

SENATE BILL 423

J2

5lr1659
CF 5lr1718

By: **Senator Beidle**

Introduced and read first time: January 20, 2025

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Medical Practice Act and Maryland Physician Assistants Act –**
3 **Revisions**

4 FOR the purpose of repealing obsolete and redundant language in, clarifying language in,
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;
11 altering certain disciplinary procedures; altering the duties and power of the Board,
12 disciplinary 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
15 requirements; establishing certain membership requirements, term limits, and the
16 quorums for the allied health advisory committees; altering and establishing
17 prohibitions related to the employment of unlicensed individuals; altering certain
18 fines; and generally relating to the State Board of Physicians and the regulation of
19 physicians, physician assistants, and allied health professionals.

20 BY repealing and reenacting, with amendments,

21 Article – Health Occupations

22 Section 14-101, 14-205(b)(2) and (3) and (c), 14-206(d) and (e), 14-207,
23 14-302(2)(iii)4. and (3), 14-306(g)(1)(iii)2., 14-307(e) and (h), 14-308, 14-309,
24 14-315(b), 14-316(a)(3), (b)(1), (c)(1), (d)(1), and (f), 14-317, 14-401(a),
25 14-401.1(a)(5) and (f), 14-402, 14-403(a), 14-404(a)(4), (19), (25), (37), (38),
26 (45), and (46), 14-405(a), 14-409(a), 14-411, 14-411.1(c) and (d)(2), 14-413,
27 14-5A-01(c), 14-5A-05, 14-5A-06, 14-5A-07, 14-5A-08(b)(1), 14-5A-14(a),
28 14-5A-17(a)(3), (4), (14), (15), (19), and (21), 14-5A-18(c)(1) and (g)(1),
29 14-5A-22.1(c), 14-5A-23, 14-5B-05, 14-5B-06, 14-5B-08(b)(1), 14-5B-11,
30 14-5B-12.1(a), 14-5B-14(a)(3), (4), (14), (15), (19), and (21), 14-5B-15(c)(1)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



and (g)(1), 14-5B-18.1(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), (16), (20), and (22), 14-5C-18(c)(1) and (g)(1), 14-5C-23, 14-5D-05, 14-5D-06, 14-5D-07(b)(1), 14-5D-10(a), 14-5D-11.1(c), 14-5D-12.1(a), 14-5D-14(a)(3), (4), (14), (15), (19), and (21), 14-5E-06, 14-5E-07, 14-5E-08(b), 14-5E-14(a)(1), 14-5E-16(a)(3), (4), (14), (15), (16), (20), and (22), 14-5E-18(c)(1) and (g)(1), 14-5F-07, 14-5F-08, 14-5F-10(b)(1), 14-5F-12, 14-5F-15.1(a), 14-5F-18(a)(2), (19), and (21), 14-5F-19, 14-5F-25, 14-5G-06, 14-5G-07, 14-5G-08(b)(1), 14-5G-09, 14-5G-15(a), 14-5G-18(a)(3), (4), (14), (15), (16), (17), (21), and (23), 14-5G-20(c)(1) and (g)(1), 14-5G-26(c), 14-5G-27, 14-602(b)(3), 14-606(a)(3), 15-103(b)(3), (e)(1), and (i)(1), 15-202, 15-205, 15-206(c), 15-301(f)(2), 15-302(a) and (j), 15-302.1(g), 15-302.2(a), 15-303(a)(5), 15-309(b)(1), 15-314(a)(4), (19), (25), (37), (38), (46), and (47), and 15-402.1(c)

Annotated Code of Maryland
(2021 Replacement Volume and 2024 Supplement)

BY repealing

Article – Health Occupations

Section 14-101.1, 14-414, 14-5C-10, 14-5F-20, 14-5F-21(f), and 15-302.2(d)

Annotated Code of Maryland

(2021 Replacement Volume and 2024 Supplement)

BY adding to

Article – Health Occupations

Section 14-205(d) and (e), 14-208, 14-404(a)(47), 14-414, 14-5D-11.5, 14-5E-22.1, 14-5F-12.1, 14-5F-12.2, 14-5F-20, and 15-314(a)(48)

Annotated Code of Maryland

(2021 Replacement Volume and 2024 Supplement)

BY repealing and reenacting, without amendments,

Article – Health Occupations

Section 14-5A-01(a), 14-5A-22.1(a) and (b), 14-5B-18.1(a) and (b), 14-5C-01(a), 14-5D-04, 14-5E-05, 14-5F-06, 14-5G-05, 14-5G-26(a) and (b), 15-103(e)(2), 15-201(a), and 15-402.1(a) and (b)

Annotated Code of Maryland

(2021 Replacement Volume and 2024 Supplement)

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

Article – Health Occupations

14-101.

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

(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:

(1) FURTHER THE BOARD’S REGULATION OF APPLICANTS AND LICENSEES OF THE REGULATED PROFESSION;

(2) ASSIST THE BOARD IN PROTECTING THE HEALTH, SAFETY, AND WELFARE OF THE PUBLIC; AND

(3) MAKE RECOMMENDATIONS ABOUT THE REGULATED PROFESSION TO THE BOARD ON REQUEST.

[(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.

(A-3) “ALTERNATIVE HEALTH SYSTEM” HAS THE MEANING STATED IN § 1-401 OF THIS ARTICLE.

(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.

(b) “Board” means the State Board of Physicians.

(c) “Board certified” means the physician is certified by a public or private board, including a multidisciplinary board, and the certifying board:

(1) Is:

(i) A member of the American Board of Medical Specialties;

(ii) An American Osteopathic Association certifying board;

(iii) The Royal College of Physicians and Surgeons of Canada; or

(iv) The College of Family Physicians of Canada; **OR**

(2) [Has been approved by the Board under § 14-101.1 of this subtitle; or

(3)] Requires that, in order to be certified, the physician:

(i) Complete a postgraduate training program that:

(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.**

(h) “Licensed physician” means, unless the context requires otherwise, a physician, including a doctor of osteopathy, who is licensed by the Board to practice 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.

(j) “MedChi” means the Maryland State Medical Society.

(k) “Mild sedation” means a drug-induced state during which:

(1) A patient is able to respond to verbal commands;

(2) A patient’s ventilatory and cardiovascular functions are not affected;
and

(3) A patient’s cognitive function and coordination may be impaired.

(l) “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.

(m) “Physician” means an individual who practices medicine.

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

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

(o) (1) “Practice medicine” means to engage, with or without compensation, in medical:

(i) Diagnosis;

(ii) Healing;

(iii) Treatment; or

(iv) Surgery.

(2) “Practice medicine” includes doing, undertaking, professing to do, and attempting any of the following:

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

1. By physical, mental, emotional, or other process that is exercised or invoked by the practitioner, the patient, or both; or

2. By appliance, test, drug, operation, or treatment;

(ii) Ending of a human pregnancy; and

(iii) Performing acupuncture as provided under § 14–504 of this title.

(3) “Practice medicine” does not include:

(i) Selling any nonprescription drug or medicine;

(ii) Practicing as an optician; or

(iii) Performing a massage or other manipulation by hand, but by no other means.

(p) “Registered cardiovascular invasive specialist” means an individual who is credentialed by Cardiovascular Credentialing International or another credentialing body approved by the Board to assist in cardiac catheterization procedures IN A HOSPITAL under the direct, in–person supervision of a licensed physician.

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

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

[14–101.1.

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

4 (1) Complete a postgraduate training program that:

5 (i) Provides complete training in the specialty or subspecialty being
6 certified; and

7 (ii) Is accredited by the Accreditation Council for Graduate Medical
8 Education or the American Osteopathic Association; and

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

11 14–205.

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

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

18 (i) Any of the reasons that are grounds for action under § 14–404, §
19 14–5A–17, § 14–5B–14, § 14–5C–17, § 14–5D–14, § 14–5E–16, [or] § 14–5F–18, **OR §**
20 **14–5G–18** of this title, as applicable; or

21 (ii) Failure to complete a criminal history records check in
22 accordance with § 14–308.1 of this title.

23 (c) (1) In addition to the duties set forth elsewhere in this title, the Board
24 shall:

25 (i) Issue, for use in other jurisdictions, a certificate of professional
26 standing **AND A VERIFICATION OF LICENSE STATUS** to any [licensed physician]
27 **LICENSEE**; and

28 (ii) Keep a list of all **PENDING** license applicants.

29 (2) (i) The Board shall keep a list of all [physicians] **LICENSEES** who
30 are currently licensed.

(ii) The list shall include each [physician's] LICENSEE'S designated public address.

(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.

(iv) [Each list prepared under this paragraph shall be kept as a permanent record of the Board.

(v)] The list of [currently licensed physicians] CURRENT LICENSEES is a public record.

(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.

(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.

(iii) A [physician] LICENSEE shall designate an address where the Board may send the [physician] LICENSEE mail.

(iv) A [physician's] LICENSEE'S designated nonpublic address is not a public record and may not be released by the Board.

(D) THE BOARD MAY NOT RELEASE A LIST OF APPLICANTS FOR LICENSURE.

(E) EXCEPT AS OTHERWISE SPECIFIED IN STATUTE, THE BOARD MAY ADOPT REGULATIONS REGARDING ADVISORY COMMITTEES ESTABLISHED UNDER THIS TITLE AND TITLE 15 OF THIS ARTICLE GOVERNING:

(1) THE TERM OF OFFICE FOR MEMBERS;

(2) THE PROCEDURES FOR FILLING VACANCIES ON AN ADVISORY COMMITTEE;

(3) THE REMOVAL OF MEMBERS; AND

(4) THE DUTIES OF EACH OFFICER.

(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 investigator of the Board may enter at any reasonable hour:

(i) A place of business of a [licensed physician] **LICENSEE**; or

(ii) Public premises.

(2) A person may not deny or interfere with an entry under this subsection.

(3) A person who violates [any provision of] this subsection is guilty of a misdemeanor and on conviction is subject to a fine [not exceeding \$100] **OF \$1,000**.

(e) A disciplinary panel may issue a cease and desist order or obtain injunctive relief against an individual for:

(1) Practicing a profession regulated under this title or Title 15 of this article without a license **OR WITH AN UNAUTHORIZED PERSON**;

(2) Representing to the public, by title, description of services, methods, procedures, or otherwise, that the individual is authorized to practice:

(i) Medicine in this State, in violation of § 14-602 of this title;

(ii) Respiratory care in this State, in violation of § 14-5A-21 of this title;

(iii) Radiation therapy, radiography, nuclear medicine technology, or radiation assistance in this State, in violation of § 14-5B-18 of this title;

(iv) Polysomnography in this State, in violation of § 14-5C-21 of this title;

(v) Athletic training in this State, in violation of § 14-5D-17(3) of this title;

(vi) Perfusion in this State, in violation of § 14-5E-21 of this title;

(vii) Naturopathic medicine in this State, in violation of § 14-5F-30 of this title; [or]

(VIII) GENETIC COUNSELING IN THIS STATE, IN VIOLATION OF § 14-5G-24 OF THIS TITLE; OR

[(viii)] (IX) As a physician assistant in this State, in violation of § 15-402 of this article; or

(3) Taking any action:

(i) For which a disciplinary panel determines there is a preponderance of evidence of grounds for discipline under § 14-404, **§ 14-5A-17, § 14-5B-14, § 14-5C-17, § 14-5E-16, § 14-5F-18, OR § 14-5G-18** of this title **OR § 15-415 OF THIS ARTICLE**; and

(ii) That poses a serious risk to the health, safety, and welfare of a patient.

14-207.

(a) There is a Board of Physicians Fund.

(b) (1) The Board may set reasonable fees for the issuance and renewal of licenses and its other services **PROVIDED TO APPLICANTS OR LICENSEES**.

(2) The fees charged shall be set [so as] to **GENERATE SUFFICIENT FUNDS TO** approximate the cost of maintaining the Board, **THE LICENSE PROGRAMS UNDER THIS TITLE AND TITLE 15 OF THIS ARTICLE, AND THE OTHER SERVICES IT PROVIDES TO APPLICANTS AND LICENSEES**, including the cost of providing a rehabilitation program [for physicians] under § 14-401.1(g) of this title.

(3) Funds to cover the compensation and expenses of the Board members shall be generated by fees set under this section.

(4) A FEE COLLECTED UNDER THIS SECTION, THIS TITLE, OR TITLE 15 OF THIS ARTICLE SHALL BE USED TO COVER THE ACTUAL DOCUMENTED DIRECT AND INDIRECT COSTS OF FULFILLING THE STATUTORY AND REGULATORY DUTIES OF THE BOARD ESTABLISHED UNDER THIS TITLE AND TITLE 15 OF THIS ARTICLE FOR THE PRACTITIONER TYPE OF THE APPLICANT OR LICENSEE FROM WHOM THE FEE WAS COLLECTED.

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

(d) (1) [In each of fiscal years 2019 through 2021, 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 Department, the 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

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

(2) In fiscal year 2022, if the Governor does not include in the State budget at least \$1,000,000 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 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

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

(3) In fiscal year 2023 and each fiscal year thereafter, if the Department does not implement a permanent funding structure under § 24–1702(b)(1) of the Health – General Article and 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 Department, the 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

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

[(4) (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 Department, the Comptroller shall distribute the fees to the Board of Physicians Fund.

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

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

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

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

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

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

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

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

(2) Money in the Fund may be expended only for any lawful purpose authorized by [the provisions of] this title.

(h) The Legislative Auditor shall audit the accounts and transactions of the Fund as provided in § 2–1220 of the State Government Article.

14–208.

(A) THE BOARD MAY IMPOSE AN ADMINISTRATIVE PENALTY NOT EXCEEDING \$25,000 ON A LICENSEE FOR:

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

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

1 **(3) FAILURE TO COMPLETE A SUPPLEMENTAL APPLICATION FOR A**
2 **LICENSE COMPACT.**

3 **(B) THE BOARD SHALL ADOPT REGULATIONS ESTABLISHING THE**
4 **ADMINISTRATIVE PENALTIES LISTED IN SUBSECTION (A) OF THIS SECTION.**

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

8 14–302.

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

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

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

15 4. The visiting physician has no history of any medical
16 disciplinary action in any other state, territory, nation, or any branch of the United States
17 uniformed services or the [Veterans Administration] **U.S. DEPARTMENT OF VETERANS**
18 **AFFAIRS**, and has no significant detrimental malpractice history;

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

22 14–306.

23 (g) (1) (iii) “Supervised medical graduate” means an individual who:

24 2. Has passed parts 1 and 2 of the:

25 **A. United States Medical Licensing Examination; OR**

26 **B. COMPREHENSIVE OSTEOPATHIC MEDICAL**
27 **LICENSING EXAMINATION OF THE UNITED STATES.**

28 14–307.

(e) Except as otherwise provided in this subtitle, the applicant shall [pass an examination required] **MEET ANY EDUCATION, CERTIFICATION, TRAINING, OR EXAMINATION REQUIREMENTS ESTABLISHED** by the Board.

(h) (1) The Board shall require as part of its examination or licensing procedures that an applicant for a license to practice medicine demonstrate an oral **AND WRITTEN** competency in the English language.

(2) Graduation from a recognized English-speaking undergraduate school or high school, including General Education Development (GED), after at least 3 years of enrollment, or from a recognized English-speaking professional school is acceptable as proof of proficiency in the oral **AND WRITTEN** communication of the English language under this section.

(3) By regulation, the Board shall develop a procedure for testing individuals who because of their speech impairment are unable to complete satisfactorily a Board approved standardized test of oral competency.

(4) If any disciplinary charges or action that involves a problem with the oral **AND WRITTEN** communication of the English language are brought against a licensee under this title, the Board shall require the licensee to take and pass a Board approved standardized test of oral **AND WRITTEN** competency.

14-308.

(a) (1) In this section the following terms have the meanings indicated.

(2) "Fifth pathway program" means a program that the Board approves in its regulations for a student who:

(i) Has studied medicine at [a foreign] **AN INTERNATIONAL** medical school;

(ii) Was a United States citizen when the student enrolled in the [foreign] **INTERNATIONAL** medical school; and

(iii) Has completed all of the formal requirements for graduation from the [foreign] **INTERNATIONAL** medical school, except for any social service or postgraduate requirements.

(3) ["Foreign] **"INTERNATIONAL** medical school" means a medical school located outside of the United States, its territories or possessions, Puerto Rico, or Canada.

(b) An applicant for a license is exempt from the educational requirements of § 14-307 of this subtitle, if the applicant:

(1) Has studied medicine at [a foreign] **AN INTERNATIONAL** medical school;

(2) Is certified by the Educational Commission for Foreign Medical Graduates or by its successor as approved by the Board;

(3) Passes a qualifying examination for [foreign] **INTERNATIONAL** medical school graduates required by the Board;

(4) Meets any other qualifications for [foreign] **INTERNATIONAL** medical school graduates that the Board establishes in its regulation for licensing of applicants;

(5) Submits acceptable evidence to the Board of the requirements set in the Board's regulations; and

(6) Meets one of the following requirements:

(i) The applicant graduated from any [foreign] **INTERNATIONAL** medical school and submits evidence acceptable to the Board of successful completion of 2 years of training in a postgraduate medical education program accredited by an accrediting organization recognized by the Board; or

(ii) The applicant successfully completed a fifth pathway program and submits evidence acceptable to the Board that the applicant:

1. Has a document issued by the [foreign] **INTERNATIONAL** medical school certifying that the applicant completed all of the formal requirements of that 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;

2. Has successfully completed a fifth pathway program; and

3. Has successfully completed 2 years of training in a postgraduate medical education program following completion of a Board approved fifth pathway program.

14–309.

[(a)] To apply for a license, an applicant shall:

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

(2) Submit an application to the Board on the form that the Board requires; and

(3) Pay to the Board the application fee set by the Board.

[(b) The Board may not release a list of applicants for licensure.]

14–315.

(b) Except as provided in subsection (c) of this section, each license issued under this section expires on [the second anniversary of the date on which it is issued] **A DATE SET BY THE BOARD** and may be renewed [every 2 years on application to] **FOR A TERM SET BY** the Board.

14–316.

(a) (3) A license expires on a date set by the Board, unless the license is renewed for [a] **AN ADDITIONAL** term as provided in this section.

(b) (1) Subject to paragraph (2) of this subsection, at least 1 month before the license expires, the Board shall send to the licensee, by electronic or first-class mail to the last known electronic or physical address of the licensee[:

(i) **A] A** renewal notice that states:

[1.] (I) The date on which the current license expires;

[2.] (II) The date by which the renewal application must be received by the Board for the renewal to be issued and mailed before the license expires; and

[3.] (III) The amount of the renewal fee[; and

(ii) A blank panel data sheet supplied by the Health Care Alternative Dispute Resolution Office].

(c) (1) Before the license expires, the licensee periodically may renew it for an additional term, if the licensee:

(i) Otherwise is entitled to be licensed;

(ii) Is of good moral character;

(iii) Pays to the Board a renewal fee set by the Board; [and]

(iv) Submits to the Board:

1. A renewal application on the form that the Board requires;

and

2. Satisfactory evidence of compliance with any continuing education **OR COMPETENCY** requirements set under this section for license renewal; **AND**

(V) MEETS ANY ADDITIONAL LICENSE RENEWAL REQUIREMENTS ESTABLISHED BY THE BOARD.

(d) (1) In addition to any other qualifications and requirements established by the Board, the Board may establish continuing education **OR COMPETENCY** requirements as a condition to the renewal of licenses under this section.

(f) (1) **[Each] A** licensee shall notify **[the secretary of]** the Board in writing of **[any] A** change **[in the licensee's] IN** name or address within **[60] 10** days after the change.

(2) **[If a] A** licensee **WHO** fails to **[notify the secretary of the Board within the time required under this section, the licensee] COMPLY WITH PARAGRAPH (1) OF THIS SUBSECTION** is subject to an administrative penalty of \$100.

14–317.

The Board shall reinstate the license of a physician who has failed to renew the license for any reason, is on inactive status under § 14–320 of this subtitle, or is on emeritus status under § 14–320.1 of this subtitle if the physician:

(1) Meets the renewal requirements of § 14–316 of this subtitle;

(2) SUBMITS A REINSTATEMENT APPLICATION ON THE FORM THAT THE BOARD REQUIRES;

[(2)] (3) Pays to the Board a reinstatement fee set by the Board; **[and]**

[(3)] (4) Submits to the Board satisfactory evidence of compliance with the qualifications and requirements established under this title for license reinstatements; **AND**

(5) MEETS ANY ADDITIONAL LICENSE REINSTATEMENT REQUIREMENTS ESTABLISHED BY THE BOARD.

14–401.

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

1 14-401.1.

2 (a) (5) (i) If a complaint proceeds to a hearing under § 14-405 of this
3 subtitle, § 14-5A-17, § 14-5B-14, § 14-5C-17, § 14-5D-15, § 14-5E-16, [or] § 14-5F-21,
4 **OR § 14-5G-18** of this title, or § 15-315 of this article, the chair of the disciplinary panel
5 that was assigned the complaint under paragraph (2)(i) of this subsection shall refer the
6 complaint to the [other disciplinary panel] **OFFICE OF ADMINISTRATIVE HEARINGS**.

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

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

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

- 21 1. Continue to handle the complaint;
- 22 2. Participate in any disciplinary proceedings regarding the
23 complaint; or
- 24 3. Determine the final disposition of the complaint.

25 (f) (1) The entity or individual peer reviewer with which the Board contracts
26 under subsection (e) of this section shall have [90] **60** days for completion of peer review.

27 (2) The entity or individual peer reviewer may apply to the Board for an
28 extension of up to [30] **20** days to the time limit imposed under paragraph (1) of this
29 subsection.

30 (3) If an extension is not granted, and [90] **60** days have elapsed, the Board
31 may contract with any other entity or individual who meets the requirements of subsection
32 (e)(2) of this section for the services of peer review.

(4) If an extension has been granted, and [120] **80** 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.

14–402.

(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 **OR TITLE 15 OF THIS ARTICLE**, 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 **OR TITLE 15 OF THIS ARTICLE** to submit to an appropriate examination.

(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:

(1) Consented to submit to an examination under this section, if requested by the Board in writing; and

(2) Waived any claim of privilege as to the testimony or examination reports.

(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**.

(d) The Board shall pay the costs of any examination made under this section **FOR:**

(1) **A LICENSEE; OR**

(2) **AN APPLICANT WHO WAS NOT PREVIOUSLY LICENSED BY THE BOARD.**

[(e) (1) The Board or the entity or entities with which the Board contracts shall appoint the members of the Physician Rehabilitation Program.

(2) The chair of the Board shall appoint one member of the Board to serve as a liaison to the Physician Rehabilitation Program.]

(E) AN APPLICANT FOR REINSTATEMENT SHALL PAY THE COST OF ANY EXAMINATION DIRECTED BY THE BOARD UNDER THIS SECTION.

(f) The [Physician] Rehabilitation Program is subject to audit by the Legislative Auditor as provided in § 2–1220 of the State Government Article.

14–403.

(a) Unless a disciplinary panel agrees to accept the surrender of a license, certification, or registration of an individual the Board regulates, the individual may not surrender the license, certification, or registration nor may the license, certification, or registration lapse by operation of law **FOR PURPOSES OF INVESTIGATION OR DISCIPLINE** while the individual is under investigation or while charges are pending.

14–404.

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

(4) Is [professionally, physically, or mentally]:

(I) **PROFESSIONALLY INCOMPETENT;**

(II) **PHYSICALLY INCOMPETENT; OR**

(III) **MENTALLY** incompetent;

(19) [Grossly overutilizes] **ESTABLISHES A PATTERN OF OVERUTILIZATION OF** health care services;

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

(37) [By corrupt means, threats, or force, intimidates] **INTIMIDATES** 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;

(38) [By corrupt means, threats, or force, hinders] **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;

(45) Fails to comply with § 1–223 of this article; [or]

(46) Fails to comply with the requirements of the Prescription Drug Monitoring Program under Title 21, Subtitle 2A of the Health – General Article; **OR**

(47) WILLFULLY MAKES A MISREPRESENTATION TO A DISCIPLINARY
PANEL.

14-405.

(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.

14-409.

(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:

(i) The terms and conditions of the order of revocation or letter of surrender;

(ii) An order of reinstatement issued by the disciplinary panel; or

(iii) A final judgment in any proceeding for review.

(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:

(i) Meets the requirements for reinstatement as established by the Board; and

(ii) Completes a criminal history records check in accordance with § 14-308.1 of this title.

14-411.

(a) In this section, "record" means the proceedings, records, or files of the Board or a disciplinary panel.

(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.

(c) [Nothing in this] THIS section [shall] MAY NOT be construed to prevent or limit the disclosure of:

(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;

(2) Profile information collected and disseminated under § 14–411.1 of this subtitle; or

(3) Personal and other identifying information of a licensee, as required by the National Practitioner Data Bank for participation in the proactive disclosure service.

(d) The Board shall disclose any information contained in a record to:

(1) A committee of a hospital, health maintenance organization, or related institution if:

(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;

(ii) A disciplinary panel has issued an order as to a [licensed physician] **LICENSEE** on whom the information is requested; and

(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

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

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

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

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

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

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

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

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

13 (i) The committee is concerned with [physician] **LICENSEE**
14 discipline and requests the information in writing; and

15 (ii) The Board has received a complaint or report pursuant to
16 paragraph (1)(i) and (ii) of this subsection on the [licensed physician] **LICENSEE** on whom
17 the information is requested.

18 (3) The Board shall, after formal action is taken pursuant to § 14–406 of
19 this subtitle, notify those hospitals, health maintenance organizations, or health care
20 facilities where the [physician] **LICENSEE** has privileges, has a provider contract with a
21 health maintenance organization, or is employed of its formal action within 10 days after
22 the action is taken and shall provide the hospital, health maintenance organization, or
23 health care facility with periodic reports as to enforcement or monitoring of a formal
24 disciplinary order against a [physician] **LICENSEE** within 10 days after receipt of those
25 reports.

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

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

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

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

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

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

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

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

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

(2) The person requests the information in writing; and

(3) The authorization for the disclosure is in writing.

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

(1) (i) The State Medical Assistance Compliance Administration or any health occupational regulatory board requests the information in writing; or

(ii) The Secretary of the U.S. Department of Health and Human Services or the Secretary's designee is entitled to receive the information or have access to the information under 42 U.S.C. § 1396r–2;

(2) (i) A disciplinary panel has issued an order under § 14–406 of this subtitle; or

(ii) An allegation is pending before the Board or a disciplinary panel; and

(3) The Board determines that the requested information is necessary for the proper conduct of the business of that administration or board.

[(m)] (L) If the Board or a disciplinary panel determines that the information contained in a record concerns possible criminal activity, the Board or the disciplinary panel shall disclose the information to a law enforcement or prosecutorial official.

1 **[(n)] (M)** The Board may permit inspection of records for which inspection
2 otherwise is not authorized by a person who is engaged in a research project if:

3 (1) The researcher submits to the executive director and the Board
4 approves a written request that:

5 (i) Describes the purpose of the research project;

6 (ii) Describes the intent, if any, to publish the findings;

7 (iii) Describes the nature of the requested personal records;

8 (iv) Describes the safeguards that the researcher would take to
9 protect the identity of the persons in interest; and

10 (v) States that persons in interest will not be contacted unless the
11 executive director approves and monitors the contact;

12 (2) The executive director is satisfied that the proposed safeguards will
13 prevent the disclosure of the identity of persons in interest; and

14 (3) The researcher makes an agreement with the executive director that:

15 (i) Defines the scope of the research project;

16 (ii) Sets out the safeguards for protecting the identity of the persons
17 in interest; and

18 (iii) States that a breach of any condition of the agreement is a breach
19 of contract.

20 **[(o)] (N)** On the request of a person who has testified in a Board or Office of
21 Administrative Hearings proceeding, the Board shall provide to the person who testified a
22 copy of the portion of the transcript of that person's testimony.

23 **[(p)] (O)** (1) The Board may publish a summary of any allegations of grounds
24 for disciplinary or other action.

25 (2) A summary may not identify:

26 (i) Any person who makes an allegation to the Board or any of its
27 investigatory bodies;

28 (ii) A **[licensed physician] LICENSEE** about whom an allegation is
29 made; or

(iii) A witness in an investigation or a proceeding before the Board or any of its investigatory bodies.

[(q)] (P) The Board shall disclose information in a record upon the request of the Governor, Secretary, or Legislative Auditor, in accordance with § 2–1223(a) of the State Government Article. However, the Governor, Secretary, or Auditor, or any of their employees may not disclose personally identifiable information from any of these records which are otherwise confidential by law.

[(r)] (Q) This section does not apply to:

(1) Any disclosure of a record by the Board to a disciplinary panel or any of its other investigatory bodies; or

(2) A licensee, certificate holder, or registration holder who has been charged under this title or a party to a proceeding before the Board or a disciplinary panel who claims to be aggrieved by the decision of the Board or the disciplinary panel.

[(s)] (R) If any information contained in any medical or hospital document or any other exhibit is otherwise open for disclosure under law, the use of that document or exhibit in any record of the Board, a disciplinary panel, or any of its other investigatory bodies does not prevent its disclosure in any other proceeding.

14–411.1.

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

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

[(1)] (2) Provide appropriate and accessible Internet links from the Board’s [Internet site] **WEBSITE**:

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

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

[(2)] (3) Include a statement on each licensee’s profile of information to be taken into consideration by a consumer when viewing a licensee’s profile, including factors to consider when evaluating a licensee’s malpractice data, and a disclaimer stating

1 that a charging document does not indicate a final finding of guilt by a disciplinary panel;
2 and

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

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

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

12 (d) The Board:

13 (2) Shall maintain a website that serves as a single point of entry where
14 all [physician] **LICENSEE** profile information is available to the public on the Internet; and
15 14-413.

16 (a) (1) [Each] **EXCEPT AS PROVIDED IN SUBSECTIONS (B) AND (D) OF**
17 **THIS SECTION, EACH** hospital [and], related institution, **ALTERNATIVE HEALTH**
18 **SYSTEM, AND EMPLOYER** shall submit to the Board a report [within 10 days] after:

19 (i) The hospital [or], related institution, **ALTERNATIVE HEALTH**
20 **SYSTEM, OR EMPLOYER** denied the application of a physician for staff privileges or
21 limited, reduced, otherwise changed, or terminated the staff privileges of a physician, or
22 the physician resigned whether or not under formal accusation, if the denial, limitation,
23 reduction, change, termination, or resignation is for reasons that might be grounds for
24 disciplinary action under § 14-404 of this subtitle;

25 (ii) The hospital [or], related institution, **ALTERNATIVE HEALTH**
26 **SYSTEM, OR EMPLOYER** took any disciplinary action against a salaried, licensed physician
27 without staff privileges, including termination of employment, suspension, or probation, for
28 reasons that might be grounds for disciplinary action under § 14-404 of this subtitle;

29 (iii) A licensed physician voluntarily resigned from the staff, employ,
30 or training program of the hospital [or], related institution, **ALTERNATIVE HEALTH**
31 **SYSTEM, OR EMPLOYER** for reasons that might be grounds for disciplinary action under §
32 14-404 of this subtitle; or

33 (iv) The hospital [or], related institution, **ALTERNATIVE HEALTH**
34 **SYSTEM, OR EMPLOYER** placed any other restrictions or conditions on any of the licensed

1 physicians as listed in items (i) through (iii) of this paragraph for any reasons that might
2 be grounds for disciplinary action under § 14–404 of this subtitle.

3 (2) The hospital [or], related institution, **ALTERNATIVE HEALTH**
4 **SYSTEM, OR EMPLOYER** shall state in the report the reasons for its action or the nature
5 of the formal accusation pending when the physician resigned.

6 (3) The Board may extend the reporting time under this subsection for good
7 cause shown.

8 (4) The minutes or notes taken in the course of determining the denial,
9 limitation, reduction, or termination of the staff privileges of any physician in a hospital or
10 related institution are not subject to review or discovery by any person.

11 (5) The Board, in consultation with all interested parties, may adopt
12 regulations to define:

13 (i) Changes in employment or privileges that require reporting
14 under this section; and

15 (ii) Actions by licensees that are grounds for discipline and that
16 require reporting under this section.

17 **(B) A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE HEALTH**
18 **SYSTEM, OR AN EMPLOYER THAT HAS REASON TO KNOW THAT A LICENSED**
19 **PHYSICIAN HAS COMMITTED AN ACTION OR HAS A CONDITION THAT MIGHT BE**
20 **GROUND FOR REPRIMAND OR PROBATION OF THE LICENSED PHYSICIAN OR**
21 **SUSPENSION OR REVOCATION OF THE LICENSE BECAUSE THE LICENSED PHYSICIAN**
22 **IS ALCOHOL-IMPAIRED OR DRUG-IMPAIRED IS NOT REQUIRED TO REPORT THE**
23 **LICENSED PHYSICIAN TO THE BOARD IF:**

24 **(1) THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH**
25 **SYSTEM, OR EMPLOYER KNOWS THAT THE LICENSED PHYSICIAN IS:**

26 **(I) IN AN ALCOHOL OR DRUG TREATMENT PROGRAM THAT IS**
27 **ACCREDITED BY THE JOINT COMMISSION OR IS CERTIFIED BY THE DEPARTMENT;**
28 **OR**

29 **(II) UNDER THE CARE OF A HEALTH CARE PRACTITIONER WHO**
30 **IS COMPETENT AND CAPABLE OF DEALING WITH ALCOHOLISM AND DRUG ABUSE;**

31 **(2) THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH**
32 **SYSTEM, OR EMPLOYER IS ABLE TO VERIFY THAT THE LICENSED PHYSICIAN**
33 **REMAINS IN THE TREATMENT PROGRAM UNTIL DISCHARGE; AND**

1 **(3) THE ACTION OR CONDITION OF THE LICENSED PHYSICIAN HAS**
2 **NOT CAUSED INJURY TO ANY PERSON WHILE THE PRACTITIONER IS PRACTICING AS**
3 **A LICENSED PHYSICIAN.**

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

10 **(2) IF THE LICENSED PHYSICIAN FAILS TO PROVIDE THE NOTICE**
11 **REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION, AND THE HOSPITAL,**
12 **RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER LEARNS**
13 **THAT THE LICENSED PHYSICIAN HAS ENTERED A TREATMENT PROGRAM, THE**
14 **HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER**
15 **SHALL REPORT TO THE BOARD THAT THE LICENSED PHYSICIAN HAS ENTERED A**
16 **TREATMENT PROGRAM AND HAS FAILED TO PROVIDE THE REQUIRED NOTICE.**

17 **(3) IF THE TREATMENT PROGRAM FINDS THAT THE LICENSED**
18 **PHYSICIAN IS NONCOMPLIANT WITH THE TREATMENT PROGRAM'S POLICIES AND**
19 **PROCEDURES WHILE IN THE TREATMENT PROGRAM, THE TREATMENT PROGRAM**
20 **SHALL NOTIFY THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH**
21 **SYSTEM, OR EMPLOYER OF THE LICENSED PHYSICIAN'S NONCOMPLIANCE.**

22 **(4) ON RECEIPT OF A NOTIFICATION MADE UNDER PARAGRAPH (3) OF**
23 **THIS SUBSECTION, THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH**
24 **SYSTEM, OR EMPLOYER OF THE LICENSED PHYSICIAN SHALL REPORT THE LICENSED**
25 **PHYSICIAN'S NONCOMPLIANCE TO THE BOARD.**

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

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

31 **[(c)] (F) Any person shall have the immunity from liability described under §**
32 **5-715(d) of the Courts and Judicial Proceedings Article for giving any of the information**
33 **required by this section.**

34 **(G) A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE HEALTH**
35 **SYSTEM, OR AN EMPLOYER REQUIRED TO MAKE A REPORT TO THE BOARD UNDER**

1 THIS SECTION SHALL SUBMIT THE REPORT WITHIN 10 DAYS AFTER THE ACTION
2 REQUIRING THE REPORT.

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

6 [(e)] (I) (1) A disciplinary panel may impose a civil penalty of up to [\$5,000]
7 \$10,000 for failure to report under this section.

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

10 [14–414.

11 (a) (1) Each alternative health system as defined in § 1–401 of this article shall
12 submit to the Board a report within 10 days after:

13 (i) The alternative health system denied the formal application of a
14 physician to contract with the alternative health system or limited, reduced, otherwise
15 changed, or terminated the contract of a physician, or the physician resigned whether or
16 not under formal accusation, if the denial, limitation, reduction, change, termination, or
17 resignation is for reasons that might be grounds for disciplinary action under § 14–404 of
18 this subtitle; or

19 (ii) The alternative health system placed any other restrictions or
20 conditions on any licensed physician for any reasons that might be grounds for disciplinary
21 action under § 14–404 of this subtitle.

22 (2) The alternative health system shall state in the report the reasons for
23 its action or the nature of the formal accusation pending when the physician resigned.

24 (3) The Board may extend the reporting time under this subsection for good
25 cause shown.

26 (4) The minutes or notes taken in the course of determining the denial,
27 limitation, reduction, or termination of the employment contract of any physician in an
28 alternative health system are not subject to review or discovery by any person.

29 (5) The Board, in consultation with all interested parties, may adopt
30 regulations to define:

31 (i) Changes in employment or privileges that require reporting
32 under this section; and

(ii) Actions by licensees that are grounds for discipline and require reporting under this section.

(b) The Board may enforce this section by subpoena.

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

(d) A report made under this section is 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.

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

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

14–414.

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

(B) A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY IN AN AMOUNT NOT EXCEEDING \$5,000 FOR A VIOLATION OF THIS SECTION.

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

14–5A–01.

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

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

14–5A–05.

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

14–5A–06.

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

(1) Three **LICENSED** respiratory care practitioners;

(2) Three **LICENSED** physicians:

(i) One of whom is a specialist in thoracic surgery;

(ii) One of whom is a specialist in pulmonary medicine; and

(iii) One of whom is a specialist in anesthesiology; and

(3) One consumer member.

(B) EACH MEMBER OF THE COMMITTEE LICENSED BY THE BOARD MUST BE IN GOOD STANDING WITH THE BOARD.

[(b)] (C) The consumer member of the Committee:

(1) **[Shall] MUST** be a member of the general public;

(2) May not be or ever have been:

(i) A respiratory care practitioner;

(ii) Any **OTHER** health care professional; or

(iii) In training to be a respiratory care practitioner or other health professional; and

(3) May not:

(i) Participate or ever have participated in a commercial or professional field related to respiratory care;

(ii) Have a household member who participates in a commercial or professional field related to respiratory care;

(iii) Have had within 2 years before appointment a financial interest in a person regulated by the Board; or

(iv) Have had within 2 years before appointment a financial interest in the provision of goods or services to respiratory care practitioners or to the field of respiratory care.

(D) EACH MEMBER OF THE COMMITTEE MUST BE A RESIDENT OF THE STATE.

1 [(c)] (E) (1) The term of a member is 3 years.

2 (2) The terms of members are staggered **AS REQUIRED BY REGULATION.**

3 (3) At the end of a term, a member continues to serve until a successor is
4 appointed and qualifies.

5 (4) A member who is appointed after a term has begun serves only for the
6 rest of the term and until a successor is appointed and qualifies.

7 **(5) A MEMBER MAY NOT SERVE MORE THAN TWO CONSECUTIVE FULL**
8 **TERMS.**

9 [(d)] (F) (1) From among its members, the Committee shall elect a chair once
10 every 2 years.

11 (2) The chair, or the chair's designee, shall serve in an advisory capacity to
12 the Board as a representative of the Committee.

13 **(G) A QUORUM OF THE COMMITTEE CONSISTS OF FOUR MEMBERS.**

14 14-5A-07.

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

17 (1) Develop and recommend to the Board [regulations]:

18 **(I) REGULATIONS** to carry out [the provisions of] this subtitle; **AND**

19 **(II) ANY STATUTORY CHANGES THAT AFFECT THE PROFESSION;**

20 (2) [Develop and recommend to the Board a code of ethics for the practice
21 of respiratory care for adoption by the Board;

22 (3) If requested, develop and recommend to the Board standards of care for
23 the practice of respiratory care;

24 (4) Develop and recommend to the Board the requirements for licensure as
25 a respiratory care practitioner;

26 (5) Evaluate the credentials of applicants as necessary and recommend
27 licensure of applicants who fulfill the requirements for a license to practice respiratory care;

(6) Develop and recommend to the Board continuing education requirements for license renewal;

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

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

(9)] Keep a record of its [proceedings] **MEETINGS**; and

[(10) Submit an annual report to the Board.]

(3) ON REQUEST OF THE BOARD OR A DISCIPLINARY PANEL:

(i) PROVIDE RECOMMENDATIONS REGARDING THE PRACTICE OF RESPIRATORY CARE; AND

(ii) ADVISE THE BOARD ON ANY OTHER MATTERS RELATED TO RESPIRATORY CARE PRACTITIONERS.

[(b) The Board shall:

(1) Consider all recommendations of the Committee; and

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

14–5A–08.

(b) This section does not apply to:

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

14–5A–14.

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

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

1 license to any applicant, reprimand any licensee, place any licensee on probation, or
2 suspend or revoke a license, if the applicant or licensee:

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

4 (I) IMMORAL conduct in the practice of respiratory care; OR

5 (II) UNPROFESSIONAL CONDUCT IN THE PRACTICE OF
6 RESPIRATORY CARE;

7 (4) Is [professionally, physically, or mentally]:

8 (I) PROFESSIONALLY INCOMPETENT;

9 (II) PHYSICALLY INCOMPETENT; OR

10 (III) MENTALLY incompetent;

11 (14) [Knowingly] WILLFULLY makes a misrepresentation while practicing
12 respiratory care;

13 (15) [Knowingly] WILLFULLY practices respiratory care with an
14 unauthorized individual or aids an unauthorized individual in the practice of respiratory
15 care;

16 (19) [Knowingly] WILLFULLY submits false statements to collect fees for
17 which services are not provided;

18 (21) [Knowingly] WILLFULLY fails to report suspected child abuse in
19 violation of § 5-704 of the Family Law Article;

20 14-5A-18.

21 (c) (1) If the licensed respiratory care practitioner enters, or is considering
22 entering, an alcohol or drug treatment program that is accredited by [the] THE Joint
23 Commission [on Accreditation of Healthcare Organizations] or that is certified by the
24 Department, the licensed respiratory care practitioner shall notify the hospital, related
25 institution, alternative health system, or employer [of] WITHIN 15 DAYS AFTER the
26 licensed respiratory care practitioner's decision to enter the treatment program.

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

29 14-5A-22.1.

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

(b) Except as otherwise provided in this subtitle, a hospital, related institution, alternative health system, or employer may not employ an individual practicing respiratory care without a license.

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

14-5A-23.

(a) A person who violates [any provision of §§ 14-5A-20 through 14-5A-22.1] **§ 14-5A-20, § 14-5A-21, OR § 14-5A-22** 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.

(b) A person who violates [any provision of §§ 14-5A-20 through 14-5A-22.1] **§ 14-5A-20, § 14-5A-21, OR § 14-5A-22** of this subtitle is subject to a civil fine of not 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 of Physicians Fund.

14-5B-05.

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

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

(2) Of the nine members:

(i) One shall be a licensed physician who specializes in radiology;

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

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

(iv) One shall be a licensed physician who specializes in radiation oncology;

(v) One shall be a **LICENSED** radiation therapist;

- (vi) One shall be a **LICENSED** radiographer;
- (vii) One shall be a **LICENSED** radiologist assistant;
- (viii) One shall be a **LICENSED** nuclear medicine technologist; and
- (ix) One shall be a consumer member.

[(c) (1) From among its members, the Committee shall elect a chair once every 2 years.

(2) The chair, or the chair's designee, shall serve in an advisory capacity to the Board as a representative of the Committee.]

(C) EACH MEMBER OF THE COMMITTEE LICENSED BY THE BOARD MUST BE IN GOOD STANDING WITH THE BOARD.

(d) The consumer member of the Committee:

(1) [Shall] **MUST** be a member of the general public;

(2) May not be or ever have been [a]:

(I) A RADIATION THERAPIST, RADIOGRAPHER, RADIOLOGIST ASSISTANT, OR NUCLEAR MEDICINE TECHNOLOGIST;

(II) ANY OTHER health care professional; or [in]

(III) IN training to be a **RADIATION THERAPIST, RADIOGRAPHER, RADIOLOGIST ASSISTANT, NUCLEAR MEDICINE TECHNOLOGIST, OR OTHER** health care professional; and

(3) May not:

(i) Participate or ever have participated in a commercial or professional field related to radiation therapy, radiography, nuclear medicine technology, or radiology assistance;

(ii) Have a household member who participates in a commercial or professional field related to radiation therapy, radiography, nuclear medicine technology, or radiology assistance; [or]

(iii) Have had within 2 years before appointment a financial interest in a person regulated by the Board; **OR**

(IV) HAVE HAD WITHIN 2 YEARS BEFORE APPOINTMENT A FINANCIAL INTEREST IN THE PROVISION OF GOODS OR SERVICES TO RADIATION THERAPISTS, RADIOGRAPHERS, RADIOLOGY ASSISTANTS, OR NUCLEAR MEDICINE TECHNOLOGISTS OR TO THE FIELD OF RADIATION THERAPY, RADIOGRAPHY, NUCLEAR MEDICINE TECHNOLOGY, OR RADIOLOGY ASSISTANCE.

(E) EACH MEMBER OF THE COMMITTEE MUST BE A RESIDENT OF THE STATE.

(F) (1) FROM AMONG ITS MEMBERS, THE COMMITTEE SHALL ELECT A CHAIR ONCE EVERY 2 YEARS.

(2) THE CHAIR, OR THE CHAIR'S DESIGNEE, SHALL SERVE IN AN ADVISORY CAPACITY TO THE BOARD AS A REPRESENTATIVE OF THE COMMITTEE.

[(e)] (G) (1) The term of a member is 3 years.

(2) The terms of members are staggered as required by regulation.

(3) At the end of a term, a member continues to serve until a successor is appointed and qualifies.

(4) A member may not serve more than [2] TWO consecutive full terms.

(5) 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.

(H) A QUORUM OF THE COMMITTEE CONSISTS OF FIVE MEMBERS.

14-5B-06.

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

(1) [Make recommendations] DEVELOP AND RECOMMEND to the Board [on regulations necessary]:

(I) REGULATIONS to carry out [the provisions of] this subtitle; AND

(II) ANY STATUTORY CHANGES THAT AFFECT THE PROFESSION;

(2) [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;

(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;

(4) Make recommendations to the Board on the requirements for licensure as a radiation therapist, radiographer, nuclear medicine technologist, or radiologist assistant;

(5) On request, review applications for licensure as a radiation therapist, radiographer, nuclear medicine technologist, or radiologist assistant and make recommendations to the Board;

(6) Develop and recommend to the Board continuing education requirements for license renewal;

(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;

(8)] Keep a record of its [proceedings] MEETINGS; and

[(9) Submit an annual report to the Board.]

(3) ON REQUEST OF THE BOARD OR A DISCIPLINARY PANEL:

(I) PROVIDE RECOMMENDATIONS REGARDING THE PRACTICE OF RADIATION THERAPY, RADIOGRAPHY, NUCLEAR MEDICINE TECHNOLOGY, AND RADIOLOGY ASSISTANCE; AND

(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

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

14-5B-08.

(b) This section does not apply to:

(1) [An individual] **A RADIATION THERAPIST, RADIOGRAPHER, NUCLEAR MEDICINE TECHNOLOGIST, OR RADIOLOGY ASSISTANT** employed [by] **IN THE SERVICE OF** the federal government [as a radiation therapist, radiographer, a nuclear medicine technologist, or radiologist assistant] while [the individual is] practicing within the scope of [that] **THE** employment; or

14–5B–11.

(a) Licensure as a radiation therapist authorizes an individual to practice radiation therapy **IN THE STATE** while the license is effective.

(b) Licensure as a radiographer authorizes an individual to practice radiography **IN THE STATE** while the license is effective.

(c) Licensure as a nuclear medicine technologist authorizes an individual to practice nuclear medicine technology **IN THE STATE** while the license is effective.

(d) Licensure as a radiologist assistant authorizes an individual to practice radiology assistance **IN THE STATE** while the license is effective.

14–5B–12.1.

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

14–5B–14.

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

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

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

(II) **UNPROFESSIONAL CONDUCT IN THE PRACTICE OF RADIATION THERAPY, RADIOGRAPHY, NUCLEAR MEDICINE TECHNOLOGY, OR RADIOLOGY ASSISTANCE;**

(4) Is [professionally, physically, or mentally]:

(I) **PROFESSIONALLY INCOMPETENT;**

1 **(II) PHYSICALLY INCOMPETENT; OR**

2 **(III) MENTALLY** incompetent;

3 (14) **[Knowingly] WILLFULLY** makes a misrepresentation while practicing
4 radiation therapy, radiography, nuclear medicine technology, or radiology assistance;

5 (15) **[Knowingly] WILLFULLY** practices radiation therapy, radiography,
6 nuclear medicine technology, or radiology assistance with an unauthorized individual or
7 aids an unauthorized individual in the practice of radiation therapy, radiography, nuclear
8 medicine technology, or radiology assistance;

9 (19) **[Knowingly] WILLFULLY** submits false statements to collect fees for
10 which services are not provided;

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

13 14–5B–15.

14 (c) (1) If the licensee enters, or is considering entering, an alcohol or drug
15 treatment program that is accredited by **[the] THE** Joint Commission **[on Accreditation of**
16 **Healthcare Organizations]** or that is certified by the Department, the licensee shall notify
17 the hospital, related institution, alternative health system, or employer **[of] WITHIN 15**
18 **DAYS AFTER** the licensee’s decision to enter the treatment program.

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

21 14–5B–18.1.

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

25 (b) Except as otherwise provided in this subtitle, a hospital, related institution,
26 alternative health system, or employer may not employ an individual practicing radiation
27 therapy, radiography, nuclear medicine technology, or radiology assistance without a
28 license.

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

31 14–5B–19.

(a) A person who violates [any provision of §§ 14-5B-17 through 14-5B-18.1] **§ 14-5B-17 OR § 14-5B-18** 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.

(b) A person who violates [any provision of §§ 14-5B-17 through 14-5B-18.1] **§ 14-5B-17 OR § 14-5B-18** of this subtitle is subject to a civil fine of not 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 of Physicians Fund.

14-5C-01.

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

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

14-5C-05.

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

14-5C-06.

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

(1) [(i) On or before September 30, 2009, three registered polysomnographic technologists; or

(ii) On or after October 1, 2009, three] **THREE** licensed polysomnographic technologists;

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

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

(ii) One of whom is a specialist in pulmonary medicine; and

(iii) One of whom is a specialist in neurology; and

(3) One consumer member.

(B) EACH MEMBER OF THE COMMITTEE LICENSED BY THE BOARD MUST BE IN GOOD STANDING WITH THE BOARD.

1 **[(b)] (C)** The consumer member of the Committee:

2 (1) **[Shall] MUST** be a member of the general public;

3 (2) May not be or ever have been:

4 (i) A polysomnographic technologist;

5 (ii) Any **OTHER** health care professional; or

6 (iii) In training to be a polysomnographic technologist or other health
7 care professional; **AND**

8 (3) **[May not have a household member who is a health care professional**
9 or is in training to be a health care professional; and

10 (4)] May not:

11 (i) Participate or ever have participated in a commercial or
12 professional field related to polysomnography;

13 (ii) Have a household member who participates in a commercial or
14 professional field related to polysomnography;

15 (iii) Have had within 2 years before appointment a financial interest
16 in a person regulated by the Board; or

17 (iv) Have had within 2 years before appointment a financial interest
18 in the provision of goods or services to polysomnographic technologists or to the field of
19 polysomnography.

20 **(D) EACH MEMBER OF THE COMMITTEE MUST BE A RESIDENT OF THE**
21 **STATE.**

22 **[(c)] (E)** (1) The term of a member is 3 years.

23 (2) The terms of members are staggered as required by **[the terms provided**
24 for members of the Committee on October 1, 2006] **REGULATION.**

25 (3) At the end of a term, a member continues to serve until a successor is
26 appointed and qualifies.

27 (4) A member who is appointed after a term has begun serves only for the
28 rest of the term and until a successor is appointed and qualifies.

1 **(5) A MEMBER MAY NOT SERVE MORE THAN TWO CONSECUTIVE FULL**
2 **TERMS.**

3 **[(d)] (F)** (1) From among its members, the Committee shall elect a chair once
4 every 2 years.

5 (2) The chair, or the chair's designee, shall serve in an advisory capacity to
6 the Board as a representative of the Committee.

7 **(G) A QUORUM OF THE COMMITTEE CONSISTS OF FOUR MEMBERS.**

8 14-5C-07.

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

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

12 **(I) REGULATIONS** to carry out **[the provisions of]** this subtitle; **AND**

13 **(II) ANY STATUTORY CHANGES THAT AFFECT THE PROFESSION;**

14 (2) **[Develop and recommend to the Board a code of ethics for the practice**
15 **of polysomnography for adoption by the Board;**

16 (3) Develop and recommend to the Board standards of care for the practice
17 of polysomnography;

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

20 (i) Criteria for the educational and clinical training of licensed
21 polysomnographic technologists; and

22 (ii) Criteria for a professional competency examination and testing
23 of applicants for a license to practice polysomnography;

24 (5) Develop and recommend to the Board criteria for licensed
25 polysomnographic technologists who are licensed in other states to practice in this State;

26 (6) Evaluate the accreditation status of education programs in
27 polysomnography for approval by the Board;

28 (7) Evaluate the credentials of applicants and recommend licensure of
29 applicants who fulfill the requirements for a license to practice polysomnography;

(8) Develop and recommend to the Board continuing education requirements for license renewal;

(9) Provide the Board with recommendations concerning the practice of polysomnography;

(10) Develop and recommend to the Board criteria for the direction of students in clinical education programs by licensed polysomnographic technologists and licensed physicians;

(11)] Keep a record of its [proceedings] MEETINGS; and

[(12) Submit an annual report to the Board.]

(3) ON REQUEST OF THE BOARD OR A DISCIPLINARY PANEL:

(I) PROVIDE RECOMMENDATIONS REGARDING THE PRACTICE OF POLYSOMNOGRAPHY; AND

(II) ADVISE THE BOARD ON ANY OTHER MATTERS RELATED TO POLYSOMNOGRAPHIC TECHNOLOGIST PRACTITIONERS.

[(b) The Board shall:

(1) Consider all recommendations of the Committee; and

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

14-5C-08.

(b) This section does not apply to [a]:

(1) A student enrolled in an education program under § 14-5C-09(c)(3) of this subtitle while practicing polysomnography in that program[.];

[(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

(3) A POLYSOMNOGRAPHIC TECHNOLOGIST EMPLOYED IN THE SERVICE OF THE FEDERAL GOVERNMENT WHILE PRACTICING WITHIN THE SCOPE OF THE EMPLOYMENT.

[14-5C-10.

(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:

(1) Has passed the national certifying examination by the Board of Registered Polysomnographic Technologists or another examination approved by the Board;

(2) Is certified by the Board of Registered Polysomnographic Technologists as a registered polysomnographic technologist;

(3) Has submitted an application for licensure to the Board; and

(4) Meets all of the requirements under § 14–5C–09(b) and (c)(1) and (2) of this subtitle.

(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.

(2) The Board shall determine whether to grant an extension under this subsection on a case-by-case basis.]

14–5C–14.1.

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

14–5C–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 license to any applicant, reprimand any licensee, place any licensee on probation, or suspend or revoke a license, if the applicant or licensee:

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

(I) IMMORAL conduct in the practice of polysomnography; OR

(II) UNPROFESSIONAL CONDUCT IN THE PRACTICE OF POLYSOMNOGRAPHY;

(4) Is [professionally, physically, or mentally]:

(I) PROFESSIONALLY INCOMPETENT;

1 (II) **PHYSICALLY INCOMPETENT; OR**

2 (III) **MENTALLY** incompetent;

3 (14) [Knowingly] **WILLFULLY** makes a misrepresentation while practicing
4 polysomnography;

5 (15) [Knowingly] **WILLFULLY** practices polysomnography with an
6 unauthorized individual or aids an unauthorized individual in the practice of
7 polysomnography;

8 (16) [Knowingly] **WILLFULLY** delegates a polysomnographic duty to an
9 unlicensed individual;

10 (20) [Knowingly] **WILLFULLY** submits false statements to collect fees for
11 which services are not provided;

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

14 14–5C–18.

15 (c) (1) If the licensed polysomnographic technologist enters, or is considering
16 entering, an alcohol or drug treatment program that is accredited by [the] **THE** Joint
17 Commission [on Accreditation of Healthcare Organizations] or that is certified by the
18 Department, the licensed polysomnographic technologist shall notify the hospital, related
19 institution, alternative health system, or employer [of] **WITHIN 15 DAYS AFTER** the
20 licensed polysomnographic technologist’s decision to enter the treatment program.

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

23 14–5C–23.

24 (a) A person who violates [any provision of §§ 14–5C–20 through 14–5C–22.1] §
25 **14–5C–20, § 14–5C–21, OR § 14–5C–22** of this subtitle is guilty of a misdemeanor and
26 on conviction is subject to a fine not exceeding \$1,000 or imprisonment not exceeding 1 year
27 or both.

28 (b) A person who violates [any provision of §§ 14–5C–20 through 14–5C–22.1] §
29 **14–5C–20, § 14–5C–21, OR § 14–5C–22** of this subtitle is subject to a civil fine of not
30 more than \$5,000 to be levied by a disciplinary panel.

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

1 14-5D-04.

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

3 14-5D-05.

4 (a) The Committee consists of ~~[nine]~~ **SEVEN** members appointed by the Board as
5 follows:

6 (1) Three licensed athletic trainers [who:

7 (i) Are certified by a national certifying board; and

8 (ii) Have a minimum of 5 years of clinical experience];

9 (2) Three licensed physicians:

10 (i) At least one of whom is a specialist in orthopedic or sports
11 medicine; and

12 (ii) Two of whom previously or currently have partnered with or
13 directed an athletic trainer; **AND**

14 [(3) One member who is:

15 (i) A licensed chiropractor who has sports medicine experience;

16 (ii) A licensed physical therapist; or

17 (iii) A licensed occupational therapist; and

18 (4) **(3) [Two] ONE consumer [members] MEMBER.**

19 [(b) (1) The athletic trainer members may be appointed by the Board from a
20 list of qualified individuals submitted to the Board by the Maryland Athletic Trainers
21 Association, Inc.

22 (2) The Board may request an additional list of nominees for each vacancy.]

23 **(B) THE BOARD SHALL APPOINT AT LEAST ONE OF THE ATHLETIC TRAINER**
24 **MEMBERS FROM A LIST OF NAMES SUBMITTED BY THE MARYLAND ATHLETIC**
25 **TRAINERS ASSOCIATION, INC.**

26 **(C) EACH MEMBER OF THE COMMITTEE LICENSED BY THE BOARD MUST BE**
27 **IN GOOD STANDING WITH THE BOARD.**

1 [(c)] (D) The consumer member of the Committee:

2 (1) [Shall] **MUST** be a member of the general public;

3 (2) May not be or ever have been:

4 (i) An athletic trainer;

5 (ii) [A] **ANY OTHER** health care professional; or

6 (iii) In training to be an athletic trainer or other health professional;

7 and

8 (3) May not:

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

11 (ii) Have [had within 2 years before appointment a financial interest
12 in a person regulated by the Board] **A HOUSEHOLD MEMBER WHO PARTICIPATES IN A
13 COMMERCIAL OR PROFESSIONAL FIELD RELATED TO ATHLETIC TRAINING; [or]**

14 (iii) Have had within 2 years before appointment a financial interest
15 in the provision of goods or services to athletic trainers or to the field of athletic training;
16 **OR**

17 (IV) **HAVE HAD WITHIN 2 YEARS BEFORE APPOINTMENT A
18 FINANCIAL INTEREST IN A PERSON REGULATED BY THE BOARD.**

19 (E) **EACH MEMBER OF THE COMMITTEE MUST BE A RESIDENT OF THE
20 STATE.**

21 [(d)] (F) (1) The term of a member is 3 years.

22 (2) The terms of members are staggered as required by [the terms provided
23 for members of the Committee on October 1, 2009] **REGULATION.**

24 (3) At the end of a term, a member continues to serve until a successor is
25 appointed **AND QUALIFIES.**

26 (4) A member who is appointed after a term has begun serves only for the
27 rest of the term and until a successor is appointed **AND QUALIFIES.**

28 (5) **A MEMBER MAY NOT SERVE MORE THAN TWO CONSECUTIVE FULL
29 TERMS.**

1 ~~[(e)]~~ **(G)** (1) From among its members, the Committee shall elect a chair
2 every 2 years.

3 (2) The chair shall serve in an advisory capacity to the Board as a
4 representative of the Committee.

5 **(H) A QUORUM OF THE COMMITTEE CONSISTS OF FOUR MEMBERS.**

6 14-5D-06.

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

9 (1) Develop and recommend to the Board ~~[regulations]~~:

10 **(I) REGULATIONS** to carry out this subtitle; **AND**

11 **(II) ANY STATUTORY CHANGES THAT AFFECT THE PROFESSION;**

12 (2) ~~[Develop and recommend to the Board continuing education~~
13 requirements for license renewal;

14 (3) Provide the Board with recommendations concerning the practice of
15 athletic training;

16 (4) Develop and recommend to the Board an evaluation and treatment
17 protocol for use by an athletic trainer and the physician with whom the athletic trainer
18 practices;

19 (5) Recommend to the Board approval, modification, or disapproval of
20 individual evaluation and treatment protocols;

21 ~~(6)]~~ Keep a record of its ~~[proceedings]~~ **MEETINGS**; and

22 ~~[(7)~~ Submit an annual report to the Board.]

23 **(3) ON REQUEST OF THE BOARD OR A DISCIPLINARY PANEL:**

24 **(I) PROVIDE RECOMMENDATIONS REGARDING THE PRACTICE**
25 **OF ATHLETIC TRAINING; AND**

26 **(II) ADVISE THE BOARD ON ANY OTHER MATTERS RELATED TO**
27 **ATHLETIC TRAINERS.**

1 [(b) The Board shall:

2 (1) Consider all recommendations of the Committee; and

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

5 14-5D-07.

6 (b) This section does not apply to:

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

10 14-5D-10.

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

13 14-5D-11.1.

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

17 **14-5D-11.5.**

18 **(A) EXCEPT AS PROVIDED IN SUBSECTIONS (B) AND (D) OF THIS SECTION,**
19 **EACH HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, AND**
20 **EMPLOYER SHALL FILE WITH THE BOARD A REPORT THAT THE HOSPITAL, RELATED**
21 **INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER LIMITED, REDUCED,**
22 **OTHERWISE CHANGED, OR TERMINATED ANY LICENSED ATHLETIC TRAINER FOR**
23 **ANY REASON THAT MIGHT BE GROUNDS FOR DISCIPLINARY ACTION UNDER §**
24 **14-5D-14 OF THIS SUBTITLE.**

25 **(B) A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE HEALTH**
26 **SYSTEM, OR AN EMPLOYER THAT HAS REASON TO KNOW THAT A LICENSED ATHLETIC**
27 **TRAINER HAS COMMITTED AN ACTION OR HAS A CONDITION THAT MIGHT BE**
28 **GROUNDS FOR REPRIMAND OR PROBATION OF THE LICENSED ATHLETIC TRAINER**
29 **OR SUSPENSION OR REVOCATION OF THE LICENSE BECAUSE THE LICENSED**
30 **ATHLETIC TRAINER IS ALCOHOL-IMPAIRED OR DRUG-IMPAIRED IS NOT REQUIRED**
31 **TO REPORT THE ATHLETIC TRAINER TO THE BOARD IF:**

1 **(1) THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH**
2 **SYSTEM, OR EMPLOYER KNOWS THAT THE LICENSED ATHLETIC TRAINER IS:**

3 **(I) IN AN ALCOHOL OR DRUG TREATMENT PROGRAM THAT IS**
4 **ACCREDITED BY THE JOINT COMMISSION OR IS CERTIFIED BY THE DEPARTMENT;**
5 **OR**

6 **(II) UNDER THE CARE OF A HEALTH CARE PRACTITIONER WHO**
7 **IS COMPETENT AND CAPABLE OF DEALING WITH ALCOHOLISM AND DRUG ABUSE;**

8 **(2) THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH**
9 **SYSTEM, OR EMPLOYER IS ABLE TO VERIFY THAT THE LICENSED ATHLETIC TRAINER**
10 **REMAINS IN THE TREATMENT PROGRAM UNTIL DISCHARGE; AND**

11 **(3) THE ACTION OR CONDITION OF THE LICENSED ATHLETIC**
12 **TRAINER HAS NOT CAUSED INJURY TO ANY PERSON WHILE THE PRACTITIONER IS**
13 **PRACTICING AS A LICENSED ATHLETIC TRAINER.**

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

21 **(2) IF THE LICENSED ATHLETIC TRAINER FAILS TO PROVIDE THE**
22 **NOTICE REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION, AND THE**
23 **HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER**
24 **LEARNS THAT THE LICENSED ATHLETIC TRAINER HAS ENTERED A TREATMENT**
25 **PROGRAM, THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM,**
26 **OR EMPLOYER SHALL REPORT TO THE BOARD THAT THE LICENSED ATHLETIC**
27 **TRAINER HAS ENTERED A TREATMENT PROGRAM AND HAS FAILED TO PROVIDE THE**
28 **REQUIRED NOTICE.**

29 **(3) IF THE TREATMENT PROGRAM FINDS THAT THE LICENSED**
30 **ATHLETIC TRAINER IS NONCOMPLIANT WITH THE TREATMENT PROGRAM'S**
31 **POLICIES AND PROCEDURES WHILE IN THE TREATMENT PROGRAM, THE TREATMENT**
32 **PROGRAM SHALL NOTIFY THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE**
33 **HEALTH SYSTEM, OR EMPLOYER OF THE LICENSED ATHLETIC TRAINER'S**
34 **NONCOMPLIANCE.**

1 **(4) ON RECEIPT OF A NOTIFICATION MADE UNDER PARAGRAPH (3) OF**
2 **THIS SUBSECTION, THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH**
3 **SYSTEM, OR EMPLOYER OF THE LICENSED ATHLETIC TRAINER SHALL REPORT THE**
4 **LICENSED ATHLETIC TRAINER'S NONCOMPLIANCE TO THE BOARD.**

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

9 **(E) A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE HEALTH**
10 **SYSTEM, OR AN EMPLOYER REQUIRED TO MAKE A REPORT TO THE BOARD UNDER**
11 **THIS SECTION SHALL SUBMIT THE REPORT WITHIN 10 DAYS AFTER THE ACTION**
12 **REQUIRING THE REPORT.**

13 **(F) A REPORT MADE UNDER THIS SECTION IS NOT SUBJECT TO SUBPOENA**
14 **OR DISCOVERY IN ANY CIVIL ACTION OTHER THAN A PROCEEDING ARISING OUT OF**
15 **A HEARING AND DECISION OF THE BOARD OR A DISCIPLINARY PANEL UNDER THIS**
16 **TITLE.**

17 **(G) (1) A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF UP TO**
18 **\$5,000 FOR FAILURE TO REPORT UNDER THIS SECTION.**

19 **(2) THE BOARD SHALL REMIT ANY PENALTY COLLECTED UNDER THIS**
20 **SUBSECTION INTO THE GENERAL FUND OF THE STATE.**

21 14-5D-12.1.

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

24 14-5D-14.

25 (a) Subject to the hearing provisions of § 14-405 of this title, a disciplinary panel,
26 on the affirmative vote of a majority of a quorum of the disciplinary panel, may deny a
27 license to any applicant, reprimand any licensee, place any licensee on probation, or
28 suspend or revoke a license, if the applicant or licensee:

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

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

31 **(II) UNPROFESSIONAL CONDUCT IN THE PRACTICE OF**
32 **ATHLETIC TRAINING;**

(4) Is [professionally, physically, or mentally]:

(I) **PROFESSIONALLY INCOMPETENT;**

(II) **PHYSICALLY INCOMPETENT; OR**

(III) **MENTALLY** incompetent;

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

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

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

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

14–5E–05.

There is a Perfusion Advisory Committee within the Board.

14–5E–06.

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

(1) [(i) On or before September 30, 2013, three individuals who practice perfusion and who:

1. Are certified by a national certifying board; and

2. Have a minimum of 2 years experience; and

(ii) On or after October 1, 2013, three] **THREE** licensed perfusionists;

(2) Three **LICENSED** physicians, at least one of whom performs cardiac or cardio–thoracic surgery or is a cardiac anesthesiologist; and

(3) One consumer member.

1 **(B) EACH MEMBER OF THE COMMITTEE LICENSED BY THE BOARD MUST BE**
2 **IN GOOD STANDING WITH THE BOARD.**

3 ~~[(b)]~~ **(C)** The consumer member of the Committee:

4 (1) ~~[Shall]~~ **MUST** be a member of the general public;

5 (2) May not ~~[practice or ever have practiced perfusion or any health care~~
6 ~~profession;~~

7 (3) May not be or ever have been in training to practice perfusion or any
8 other health care profession;

9 (4) May not have a household member who is a health care professional or
10 is in training to be a health care professional] **BE OR EVER HAVE BEEN:**

11 **(I) A PERFUSIONIST;**

12 **(II) ANY OTHER HEALTH CARE PROFESSIONAL; OR**

13 **(III) IN TRAINING TO BE A PERFUSIONIST OR OTHER HEALTH**
14 **PROFESSIONAL; and**

15 ~~[(5)]~~ **(3)** May not:

16 (i) Participate or ever have participated in a commercial or
17 professional field related to perfusion;

18 (ii) Have a household member who participates in a commercial or
19 professional field related to perfusion;

20 (iii) Have had within 2 years before appointment a financial interest
21 in a person regulated by the Board; or

22 (iv) Have had within 2 years before appointment a financial interest
23 in the provision of goods or services to perfusionists or to the field of perfusion.

24 **(D) EACH MEMBER OF THE COMMITTEE MUST BE A RESIDENT OF THE**
25 **STATE.**

26 ~~[(c)]~~ **(E)** (1) The term of a member is 3 years.

27 (2) The terms of members are staggered as required by ~~[the terms provided~~
28 ~~for members of the Committee on October 1, 2012]~~ **REGULATION.**

(3) At the end of a term, a member continues to serve until a successor is appointed and qualifies.

(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.

(5) A MEMBER MAY NOT SERVE MORE THAN TWO CONSECUTIVE FULL TERMS.

[(d)] (F) (1) From among its members, the Committee shall elect a chair every 2 years.

(2) The chair shall serve in an advisory capacity to the Board as a representative of the Committee.

(G) A QUORUM OF THE COMMITTEE CONSISTS OF FOUR MEMBERS.

14-5E-07.

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

(1) Develop and recommend to the Board:

(i) Regulations to carry out **[the provisions of]** this subtitle; **AND**

(ii) **[A code of ethics for the practice of perfusion for adoption by the Board;**

(iii) Recommendations concerning the practice of perfusion, including standards of care for the practice of perfusion; and

(iv) Continuing education requirements for license renewal] **ANY STATUTORY CHANGES THAT AFFECT THE PROFESSION;**

(2) Keep a record of its **[proceedings]** **MEETINGS;** and

(3) **[Submit an annual report to the Board]** **ON REQUEST OF THE BOARD OR A DISCIPLINARY PANEL OF THE BOARD:**

(I) PROVIDE RECOMMENDATIONS REGARDING THE PRACTICE OF PERFUSION; AND

(II) ADVISE THE BOARD ON ANY OTHER MATTERS RELATED TO PERFUSIONISTS.

[(b) The Board shall:

(1) Consider all recommendations of the Committee; and

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

14-5E-08.

(b) This section does not apply to [a]:

(1) A student enrolled in an education program under § 14-5E-09(c)(2) of this subtitle while practicing perfusion in that program; OR

(2) A PERFUSIONIST EMPLOYED IN THE SERVICE OF THE FEDERAL GOVERNMENT WHILE PRACTICING WITHIN THE SCOPE OF THE EMPLOYMENT.

14-5E-14.

(a) (1) A [licensed perfusionist] **LICENSEE** shall notify the Board in writing of a change in name or address within ~~[60]~~ **10** days after the change.

14-5E-16.

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

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

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

(II) UNPROFESSIONAL CONDUCT IN THE PRACTICE OF
PERFUSION;

(4) Is [professionally, physically, or mentally]:

(I) PROFESSIONALLY INCOMPETENT;

(II) PHYSICALLY INCOMPETENT; OR

(III) **MENTALLY** incompetent;

(14) [Knowingly] **WILLFULLY** makes a misrepresentation while practicing perfusion;

(15) [Knowingly] **WILLFULLY** practices perfusion with an unauthorized individual or aids an unauthorized individual in the practice of perfusion;

(16) [Knowingly] **WILLFULLY** delegates a perfusion duty to an unlicensed individual;

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

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

14–5E–18.

(c) (1) If the licensed perfusionist 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 licensed perfusionist shall notify the hospital, related institution, alternative health system, or employer [of] **WITHIN 15 DAYS AFTER** the licensed perfusionist’s decision to enter the treatment program.

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

14–5E–22.1.

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

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

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

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

14–5F–06.

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

2 14-5F-07.

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

5 (i) Two shall be [individuals who practice naturopathic medicine
6 and who:

7 1. On or after October 1, 2014:

8 A. Are certified by the North American Board of
9 Naturopathic Examiners; and

10 B. Have a minimum of 2 years experience; and

11 2. On or after March 1, 2016, are] licensed naturopathic
12 doctors;

13 (ii) One shall be a [practicing] licensed physician;

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

16 (iv) One shall be a consumer member.

17 (2) The Board shall appoint the naturopathic doctor members from a list of
18 names submitted by the Maryland Association of Naturopathic Physicians.

19 (b) Each [naturopathic doctor member of the Committee shall be:

20 (1) In] **MEMBER OF THE COMMITTEE LICENSED BY THE BOARD MUST**
21 **BE IN** good standing with the Board[; and

22 (2) A resident of the State who has been engaged actively in the practice or
23 instruction of naturopathic medicine for at least 5 years immediately before appointment].

24 [(c) The physician members of the Committee shall be in good standing with the
25 Board.]

26 [(d)] **(C)** The consumer member of the Committee:

27 (1) [Shall] **MUST** be a [resident of the State and a] member of the general
28 public;

(2) May not be or ever have been [licensed to practice a health occupation under this article]:

(I) A LICENSED NATUROPATHIC DOCTOR;

(II) ANY OTHER HEALTH CARE PROFESSIONAL; OR

(III) IN TRAINING TO BE A NATUROPATHIC DOCTOR OR OTHER HEALTH PROFESSIONAL; and

(3) May not [have a substantial personal, business, professional, or pecuniary connection with naturopathic education, business, or practice.]:

(I) PARTICIPATE OR EVER HAVE PARTICIPATED IN A COMMERCIAL OR PROFESSIONAL FIELD RELATED TO NATUROPATHIC MEDICINE;

(II) HAVE A HOUSEHOLD MEMBER WHO PARTICIPATES IN A COMMERCIAL OR PROFESSIONAL FIELD RELATED TO NATUROPATHIC MEDICINE;

(III) HAVE HAD WITHIN 2 YEARS BEFORE APPOINTMENT A FINANCIAL INTEREST IN A PERSON REGULATED BY THE BOARD; OR

(IV) HAVE HAD WITHIN 2 YEARS BEFORE APPOINTMENT A FINANCIAL INTEREST IN THE PROVISION OF GOODS OR SERVICES TO NATUROPATHIC DOCTORS OR TO THE FIELD OF NATUROPATHIC MEDICINE.

(D) EACH MEMBER OF THE COMMITTEE MUST BE A RESIDENT OF THE STATE.

(e) (1) The term of a member is [4] 3 years.

(2) The terms of members are staggered as required by [the terms provided for members of the Committee on October 1, 2014] REGULATION.

(3) At the end of a term, a member continues to serve until a successor is appointed and qualifies.

(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.

[(4)] (5) A member may not serve more than two consecutive full terms.

(f) From among its members, the Committee shall elect a chair every 2 years.

(G) A QUORUM OF THE COMMITTEE CONSISTS OF THREE MEMBERS.

14-5F-08.

In addition to the powers set forth elsewhere in this subtitle, the Committee shall:

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

(I) REGULATIONS to carry out this subtitle; AND

(II) ANY STATUTORY CHANGES THAT AFFECT THE PROFESSION;

(2) [Develop and recommend to the Board procedures for the issuance of licenses to applicants who qualify for licensure by reciprocity;

(3) Evaluate the content of any clinical, practical, or residency requirement for licensure;

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

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

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

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

(3) ON REQUEST OF THE BOARD OR A DISCIPLINARY PANEL OF THE BOARD:

(I) PROVIDE RECOMMENDATIONS REGARDING THE PRACTICE OF NATUROPATHIC MEDICINE; AND

(II) ADVISE THE BOARD ON ANY OTHER MATTERS RELATED TO NATUROPATHIC DOCTORS.

14-5F-10.

(b) This section does not apply to:

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

14–5F–12.

To apply for a license, an applicant shall:

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

(2) Submit an application to the Board on a form that the Board requires;

(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:

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

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

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

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

(ii) Includes the name and license number of the physician with whom 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

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

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

1 **14-5F-12.1.**

2 **(A) TO PRACTICE NATUROPATHIC MEDICINE IN THE STATE, A**
3 **NATUROPATHIC DOCTOR SHALL MAINTAIN AT ALL TIMES A COLLABORATION AND**
4 **CONSULTATION AGREEMENT WITH A PHYSICIAN LICENSED IN THE STATE.**

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

7 **(1) OBTAIN A LICENSE UNDER THIS SUBTITLE;**

8 **(2) ENTER INTO A COLLABORATION AND CONSULTATION**
9 **AGREEMENT WITH A PHYSICIAN LICENSED IN THE STATE; AND**

10 **(3) ATTEST TO THE COMPLETION OF THE COLLABORATION AND**
11 **CONSULTATION AGREEMENT ON A FORM PROVIDED BY THE BOARD.**

12 **(C) A COLLABORATION AND CONSULTATION AGREEMENT SHALL:**

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

15 **(2) INCLUDE THE NAME AND LICENSE NUMBER OF THE PHYSICIAN**
16 **WITH WHOM THE APPLICANT HAS A COLLABORATION AND CONSULTATION**
17 **AGREEMENT;**

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

21 **(4) STATES THAT THE APPLICANT WILL REQUIRE PATIENTS TO SIGN**
22 **A CONSENT FORM THAT STATES THAT THE APPLICANT'S PRACTICE OF**
23 **NATUROPATHIC MEDICINE IS LIMITED TO THE SCOPE OF PRACTICE ESTABLISHED IN**
24 **§ 14-5F-14 OF THIS SUBTITLE.**

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

28 **(E) SUBJECT TO THE NOTICE REQUIRED UNDER § 14-5F-12.2 OF THIS**
29 **SUBTITLE, A NATUROPATHIC DOCTOR AND A LICENSED PHYSICIAN MAY TERMINATE**
30 **A COLLABORATION AND CONSULTATION AGREEMENT AT ANY TIME.**

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

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

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.

(B) A PHYSICIAN NAMED IN A COLLABORATION AND CONSULTATION AGREEMENT WITH A NATUROPATHIC DOCTOR AND A NATUROPATHIC DOCTOR SHALL NOTIFY THE BOARD WITHIN 10 DAYS AFTER THE TERMINATION OF A COLLABORATION AND CONSULTATION AGREEMENT.

14-5F-15.1.

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

14-5F-18.

(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 license to any applicant, reprimand any licensee, place any licensee on probation, or suspend or revoke a license of any licensee if the applicant or licensee:

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

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

(II) PHYSICALLY INCOMPETENT; OR

(III) MENTALLY INCOMPETENT;

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

(I) **IMMORAL** conduct in the practice of naturopathic medicine; **OR**

(II) **UNPROFESSIONAL CONDUCT IN THE PRACTICE OF NATUROPATHIC MEDICINE;**

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

14–5F–19.

(a) [This section applies to:

(1) A licensed naturopathic doctor;

(2) A licensed health care practitioner;

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

(4) A State agency.

(b) A person listed in subsection (a) of this section shall file a written report with the Board if the person has information that gives the person reason to believe that a licensed naturopathic doctor is or may be:

(1) Medically or legally incompetent;

(2) Engaged in the unauthorized practice of naturopathic medicine;

(3) Guilty of unprofessional conduct; or

(4) Mentally or physically unable to engage safely in the practice of naturopathic medicine.

(c) A person required to file a report under subsection (b) of this section shall file the report within 30 days after becoming aware of the information.

(d) A [health care facility shall report promptly to the Board] **HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE HEALTH SYSTEM, AND AN EMPLOYER SHALL SUBMIT TO THE BOARD A REPORT** if:

(1) A licensed naturopathic doctor voluntarily resigns from the staff of the [health care facility] **HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER**, voluntarily limits the licensee’s staff privileges, or fails to

1 reapply for [hospital] privileges at the [health care facility] HOSPITAL, RELATED
2 INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER; and

3 (2) The action of the licensee occurs while the licensee is under formal or
4 informal investigation by the [health care facility] HOSPITAL, RELATED INSTITUTION,
5 ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER for possible medical incompetence,
6 unprofessional conduct, or mental or physical impairment.

7 (B) EXCEPT AS PROVIDED IN SUBSECTIONS (C) AND (E) OF THIS SECTION,
8 EACH HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, AND
9 EMPLOYER SHALL FILE WITH THE BOARD A REPORT THAT THE HOSPITAL, RELATED
10 INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER LIMITED, REDUCED,
11 OTHERWISE CHANGED, OR TERMINATED ANY LICENSED NATUROPATHIC DOCTOR
12 FOR ANY REASON THAT MIGHT BE GROUNDS FOR DISCIPLINARY ACTION UNDER §
13 14-5F-18 OF THIS SUBTITLE.

14 (C) A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE HEALTH
15 SYSTEM, OR AN EMPLOYER THAT HAS REASON TO KNOW THAT A LICENSED
16 NATUROPATHIC DOCTOR HAS COMMITTED AN ACTION OR HAS A CONDITION THAT
17 MIGHT BE GROUNDS FOR REPRIMAND OR PROBATION OF THE LICENSED
18 NATUROPATHIC DOCTOR OR SUSPENSION OR REVOCATION OF THE LICENSE
19 BECAUSE THE LICENSED NATUROPATHIC DOCTOR IS ALCOHOL-IMPAIRED OR
20 DRUG-IMPAIRED IS NOT REQUIRED TO REPORT THE NATUROPATHIC DOCTOR TO
21 THE BOARD IF:

22 (1) THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH
23 SYSTEM, OR EMPLOYER KNOWS THAT THE LICENSED NATUROPATHIC DOCTOR IS:

24 (I) IN AN ALCOHOL OR DRUG TREATMENT PROGRAM THAT IS
25 ACCREDITED BY THE JOINT COMMISSION OR IS CERTIFIED BY THE DEPARTMENT;
26 OR

27 (II) UNDER THE CARE OF A HEALTH CARE PRACTITIONER WHO
28 IS COMPETENT AND CAPABLE OF DEALING WITH ALCOHOLISM AND DRUG ABUSE;

29 (2) THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH
30 SYSTEM, OR EMPLOYER IS ABLE TO VERIFY THAT THE LICENSED NATUROPATHIC
31 DOCTOR REMAINS IN THE TREATMENT PROGRAM UNTIL DISCHARGE; AND

32 (3) THE ACTION OR CONDITION OF THE LICENSED NATUROPATHIC
33 DOCTOR HAS NOT CAUSED INJURY TO ANY PERSON WHILE THE PRACTITIONER IS
34 PRACTICING AS A LICENSED NATUROPATHIC DOCTOR.

1 (D) (1) IF THE LICENSED NATUROPATHIC DOCTOR ENTERS OR IS
2 CONSIDERING ENTERING AN ALCOHOL OR DRUG TREATMENT PROGRAM THAT IS
3 ACCREDITED BY THE JOINT COMMISSION OR THAT IS CERTIFIED BY THE
4 DEPARTMENT, THE LICENSED NATUROPATHIC DOCTOR SHALL NOTIFY THE
5 HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER
6 WITHIN 15 DAYS AFTER THE LICENSED NATUROPATHIC DOCTOR'S DECISION TO
7 ENTER THE TREATMENT PROGRAM.

8 (2) IF THE LICENSED NATUROPATHIC DOCTOR FAILS TO PROVIDE
9 THE NOTICE REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION AND THE
10 HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER
11 LEARNS THAT THE LICENSED NATUROPATHIC DOCTOR HAS ENTERED A TREATMENT
12 PROGRAM, THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM,
13 OR EMPLOYER SHALL REPORT TO THE BOARD THAT THE LICENSED NATUROPATHIC
14 DOCTOR HAS ENTERED A TREATMENT PROGRAM AND HAS FAILED TO PROVIDE THE
15 REQUIRED NOTICE.

16 (3) IF THE TREATMENT PROGRAM FINDS THAT THE LICENSED
17 NATUROPATHIC DOCTOR IS NONCOMPLIANT WITH THE TREATMENT PROGRAM'S
18 POLICIES AND PROCEDURES WHILE IN THE TREATMENT PROGRAM, THE TREATMENT
19 PROGRAM SHALL NOTIFY THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE
20 HEALTH SYSTEM, OR EMPLOYER OF THE LICENSED NATUROPATHIC DOCTOR'S
21 NONCOMPLIANCE.

22 (4) ON RECEIPT OF A NOTIFICATION MADE UNDER PARAGRAPH (3) OF
23 THIS SUBSECTION, THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH
24 SYSTEM, OR EMPLOYER OF THE LICENSED NATUROPATHIC DOCTOR SHALL REPORT
25 THE LICENSED NATUROPATHIC DOCTOR'S NONCOMPLIANCE TO THE BOARD.

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

30 (F) A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE HEALTH
31 SYSTEM, OR AN EMPLOYER REQUIRED TO MAKE A REPORT TO THE BOARD UNDER
32 THIS SECTION SHALL SUBMIT THE REPORT WITHIN 10 DAYS AFTER THE ACTION
33 REQUIRING THE REPORT.

34 (G) A REPORT MADE UNDER THIS SECTION IS NOT SUBJECT TO SUBPOENA
35 OR DISCOVERY IN ANY CIVIL ACTION OTHER THAN A PROCEEDING ARISING OUT OF
36 A HEARING AND DECISION OF THE BOARD OR A DISCIPLINARY PANEL UNDER THIS
37 TITLE.

(H) (1) A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF UP TO \$5,000 FOR FAILURE TO REPORT UNDER THIS SECTION.

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

[14-5F-20.

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

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

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

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

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.

(B) THE BOARD SHALL CREATE AND MAINTAIN A PUBLIC INDIVIDUAL 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;

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

(3) A DESCRIPTION IN SUMMARY FORM OF ANY FINAL DISCIPLINARY ACTION TAKEN BY A LICENSING BOARD IN ANY OTHER STATE OR JURISDICTION

1 AGAINST THE LICENSEE WITHIN THE MOST RECENT 10-YEAR PERIOD IF THE BOARD
2 KNOWS ABOUT THE DISCIPLINARY ACTION;

3 (4) A DESCRIPTION OF A CONVICTION OR ENTRY OF A PLEA OF
4 GUILTY OR NOLO CONTENDERE BY THE LICENSEE FOR A CRIME INVOLVING MORAL
5 TURPITUDE THAT IS THE BASIS FOR DISCIPLINARY ACTION TAKEN UNDER §
6 14-5F-18(C) OF THIS SUBTITLE; AND

7 (5) THE PUBLIC ADDRESS OF THE LICENSEE.

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

14 (D) THE BOARD:

15 (1) ON RECEIPT OF A WRITTEN REQUEST FOR A LICENSEE'S PROFILE
16 FROM ANY PERSON, SHALL FORWARD A WRITTEN COPY OF THE PROFILE TO THE
17 PERSON; AND

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

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

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

29 14-5F-21.

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

33 14-5F-25.

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

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

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

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

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

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

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

14-5G-05.

There is a Genetic Counseling Advisory Committee within the Board.

14-5G-06.

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

(1) Three shall be [individuals who practice genetic counseling and who:

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

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

(2) Three shall be [practicing] licensed physicians; and

(3) One shall be a consumer member.

(b) Each [genetic counselor member of the Committee must be:

(1) In] **MEMBER OF THE COMMITTEE LICENSED BY THE BOARD MUST BE IN** good standing with the Board[; and

(2) A resident of the State who has at least 1 year of active genetic counseling experience within the 5-year period immediately preceding the date of the appointment].

(c) The licensed physician members of the Committee must[:

(1) Be in good standing with the Board; and

(2) Have] **HAVE** experience working with genetic counselors.

(d) The consumer member of the Committee:

(1) Must be a member of the general public;

(2) May not be or ever have been:

(i) A genetic counselor;

(ii) Any **OTHER** health care professional; or

(iii) In training to be a genetic counselor or other health professional;

and

(3) May not:

(i) Participate or ever have participated in a commercial or professional field related to genetic counseling;

(ii) Have a household member who participates in a commercial or professional field related to genetic counseling; [or]

(iii) Have had within 2 years before appointment a financial interest in a person regulated by the Board; **OR**

(IV) HAVE HAD WITHIN 2 YEARS BEFORE APPOINTMENT A FINANCIAL INTEREST IN THE PROVISION OF GOODS OR SERVICES TO GENETIC COUNSELORS OR TO THE FIELD OF GENETIC COUNSELING.

(E) EACH MEMBER OF THE COMMITTEE MUST BE A RESIDENT OF THE STATE.

[(e)] (F) (1) The term of a member is 3 years.

(2) The terms of members are staggered as required by [the terms provided for members of the Committee on January 1, 2022] **REGULATION**.

(3) At the end of a term, a member continues to serve until a successor is appointed and qualifies.

(4) A member may not serve more than two consecutive full terms.

(5) 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.

[(f)] (G) From among its members, the Committee shall elect a chair every 2 years.

[(g)] (H) A quorum of the Committee consists of five members.

14–5G–07.

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

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

(I) **REGULATIONS** to carry out this subtitle; AND

(II) **ANY STATUTORY CHANGES THAT AFFECT THE PROFESSION;**

(2) [Develop and recommend to the Board a code of ethics for the practice of genetic counseling;

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

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

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

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

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

(8)] Keep a record of its [proceedings] **MEETINGS**; and

[(9) Submit an annual report to the Board.]

(3) ON REQUEST OF THE BOARD OR A DISCIPLINARY PANEL:

(I) PROVIDE RECOMMENDATIONS REGARDING THE PRACTICE OF GENETIC COUNSELING; AND

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

[(b) The Board shall:

(1) Consider all recommendations of the Committee; and

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

14-5G-08.

(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;

14-5G-09.

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

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

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

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

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

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

(1) Has worked as a genetic counselor for:

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

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

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

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

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

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

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

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

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

14–5G–15.

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

14–5G–18.

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

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

(I) IMMORAL conduct while practicing genetic counseling; OR

(II) UNPROFESSIONAL CONDUCT WHILE PRACTICING GENETIC COUNSELING;

(4) Is [professionally, physically, or mentally]:

(I) PROFESSIONALLY INCOMPETENT;

(II) PHYSICALLY INCOMPETENT; OR

(III) MENTALLY incompetent;

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

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

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

(17) [Grossly overutilizes] **ESTABLISHES A PATTERN OF OVERUTILIZATION OF** health care services;

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

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

14-5G-20.

(c) (1) If the licensed genetic counselor 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 licensed genetic counselor shall notify the hospital, related institution, alternative health system, or employer [of] **WITHIN 15 DAYS AFTER** the licensed genetic counselor's decision to enter the treatment program.

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

14-5G-26.

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

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

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

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.

(b) 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 subject to a civil fine of not 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 of Physicians Fund.

14-602.

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

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

14-606.

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

15-103.

(b) (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.

(e) (1) If the physician assistant 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 physician assistant shall notify the hospital, related institution, alternative health care system, or employer [of] **WITHIN 15 DAYS AFTER** the physician assistant's decision to enter the treatment program.

(2) If the physician assistant fails to provide the notice required under paragraph (1) of this subsection, and the hospital, related institution, alternative health care system, or employer learns that the physician assistant has entered a treatment program, the hospital, related institution, alternative health care system, or employer shall report to the Board that the physician assistant has entered a treatment program and has failed to provide the required notice.

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

15-201.

(a) There is a Physician Assistant Advisory Committee within the Board.

15-202.

(a) (1) The Committee shall consist of [7] **SEVEN** members appointed by the Board.

(2) Of the [7] **SEVEN** Committee members:

(i) [3] **THREE** shall be licensed physicians;

(ii) [3] **THREE** shall be licensed physician assistants; and

(iii) [1] **ONE** shall be a consumer.

(3) Of the licensed physician members:

(i) At least [1] **ONE** shall specialize in general surgery or a surgical subspecialty; and

(ii) At least [1] **ONE** shall specialize in internal medicine, family practice, or a similar primary care specialty.

(4) The Board shall appoint the physician assistant members from a list of names submitted by:

(i) The Maryland Academy of Physician Assistants; and

(ii) The State institutions of higher education with approved physician assistant programs.

(5) EACH MEMBER OF THE COMMITTEE LICENSED BY THE BOARD MUST BE IN GOOD STANDING WITH THE BOARD.

[(5)] (6) The consumer member:

(i) **[Shall] MUST** be a member of the general public;

(ii) May not be [a physician, former physician, physician assistant, or a person in training to become a physician or physician assistant] **OR HAVE EVER BEEN:**

1. A PHYSICIAN ASSISTANT;

2. ANY OTHER HEALTH CARE PROFESSIONAL; OR

3. IN TRAINING TO BE A PHYSICIAN ASSISTANT OR OTHER HEALTH PROFESSIONAL; AND

(iii) May not [have a household member who is a physician or physician assistant, or a person in training to become a physician assistant; and

(iv) May not have had within 2 years before appointment a substantial financial interest in a process regulated by the Board]:

1. PARTICIPATE OR EVER HAVE PARTICIPATED IN A COMMERCIAL OR PROFESSIONAL FIELD RELATED TO PHYSICIAN ASSISTANT PRACTICE;

2. HAVE A HOUSEHOLD MEMBER WHO PARTICIPATES IN A COMMERCIAL OR PROFESSIONAL FIELD RELATED TO PHYSICIAN ASSISTANT PRACTICE;

3. HAVE HAD WITHIN 2 YEARS BEFORE APPOINTMENT A FINANCIAL INTEREST IN A PERSON REGULATED BY THE BOARD; OR

1 **4. HAVE HAD WITHIN 2 YEARS BEFORE APPOINTMENT A**
2 **FINANCIAL INTEREST IN THE PROVISION OF GOODS OR SERVICES TO PHYSICIAN**
3 **ASSISTANTS OR TO THE FIELD OF PHYSICIAN ASSISTANT PRACTICE.**

4 **[(6)] (7)** Each member of the Committee [shall] **MUST** be a resident of the
5 State.

6 (b) Of the three physician members of the Committee, two shall be previously or
7 currently serving as a patient care team physician under a collaboration agreement with a
8 physician assistant.

9 (c) **[(1)]** The physician assistant members shall be licensed as a physician
10 assistant under this title.

11 (2) The physician assistant members shall be currently practicing as a
12 physician assistant or employed as a faculty member of an accredited physician assistant
13 program.

14 **(3)]** Of the **[3] THREE** physician assistant members of the Committee:

15 **[(i)] (1)** At least [1 shall] **ONE MUST** be currently practicing in a
16 hospital; and

17 **[(ii)] (2)** At least [1 shall] **ONE MUST** be currently practicing in a
18 nonhospital setting.

19 **(D) (1) THE TERM OF A MEMBER IS 3 YEARS.**

20 **(2) THE TERMS OF MEMBERS ARE STAGGERED AS REQUIRED BY**
21 **REGULATION.**

22 **(3) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL**
23 **A SUCCESSOR IS APPOINTED AND QUALIFIES.**

24 **(4) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES**
25 **ONLY FOR THE REST OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED AND**
26 **QUALIFIES.**

27 **(5) A MEMBER MAY NOT SERVE MORE THAN TWO CONSECUTIVE FULL**
28 **TERMS.**

29 **[(d)] (E) [A] FROM AMONG ITS MEMBERS, THE** Committee **SHALL ELECT A**
30 chair [and a secretary shall be selected] every 2 years [by a majority vote of the membership
31 of the Committee].

1 [(e)] (F) The chair, or the chair's designee, shall serve in an advisory capacity to
2 the Board as a representative of the Committee.

3 (G) **A QUORUM OF THE COMMITTEE CONSISTS OF FOUR MEMBERS.**

4 15–205.

5 [(a)] In addition to the powers set forth elsewhere in this title, the Committee[, on
6 its initiative or on the Board's request, may] **SHALL:**

7 (1) Recommend to the Board [regulations]:

8 (I) **REGULATIONS** for carrying out [the provisions of] this title;
9 **AND**

10 (II) **ANY STATUTORY CHANGES THAT AFFECT THE PROFESSION;**

11 (2) Recommend to the Board approval, modification, or disapproval of an
12 application for licensure **OR THE PERFORMANCE OF ADVANCED DUTIES UNDER A**
13 **COLLABORATION AGREEMENT;**

14 (3) Report to the Board any conduct of a physician or group of physicians
15 who develops a collaboration agreement with a physician assistant or a physician assistant
16 that may be cause for disciplinary action under this title or under § 14–404 of this article;
17 [and]

18 (4) [Report to the Board any alleged unauthorized practice of a physician
19 assistant] **KEEP A RECORD OF ITS MEETINGS; AND**

20 (5) **ON REQUEST OF THE BOARD OR A DISCIPLINARY PANEL:**

21 (I) **PROVIDE RECOMMENDATIONS REGARDING THE PRACTICE**
22 **OF PHYSICIAN ASSISTANTS; AND**

23 (II) **ADVISE THE BOARD ON ANY OTHER MATTERS RELATED TO**
24 **PHYSICIAN ASSISTANTS.**

25 (b) The Committee shall submit an annual report to the Board.

26 (c) (1) In addition to the duties set forth elsewhere in this title, the Board shall
27 adopt regulations to carry out the provisions of this title.

28 (2) The Board shall:

29 (i) Consider all recommendations of the Committee; and

(ii) Provide to the Committee an annual report on the disciplinary matters involving licensees.

(3) The Board may:

(i) Investigate any alleged unauthorized practice of a physician assistant;

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

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

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

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

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

15–206.

(c) [(1) In fiscal year 2017 and fiscal year 2018, if the Governor does not include in the State budget at least \$550,000 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 Department, the Comptroller shall 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

(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:

(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

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

(1) IN EACH FISCAL YEAR, IF THE DEPARTMENT DOES NOT IMPLEMENT A PERMANENT FUNDING STRUCTURE UNDER § 24–1702(B)(1) OF THE HEALTH – GENERAL ARTICLE AND 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 DEPARTMENT, THE 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

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

1 Education Commission] **DEPARTMENT**, the Comptroller shall distribute the fees to the
2 Board of Physicians Fund.

3 15-301.

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

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

9 15-302.

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

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

13 (2) Each patient care team physician listed on the collaboration
14 agreement].

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

19 15-302.1.

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

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

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

31 (ii) May not restrict the submission of an amendment to the
32 advanced duty.

1 15-302.2.

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

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

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

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

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

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

20 (6) An attestation that the physician assistant has:

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

24 (ii) Successfully completed 8 category 1 hours of pharmacology
25 education within the previous 2 years; and

26 (7) An attestation that the physician assistant has:

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

28 (ii) Successfully completed 2 years of work experience as a physician
29 assistant.

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

1 15–303.

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

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

5 (i) The] **THE** Accreditation Review Commission on Education for
6 the Physician Assistant[: or

7 (ii) If completed before 2001:

8 1. The Committee on Allied Health Education and
9 Accreditation; or

10 2. The Commission on Accreditation of Allied Health
11 Education Programs] **OR ITS PREDECESSOR**; and

12 15–309.

13 (b) (1) [Each] **A** licensee shall [give] **PROVIDE** the Board written notice of any
14 change of name or address within [60] **10** days [of the date of] **AFTER** the change.

15 15–314.

16 (a) Subject to the hearing provisions of § 15–315 of this subtitle, a disciplinary
17 panel, on the affirmative vote of a majority of the quorum, may reprimand any physician
18 assistant, place any physician assistant on probation, or suspend or revoke a license if the
19 physician assistant:

20 (4) Is [professionally, physically, or mentally]:

21 (I) **PROFESSIONALLY INCOMPETENT**;

22 (II) **PHYSICALLY INCOMPETENT; OR**

23 (III) **MENTALLY** incompetent;

24 (19) [Grossly overutilizes] **ESTABLISHES A PATTERN OF GROSS**
25 **OVERUTILIZATION OF** health care services;

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

28 (37) [By corrupt means, threats, or force, intimidates] **INTIMIDATES** or
29 influences, or attempts to intimidate or influence, for the purpose of causing any person to

1 withhold or change testimony in hearings or proceedings before the Board or a disciplinary
2 panel or those otherwise delegated to the Office of Administrative Hearings;

3 (38) [By corrupt means, threats, or force, hinders] **HINDERS**, prevents, or
4 otherwise delays any person from making information available to the Board or a
5 disciplinary panel in furtherance of any investigation of the Board or a disciplinary panel;

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

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

10 (48) **WILLFULLY MAKES A MISREPRESENTATION TO A DISCIPLINARY**
11 **PANEL.**

12 15–402.1.

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

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

19 (c) A disciplinary panel may impose a civil penalty in an amount not exceeding
20 [\$1,000] **\$5,000** for a violation of this section.

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