

HOUSE BILL 1084

J1, J3, J2

EMERGENCY BILL

2lr1575
CF SB 840

By: **Delegate Pena–Melnik**

Introduced and read first time: February 10, 2022

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **COVID–19 Response Act of 2022**

3 FOR the purpose of establishing and altering certain requirements related to COVID–19,
4 including requirements related to planning by institutions of higher education, home
5 health agencies, nursing homes, and assisted living programs, the provision of
6 coverage by the Maryland Medical Assistance Program, the Maryland MyIR Mobile
7 immunization record service, and reporting by the Maryland Department of Health;
8 establishing that certain urgent care centers are not subject to the rate–setting
9 jurisdiction of the Health Services Cost Review Commission; requiring the State
10 Board of Nursing to establish an apprentice geriatric nursing assistant program;
11 altering the authority of pharmacists to refill prescriptions, administer certain
12 vaccines, and delegate certain functions to pharmacy technicians; and generally
13 relating to public health, the provision of health care services, and responding to
14 COVID–19 in the State.

15 BY repealing and reenacting, with amendments,
16 Article – Education
17 Section 11–1702(a)
18 Annotated Code of Maryland
19 (2018 Replacement Volume and 2021 Supplement)
20 (As enacted by Chapters 29 and 31 of the Acts of the General Assembly of the 2021
21 Special Session)

22 BY repealing and reenacting, without amendments,
23 Article – Health – General
24 Section 15–103(a)(1)
25 Annotated Code of Maryland
26 (2019 Replacement Volume and 2021 Supplement)

27 BY repealing and reenacting, with amendments,
28 Article – Health – General

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



- 1 Section 15–103(a)(2)(xvi) and (xvii)
2 Annotated Code of Maryland
3 (2019 Replacement Volume and 2021 Supplement)
- 4 BY adding to
5 Article – Health – General
6 Section 15–103(a)(2)(xviii), 18–9A–02(g), 18–9A–03(d), 18–9A–03.1, 18–9A–03.2,
7 18–9A–05, and 19–211.1
8 Annotated Code of Maryland
9 (2019 Replacement Volume and 2021 Supplement)
- 10 BY repealing and reenacting, without amendments,
11 Article – Health – General
12 Section 18–9A–02(a) and (b), 18–9A–03(a), and 18–9A–04(a) and (b)
13 Annotated Code of Maryland
14 (2019 Replacement Volume and 2021 Supplement)
15 (As enacted by Chapters 29 and 31 of the Acts of the General Assembly of the 2021
16 Special Session)
- 17 BY repealing and reenacting, with amendments,
18 Article – Health – General
19 Section 18–9A–04(c), 19–411(b), 19–14C–02(a), and 19–1815(b)
20 Annotated Code of Maryland
21 (2019 Replacement Volume and 2021 Supplement)
22 (As enacted by Chapters 29 and 31 of the Acts of the General Assembly of the 2021
23 Special Session)
- 24 BY repealing and reenacting, without amendments,
25 Article – Health Occupations
26 Section 8–6A–05(a)
27 Annotated Code of Maryland
28 (2021 Replacement Volume)
- 29 BY adding to
30 Article – Health Occupations
31 Section 8–6A–05(d)
32 Annotated Code of Maryland
33 (2021 Replacement Volume)
- 34 BY repealing and reenacting, with amendments,
35 Article – Health Occupations
36 Section 12–101(g) and (i), 12–506, 12–508, and 12–6B–06
37 Annotated Code of Maryland
38 (2021 Replacement Volume)
- 39 BY repealing and reenacting, with amendments,
40 Chapter 29 of the Acts of the General Assembly of the 2021 Special Session

Section 5

BY repealing and reenacting, with amendments,
Chapter 31 of the Acts of the General Assembly of the 2021 Special Session
Section 5

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

Article – Education

11–1702.

(a) For calendar [year] **YEARS 2021, 2022, AND 2023**, an institution of higher education that has residence halls for students shall establish a COVID–19 security plan that includes both screening and testing procedures that will keep students, faculty, and staff safe while on campus for face–to–face instruction during the pandemic.

Article – Health – General

15–103.

(a) (1) The Secretary shall administer the Maryland Medical Assistance Program.

(2) The Program:

(xvi) Beginning on January 1, 2021, shall provide, subject to the limitations of the State budget and § 15–855(b)(2) of the Insurance Article, and as permitted by federal law, services for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome, including the use of intravenous immunoglobulin therapy, for eligible Program recipients, if pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome are coded for billing and diagnosis purposes in accordance with § 15–855(d) of the Insurance Article; [and]

(xvii) Beginning on January 1, 2022, may not include, subject to federal approval and limitations of the State budget, a frequency limitation on covered dental prophylaxis care or oral health exams that requires the dental prophylaxis care or oral health exams to be provided at an interval greater than 120 days within a plan year; **AND**

(XVIII) SHALL PROVIDE COVERAGE FOR COVID–19 TESTS AND RELATED SERVICES FOR THE ADMINISTRATION OF COVID–19 TESTS TO UNINSURED INDIVIDUALS, AS AUTHORIZED BY THE FEDERAL FAMILIES FIRST CORONAVIRUS RESPONSE ACT AND THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT.

1 18-9A-02.

2 (a) On or before June 1, 2021, the Department, in collaboration with local health
3 departments in the State and the Maryland State Department of Education, shall adopt
4 and implement a 2-year plan to respond to the outbreak of COVID-19.

5 (b) The plan required under this section shall:

6 (1) Include measures to enhance public health efforts at the State and local
7 level to monitor, prevent, and mitigate the spread of COVID-19;

8 (2) (i) Assess the COVID-19 public and private testing infrastructure
9 in place both statewide and in each local jurisdiction;

10 (ii) Identify and address the unmet needs for COVID-19 testing
11 statewide and in each local jurisdiction, including the number and location of public and
12 private testing providers required to ensure access to testing on demand for all residents of
13 the State;

14 (iii) Establish specific monthly goals for COVID-19 testing statewide
15 and in each local jurisdiction to ensure access to testing for all residents of the State,
16 including:

17 1. A goal to achieve the capacity to perform the surveillance
18 testing required to safely reopen and keep open schools, institutions of higher education,
19 workplaces, and other community facilities in the State while minimizing the community
20 spread of COVID-19 in calendar years 2021, and 2022, through a network of public and
21 private testing providers; and

22 2. For each local jurisdiction, a goal to establish the required
23 number of public or private COVID-19 testing locations to achieve the surveillance testing
24 goal described in item 1 of this item; and

25 (iv) Estimate the funding required to implement the surveillance
26 testing goal described in item (iii)1 of this item and the extent to which federal funding
27 already received by the State in fiscal year 2021, and federal funding that is provided to
28 the State and received after March 1, 2021, can be used to cover the cost required to achieve
29 that goal;

30 (3) (i) Assess the contact tracing infrastructure in place for COVID-19
31 both statewide and in each local jurisdiction;

32 (ii) Determine the optimal number of contact tracing, case
33 management, care resource coordination, and other personnel per 100,000 residents needed
34 in each jurisdiction to effectively monitor, prevent, and mitigate the spread of COVID-19;

(iii) Identify and address the unmet needs for COVID–19 contact tracing and related outbreak prevention and mitigation efforts both statewide and in each local jurisdiction; and

(iv) 1. Establish goals for identifying, locating, and testing individuals who have been in close contact with individuals who test positive for COVID–19 that are in alignment with Centers for Disease Control and Prevention guidance for effective contact tracing programs; and

2. Include a mechanism for monitoring performance of contact tracing and testing of contacts both statewide and for each local jurisdiction;

(4) Require the Department to assist local jurisdictions that adopt strategies to:

(i) Accelerate access to and the use of at-home collection and point-of-care tests for COVID–19; and

(ii) Incentivize and encourage pharmacies and health care providers, including primary care providers, to provide COVID–19 testing; and

(5) Allow each local jurisdiction to establish and implement a program for COVID–19 contact tracing that is independent from the contact tracing program performed by the State or the entity with whom the State has contracted to perform contact tracing for the State.

(G) ON OR BEFORE JUNE 1, 2022, THE DEPARTMENT, IN COLLABORATION WITH LOCAL HEALTH DEPARTMENTS IN THE STATE AND THE STATE DEPARTMENT OF EDUCATION, SHALL DEVELOP AND SUBMIT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, AN UPDATE TO THE PLAN REQUIRED UNDER THIS SECTION THAT INCLUDES:

(1) SUBJECT TO ITEMS (2) THROUGH (5) OF THIS SUBSECTION, THE INFORMATION DESCRIBED IN SUBSECTION (B) FOR CALENDAR YEARS 2022, AND 2023;

(2) (I) SPECIFIC MONTHLY GOALS STATEWIDE AND IN EACH LOCAL JURISDICTION TO ACHIEVE THE CAPACITY TO PERFORM DIAGNOSTIC TESTING AND SCREENING TESTING REQUIRED TO SAFELY REOPEN AND KEEP OPEN SCHOOLS, INSTITUTIONS OF HIGHER EDUCATION, WORKPLACES, AND OTHER COMMUNITY FACILITIES IN THE STATE WHILE MINIMIZING THE COMMUNITY SPREAD OF COVID–19 IN CALENDAR YEARS 2022, AND 2023, THROUGH A NETWORK OF PUBLIC AND PRIVATE TESTING PROVIDERS;

(II) MONTHLY GOALS TO ESTABLISH THE REQUIRED NUMBER

1 OF PUBLIC OR PRIVATE COVID-19 TESTING LOCATIONS TO ACHIEVE THE TESTING
2 GOALS DESCRIBED IN ITEM (I) OF THIS ITEM; AND

3 (III) AN ESTIMATE OF THE FUNDING REQUIRED TO IMPLEMENT
4 THE TESTING GOALS DESCRIBED IN ITEMS (I) AND (II) OF THIS ITEM AND TO THE
5 EXTENT TO WHICH FEDERAL FUNDING ALREADY RECEIVED BY THE STATE IN FISCAL
6 YEAR 2022, AND FEDERAL FUNDING THAT IS PROVIDED TO THE STATE AND
7 RECEIVED IN SUBSEQUENT FISCAL YEARS, CAN BE USED TO COVER THE COST
8 REQUIRED TO ACHIEVE THESE GOALS;

9 (3) A REQUIREMENT THAT THE DEPARTMENT KEEP TRACK OF THE
10 QUANTITY OF COVID-19 TESTS THAT IT WILL HAVE AVAILABLE FOR DISTRIBUTION
11 AND WHEN THE TESTS WILL BE AVAILABLE FOR DISTRIBUTION;

12 (4) A METHOD FOR RESIDENTS OF THE STATE TO SELF-REPORT
13 POSITIVE COVID-19 TEST RESULTS TO THE DEPARTMENT; AND

14 (5) FOR CALENDAR YEARS 2022, AND 2023, THE OPTIMAL NUMBER
15 OF CONTACT TRACING, CASE MANAGEMENT, CARE RESOURCE COORDINATION, AND
16 OTHER PERSONNEL PER 100,000 RESIDENTS NEEDED IN EACH JURISDICTION
17 DURING PERIODS OF SURGES AND NONSURGES OF COVID-19 CASES IN THE STATE.

18 18-9A-03.

19 (a) (1) On or before June 1, 2021, the Department, with input from subject
20 matter experts and other relevant stakeholders, shall develop and submit to the General
21 Assembly a comprehensive plan for vaccinating residents of the State against COVID-19.

22 (2) The plan required under paragraph (1) of this subsection shall include:

23 (i) Detailed information on:

24 1. The categories of residents of the State who will receive
25 priority access to vaccines for COVID-19;

26 2. The timeline for providing vaccines for COVID-19 to
27 residents in each of the priority categories and to members of the general public who are
28 not included in priority categories; and

29 3. Target metrics for vaccinating residents in each of the
30 priority categories and for members of the general public who are not included in priority
31 categories;

32 (ii) A dedication of time and resources to target vaccine distribution
33 and vaccine safety outreach efforts to communities that have been disproportionately

1 impacted by COVID–19 infection, morbidity, and mortality;

2 (iii) A vaccine distribution strategy that allocates resources and
3 vaccines across all partners and vaccination sites in an equitable manner that ensures that
4 the vaccine allocation by jurisdiction accounts for the disproportionate impact of the
5 COVID–19 pandemic on underserved and minority communities; and

6 (iv) A strategy for outreach and distribution of vaccines to
7 individuals who are not receiving the vaccine, due to either lack of access or vaccine
8 hesitancy.

9 (D) ON OR BEFORE JUNE 1, 2022, THE DEPARTMENT SHALL DEVELOP AND
10 SUBMIT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2–1257 OF THE
11 STATE GOVERNMENT ARTICLE, AN UPDATE TO THE PLAN REQUIRED UNDER THIS
12 SECTION THAT INCLUDES:

13 (1) SUBJECT TO ITEMS (2) THROUGH (5) OF THIS SUBSECTION, THE
14 INFORMATION DESCRIBED IN SUBSECTION (A) OF THIS SECTION FOR CALENDAR
15 YEARS 2022 AND 2023;

16 (2) A REQUIREMENT THAT THE DEPARTMENT KEEP TRACK OF THE
17 QUANTITY OF COVID–19 VACCINES IT WILL HAVE AVAILABLE FOR
18 ADMINISTRATION AND WHEN THE VACCINES WILL BE AVAILABLE FOR
19 ADMINISTRATION;

20 (3) RECOMMENDATIONS FOR APPROACHES THE MARYLAND
21 MEDICAL ASSISTANCE PROGRAM CAN TAKE TO INCENTIVIZE:

22 (I) HEALTH CARE PROVIDER VACCINATION EFFORTS;

23 (II) VACCINATION AMONG MARYLAND MEDICAL ASSISTANCE
24 PROGRAM RECIPIENTS; AND

25 (III) MANAGED CARE ORGANIZATIONS TO DEVELOP AND MEET
26 VACCINATION TARGETS;

27 (4) MEASURES TO INCREASE VACCINATION RATES AMONG THE
28 UNVACCINATED; AND

29 (5) A STRATEGY TO INCENTIVIZE ELIGIBLE INDIVIDUALS TO
30 RECEIVE:

31 (I) A THIRD COVID–19 VACCINE DOSE; AND

(II) ANY FUTURE VACCINES RECOMMENDED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION.

18-9A-03.1.

(A) ON OR BEFORE JUNE 1, 2022, THE DEPARTMENT, WITH INPUT FROM SUBJECT MATTER EXPERTS AND OTHER RELEVANT STAKEHOLDERS, SHALL DEVELOP A COMPREHENSIVE PLAN FOR TREATING RESIDENTS OF THE STATE WHO HAVE COVID-19.

(B) THE PLAN REQUIRED UNDER THIS SECTION SHALL:

(1) (I) IDENTIFY EFFECTIVE TREATMENTS FOR TREATING COVID-19; AND

(II) ASSESS THE EFFECTIVENESS OF MONOCLONAL ANTIBODIES AND ORALLY ADMINISTERED ANTIVIRAL MEDICATIONS IN TREATING COVID-19; AND

(2) (I) RECOMMEND THE EFFICIENT AND EFFECTIVE DISTRIBUTION OF COVID-19 TREATMENTS TO ENSURE THAT THERE IS ACCESS TO TREATMENT FOR RESIDENTS OF THE STATE WHO HAVE COVID-19; AND

(II) CONSIDER THE AT-HOME DISTRIBUTION OF COVID-19 TREATMENTS.

(C) THE PLAN REQUIRED UNDER THIS SECTION SHALL ADDRESS THE DISPROPORTIONATE IMPACT OF THE COVID-19 PANDEMIC ON UNDERSERVED AND MINORITY COMMUNITIES IN THE STATE.

(D) ON OR BEFORE JUNE 1, 2022, THE DEPARTMENT SHALL SUBMIT THE PLAN REQUIRED UNDER THIS SECTION TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE.

18-9A-03.2.

AFTER SUBMITTING THE COVID-19 PLANS TO THE GENERAL ASSEMBLY AS REQUIRED UNDER §§ 18-9A-02 THROUGH 18-9A-03.1 OF THIS SUBTITLE, THE DEPARTMENT SHALL PROVIDE MONTHLY PROGRESS REPORTS TO THE GENERAL ASSEMBLY FOR THE DURATION OF CALENDAR YEAR 2022 AND CALENDAR YEAR 2023 ON:

(1) THE IMPLEMENTATION OF THE COVID-19 PLANS REQUIRED

1 UNDER §§ 18-9A-02 THROUGH 18-9A-03.1 OF THIS SUBTITLE; AND

2 (2) THE NUMBER OF COVID-19 TESTS, VACCINES, AND TREATMENTS
3 IT HAS AT ITS DISPOSAL.

4 18-9A-04.

5 (a) The Department shall convene a Maryland Public Health Modernization
6 Workgroup.

7 (b) The Workgroup shall include representatives of the Department, local health
8 departments, subject matter experts, and any other relevant stakeholders.

9 (c) The Workgroup shall:

10 (1) Assess the current public health infrastructure and resources in the
11 State;

12 (2) Make recommendations for how to establish a modern and effective
13 public health system with a capacity to:

14 (i) Monitor, prevent, control, and mitigate the spread of infectious
15 disease; and

16 (ii) Achieve State Health Improvement Process goals;

17 (3) Make recommendations regarding the establishment of a Maryland
18 Public Health Job Corps to respond to the outbreak of COVID-19 or similar outbreaks; and

19 (4) Consider, where appropriate, the use of federal funds to implement any
20 recommendations made under this subsection, **INCLUDING FROM AMERICORPS AND ITS**
21 **GRANT PROGRAM FOR ELIGIBLE ORGANIZATIONS TO ENGAGE AMERICORPS**
22 **MEMBERS IN SPECIFIED PRACTICES TO RESPOND TO PUBLIC HEALTH NEEDS.**

23 18-9A-05.

24 (A) IN THIS SECTION, "MARYLAND MYIR MOBILE" MEANS THE STATE
25 IMMUNIZATION RECORD SERVICE THAT PROVIDES AN INDIVIDUAL WITH:

26 (1) ACCESS TO THE INDIVIDUAL'S OFFICIAL STATE IMMUNIZATION
27 RECORDS; AND

28 (2) THE ABILITY TO VOLUNTARILY AND SECURELY DISPLAY ON AND
29 TRANSMIT THROUGH A MOBILE DEVICE PROOF OF THE INDIVIDUAL'S VACCINATION
30 FOR COVID-19 USING A SMART HEALTH CARD QR CODE.

(B) ON OR BEFORE JUNE 1, 2022, THE DEPARTMENT SHALL ENSURE THAT MARYLAND MYIR MOBILE HAS A DESIGN THAT:

(1) ENABLES ITS VOLUNTARY USE AS A VACCINE PASSPORT FOR INDIVIDUALS WHO SEEK TO DISPLAY PROOF OF THE INDIVIDUAL'S COVID-19 VACCINATION STATUS ON A MOBILE DEVICE TO ACCESS VENUES WHERE PROOF OF COVID-19 VACCINATION IS REQUIRED FOR ENTRY;

(2) USES A MOBILE APPLICATION THAT IS COMPATIBLE WITH ALL MOBILE DEVICES IN WIDESPREAD USE, INCLUDING IOS AND ANDROID COMPATIBLE APPLICATIONS;

(3) IS ABLE TO AUTOMATICALLY DISPLAY A SMART HEALTH CARD QR CODE IN A WALLET FUNCTION ON ANY MOBILE DEVICE THAT HAS THAT FUNCTION;

(4) HAS A SMART HEALTH CARD QR CODE THAT IS VERIFIED AS VALID UNDER COMMONTRUST NETWORK REQUIREMENTS FOR MULTISTATE FUNCTIONALITY;

(5) IS COMPATIBLE WITH MULTINATIONAL VACCINE PASSPORT PLATFORMS;

(6) DISPLAYS INFORMATION IN SPANISH AND OTHER LANGUAGES COMMONLY USED IN THE STATE, AS DETERMINED BY THE DEPARTMENT; AND

(7) ENABLES ITS USE BY INDIVIDUALS WITH DISABILITIES.

(C) THE DEPARTMENT SHALL DEVELOP AND IMPLEMENT AN OUTREACH AND MARKETING PLAN TO RAISE AWARENESS OF MARYLAND MYIR MOBILE AS A VOLUNTARY VACCINE PASSPORT TECHNOLOGY THAT MAY BE USED FOR VERIFYING PROOF OF COVID-19 VACCINATION STATUS BY INDIVIDUALS, BUSINESSES, AND OTHER PUBLIC AND PRIVATE ENTITIES IN THE STATE.

19-211.1.

(A) IN THIS SECTION, "HOSPITAL-ADJACENT URGENT CARE CENTER" MEANS ANY CENTER, SERVICE, OFFICE FACILITY, OR OTHER ENTITY THAT:

(1) OPERATES FOR THE PURPOSE OF PROVIDING URGENT CARE AND OTHER BASIC HEALTH CARE SERVICES, INCLUDING DIAGNOSTIC, TREATMENT, CONSULTATIVE, REFERRAL, AND PREVENTIVE SERVICES; AND

(2) IS LOCATED ADJACENT TO A FACILITY THAT PROVIDES HOSPITAL SERVICES SUBJECT TO THE RATE-SETTING JURISDICTION OF THE COMMISSION.

(B) A HOSPITAL-ADJACENT URGENT CARE CENTER:

(1) IS NOT SUBJECT TO THE RATE-SETTING JURISDICTION OF THE COMMISSION; AND

(2) MAY SET RATES AND RECEIVE REIMBURSEMENT FOR HEALTH CARE SERVICES PROVIDED AT THE CENTER ON AN UNREGULATED BASIS.

19-411.

(b) For calendar years 2021 [and 2022], **2022, AND 2023**, a home health agency shall adopt and implement a COVID-19 infection control and prevention plan for patients and staff who provide home health care services to patients of the home health agency.

19-14C-02.

(a) For calendar years 2021 [and 2022], **2022, AND 2023**, a nursing home shall adopt and implement a COVID-19 testing plan for residents of the nursing home and staff who provide services to residents of the nursing home.

19-1815.

(b) For calendar years 2021 [and 2022], **2022, AND 2023**, an assisted living program shall adopt and implement a COVID-19 testing plan for residents of the assisted living program and staff who provide services to residents of the assisted living program.

Article – Health Occupations

8-6A-05.

(a) The Board shall adopt regulations establishing:

(1) Categories of certified nursing assistants, including geriatric nursing assistants, home health aides, school health aides, dialysis technicians, individuals working in developmental disabilities administration facilities, and medicine aides;

(2) Qualifications for each category of certified nursing assistant;

(3) Qualifications for certified medication technicians; and

(4) Standards for qualification of applicants for certification, including the applicant's criminal history, work record, and prohibitions against behavior which may be

1 potentially harmful to patients.

2 **(D) (1) IN THIS SUBSECTION, “COVID-19 PUBLIC HEALTH EMERGENCY”**
3 **MEANS THE FEDERAL PUBLIC HEALTH EMERGENCY DECLARED DURING THE**
4 **COVID-19 PANDEMIC THAT INCLUDED A WAIVER OF FEDERAL NURSE AIDE**
5 **TRAINING AND CERTIFICATION REQUIREMENTS ISSUED BY THE U.S. SECRETARY OF**
6 **HEALTH AND HUMAN SERVICES.**

7 **(2) THE BOARD SHALL ESTABLISH AND IMPLEMENT AN APPRENTICE**
8 **GERIATRIC NURSING ASSISTANT PROGRAM TO PROVIDE FOR THE CERTIFICATION**
9 **OF GERIATRIC NURSING ASSISTANTS WHO HAVE WORKED OR ARE WORKING AS**
10 **TEMPORARY NURSING ASSISTANTS AND MEET THE REQUIREMENTS UNDER THIS**
11 **SUBSECTION.**

12 **(3) THE PROGRAM REQUIRED UNDER THIS SUBSECTION SHALL**
13 **PROVIDE FOR THE CERTIFICATION OF A GERIATRIC NURSING ASSISTANT WHO:**

14 **(I) 1. WORKED FULL- OR PART-TIME AS A TEMPORARY**
15 **NURSING ASSISTANT FOR AT LEAST 6 MONTHS DURING THE COVID-19 PUBLIC**
16 **HEALTH EMERGENCY;**

17 **2. COMPLETES TRAINING AND COMPETENCY**
18 **REQUIREMENTS THROUGH WORK AS A TEMPORARY NURSING ASSISTANT UNDER A**
19 **DESIGNATION AS AN APPRENTICE NURSING ASSISTANT IN ACCORDANCE WITH**
20 **FEDERAL NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAM**
21 **REQUIREMENTS; AND**

22 **3. PASSES THE STATE COMPETENCY EXAMINATION; OR**

23 **(II) DID NOT WORK DURING THE COVID-19 PUBLIC HEALTH**
24 **EMERGENCY, BUT COMPLETES A NURSING ASSISTANT APPRENTICESHIP PATHWAY**
25 **THAT:**

26 **1. ALLOWS PARTICIPANTS TO WORK AS A TEMPORARY**
27 **NURSING ASSISTANT FOR 4 MONTHS;**

28 **2. REQUIRES THE RECEIPT OF A TOTAL OF 40 HOURS OF**
29 **CLASSROOM AND CLINICAL TRAINING IN ACCORDANCE WITH FEDERAL NURSE AIDE**
30 **TRAINING AND COMPETENCY EVALUATION PROGRAM REQUIREMENTS; AND**

31 **3. REQUIRES PASSAGE OF THE STATE’S COMPETENCY**
32 **EXAMINATION.**

1 **(4) THE BOARD SHALL ADOPT REGULATIONS TO CARRY OUT THE**
2 **PROVISIONS OF THIS SUBSECTION.**

3 12–101.

4 (g) (1) “Delegated pharmacy act” means an activity that constitutes the
5 practice of pharmacy delegated by a licensed pharmacist under this title and regulations
6 adopted by the Board.

7 (2) “Delegated pharmacy act” does not include:

8 (i) An act within the parameters of a therapy management contract
9 as provided under Subtitle 6A of this title;

10 [(ii) The administration of an influenza vaccination in accordance
11 with § 12–508 of this title;]

12 [(iii)] **(II)** The delegation of a pharmacy act by a registered
13 pharmacy technician, pharmacy student, or pharmacy technician trainee;

14 [(iv)] **(III)** A pharmacy activity performed by a pharmacy student in
15 accordance with § 12–301(b) of this title;

16 [(v)] **(IV)** A pharmacy activity performed by an applicant for a
17 license to practice pharmacy in accordance with regulations adopted by the Board; or

18 [(vi)] **(V)** The performance of other functions prohibited in
19 regulations adopted by the Board.

20 (i) **(1)** “Direct supervision” means [that a licensed pharmacist is physically
21 available, notwithstanding appropriate breaks, on–site and in the prescription area or in
22 an area where pharmacy services are provided to supervise the practice of pharmacy and
23 delegated pharmacy acts] **SUPERVISION BY A LICENSED PHARMACIST WHO:**

24 **(I) IS READILY AND IMMEDIATELY AVAILABLE AT ALL TIMES**
25 **THE DELEGATED TASKS ARE BEING PERFORMED;**

26 **(II) IS AWARE OF THE DELEGATED TASKS BEING PERFORMED;**
27 **AND**

28 **(III) PROVIDES PERSONAL ASSISTANCE, DIRECTION, AND**
29 **APPROVAL THROUGHOUT THE TIME THE DELEGATED TASKS ARE BEING**
30 **PERFORMED.**

31 **(2) “DIRECT SUPERVISION” INCLUDES SUPERVISION OF A PHARMACY**

1 **TECHNICIAN THROUGH TECHNOLOGICAL MEANS.**

2 12-506.

3 (a) A pharmacist may refill a prescription for a drug or device for which the refill
4 has not been authorized if:

5 (1) The pharmacist:

6 (i) Attempts to obtain an authorization from the authorized
7 prescriber; and

8 (ii) Is not able readily to obtain the authorization;

9 (2) The refill of the prescription is not for a controlled dangerous substance;

10 (3) The drug or device is essential to the maintenance of **[life] PATIENT**
11 **WELL-BEING**;

12 (4) (i) The drug or device is essential to the continuation of therapy **[in**
13 **chronic conditions]**; and

14 (ii) In the pharmacist's professional judgment, the interruption of
15 the therapy reasonably might produce an undesirable health consequence, be detrimental
16 to the patient's welfare, or cause physical or mental discomfort;

17 (5) The pharmacist:

18 (i) Enters on the back of the prescription or on another appropriate
19 uniformly maintained, readily retrievable record, such as a medication record, the date and
20 the quantity of the drug or device dispensed; and

21 (ii) Signs or initials the record; and

22 (6) The pharmacist notifies the authorized prescriber of the refill of the
23 prescription within 72 hours of dispensing the drug or device.

24 (b) If a pharmacist refills a prescription under subsection (a) of this section, the
25 pharmacist may provide only **[1] ONE** refill of the prescription and the refill quantity
26 dispensed shall be in conformity with the prescriber's directions for use and may not exceed
27 a **[14-day] 30-DAY** supply or unit of use.

28 (c) If the federal or a state government declares a state of emergency, a
29 pharmacist working in Maryland may refill a prescription for a drug for which the refill
30 has not been authorized if:

(1) As a result of the emergency, the pharmacist is unable to obtain an authorization from the authorized prescriber;

(2) The refill of the prescription is not for a controlled dangerous substance;

(3) The quantity dispensed does not exceed a [30-day] **90-DAY** supply or unit of use; and

(4) The pharmacist notifies the authorized prescriber of the refill of the prescription within 7 days of dispensing the drug.

12-508.

[(a) (1) Subject to subsection (c) of this section, a pharmacist may administer an influenza vaccination to an individual who is at least 9 years old, in accordance with regulations adopted by the Board, in consultation with the Department.

(2) Subject to subsection (c) of this section, a pharmacist may administer a vaccination that is listed in the Centers for Disease Control and Prevention's Recommended Immunization Schedule to an individual who:

(i) Is at least 11 years old but under the age of 18 years; and

(ii) Has a prescription from an authorized prescriber.

(3) (i) Subject to subparagraph (ii) of this paragraph, a pharmacist may administer to an adult a vaccination that is:

1. Listed in the Centers for Disease Control and Prevention's Recommended Immunization Schedule; or

2. Recommended in the Centers for Disease Control and Prevention's Health Information for International Travel.

(ii) A pharmacist shall administer a vaccination under subparagraph (i) of this paragraph under a written protocol that:

1. Is vaccine specific; and

2. Meets criteria established by the Department, in consultation with the Board, the Board of Physicians, and the Board of Nursing, in regulation.

(4) A pharmacist shall:

(i) Report all vaccinations administered by the pharmacist to the ImmuNet Program established under § 18-109 of the Health – General Article;

(ii) If the vaccination has been administered in accordance with a prescription, document at least one effort to inform the individual's authorized prescriber that the vaccination has been administered; and

(iii) For a vaccination administered under paragraph (2) or (3) of this subsection, if the authorized prescriber is not the individual's primary care provider or if the vaccination has not been administered in accordance with a prescription, document at least one effort to inform the individual's primary care provider or other usual source of care that the vaccination has been administered.

(b) The Board shall:

(1) Set reasonable fees for the administration of vaccinations under this section; and

(2) Adopt regulations that require a pharmacist to submit a registration form to the Board that includes verification that the pharmacist:

(i) Has successfully completed a certification course approved by the Board that included instruction in the guidelines and recommendations of the Centers for Disease Control and Prevention regarding vaccinations; and

(ii) Is certified in basic cardiopulmonary resuscitation and obtained the certification through in-person classroom instruction.]

[(c)] (A) [From July 1, 2021, to June 30, 2023, inclusive, a] **A** pharmacist may **ORDER AND** administer a vaccine to an individual who is at least 3 years old [but under the age of 18 years] if:

(1) The vaccine is approved by the U.S. Food and Drug Administration;

(2) The vaccination is ordered and administered in accordance with the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices immunization schedules;

(3) The pharmacist has completed a practical training program of at least 20 hours that is approved by the Accreditation Council for Pharmacy Education and includes:

(i) Hands-on injection techniques;

(ii) Clinical evaluation of indications and contraindications of vaccines; and

(iii) The recognition and treatment of emergency reactions to vaccines;

(4) The pharmacist has a current certificate in basic cardiopulmonary resuscitation;

(5) The pharmacist has completed a minimum of 2 hours of continuing pharmaceutical education related to immunizations that is approved by the Accreditation Council for Pharmacy Education as part of the license renewal requirements under § 12-309 of this title;

(6) The pharmacist complies with the **FOLLOWING** record-keeping and reporting requirements [in subsection (a)(4) of this section] and the corresponding regulations:

(I) REPORT ALL VACCINATIONS ADMINISTERED TO THE IMMUNET PROGRAM ESTABLISHED UNDER § 18-109 OF THE HEALTH – GENERAL ARTICLE;

(II) IF THE VACCINATION HAS BEEN ADMINISTERED IN ACCORDANCE WITH A PRESCRIPTION, DOCUMENT AT LEAST ONE EFFORT TO INFORM THE INDIVIDUAL’S AUTHORIZED PRESCRIBER THAT THE VACCINATION HAS BEEN ADMINISTERED; AND

(III) FOR A VACCINATION IN WHICH THE AUTHORIZED PRESCRIBER IS NOT THE INDIVIDUAL’S PRIMARY CARE PROVIDER OR IF THE VACCINATION HAS NOT BEEN ADMINISTERED IN ACCORDANCE WITH A PRESCRIPTION, DOCUMENT AT LEAST ONE EFFORT TO INFORM THE INDIVIDUAL’S PRIMARY CARE PROVIDER OR OTHER USUAL SOURCE OF CARE THAT THE VACCINATION HAS BEEN ADMINISTERED; and

(7) The pharmacist informs each child vaccination patient and adult caregiver who is accompanying the child of the importance of well-child visits with a pediatric primary care provider and refers the patient to a pediatric primary care provider when appropriate.

(B) A PHARMACIST MAY DELEGATE THE ADMINISTRATION OF A VACCINE UNDER SUBSECTION (A) OF THIS SECTION TO A PHARMACY TECHNICIAN IF THE PHARMACY TECHNICIAN HAS COMPLETED A PRACTICAL TRAINING PROGRAM OF AT LEAST 6 HOURS THAT IS APPROVED BY THE ACCREDITATION COUNCIL FOR PHARMACY EDUCATION AND INCLUDES:

(1) HANDS-ON INJECTION TECHNIQUES; AND

(2) THE RECOGNITION AND TREATMENT OF EMERGENCY REACTIONS TO VACCINES.

1 12-6B-06.

2 (a) Registration authorizes a registered pharmacist technician to perform
3 delegated pharmacy acts as defined in § 12-101 of this title while the registration is
4 effective.

5 (b) A registered pharmacy technician or a pharmacy technician trainee may not:

6 (1) Act within the parameters of a therapy management contract as
7 provided under Subtitle 6A of this title;

8 [(2) Administer an influenza vaccination in accordance with § 12-508 of this
9 title;]

10 [(3)] (2) Delegate a pharmacy act that was delegated to the registered
11 pharmacy technician or individual engaging in a Board approved technician training
12 program; or

13 [(4)] (3) Perform other functions prohibited by regulations adopted by the
14 Board.

15 Chapter 29 of the Acts of the 2021 Special Session

16 SECTION 5. AND BE IT FURTHER ENACTED, That this Act is an emergency
17 measure, is necessary for the immediate preservation of the public health or safety, has
18 been passed by a ye and nay vote supported by three-fifths of all the members elected to
19 each of the two Houses of the General Assembly, and shall take effect from the date it is
20 enacted. Section 2 of this Act shall remain effective through December 31, [2022] **2023**,
21 and, at the end of December 31, [2022] **2023**, Section 2 of this Act, with no further action
22 required by the General Assembly, shall be abrogated and of no further force and effect.

23 Chapter 31 of the Acts of the 2021 Special Session

24 SECTION 5. AND BE IT FURTHER ENACTED, That this Act is an emergency
25 measure, is necessary for the immediate preservation of the public health or safety, has
26 been passed by a ye and nay vote supported by three-fifths of all the members elected to
27 each of the two House of the General Assembly, and shall take effect from the date it is
28 enacted. Section 2 of this Act shall remain effective through December 31, [2022] **2023**,
29 and, at the end of December 31, [2022] **2023**, Section 2 of this Act, with no further action
30 required by the General Assembly, shall be abrogated and of no further force and effect.

31 SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Department of
32 Health shall:

33 (1) (i) conduct a study on the use of digital learning programs for

1 education and training requirements for health care practitioners in the State applying for
2 a license, certification, registration, or permit or the renewal of a license or permit;

3 (ii) in conjunction with the Maryland Department of Labor, study
4 multiyear approaches to reducing the workforce shortage in health care in the State;

5 (iii) with participation from the Office of Health Care Quality and the
6 State Board of Nursing, collaborate with other State agencies, including the State
7 Department of Education, health care industry and association stakeholders, community
8 colleges, higher education institutions, and high schools, to develop explicit workforce
9 career paths from high school and higher education apprenticeships to higher education
10 enrollment for entry into a health care field; and

11 (iv) on or before December 31, 2022, report to the General Assembly,
12 in accordance with § 2–1257 of the State Government Article, on the findings of the studies
13 and development of career paths required under this item; and

14 (2) on or before December 31, 2022, submit an update to the report required
15 under Section 2 of Chapter 798 of the Acts of the General Assembly of 2018, relating to
16 reimbursement rates and costs of certain home- and community-based services to the
17 General Assembly, in accordance with § 2–1257 of the State Government Article.

18 SECTION 3. AND BE IT FURTHER ENACTED, That this Act is an emergency
19 measure, is necessary for the immediate perseveration of the public health or safety, has
20 been passed by a yea and nay vote supported by three-fifths of all the members elected to
21 each of the two Houses of the General Assembly, and shall take effect from the date it is
22 enacted.