a specialist in thoracic surgery;			
2		(ii)	One of whom is a specialist in pulmonary medicine; and			
3		(iii)	One of whom is a specialist in anesthesiology; and			
4	(3)	One	consumer member.			
$5 \\ 6$	(B) EACH MEMBER OF THE COMMITTEE LICENSED BY THE BOARD MUST BE IN GOOD STANDING WITH THE BOARD.					
7	[(b)] (C)	The o	consumer member of the Committee:			
8	(1)	[Sha	ll] MUST be a member of the general public;			
9	(2)	May	not be or ever have been:			
10		(i)	A respiratory care practitioner;			
11		(ii)	Any <b>OTHER</b> health care professional; or			
$\begin{array}{c} 12\\ 13 \end{array}$	professional; and	(iii)	In training to be a respiratory care practitioner or other health			
14	(3)	May	not:			
$\begin{array}{c} 15\\ 16\end{array}$	professional field	(i) related	Participate or ever have participated in a commercial or to respiratory care;			
17 18	professional field	(ii) related	Have a household member who participates in a commercial or to respiratory care;			
19 20	in a person regula	(iii) ted by	Have had within 2 years before appointment a financial interest the Board; or			
21 22 23	in the provision or respiratory care.	(iv) of good	Have had within 2 years before appointment a financial interest is or services to respiratory care practitioners or to the field of			
$\frac{24}{25}$	(D) EACE STATE.	H MEN	MBER OF THE COMMITTEE MUST BE A RESIDENT OF THE			
26	[(c)] <b>(</b> E <b>)</b>	(1)	The term of a member is 3 years.			
27	(2)	The t	erms of members are staggered AS REQUIRED BY REGULATION.			

1 At the end of a term, a member continues to serve until a successor is (3) $\mathbf{2}$ appointed and qualifies. 3 (4)A member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed and gualifies. 4 A MEMBER MAY NOT SERVE MORE THAN TWO CONSECUTIVE FULL (5)  $\mathbf{5}$ 6 TERMS. [(d)] (F) 7 (1)From among its members, the Committee shall elect a chair once 8 every 2 years. 9 (2)The chair, or the chair's designee, shall serve in an advisory capacity to 10 the Board as a representative of the Committee. 11 (G) A QUORUM OF THE COMMITTEE CONSISTS OF FOUR MEMBERS. 12 14-5A-07. 13In addition to the powers set forth elsewhere in this subtitle, the Committee  $\left[ (a) \right]$ 14 shall: (1) SHALL: 1516 Develop and recommend to the Board [regulations]: **(I)** (1)17<del>(I)</del> 1. **REGULATIONS** to carry out [the provisions of] this 18subtitle; AND STATUTORY CHANGES 19 <del>(III)</del> 2. THAT AFFECT ANY THE 20**PROFESSION; AND** 21**(II)** <del>(2)</del> Develop and recommend to the Board a code of ethics for the 22practice of respiratory care for adoption by the Board; 23If requested, develop and recommend to the Board standards of care for (3)24the practice of respiratory care; 25(4)Develop and recommend to the Board the requirements for licensure as 26a respiratory care practitioner; 27(5)Evaluate the credentials of applicants as necessary and recommend 28licensure of applicants who fulfill the requirements for a license to practice respiratory care; 29(6)Develop and recommend to the Board continuing education 30 requirements for license renewal;

1 (7) Provide the Board with recommendations concerning the practice of 2 respiratory care;

3 (8) Develop and recommend to the Board criteria related to the practice of 4 respiratory care in the home setting;

- 5 (9)] Keep a record of its [proceedings] MEETINGS; and
- 6 [(10) Submit an annual report to the Board.]
- 7 (3) ON REQUEST OF THE BOARD OR A DISCIPLINARY PANEL:
- 8 <u>(2)</u> <u>MAY:</u>

9 (I) PROVIDE RECOMMENDATIONS REGARDING THE PRACTICE 10 OF RESPIRATORY CARE; AND

# 11(II)ADVISE THE BOARD ON ANY OTHER MATTERS RELATED TO12RESPIRATORY CARE PRACTITIONERS.

- 13 **[**(b) The Board shall:
- 14 (1) Consider all recommendations of the Committee; and

# 15 (2) Provide to the Committee an annual report on the disciplinary matters16 involving licensees.]

17 14–5A–08.

18 (b) This section does not apply to:

19 (1) [An individual] A RESPIRATORY CARE PRACTITIONER employed 20 [by] IN THE SERVICE OF the federal government [as a respiratory care practitioner] while 21 [the individual is] practicing within the scope of [that] THE employment;

22 14–5A–14.

(a) A licensee shall notify the Board in writing of a change in name or address
within [60] 10 30 days after the change.

25 14–5A–17.

(a) Subject to the hearing provisions of § 14–405 of this title, a disciplinary panel,
on the affirmative vote of a majority of a quorum of the disciplinary panel, may deny a

$\frac{1}{2}$	v 1	-	t, reprimand any licensee, place any licensee on probation, or use, if the applicant or licensee:
3	(3)	Is gu	ilty of [unprofessional or immoral]:
4		<b>(</b> I <b>)</b>	IMMORAL conduct in the practice of respiratory care; OR
$5 \\ 6$	RESPIRATORY CA	(II) ARE;	UNPROFESSIONAL CONDUCT IN THE PRACTICE OF
7	(4)	Is [pr	rofessionally, physically, or mentally]:
8		<b>(</b> I <b>)</b>	<b>PROFESSIONALLY INCOMPETENT;</b>
9		<b>(</b> II)	PHYSICALLY INCOMPETENT; OR
10		<b>(</b> III <b>)</b>	MENTALLY incompetent;
$\begin{array}{c} 11 \\ 12 \end{array}$	(14) respiratory care;	[Knov	wingly] WILLFULLY makes a misrepresentation while practicing
$\begin{array}{c} 13\\14\\15\end{array}$	(15) unauthorized indi care;	-	wingly] WILLFULLY practices respiratory care with an or aids an unauthorized individual in the practice of respiratory
$\begin{array}{c} 16 \\ 17 \end{array}$	(19) which services are	-	wingly] WILLFULLY submits false statements to collect fees for ovided;
18 19	(21) violation of § 5–70	-	wingly] <b>WILLFULLY</b> fails to report suspected child abuse in e Family Law Article;
20	14–5A–18.		
21 22 23 24 25 26	employers] AN EM [file with] SUBMI'	ns, alte IPLOY ITO th employ	ot as provided in subsections (b) and (d) of this section, [hospitals, rnative health systems as defined in § 1–401 of this article, and ER OF A LICENSED RESPIRATORY CARE PRACTITIONER shall e Board a report [that the hospital, related institution, alternative er limited, reduced, otherwise changed, or terminated any licensed oner for any] IF:
27		<u>(I)</u>	THE EMPLOYER:
$\frac{28}{29}$	<u>DENIED, CON</u> DIT	TIONEI	1. <u>REDUCED, SUSPENDED, REVOKED, RESTRICTED,</u> D, OR DID NOT RENEW THE LICENSED RESPIRATORY CARE

1	PRACTITIONER'S CLINICAL PRIVILEGES, EMPLOYMENT, OR OTHER ABILITY TO
2	PRACTICE OR TREAT PATIENTS;
3	2. INVOLUNTARILY TERMINATED OR RESTRICTED THE
4	LICENSED RESPIRATORY CARE PRACTITIONER'S EMPLOYMENT OR STAFF
5	MEMBERSHIP; OR
-	
6	3. ASKED THE LICENSED RESPIRATORY CARE
$\overline{7}$	PRACTITIONER TO VOLUNTARILY RESIGN BECAUSE OF THE LICENSED RESPIRATORY
8	CARE PRACTITIONER'S CONDUCT OR WHILE THE LICENSED RESPIRATORY CARE
9	PRACTITIONER IS BEING INVESTIGATED; AND
10	
10 11	(II) THE ACTION DESCRIBED UNDER ITEM (I) OF THIS
11	PARAGRAPH WAS TAKEN:
12	<b>1. FOR</b> reasons that might be grounds for disciplinary action
$13^{}$	under § 14–5A–17 of this subtitle;
14	2. <u>Because the licensed respiratory care</u>
15	PRACTITIONER MAY HAVE ENGAGED IN AN ACT THAT MAY CONSTITUTE
16	UNPROFESSIONAL CONDUCT;
1 🗖	
17	<b>3.</b> <u>Because the licensed respiratory care</u> Practitioner may be unable to practice respiratory care with
18 19	PRACTITIONER MAY BE UNABLE TO PRACTICE RESPIRATORY CARE WITH REASONABLE SKILL AND SAFETY BECAUSE OF A PHYSICAL OR MENTAL CONDITION
20	OR PROFESSIONAL INCOMPETENCE; OR
20	
21	4. BECAUSE THE LICENSED RESPIRATORY CARE
22	PRACTITIONER MAY HAVE HARMED OR PLACED ONE OR MORE PATIENTS OR THE
23	PUBLIC AT UNREASONABLE RISK OF HARM BY ENGAGING IN AN ACT THAT CREATES
24	AN IMMEDIATE OR CONTINUING DANGER.
~ ~	
25	(2) <u>A REPORT SUBMITTED UNDER PARAGRAPH (1) OF THIS</u>
26	SUBSECTION SHALL INCLUDE:
27	(I) THE ACTION TAKEN BY THE EMPLOYER;
41	<u>III ACTION TAKEN DI TITE EMI LOTEN,</u>
28	(II) A DETAILED EXPLANATION OF THE REASONS FOR THE
29	ACTION, INCLUDING REFERENCES TO SPECIFIC PATIENT MEDICAL RECORDS, IF
30	ANY, THAT INFORMED THE EMPLOYER'S ACTION; AND
31	(III) THE STEPS TAKEN BY THE EMPLOYER TO INVESTIGATE THE
32	CONDUCT OF THE LICENSED RESPIRATORY CARE PRACTITIONER.

1	(3) (I) THE BOARD MAY REQUEST FROM THE EMPLOYER
2	ADDITIONAL INFORMATION REGARDING AN ACTION DESCRIBED IN PARAGRAPH (1)
3	OF THIS SUBSECTION THAT WAS TAKEN BY THE EMPLOYER.
4	(II) IF AN EMPLOYER RECEIVES A REQUEST MADE UNDER
<b>5</b>	SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE EMPLOYER SHALL PROMPTLY
6	PROVIDE THE ADDITIONAL INFORMATION.
7	(b) [A hospital, related institution, alternative health system, or] IF AN employer
8	[that has reason to know that] KNOWS THAT THE CONDUCT OF a licensed respiratory
9	care practitioner [has committed an action or has a condition that might be grounds for
10	reprimand or probation of the licensed respiratory care practitioner or suspension or
11	revocation of the license] REQUIRES THAT THE EMPLOYER SUBMIT A REPORT UNDER
12	SUBSECTION (A)(1) OF THIS SECTION because the licensed respiratory care practitioner
13	is [alcohol impaired or drug] impaired BY ALCOHOL OR ANOTHER SUBSTANCE, THE
14	<b>EMPLOYER</b> is not required to report the <b>RESPIRATORY CARE</b> practitioner to the Board if:
15	(1) The [hospital, related institution, alternative health system, or]
16	employer knows that the licensed respiratory care practitioner is:
17	(i) In [an alcohol or drug] A SUBSTANCE USE DISORDER treatment
18	program that is accredited by [the] THE Joint Commission [on Accreditation of Healthcare
19	<u>Organizations</u> ] or is certified by the Department; or
20	(ii) <u>Under the care of a health care practitioner who is competent</u>
21	and capable of dealing with [alcoholism and drug abuse] SUBSTANCE USE DISORDERS;
22	(2) <u>The [hospital, related institution, alternative health system, or]</u>
23	employer is able to verify that the licensed respiratory care practitioner remains in the
24	treatment program until SUCCESSFUL discharge; and
0 <b>r</b>	
25	(3) The action or condition of the licensed respiratory care practitioner has
26	not caused injury to any person while the <b>RESPIRATORY CARE</b> practitioner is practicing
27	as a licensed respiratory care practitioner.
28	(c) (1) If the licensed respiratory care practitioner enters, or is considering
$\frac{20}{29}$	entering, an alcohol or drug treatment program that is accredited by [the] THE Joint
30 21	Commission [on Accreditation of Healthcare Organizations] or that is certified by the
$\frac{31}{32}$	Department, the licensed respiratory care practitioner shall notify the hospital, related institution, alternative health system, or employer [of] WITHIN 15 DAYS AFTER the
32 33	
აა	licensed respiratory care practitioner's decision to enter the treatment program.
34	[(2) If the licensed respiratory care practitioner fails to provide the notice
35	required under paragraph (1) of this subsection, and the hospital, related institution,
36	alternative health system, or employer learns that the licensed respiratory care

practitioner has entered a treatment program, the hospital, related institution, alternative 1  $\mathbf{2}$ health system, or employer shall report to the Board that the licensed respiratory care 3 practitioner has entered a treatment program and has failed to provide the required notice. 4 (3)If the licensed respiratory care practitioner is found to be noncompliant with the treatment program's policies and procedures while in the treatment program, the  $\mathbf{5}$ treatment program shall notify the hospital, related institution, alternative health system, 6 or employer of the licensed respiratory care practitioner's noncompliance. 7 8 On receipt of the notification required under paragraph (3) of this (4)subsection, the hospital, related institution, alternative health system, or] IF THE 9 EMPLOYER KNOWS THAT THE LICENSED RESPIRATORY CARE PRACTITIONER IS 10 NONCOMPLIANT WITH THE SUBSTANCE USE DISORDER TREATMENT PROGRAM, THE 11 12employer of the licensed respiratory care practitioner shall report the licensed respiratory care practitioner's noncompliance to the Board. 1314(d) (1) THE BOARD MAY EXTEND THE REPORTING UNDER THIS SECTION 15FOR GOOD CAUSE SHOWN. 16 (2) A person is not required under this section to make any report that would be in violation of any federal or State law, rule, or regulation concerning the 1718confidentiality of [alcohol and drug abuse] SUBSTANCE USE DISORDER patient records. 19 **(E)** THE BOARD MAY ENFORCE THIS SECTION BY SUBPOENA.

# 20(F)ANY PERSON SHALL HAVE THE IMMUNITY FROM LIABILITY DESCRIBED21UNDER § 5–715(D) OF THE COURTS ARTICLE FOR GIVING ANY OF THE INFORMATION22REQUIRED BY THIS SECTION.

[(e)] (G) [The hospital, related institution, alternative health system, or] AN
 employer REQUIRED TO MAKE A REPORT TO THE BOARD UNDER THIS SECTION shall
 submit the report within 10 days [of any] AFTER THE action [described in this section]
 REQUIRING THE REPORT.

[(f)] (H) <u>A report made under this section is PRIVILEGED, NOT SUBJECT TO</u>
 INSPECTION UNDER THE PUBLIC INFORMATION ACT, AND not subject to subpoena or
 discovery in any civil action other than a proceeding arising out of a hearing and decision
 of the Board or a disciplinary panel under this title.

31 (g) (1) A disciplinary panel may impose a civil penalty of up to [\$1,000] \$5,000
 32 for failure KNOWINGLY FAILING to report under this section.

# 33(2)A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF UP TO34\$5,000 PER INCIDENT FOR A REPORT MADE BY AN EMPLOYER IN BAD FAITH.

1(3)The Board shall remit any penalty collected under this subsection into2the General Fund of the State.

3 14–5A–22.1.

4 (a) Except as otherwise provided in this subtitle, a licensed physician may not 5 employ or supervise an individual practicing respiratory care without a license.

6 (b) Except as otherwise provided in this subtitle, <del>a hospital, related institution,</del> 7 <del>alternative health system, or</del> <u>AN</u> employer may not employ an individual practicing 8 respiratory care without a license.

9 (c) A disciplinary panel may impose a civil penalty of up to **[**\$1,000**] \$5,000** for a violation of this section.

11 14–5A–23.

12 (a) A person who violates [any provision of §§ 14–5A–20 through 14–5A–22.1] § 13 14–5A–20, § 14–5A–21, OR § 14–5A–22 of this subtitle is guilty of a misdemeanor and 14 on conviction is subject to a fine not exceeding \$1,000 or imprisonment not exceeding 1 year 15 or both.

16 (b) A person who violates [any provision of §§ 14–5A–20 through 14–5A–22.1] § 17 14–5A–20, § 14–5A–21, OR § 14–5A–22 of this subtitle is subject to a civil fine of not 18 more than \$5,000 to be levied by a disciplinary panel.

19 (c) The Board shall pay any penalty collected under this section into the Board of20 Physicians Fund.

21 14–5B–05.

(a) There is a Radiation Therapy, Radiography, Nuclear Medicine Technology,
 and Radiology Assistance Advisory Committee within the Board.

24 (b) (1) The Committee consists of nine members appointed by the Board.

- 25 (2) Of the nine members:
- 26 (i) One shall be a licensed physician who specializes in radiology;

(ii) One shall be a licensed physician who specializes in radiologyand who supervises a radiologist assistant;

(iii) One shall be a licensed physician who specializes in nuclearmedicine;

	42			HOUSE BILL 776
$rac{1}{2}$	oncology;		(iv)	One shall be a licensed physician who specializes in radiation
3			(v)	One shall be a <b>LICENSED</b> radiation therapist;
4			(vi)	One shall be a <b>LICENSED</b> radiographer;
5			(vii)	One shall be a <b>LICENSED</b> radiologist assistant;
6			(viii)	One shall be a <b>LICENSED</b> nuclear medicine technologist; and
7			(ix)	One shall be a consumer member.
$\frac{8}{9}$	<b>[</b> (c) 2 years.	(1)	From	among its members, the Committee shall elect a chair once every
$\begin{array}{c} 10\\ 11 \end{array}$	the Board as	(2) s a rep		hair, or the chair's designee, shall serve in an advisory capacity to ative of the Committee.]
$\frac{12}{13}$	(C) IN GOOD SI			BER OF THE COMMITTEE LICENSED BY THE BOARD MUST BE TH THE BOARD.
14	(d)	The c	onsum	er member of the Committee:
15		(1)	[Shal	l] MUST be a member of the general public;
16		(2)	Mayı	not be or ever have been [a]:
$\begin{array}{c} 17\\18\end{array}$	ASSISTANT	, OR N	(I) TUCLEA	A RADIATION THERAPIST, RADIOGRAPHER, RADIOLOGIST AR MEDICINE TECHNOLOGIST;
19			<b>(</b> II <b>)</b>	ANY OTHER health care professional; or [in]
$20 \\ 21 \\ 22$	<b>RADIOLOG</b> care profess			IN training to be a RADIATION THERAPIST, RADIOGRAPHER, NT, NUCLEAR MEDICINE TECHNOLOGIST, OR OTHER health
23		(3)	May	not:
$24 \\ 25 \\ 26$	professional or radiology			Participate or ever have participated in a commercial or to radiation therapy, radiography, nuclear medicine technology,
27 28 29	professional or radiology			Have a household member who participates in a commercial or to radiation therapy, radiography, nuclear medicine technology, or]

(iii)

in a person regulated by the Board; OR

Have had within 2 years before appointment a financial interest

(IV) HAVE HAD WITHIN 2 YEARS BEFORE APPOINTMENT A

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FINANCIAL INTEREST IN THE PROVISION OF GOODS OR SERVICES TO RADIATION 4 THERAPISTS, RADIOGRAPHERS, RADIOLOGY ASSISTANTS, OR NUCLEAR MEDICINE  $\mathbf{5}$ TECHNOLOGISTS OR TO THE FIELD OF RADIATION THERAPY, RADIOGRAPHY, 6 7 NUCLEAR MEDICINE TECHNOLOGY, OR RADIOLOGY ASSISTANCE. 8 EACH MEMBER OF THE COMMITTEE MUST BE A RESIDENT OF THE **(E)** 9 STATE. **(F)** 10 (1) FROM AMONG ITS MEMBERS, THE COMMITTEE SHALL ELECT A 11 CHAIR ONCE EVERY 2 YEARS. 12(2) THE CHAIR, OR THE CHAIR'S DESIGNEE, SHALL SERVE IN AN ADVISORY CAPACITY TO THE BOARD AS A REPRESENTATIVE OF THE COMMITTEE. 13[(e)] (G) 14 (1)The term of a member is 3 years. 15(2)The terms of members are staggered as required by regulation. 16 (3)At the end of a term, a member continues to serve until a successor is 17appointed and qualifies. 18 (4)A member may not serve more than [2] TWO consecutive full terms. 19 (5) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES 20ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND **QUALIFIES.** 2122**(H)** A QUORUM OF THE COMMITTEE CONSISTS OF FIVE MEMBERS. 2314–5B–06. 24In addition to the powers set forth elsewhere in this subtitle, the Committee (a)] shall: 2526(1) SHALL: [Make recommendations] **DEVELOP AND RECOMMEND** to the 27(1)**(I)** 28Board [on regulations necessary]:

$\frac{1}{2}$	(I) <u>1.</u> <b>REGULATIONS</b> to carry out [the provisions of] this subtitle; <b>AND</b>
$\frac{3}{4}$	(H) <u>2.</u> Any statutory changes that affect the profession; <u>and</u>
5 6 7	(2) (II) [Make recommendations to the Board on a code of ethics for the practice of radiation therapy, the practice of radiography, the practice of nuclear medicine technology, and the practice of radiology assistance for adoption by the Board;
8 9 10	(3) On request, make recommendations to the Board on standards of care for the practice of radiation therapy, the practice of radiography, the practice of nuclear medicine technology, and the practice of radiology assistance;
$\begin{array}{c} 11\\ 12\\ 13 \end{array}$	(4) Make recommendations to the Board on the requirements for licensure as a radiation therapist, radiographer, nuclear medicine technologist, or radiologist assistant;
$\begin{array}{c} 14\\ 15\\ 16\end{array}$	(5) On request, review applications for licensure as a radiation therapist, radiographer, nuclear medicine technologist, or radiologist assistant and make recommendations to the Board;
17 18	(6) Develop and recommend to the Board continuing education requirements for license renewal;
19 20 21	(7) Advise the Board on matters related to the practice of radiation therapy, the practice of radiography, the practice of nuclear medicine technology, and the practice of radiology assistance;
22	(8)] Keep a record of its [proceedings] MEETINGS; and
23	[(9) Submit an annual report to the Board.]
24	(3) ON REQUEST OF THE BOARD OR A DISCIPLINARY PANEL:
25	<u>(2)</u> <u>MAY:</u>
26 27 28	(I) PROVIDE RECOMMENDATIONS REGARDING THE PRACTICE OF RADIATION THERAPY, RADIOGRAPHY, NUCLEAR MEDICINE TECHNOLOGY, AND RADIOLOGY ASSISTANCE; AND
29 30 31	(II) ADVISE THE BOARD ON ANY OTHER MATTERS RELATED TO RADIATION THERAPISTS, RADIOGRAPHERS, NUCLEAR MEDICINE TECHNOLOGISTS, AND RADIOLOGIST ASSISTANTS.

**[**(b) The Board shall:

(1)Consider all recommendations of the Committee; and 1 (2)involving licensees. 14–5B–08.  $\mathbf{5}$ (b) This section does not apply to: (1)the scope of [that] THE employment; or 14–5B–11. (a) radiation therapy IN THE STATE while the license is effective. (b) IN THE STATE while the license is effective. (c)practice nuclear medicine technology IN THE STATE while the license is effective. (d) radiology assistance IN THE STATE while the license is effective. 14-5B-12.1. (a) within [60] **10** 30 days after the change. 14-5B-14.(a)suspend or revoke a license, if the applicant or licensee: (3)Is guilty of [unprofessional or immoral]:

29**(I) IMMORAL** conduct in the practice of radiation therapy, 30 radiography, nuclear medicine technology, or radiology assistance; OR

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45

 $\mathbf{2}$ Provide to the Committee an annual report on the disciplinary matters 3

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6 [An individual] A RADIATION THERAPIST, RADIOGRAPHER, 7 NUCLEAR MEDICINE TECHNOLOGIST, OR RADIOLOGY ASSISTANT employed [by] IN 8 **THE SERVICE OF** the federal government [as a radiation therapist, radiographer, a nuclear 9 medicine technologist, or radiologist assistant] while [the individual is] practicing within 10

11

12Licensure as a radiation therapist authorizes an individual to practice 13

14Licensure as a radiographer authorizes an individual to practice radiography 15

16 Licensure as a nuclear medicine technologist authorizes an individual to 17

18 Licensure as a radiologist assistant authorizes an individual to practice 19

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21A licensee shall notify the Board in writing of a change in name or address 22

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24Subject to the hearing provisions of § 14–405 of this title, a disciplinary panel, 25on the affirmative vote of a majority of the quorum of the disciplinary panel, may deny a 26license to any applicant, reprimand any licensee, place any licensee on probation, or 27

1 **(II)** UNPROFESSIONAL CONDUCT IN THE PRACTICE OF  $\mathbf{2}$ RADIATION THERAPY, RADIOGRAPHY, NUCLEAR MEDICINE TECHNOLOGY, OR 3 **RADIOLOGY ASSISTANCE:** 4 (4) Is [professionally, physically, or mentally]:  $\mathbf{5}$ **(I) PROFESSIONALLY INCOMPETENT:** 6 **(II) PHYSICALLY INCOMPETENT; OR** 7 (III) **MENTALLY** incompetent; 8 (14)[Knowingly] **WILLFULLY** makes a misrepresentation while practicing 9 radiation therapy, radiography, nuclear medicine technology, or radiology assistance; 10 (15)[Knowingly] **WILLFULLY** practices radiation therapy, radiography, nuclear medicine technology, or radiology assistance with an unauthorized individual or 11 12aids an unauthorized individual in the practice of radiation therapy, radiography, nuclear 13medicine technology, or radiology assistance; 14[Knowingly] WILLFULLY submits false statements to collect fees for (19)15which services are not provided; 16 [Knowingly] WILLFULLY fails to report suspected child abuse in (21)17violation of § 5–704 of the Family Law Article; 18 14–5B–15. 19 (a) (1) Except as provided in subsections (b) and (d) of this section, [hospitals, 20related institutions, alternative health systems as defined in § 1–401 of this article, and 21employers] EACH EMPLOYER OF A LICENSEE shall [file with] SUBMIT TO the Board a 22report [that the hospital, related institution, alternative health system, or employer limited, reduced, otherwise changed, or terminated any licensee for any reason] IF: 2324**(I) THE EMPLOYER:** 251. **REDUCED, SUSPENDED, REVOKED, RESTRICTED,** 26DENIED, CONDITIONED, OR DID NOT RENEW THE LICENSEE'S CLINICAL PRIVILEGES, EMPLOYMENT, OR OTHER ABILITY TO PRACTICE OR TREAT PATIENTS; 27282. **INVOLUNTARILY TERMINATED OR RESTRICTED THE** 29LICENSEE'S EMPLOYMENT OR STAFF MEMBERSHIP; OR

1 ASKED THE LICENSEE TO VOLUNTARILY RESIGN 3.  $\mathbf{2}$ BECAUSE OF THE LICENSEE'S CONDUCT OR WHILE THE LICENSEE IS BEING 3 **INVESTIGATED; AND** 4 THE ACTION DESCRIBED UNDER ITEM (I) OF THIS **(II)** PARAGRAPH WAS TAKEN:  $\mathbf{5}$ 6 FOR REASONS that might be grounds for disciplinary 1. action under 14–5B–14 of this subtitle: 7 8 2. BECAUSE THE LICENSEE MAY HAVE ENGAGED IN AN 9 ACT THAT MAY CONSTITUTE UNPROFESSIONAL CONDUCT; 10 BECAUSE THE LICENSEE MAY BE UNABLE TO 3. 11 PRACTICE NUCLEAR MEDICINE TECHNOLOGY, RADIATION THERAPY, 12RADIOGRAPHY, OR RADIOLOGY ASSISTANCE WITH REASONABLE SKILL AND SAFETY BECAUSE OF A PHYSICAL OR MENTAL CONDITION OR PROFESSIONAL 1314**INCOMPETENCE: OR** 154. BECAUSE THE LICENSEE MAY HAVE HARMED OR 16 PLACED ONE OR MORE PATIENTS OR THE PUBLIC AT UNREASONABLE RISK OF HARM BY ENGAGING IN AN ACT THAT CREATES AN IMMEDIATE OR CONTINUING DANGER. 1718 (2) EACH REPORT SUBMITTED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE: 19 20**(I)** THE ACTION TAKEN BY THE EMPLOYER; 21(II) A DETAILED EXPLANATION OF THE REASONS FOR THE 22ACTION, INCLUDING REFERENCES TO SPECIFIC PATIENT MEDICAL RECORDS, IF ANY, THAT INFORMED THE EMPLOYER'S ACTION; AND 2324(III) THE STEPS TAKEN BY THE EMPLOYER TO INVESTIGATE THE 25CONDUCT OF THE LICENSEE. 26(3) **(I)** THE BOARD MAY REQUEST FROM THE EMPLOYER 27ADDITIONAL INFORMATION REGARDING AN ACTION DESCRIBED IN PARAGRAPH (1) 28OF THIS SUBSECTION THAT WAS TAKEN BY THE EMPLOYER. 29IF AN EMPLOYER RECEIVES A REQUEST MADE UNDER (II) 30 SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE EMPLOYER SHALL PROMPTLY 31**PROVIDE THE ADDITIONAL INFORMATION.** 

$     \begin{array}{c}       1 \\       2 \\       3 \\       4 \\       5 \\       6 \\       7     \end{array} $	(b) [A hospital, related institution, alternative health system, or] IF AN employer [that has reason to know that] KNOWS THAT THE CONDUCT OF a licensee [has committed an action or has a condition that might be grounds for reprimand or probation of the licensee or suspension or revocation of the licensure] REQUIRES THAT THE EMPLOYER SUBMIT A REPORT UNDER SUBSECTION (A)(1) OF THIS SECTION because the licensee is [alcohol impaired or drug] impaired BY ALCOHOL OR ANOTHER SUBSTANCE, THE EMPLOYER is not required to report the licensee to the Board if:
8 9	(1) <u>The [hospital, related institution, alternative health system, or]</u> employer knows that the licensee is:
10 11 12	(i) In [an alcohol or drug] A SUBSTANCE USE DISORDER treatment program that is accredited by [the] THE Joint Commission [on Accreditation of Healthcare Organizations] or is certified by the Department; or
13 14	(ii) <u>Under the care of a health care practitioner who is competent</u> and capable of dealing with [alcoholism and drug abuse] SUBSTANCE USE DISORDERS;
$\begin{array}{c} 15\\ 16\\ 17\end{array}$	(2) (i) The [hospital, related institution, alternative health system, or] employer is able to verify that the licensee remains in the treatment program until SUCCESSFUL discharge; and
18 19 20 21	(ii) The action or condition of the licensee has not caused injury to any person while the licensee is practicing AS A LICENSED NUCLEAR MEDICINE TECHNOLOGIST, LICENSED RADIATION THERAPIST, LICENSED RADIOGRAPHER, OR LICENSED RADIOLOGIST ASSISTANT.
22 23 24 25 26	(c) (1) If the licensee enters, or is considering entering, an alcohol or drug treatment program that is accredited by [the] THE-Joint Commission [on Accreditation of Healthcare Organizations] or that is certified by the Department, the licensee shall notify the hospital, related institution, alternative health system, or employer [of] WITHIN 15 DAYS AFTER-the licensee's decision to enter the treatment program.
27 28 29 30 31	[(2) If the licensee fails to provide the notice required under paragraph (1) of this subsection, and the hospital, related institution, alternative health system, or employer learns that the licensee has entered a treatment program, the hospital, related institution, alternative health system, or employer shall report to the Board that the licensee has entered a treatment program and has failed to provide the required notice.
32 33 34 35	(3) If the licensee is found to be noncompliant with the treatment program's policies and procedures while in the treatment program, the treatment program shall notify the hospital, related institution, alternative health system, or employer of the licensee's noncompliance.

$     \begin{array}{c}       1 \\       2 \\       3 \\       4 \\       5 \\       6 \\       7     \end{array} $	<ul> <li>(4) On receipt of the notification required under paragraph (3) of this subsection, the hospital, related institution, alternative health system, or] IF THE EMPLOYER KNOWS THAT THE LICENSEE IS NONCOMPLIANT WITH THE SUBSTANCE USE DISORDER TREATMENT PROGRAM, THE employer of the licensee shall report the licensee's noncompliance to the Board.</li> <li>(d) (1) THE BOARD MAY EXTEND THE REPORTING UNDER THIS SECTION FOR COOD CAUSE SHOWN</li> </ul>
7	FOR GOOD CAUSE SHOWN.
	(2) <u>A person is not required under this section to make any report that</u> would be in violation of any federal or State law, rule, or regulation concerning the confidentiality of [alcohol and drug abuse] SUBSTANCE USE DISORDER patient records.
11	(E) THE BOARD MAY ENFORCE THIS SECTION BY SUBPOENA.
12 13 14	(F) ANY PERSON SHALL HAVE THE IMMUNITY FROM LIABILITY DESCRIBED UNDER § 5–715(D) OF THE COURTS ARTICLE FOR GIVING ANY OF THE INFORMATION REQUIRED BY THIS SECTION.
15 16 17 18	[(e)] (G) [The hospital, related institution, alternative health system, or] AN employer REQUIRED TO MAKE A REPORT TO THE BOARD UNDER THIS SECTION shall submit the report within 10 days [of any] AFTER THE action [described in this section] REQUIRING THE REPORT.
19 20 21 22	[(f)] (H) <u>A report made under this section is PRIVILEGED, NOT SUBJECT TO</u> <u>INSPECTION UNDER THE PUBLIC INFORMATION ACT, AND not subject to subpoena or</u> <u>discovery in any civil action other than a proceeding arising out of a hearing and decision</u> <u>of the Board or a disciplinary panel under this title.</u>
$\begin{array}{c} 23\\ 24 \end{array}$	(g) (1) A disciplinary panel may impose a civil penalty of up to [\$1,000] \$5,000 for failure KNOWINGLY FAILING to report under this section.
$\frac{25}{26}$	(2) <u>A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF UP TO</u> <b>\$5,000 PER INCIDENT FOR A REPORT MADE BY AN EMPLOYER IN BAD FAITH.</b>
27 28	(3) <u>The Board shall remit any penalty collected under this subsection into</u> <u>the General Fund of the State.</u>
29	14–5B–18.1.
30	(a) Except as otherwise provided in this subtitle, a licensed physician may not

30 (a) Except as otherwise provided in this subtitle, a licensed physician may not 31 employ or supervise an individual practicing radiation therapy, radiography, nuclear 32 medicine technology, or radiology assistance without a license.

1 Except as otherwise provided in this subtitle, <del>a hospital, related institution,</del> (b)  $\mathbf{2}$ alternative health system, or AN employer may not employ an individual practicing 3 radiation therapy, radiography, nuclear medicine technology, or radiology assistance without a license. 4

A disciplinary panel may impose a civil penalty of up to [\$1,000] \$5,000 for  $\mathbf{5}$ (c) 6 employing an individual without a license under this section.

714–5B–19.

8 (a) A person who violates [any provision of §§ 14–5B–17 through 14–5B–18.1] § 9 14-5B-17 OR § 14-5B-18 of this subtitle is guilty of a misdemeanor and on conviction is 10 subject to a fine not exceeding \$1,000 or imprisonment not exceeding 1 year or both.

11 (b) A person who violates [any provision of §§ 14–5B–17 through 14–5B–18.1] § 1214-5B-17 OR § 14-5B-18 of this subtitle is subject to a civil fine of not more than \$5,000 13to be levied by a disciplinary panel.

The Board shall pay any penalty collected under this section into the Board of 14(c) 15Physicians Fund.

16 14-5C-01.

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

18 (c) "Committee" means the Polysomnography [Professional Standards] 19**ADVISORY** Committee established under § 14–5C–05 of this subtitle.

2014-5C-05.

There is a Polysomnography [Professional Standards] ADVISORY Committee within 2122the Board.

2314-5C-06.

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24(a)

The Committee consists of seven members appointed by the Board as follows:

- 25(1)(i) On or before September 30. 2009.three registered 26polysomnographic technologists; or
- 27On or after October 1, 2009, three] **THREE** licensed (ii) polysomnographic technologists; 28

29(2)Three **LICENSED** physicians who are board certified in sleep medicine:

> (i) One of whom is a specialist in psychiatry or internal medicine;

1		(ii)	One of whom is a specialist in pulmonary medicine; and
2		(iii)	One of whom is a specialist in neurology; and
3	(3)	One	consumer member.
4 5	(B) EACI IN GOOD STANDI		IBER OF THE COMMITTEE LICENSED BY THE BOARD MUST BE TH THE BOARD.
6	[(b)] (C)	The c	consumer member of the Committee:
7	(1)	[Sha	ll <b>] MUST</b> be a member of the general public;
8	(2)	May	not be or ever have been:
9		(i)	A polysomnographic technologist;
10		(ii)	Any <b>OTHER</b> health care professional; or
$\begin{array}{c} 11 \\ 12 \end{array}$	care professional;	(iii) AND	In training to be a polysomnographic technologist or other health
13 14	(3) or is in training to		r not have a household member who is a health care professional health care professional; and
15	(4)]	May	not:
$\begin{array}{c} 16 \\ 17 \end{array}$	professional field	(i) related	Participate or ever have participated in a commercial or to polysomnography;
18 19	professional field	(ii) related	Have a household member who participates in a commercial or to polysomnography;
$\begin{array}{c} 20\\ 21 \end{array}$	in a person regula	(iii) ted by	Have had within 2 years before appointment a financial interest the Board; or
$22 \\ 23 \\ 24$	in the provision o polysomnography.	-	Have had within 2 years before appointment a financial interest s or services to polysomnographic technologists or to the field of
$\frac{25}{26}$	(D) EACI STATE.	H MEN	MBER OF THE COMMITTEE MUST BE A RESIDENT OF THE
27	[(c)] <b>(E)</b>	(1)	The term of a member is 3 years.

### HOUSE BILL 776 The terms of members are staggered as required by [the terms provided for members of the Committee on October 1, 2006] REGULATION. At the end of a term, a member continues to serve until a successor is appointed and qualifies. A member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed and qualifies. A MEMBER MAY NOT SERVE MORE THAN TWO CONSECUTIVE FULL (1)From among its members, the Committee shall elect a chair once The chair, or the chair's designee, shall serve in an advisory capacity to the Board as a representative of the Committee. A QUORUM OF THE COMMITTEE CONSISTS OF FOUR MEMBERS.

15[(a)] In addition to the powers set forth elsewhere in this subtitle, the Committee 16 shall:

(1) 17SHALL:

18 (1)Develop and recommend to the Board [regulations]: **(I)** 

19 1. **REGULATIONS** to carry out [the provisions of] this <del>(1)</del> 20subtitle: AND

2. 21<del>(II)</del> ANY STATUTORY CHANGES THAT AFFECT THE 22**PROFESSION; AND** 

- 23(2)**(II)** Develop and recommend to the Board a code of ethics for the practice of polysomnography for adoption by the Board; 24
- 25(3)Develop and recommend to the Board standards of care for the practice of polysomnography; 26

27(4)Develop and recommend to the Board the requirements for licensure as 28a polysomnographic technologist, including:

29Criteria for the educational and clinical training of licensed (i) polysomnographic technologists; and 30

(2)

(3)

(4)

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(2)

[(d)] **(F)** 

every 2 years.

(G)

14-5C-07.

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TERMS.

$\frac{1}{2}$	of applicants for a	(ii) Criteria for a professional competency examination and testing a license to practice polysomnography;
$\frac{3}{4}$	(5) polysomnographi	Develop and recommend to the Board criteria for licensed c technologists who are licensed in other states to practice in this State;
$5 \\ 6$	(6) polysomnography	Evaluate the accreditation status of education programs in v for approval by the Board;
$7 \\ 8$	(7) applicants who fu	Evaluate the credentials of applicants and recommend licensure of alfill the requirements for a license to practice polysomnography;
9 10	(8) requirements for	Develop and recommend to the Board continuing education license renewal;
$\frac{11}{12}$	(9) polysomnography	Provide the Board with recommendations concerning the practice of <i>y</i> ;
$13 \\ 14 \\ 15$	(10) students in clinic licensed physicia	cal education programs by licensed polysomnographic technologists and
16	(11)	Keep a record of its [proceedings] MEETINGS; and
17	[(12	) Submit an annual report to the Board.]
18	<del>(3)</del>	ON REQUEST OF THE BOARD OR A DISCIPLINARY PANEL:
19	<u>(2)</u>	<u>MAY:</u>
$\begin{array}{c} 20\\ 21 \end{array}$	OF POLYSOMNO	(I) PROVIDE RECOMMENDATIONS REGARDING THE PRACTICE GRAPHY; AND
$\frac{22}{23}$	POLYSOMNOGRA	(II) ADVISE THE BOARD ON ANY OTHER MATTERS RELATED TO APHIC TECHNOLOGIST PRACTITIONERS.
24	<b>[</b> (b) The	Board shall:
25	(1)	Consider all recommendations of the Committee; and
$\frac{26}{27}$	(2) involving licensed	Provide to the Committee an annual report on the disciplinary matters es.]
28	14–5C–08.	

1	(b) This section does not apply to [a]:
$2 \\ 3$	(1) A student enrolled in an education program under § $14-5C-09(c)(3)$ of this subtitle while practicing polysomnography in that program[.];
$4 \\ 5 \\ 6$	[(c)] (2) [This section does not apply to a] A respiratory care practitioner who was licensed by the Board to practice respiratory care on or before December 31, 2012, and whose duties include practicing polysomnography; OR
7 8 9	(3) A POLYSOMNOGRAPHIC TECHNOLOGIST EMPLOYED IN THE SERVICE OF THE FEDERAL GOVERNMENT WHILE PRACTICING WITHIN THE SCOPE OF THE EMPLOYMENT.
10	[14–5C–10.
$\begin{array}{c} 11 \\ 12 \end{array}$	(a) The Board shall waive the education requirement under § $14-5C-09(c)(3)$ of this subtitle if on or before September 30, 2013, an individual:
$\begin{array}{c} 13\\14\\15\end{array}$	(1) Has passed the national certifying examination by the Board of Registered Polysomnographic Technologists or another examination approved by the Board;
$\begin{array}{c} 16 \\ 17 \end{array}$	(2) Is certified by the Board of Registered Polysomnographic Technologists as a registered polysomnographic technologist;
18	(3) Has submitted an application for licensure to the Board; and
$\begin{array}{c} 19\\ 20 \end{array}$	(4) Meets all of the requirements under § $14-5C-09(b)$ and (c)(1) and (2) of this subtitle.
21 22 23	(b) (1) If an individual has not satisfied the requirements under subsection (a) of this section on or before September 30, 2013, the individual may petition the Board for an extension.
$\begin{array}{c} 24 \\ 25 \end{array}$	(2) The Board shall determine whether to grant an extension under this subsection on a case-by-case basis.]
26	14–5C–14.1.
$\begin{array}{c} 27 \\ 28 \end{array}$	(a) A licensee shall notify the Board in writing of a change in name or address within [60] <b>10</b> <u>30</u> days after the change.
29	14–5C–17.
$\begin{array}{c} 30\\ 31 \end{array}$	(a) Subject to the hearing provisions of § 14–405 of this title, a disciplinary panel, on the affirmative vote of a majority of a quorum of the disciplinary panel, may deny a

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$\frac{1}{2}$	• •		, reprimand any licensee, place any licensee on probation, or use, if the applicant or licensee:
3	(3)	Is gui	lty of [unprofessional or immoral]:
4		<b>(I)</b>	IMMORAL conduct in the practice of polysomnography; OR
$5 \\ 6$	POLYSOMNOGRA	(II) PHY;	UNPROFESSIONAL CONDUCT IN THE PRACTICE OF
7	(4)	Is [pr	ofessionally, physically, or mentally]:
8		<b>(I)</b>	<b>PROFESSIONALLY INCOMPETENT;</b>
9		<b>(</b> II)	PHYSICALLY INCOMPETENT; OR
10		(III)	<b>MENTALLY</b> incompetent;
$\begin{array}{c} 11 \\ 12 \end{array}$	(14) polysomnography;	[Knov	wingly] WILLFULLY makes a misrepresentation while practicing
$\begin{array}{c} 13\\14\\15\end{array}$	(15) unauthorized ind polysomnography;	-	wingly] WILLFULLY practices polysomnography with an l or aids an unauthorized individual in the practice of
$\begin{array}{c} 16 \\ 17 \end{array}$	(16) unlicensed individ	-	wingly] WILLFULLY delegates a polysomnographic duty to an
18 19	(20) which services are	-	wingly] WILLFULLY submits false statements to collect fees for ovided;
$\begin{array}{c} 20\\ 21 \end{array}$	(22) violation of § 5–70	-	wingly] <b>WILLFULLY</b> fails to report suspected child abuse in e Family Law Article;
22	14–5C–18.		
23 24 25 26 27 28	employers] EACH shall [file with] S alternative health	s, alte EMPL UBMI systen	ot as provided in subsections (b) and (d) of this section, [hospitals, rnative health systems as defined in § 1–401 of this article, and OYER OF A LICENSED POLYSOMNOGRAPHIC TECHNOLOGIST TO the Board a report [that the hospital, related institution, h, or employer limited, reduced, otherwise changed, or terminated raphic technologist for any reason] IF:

29 (I) <u>THE EMPLOYER:</u>

1 **REDUCED, SUSPENDED, REVOKED, RESTRICTED,** 1.  $\mathbf{2}$ DENIED, CONDITIONED, OR DID NOT RENEW THE LICENSED POLYSOMNOGRAPHIC 3 TECHNOLOGIST'S CLINICAL PRIVILEGES, EMPLOYMENT, OR OTHER ABILITY TO 4 **PRACTICE OR TREAT PATIENTS;**  $\mathbf{5}$ 2. INVOLUNTARILY TERMINATED OR RESTRICTED THE 6 LICENSED POLYSOMNOGRAPHIC TECHNOLOGIST'S EMPLOYMENT OR STAFF 7**MEMBERSHIP; OR** 8 ASKED THE LICENSED POLYSOMNOGRAPHIC 3. TECHNOLOGIST TO VOLUNTARILY RESIGN BECAUSE OF THE LICENSED 9 POLYSOMNOGRAPHIC TECHNOLOGIST'S CONDUCT OR WHILE THE LICENSED 10 11 POLYSOMNOGRAPHIC TECHNOLOGIST IS BEING INVESTIGATED; AND 12 THE ACTION DESCRIBED UNDER ITEM (I) OF THIS **(II)** 13**PARAGRAPH WAS TAKEN:** 14FOR REASONS that might be grounds for disciplinary 1. 15action under 14–5C–17 of this subtitle: 16 2. BECAUSE THE LICENSED POLYSOMNOGRAPHIC 17TECHNOLOGIST MAY HAVE ENGAGED IN AN ACT THAT MAY CONSTITUTE 18 **UNPROFESSIONAL CONDUCT;** 19 3. BECAUSE THE LICENSED POLYSOMNOGRAPHIC 20 TECHNOLOGIST MAY BE UNABLE TO PRACTICE POLYSOMNOGRAPHY WITH 21**REASONABLE SKILL AND SAFETY BECAUSE OF A PHYSICAL OR MENTAL CONDITION** 22**OR PROFESSIONAL INCOMPETENCE; OR** 23BECAUSE THE LICENSED POLYSOMNOGRAPHIC **4**. 24TECHNOLOGIST MAY HAVE HARMED OR PLACED ONE OR MORE PATIENTS OR THE 25PUBLIC AT UNREASONABLE RISK OF HARM BY ENGAGING IN AN ACT THAT CREATES 26AN IMMEDIATE OR CONTINUING DANGER. 27(2) EACH REPORT SUBMITTED UNDER PARAGRAPH (1) OF THIS 28SUBSECTION SHALL INCLUDE: 29**(I)** THE ACTION TAKEN BY THE EMPLOYER: 30 (II) A DETAILED EXPLANATION OF THE REASONS FOR THE 31 ACTION, INCLUDING REFERENCES TO SPECIFIC PATIENT MEDICAL RECORDS, IF 32ANY, THAT INFORMED THE EMPLOYER'S ACTION: AND

1	(III) THE STEPS TAKEN BY THE EMPLOYER TO INVESTIGATE THE
2	CONDUCT OF THE LICENSED POLYSOMNOGRAPHIC TECHNOLOGIST.
3	(3) (1) THE BOARD MAY REQUEST FROM THE EMPLOYER
4	ADDITIONAL INFORMATION REGARDING AN ACTION DESCRIBED IN PARAGRAPH (1)
<b>5</b>	OF THIS SUBSECTION THAT WAS TAKEN BY THE EMPLOYER.
0	
6	(II) IF AN EMPLOYER RECEIVES A REQUEST MADE UNDER
7	SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE EMPLOYER SHALL PROMPTLY
8	PROVIDE THE ADDITIONAL INFORMATION.
9	(b) [A hospital, related institution, alternative health system, or] <b>IF AN</b> employer
10	[that has reason to know] KNOWS that THE CONDUCT OF a licensed polysomnographic
11	technologist [has committed an action or has a condition that might be grounds for
12	reprimand or probation of the licensed polysomnographic technologist or suspension or
13	revocation of the license] REQUIRES THAT THE EMPLOYER SUBMIT A REPORT UNDER
14	SUBSECTION (A)(1) OF THIS SECTION because the licensed polysomnographic
15	technologist is [alcohol impaired or drug] impaired BY ALCOHOL OR ANOTHER
16	SUBSTANCE, THE EMPLOYER is not required to report the technologist to the Board if:
17	(1) <u>The [hospital, related institution, alternative health system, or]</u>
18	employer knows that the licensed polysomnographic technologist is:
19	(i) In [an alcohol or drug] A SUBSTANCE USE DISORDER treatment
20	program that is accredited by [the] <b>THE</b> Joint Commission [on Accreditation of Healthcare
21	Organizations] or is certified by the Department; or
22	(ii) Under the care of a health care practitioner who is competent
23	and capable of dealing with [alcoholism and drug abuse] SUBSTANCE USE DISORDERS;
24	and
~~	
25 90	(2) (i) <u>The [hospital, related institution, alternative health system, or]</u>
$\frac{26}{27}$	employer is able to verify that the licensed polysomnographic technologist remains in the treatment program until SUCCESSFUL discharge; and
21	treatment program until SUCCESSFUL discharge, and
28	(ii) The action or condition of the licensed polysomnographic
29	technologist has not caused injury to any person while the LICENSED
30	<b>POLYSOMNOGRAPHIC</b> technologist is practicing as a licensed polysomnographic
31	technologist.
_	
32	(c) (1) If the licensed polysomnographic technologist enters, or is considering
33	entering, an alcohol or drug treatment program that is accredited by [the] THE Joint
34 25	Commission [on Accreditation of Healthcare Organizations] or that is certified by the
35	Department, the licensed polysomnographic technologist shall notify the hospital, related

$rac{1}{2}$	institution, alternative health system, or employer [of] WITHIN 15 DAYS AFTER the licensed polysomnographic technologist's decision to enter the treatment program.
3	[(2) If the licensed polysomnographic technologist fails to provide the notice
4	required under paragraph (1) of this subsection, and the hospital, related institution,
<b>5</b>	alternative health system, or employer learns that the licensed polysomnographic
6	technologist has entered a treatment program, the hospital, related institution, alternative
7	health system, or employer shall report to the Board that the licensed polysomnographic
8	technologist has entered a treatment program and has failed to provide the required notice.
9	(3) If the licensed polysomnographic technologist is found to be
10	noncompliant with the treatment program's policies and procedures while in the treatment
11	program, the treatment program shall notify the hospital, related institution, alternative
12	health system, or employer of the licensed polysomnographic technologist's noncompliance.
13	(4) On receipt of the notification required under paragraph (3) of this
14	subsection, the hospital, related institution, alternative health system, or] IF THE
15	EMPLOYER KNOWS THAT THE LICENSED POLYSOMNOGRAPHIC TECHNOLOGIST IS
16	NONCOMPLIANT WITH THE SUBSTANCE USE DISORDER TREATMENT PROGRAM, THE
17	employer of the licensed polysomnographic technologist shall report the licensed
18	polysomnographic technologist's noncompliance to the Board.
19 20	(d) (1) THE BOARD MAY EXTEND THE REPORTING UNDER THIS SECTION FOR GOOD CAUSE SHOWN.
_ •	
21	(2) A person is not required under this section to make any report that
22	would be in violation of any federal or State law, rule, or regulation concerning the
23	<u>confidentiality of [alcohol and drug abuse] SUBSTANCE USE DISORDER patient records.</u>
24	(E) THE BOARD MAY ENFORCE THIS SECTION BY SUBPOENA.
25	(F) ANY PERSON SHALL HAVE THE IMMUNITY FROM LIABILITY DESCRIBED
26	UNDER § 5–715(D) OF THE COURTS ARTICLE FOR GIVING ANY OF THE INFORMATION
27	REQUIRED BY THIS SECTION.
28	[(e)] (G) [The hospital, related institution, alternative health system, or] AN
29	employer REQUIRED TO MAKE A REPORT TO THE BOARD UNDER THIS SECTION shall
30	submit the report within 10 days [of any] AFTER THE action [described in this section]
31	REQUIRING THE REPORT.
32	[(f)] (H) A report made under this section is <b>PRIVILEGED</b> , <b>NOT SUBJECT TO</b>
33	<b>INSPECTION UNDER THE PUBLIC INFORMATION ACT, AND</b> not subject to subpoena or
34	discovery in any civil action other than a proceeding arising out of a hearing and decision
35	of the Board or a disciplinary panel under this title.

1 (g) (I) (1) A disciplinary panel may impose a civil penalty of up to [\$1,000] **\$5,000** 2 for failure KNOWINGLY FAILING to report under this section.

### 3(2)A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF UP TO4\$5,000 PER INCIDENT FOR A REPORT MADE BY AN EMPLOYER IN BAD FAITH.

5 (3) The Board shall remit any penalty collected under this subsection into 6 the General Fund of the State.

7 <u>14–5C–22.1.</u>

8 (b) Except as otherwise provided in this subtitle, [a hospital, a related institution, 9 an alternative health system, or] an employer may not employ an individual practicing 10 polysomnography without a license.

11 14–5C–23.

12 (a) A person who violates [any provision of §§ 14–5C–20 through 14–5C–22.1] § 13 14–5C–20, § 14–5C–21, OR § 14–5C–22 of this subtitle is guilty of a misdemeanor and 14 on conviction is subject to a fine not exceeding \$1,000 or imprisonment not exceeding 1 year 15 or both.

(b) A person who violates [any provision of §§ 14–5C–20 through 14–5C–22.1] §
17 14–5C–20, § 14–5C–21, OR § 14–5C–22 of this subtitle is subject to a civil fine of not
18 more than \$5,000 to be levied by a disciplinary panel.

19 (c) The Board shall pay any penalty collected under this section into the Board of 20 Physicians Fund.

21 14–5D–04.

22 There is an Athletic Trainer Advisory Committee within the Board.

- 23 14–5D–05.
- 24 (a) The Committee consists of [nine] SEVEN members appointed by the Board as 25 follows:
- 26 (1) Three licensed athletic trainers [who:
- 27 (i) Are certified by a national certifying board; and
- 28 (ii) Have a minimum of 5 years of clinical experience];
- 29 (2) Three licensed physicians:

60			HOUSE BILL 776
medicine; ai	nd	(i)	At least one of whom is a specialist in orthopedic or sports
directed an	athleti	(ii) c train	Two of whom previously or currently have partnered with or er; AND
	<b>[</b> (3)	One r	nember who is:
		(i)	A licensed chiropractor who has sports medicine experience;
		(ii)	A licensed physical therapist; or
		(iii)	A licensed occupational therapist; and
	(4) <b>] (</b> 3	3)	[Two] ONE consumer [members] MEMBER.
[(b) list of quali Association,			athletic trainer members may be appointed by the Board from a als submitted to the Board by the Maryland Athletic Trainers
	(2)	The B	Board may request an additional list of nominees for each vacancy.]
(B) MEMBERS TRAINERS	FROM	A LIS	D SHALL APPOINT AT LEAST ONE OF THE ATHLETIC TRAINER ST OF NAMES SUBMITTED BY THE MARYLAND ATHLETIC ON, INC.
(C) IN GOOD ST			BER OF THE COMMITTEE LICENSED BY THE BOARD MUST BE TH THE BOARD.
[(c)]	(D)	The c	onsumer member of the Committee:
	(1)	<b>[</b> Shal	l] MUST be a member of the general public;
	(2)	May 1	not be or ever have been:
		(i)	An athletic trainer;
		(ii)	[A] ANY OTHER health care professional; or
and		(iii)	In training to be an athletic trainer or other health professional;
	(3)	May 1	not:

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 $\begin{array}{c} 14 \\ 15 \end{array}$ 

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 $\begin{array}{c} 24 \\ 25 \end{array}$ 

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27 (i) Participate or ever have participated in a commercial or 28 professional field related to athletic training;

$egin{array}{c} 1 \\ 2 \\ 3 \end{array}$	(ii) Have [had within 2 years before appointment a financial interest in a person regulated by the Board] A HOUSEHOLD MEMBER WHO PARTICIPATES IN A COMMERCIAL OR PROFESSIONAL FIELD RELATED TO ATHLETIC TRAINING; [or]
4 5 6	(iii) Have had within 2 years before appointment a financial interest in the provision of goods or services to athletic trainers or to the field of athletic training; OR
7 8	(IV) HAVE HAD WITHIN 2 YEARS BEFORE APPOINTMENT A FINANCIAL INTEREST IN A PERSON REGULATED BY THE BOARD.
9 10	(E) EACH MEMBER OF THE COMMITTEE MUST BE A RESIDENT OF THE STATE.
11	[(d)] (F) (1) The term of a member is 3 years.
$\frac{12}{13}$	(2) The terms of members are staggered as required by [the terms provided for members of the Committee on October 1, 2009] <b>REGULATION</b> .
$\begin{array}{c} 14 \\ 15 \end{array}$	(3) At the end of a term, a member continues to serve until a successor is appointed <b>AND QUALIFIES</b> .
$\frac{16}{17}$	(4) A member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed <b>AND QUALIFIES</b> .
18 19	(5) A MEMBER MAY NOT SERVE MORE THAN TWO CONSECUTIVE FULL TERMS.
$\begin{array}{c} 20\\ 21 \end{array}$	[(e)] (G) (1) From among its members, the Committee shall elect a chair every 2 years.
$\begin{array}{c} 22\\ 23 \end{array}$	(2) The chair shall serve in an advisory capacity to the Board as a representative of the Committee.
24	(H) A QUORUM OF THE COMMITTEE CONSISTS OF FOUR MEMBERS.
25	14–5D–06.
$\frac{26}{27}$	[(a)] In addition to the powers set forth elsewhere in this subtitle, the Committee shall:
28	(1) SHALL:
29	(1) (I) Develop and recommend to the Board [regulations]:

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1		<del>(I)</del>	<u>1.</u>	REGU	ULATIONS to a	earry out this	subtitle;	AND	
$\frac{2}{3}$	PROFESSION; <u>AN</u>	<del>(II)</del> D	<u>2.</u>	ANY	STATUTORY	CHANGES	THAT	AFFECT	THE
4 5	<del>(2)</del> requirements for l	<u>(II)</u> icense	-	-	nd recommend	l to the Boai	rd contin	nuing edu	cation
$6 \\ 7$	(3) athletic training;	Provi	ide the	Board	l with recomm	iendations co	ncerning	; the pract	cice of
$8\\9\\10$	(4) protocol for use b practices;		-		mmend to the r and the phys				
$\begin{array}{c} 11 \\ 12 \end{array}$	(5) individual evaluat				ne Board appr protocols;	oval, modific	ation, or	disappro	val of
13	(6)]	Keep	a reco	rd of it	s [proceedings	] MEETINGS;	and		
14	[(7)	Subn	nit an a	ınnual	report to the I	Board.]			
15	<del>(3)</del>	<del>On i</del>	REQUE	<del>ST OF '</del>	<del>the Board (</del>	<del>)R A DISCIPL</del>	<del>INARY I</del>	PANEL:	
15 16	<del>(3)</del> (2)	<del>On i</del> <u>May</u>	•	<del>ST OF '</del>	<del>the Board (</del>	<del>)R A DISCIPL</del>	<del>INARY I</del>	PANEL:	
		<u>May</u> (I)	: Pro	VIDE R	<del>the Board (</del> Recommend <i>i</i>				CTICE
16 17	<u>(2)</u>	<u>May</u> (I) AININ( (II)	: Pro G; AND	VIDE R		TIONS REGA	RDING	THE PRAC	
16 17 18 19	(2) OF ATHLETIC TR ATHLETIC TRAIN	<u>May</u> (I) AININ( (II)	E PRO G; AND ADV	VIDE R	RECOMMENDA	TIONS REGA	RDING	THE PRAC	
16 17 18 19 20	(2) OF ATHLETIC TR ATHLETIC TRAIN	<u>May</u> (I) AINING (II) ERS. Board s	E PRO G; AND ADV Shall:	VIDE R	RECOMMENDA	ATIONS REGA	RDING MATTEF	THE PRAC	
16 17 18 19 20 21	(2) OF ATHLETIC TR ATHLETIC TRAIN [(b) The I	<u>May</u> (I) AINING (II) ERS. Board s Cons Provi	E PRO G; AND ADV Shall:	VIDE R SE TH	RECOMMENDA E BOARD ON	ATIONS REGA ANY OTHER	RDING MATTEF ee; and	THE PRAC	ED TO
<ol> <li>16</li> <li>17</li> <li>18</li> <li>19</li> <li>20</li> <li>21</li> <li>22</li> <li>23</li> </ol>	(2) OF ATHLETIC TR ATHLETIC TRAIN [(b) The I (1) (2)	<u>May</u> (I) AINING (II) ERS. Board s Cons Provi	E PRO G; AND ADV Shall:	VIDE R SE TH	RECOMMENDA TE BOARD ON	ATIONS REGA ANY OTHER	RDING MATTEF ee; and	THE PRAC	ED TO

1 (1) An [individual] ATHLETIC TRAINER employed [by] IN THE SERVICE 2 OF the federal government [as an athletic trainer] while [the individual is] practicing 3 within the scope of [that] THE employment;

4 14–5D–10.

5 (a) An athletic trainer license authorizes the licensee to practice athletic training 6 services **IN THE STATE** while the license is effective.

7 14–5D–11.1.

8 (b) Except as otherwise provided in this subtitle, [a hospital, an institution, an 9 alternative health system, or any other] AN employer may not employ an individual 10 practicing athletic training without a license or without an approved evaluation and 11 treatment protocol.

12 (c) A disciplinary panel may impose a civil penalty of up to [\$1,000] **\$5,000** on a 13 person who employs or supervises an individual without a license or without an approved 14 evaluation and treatment protocol.

15 **14–5D–11.5.** 

16 (A) (1) EXCEPT AS PROVIDED IN SUBSECTIONS (B) AND (D) OF THIS 17 SECTION, EACH HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, 18 AND EACH EMPLOYER OF A LICENSED ATHLETIC TRAINER SHALL FILE WITH SUBMIT 19 TO THE BOARD A REPORT THAT THE HOSPITAL, RELATED INSTITUTION, 20 ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER LIMITED, REDUCED, OTHERWISE 21 CHANGED, OR TERMINATED ANY LICENSED ATHLETIC TRAINER FOR ANY REASON IF:

22

#### (I) <u>THE EMPLOYER:</u>

231.REDUCED, SUSPENDED, REVOKED, RESTRICTED,24DENIED, CONDITIONED, OR DID NOT RENEW THE LICENSED ATHLETIC TRAINER'S25CLINICAL PRIVILEGES, EMPLOYMENT, OR OTHER ABILITY TO PRACTICE OR TREAT26PATIENTS;

## 272.Involuntarily terminated or restricted the28LICENSED ATHLETIC TRAINER'S EMPLOYMENT OR STAFF MEMBERSHIP; OR

293.ASKED THE LICENSED ATHLETIC TRAINER TO30VOLUNTARILY RESIGN BECAUSE OF THE LICENSED ATHLETIC TRAINER'S CONDUCT31OR WHILE THE LICENSED ATHLETIC TRAINER IS BEING INVESTIGATED; AND

32(II)THE ACTION DESCRIBED UNDER ITEM (I) OF THIS33PARAGRAPH WAS TAKEN:

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1 1. FOR REASONS THAT MIGHT BE GROUNDS FOR 2 DISCIPLINARY ACTION UNDER § 14–5D–14 OF THIS SUBTITLE; 3 2. BECAUSE THE LICENSED ATHLETIC TRAINER MAY 4 HAVE ENGAGED IN AN ACT THAT MAY CONSTITUTE UNPROFESSIONAL CONDUCT;  $\mathbf{5}$ 3. BECAUSE THE LICENSED ATHLETIC TRAINER MAY BE 6 UNABLE TO PRACTICE ATHLETIC TRAINING WITH REASONABLE SKILL AND SAFETY BECAUSE OF A PHYSICAL OR MENTAL CONDITION OR PROFESSIONAL 7 **INCOMPETENCE; OR** 8 9 BECAUSE THE LICENSED ATHLETIC TRAINER MAY 4. 10 HAVE HARMED OR PLACED ONE OR MORE PATIENTS OR THE PUBLIC AT UNREASONABLE RISK OF HARM BY ENGAGING IN AN ACT THAT CREATES AN 11 IMMEDIATE OR CONTINUING DANGER. 1213 (2) A REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS 14 SUBSECTION SHALL INCLUDE: THE ACTION TAKEN BY THE EMPLOYER; 15**(I)** 16 (II) A DETAILED EXPLANATION OF THE REASONS FOR THE 17ACTION, INCLUDING REFERENCES TO SPECIFIC PATIENT MEDICAL RECORDS, IF 18 ANY, THAT INFORMED THE EMPLOYER'S ACTION; AND 19 (III) THE STEPS TAKEN BY THE EMPLOYER TO INVESTIGATE THE 20CONDUCT OF THE LICENSEE. THE BOARD MAY REQUEST FROM THE EMPLOYER 21(3) **(I)** 22ADDITIONAL INFORMATION REGARDING AN ACTION DESCRIBED IN PARAGRAPH (1) 23OF THIS SUBSECTION THAT WAS TAKEN BY THE EMPLOYER. 24(II) IF AN EMPLOYER RECEIVES A REQUEST MADE UNDER 25SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE EMPLOYER SHALL PROMPTLY PROVIDE THE ADDITIONAL INFORMATION. 2627A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE HEALTH **(B)** SYSTEM, OR IF AN EMPLOYER THAT HAS REASON TO KNOW THAT KNOWS THAT THE 28CONDUCT OF A LICENSED ATHLETIC TRAINER HAS COMMITTED AN ACTION OR HAS 2930 A CONDITION THAT MIGHT BE-GROUNDS FOR REPRIMAND OR PROBATION OF THE LICENSED ATHLETIC TRAINER-OR SUSPENSION OR REVOCATION OF THE LICENSE 3132**REQUIRES THAT THE EMPLOYER SUBMIT A REPORT UNDER SUBSECTION (A)(1) OF** 

33 THIS SECTION BECAUSE THE LICENSED ATHLETIC TRAINER IS ALCOHOL-IMPAIRED

1 OR DRUG-IMPAIRED IMPAIRED BY ALCOHOL OR ANOTHER SUBSTANCE, THE  $\mathbf{2}$ EMPLOYER IS NOT REQUIRED TO REPORT THE LICENSED ATHLETIC TRAINER TO THE 3 **BOARD IF:** 4 (1) THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH  $\mathbf{5}$ SYSTEM. OR EMPLOYER KNOWS THAT THE LICENSED ATHLETIC TRAINER IS: 6 IN AN ALCOHOL OR DRUG A SUBSTANCE USE DISORDER **(I)** 7 TREATMENT PROGRAM THAT IS ACCREDITED BY THE JOINT COMMISSION OR IS 8 **CERTIFIED BY THE DEPARTMENT: OR** 9 (II) UNDER THE CARE OF A HEALTH CARE PRACTITIONER WHO 10 IS COMPETENT AND CAPABLE OF DEALING WITH ALCOHOLISM AND DRUG ABUSE 11 SUBSTANCE USE DISORDERS: 12(2) THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH 13SYSTEM, OR EMPLOYER IS ABLE TO VERIFY THAT THE LICENSED ATHLETIC TRAINER 14 **REMAINS IN THE TREATMENT PROGRAM UNTIL SUCCESSFUL DISCHARGE; AND** 15THE ACTION OR CONDITION OF THE LICENSED ATHLETIC (3) TRAINER HAS NOT CAUSED INJURY TO ANY PERSON WHILE THE PRACTITIONER 16 LICENSED ATHLETIC TRAINER IS PRACTICING AS A LICENSED ATHLETIC TRAINER. 1718 **(C)** <del>(1)</del> IF THE LICENSED ATHLETIC TRAINER ENTERS OR IS 19 CONSIDERING ENTERING AN ALCOHOL OR DRUG TREATMENT PROGRAM THAT IS 20ACCREDITED BY THE JOINT COMMISSION OR THAT IS CERTIFIED BY THE 21DEPARTMENT. THE LICENSED ATHLETIC TRAINER SHALL NOTIFY THE HOSPITAL. 22**RELATED INSTITUTION. ALTERNATIVE HEALTH SYSTEM. OR EMPLOYER WITHIN 15** 23DAYS AFTER THE LICENSED ATHLETIC TRAINER'S DECISION TO ENTER THE 24TREATMENT PROGRAM. 25<del>(2)</del> IF THE LICENSED ATHLETIC TRAINER FAILS TO PROVIDE THE 26NOTICE REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION, AND THE 27HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER 28LEARNS THAT THE LICENSED ATHLETIC TRAINER HAS ENTERED A TREATMENT 29PROGRAM. THE HOSPITAL. RELATED INSTITUTION. ALTERNATIVE HEALTH SYSTEM. 30 OR EMPLOYER SHALL REPORT TO THE BOARD THAT THE LICENSED ATHLETIC 31 TRAINER HAS ENTERED A TREATMENT PROGRAM AND HAS FAILED TO PROVIDE THE 32 **REQUIRED NOTICE.** 33

33 (3) IF THE TREATMENT PROGRAM FINDS THAT THE LICENSED
 34 ATHLETIC TRAINER IS NONCOMPLIANT WITH THE TREATMENT PROGRAM'S
 35 POLICIES AND PROCEDURES WHILE IN THE TREATMENT PROGRAM, THE TREATMENT
 36 PROGRAM SHALL NOTIFY THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE

1 HEALTH SYSTEM, OR EMPLOYER OF THE LICENSED ATHLETIC TRAINER'S 2 NONCOMPLIANCE.

3 (4) ON RECEIPT OF A NOTIFICATION MADE UNDER PARAGRAPH (3) OF
 THIS SUBSECTION, THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH
 SYSTEM, OR IF THE EMPLOYER KNOWS THAT THE LICENSED ATHLETIC TRAINER IS
 NONCOMPLIANT WITH THE SUBSTANCE USE DISORDER TREATMENT PROGRAM, THE
 EMPLOYER OF THE LICENSED ATHLETIC TRAINER SHALL REPORT THE LICENSED
 ATHLETIC TRAINER'S NONCOMPLIANCE TO THE BOARD.

9 (D) (1) THE BOARD MAY EXTEND THE REPORTING UNDER THIS SECTION 10 FOR GOOD CAUSE SHOWN.

(D) (2) A PERSON IS NOT REQUIRED UNDER THIS SECTION TO MAKE ANY
 REPORT THAT WOULD BE IN VIOLATION OF ANY FEDERAL OR STATE LAW, RULE, OR
 REGULATION CONCERNING THE CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE
 SUBSTANCE USE DISORDER PATIENT RECORDS.

15 (E) THE BOARD MAY ENFORCE THIS SECTION BY SUBPOENA.

16(F)ANY PERSON SHALL HAVE THE IMMUNITY FROM LIABILITY DESCRIBED17UNDER § 5–715(D) OF THE COURTS ARTICLE FOR GIVING ANY OF THE INFORMATION18REQUIRED BY THIS SECTION.

19(E) (G)A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE HEALTH20SYSTEM, OR AN AN EMPLOYER REQUIRED TO MAKE A REPORT TO THE BOARD UNDER21THIS SECTION SHALL SUBMIT THE REPORT WITHIN 10 DAYS AFTER THE ACTION22REQUIRING THE REPORT.

23 (F) (H) A REPORT MADE UNDER THIS SECTION IS <u>PRIVILEGED</u>, NOT 24 <u>SUBJECT TO INSPECTION UNDER THE PUBLIC INFORMATION ACT</u>, AND NOT 25 SUBJECT TO SUBPOENA OR DISCOVERY IN ANY CIVIL ACTION OTHER THAN A 26 PROCEEDING ARISING OUT OF A HEARING AND DECISION OF THE BOARD OR A 27 DISCIPLINARY PANEL UNDER THIS TITLE.

28 (G) (I) (1) A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF 29 UP TO \$5,000 FOR FAILURE KNOWINGLY FAILING TO REPORT UNDER THIS SECTION.

30(2)A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF UP TO31\$5,000 PER INCIDENT FOR A REPORT MADE BY AN EMPLOYER IN BAD FAITH.

32 (3) THE BOARD SHALL REMIT ANY PENALTY COLLECTED UNDER THIS 33 SUBSECTION INTO THE GENERAL FUND OF THE STATE.

1 14–5D–12.1.

2 (a) A licensee shall notify the Board in writing of a change in name or address 3 within [60] **10** <u>30</u> days after the change.

4 14–5D–14.

5 (a) Subject to the hearing provisions of § 14–405 of this title, a disciplinary panel, 6 on the affirmative vote of a majority of a quorum of the disciplinary panel, may deny a 7 license to any applicant, reprimand any licensee, place any licensee on probation, or 8 suspend or revoke a license, if the applicant or licensee:

9

(3) Is guilty of [unprofessional or immoral]:

10

(I) **IMMORAL** conduct in the practice of athletic training; **OR** 

11 (II) UNPROFESSIONAL CONDUCT IN THE PRACTICE OF 12 ATHLETIC TRAINING;

- 13 (4) Is [professionally, physically, or mentally]:
- 14 (I) **PROFESSIONALLY INCOMPETENT;**
- 15 (II) PHYSICALLY INCOMPETENT; OR
- 16 (III) **MENTALLY** incompetent;

17 (14) [Knowingly] WILLFULLY makes a misrepresentation while practicing
 18 athletic training;

19 (15) [Knowingly] **WILLFULLY** practices athletic training with an 20 unauthorized individual or aids an unauthorized individual in the practice of athletic 21 trainer services;

22 (19) [Knowingly] **WILLFULLY** submits false statements to collect fees for 23 which services have not been provided;

24 (21) [Knowingly] **WILLFULLY** fails to report suspected child abuse in 25 violation of § 5–704 of the Family Law Article;

26 14–5E–05.

27 There is a Perfusion Advisory Committee within the Board.

28 14–5E–06.

1	(a)	The (	Commi	ttee c	onsi	sts of s	even men	bers	, appoir	nted by t	he Board a	as follows:
$\frac{2}{3}$	perfusion a	(1) nd who	[(i) :	On	or be	efore Se	eptember	30, 2	013, th	ree indiv	riduals wh	o practice
4				1.	A	re certi	ified by a	natic	onal cer	tifying b	oard; and	
5				2.	Η	ave a r	ninimum	of $2  ext{ y}$	years ex	xperience	e; and	
$6 \\ 7$	perfusionist	cs;	(ii)	On	or	after	October	1,	2013,	three]	THREE	licensed
$\frac{8}{9}$	cardio-thor	(2) acic su					-			of whom	performs	cardiac or
10		(3)	One o	eonsu	mer	memb	er.					
$\frac{11}{12}$	(B) IN GOOD ST							ELI	CENSEI	D BY TH	E BOARD	MUST BE
13	<b>[</b> (b) <b>]</b>	(C)	The c	onsu	mer	membe	er of the C	Comm	nittee:			
14		(1)	[Shal	1] MI	UST	be a m	ember of	the g	eneral j	public;		
$\begin{array}{c} 15\\ 16 \end{array}$	profession;	(2)	May	not []	prac	tice or	ever have	e pra	cticed p	perfusion	or any h	ealth care
17 18	other health	(3) n care p	-		e or	ever h	ave been	in tr	aining	to practi	ce perfusi	on or any
$\frac{19}{20}$	is in trainin	(4) ag to be	•								-	ssional or
21			<b>(I)</b>	A P	ERF	USION	IST;					
22			<b>(</b> II)	ANY	Y OT	HER H	EALTH C	ARE	PROFE	SSIONA	L; OR	
$\frac{23}{24}$	PROFESSIO	DNAL; a	<b>(III)</b> and	In '	ΓRA	INING	TO BE A	<b>PEI</b>	RFUSIO	NIST O	R OTHER	HEALTH
25		<b>[</b> (5) <b>]</b>	(3)	May	v not	•						
$26 \\ 27$	professional	l field 1	(i) related		-		ever ha	ave j	particip	ated in	a comm	nercial or

$\frac{1}{2}$	(ii) Have a household member who participates in a commercial or professional field related to perfusion;
$\frac{3}{4}$	(iii) Have had within 2 years before appointment a financial interest in a person regulated by the Board; or
$5 \\ 6$	(iv) Have had within 2 years before appointment a financial interest in the provision of goods or services to perfusionists or to the field of perfusion.
7 8	(D) EACH MEMBER OF THE COMMITTEE MUST BE A RESIDENT OF THE STATE.
9	[(c)] (E) (1) The term of a member is 3 years.
$\begin{array}{c} 10\\ 11 \end{array}$	(2) The terms of members are staggered as required by [the terms provided for members of the Committee on October 1, 2012] <b>REGULATION</b> .
$\begin{array}{c} 12\\ 13 \end{array}$	(3) At the end of a term, a member continues to serve until a successor is appointed and qualifies.
$\begin{array}{c} 14 \\ 15 \end{array}$	(4) A member who is appointed after a term has begun serves only for the rest of the term and until a successor is appointed and qualifies.
$\begin{array}{c} 16 \\ 17 \end{array}$	(5) A MEMBER MAY NOT SERVE MORE THAN TWO CONSECUTIVE FULL TERMS.
$\frac{18}{19}$	[(d)] (F) (1) From among its members, the Committee shall elect a chain every 2 years.
$\begin{array}{c} 20\\ 21 \end{array}$	(2) The chair shall serve in an advisory capacity to the Board as a representative of the Committee.
22	(G) A QUORUM OF THE COMMITTEE CONSISTS OF FOUR MEMBERS.
23	14-5E-07.
$\frac{24}{25}$	[(a)] In addition to the powers set forth elsewhere in this subtitle, the Committee shall:
26	(1) <u>SHALL</u> :
27	(1) (I) Develop and recommend to the Board:
$\frac{28}{29}$	(i) <u>1.</u> Regulations to carry out [the provisions of] this subtitle AND

	70			HOUSE BILL 776
$\frac{1}{2}$	by the Board;	<del>(ii)</del>	<u>2.</u>	[A code of ethics for the practice of perfusion for adoption
$\frac{3}{4}$	standards of care	(iii) for the		ommendations concerning the practice of perfusion, including ice of perfusion; and
$5 \\ 6$	STATUTORY CHA	(iv) ANGES		tinuing education requirements for license renewal] ANY AFFECT THE PROFESSION; <u>AND</u>
7	<del>(2)</del>	<u>(II)</u>	Keej	o a record of its [proceedings] MEETINGS; and
$\frac{8}{9}$	<del>(3)</del> <del>OR A DISCIPLIN/</del>	_		<del>) annual report to the Board<b>] ON REQUEST OF THE BOARD</b> OF THE <b>BOARD:</b></del>
10	<u>(2)</u>	MAY		
$11\\12$	OF PERFUSION;	(I) AND	Pro	OVIDE RECOMMENDATIONS REGARDING THE PRACTICE
$13\\14$	PERFUSIONISTS	<b>(II)</b>	ADV	VISE THE BOARD ON ANY OTHER MATTERS RELATED TO
15	(b) The	Board	shall:	
15 $16$	[(b) The (1)			ll recommendations of the Committee; and
		Cons Provi	ider a	ll recommendations of the Committee; and the Committee an annual report on the disciplinary matters
16 $17$	(1) (2)	Cons Provi	ider a	
16 17 18	(1) (2) involving licensee 14–5E–08.	Cons Provi es.]	ider a ide to	
16 17 18 19	(1) (2) involving licensee 14–5E–08. (b) This (1)	Cons Prove es.] section A stu	ider a ide to n does udent	the Committee an annual report on the disciplinary matters
16 17 18 19 20 21	(1) (2) involving licensee 14–5E–08. (b) This (1) this subtitle while (2)	Cons Prove es.] section A stude praction A PH	ider a ide to n does udent icing p E <b>RFU</b> S	the Committee an annual report on the disciplinary matters not apply to [a]: enrolled in an education program under § 14–5E–09(c)(2) of
<ol> <li>16</li> <li>17</li> <li>18</li> <li>19</li> <li>20</li> <li>21</li> <li>22</li> <li>23</li> </ol>	(1) (2) involving licensee 14–5E–08. (b) This (1) this subtitle while (2)	Cons Prove es.] section A stude praction A PH	ider a ide to n does udent icing p E <b>RFU</b> S	the Committee an annual report on the disciplinary matters not apply to [a]: enrolled in an education program under § 14–5E–09(c)(2) of berfusion in that program; OR SIONIST EMPLOYED IN THE SERVICE OF THE FEDERAL
<ol> <li>116</li> <li>117</li> <li>118</li> <li>119</li> <li>200</li> <li>211</li> <li>222</li> <li>223</li> <li>224</li> </ol>	(1) (2) involving licensee 14-5E-08. (b) This (1) this subtitle while (2) GOVERNMENT W 14-5E-14. (a) (1)	Cons Provies.] section A stu e practi A PH HILE H	ider a ide to n does udent icing p ERFUS PRACT	the Committee an annual report on the disciplinary matters not apply to [a]: enrolled in an education program under § 14–5E–09(c)(2) of berfusion in that program; OR SIONIST EMPLOYED IN THE SERVICE OF THE FEDERAL

1 (a) Subject to the hearing provisions of § 14–405 of this title, a disciplinary panel, 2 on the affirmative vote of a majority of the quorum of the disciplinary panel, may deny a 3 license to any applicant, reprimand any licensee, place any licensee on probation, or 4 suspend or revoke a license, if the applicant or licensee:

5	(:	3)	Is gui	lty of <b>[</b> unprofessional o	or immoral <b>]:</b>				
6			<b>(I)</b>	IMMORAL conduct in	the practice of	of pei	rfusion;	; OR	
7 8	PERFUSION;		(11)	UNPROFESSIONAL	CONDUCT	IN	THE	PRACTICE	OF
9	(4	4)	Is [pr	ofessionally, physically	y, or mentally	]:			
10			<b>(I)</b>	<b>PROFESSIONALLY I</b>	NCOMPETEN'	T;			
11			<b>(</b> II <b>)</b>	PHYSICALLY INCOM	IPETENT; OR				
12			(III)	MENTALLY incompet	tent;				
$\frac{13}{14}$	(E	14)	[Knov	wingly] WILLFULLY n	nakes a misre	prese	entation	n while practi	cing
$\begin{array}{c} 15\\ 16\end{array}$	(	15) aids a	-	wingly] WILLFULLY					rized
17 18	(individual;	16)	[Knov	wingly] WILLFULLY d	elegates a per	rfusio	on duty	to an unlice	nsed
19 20	(2 which services	20) s are	-	wingly] WILLFULLY s ovided;	submits false a	state	ments	to collect fee	s for
$\begin{array}{c} 21 \\ 22 \end{array}$	``	22) 5–704	-	wingly] <b>WILLFULLY</b> e Family Law Article;	fails to repor	rt su	Ispected	d child abus	e in
23	14–5E–18.								
24 25 26 27 28	related institute employers] EA TO the Board	ACH I a rep	s, alter EMPL port [th	ot as provided in subservative health systems OYER OF A LICENSED nat the hospital, related, otherwise changed,	s as defined in <b>PERFUSION</b> ed institution,	n <u>§1</u> IST s alter	<u>–401 o</u> shall [f mative	f this article, ile with <b>] SUB</b> health syster	<u>and</u> SMIT n, or
29	any reason IF								

29 <u>any reason</u>] IF:

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1	(I) <u>The employer:</u>
$2 \\ 3 \\ 4 \\ 5$	<u>1.</u> <u>Reduced, suspended, revoked, restricted,</u> <u>Denied, conditioned, or did not renew the licensed perfusionist's</u> <u>clinical privileges, employment, or other ability to practice or treat</u> <u>patients;</u>
$6 \\ 7$	2. <u>Involuntarily terminated or restricted the</u> <u>Licensee's employment or staff membership; or</u>
$8\\9\\10$	3. Asked the licensee to voluntarily resign because of the licensed perfusionist's conduct or while the licensee is being investigated; and
$\begin{array}{c} 11 \\ 12 \end{array}$	<u>(II) THE ACTION DESCRIBED UNDER ITEM (I) OF THIS</u> <u>PARAGRAPH WAS TAKEN:</u>
$\begin{array}{c} 13\\14 \end{array}$	<b>1. FOR REASONS</b> that might be grounds for disciplinary action under § 14–5E–16 of this subtitle;
$\begin{array}{c} 15\\ 16\end{array}$	2. <u>BECAUSE THE LICENSED PERFUSIONIST MAY HAVE</u> ENGAGED IN AN ACT THAT MAY CONSTITUTE UNPROFESSIONAL CONDUCT;
$17 \\ 18 \\ 19$	3. BECAUSE THE LICENSED PERFUSIONIST MAY BE UNABLE TO PRACTICE PERFUSION WITH REASONABLE SKILL AND SAFETY BECAUSE OF A PHYSICAL OR MENTAL CONDITION OR PROFESSIONAL INCOMPETENCE; OR
20 21 22 23	4. <u>BECAUSE THE LICENSED PERFUSIONIST MAY HAVE</u> HARMED OR PLACED ONE OR MORE PATIENTS OR THE PUBLIC AT UNREASONABLE RISK OF HARM BY ENGAGING IN AN ACT THAT CREATES AN IMMEDIATE OR CONTINUING DANGER.
$\begin{array}{c} 24 \\ 25 \end{array}$	(2) <u>A REPORT REQUIRED UNDER PARAGRAPH</u> (1) OF THIS SUBSECTION SHALL INCLUDE:
26	(I) <u>THE ACTION TAKEN BY THE EMPLOYER;</u>
$27 \\ 28 \\ 29$	(II) <u>A DETAILED EXPLANATION OF THE REASONS FOR THE</u> <u>ACTION, INCLUDING REFERENCES TO SPECIFIC PATIENT MEDICAL RECORDS, IF</u> <u>ANY, THAT INFORMED THE EMPLOYER'S ACTION; AND</u>
30 31	(III) THE STEPS TAKEN BY THE EMPLOYER TO INVESTIGATE THE CONDUCT OF THE LICENSED PERFUSIONIST.

1	(3) (1) THE BOARD MAY REQUEST FROM THE EMPLOYER
2	ADDITIONAL INFORMATION REGARDING AN ACTION DESCRIBED IN PARAGRAPH (1)
3	OF THIS SUBSECTION THAT WAS TAKEN BY THE EMPLOYER.
4	(II) IF AN EMPLOYER RECEIVES A REQUEST MADE UNDER
5	SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE EMPLOYER SHALL PROMPTLY
6	PROVIDE THE ADDITIONAL INFORMATION.
_	
7	(b) [A hospital, related institution, alternative health system, or] IF AN employer
8	[that has reason to know that] KNOWS THAT THE CONDUCT OF a licensed perfusionist
9	[has committed an act or has a condition that might be grounds for reprimand or probation
10	of the licensed perfusionist or suspension or revocation of the license] <b>REQUIRES THAT</b>
11	THE EMPLOYER SUBMIT A REPORT UNDER SUBSECTION (A)(1) OF THIS SECTION
12	because the licensed perfusionist is [alcohol-impaired or drug-impaired] IMPAIRED BY
13	ALCOHOL OR ANOTHER SUBSTANCE, THE EMPLOYER is not required to report the
14	<u>licensed perfusionist to the Board if:</u>
15	(1) The [hearital valated institution alternative health system or]
$\frac{15}{16}$	(1) <u>The [hospital, related institution, alternative health system, or]</u> employer knows that the licensed perfusionist is:
10	employer knows that the licensed perfusionist is.
17	(i) In [an alcohol or drug] A SUBSTANCE USE DISORDER treatment
18	program that is accredited by [the] THE Joint Commission [or its successor], or is certified
19	by the Department; or
10	<u>Sy the Department</u> , or
20	(ii) <u>Under the care of a health care practitioner who is competent</u>
21	and capable of dealing with [alcoholism and drug abuse] SUBSTANCE USE DISORDERS;
22	and
23	(2) (i) The [hospital, related institution, alternative health system, or]
24	employer is able to verify that the licensed perfusionist remains in the treatment program
25	until SUCCESSFUL discharge; and
26	(ii) <u>The action or condition of the licensed perfusionist has not</u>
27	caused injury to any person while the perfusionist is practicing as a licensed perfusionist.
28	(c) (1) If the licensed perfusionist enters, or is considering entering, an alcohol
29 20	or drug treatment program that is accredited by [the] THE Joint Commission [on
$\frac{30}{31}$	Accreditation of Healthcare Organizations] or that is certified by the Department, the licensed perfusionist shall notify the hospital, related institution, alternative health
32 33	system, or employer [of] WITHIN 15 DAYS AFTER the licensed perfusionist's decision to enter the treatment program.
იი	enter one oreachent program.
34	[(2) If the licensed perfusionist fails to provide the notice required under
35	paragraph (1) of this subsection, and the hospital, related institution, alternative health

36 system, or employer learns that the licensed perfusionist has entered a treatment program,

1 <u>the hospital, related institution, alternative health system, or employer shall report to the</u> 2 Board that the licensed perfusionist has entered a treatment program and has failed to

3 provide the required notice.

4 <u>(3)</u> If the licensed perfusionist is found to be noncompliant with the 5 treatment program's policies and procedures while in the treatment program, the 6 treatment program shall notify the hospital, related institution, alternative health system, 7 or employer of the licensed perfusionist's noncompliance.

8 (4) On receipt of the notification required under paragraph (3) of this 9 subsection, the hospital, related institution, alternative health system, or] IF THE 10 EMPLOYER KNOWS THAT THE LICENSED PERFUSIONIST IS NONCOMPLIANT WITH 11 THE SUBSTANCE USE DISORDER PROGRAM, THE employer of the licensed perfusionist 12 shall report the licensed perfusionist's noncompliance to the Board.

# 13(d)(1)THE BOARD MAY EXTEND THE REPORTING UNDER THIS SECTION14FOR GOOD CAUSE SHOWN.

15 (2) A person is not required under this section to make any report that 16 would be in violation of any federal or State law, rule, or regulation concerning the 17 confidentiality of [alcohol- and drug abuse-related] SUBSTANCE USE DISORDER patient 18 records.

# 19 (E) THE BOARD MAY ENFORCE THIS SECTION BY SUBPOENA.

# 20(F)ANY PERSON SHALL HAVE THE IMMUNITY FROM LIABILITY DESCRIBED21UNDER § 5–715(D) OF THE COURTS ARTICLE FOR GIVING ANY OF THE INFORMATION22REQUIRED BY THIS SECTION.

[(e)] (G) [The hospital, related institution, alternative health system, or] AN
 employer REQUIRED TO MAKE A REPORT TO THE BOARD UNDER THIS SECTION shall
 submit the report within 10 days [of any] AFTER THE action [described in this section]
 REQUIRING THE REPORT.

I(f) (H) A report made under this section is PRIVILEGED, NOT SUBJECT TO
 INSPECTION UNDER THE PUBLIC INFORMATION ACT, AND not subject to subpoena or
 discovery in any civil action other than a proceeding arising out of a hearing and decision
 of the Board or a disciplinary panel under this title.

31 (g) (1) A disciplinary panel may impose a civil penalty of up to [\$1,000] \$5,000
 32 for failure KNOWINGLY FAILING to report under this section.

# 33(2)A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF UP TO34\$5,000 PER INCIDENT FOR A REPORT MADE BY AN EMPLOYER IN BAD FAITH.

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1(3)The Board shall remit any penalty collected under this subsection into2the General Fund of the State.

3 14-5E-22.1.

4 (A) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, A LICENSED 5 PHYSICIAN MAY NOT EMPLOY OR SUPERVISE AN INDIVIDUAL PRACTICING 6 PERFUSION WITHOUT A LICENSE.

7 (B) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, A HOSPITAL, A
 8 RELATED INSTITUTION, AN ALTERNATIVE HEALTH SYSTEM, OR AN EMPLOYER MAY
 9 NOT EMPLOY AN INDIVIDUAL TO PRACTICE PERFUSION WITHOUT A LICENSE.

10 (C) A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF UP TO \$5,000 11 FOR A VIOLATION OF THIS SECTION.

12 (D) THE BOARD SHALL REMIT ANY PENALTY COLLECTED UNDER THIS 13 SECTION INTO THE GENERAL FUND OF THE STATE.

14 14–5F–06.

15 There is a Naturopathic Medicine Advisory Committee within the Board.

16 14–5F–07.

17 (a) (1) The Committee consists of five members appointed by the Board as 18 follows:

19(i)Two shall be [individuals who practice naturopathic medicine20and who:

 21
 1.
 On or after October 1, 2014:

- 22 A. Are certified by the North American Board of 23 Naturopathic Examiners; and
- B. Have a minimum of 2 years experience; and
- 252.On or after March 1, 2016, are] licensed naturopathic26doctors;
- 27 (ii) One shall be a [practicing] licensed physician;

(iii) One shall be a [practicing] licensed physician with experience
working with naturopathic doctors; and

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1	(iv) One shall be a consumer member.
$\frac{2}{3}$	(2) The Board shall appoint the naturopathic doctor members from a list of names submitted by the Maryland Association of Naturopathic Physicians.
4	(b) Each [naturopathic doctor member of the Committee shall be:
$5 \\ 6$	(1) In] MEMBER OF THE COMMITTEE LICENSED BY THE BOARD MUST BE IN good standing with the Board[; and
7 8	(2) A resident of the State who has been engaged actively in the practice or instruction of naturopathic medicine for at least 5 years immediately before appointment].
9 10	[(c) The physician members of the Committee shall be in good standing with the Board.]
11	[(d)] (C) The consumer member of the Committee:
12 13	(1) [Shall] <b>MUST</b> be a [resident of the State and a] member of the general public;
$\begin{array}{c} 14 \\ 15 \end{array}$	(2) May not be or ever have been [licensed to practice a health occupation under this article]:
16	(I) A LICENSED NATUROPATHIC DOCTOR;
17	(II) ANY OTHER HEALTH CARE PROFESSIONAL; OR
18 19	(III) IN TRAINING TO BE A NATUROPATHIC DOCTOR OR OTHER HEALTH PROFESSIONAL; and
$\begin{array}{c} 20\\ 21 \end{array}$	(3) May not [have a substantial personal, business, professional, or pecuniary connection with naturopathic education, business, or practice.]:
$\frac{22}{23}$	(I) PARTICIPATE OR EVER HAVE PARTICIPATED IN A COMMERCIAL OR PROFESSIONAL FIELD RELATED TO NATUROPATHIC MEDICINE;
$\frac{24}{25}$	(II) HAVE A HOUSEHOLD MEMBER WHO PARTICIPATES IN A COMMERCIAL OR PROFESSIONAL FIELD RELATED TO NATUROPATHIC MEDICINE;
$\frac{26}{27}$	(III) HAVE HAD WITHIN 2 YEARS BEFORE APPOINTMENT A FINANCIAL INTEREST IN A PERSON REGULATED BY THE BOARD; OR

$rac{1}{2}$	FINANCIAL	INT	(IV) ERESI		E HAD THE		HIN 2 ISION	YEARS BEI OF GOOI		POINTMEN SERVICES	NT A TO
3	NATUROPA	THIC	DOCTO	ORS OI	R TO TH	HE FIE	LD OF N	IATUROPAT	THIC MED	DICINE.	
4 5	(D) State.	EAC	H MEN	<b>IBER</b>	OF TH	E CO	MMITTE	CE MUST B	E A RES	IDENT OF	THE
6	(e)	(1)	The t	erm of	a mem	iber is	<b>[</b> 4 <b>] 3</b> ye	ars.			
7 8	for members	(2) s of the					00	red as requin EGULATION	• -	e terms prov	vided
9 10	appointed a	(3) nd qua		e end	of a ter	rm, a m	iember o	continues to	serve un	til a success	or is
11 12 13	ONLY FOR QUALIFIES.							AFTER A TI A SUCCESS			
14		<b>[</b> (4) <b>]</b>	(5)	A me	mber n	nay not	serve n	nore than tw	vo consecu	tive full ter	ms.
15	(f)	From	amon	g its m	embers	s, the C	Committ	ee shall elec	et a chair o	every 2 year	's.
16	(G)	A QI	JORUM	[ OF T]	HE COI	MMITT	EE CON	SISTS OF T	HREE ME	MBERS.	
17	14–5F–08.										
18	In add	dition	to the	power	s set foi	rth else	where i	n this subtit	tle, the Co	ommittee <del>sh</del>	<del>all</del> :
19		<u>(1)</u>	<u>Shai</u>	<u>LL</u> :							
20		(1)	<u>(I)</u>	Deve	lop and	l recom	mend to	o the Board	[regulation	ons]:	
21			<del>(I)</del>	<u>1.</u>	REGU	ULATIO	ONS to c	arry out this	s subtitle;	AND	
$\frac{22}{23}$	PROFESSIO	N; <u>AN</u>	<del>(II)</del> D	<u>2.</u>	Any	STAT	UTORY	CHANGES	5 THAT	AFFECT	THE
$\begin{array}{c} 24 \\ 25 \end{array}$	issuance of l	<del>(2)</del> icense	(II) es to ap	_	-			l to the B nsure by rec	-	cedures for	the
$\frac{26}{27}$	for licensure	(3) ;	Evalu	uate th	e conte	nt of ai	ny clinic	al, practical	, or reside	ncy require	ment

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<b>TT O</b>			

1 (4) Provide any service and perform any function that is necessary to fulfill 2 its purposes;

3 (5) Develop and recommend to the Board examination standards, 4 consistent with the standards enumerated in this subtitle, for licensure and times at which 5 the examinations will be given;

6 (6) Develop and recommend to the Board a code of ethics for licensed 7 naturopathic doctors; and

8 (7) Develop and recommend to the Board continuing education 9 requirements for license renewal] **KEEP A RECORD OF ITS MEETINGS; AND** 

# 10 (3) ON REQUEST OF THE BOARD OR A DISCIPLINARY PANEL OF THE 11 BOARD;

12 <u>(2)</u> <u>MAY:</u>

# 13(I)PROVIDE RECOMMENDATIONS REGARDING THE PRACTICE14OF NATUROPATHIC MEDICINE; AND

# 15(II) ADVISE THE BOARD ON ANY OTHER MATTERS RELATED TO16NATUROPATHIC DOCTORS.

- 17 14–5F–10.
- 18 (b) This section does not apply to:

19 (1) [An individual] A NATUROPATHIC DOCTOR who is employed [by the 20 United States] IN THE SERVICE OF THE FEDERAL government [to practice naturopathic 21 medicine] while practicing within the scope of [that] THE employment;

- 22 14–5F–12.
- 23 To apply for a license, an applicant shall:

24 (1) Complete a criminal history records check in accordance with § 25 14–308.1 of this title;

- 26 (2) Submit an application to the Board on a form that the Board requires;
- 27 (3) Pay to the Board an application fee set by the Board; AND

(4) If the applicant has been licensed, certified, or registered to practice
 naturopathic medicine in another state, submit all evidence relating to:

1 (i) Any disciplinary action taken or any administrative penalties 2 assessed against the applicant by the appropriate state licensing, certification, or 3 registration authority; and

4 (ii) Any consent agreements the applicant entered into that contain 5 conditions placed on the applicant's professional conduct and practice, including any 6 voluntary surrender of a license[;

7 (5) Complete and submit to the Board a Board–approved written 8 attestation that:

9 (i) States that the applicant has a collaboration and consultation 10 agreement with a physician licensed under this article;

(ii) Includes the name and license number of the physician withwhom the applicant has a collaboration and consultation agreement;

(iii) States that the applicant will refer patients to and consult with
 physicians and other health care providers licensed or certified under this article as needed;
 and

16 (iv) States that the applicant will require patients to sign a consent 17 form that states that the applicant's practice of naturopathic medicine is limited to the 18 scope of practice identified in § 14–5F–14 of this subtitle; and

19 (6) Inform the physician named in the attestation that the physician has 20 been named].

21 14–5F–12.1.

22 (A) TO PRACTICE NATUROPATHIC MEDICINE IN THE STATE, A 23 NATUROPATHIC DOCTOR SHALL MAINTAIN AT ALL TIMES A COLLABORATION AND 24 CONSULTATION AGREEMENT WITH A PHYSICIAN LICENSED IN THE STATE.

25 **(B) BEFORE AN INDIVIDUAL MAY PRACTICE NATUROPATHIC MEDICINE IN** 26 **THE STATE, THE INDIVIDUAL SHALL:** 

27 (1) OBTAIN A LICENSE UNDER THIS SUBTITLE;

28 (2) ENTER INTO A COLLABORATION AND CONSULTATION 29 AGREEMENT WITH A PHYSICIAN LICENSED IN THE STATE; AND

30(3) ATTEST TO THE COMPLETION OF THE COLLABORATION AND31CONSULTATION AGREEMENT ON A FORM PROVIDED BY THE BOARD.

32 (C) A COLLABORATION AND CONSULTATION AGREEMENT SHALL:

1 (1) STATE THAT THE APPLICANT HAS A COLLABORATION AND 2 CONSULTATION AGREEMENT WITH A PHYSICIAN LICENSED IN THE STATE;

3 (2) INCLUDE THE NAME AND LICENSE NUMBER OF THE PHYSICIAN 4 WITH WHOM THE APPLICANT HAS A COLLABORATION AND CONSULTATION 5 AGREEMENT;

6 (3) STATE THAT THE APPLICANT WILL REFER PATIENTS TO AND 7 CONSULT WITH PHYSICIANS AND OTHER HEALTH CARE PROVIDERS LICENSED OR 8 CERTIFIED UNDER THIS ARTICLE AS NEEDED; AND

9 (4) STATES THAT THE APPLICANT WILL REQUIRE PATIENTS TO SIGN 10 A CONSENT FORM THAT STATES THAT THE APPLICANT'S PRACTICE OF 11 NATUROPATHIC MEDICINE IS LIMITED TO THE SCOPE OF PRACTICE ESTABLISHED IN 12 § 14–5F–14 OF THIS SUBTITLE.

(D) A NATUROPATHIC DOCTOR SHALL INFORM THE PHYSICIAN NAMED IN
 THE COLLABORATION AND CONSULTATION AGREEMENT THAT THE PHYSICIAN HAS
 BEEN NAMED.

16 (E) SUBJECT TO THE NOTICE REQUIRED UNDER § 14–5F–12.2 OF THIS 17 SUBTITLE, A NATUROPATHIC DOCTOR AND A LICENSED PHYSICIAN MAY TERMINATE 18 A COLLABORATION AND CONSULTATION AGREEMENT AT ANY TIME.

19 (F) IN THE EVENT OF THE SUDDEN DEPARTURE, INCAPACITY, OR DEATH OF 20 THE NAMED LICENSED PHYSICIAN OR CHANGE IN LICENSE STATUS THAT RESULTS 21 IN THE NAMED LICENSED PHYSICIAN BEING UNABLE TO PRACTICE MEDICINE, THE 22 NATUROPATHIC DOCTOR MAY NOT PRACTICE IN THE STATE UNTIL THE 23 NATUROPATHIC DOCTOR ENTERS INTO A NEW COLLABORATION AND CONSULTATION 24 AGREEMENT.

25 (G) A NATUROPATHIC DOCTOR WHOSE COLLABORATION AND 26 CONSULTATION AGREEMENT IS TERMINATED MAY NOT PRACTICE NATUROPATHIC 27 MEDICINE IN THE STATE.

28 **14–5F–12.2**.

(A) A PHYSICIAN OR AN EMPLOYER SHALL NOTIFY THE BOARD WITHIN 10
 DAYS AFTER THE TERMINATION OF A NATUROPATHIC DOCTOR FOR REASONS THAT
 WOULD BE GROUNDS FOR DISCIPLINE UNDER THIS SUBTITLE.

32 (B) A PHYSICIAN NAMED IN A COLLABORATION AND CONSULTATION 33 AGREEMENT WITH A NATUROPATHIC DOCTOR AND A NATUROPATHIC DOCTOR

## 1 SHALL NOTIFY THE BOARD WITHIN 10 DAYS AFTER THE TERMINATION OF A 2 COLLABORATION AND CONSULTATION AGREEMENT.

3 14–5F–15.1.

4 (a) A licensee shall notify the Board in writing of a change in name or address 5 within [60] **10** <u>30</u> days after the change.

6 14–5F–18.

7 (a) Subject to the hearing provisions of § 14–405 of this title, a disciplinary panel, 8 on the affirmative vote of a majority of a quorum of the disciplinary panel, may deny a 9 license to any applicant, reprimand any licensee, place any licensee on probation, or 10 suspend or revoke a license of any licensee if the applicant or licensee:

11

(2) [Has been found to be mentally] IS:

12 (I) **PROFESSIONALLY** incompetent [by a physician if the mental 13 incompetence impairs the ability of the applicant or licensee to undertake the practice of 14 naturopathic medicine in a manner consistent with the safety of the public];

- 15 (II) PHYSICALLY INCOMPETENT; OR
- 16 (III) MENTALLY INCOMPETENT;
- 17 (19) Is guilty of [unprofessional or immoral]:
- 18 (I) IMMORAL conduct in the practice of naturopathic medicine; OR

# 19 (II) UNPROFESSIONAL CONDUCT IN THE PRACTICE OF 20 NATUROPATHIC MEDICINE;

- 21 (21) [Knowingly] **WILLFULLY** fails to report suspected child abuse in 22 violation of § 5–704 of the Family Law Article;
- 23 14–5F–19.
- 24 (a) [This section applies to:
- 25 (1) <u>A licensed naturopathic doctor;</u>
- 26 (2) <u>A licensed health care practitioner;</u>

27 (3) A health care facility, as defined in § 19–114 of the Health – General
 28 Article, located in the State; and

	82 HOUSE BILL 776
1	(4) A State agency.
2	(b) A person listed in subsection (a) of this section shall file a written report with
3	the Board if the person has information that gives the person reason to believe that a
4	licensed naturopathic doctor is or may be:
5	(1) Medically or legally incompetent;
6	(2) Engaged in the unauthorized practice of naturopathic medicine;
7	(3) Guilty of unprofessional conduct; or
8	(4) Mentally or physically unable to engage safely in the practice of
9	naturopathic medicine.
10	(c) A person required to file a report under subsection (b) of this section shall file
10	the report within 30 days after becoming aware of the information.
**	
12	(d)] A [health care facility shall report promptly to the Board] HOSPITAL, A
13	RELATED INSTITUTION, AN ALTERNATIVE HEALTH SYSTEM, AND AN EMPLOYER
14	SHALL SUBMIT TO THE BOARD A REPORT if:
15	(1) A licensed naturopathic doctor voluntarily resigns from the staff of the
16	[health care facility] HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH
$\frac{17}{18}$	SYSTEM, OR EMPLOYER, voluntarily limits the licensee's staff privileges, or fails to
10 19	<del>reapply for [hospital] privileges at the [health care facility] HOSPITAL, RELATED</del> INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER; and
13	monton, Allemanive nearlin or print corea, and
20	(2) The action of the licensee occurs while the licensee is under formal or
21	informal investigation by the [health care facility] HOSPITAL, RELATED INSTITUTION,
22	ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER for possible medical incompetence,
23	unprofessional conduct, or mental or physical impairment.
24	(b) (A) (1) EXCEPT AS PROVIDED IN SUBSECTIONS (C) (B) AND (E) (D)
$\frac{24}{25}$	OF THIS SECTION, EACH HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH
26 26	<del>SYSTEM, AND</del> EMPLOYER <u>OF A LICENSED NATUROPATHIC DOCTOR</u> SHALL <del>FILE WITH</del>
$\frac{20}{27}$	SUBMIT TO THE BOARD A REPORT THAT THE HOSPITAL, RELATED INSTITUTION,
$\frac{-1}{28}$	ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER LIMITED, REDUCED, OTHERWISE
$\frac{1}{29}$	CHANGED, OR TERMINATED ANY LICENSED NATUROPATHIC DOCTOR FOR ANY
30	REASON IF:
31	(I) <u>THE EMPLOYER:</u>
32	1. <b>REDUCED, SUSPENDED, REVOKED, RESTRICTED,</b>
33	DENIED, CONDITIONED, OR DID NOT RENEW THE LICENSED NATUROPATHIC

1	DOCTOR'S CLINICAL PRIVILEGES, EMPLOYMENT, OR OTHER ABILITY TO PRACTICE
2	OR TREAT PATIENTS;
3	2. <b>INVOLUNTARILY TERMINATED OR RESTRICTED THE</b>
3 4	LICENSED NATUROPATHIC DOCTOR'S EMPLOYMENT OR STAFF MEMBERSHIP; OR
1	<u>Included with the booton of limit bounded on officer with bounded on the state of </u>
<b>5</b>	3. ASKED THE LICENSEE TO VOLUNTARILY RESIGN
6	BECAUSE OF THE LICENSED NATUROPATHIC DOCTOR'S CONDUCT OR WHILE THE
$\overline{7}$	LICENSEE IS BEING INVESTIGATED; AND
8	(II) THE ACTION DESCRIBED UNDER ITEM (I) OF THIS
9	PARAGRAPH WAS TAKEN:
10	1. FOR REASONS THAT MIGHT BE GROUNDS FOR
11	DISCIPLINARY ACTION UNDER § $14-5F-18$ OF THIS SUBTITLE;
12	2. BECAUSE THE LICENSED NATUROPATHIC DOCTOR
13	MAY HAVE ENGAGED IN AN ACT THAT MAY CONSTITUTE UNPROFESSIONAL
14	CONDUCT;
15	3. <u>BECAUSE THE LICENSED NATUROPATHIC DOCTOR</u>
16	MAY BE UNABLE TO PRACTICE NATUROPATHY WITH REASONABLE SKILL AND
17 18	SAFETY BECAUSE OF A PHYSICAL OR MENTAL CONDITION OR PROFESSIONAL INCOMPETENCE; OR
10	INCOMPETENCE, OR
19	4. BECAUSE THE LICENSED NATUROPATHIC DOCTOR
20	MAY HAVE HARMED OR PLACED ONE OR MORE PATIENTS OR THE PUBLIC AT
21	UNREASONABLE RISK OF HARM BY ENGAGING IN AN ACT THAT CREATES AN
22	IMMEDIATE OR CONTINUING DANGER.
23	(2) <u>A REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS</u>
24	SUBSECTION SHALL INCLUDE:
25	(I) THE ACTION TAKEN BY THE EMPLOYER;
10	
26	(II) A DETAILED EXPLANATION OF THE REASONS FOR THE
27	ACTION, INCLUDING REFERENCES TO SPECIFIC PATIENT MEDICAL RECORDS, IF
28	ANY, THAT INFORMED THE EMPLOYER'S ACTION; AND
26	
29	(III) THE STEPS TAKEN BY THE EMPLOYER TO INVESTIGATE THE
30	CONDUCT OF THE LICENSED NATUROPATHIC DOCTOR.

1	(3) (1) THE BOARD MAY REQUEST FROM THE EMPLOYER
2	ADDITIONAL INFORMATION REGARDING AN ACTION DESCRIBED IN PARAGRAPH (1)
3	OF THIS SUBSECTION THAT WAS TAKEN BY THE EMPLOYER.
4	(II) IF AN EMPLOYER RECEIVES A REQUEST MADE UNDER
<b>5</b>	SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE EMPLOYER SHALL PROMPTLY
6	PROVIDE THE ADDITIONAL INFORMATION.
7	(C) (B) A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE HEALTH
8	<del>system, or an</del> <u>If an</u> employer <del>that has reason to know that</del> <u>knows that</u>
9	THE CONDUCT OF A LICENSED NATUROPATHIC DOCTOR HAS COMMITTED AN ACTION
10	OR HAS A CONDITION THAT MIGHT BE GROUNDS FOR REPRIMAND OR PROBATION OF
11	THE LICENSED NATUROPATHIC DOCTOR OR SUSPENSION OR REVOCATION OF THE
12	LICENSE REQUIRES THAT THE EMPLOYER SUBMIT A REPORT UNDER SUBSECTION
13	(A)(1) OF THIS SECTION BECAUSE THE LICENSED NATUROPATHIC DOCTOR IS
14	ALCOHOL-IMPAIRED OR DRUG-IMPAIRED IMPAIRED BY ALCOHOL OR ANOTHER
15	SUBSTANCE, THE EMPLOYER IS NOT REQUIRED TO REPORT THE NATUROPATHIC
16	DOCTOR TO THE BOARD IF:
17	(1) The <del>hospital, related institution, alternative health</del>
17 $18$	SYSTEM, OR EMPLOYER KNOWS THAT THE LICENSED NATUROPATHIC DOCTOR IS:
10	<del>SISTEM, ON</del> EMILOTER KNOWS THAT THE LICENSED NATUROFATHIC DOCTOR IS.
19	(I) IN <del>AN ALCOHOL OR DRUG</del> A SUBSTANCE USE DISORDER
20	TREATMENT PROGRAM THAT IS ACCREDITED BY THE JOINT COMMISSION OR IS
21	CERTIFIED BY THE DEPARTMENT; OR
22	(II) UNDER THE CARE OF A HEALTH CARE PRACTITIONER WHO
23	IS COMPETENT AND CAPABLE OF DEALING WITH ALCOHOLISM AND DRUG ABUSE
24	SUBSTANCE USE DISORDERS;
25	(2) The <del>hospital, related institution, alternative health</del>
26	SYSTEM, OR EMPLOYER IS ABLE TO VERIFY THAT THE LICENSED NATUROPATHIC
27	DOCTOR REMAINS IN THE TREATMENT PROGRAM UNTIL <u>SUCCESSFUL</u> DISCHARGE;
28	AND
20	
29	(3) THE ACTION OR CONDITION OF THE LICENSED NATUROPATHIC
30	DOCTOR HAS NOT CAUSED INJURY TO ANY PERSON WHILE THE PRACTITIONER
31	NATUROPATHIC DOCTOR IS PRACTICING AS A LICENSED NATUROPATHIC DOCTOR.
32	(d) (c) (1) I <del>f the licensed naturopathic doctor enters or is</del>
33	CONSIDERING ENTERING AN ALCOHOL OR DRUG TREATMENT PROGRAM THAT IS
$\frac{35}{34}$	ACCREDITED BY THE JOINT COMMISSION OR THAT IS CERTIFIED BY THE
35	DEPARTMENT, THE LICENSED NATUROPATHIC DOCTOR SHALL NOTIFY THE
36	HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER
50	

1WITHIN 15 DAYS AFTER THE LICENSED NATUROPATHIC DOCTOR'S DECISION TO2ENTER THE TREATMENT PROGRAM.

3 <del>(2)</del> IF THE LICENSED NATUROPATHIC DOCTOR FAILS TO PROVIDE 4 THE NOTICE REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION AND THE  $\mathbf{5}$ HOSPITAL. RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER 6 LEARNS THAT THE LICENSED NATUROPATHIC DOCTOR HAS ENTERED A TREATMENT PROGRAM, THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, 7 8 OR EMPLOYER SHALL REPORT TO THE BOARD THAT THE LICENSED NATUROPATHIC 9 DOCTOR HAS ENTERED A TREATMENT PROGRAM AND HAS FAILED TO PROVIDE THE 10 **REQUIRED NOTICE.** 

11(3)IF THE TREATMENT PROGRAM FINDS THAT THE LICENSED12NATUROPATHIC DOCTOR IS NONCOMPLIANT WITH THE TREATMENT PROGRAM'S13POLICIES AND PROCEDURES WHILE IN THE TREATMENT PROGRAM, THE TREATMENT14PROGRAM SHALL NOTIFY THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE15HEALTH SYSTEM, OR EMPLOYER OF THE LICENSED NATUROPATHIC DOCTOR'S16NONCOMPLIANCE.

17 (4) ON RECEIPT OF A NOTIFICATION MADE UNDER PARAGRAPH (3) OF
 THIS SUBSECTION, THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH
 SYSTEM, OR IF THE EMPLOYER KNOWS THAT THE LICENSED PHYSICIAN IS
 NONCOMPLIANT WITH THE SUBSTANCE USE DISORDER TREATMENT PROGRAMS,
 THE EMPLOYER OF THE LICENSED NATUROPATHIC DOCTOR SHALL REPORT THE
 LICENSED NATUROPATHIC DOCTOR'S NONCOMPLIANCE TO THE BOARD.

23(D)(1)THE BOARD MAY EXTEND THE REPORTING UNDER THIS SECTION24FOR GOOD CAUSE SHOWN.

(E) (2) A PERSON IS NOT REQUIRED UNDER THIS SECTION TO MAKE ANY
 REPORT THAT WOULD BE IN VIOLATION OF ANY FEDERAL OR STATE LAW, RULE, OR
 REGULATION CONCERNING THE CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE
 SUBSTANCE USE DISORDER PATIENT RECORDS.

29 (E) THE BOARD MAY ENFORCE THIS SECTION BY SUBPOENA.

30(F)ANY PERSON SHALL HAVE THE IMMUNITY FROM LIABILITY DESCRIBED31UNDER § 5–715(D) OF THE COURTS ARTICLE FOR GIVING ANY OF THE INFORMATION32REQUIRED BY THIS SECTION.

33(F) (G)A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE HEALTH34SYSTEM, OR AN AN EMPLOYER REQUIRED TO MAKE A REPORT TO THE BOARD UNDER35THIS SECTION SHALL SUBMIT THE REPORT WITHIN 10 DAYS AFTER THE ACTION36REQUIRING THE REPORT.

1 (G) (H) A REPORT MADE UNDER THIS SECTION IS <u>PRIVILEGED, NOT</u> 2 <u>SUBJECT TO INSPECTION UNDER THE PUBLIC INFORMATION ACT, AND</u> NOT 3 SUBJECT TO SUBPOENA OR DISCOVERY IN ANY CIVIL ACTION OTHER THAN A 4 PROCEEDING ARISING OUT OF A HEARING AND DECISION OF THE BOARD OR A 5 DISCIPLINARY PANEL UNDER THIS TITLE.

6 (II) (I) A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF 7 UP TO \$5,000 FOR FAILURE KNOWINGLY FAILING TO REPORT UNDER THIS SECTION.

# 8 (2) <u>A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF UP TO</u> 9 <u>\$5,000 PER INCIDENT FOR A REPORT MADE BY AN EMPLOYER IN BAD FAITH.</u>

# 10 (3) THE BOARD SHALL REMIT ANY PENALTY COLLECTED UNDER THIS 11 SUBSECTION INTO THE GENERAL FUND OF THE STATE.

12 **[**14–5F–20.

13 (a) The Board shall investigate any complaint filed with the Board that alleges 14 that there are grounds for action under § 14–5F–18 of this subtitle.

15 (b) After the Board's investigation, the Board or a disciplinary panel, on the 16 affirmative vote of a majority of its members then serving, may commence action on any of 17 the grounds set forth in § 14–5F–18 of this subtitle.

18 (c) (1) Except as provided in paragraph (2) of this subsection, until the Board 19 or a disciplinary panel passes an order under § 14–5F–22 of this subtitle, each related 20 investigation, report, and recommendation is confidential.

21 (2) On the request of a person who has made a complaint to the Board, the 22 Board shall provide the person with information on the status of the complaint.]

23 14–5F–20.

(A) FOLLOWING THE FILING OF CHARGES OR NOTICE OF INITIAL DENIAL OF
 A LICENSE APPLICATION, THE BOARD SHALL DISCLOSE THE FILING TO THE PUBLIC
 ON THE BOARD'S WEBSITE.

27 (B) THE BOARD SHALL CREATE AND MAINTAIN A PUBLIC INDIVIDUAL 28 PROFILE ON EACH LICENSEE THAT INCLUDES THE FOLLOWING INFORMATION:

(1) A SUMMARY OF CHARGES FILED AGAINST THE LICENSEE,
 INCLUDING A COPY OF THE CHARGING DOCUMENT, UNTIL A DISCIPLINARY PANEL
 HAS TAKEN ACTION UNDER § 14–5F–18 OF THIS SUBTITLE BASED ON THE CHARGES
 OR HAS RESCINDED THE CHARGES;

1 (2) A DESCRIPTION OF ANY DISCIPLINARY ACTION TAKEN BY THE 2 BOARD OR A DISCIPLINARY PANEL AGAINST THE LICENSEE WITHIN THE MOST 3 RECENT 10-YEAR PERIOD THAT INCLUDES A COPY OF THE PUBLIC ORDER;

4 (3) A DESCRIPTION IN SUMMARY FORM OF ANY FINAL DISCIPLINARY 5 ACTION TAKEN BY A LICENSING BOARD IN ANY OTHER STATE OR JURISDICTION 6 AGAINST THE LICENSEE WITHIN THE MOST RECENT 10–YEAR PERIOD IF THE BOARD 7 KNOWS ABOUT THE DISCIPLINARY ACTION;

8 (4) A DESCRIPTION OF A CONVICTION OR ENTRY OF A PLEA OF 9 GUILTY OR NOLO CONTENDERE BY THE LICENSEE FOR A CRIME INVOLVING MORAL 10 TURPITUDE THAT IS THE BASIS FOR DISCIPLINARY ACTION TAKEN UNDER § 11 14-5F-18(C) OF THIS SUBTITLE; AND

12

(5) THE PUBLIC ADDRESS OF THE LICENSEE.

13 (C) IN ADDITION TO THE INFORMATION REQUIRED UNDER SUBSECTION (B) 14 OF THIS SECTION, THE BOARD SHALL INCLUDE ON EACH LICENSEE'S PROFILE A 15 STATEMENT OF INFORMATION TO BE TAKEN INTO CONSIDERATION BY A CONSUMER 16 WHEN VIEWING A LICENSEE'S PROFILE, INCLUDING A DISCLAIMER STATING THAT A 17 CHARGING DOCUMENT DOES NOT INDICATE A FINAL FINDING OF GUILT BY A 18 DISCIPLINARY PANEL.

19 **(D) THE BOARD:** 

20(1) ON RECEIPT OF A WRITTEN REQUEST FOR A LICENSEE'S PROFILE21FROM ANY PERSON, SHALL FORWARD A WRITTEN COPY OF THE PROFILE TO THE22PERSON; AND

(2) SHALL MAINTAIN A WEBSITE THAT SERVES AS A SINGLE POINT OF
 ENTRY WHERE ALL LICENSEE PROFILE INFORMATION IS AVAILABLE TO THE PUBLIC
 ON THE INTERNET.

26 (E) THE BOARD SHALL PROVIDE A MECHANISM FOR THE NOTIFICATION 27 AND PROMPT CORRECTION OF ANY FACTUAL INACCURACIES IN A LICENSEE'S 28 PROFILE.

(F) THE BOARD SHALL INCLUDE INFORMATION RELATING TO CHARGES
 FILED AGAINST A LICENSEE BY A DISCIPLINARY PANEL AND ANY FINAL
 DISCIPLINARY ACTION TAKEN BY A DISCIPLINARY PANEL AGAINST A LICENSEE IN
 THE LICENSEE'S PROFILE WITHIN 10 DAYS AFTER THE CHARGES ARE FILED OR THE
 ACTION BECOMES FINAL.

1 14–5F–21.

2 [(f) If, after a hearing, an individual is found in violation of § 14–5F–18 of this 3 subtitle, the individual shall pay the costs of the hearing as specified in a regulation 4 adopted by the Board.]

5 14–5F–25.

6 (A) A disciplinary panel may issue a cease and desist order for:

7 (1) Practicing naturopathic medicine without a license or with an 8 unauthorized person; or

9 (2) Supervising or aiding an unauthorized person in the practice of 10 naturopathic medicine.

11 (B) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, A LICENSED 12 PHYSICIAN MAY NOT EMPLOY AN INDIVIDUAL PRACTICING NATUROPATHIC 13 MEDICINE WITHOUT A LICENSE OR WITHOUT A COLLABORATION AND 14 CONSULTATION AGREEMENT.

15 (C) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, A HOSPITAL, A 16 RELATED INSTITUTION, AN ALTERNATIVE HEALTH SYSTEM, OR AN EMPLOYER MAY 17 NOT EMPLOY AN INDIVIDUAL PRACTICING NATUROPATHIC MEDICINE WITHOUT A 18 LICENSE OR WITHOUT A COLLABORATION AND CONSULTATION AGREEMENT.

19 (D) A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF UP TO \$5,000 20 FOR A VIOLATION OF THIS SECTION.

21 (E) THE BOARD SHALL REMIT ANY PENALTY COLLECTED UNDER THIS 22 SECTION INTO THE GENERAL FUND OF THE STATE.

23 14–5G–05.

24 There is a Genetic Counseling Advisory Committee within the Board.

25 14–5G–06.

26 (a) The Committee consists of members appointed by the Board as follows:

- 27
- (1) Three shall be [individuals who practice genetic counseling and who:
- 28 29 and

(i) On or before December 31, 2023, are certified genetic counselors;

30

(ii) On or after January 1, 2024, are] licensed genetic counselors;

1		(2)	Three	e shall be [practicing] licensed physicians; and
2		(3)	One s	hall be a consumer member.
3	(b)	Each	[genet	ic counselor member of the Committee must be:
4 5	BE IN good	(1) standi	-	EMBER OF THE COMMITTEE LICENSED BY THE BOARD MUST a the Board[; and
6 7 8	counseling appointmer	-		aident of the State who has at least 1 year of active genetic ithin the 5-year period immediately preceding the date of the
9	(c)	The	icensed	l physician members of the Committee must[:
10		(1)	Be in	good standing with the Board; and
11		(2)	Have	HAVE experience working with genetic counselors.
12	(d)	The	consum	er member of the Committee:
13		(1)	Must	be a member of the general public;
14		(2)	Mayı	not be or ever have been:
15			(i)	A genetic counselor;
16			(ii)	Any <b>OTHER</b> health care professional; or
17 18	and		(iii)	In training to be a genetic counselor or other health professional;
19		(3)	Mayı	not:
$\begin{array}{c} 20\\ 21 \end{array}$	professiona	l field	(i) related	Participate or ever have participated in a commercial or to genetic counseling;
$\frac{22}{23}$	professiona	l field	(ii) related	Have a household member who participates in a commercial or to genetic counseling; [or]
$\frac{24}{25}$	in a person	regula	(iii) ted by	Have had within 2 years before appointment a financial interest the Board <b>; OR</b>

$egin{array}{c} 1 \\ 2 \\ 3 \end{array}$		(IV) HAVE HAD WITHIN 2 YEARS BEFORE APPOINTMENT A FEREST IN THE PROVISION OF GOODS OR SERVICES TO GENETIC OR TO THE FIELD OF GENETIC COUNSELING.
4 5	(E) EA State.	CH MEMBER OF THE COMMITTEE MUST BE A RESIDENT OF THE
6	[(e)] <b>(F)</b>	(1) The term of a member is 3 years.
7 8	(2) for members of	The terms of members are staggered as required by [the terms provided the Committee on January 1, 2022] <b>REGULATION</b> .
9 10	(3) appointed and c	At the end of a term, a member continues to serve until a successor is ualifies.
11	(4)	A member may not serve more than two consecutive full terms.
12 13	(5) rest of the term	A member who is appointed after a term has begun serves only for the and until a successor is appointed and qualifies.
$\begin{array}{c} 14 \\ 15 \end{array}$	[(f)] (G) years.	From among its members, the Committee shall elect a chair every 2
16	[(g)] (H)	A quorum of the Committee consists of five members.
17	14–5G–07.	
18 19	[(a)] In <del>shall<u>:</u></del>	addition to the powers set forth elsewhere in this subtitle, the Committee
20	<u>(1</u> )	SHALL:
21	<del>(1)</del>	(I) Develop and recommend to the Board [regulations]:
22		(1) <u>1.</u> <b>REGULATIONS</b> to carry out this subtitle; <b>AND</b>
$\frac{23}{24}$	PROFESSION; 4	(II) <u>2.</u> Any statutory changes that affect the <u>and</u>
$\frac{25}{26}$	<del>(2)</del> practice of gene	(II) [Develop and recommend to the Board a code of ethics for the tic counseling;

27 (3) Develop and recommend to the Board continuing education 28 requirements for license renewal;

1 (4) Develop and recommend to the Board criteria for individuals who are 2 licensed to practice genetic counseling in another state or territory of the United States to 3 become licensed in this State;

4 (5) Evaluate the credentials of applicants as necessary and recommend 5 licensure of applicants who fulfill the requirements for a license to practice genetic 6 counseling;

7 (6) On request, develop and recommend to the Board standards of care for 8 the practice of genetic counseling;

9 (7) Provide the Board with recommendations concerning the practice of 10 genetic counseling;

- 11 (8)] Keep a record of its [proceedings] MEETINGS; and
- 12 [(9) Submit an annual report to the Board.]
- 13 (3) ON REQUEST OF THE BOARD OR A DISCIPLINARY PANEL:
- 14 <u>(2)</u> <u>MAY:</u>

15(I)PROVIDE RECOMMENDATIONS REGARDING THE PRACTICE16OF GENETIC COUNSELING; AND

### 17 (II) ADVISE THE BOARD ON ANY OTHER MATTERS RELATED TO 18 GENETIC COUNSELORS.

- 19 **[**(b) The Board shall:
- 20 (1) Consider all recommendations of the Committee; and

21 (2) Provide to the Committee an annual report on the disciplinary matters 22 involving licensees.]

23 14–5G–08.

24 (b) This section does not apply to:

(1) [An individual] A GENETIC COUNSELOR who is employed [by the
United States] IN THE SERVICE OF THE FEDERAL government [to practice genetic
counseling] while practicing within the scope of [that] THE employment;

28 14–5G–09.

1 (a) To qualify for a license to practice genetic counseling, an applicant shall be an 2 individual who meets the requirements of this section.

3 (b) The applicant must be of good moral character.

4 (c) The applicant must be at least 18 years old.

5 (d) The applicant must be a graduate of an appropriate education program 6 approved by the Board.

7 (e) [Except as provided in subsection (f) of this section, the] **THE** applicant shall 8 submit to the Board satisfactory evidence of certification by a national certifying 9 organization approved by the Board.

10 (f) [If an applicant does not meet the requirement under subsection (e) of this 11 section, the applicant may qualify for licensure if the applicant:

12

(1) Has worked as a genetic counselor for:

13 (i) At least 10 years before January 1, 2024; and

14 (ii) At least 5 consecutive years immediately preceding the date on 15 which the applicant submits the application for licensure;

16

(2) Has graduated from an education program approved by the Board;

17 (3) Submits to the Board three letters of recommendation from licensed 18 physicians who have been licensed for at least 5 years or certified genetic counselors eligible 19 for licensure and who:

20 (i) Have worked with the applicant in an employment or 21 professional setting for 3 years before the applicant submits the application for licensure; 22 and

(ii) Can attest to the applicant's competency in providing genetic
 counseling services; and

25

(4) Applies for initial licensure on or before December 31, 2024.

26 (g)] The applicant shall complete a criminal history records check in accordance 27 with § 14–308.1 of this title.

28 [(h)] (G) The applicant shall meet any additional education, training, or 29 examination requirements established by the Board.

30 14–5G–15.

1 (a) A licensee shall notify the Board in writing of a change of name or address 2 within [60] **10** <u>30</u> days after the change.

3 14–5G–18.

4 (a) Subject to the hearing provisions of § 14–405 of this title, a disciplinary panel, 5 on the affirmative vote of a majority of the quorum of the disciplinary panel, may deny a 6 license to any applicant, reprimand any licensee, place any licensee on probation, or 7 suspend or revoke a license, if the applicant or licensee:

8

(3) Is guilty of [unprofessional or immoral]:

9 (I) IMMORAL conduct while practicing genetic counseling; OR

10 (II) UNPROFESSIONAL CONDUCT WHILE PRACTICING GENETIC

- 11 COUNSELING;
- 12 (4) Is [professionally, physically, or mentally]:
- 13 (I) **PROFESSIONALLY INCOMPETENT;**
- 14 (II) PHYSICALLY INCOMPETENT; OR
- 15 (III) MENTALLY incompetent;

16 (14) [Knowingly] **WILLFULLY** makes a misrepresentation while practicing 17 genetic counseling;

18 (15) [Knowingly] WILLFULLY practices genetic counseling with an 19 unauthorized individual or aids an unauthorized individual in practicing genetic 20 counseling;

21 (16) [Knowingly] **WILLFULLY** delegates a genetic counseling duty to an 22 unlicensed individual;

# 23 (17) [Grossly overutilizes] ESTABLISHES A PATTERN OF 24 OVERUTILIZATION OF-health care services EXCESSIVE OR MEDICALLY UNNECESSARY 25 PROCEDURES OR TREATMENT;

26 (21) [Knowingly] **WILLFULLY** submits false statements to collect fees for 27 which services are not provided;

28 (23) [Knowingly] **WILLFULLY** fails to report suspected child abuse in 29 violation of § 5–704 of the Family Law Article;

30 14–5G–20.

1 (a) (1) Except as provided in subsections (b) and (d) of this section, [hospitals, related institutions, alternative health systems as defined in § 1–401 of this article, and  $\mathbf{2}$ employers] EACH EMPLOYER OF A LICENSED GENETIC COUNSELOR shall [file with] 3 **SUBMIT TO** the Board a report [that the hospital, related institution, alternative health 4 system, or employer limited, reduced, otherwise changed, or terminated any licensed  $\mathbf{5}$ genetic counselor for any reason] IF: 6 7**(I)** THE EMPLOYER: 8 1. REDUCED, SUSPENDED, REVOKED, RESTRICTED, 9 DENIED, CONDITIONED, OR DID NOT RENEW THE LICENSED GENETIC COUNSELOR'S 10 CLINICAL PRIVILEGES, EMPLOYMENT, OR OTHER ABILITY TO PRACTICE OR TREAT 11 PATIENTS; 122. INVOLUNTARILY TERMINATED OR RESTRICTED THE LICENSED GENETIC COUNSELOR'S EMPLOYMENT OR STAFF MEMBERSHIP; OR 1314ASKED THE LICENSED GENETIC COUNSELOR TO 3. 15VOLUNTARILY RESIGN BECAUSE OF THE LICENSED GENETIC COUNSELOR'S 16 CONDUCT OR WHILE THE LICENSED GENETIC COUNSELOR IS BEING INVESTIGATED; 17AND 18 **(II)** THE ACTION DESCRIBED UNDER ITEM (I) OF THIS 19 **PARAGRAPH WAS TAKEN:** 20FOR REASONS that might be grounds for disciplinary 1. action under § 14–5G–18 of this subtitle: 21222. **BECAUSE THE LICENSED GENETIC COUNSELOR MAY** 23HAVE ENGAGED IN AN ACT THAT MAY CONSTITUTE UNPROFESSIONAL CONDUCT; 24BECAUSE THE LICENSED GENETIC COUNSELOR MAY 3. 25BE UNABLE TO PRACTICE GENETIC COUNSELING WITH REASONABLE SKILL AND 26SAFETY BECAUSE OF A PHYSICAL OR MENTAL CONDITION OR PROFESSIONAL 27**INCOMPETENCE; OR** 28**4**. BECAUSE THE LICENSED GENETIC COUNSELOR MAY 29HAVE HARMED OR PLACED ONE OR MORE PATIENTS OR THE PUBLIC AT 30 UNREASONABLE RISK OF HARM BY ENGAGING IN AN ACT THAT CREATES AN 31 IMMEDIATE OR CONTINUING DANGER. 32 (2) A REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS 33 SUBSECTION SHALL INCLUDE:

94

1	(I) THE ACTION TAKEN BY THE EMPLOYER;					
2	(II) A DETAILED EXPLANATION OF THE REASONS FOR THE					
3	ACTION, INCLUDING REFERENCES TO SPECIFIC PATIENT MEDICAL RECORDS, IF					
4	ANY, THAT INFORMED THE EMPLOYER'S ACTION; AND					
~						
$5 \\ 6$	(III) <u>THE STEPS TAKEN BY THE EMPLOYER TO INVESTIGATE THE</u> CONDUCT OF THE LICENSED GENETIC COUNSELOR.					
0	CONDUCT OF THE LICENSED GENETIC COUNSELOR.					
7	(3) (1) THE BOARD MAY REQUEST FROM THE EMPLOYER					
8	ADDITIONAL INFORMATION REGARDING AN ACTION DESCRIBED IN PARAGRAPH (1)					
9	OF THIS SUBSECTION THAT WAS TAKEN BY THE EMPLOYER.					
10	(II) IF AN EMPLOYER RECEIVES A REQUEST MADE UNDER					
11	SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE EMPLOYER SHALL PROMPTLY					
12	PROVIDE THE ADDITIONAL INFORMATION.					
13	(b) [A hospital, related institution, alternative health system, or] IF AN employer					
14	[that has reason to know that] KNOWS THAT THE CONDUCT OF a licensed genetic					
15	counselor [has committed an act or has a condition that might be grounds for reprimand or					
16	probation of the licensed genetic counselor or suspension or revocation of the license]					
17	REQUIRES THAT THE EMPLOYER SUBMIT A REPORT because the licensed genetic					
18	counselor is [alcohol-impaired or drug-impaired] IMPAIRED BY ALCOHOL OR ANOTHER					
19	SUBSTANCE, THE EMPLOYER is not required to report the licensed genetic counselor to					
20	<u>the Board if:</u>					
21	(1) The [hospital, related institution, alternative health system, or]					
$\frac{21}{22}$	employer knows that the licensed genetic counselor is:					
	<u>employer knows that the needed genetic counselor is.</u>					
23	(i) In [an alcohol or drug] SUBSTANCE USE DISORDER treatment					
24	program that is accredited by [the] THE Joint Commission [on Accreditation of Healthcare					
25	Organizations] or that is certified by the Department; or					
0.0						
26	(ii) <u>Under the care of a health care practitioner who is competent</u>					
27 20	and capable of dealing with [alcoholism and drug abuse] SUBSTANCE USE DISORDERS;					
28	and					
29	(2) (i) The [hospital, related institution, alternative health system, or]					
30	employer is able to verify that the licensed genetic counselor remains in the treatment					
31	program until SUCCESSFUL discharge; and					
32	(ii) The notion on condition of the licensed constin counceles has not					
32 33	(ii) <u>The action or condition of the licensed genetic counselor has not</u> caused injury to any person while the genetic counselor is practicing AS A LICENSED					
$\frac{33}{34}$	genetic [counseling] COUNSELOR.					
J4	generic [counsering] COUNSELOR.					

1	(c) (1) If the licensed genetic counselor enters, or is considering entering, an
2	alcohol or drug treatment program that is accredited by [the] THE Joint Commission [on
-3	Accreditation of Healthcare Organizations or that is certified by the Department, the
4	licensed genetic counselor shall notify the hospital, related institution, alternative health
5	system, or employer-[of]-WITHIN 15 DAYS AFTER the licensed genetic counselor's decision
6	to enter the treatment program.
7	(2) If the licensed genetic counselor fails to provide the notice required
8	under paragraph (1) of this subsection, and the hospital, related institution, alternative
9	health system, or employer learns that the licensed genetic counselor has entered a
10	treatment program, the hospital, related institution, alternative health system, or
11	employer shall report to the Board that the licensed genetic counselor has entered a
12	treatment program and has failed to provide the required notice.
13	(3) If the licensed genetic counselor is found to be noncompliant with the
13 $14$	treatment program's policies and procedures while in the treatment program, the
$14 \\ 15$	treatment program shall notify the hospital, related institution, alternative health system,
16	or employer of the licensed genetic counselor's noncompliance.
10	<u>or employer of the needsed genetic counselors i noncompliance.</u>
17	(4) On receipt of the notification required under paragraph (3) of this
18	subsection, the hospital, related institution, alternative health system, or] IF THE
19	EMPLOYER KNOWS THAT THE LICENSED GENETIC COUNSELOR IS NONCOMPLIANT
20	WITH THE SUBSTANCE USE DISORDER TREATMENT PROGRAM, THE employer of the
21	licensed genetic counselor shall report the licensed genetic counselor's noncompliance to
22	<u>the Board.</u>
23	(d) (1) THE BOARD MAY EXTEND THE REPORTING UNDER THIS
24	SUBSECTION FOR GOOD CAUSE SHOWN.

25 (2) A person is not required under this section to make any report that 26 would be in violation of any federal or State law, rule, or regulation concerning the 27 confidentiality of [alcohol- and drug abuse-related] SUBSTANCE USE DISORDER patient 28 records.

29 (E) THE BOARD MAY ENFORCE THIS SECTION BY SUBPOENA.

# 30(F)ANY PERSON SHALL HAVE THE IMMUNITY FROM LIABILITY DESCRIBED31UNDER § 5–715(D) OF THE COURTS ARTICLE FOR GIVING ANY OF THE INFORMATION32REQUIRED BY THIS SECTION.

I(e) (G) [The hospital, related institution, alternative health system, or] AN
 employer REQUIRED TO MAKE A REPORT TO THE BOARD UNDER THIS SECTION shall
 submit the report within 10 days after [any] THE action [described in this section]
 REQUIRING THE REPORT.

1[(f)] (H)A report made under this section is PRIVILEGED, NOT SUBJECT TO2INSPECTION UNDER THE PUBLIC INFORMATION ACT, AND not subject to subpoena or3discovery in any civil action other than a proceeding arising out of a hearing and decision4of the Board or a disciplinary panel under this title.

5 (g) (I) (1) A disciplinary panel may impose a civil penalty of up to [\$1,000]
6 \$5,000 for failure KNOWINGLY FAILING to report under this section.

# 7(2)A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF UP TO8\$5,000 PER INCIDENT FOR A REPORT MADE BY AN EMPLOYER IN BAD FAITH.

# 9 (3) The Board shall remit any penalty collected under this subsection into 10 the General Fund of the State.

11 14–5G–26.

12 (a) Except as otherwise provided in this subtitle, a licensed genetic counselor or 13 a licensed physician may not employ or supervise an individual practicing genetic 14 counseling without a license.

(b) Except as otherwise provided in this subtitle, a hospital, related institution,
 alternative health system, or <u>AN</u> employer may not employ an individual practicing genetic
 counseling without a license.

18 (c) A disciplinary panel may impose a civil penalty of up to [\$1,000] **\$5,000** for a 19 violation of this section.

20 14–5G–27.

(a) A person who violates [any provision of §§ 14–5G–23 through 14–5G–26] §
14–5G–23, § 14–5G–24, OR § 14–5G–25 of this subtitle is guilty of a misdemeanor and
on conviction is subject to a fine not exceeding \$1,000 or imprisonment not exceeding 1 year
or both.

25 (b) A person who violates [any provision of \$ 14–5G–23 through 14–5G–26] **§** 26 14–5G–23, **§** 14–5G–24, OR **§** 14–5G–25 of this subtitle is subject to a civil fine of not 27 more than \$5,000 to be levied by a disciplinary panel.

(c) The Board shall pay any penalty collected under this section into the Board ofPhysicians Fund.

30 14–602.

1 (b) Except as otherwise provided in this article, a person may not use the words 2 or terms "Dr.", "doctor", "physician", "D.O.", or "M.D." with the intent to represent that the 3 person practices medicine, unless the person is:

4 (3) A physician employed [by] IN THE SERVICE OF the federal government 5 while [performing duties incident to that] PRACTICING WITHIN THE SCOPE OF THE 6 employment;

7 14-606.

8 (a) (3) A person who is required to give notice under § 14–505 ("Reporting burn 9 treatment") of this title, and who fails to give the required notice, [is liable for] MAY BE 10 SUBJECT TO a civil penalty of not more than \$100.

11 15–103.

12 <u>[(a)</u> In this section, "alternative health care system" has the meaning stated in § 13 <u>1-401 of this article.]</u>

14 (b) (3) (A) (1) Subject to paragraph (2) of this subsection, an employer of a physician assistant shall report to the Board, on the form prescribed by the Board, any termination of employment of the physician assistant if the cause of termination is related to a quality of care issue.

18 (2) Subject to subsection [(d)] (C) of this section, a physician or group of 19 physicians that develops a collaboration agreement with a physician assistant or an 20 employer of a physician assistant shall notify the Board within 10 days of the termination 21 of employment of the physician assistant for reasons that would be grounds for discipline 22 under this title.

(3) A physician or group of physicians that develops a collaboration
 agreement with a physician assistant or the physician assistant shall [notify the Board
 within 10 days of] IMMEDIATELY DOCUMENT the termination of the relationship [under
 a] IN THE collaboration agreement ON FILE AT THE PHYSICIAN ASSISTANT'S PRIMARY
 PLACE OF BUSINESS.

28[(c)] **(B)** (1) Except as otherwise provided under subsections [(b) and (d)] (C) 29AND (E) of this section, [a hospital, a related institution, an alternative health care system, 30 or an] EACH employer of a LICENSED physician assistant shall [report] SUBMIT to the Board [any limitation, reduction, or other change of the terms of employment of the 3132physician assistant or any termination of employment of the physician assistant for any 33 reason that might be grounds for disciplinary action under § 15–314 of this title] A REPORT 34IF:

35 <u>(I)</u> <u>THE EMPLOYER:</u>

98

1 1. **REDUCED, SUSPENDED, REVOKED, RESTRICTED,**  $\mathbf{2}$ DENIED, CONDITIONED, OR DID NOT RENEW THE LICENSED PHYSICIAN ASSISTANT'S 3 CLINICAL PRIVILEGES, EMPLOYMENT, OR OTHER ABILITY TO PRACTICE OR TREAT 4 **PATIENTS:**  $\mathbf{5}$ 2. INVOLUNTARILY TERMINATED OR RESTRICTED THE LICENSED PHYSICIAN ASSISTANT'S EMPLOYMENT OR STAFF MEMBERSHIP; OR 6 7 3. ASKED THE LICENSED PHYSICIAN ASSISTANT TO VOLUNTARILY RESIGN BECAUSE OF THE LICENSED PHYSICIAN ASSISTANT'S 8 9 CONDUCT OR WHILE THE LICENSED PHYSICIAN ASSISTANT IS BEING INVESTIGATED; 10 AND 11 **(II)** THE ACTION DESCRIBED UNDER ITEM (I) OF THIS 12**PARAGRAPH WAS TAKEN:** 13 FOR REASONS THAT MIGHT BE GROUNDS FOR 1. DISCIPLINARY ACTION UNDER § 15–314 OF THIS TITLE; 14 152. **BECAUSE THE LICENSED PHYSICIAN ASSISTANT MAY** 16 HAVE ENGAGED IN AN ACT THAT MAY CONSTITUTE UNPROFESSIONAL CONDUCT; 173. **BECAUSE THE LICENSED PHYSICIAN ASSISTANT MAY** 18 BE UNABLE TO PRACTICE AS A PHYSICIAN ASSISTANT WITH REASONABLE SKILL AND SAFETY BECAUSE OF A PHYSICAL OR MENTAL CONDITION OR PROFESSIONAL 19 20**INCOMPETENCE; OR** 214. **BECAUSE THE LICENSED PHYSICIAN ASSISTANT MAY** 22HAVE HARMED OR PLACED ONE OR MORE PATIENTS OR THE PUBLIC AT UNREASONABLE RISK OF HARM BY ENGAGING IN AN ACT THAT CREATES AN 2324IMMEDIATE OR CONTINUING DANGER. 25(2) EACH REPORT SUBMITTED UNDER PARAGRAPH (1) OF THIS 26SUBSECTION SHALL INCLUDE: 27**(I)** THE ACTION TAKEN BY THE EMPLOYER; 28**(II)** A DETAILED EXPLANATION OF THE REASONS FOR THE 29ACTION, INCLUDING REFERENCES TO SPECIFIC PATIENT MEDICAL RECORDS, IF 30 ANY, THAT INFORMED THE EMPLOYER'S ACTION; AND 31(III) THE STEPS TAKEN BY THE EMPLOYER TO INVESTIGATE THE 32CONDUCT OF THE LICENSED PHYSICIAN ASSISTANT.

#### (3) 1 **(I)** THE BOARD MAY REQUEST FROM THE EMPLOYER $\mathbf{2}$ ADDITIONAL INFORMATION REGARDING AN ACTION DESCRIBED IN PARAGRAPH (1) 3 OF THIS SUBSECTION THAT WAS TAKEN BY THE EMPLOYER. 4 **(II)** IF AN EMPLOYER RECEIVES A REQUEST MADE UNDER $\mathbf{5}$ SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE EMPLOYER SHALL PROMPTLY 6 PROVIDE THE ADDITIONAL INFORMATION. 7 [(d)] (C) [A hospital, related institution, alternative health care system, or] IF 8 AN employer [that has reason to know that] KNOWS THAT THE CONDUCT OF a LICENSED physician assistant [has committed an action or has a condition that might be grounds for 9 reprimand or probation of the physician assistant or suspension or revocation of the license 10 of the physician assistant under § 15–314 of this title] **REQUIRES THAT THE EMPLOYER** 11 SUBMIT A REPORT UNDER SUBSECTION (B)(1) OF THIS SECTION because the physician 1213assistant is [alcohol- or drug-impaired] IMPAIRED BY ALCOHOL OR ANOTHER 14SUBSTANCE, THE EMPLOYER is not required to report THE LICENSED PHYSICIAN **ASSISTANT** to the Board if: 15The [hospital, related institution, alternative health care system, or] (1)

# 16 (1) The [hospital, related institution, alternative health care system, 17 employer knows that the LICENSED physician assistant is:

# 18 (i) In [an alcohol or drug] SUBSTANCE USE DISORDER treatment 19 program that is accredited by [the] THE Joint Commission [on the Accreditation of 20 Healthcare Organizations] or is certified by the Department; or

# 21 (ii) Under the care of a health care practitioner who is competent 22 and capable of dealing with [alcoholism and drug abuse] SUBSTANCE USE DISORDERS;

# 23 (2) <u>The [hospital, related institution, alternative health care system, or]</u> 24 <u>employer is able to verify that the physician assistant remains in the treatment program</u> 25 <u>until SUCCESSFUL discharge; and</u>

# 26 <u>(3)</u> <u>The action or condition of the physician assistant has not caused injury</u> 27 <u>to any person while the physician assistant is practicing as a licensed physician assistant.</u>

# 28 (e) (D) (1) If the physician assistant enters, or is considering entering, an 29 alcohol or drug treatment program that is accredited by [the] THE-Joint Commission [on 30 Accreditation of Healthcare Organizations] or that is certified by the Department, the 31 physician assistant shall notify the hospital, related institution, alternative health care 32 system, or employer [of] WITHIN 15 DAYS AFTER the physician assistant's decision to 33 enter the treatment program.

# 34 (2) If the physician assistant fails to provide the notice required under 35 paragraph (1) of this subsection, and the hospital, related institution, alternative health

1	care system, or employer learns that the physician assistant has entered a treatment					
2	program, the hospital, related institution, alternative health care system, or employer shall					
3	report to the Board that the physician assistant has entered a treatment program and has					
4	failed to provide the required notice.					
<b>5</b>	[(3) If the physician assistant is found to be noncompliant with the					
6	treatment program's policies and procedures while in the treatment program, the					
7	treatment program shall notify the hospital, related institution, alternative health care					
8	system, or employer of the physician assistant's noncompliance.					
0	system, or employer of the physician assistant's honcomphance.					
9	(1) On reasing of the notification required under newsmaph (2) of this					
	(4) On receipt of the notification required under paragraph (3) of this					
10	subsection, the hospital, related institution, alternative health care system, or] IF THE					
11	EMPLOYER KNOWS THAT THE LICENSED PHYSICIAN IS NONCOMPLIANT WITH THE					
12	SUBSTANCE USE DISORDER TREATMENT PROGRAM, THE employer of the LICENSED					
13	physician assistant shall report the LICENSED physician assistant's noncompliance to the					
14	Board.					
15	[(f)] (E) (1) THE BOARD MAY EXTEND THE REPORTING UNDER THIS					
16	SUBSECTION FOR GOOD CAUSE SHOWN.					
10	SUBSECTION FOR GOOD CAUSE SHOWN.					
1 🗖						
17	(2) <u>A person is not required under this section to make any report that</u>					
18	would be in violation of any federal or State law, rule, or regulation concerning the					
19	confidentiality of [alcohol- and drug-abuse] SUBSTANCE USE DISORDER patient records.					
20	(F) THE BOARD MAY ENFORCE THIS SECTION BY SUBPOENA.					
21	(G) ANY PERSON SHALL HAVE THE IMMUNITY FROM LIABILITY DESCRIBED					
22	UNDER § 5-715(D) OF THE COURTS ARTICLE FOR GIVING ANY OF THE INFORMATION					
23	REQUIRED BY THIS SECTION.					
40	REQUIRED DI TINS SECTION.					
24	[(m)] (II) [The beanited institution alternative bealth care system or]					
	[(g)] (H) [The hospital, related institution, alternative health care system, or]					
25	AN employer REQUIRED TO MAKE A REPORT TO THE BOARD UNDER THIS SECTION					
26	shall submit the report within 10 days [of any] AFTER THE action [described in this					
27	section REQUIRING THE REPORT.					
28	[(h)] (I) A report under this section is <b>PRIVILEGED</b> , <b>NOT SUBJECT TO</b>					
29	<b>INSPECTION UNDER THE PUBLIC INFORMATION ACT, AND</b> not subject to subpoena or					
30	discovery in any civil action other than a proceeding arising out of a hearing and decision					
31	of the Board or a disciplinary panel under this title.					
υı	or the board of a disciplinary patter under this title.					
99	(i) (1) A dissipling mean larger in the large $f(t) = \frac{1}{2} \int dt = \frac{1}{2} \int d$					
32	(i) (J) (1) A disciplinary panel may impose a civil penalty of up to [ $$1,000$ ] \$5,000					
33	for <del>failure</del> <u>KNOWINGLY FAILING</u> to report under this section.					
34	(2) A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF UP TO					
35	<b>\$5,000</b> PER INCIDENT FOR A REPORT MADE BY AN EMPLOYER IN BAD FAITH.					

**\$5,000** PER INCIDENT FOR A REPORT MADE BY AN EMPLOYER IN BAD FAITH.

$\frac{1}{2}$	(3) The Board shall pay any fees collected under this subsection into the General Fund of the State.						
$\frac{3}{4}$	[(j)] (K) Board within 5 da	<u>An employer shall make the report required under this section to the</u> <u>days after the date of termination of employment.</u>					
$5\\6$	[(k)] (L) section.	The Board shall adopt regulations to implement the provisions of this					
7	15–201.						
8	(a) There	e is a Physician Assistant Advisory Committee within the Board.					
9	15–202.						
10 11	(a) (1) Board.	The Committee shall consist of [7] SEVEN members appointed by the					
12	(2)	(2) Of the <b>[7] SEVEN</b> Committee members:					
13		(i) [3] <b>THREE</b> shall be licensed physicians;					
14		(ii) [3] <b>THREE</b> shall be licensed physician assistants; and					
15		(iii) [1] <b>ONE</b> shall be a consumer.					
16	(3)	Of the licensed physician members:					
17 18	subspecialty; and	(i) At least <b>[1] ONE</b> shall specialize in general surgery or a surgical					
19 20	practice, or a simi	(ii) At least [1] ONE shall specialize in internal medicine, family ar primary care specialty.					
$\begin{array}{c} 21 \\ 22 \end{array}$	(4) names submitted	The Board shall appoint the physician assistant members from a list of oy:					
23		(i) The Maryland Academy of Physician Assistants; and					
$\frac{24}{25}$	physician assistan	(ii) The State institutions of higher education with approved t programs.					
$\frac{26}{27}$	(5) MUST BE IN GOOD	EACH MEMBER OF THE COMMITTEE LICENSED BY THE BOARD D STANDING WITH THE BOARD.					

1	<b>[</b> (5) <b>] (6)</b>	The consumer member:
2	(i)	[Shall] <b>MUST</b> be a member of the general public;
$\frac{3}{4}$	(ii) or a person in training to	May not be <b>[</b> a physician, former physician, physician assistant, become a physician or physician assistant <b>]</b> OR HAVE EVER BEEN:
5		1. A PHYSICIAN ASSISTANT;
6		2. ANY OTHER HEALTH CARE PROFESSIONAL; OR
7 8	OTHER HEALTH PROFE	3. IN TRAINING TO BE A PHYSICIAN ASSISTANT OR ESSIONAL; AND
9 10	(iii) physician assistant, or a	May not [have a household member who is a physician or person in training to become a physician assistant; and
11 12	(iv) substantial financial inte	May not have had within 2 years before appointment a erest in a process regulated by the Board]:
$13 \\ 14 \\ 15$	COMMERCIAL OR PR PRACTICE;	1. PARTICIPATE OR EVER HAVE PARTICIPATED IN A OFESSIONAL FIELD RELATED TO PHYSICIAN ASSISTANT
16 17 18	A COMMERCIAL OR F PRACTICE;	2. HAVE A HOUSEHOLD MEMBER WHO PARTICIPATES IN PROFESSIONAL FIELD RELATED TO PHYSICIAN ASSISTANT
19 20	FINANCIAL INTEREST I	3. HAVE HAD WITHIN 2 YEARS BEFORE APPOINTMENT A IN A PERSON REGULATED BY THE BOARD; OR
$21 \\ 22 \\ 23$		4. HAVE HAD WITHIN 2 YEARS BEFORE APPOINTMENT A IN THE PROVISION OF GOODS OR SERVICES TO PHYSICIAN E FIELD OF PHYSICIAN ASSISTANT PRACTICE.
$\frac{24}{25}$	[(6)] <b>(7)</b> State.	Each member of the Committee [shall] MUST be a resident of the
$26 \\ 27 \\ 28$		e physician members of the Committee, two shall be previously or atient care team physician under a collaboration agreement with a
29 30	(c) <b>[</b> (1) The assistant under this title	physician assistant members shall be licensed as a physician e.

$     \begin{array}{c}       1 \\       2 \\       3     \end{array}   $	(2) The physician assistant members shall be currently practicing as a physician assistant or employed as a faculty member of an accredited physician assistant program.					
4	(3)] Of the [3] THREE physician assistant members of the Committee:					
$5 \\ 6$	[(i)] (1) At least [1 shall] ONE MUST be currently practicing in a hospital; and					
7 8	[(ii)] (2) At least [1 shall] ONE MUST be currently practicing in a nonhospital setting.					
9	(D) (1) THE TERM OF A MEMBER IS 3 YEARS.					
10 11	(2) THE TERMS OF MEMBERS ARE STAGGERED AS REQUIRED BY REGULATION.					
$\begin{array}{c} 12\\ 13 \end{array}$	(3) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.					
14 15 16	(4) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIES.					
17 18	(5) A MEMBER MAY NOT SERVE MORE THAN TWO CONSECUTIVE FULL TERMS.					
19 20 21	[(d)] (E) [A] FROM AMONG ITS MEMBERS, THE Committee SHALL ELECT A chair [and a secretary shall be selected] every 2 years [by a majority vote of the membership of the Committee].					
$\begin{array}{c} 22\\ 23 \end{array}$	[(e)] (F) The chair, or the chair's designee, shall serve in an advisory capacity to the Board as a representative of the Committee.					
24	(G) A QUORUM OF THE COMMITTEE CONSISTS OF FOUR MEMBERS.					
25	15–205.					
$\frac{26}{27}$	[(a)] In addition to the powers set forth elsewhere in this title, the Committee[, on its initiative or on the Board's request, may] <del>SHALL</del> :					
28	(1) <u>SHALL:</u>					
29	(1) (I) Recommend to the Board [regulations]:					

$\frac{1}{2}$	title; AND	<del>(1)</del>	<u>1.</u>	REGU	ULATIONS fo	or carrying out	; [the pr	ovisions of	] this
$\frac{3}{4}$	PROFESSION;	(H) AND	<u>2.</u>	Any	STATUTOR	Y CHANGES	THAT	AFFECT	THE
5 6 7	(2 of an application COLLABORAT	on for lic	ensure	OR THE		d approval, mo NCE OF ADVA		·	
8 9 10 11	(III) Report to the Board any conduct of a physician or group or physicians who develops a collaboration agreement with a physician assistant or a physician assistant that may be cause for disciplinary action under this title or under \$14-404 of this article; <b>f</b> and <b>f</b>						or a		
$\frac{12}{13}$	<del>(4</del> physician assis	/ <u>-</u>				ny alleged un ETINGS; AND	authorize	ed practice	of a
14	(5	<del>)</del> <del>O</del> P	<del>I REQU</del>	EST OF '	<del>the Board</del>	OR A DISCIPI	<del>JNARY I</del>	PANEL:	
15	<u>(2</u>	<u>()</u> <u>M</u>	<u>AY:</u>						
$\begin{array}{c} 16 \\ 17 \end{array}$	OF PHYSICIAN	(I) ASSIS			RECOMMENI	DATIONS REGA	ARDING	THE PRAC	TICE
18 19	PHYSICIAN AS	(II) SISTAN		/ISE TH	E BOARD O	N ANY OTHER	MATTER	RS RELATE	D TO
20	[(b) T]	ne Comi	mittee s	hall sub	mit an annu	al report to the	Board.		
$\begin{array}{c} 21 \\ 22 \end{array}$	(c) (1 adopt regulatio					h elsewhere in s title.	this title	, the Board	shall
23	(2	) Th	e Board	shall:					
24		(i)	Con	sider all	recommend	ations of the Co	ommittee	e; and	
$\begin{array}{c} 25\\ 26 \end{array}$	matters involvi	(ii) ing licer		vide to t	he Committe	ee an annual r	eport on	the discipl	inary
27	(3	) Th	e Board	may:					
$\begin{array}{c} 28\\ 29 \end{array}$	assistant;	(i)	Inve	estigate	any alleged	unauthorized	practice	of a phys	sician

1 (ii) Investigate any conduct that may be cause for disciplinary action 2 under this title; and

3 (iii) On receipt of a written and signed complaint, including a referral 4 from the Commissioner of Labor and Industry, conduct an unannounced inspection of the 5 office of a physician assistant, other than an office of a physician assistant in a hospital, 6 related institution, freestanding medical facility, or freestanding birthing center, to 7 determine compliance at that office with the Centers for Disease Control and Prevention's 8 guidelines on universal precautions.

9 (4) If the entry is necessary to carry out a duty under this subtitle, 10 including an investigation or determination of compliance as provided under paragraph (3) 11 of this subsection and an audit to determine compliance with the Board's requirements 12 with respect to physician assistant practice, the Executive Director of the Board or other 13 duly authorized agent or investigator may enter at any reasonable hour a place of business 14 of a licensed physician or a licensed physician assistant or public premises.

15 (5) (i) A person may not deny or interfere with an entry under this 16 subsection.

17 (ii) A person who violates any provision of this subsection is guilty of 18 a misdemeanor and on conviction is subject to a fine not exceeding \$100.]

19 15-206.

20 (c) [(1) In fiscal year 2017 and fiscal year 2018, if the Governor does not include 21 in the State budget at least \$550,000 for the operation of the Maryland Loan Assistance 22 Repayment Program for Physicians and Physician Assistants under Title 24, Subtitle 17 of 23 the Health – General Article, as administered by the Department, the Comptroller shall 24 distribute:

(i) \$550,000 of the fees received from the Board to the Department
to be used to make grants under the Maryland Loan Assistance Repayment Program for
Physicians and Physician Assistants under Title 24, Subtitle 17 of the Health – General
Article to physicians and physician assistants engaged in primary care or to medical
residents specializing in primary care who agree to practice for at least 2 years as primary
care physicians in a geographic area of the State that has been designated by the Secretary
as being medically underserved; and

32

(ii) The balance of the fees to the Board of Physicians Fund.

(2) In fiscal year 2019 and each fiscal year thereafter, if the Governor does
not include in the State budget at least \$400,000 for the operation of the Maryland Loan
Assistance Repayment Program for Physicians and Physician Assistants under Title 24,
Subtitle 17 of the Health – General Article, as administered by the Maryland Higher
Education Commission, the Comptroller shall distribute:

1 (i) \$400,000 of the fees received from the Board to the Department 2 to be used to make grants under the Maryland Loan Assistance Repayment Program for 3 Physicians and Physician Assistants under Title 24, Subtitle 17 of the Health – General 4 Article to physicians and physician assistants engaged in primary care or to medical 5 residents specializing in primary care who agree to practice for at least 2 years as primary 6 care physicians in a geographic area of the State that has been designated by the Secretary 7 as being medically underserved; and

8

(ii) The balance of the fees to the Board of Physicians Fund.]

9 (1) IN EACH FISCAL YEAR, IF THE DEPARTMENT DOES NOT 10 IMPLEMENT A PERMANENT FUNDING STRUCTURE UNDER § 24–1702(B)(1) OF THE 11 HEALTH – GENERAL ARTICLE AND THE GOVERNOR DOES NOT INCLUDE IN THE 12 STATE BUDGET AT LEAST \$400,000 FOR THE OPERATION OF THE MARYLAND LOAN 13 ASSISTANCE REPAYMENT PROGRAM FOR PHYSICIANS AND PHYSICIAN ASSISTANTS 14 UNDER TITLE 24, SUBTITLE 17 OF THE HEALTH – GENERAL ARTICLE, AS 15 ADMINISTERED BY THE DEPARTMENT, THE COMPTROLLER SHALL DISTRIBUTE:

16 **(I)** \$400,000 OF THE FEES RECEIVED FROM THE BOARD TO THE DEPARTMENT TO BE USED TO MAKE GRANTS UNDER THE MARYLAND LOAN 1718 ASSISTANCE REPAYMENT PROGRAM FOR PHYSICIANS AND PHYSICIAN ASSISTANTS 19UNDER TITLE 24, SUBTITLE 17 OF THE HEALTH – GENERAL ARTICLE TO 20PHYSICIANS AND PHYSICIAN ASSISTANTS ENGAGED IN PRIMARY CARE OR TO 21MEDICAL RESIDENTS SPECIALIZING IN PRIMARY CARE WHO AGREE TO PRACTICE 22FOR AT LEAST 2 YEARS AS PRIMARY CARE PHYSICIANS IN A GEOGRAPHIC AREA OF 23THE STATE THAT HAS BEEN DESIGNATED BY THE SECRETARY AS BEING MEDICALLY 24**UNDERSERVED; AND** 

25

# (II) THE BALANCE OF THE FEES TO THE BOARD OF PHYSICIANS

26 **FUND.** 

[(3)] (2) If the Governor includes in the State budget at least the amount specified in paragraph (1) [or (2)] of this subsection for the operation of the Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants under Title 24, Subtitle 17 of the Health – General Article, as administered by the [Maryland Higher Education Commission] **DEPARTMENT**, the Comptroller shall distribute the fees to the Board of Physicians Fund.

33 15-301.

34 (f) Except as otherwise provided in this title, the following individuals may 35 practice as a physician assistant without a license:

1 (2) A physician assistant employed in the service of the federal government 2 while [performing duties incident to that] **PRACTICING WITHIN THE SCOPE OF THE** 3 employment.

4 15-302.

5 (a) A physician assistant may practice as a physician assistant only after 6 providing notice to the Board, in a manner approved by the Board, of [:

7

(1) The] **THE** executed collaboration agreement[; and

8 (2) Each patient care team physician listed on the collaboration 9 agreement].

10 (j) A patient care team physician may be added or removed from a collaboration 11 agreement by [providing notification to the Board] IMMEDIATELY DOCUMENTING THE 12 ADDITION OR REMOVAL IN THE COLLABORATION AGREEMENT ON FILE AT THE 13 PHYSICIAN ASSISTANT'S PRIMARY PLACE OF BUSINESS.

14 15-302.1.

15 (g) (1) On review of the Committee's recommendations regarding the request 16 of a patient care team physician to delegate advanced duties as described in a collaboration 17 agreement, the Board may modify the performance of advanced duties under a 18 collaboration agreement if the physician assistant does not meet the applicable education, 19 training, and experience requirements to perform the specified advanced duties.

20 (2) If the Board makes a modification under paragraph (1) of this 21 subsection, the Board:

(i) Shall notify [each] THE DELEGATING patient care team
 physician listed in the collaboration agreement and the physician assistant in writing of
 the particular elements of the advanced duty approval request that were the cause for the
 modification; and

26 (ii) May not restrict the submission of an amendment to the 27 advanced duty.

(a) A patient care team physician may not delegate prescribing, dispensing, and
 administering of controlled dangerous substances, prescription drugs, or medical devices
 unless the [primary supervising] PATIENT CARE TEAM physician and physician assistant
 include in the collaboration agreement:

<sup>28 15-302.2.</sup> 

1 (1) The authority of the physician assistant to prescribe and, if applicable, 2 dispense controlled dangerous substances, prescription drugs, or medical devices;

3 (2) An attestation that all prescribing and, if applicable, dispensing 4 activities of the physician assistant will comply with applicable federal and State law and 5 regulations;

6 (3) An attestation that all medical charts or records will contain a notation 7 of any prescriptions written or dispensed by a physician assistant in accordance with this 8 section;

9 (4) An attestation that all prescriptions dispensed under this section will 10 include the physician assistant's name and the patient care team physician's name, 11 business address, and business telephone number legibly written or printed;

12 (5) An attestation that all prescriptions written under this section will 13 include the physician assistant's name, business address, and business telephone number 14 legibly written or printed;

15

(6)

An attestation that the physician assistant has:

16 (i) Passed the physician assistant national certification exam 17 administered by the National Commission on the Certification of Physician Assistants 18 within the previous 2 years; or

- 19 (ii) Successfully completed 8 category 1 hours of pharmacology 20 education within the previous 2 years; and
- 21 (7) An attestation that the physician assistant has:
- 22

(i) A bachelor's degree or its equivalent; or

23(ii)Successfully completed 2 years of work experience as a physician24assistant.

[(d) If a patient care team physician who has delegated authority to exercise prescriptive authority to a physician assistant subsequently restricts or removes the delegation, the patient care team physician shall notify the Board of the restriction or removal within 5 business days.]

29 15-303.

30 (a) To qualify for a license, an applicant shall:

31 (5) Except as provided in subsection (b) of this section, have successfully 32 completed an educational program for physician assistants accredited by [:

	110 HOUSE BILL 776
$\frac{1}{2}$	(i) The] THE Accreditation Review Commission on Education for the Physician Assistant[; or
3	(ii) If completed before 2001:
4 5	1. The Committee on Allied Health Education and Accreditation; or
$6 \\ 7$	2. The Commission on Accreditation of Allied Health Education Programs] OR ITS PREDECESSOR; and
8	15–309.
9 10	(b) (1) [Each] A licensee shall [give] <b>PROVIDE</b> the Board written notice of any change of name or address within [60] <b>10</b> <u>30</u> days [of the date of] <b>AFTER</b> the change.
11	15–314.
$12 \\ 13 \\ 14 \\ 15$	(a) Subject to the hearing provisions of § 15–315 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum, may reprimand any physician assistant, place any physician assistant on probation, or suspend or revoke a license if the physician assistant:
16	(4) Is [professionally, physically, or mentally]:
17	(I) <b>PROFESSIONALLY INCOMPETENT;</b>
18	(II) PHYSICALLY INCOMPETENT; OR
19	(III) MENTALLY incompetent;
$20 \\ 21 \\ 22$	(19) [Grossly overutilizes] ESTABLISHES A PATTERN OF GROSS OVERUTILIZATION OF health care services EXCESSIVE OR MEDICALLY UNNECESSARY PROCEDURES OR TREATMENT;
$\frac{23}{24}$	(25) [Knowingly] <b>WILLFULLY</b> fails to report suspected child abuse in violation of § 5–704 of the Family Law Article;
25 26 27 28	(37) [By corrupt means, threats, or force, intimidates] <b>INTIMIDATES</b> or influences, or attempts to intimidate or influence, for the purpose of causing any person to withhold or change testimony in hearings or proceedings before the Board or a disciplinary panel or those otherwise delegated to the Office of Administrative Hearings;
$\begin{array}{c} 29\\ 30 \end{array}$	(38) [By corrupt means, threats, or force, hinders] HINDERS WILLFULLY HINDERS, prevents, or otherwise delays any person from making information available to

the Board or a disciplinary panel in furtherance of any investigation of the Board or adisciplinary panel;

3 (46) Fails to comply with the requirements of the Prescription Drug 4 Monitoring Program under Title 21, Subtitle 2A of the Health – General Article; [or]

5 (47) Fails to comply with any State or federal law pertaining to the practice 6 as a physician assistant; **OR** 

7 (48) WILLFULLY MAKES A MISREPRESENTATION TO A DISCIPLINARY 8 PANEL.

9 15-402.1.

10 (a) Except as otherwise provided in this subtitle, a licensed physician may not 11 employ an individual practicing as a physician assistant who does not have a license or who 12 has not provided notice to the Board as required under § 15–302(a) of this title.

(b) Except as otherwise provided in this subtitle, a hospital, related institution,
 alternative health care system, or <u>AN</u> employer may not employ an individual practicing as
 a physician assistant who does not have a license.

16 (c) A disciplinary panel may impose a civil penalty in an amount not exceeding 17 [\$1,000] **\$5,000** for a violation of this section.

18 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect 19 October 1, 2025.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.