

Chapter 676

(House Bill 776)

AN ACT concerning

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

FOR the purpose of repealing obsolete and redundant language in, clarifying language in, and making language consistent across certain provisions of law governing the State Board of Physicians and the regulation of physicians, physician assistants, and allied health professionals; altering certain licensure requirements; altering physician, physician assistant, and allied health professional licensure exceptions for individuals in the service of the federal government; altering the grounds for discipline for physicians, physician assistants, and allied health professionals; altering certain disciplinary procedures; altering the duties and power of the Board, disciplinary panels, and the allied health advisory committees; authorizing the Board to impose certain administrative penalties under certain circumstances; altering, establishing, and repealing certain reporting and notification requirements; authorizing the Board to impose a civil penalty for a certain report made in bad faith; establishing certain membership requirements, term limits, and the quorums for the allied health advisory committees; altering and establishing prohibitions related to the employment of unlicensed individuals; altering certain fines; and generally relating to the State Board of Physicians and the regulation of physicians, physician assistants, and allied health professionals.

BY repealing and reenacting, with amendments,

Article – Health Occupations

Section 14-101, 14-205(b)(2) and (3) and (c), 14-206(d) and (e), 14-207, 14-302(2)(iii)4. and (3), 14-306(g)(1)(iii)2., 14-307(e) and (h), 14-308, 14-309, 14-315(b), 14-316(a)(3), (b)(1), (c)(1), (d)(1), and (f), 14-317, 14-3A-01 Section 5(f), 14-401(a), 14-401.1(a)(5) and (f), 14-402, 14-403(a), 14-404(a)(4), (19), (25), (37), (38), (45), and (46), 14-405(a), 14-409(a), 14-411, 14-411.1(c) and (d)(2), 14-413, 14-5A-01(c), 14-5A-05, 14-5A-06, 14-5A-07, 14-5A-08(b)(1), 14-5A-14(a), 14-5A-17(a)(3), (4), (14), (15), (19), and (21), ~~14-5A-18(e)(1) and (g)(1)~~ 14-5A-18, ~~14-5A-22.1(e)~~ 14-5A-22.1(b) and (c), 14-5A-23, 14-5B-05, 14-5B-06, 14-5B-08(b)(1), 14-5B-11, 14-5B-12.1(a), 14-5B-14(a)(3), (4), (14), (15), (19), and (21), ~~14-5B-15(e)(1) and (g)(1)~~ 14-5B-15, ~~14-5B-18.1(e)~~ 14-5B-18.1(b) and (c), 14-5B-19, 14-5C-01(c), 14-5C-05, 14-5C-06, 14-5C-07, 14-5C-08(b) and (c), 14-5C-14.1(a), 14-5C-17(a)(3), (4), (14), (15), (16), (20), and (22), ~~14-5C-18(e)(1) and (g)(1)~~ 14-5C-18, 14-5C-22.1(b), 14-5C-23, 14-5D-05, 14-5D-06, 14-5D-07(b)(1), 14-5D-10(a), ~~14-5D-11.1(e)~~ 14-5D-11.1(b) and (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(e)(1) and (g)(1)~~ 14-5E-18, 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(e)(1) and (g)(1)~~ 14-5G-20, ~~14-5G-26(e)~~ 14-5G-26(b) and (c), 14-5G-27, 14-602(b)(3), 14-606(a)(3), ~~15-103(b)(3), (e)(1), and (i)(1)~~ 15-103, 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)~~ 15-402.1(b) and (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)~~ 14-5B-18.1(a), 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:

1. Provides complete training in the specialty or subspecialty; and

2. Is accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association; and

(ii) Be certified by:

1. The member board of the American Board of Medical Specialties;
2. The American Osteopathic Association in the training field;
3. The Royal College of Physicians and Surgeons of Canada; or
4. The College of Family Physicians of Canada.

(d) “Civil action” includes a health care malpractice claim under Title 3, Subtitle 2A of the Courts Article.

(d–1) “Compact physician” means a physician licensed under the Interstate Medical Licensure Compact established under § 14–3A–01 of this title.

(e) (1) “Cosmetic surgical procedure” means the use of surgical services to reshape the structure of a human body in order to change the appearance of an individual.

(2) Except as provided in paragraph (3) of this subsection, “cosmetic surgical procedure” does not include:

(i) A procedure done under local anesthesia or mild sedation; or

(ii) Liposuction that removes less than 1,000 cubic centimeters of aspirate.

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

(e–1) “Disciplinary panel” means a disciplinary panel of the Board established under § 14–401 of this title.

(E–2) “EMPLOYER” MEANS A PERSON THAT ENTERS AN ARRANGEMENT FOR PROFESSIONAL SERVICES, WHETHER PAID OR UNPAID OR CONTRACTUAL OR OTHERWISE, WITH AN INDIVIDUAL LICENSED UNDER THIS TITLE OR TITLE 15 OF THIS ARTICLE.

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

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

(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.

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

- (1) Complete a postgraduate training program that:
 - (i) Provides complete training in the specialty or subspecialty being certified; and
 - (ii) Is accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association; and
- (2) Be certified by the American Board of Medical Specialties or the American Osteopathic Association in the same training field.]

14–205.

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

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

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

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

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

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

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

(2) (i) The Board shall keep a list of all [physicians] **LICENSEES** who 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~~ \$15,000 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

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

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

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

14–302.

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

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

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

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

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

14–306.

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

2. Has passed parts 1 and 2 of the:

A. United States Medical Licensing Examination; OR

B. COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION OF THE UNITED STATES.

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~~ 30** 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.

14-3A-01.

SECTION 5. APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

(f) An expedited license obtained [though] **THROUGH** the Compact shall be terminated if a physician fails to maintain a license in the state of principal license for a nondisciplinary reason, without redesignation of a new state of principal license.

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.**

14-401.1.

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

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

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

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

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

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

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

(3) If an extension is not granted, and **[90] 60** 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.

(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~~ EXCESSIVE OR MEDICALLY UNNECESSARY PROCEDURES OR TREATMENT;**

(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**~~ **WILLFULLY HINDERS**, prevents, or otherwise delays any person from making information available to the Board or a disciplinary panel in furtherance of any investigation of the Board or a disciplinary panel;

(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:

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

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

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

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

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

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

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

disciplinary order against a [physician] **LICENSEE** within 10 days after receipt of those reports.

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

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

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

(1) The licensing or disciplinary authority of another state that regulates [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.

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

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

(i) Describes the purpose of the research project;

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

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

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

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

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

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

(i) Defines the scope of the research project;

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

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

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

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

(2) A summary may not identify:

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

(ii) A **[licensed physician]** **LICENSEE** about whom an allegation is 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 that a charging document does not indicate a final finding of guilt by a disciplinary panel; and

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

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

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

(d) The Board:

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

14-413.

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

~~(i) The hospital [or], related institution, **ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER** denied the application of a physician for staff privileges or limited, reduced, otherwise changed, or terminated the staff privileges of a physician, or the physician resigned whether or not under formal accusation, if the denial, limitation, reduction, change, termination, or resignation is for reasons IF:~~

(I) THE EMPLOYER:

1. REDUCED, SUSPENDED, REVOKED, RESTRICTED, DENIED, CONDITIONED, OR DID NOT RENEW THE LICENSED PHYSICIAN'S CLINICAL PRIVILEGES, EMPLOYMENT, OR OTHER ABILITY TO PRACTICE OR TREAT PATIENTS;

2. INVOLUNTARILY TERMINATED OR RESTRICTED THE LICENSED PHYSICIAN'S EMPLOYMENT OR STAFF MEMBERSHIP; OR

3. ASKED THE LICENSED PHYSICIAN TO VOLUNTARILY RESIGN BECAUSE OF THE LICENSED PHYSICIAN'S CONDUCT OR WHILE THE LICENSED PHYSICIAN IS BEING INVESTIGATED; AND

(II) THE ACTION DESCRIBED UNDER ITEM (I) OF THIS PARAGRAPH WAS TAKEN:

1. FOR REASONS that might be grounds for disciplinary action under § 14-404 of this subtitle;

2. BECAUSE THE LICENSED PHYSICIAN MAY HAVE ENGAGED IN AN ACT THAT MAY CONSTITUTE UNPROFESSIONAL CONDUCT;

3. BECAUSE THE LICENSED PHYSICIAN MAY BE UNABLE TO PRACTICE MEDICINE WITH REASONABLE SKILL AND SAFETY BECAUSE OF A PHYSICAL OR MENTAL CONDITION OR PROFESSIONAL INCOMPETENCE; OR

4. BECAUSE THE LICENSED PHYSICIAN MAY HAVE HARMED OR PLACED ONE OR MORE PATIENTS OR THE PUBLIC AT UNREASONABLE RISK OF HARM BY ENGAGING IN AN ACT THAT CREATES AN IMMEDIATE OR CONTINUING DANGER.

(2) EACH REPORT SUBMITTED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE:

(I) THE ACTION TAKEN BY THE EMPLOYER;

(II) A DETAILED EXPLANATION OF THE REASONS FOR THE ACTION, INCLUDING REFERENCES TO SPECIFIC PATIENT MEDICAL RECORDS, IF ANY, THAT INFORMED THE EMPLOYER'S ACTION; AND

(III) THE STEPS TAKEN BY THE EMPLOYER TO INVESTIGATE THE CONDUCT OF THE LICENSED PHYSICIAN.

(3) (I) THE BOARD MAY REQUEST FROM THE EMPLOYER ADDITIONAL INFORMATION REGARDING AN ACTION DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION THAT WAS TAKEN BY THE EMPLOYER.

(II) IF AN EMPLOYER RECEIVES A REQUEST MADE UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE EMPLOYER SHALL PROMPTLY PROVIDE THE ADDITIONAL INFORMATION.

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

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

~~(iv) The hospital [or], related institution, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER placed any other restrictions or conditions on any of the licensed physicians as listed in items (i) through (iii) of this paragraph for any reasons that might be grounds for disciplinary action under § 14-404 of this subtitle.~~

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

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

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

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

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

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

~~(B) A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE HEALTH SYSTEM, OR IF AN EMPLOYER THAT HAS REASON TO KNOW THAT KNOWS THAT THE CONDUCT OF A LICENSED PHYSICIAN HAS COMMITTED AN ACTION OR HAS A CONDITION THAT MIGHT BE GROUNDS FOR REPRIMAND OR PROBATION OF THE LICENSED PHYSICIAN OR SUSPENSION OR REVOCATION OF THE LICENSE REQUIRES THAT THE EMPLOYER SUBMIT A REPORT UNDER SUBSECTION (A)(1) OF THIS SECTION BECAUSE THE LICENSED PHYSICIAN IS ALCOHOL-IMPAIRED OR DRUG-IMPAIRED~~ IMPAIRED BY ALCOHOL OR ANOTHER SUBSTANCE, THE EMPLOYER IS NOT REQUIRED TO REPORT THE LICENSED PHYSICIAN TO THE BOARD IF:

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

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

~~(II) UNDER THE CARE OF A HEALTH CARE PRACTITIONER WHO IS COMPETENT AND CAPABLE OF DEALING WITH ALCOHOLISM AND DRUG ABUSE~~ SUBSTANCE USE DISORDERS;

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

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

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

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

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

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

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

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

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

[c] (F) 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.

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

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

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

(2) **A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF UP TO \$10,000 PER INCIDENT FOR A REPORT MADE BY AN EMPLOYER IN BAD FAITH.**

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

[14–414.

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

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

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

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

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

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

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

(i) Changes in employment or privileges that require reporting 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~~ \$10,000 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.

[(c)] (E) (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 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 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.

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

14-5A-07.

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

(1) SHALL:

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

~~(1)~~ **1.** **REGULATIONS** to carry out [the provisions of] this subtitle; **AND**

~~(1)~~ **2.** **ANY STATUTORY CHANGES THAT AFFECT THE PROFESSION; AND**

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

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

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

(5) Evaluate the credentials of applicants as necessary and recommend 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:~~

(2) MAY:

(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~~ **30** 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 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 respiratory care; **OR**

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

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

(I) **PROFESSIONALLY INCOMPETENT;**

(II) **PHYSICALLY INCOMPETENT; OR**

(III) **MENTALLY** incompetent;

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

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

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

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

14–5A–18.

(a) **(1)** Except as provided in subsections (b) and (d) of this section, [hospitals, related institutions, alternative health systems as defined in § 1–401 of this article, and employers] AN EMPLOYER OF A LICENSED RESPIRATORY CARE PRACTITIONER shall [file with] SUBMIT TO the Board a report [that the hospital, related institution, alternative health system, or employer limited, reduced, otherwise changed, or terminated any licensed respiratory care practitioner for any] IF:

(I) THE EMPLOYER:

1. REDUCED, SUSPENDED, REVOKED, RESTRICTED, DENIED, CONDITIONED, OR DID NOT RENEW THE LICENSED RESPIRATORY CARE PRACTITIONER'S CLINICAL PRIVILEGES, EMPLOYMENT, OR OTHER ABILITY TO PRACTICE OR TREAT PATIENTS;

2. INVOLUNTARILY TERMINATED OR RESTRICTED THE LICENSED RESPIRATORY CARE PRACTITIONER'S EMPLOYMENT OR STAFF MEMBERSHIP; OR

3. ASKED THE LICENSED RESPIRATORY CARE PRACTITIONER TO VOLUNTARILY RESIGN BECAUSE OF THE LICENSED RESPIRATORY CARE PRACTITIONER'S CONDUCT OR WHILE THE LICENSED RESPIRATORY CARE PRACTITIONER IS BEING INVESTIGATED; AND

(II) THE ACTION DESCRIBED UNDER ITEM (I) OF THIS PARAGRAPH WAS TAKEN:

1. FOR reasons that might be grounds for disciplinary action under § 14-5A-17 of this subtitle;

2. BECAUSE THE LICENSED RESPIRATORY CARE PRACTITIONER MAY HAVE ENGAGED IN AN ACT THAT MAY CONSTITUTE UNPROFESSIONAL CONDUCT;

3. BECAUSE THE LICENSED RESPIRATORY CARE PRACTITIONER MAY BE UNABLE TO PRACTICE RESPIRATORY CARE WITH REASONABLE SKILL AND SAFETY BECAUSE OF A PHYSICAL OR MENTAL CONDITION OR PROFESSIONAL INCOMPETENCE; OR

4. BECAUSE THE LICENSED RESPIRATORY CARE PRACTITIONER MAY HAVE HARMED OR PLACED ONE OR MORE PATIENTS OR THE PUBLIC AT UNREASONABLE RISK OF HARM BY ENGAGING IN AN ACT THAT CREATES AN IMMEDIATE OR CONTINUING DANGER.

(2) A REPORT SUBMITTED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE:

(I) THE ACTION TAKEN BY THE EMPLOYER;

(II) A DETAILED EXPLANATION OF THE REASONS FOR THE ACTION, INCLUDING REFERENCES TO SPECIFIC PATIENT MEDICAL RECORDS, IF ANY, THAT INFORMED THE EMPLOYER'S ACTION; AND

(III) THE STEPS TAKEN BY THE EMPLOYER TO INVESTIGATE THE CONDUCT OF THE LICENSED RESPIRATORY CARE PRACTITIONER.

(3) (I) THE BOARD MAY REQUEST FROM THE EMPLOYER ADDITIONAL INFORMATION REGARDING AN ACTION DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION THAT WAS TAKEN BY THE EMPLOYER.

(II) IF AN EMPLOYER RECEIVES A REQUEST MADE UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE EMPLOYER SHALL PROMPTLY PROVIDE THE ADDITIONAL INFORMATION.

(b) [A hospital, related institution, alternative health system, or] IF AN employer [that has reason to know that] KNOWS THAT THE CONDUCT OF a licensed respiratory care practitioner [has committed an action or has a condition that might be grounds for reprimand or probation of the licensed respiratory care practitioner or suspension or revocation of the license] REQUIRES THAT THE EMPLOYER SUBMIT A REPORT UNDER SUBSECTION (A)(1) OF THIS SECTION because the licensed respiratory care practitioner is [alcohol impaired or drug] impaired BY ALCOHOL OR ANOTHER SUBSTANCE, THE EMPLOYER is not required to report the RESPIRATORY CARE practitioner to the Board if:

(1) The [hospital, related institution, alternative health system, or] employer knows that the licensed respiratory care practitioner is:

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

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

(2) The [hospital, related institution, alternative health system, or] employer is able to verify that the licensed respiratory care practitioner remains in the treatment program until SUCCESSFUL discharge; and

(3) The action or condition of the licensed respiratory care practitioner has not caused injury to any person while the RESPIRATORY CARE practitioner is practicing as a licensed respiratory care practitioner.

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

[(2) If the licensed respiratory care practitioner fails to provide the notice required under paragraph (1) of this subsection, and the hospital, related institution, alternative health system, or employer learns that the licensed respiratory care practitioner has entered a treatment program, the hospital, related institution, alternative health system, or employer shall report to the Board that the licensed respiratory care practitioner has entered a treatment program and has failed to provide the required notice.

(3) If the licensed respiratory care practitioner is found to be noncompliant with the treatment program's policies and procedures while in the treatment program, the treatment program shall notify the hospital, related institution, alternative health system, or employer of the licensed respiratory care practitioner's noncompliance.

(4) On receipt of the notification required under paragraph (3) of this subsection, the hospital, related institution, alternative health system, or] **IF THE EMPLOYER KNOWS THAT THE LICENSED RESPIRATORY CARE PRACTITIONER IS NONCOMPLIANT WITH THE SUBSTANCE USE DISORDER TREATMENT PROGRAM, THE** employer of the licensed respiratory care practitioner shall report the licensed respiratory care practitioner's noncompliance to the Board.

(d) **(1) THE BOARD MAY EXTEND THE REPORTING UNDER THIS SECTION FOR GOOD CAUSE SHOWN.**

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

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

(F) ANY PERSON SHALL HAVE THE IMMUNITY FROM LIABILITY DESCRIBED UNDER § 5-715(D) OF THE COURTS ARTICLE FOR GIVING ANY OF THE INFORMATION REQUIRED BY THIS SECTION.

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

~~[(f)]~~ **(H)** A report made under this section is **PRIVILEGED, NOT SUBJECT TO INSPECTION UNDER THE PUBLIC INFORMATION ACT, AND** not subject to subpoena or

discovery in any civil action other than a proceeding arising out of a hearing and decision of the Board or a disciplinary panel under this title.

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

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

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

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~~ **AN** 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.

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

(1) SHALL:

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

~~(1)~~ **1.** **REGULATIONS** to carry out [the provisions of] this subtitle; **AND**

~~(1)~~ **2.** **ANY STATUTORY CHANGES THAT AFFECT THE PROFESSION; AND**

~~(2)~~ **(II)** [Make recommendations to the Board on a code of ethics for the practice of radiation therapy, the practice of radiography, the practice of nuclear medicine technology, and the practice of radiology assistance for adoption by the Board;

(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:**~~

(2) MAY:

(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~~ 30 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;**

(II) **PHYSICALLY INCOMPETENT; OR**

(III) **MENTALLY** incompetent;

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

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

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

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

14-5B-15.

(a) **(1)** Except as provided in subsections (b) and (d) of this section, [hospitals, related institutions, alternative health systems as defined in § 1-401 of this article, and employers] EACH EMPLOYER OF A LICENSEE shall [file with] SUBMIT TO the Board a report [that the hospital, related institution, alternative health system, or employer limited, reduced, otherwise changed, or terminated any licensee for any reason] IF:

(I) THE EMPLOYER:

1. REDUCED, SUSPENDED, REVOKED, RESTRICTED, DENIED, CONDITIONED, OR DID NOT RENEW THE LICENSEE'S CLINICAL PRIVILEGES, EMPLOYMENT, OR OTHER ABILITY TO PRACTICE OR TREAT PATIENTS;

2. INVOLUNTARILY TERMINATED OR RESTRICTED THE LICENSEE'S EMPLOYMENT OR STAFF MEMBERSHIP; OR

3. ASKED THE LICENSEE TO VOLUNTARILY RESIGN BECAUSE OF THE LICENSEE'S CONDUCT OR WHILE THE LICENSEE IS BEING INVESTIGATED; AND

(II) THE ACTION DESCRIBED UNDER ITEM (I) OF THIS PARAGRAPH WAS TAKEN:

1. FOR REASONS that might be grounds for disciplinary action under § 14-5B-14 of this subtitle;

2. BECAUSE THE LICENSEE MAY HAVE ENGAGED IN AN ACT THAT MAY CONSTITUTE UNPROFESSIONAL CONDUCT;

3. BECAUSE THE LICENSEE MAY BE UNABLE TO PRACTICE NUCLEAR MEDICINE TECHNOLOGY, RADIATION THERAPY, RADIOGRAPHY, OR RADIOLOGY ASSISTANCE WITH REASONABLE SKILL AND SAFETY BECAUSE OF A PHYSICAL OR MENTAL CONDITION OR PROFESSIONAL INCOMPETENCE; OR

4. BECAUSE THE LICENSEE MAY HAVE HARMED OR PLACED ONE OR MORE PATIENTS OR THE PUBLIC AT UNREASONABLE RISK OF HARM BY ENGAGING IN AN ACT THAT CREATES AN IMMEDIATE OR CONTINUING DANGER.

(2) EACH REPORT SUBMITTED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE:

(I) THE ACTION TAKEN BY THE EMPLOYER;

(II) A DETAILED EXPLANATION OF THE REASONS FOR THE ACTION, INCLUDING REFERENCES TO SPECIFIC PATIENT MEDICAL RECORDS, IF ANY, THAT INFORMED THE EMPLOYER'S ACTION; AND

(III) THE STEPS TAKEN BY THE EMPLOYER TO INVESTIGATE THE CONDUCT OF THE LICENSEE.

(3) (I) THE BOARD MAY REQUEST FROM THE EMPLOYER ADDITIONAL INFORMATION REGARDING AN ACTION DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION THAT WAS TAKEN BY THE EMPLOYER.

(II) IF AN EMPLOYER RECEIVES A REQUEST MADE UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE EMPLOYER SHALL PROMPTLY PROVIDE THE ADDITIONAL INFORMATION.

(b) [A hospital, related institution, alternative health system, or] IF AN employer [that has reason to know that] KNOWS THAT THE CONDUCT OF a licensee [has committed an action or has a condition that might be grounds for reprimand or probation of the licensee or suspension or revocation of the licensure] REQUIRES THAT THE EMPLOYER SUBMIT A REPORT UNDER SUBSECTION (A)(1) OF THIS SECTION because the licensee is [alcohol impaired or drug] impaired BY ALCOHOL OR ANOTHER SUBSTANCE, THE EMPLOYER is not required to report the licensee to the Board if:

(1) The [hospital, related institution, alternative health system, or] employer knows that the licensee is:

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

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

(2) (i) The [hospital, related institution, alternative health system, or] employer is able to verify that the licensee remains in the treatment program until SUCCESSFUL discharge; and

(ii) The action or condition of the licensee has not caused injury to any person while the licensee is practicing AS A LICENSED NUCLEAR MEDICINE TECHNOLOGIST, LICENSED RADIATION THERAPIST, LICENSED RADIOGRAPHER, OR LICENSED RADIOLOGIST ASSISTANT.

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

[(2) If the licensee fails to provide the notice required under paragraph (1) of this subsection, and the hospital, related institution, alternative health system, or

employer learns that the licensee has entered a treatment program, the hospital, related institution, alternative health system, or employer shall report to the Board that the licensee has entered a treatment program and has failed to provide the required notice.

(3) If the licensee is found to be noncompliant with the treatment program's policies and procedures while in the treatment program, the treatment program shall notify the hospital, related institution, alternative health system, or employer of the licensee's noncompliance.

(4) On receipt of the notification required under paragraph (3) of this subsection, the hospital, related institution, alternative health system, or] IF THE EMPLOYER KNOWS THAT THE LICENSEE IS NONCOMPLIANT WITH THE SUBSTANCE USE DISORDER TREATMENT PROGRAM, THE employer of the licensee shall report the licensee's noncompliance to the Board.

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

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

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

(F) ANY PERSON SHALL HAVE THE IMMUNITY FROM LIABILITY DESCRIBED UNDER § 5-715(D) OF THE COURTS ARTICLE FOR GIVING ANY OF THE INFORMATION REQUIRED BY THIS SECTION.

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

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

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

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

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

14-5B-18.1.

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

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

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

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.

[(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 polysomnographic technologist;

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

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

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

(4)] May not:

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

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

(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 polysomnographic technologists or to the field of polysomnography.

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

~~[(c)]~~ **(E)** (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 October 1, 2006] **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 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.

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

14-5C-07.

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

(1) SHALL:

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

~~(1)~~ **1.** **REGULATIONS** to carry out [the provisions of] this subtitle; **AND**

~~(1)~~ **2.** **ANY STATUTORY CHANGES THAT AFFECT THE PROFESSION; AND**

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

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

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

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

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

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

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

(7) Evaluate the credentials of applicants and recommend licensure of 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:**~~

(2) MAY:

(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~~ 30 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;**

(II) **PHYSICALLY INCOMPETENT; OR**

(III) **MENTALLY** incompetent;

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

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

(16) [Knowingly] **WILLFULLY** delegates a polysomnographic 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;

14–5C–18.

(a) **(1)** Except as provided in subsections (b) and (d) of this section, [hospitals, related institutions, alternative health systems as defined in § 1–401 of this article, and employers] EACH EMPLOYER OF A LICENSED POLYSOMNOGRAPHIC TECHNOLOGIST shall [file with] SUBMIT TO the Board a report [that the hospital, related institution, alternative health system, or employer limited, reduced, otherwise changed, or terminated any licensed polysomnographic technologist for any reason] IF:

(I) THE EMPLOYER:

1. REDUCED, SUSPENDED, REVOKED, RESTRICTED, DENIED, CONDITIONED, OR DID NOT RENEW THE LICENSED POLYSOMNOGRAPHIC TECHNOLOGIST’S CLINICAL PRIVILEGES, EMPLOYMENT, OR OTHER ABILITY TO PRACTICE OR TREAT PATIENTS;

2. INVOLUNTARILY TERMINATED OR RESTRICTED THE LICENSED POLYSOMNOGRAPHIC TECHNOLOGIST’S EMPLOYMENT OR STAFF MEMBERSHIP; OR

3. ASKED THE LICENSED POLYSOMNOGRAPHIC TECHNOLOGIST TO VOLUNTARILY RESIGN BECAUSE OF THE LICENSED POLYSOMNOGRAPHIC TECHNOLOGIST’S CONDUCT OR WHILE THE LICENSED POLYSOMNOGRAPHIC TECHNOLOGIST IS BEING INVESTIGATED; AND

(II) THE ACTION DESCRIBED UNDER ITEM (I) OF THIS PARAGRAPH WAS TAKEN:

1. FOR REASONS that might be grounds for disciplinary action under § 14–5C–17 of this subtitle;

2. BECAUSE THE LICENSED POLYSOMNOGRAPHIC TECHNOLOGIST MAY HAVE ENGAGED IN AN ACT THAT MAY CONSTITUTE UNPROFESSIONAL CONDUCT;

3. BECAUSE THE LICENSED POLYSOMNOGRAPHIC TECHNOLOGIST MAY BE UNABLE TO PRACTICE POLYSOMNOGRAPHY WITH REASONABLE SKILL AND SAFETY BECAUSE OF A PHYSICAL OR MENTAL CONDITION OR PROFESSIONAL INCOMPETENCE; OR

4. BECAUSE THE LICENSED POLYSOMNOGRAPHIC TECHNOLOGIST MAY HAVE HARMED OR PLACED ONE OR MORE PATIENTS OR THE PUBLIC AT UNREASONABLE RISK OF HARM BY ENGAGING IN AN ACT THAT CREATES AN IMMEDIATE OR CONTINUING DANGER.

(2) EACH REPORT SUBMITTED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE:

(I) THE ACTION TAKEN BY THE EMPLOYER;

(II) A DETAILED EXPLANATION OF THE REASONS FOR THE ACTION, INCLUDING REFERENCES TO SPECIFIC PATIENT MEDICAL RECORDS, IF ANY, THAT INFORMED THE EMPLOYER'S ACTION; AND

(III) THE STEPS TAKEN BY THE EMPLOYER TO INVESTIGATE THE CONDUCT OF THE LICENSED POLYSOMNOGRAPHIC TECHNOLOGIST.

(3) (I) THE BOARD MAY REQUEST FROM THE EMPLOYER ADDITIONAL INFORMATION REGARDING AN ACTION DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION THAT WAS TAKEN BY THE EMPLOYER.

(II) IF AN EMPLOYER RECEIVES A REQUEST MADE UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE EMPLOYER SHALL PROMPTLY PROVIDE THE ADDITIONAL INFORMATION.

(b) [A hospital, related institution, alternative health system, or] IF AN employer [that has reason to know] KNOWS that THE CONDUCT OF a licensed polysomnographic technologist [has committed an action or has a condition that might be grounds for reprimand or probation of the licensed polysomnographic technologist or suspension or revocation of the license] REQUIRES THAT THE EMPLOYER SUBMIT A REPORT UNDER SUBSECTION (A)(1) OF THIS SECTION because the licensed polysomnographic technologist is [alcohol impaired or drug] impaired BY ALCOHOL OR ANOTHER SUBSTANCE, THE EMPLOYER is not required to report the technologist to the Board if:

(1) The [hospital, related institution, alternative health system, or] employer knows that the licensed polysomnographic technologist is:

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

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

(2) (i) The [hospital, related institution, alternative health system, or] employer is able to verify that the licensed polysomnographic technologist remains in the treatment program until **SUCCESSFUL** discharge; and

(ii) The action or condition of the licensed polysomnographic technologist has not caused injury to any person while the **LICENSED POLYSOMNOGRAPHIC** technologist is practicing as a licensed polysomnographic technologist.

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

[(2) If the licensed polysomnographic technologist fails to provide the notice required under paragraph (1) of this subsection, and the hospital, related institution, alternative health system, or employer learns that the licensed polysomnographic technologist has entered a treatment program, the hospital, related institution, alternative health system, or employer shall report to the Board that the licensed polysomnographic technologist has entered a treatment program and has failed to provide the required notice.

(3) If the licensed polysomnographic technologist is found to be noncompliant with the treatment program's policies and procedures while in the treatment program, the treatment program shall notify the hospital, related institution, alternative health system, or employer of the licensed polysomnographic technologist's noncompliance.

(4) On receipt of the notification required under paragraph (3) of this subsection, the hospital, related institution, alternative health system, or] **IF THE EMPLOYER KNOWS THAT THE LICENSED POLYSOMNOGRAPHIC TECHNOLOGIST IS NONCOMPLIANT WITH THE SUBSTANCE USE DISORDER TREATMENT PROGRAM, THE** employer of the licensed polysomnographic technologist shall report the licensed polysomnographic technologist's noncompliance to the Board.

(d) **(1) THE BOARD MAY EXTEND THE REPORTING UNDER THIS SECTION FOR GOOD CAUSE SHOWN.**

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

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

(F) ANY PERSON SHALL HAVE THE IMMUNITY FROM LIABILITY DESCRIBED UNDER § 5-715(D) OF THE COURTS ARTICLE FOR GIVING ANY OF THE INFORMATION REQUIRED BY THIS SECTION.

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

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

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

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

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

14-5C-22.1.

(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 practicing polysomnography without a license.

14-5C-23.

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

14-5D-04.

There is an Athletic Trainer Advisory Committee within the Board.

14–5D–05.

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

(1) Three licensed athletic trainers ~~[who:~~

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

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

(2) Three licensed physicians:

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

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

~~[(3)~~ One member who is:

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

(ii) A licensed physical therapist; or

(iii) A licensed occupational therapist; and

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

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

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

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

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

~~[(c)]~~ **(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:
 - (i) An athletic trainer;
 - (ii) **[A] ANY OTHER** health care professional; or
 - (iii) In training to be an athletic trainer or other health professional;

and

- (3) May not:

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

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

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

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

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

[(d)] (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 October 1, 2009] 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.

~~[(e)]~~ **(G)** (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.

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

14-5D-06.

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

(1) SHALL:

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

~~(1)~~ **1.** **REGULATIONS** to carry out this subtitle; **AND**

~~(1)~~ **2.** **ANY STATUTORY CHANGES THAT AFFECT THE PROFESSION; AND**

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

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

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

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

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

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

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

(2) MAY:

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

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

[(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.]**

14-5D-07.

(b) This section does not apply to:

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

14-5D-10.

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

14-5D-11.1.

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

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

14-5D-11.5.

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

(I) THE EMPLOYER:

1. REDUCED, SUSPENDED, REVOKED, RESTRICTED, DENIED, CONDITIONED, OR DID NOT RENEW THE LICENSED ATHLETIC TRAINER'S CLINICAL PRIVILEGES, EMPLOYMENT, OR OTHER ABILITY TO PRACTICE OR TREAT PATIENTS;

2. INVOLUNTARILY TERMINATED OR RESTRICTED THE LICENSED ATHLETIC TRAINER'S EMPLOYMENT OR STAFF MEMBERSHIP; OR

3. ASKED THE LICENSED ATHLETIC TRAINER TO VOLUNTARILY RESIGN BECAUSE OF THE LICENSED ATHLETIC TRAINER'S CONDUCT OR WHILE THE LICENSED ATHLETIC TRAINER IS BEING INVESTIGATED; AND

(II) THE ACTION DESCRIBED UNDER ITEM (I) OF THIS PARAGRAPH WAS TAKEN:

1. FOR REASONS THAT MIGHT BE GROUNDS FOR DISCIPLINARY ACTION UNDER § 14-5D-14 OF THIS SUBTITLE;

2. BECAUSE THE LICENSED ATHLETIC TRAINER MAY HAVE ENGAGED IN AN ACT THAT MAY CONSTITUTE UNPROFESSIONAL CONDUCT;

3. BECAUSE THE LICENSED ATHLETIC TRAINER MAY BE UNABLE TO PRACTICE ATHLETIC TRAINING WITH REASONABLE SKILL AND SAFETY BECAUSE OF A PHYSICAL OR MENTAL CONDITION OR PROFESSIONAL INCOMPETENCE; OR

4. BECAUSE THE LICENSED ATHLETIC TRAINER MAY HAVE HARMED OR PLACED ONE OR MORE PATIENTS OR THE PUBLIC AT UNREASONABLE RISK OF HARM BY ENGAGING IN AN ACT THAT CREATES AN IMMEDIATE OR CONTINUING DANGER.

(2) A REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE:

(I) THE ACTION TAKEN BY THE EMPLOYER;

(II) A DETAILED EXPLANATION OF THE REASONS FOR THE ACTION, INCLUDING REFERENCES TO SPECIFIC PATIENT MEDICAL RECORDS, IF ANY, THAT INFORMED THE EMPLOYER'S ACTION; AND

(III) THE STEPS TAKEN BY THE EMPLOYER TO INVESTIGATE THE CONDUCT OF THE LICENSEE.

(3) (I) THE BOARD MAY REQUEST FROM THE EMPLOYER ADDITIONAL INFORMATION REGARDING AN ACTION DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION THAT WAS TAKEN BY THE EMPLOYER.

(II) IF AN EMPLOYER RECEIVES A REQUEST MADE UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE EMPLOYER SHALL PROMPTLY PROVIDE THE ADDITIONAL INFORMATION.

~~(B) A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE HEALTH SYSTEM, OR IF AN EMPLOYER THAT HAS REASON TO KNOW THAT KNOWS THAT THE CONDUCT OF A LICENSED ATHLETIC TRAINER HAS COMMITTED AN ACTION OR HAS A CONDITION THAT MIGHT BE GROUNDS FOR REPRIMAND OR PROBATION OF THE LICENSED ATHLETIC TRAINER OR SUSPENSION OR REVOCATION OF THE LICENSE~~ REQUIRES THAT THE EMPLOYER SUBMIT A REPORT UNDER SUBSECTION (A)(1) OF THIS SECTION BECAUSE THE LICENSED ATHLETIC TRAINER IS ALCOHOL-IMPAIRED OR DRUG-IMPAIRED IMPAIRED BY ALCOHOL OR ANOTHER SUBSTANCE, THE EMPLOYER IS NOT REQUIRED TO REPORT THE LICENSED ATHLETIC TRAINER TO THE BOARD IF:

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

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

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

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

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

~~(C) (1) IF THE LICENSED ATHLETIC TRAINER ENTERS OR IS CONSIDERING ENTERING AN ALCOHOL OR DRUG TREATMENT PROGRAM THAT IS ACCREDITED BY THE JOINT COMMISSION OR THAT IS CERTIFIED BY THE DEPARTMENT, THE LICENSED ATHLETIC TRAINER SHALL NOTIFY THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER WITHIN 15~~

~~DAYS AFTER THE LICENSED ATHLETIC TRAINER'S DECISION TO ENTER THE TREATMENT PROGRAM.~~

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

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

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

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

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

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

(F) ANY PERSON SHALL HAVE THE IMMUNITY FROM LIABILITY DESCRIBED UNDER § 5-715(D) OF THE COURTS ARTICLE FOR GIVING ANY OF THE INFORMATION REQUIRED BY THIS SECTION.

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

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

~~(F)~~ **(H)** A REPORT MADE UNDER THIS SECTION IS PRIVILEGED, NOT SUBJECT TO INSPECTION UNDER THE PUBLIC INFORMATION ACT, AND NOT SUBJECT TO SUBPOENA OR DISCOVERY IN ANY CIVIL ACTION OTHER THAN A PROCEEDING ARISING OUT OF A HEARING AND DECISION OF THE BOARD OR A DISCIPLINARY PANEL UNDER THIS TITLE.

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

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

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

14-5D-12.1.

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

14-5D-14.

(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 athletic training; OR

(II) UNPROFESSIONAL CONDUCT IN THE PRACTICE OF 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.

(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 [practice or ever have practiced perfusion or any health care profession;

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

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

(I) A PERFUSIONIST;

(II) ANY OTHER HEALTH CARE PROFESSIONAL; OR

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

[(5)] (3) May not:

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

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

(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 perfusionists or to the field of perfusion.

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

[(c)] (E) (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 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) SHALL:

~~(i)~~ **(I)** Develop and recommend to the Board:

~~(i)~~ **1.** Regulations to carry out [the provisions of] this subtitle;

AND

~~(ii)~~ **2.** [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; AND**

~~(2)~~ **(II)** 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;**~~

(2) MAY:

(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~~ **30** 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.

(a) **(1)** Except as provided in subsections (b) and (d) of this section, [hospitals, related institutions, alternative health systems as defined in § 1–401 of this article, and employers] EACH EMPLOYER OF A LICENSED PERFUSIONIST shall [file with] SUBMIT TO the Board a report [that the hospital, related institution, alternative health system, or employer limited, reduced, otherwise changed, or terminated any licensed perfusionist for any reason] IF:

(I) THE EMPLOYER:

1. REDUCED, SUSPENDED, REVOKED, RESTRICTED, DENIED, CONDITIONED, OR DID NOT RENEW THE LICENSED PERFUSIONIST'S CLINICAL PRIVILEGES, EMPLOYMENT, OR OTHER ABILITY TO PRACTICE OR TREAT PATIENTS;

2. INVOLUNTARILY TERMINATED OR RESTRICTED THE LICENSEE'S EMPLOYMENT OR STAFF MEMBERSHIP; OR

3. ASKED THE LICENSEE TO VOLUNTARILY RESIGN BECAUSE OF THE LICENSED PERFUSIONIST'S CONDUCT OR WHILE THE LICENSEE IS BEING INVESTIGATED; AND

(II) THE ACTION DESCRIBED UNDER ITEM (I) OF THIS PARAGRAPH WAS TAKEN:

1. FOR REASONS that might be grounds for disciplinary action under § 14–5E–16 of this subtitle;

2. BECAUSE THE LICENSED PERFUSIONIST MAY HAVE ENGAGED IN AN ACT THAT MAY CONSTITUTE UNPROFESSIONAL CONDUCT;

3. BECAUSE THE LICENSED PERFUSIONIST MAY BE UNABLE TO PRACTICE PERFUSION WITH REASONABLE SKILL AND SAFETY BECAUSE OF A PHYSICAL OR MENTAL CONDITION OR PROFESSIONAL INCOMPETENCE; OR

4. BECAUSE THE LICENSED PERFUSIONIST MAY HAVE HARMED OR PLACED ONE OR MORE PATIENTS OR THE PUBLIC AT UNREASONABLE RISK OF HARM BY ENGAGING IN AN ACT THAT CREATES AN IMMEDIATE OR CONTINUING DANGER.

(2) A REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE:

(I) THE ACTION TAKEN BY THE EMPLOYER;

(II) A DETAILED EXPLANATION OF THE REASONS FOR THE ACTION, INCLUDING REFERENCES TO SPECIFIC PATIENT MEDICAL RECORDS, IF ANY, THAT INFORMED THE EMPLOYER'S ACTION; AND

(III) THE STEPS TAKEN BY THE EMPLOYER TO INVESTIGATE THE CONDUCT OF THE LICENSED PERFUSIONIST.

(3) (I) THE BOARD MAY REQUEST FROM THE EMPLOYER ADDITIONAL INFORMATION REGARDING AN ACTION DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION THAT WAS TAKEN BY THE EMPLOYER.

(II) IF AN EMPLOYER RECEIVES A REQUEST MADE UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE EMPLOYER SHALL PROMPTLY PROVIDE THE ADDITIONAL INFORMATION.

(b) [A hospital, related institution, alternative health system, or] IF AN employer [that has reason to know that] KNOWS THAT THE CONDUCT OF a licensed perfusionist [has committed an act or has a condition that might be grounds for reprimand or probation of the licensed perfusionist or suspension or revocation of the license] REQUIRES THAT THE EMPLOYER SUBMIT A REPORT UNDER SUBSECTION (A)(1) OF THIS SECTION because the licensed perfusionist is [alcohol-impaired or drug-impaired] IMPAIRED BY ALCOHOL OR ANOTHER SUBSTANCE, THE EMPLOYER is not required to report the licensed perfusionist to the Board if:

(1) The [hospital, related institution, alternative health system, or] employer knows that the licensed perfusionist is:

(i) In [an alcohol or drug] A SUBSTANCE USE DISORDER treatment program that is accredited by [the] THE Joint Commission [or its successor], or is certified by the Department; or

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

(2) (i) The [hospital, related institution, alternative health system, or] employer is able to verify that the licensed perfusionist remains in the treatment program until **SUCCESSFUL** discharge; and

(ii) The action or condition of the licensed perfusionist has not caused injury to any person while the perfusionist is practicing as a licensed perfusionist.

(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.~~

[(2) If the licensed perfusionist fails to provide the notice required under paragraph (1) of this subsection, and the hospital, related institution, alternative health system, or employer learns that the licensed perfusionist has entered a treatment program, the hospital, related institution, alternative health system, or employer shall report to the Board that the licensed perfusionist has entered a treatment program and has failed to provide the required notice.

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

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

(d) **(1) THE BOARD MAY EXTEND THE REPORTING UNDER THIS SECTION FOR GOOD CAUSE SHOWN.**

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

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

(F) ANY PERSON SHALL HAVE THE IMMUNITY FROM LIABILITY DESCRIBED UNDER § 5-715(D) OF THE COURTS ARTICLE FOR GIVING ANY OF THE INFORMATION REQUIRED BY THIS SECTION.

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

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

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

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

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

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.

There is a Naturopathic Medicine Advisory Committee within the Board.

14–5F–07.

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

and who:

(i) Two shall be [individuals who practice naturopathic medicine

1. On or after October 1, 2014:

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

B. Have a minimum of 2 years experience; and

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

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

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

(iv) One shall be a consumer member.

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

(b) Each [naturopathic doctor member of the Committee shall 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 been engaged actively in the practice or instruction of naturopathic medicine for at least 5 years immediately before appointment].

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

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

(1) [Shall] **MUST** be a [resident of the State and a] member of the general 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) SHALL:

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

~~(1)~~ **1.** **REGULATIONS** to carry out this subtitle; **AND**

~~(1)~~ **2.** **ANY STATUTORY CHANGES THAT AFFECT THE PROFESSION; AND**

~~(2)~~ **(II)** [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;~~

(2) MAY:

(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].

14-5F-12.1.

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

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

(1) OBTAIN A LICENSE UNDER THIS SUBTITLE;

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

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

(C) A COLLABORATION AND CONSULTATION AGREEMENT SHALL:

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

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

(3) STATE 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

(4) 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 ESTABLISHED IN § 14-5F-14 OF THIS SUBTITLE.

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

(E) SUBJECT TO THE NOTICE REQUIRED UNDER § 14-5F-12.2 OF THIS SUBTITLE, A NATUROPATHIC DOCTOR AND A LICENSED PHYSICIAN MAY TERMINATE 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~~ 30 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.~~

~~(e) 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 reapply for [hospital] privileges at the [health care facility] HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER; and~~

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

~~(B) (A) (1) EXCEPT AS PROVIDED IN SUBSECTIONS (C) (B) AND (E) (D) OF THIS SECTION, EACH HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, AND EMPLOYER OF A LICENSED NATUROPATHIC DOCTOR SHALL FILE WITH SUBMIT TO THE BOARD A REPORT THAT THE HOSPITAL, RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER LIMITED, REDUCED, OTHERWISE CHANGED, OR TERMINATED ANY LICENSED NATUROPATHIC DOCTOR FOR ANY REASON IF:~~

(I) THE EMPLOYER:

1. REDUCED, SUSPENDED, REVOKED, RESTRICTED, DENIED, CONDITIONED, OR DID NOT RENEW THE LICENSED NATUROPATHIC DOCTOR'S CLINICAL PRIVILEGES, EMPLOYMENT, OR OTHER ABILITY TO PRACTICE OR TREAT PATIENTS;

2. INVOLUNTARILY TERMINATED OR RESTRICTED THE LICENSED NATUROPATHIC DOCTOR'S EMPLOYMENT OR STAFF MEMBERSHIP; OR

3. ASKED THE LICENSEE TO VOLUNTARILY RESIGN BECAUSE OF THE LICENSED NATUROPATHIC DOCTOR'S CONDUCT OR WHILE THE LICENSEE IS BEING INVESTIGATED; AND

(II) THE ACTION DESCRIBED UNDER ITEM (I) OF THIS PARAGRAPH WAS TAKEN:

1. FOR REASONS THAT MIGHT BE GROUNDS FOR DISCIPLINARY ACTION UNDER § 14-5F-18 OF THIS SUBTITLE;

2. BECAUSE THE LICENSED NATUROPATHIC DOCTOR MAY HAVE ENGAGED IN AN ACT THAT MAY CONSTITUTE UNPROFESSIONAL CONDUCT;

3. BECAUSE THE LICENSED NATUROPATHIC DOCTOR MAY BE UNABLE TO PRACTICE NATUROPATHY WITH REASONABLE SKILL AND SAFETY BECAUSE OF A PHYSICAL OR MENTAL CONDITION OR PROFESSIONAL INCOMPETENCE; OR

4. BECAUSE THE LICENSED NATUROPATHIC DOCTOR MAY HAVE HARMED OR PLACED ONE OR MORE PATIENTS OR THE PUBLIC AT UNREASONABLE RISK OF HARM BY ENGAGING IN AN ACT THAT CREATES AN IMMEDIATE OR CONTINUING DANGER.

(2) A REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE:

(I) THE ACTION TAKEN BY THE EMPLOYER;

(II) A DETAILED EXPLANATION OF THE REASONS FOR THE ACTION, INCLUDING REFERENCES TO SPECIFIC PATIENT MEDICAL RECORDS, IF ANY, THAT INFORMED THE EMPLOYER'S ACTION; AND

(III) THE STEPS TAKEN BY THE EMPLOYER TO INVESTIGATE THE CONDUCT OF THE LICENSED NATUROPATHIC DOCTOR.

(3) (I) THE BOARD MAY REQUEST FROM THE EMPLOYER ADDITIONAL INFORMATION REGARDING AN ACTION DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION THAT WAS TAKEN BY THE EMPLOYER.

(II) IF AN EMPLOYER RECEIVES A REQUEST MADE UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE EMPLOYER SHALL PROMPTLY PROVIDE THE ADDITIONAL INFORMATION.

~~(C) (B) A HOSPITAL, A RELATED INSTITUTION, AN ALTERNATIVE HEALTH SYSTEM, OR AN~~ IF AN EMPLOYER THAT HAS REASON TO KNOW THAT KNOWS THAT THE CONDUCT OF A LICENSED NATUROPATHIC DOCTOR HAS COMMITTED AN ACTION OR HAS A CONDITION THAT MIGHT BE GROUNDS FOR REPRIMAND OR PROBATION OF THE LICENSED NATUROPATHIC DOCTOR OR SUSPENSION OR REVOCATION OF THE LICENSE REQUIRES THAT THE EMPLOYER SUBMIT A REPORT UNDER SUBSECTION

(A)(1) OF THIS SECTION BECAUSE THE LICENSED NATUROPATHIC DOCTOR IS ~~ALCOHOL IMPAIRED OR DRUG IMPAIRED~~ IMPAIRED BY ALCOHOL OR ANOTHER SUBSTANCE, THE EMPLOYER IS NOT REQUIRED TO REPORT THE NATUROPATHIC DOCTOR TO THE BOARD IF:

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

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

(II) UNDER THE CARE OF A HEALTH CARE PRACTITIONER WHO IS COMPETENT AND CAPABLE OF DEALING WITH ~~ALCOHOLISM AND DRUG ABUSE~~ SUBSTANCE USE DISORDERS;

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

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

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

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

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

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

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

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

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

(F) ANY PERSON SHALL HAVE THE IMMUNITY FROM LIABILITY DESCRIBED UNDER § 5-715(D) OF THE COURTS ARTICLE FOR GIVING ANY OF THE INFORMATION REQUIRED BY THIS SECTION.

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

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

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

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

(3) 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 AGAINST THE LICENSEE WITHIN THE MOST RECENT 10-YEAR PERIOD IF THE BOARD KNOWS ABOUT THE DISCIPLINARY ACTION;

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

(5) THE PUBLIC ADDRESS OF THE LICENSEE.

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

(D) THE BOARD:

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

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

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

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

14-5F-21.

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

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) SHALL:

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

~~[(1)]~~ **1.** **REGULATIONS** to carry out this subtitle; **AND**

~~[(1)]~~ **2.** **ANY STATUTORY CHANGES THAT AFFECT THE PROFESSION; AND**

~~[(2)]~~ **(II)** [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:~~

(2) MAY:

(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~~ 30 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~~ EXCESSIVE OR MEDICALLY UNNECESSARY PROCEDURES OR TREATMENT;**

(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.

(a) **(1)** Except as provided in subsections (b) and (d) of this section, [hospitals, related institutions, alternative health systems as defined in § 1–401 of this article, and employers] EACH EMPLOYER OF A LICENSED GENETIC COUNSELOR shall [file with]

SUBMIT TO the Board a report [that the hospital, related institution, alternative health system, or employer limited, reduced, otherwise changed, or terminated any licensed genetic counselor for any reason] IF:

(I) THE EMPLOYER:

1. REDUCED, SUSPENDED, REVOKED, RESTRICTED, DENIED, CONDITIONED, OR DID NOT RENEW THE LICENSED GENETIC COUNSELOR'S CLINICAL PRIVILEGES, EMPLOYMENT, OR OTHER ABILITY TO PRACTICE OR TREAT PATIENTS;

2. INVOLUNTARILY TERMINATED OR RESTRICTED THE LICENSED GENETIC COUNSELOR'S EMPLOYMENT OR STAFF MEMBERSHIP; OR

3. ASKED THE LICENSED GENETIC COUNSELOR TO VOLUNTARILY RESIGN BECAUSE OF THE LICENSED GENETIC COUNSELOR'S CONDUCT OR WHILE THE LICENSED GENETIC COUNSELOR IS BEING INVESTIGATED; AND

(II) THE ACTION DESCRIBED UNDER ITEM (I) OF THIS PARAGRAPH WAS TAKEN:

1. FOR REASONS that might be grounds for disciplinary action under § 14-5G-18 of this subtitle;

2. BECAUSE THE LICENSED GENETIC COUNSELOR MAY HAVE ENGAGED IN AN ACT THAT MAY CONSTITUTE UNPROFESSIONAL CONDUCT;

3. BECAUSE THE LICENSED GENETIC COUNSELOR MAY BE UNABLE TO PRACTICE GENETIC COUNSELING WITH REASONABLE SKILL AND SAFETY BECAUSE OF A PHYSICAL OR MENTAL CONDITION OR PROFESSIONAL INCOMPETENCE; OR

4. BECAUSE THE LICENSED GENETIC COUNSELOR MAY HAVE HARMED OR PLACED ONE OR MORE PATIENTS OR THE PUBLIC AT UNREASONABLE RISK OF HARM BY ENGAGING IN AN ACT THAT CREATES AN IMMEDIATE OR CONTINUING DANGER.

(2) A REPORT REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE:

(I) THE ACTION TAKEN BY THE EMPLOYER;

(II) A DETAILED EXPLANATION OF THE REASONS FOR THE ACTION, INCLUDING REFERENCES TO SPECIFIC PATIENT MEDICAL RECORDS, IF ANY, THAT INFORMED THE EMPLOYER’S ACTION; AND

(III) THE STEPS TAKEN BY THE EMPLOYER TO INVESTIGATE THE CONDUCT OF THE LICENSED GENETIC COUNSELOR.

(3) (I) THE BOARD MAY REQUEST FROM THE EMPLOYER ADDITIONAL INFORMATION REGARDING AN ACTION DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION THAT WAS TAKEN BY THE EMPLOYER.

(II) IF AN EMPLOYER RECEIVES A REQUEST MADE UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE EMPLOYER SHALL PROMPTLY PROVIDE THE ADDITIONAL INFORMATION.

(b) [A hospital, related institution, alternative health system, or] IF AN employer [that has reason to know that] KNOWS THAT THE CONDUCT OF a licensed genetic counselor [has committed an act or has a condition that might be grounds for reprimand or probation of the licensed genetic counselor or suspension or revocation of the license] REQUIRES THAT THE EMPLOYER SUBMIT A REPORT because the licensed genetic counselor is [alcohol-impaired or drug-impaired] IMPAIRED BY ALCOHOL OR ANOTHER SUBSTANCE, THE EMPLOYER is not required to report the licensed genetic counselor to the Board if:

(1) The [hospital, related institution, alternative health system, or] employer knows that the licensed genetic counselor is:

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

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

(2) (i) The [hospital, related institution, alternative health system, or] employer is able to verify that the licensed genetic counselor remains in the treatment program until SUCCESSFUL discharge; and

(ii) The action or condition of the licensed genetic counselor has not caused injury to any person while the genetic counselor is practicing AS A LICENSED genetic [counseling] COUNSELOR.

~~(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.~~

[(2) If the licensed genetic counselor fails to provide the notice required under paragraph (1) of this subsection, and the hospital, related institution, alternative health system, or employer learns that the licensed genetic counselor has entered a treatment program, the hospital, related institution, alternative health system, or employer shall report to the Board that the licensed genetic counselor has entered a treatment program and has failed to provide the required notice.

(3) If the licensed genetic counselor is found to be noncompliant with the treatment program's policies and procedures while in the treatment program, the treatment program shall notify the hospital, related institution, alternative health system, or employer of the licensed genetic counselor's noncompliance.

(4) On receipt of the notification required under paragraph (3) of this subsection, the hospital, related institution, alternative health system, or] IF THE EMPLOYER KNOWS THAT THE LICENSED GENETIC COUNSELOR IS NONCOMPLIANT WITH THE SUBSTANCE USE DISORDER TREATMENT PROGRAM, THE employer of the licensed genetic counselor shall report the licensed genetic counselor's noncompliance to the Board.

(d) (1) THE BOARD MAY EXTEND THE REPORTING UNDER THIS SUBSECTION FOR GOOD CAUSE SHOWN.

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

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

(F) ANY PERSON SHALL HAVE THE IMMUNITY FROM LIABILITY DESCRIBED UNDER § 5-715(D) OF THE COURTS ARTICLE FOR GIVING ANY OF THE INFORMATION REQUIRED BY THIS SECTION.

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

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

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

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

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

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 AN~~ 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.

[(a) In this section, “alternative health care system” has the meaning stated in § 1–401 of this article.]

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

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

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

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

(I) THE EMPLOYER:

1. REDUCED, SUSPENDED, REVOKED, RESTRICTED, DENIED, CONDITIONED, OR DID NOT RENEW THE LICENSED PHYSICIAN ASSISTANT'S CLINICAL PRIVILEGES, EMPLOYMENT, OR OTHER ABILITY TO PRACTICE OR TREAT PATIENTS;

2. INVOLUNTARILY TERMINATED OR RESTRICTED THE LICENSED PHYSICIAN ASSISTANT'S EMPLOYMENT OR STAFF MEMBERSHIP; OR

3. ASKED THE LICENSED PHYSICIAN ASSISTANT TO VOLUNTARILY RESIGN BECAUSE OF THE LICENSED PHYSICIAN ASSISTANT'S CONDUCT OR WHILE THE LICENSED PHYSICIAN ASSISTANT IS BEING INVESTIGATED; AND

(II) THE ACTION DESCRIBED UNDER ITEM (I) OF THIS PARAGRAPH WAS TAKEN:

1. FOR REASONS THAT MIGHT BE GROUNDS FOR DISCIPLINARY ACTION UNDER § 15-314 OF THIS TITLE;

2. BECAUSE THE LICENSED PHYSICIAN ASSISTANT MAY HAVE ENGAGED IN AN ACT THAT MAY CONSTITUTE UNPROFESSIONAL CONDUCT;

3. BECAUSE THE LICENSED PHYSICIAN ASSISTANT MAY BE UNABLE TO PRACTICE AS A PHYSICIAN ASSISTANT WITH REASONABLE SKILL AND SAFETY BECAUSE OF A PHYSICAL OR MENTAL CONDITION OR PROFESSIONAL INCOMPETENCE; OR

4. BECAUSE THE LICENSED PHYSICIAN ASSISTANT MAY HAVE HARMED OR PLACED ONE OR MORE PATIENTS OR THE PUBLIC AT UNREASONABLE RISK OF HARM BY ENGAGING IN AN ACT THAT CREATES AN IMMEDIATE OR CONTINUING DANGER.

(2) EACH REPORT SUBMITTED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL INCLUDE:

(I) THE ACTION TAKEN BY THE EMPLOYER;

(II) A DETAILED EXPLANATION OF THE REASONS FOR THE ACTION, INCLUDING REFERENCES TO SPECIFIC PATIENT MEDICAL RECORDS, IF ANY, THAT INFORMED THE EMPLOYER'S ACTION; AND

(III) THE STEPS TAKEN BY THE EMPLOYER TO INVESTIGATE THE CONDUCT OF THE LICENSED PHYSICIAN ASSISTANT.

(3) (I) THE BOARD MAY REQUEST FROM THE EMPLOYER ADDITIONAL INFORMATION REGARDING AN ACTION DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION THAT WAS TAKEN BY THE EMPLOYER.

(II) IF AN EMPLOYER RECEIVES A REQUEST MADE UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH, THE EMPLOYER SHALL PROMPTLY PROVIDE THE ADDITIONAL INFORMATION.

[(d)] (C) [A hospital, related institution, alternative health care system, or] IF AN employer [that has reason to know that] KNOWS THAT THE CONDUCT OF a LICENSED physician assistant [has committed an action or has a condition that might be grounds for reprimand or probation of the physician assistant or suspension or revocation of the license of the physician assistant under § 15–314 of this title] REQUIRES THAT THE EMPLOYER SUBMIT A REPORT UNDER SUBSECTION (B)(1) OF THIS SECTION because the physician assistant is [alcohol– or drug–impaired] IMPAIRED BY ALCOHOL OR ANOTHER SUBSTANCE, THE EMPLOYER is not required to report THE LICENSED PHYSICIAN ASSISTANT to the Board if:

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

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

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

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

(3) The action or condition of the physician assistant has not caused injury to any person while the physician assistant is practicing as a licensed physician assistant.

~~(e) (D) (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.~~

[(3) If the physician assistant is found to be noncompliant with the treatment program's policies and procedures while in the treatment program, the treatment program shall notify the hospital, related institution, alternative health care system, or employer of the physician assistant's noncompliance.]

(4) On receipt of the notification required under paragraph (3) of this subsection, the hospital, related institution, alternative health care system, or **IF THE EMPLOYER KNOWS THAT THE LICENSED PHYSICIAN IS NONCOMPLIANT WITH THE SUBSTANCE USE DISORDER TREATMENT PROGRAM, THE** employer of the LICENSED physician assistant shall report the LICENSED physician assistant's noncompliance to the Board.

[(f)] (E) (1) THE BOARD MAY EXTEND THE REPORTING UNDER THIS SUBSECTION FOR GOOD CAUSE SHOWN.

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

(F) THE BOARD MAY ENFORCE THIS SECTION BY SUBPOENA.

(G) ANY PERSON SHALL HAVE THE IMMUNITY FROM LIABILITY DESCRIBED UNDER § 5-715(D) OF THE COURTS ARTICLE FOR GIVING ANY OF THE INFORMATION REQUIRED BY THIS SECTION.

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

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

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

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

(3) The Board shall pay any fees collected under this subsection into the General Fund of the State.

[(j)] (K) An employer shall make the report required under this section to the Board within 5 days after the date of termination of employment.

[(k)] (L) The Board shall adopt regulations to implement the provisions of 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

4. HAVE HAD WITHIN 2 YEARS BEFORE APPOINTMENT A FINANCIAL INTEREST IN THE PROVISION OF GOODS OR SERVICES TO PHYSICIAN ASSISTANTS OR TO THE FIELD OF PHYSICIAN ASSISTANT PRACTICE.

[(6)] (7) Each member of the Committee [shall] **MUST** be a resident of the State.

(b) Of the three physician members of the Committee, two shall be previously or currently serving as a patient care team physician under a collaboration agreement with a physician assistant.

(c) [(1) The physician assistant members shall be licensed as a physician assistant under this title.

(2) The physician assistant members shall be currently practicing as a physician assistant or employed as a faculty member of an accredited physician assistant program.

(3)] Of the [3] **THREE** physician assistant members of the Committee:

[i)] (1) At least [1 shall] **ONE MUST** be currently practicing in a hospital; and

[(ii)] (2) At least [1 shall] **ONE MUST** be currently practicing in a nonhospital setting.

(D) (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 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)] **(E) [A] FROM AMONG ITS MEMBERS, THE Committee SHALL ELECT A chair [and a secretary shall be selected] every 2 years [by a majority vote of the membership of the Committee].**

[(e)] **(F) The chair, or the chair's designee, 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.

[(a)] In addition to the powers set forth elsewhere in this title, the Committee[, on its initiative or on the Board's request, may] ~~SHALL~~:

(1) SHALL:

~~(1)~~ **(I)** Recommend to the Board [regulations]:

~~(2)~~ **1. REGULATIONS** for carrying out [the provisions of] this title; **AND**

~~(3)~~ **2. ANY STATUTORY CHANGES THAT AFFECT THE PROFESSION; AND**

~~(4)~~ **(II)** Recommend to the Board approval, modification, or disapproval of an application for licensure **OR THE PERFORMANCE OF ADVANCED DUTIES UNDER A COLLABORATION AGREEMENT;**

~~(5)~~ **(III)** Report to the Board any conduct of a physician or group of physicians who develops a collaboration agreement with a physician assistant or a physician assistant that may be cause for disciplinary action under this title or under § 14-404 of this article; ~~and~~

~~(6)~~ **(IV)** [Report to the Board any alleged unauthorized practice of a physician assistant] **KEEP A RECORD OF ITS MEETINGS; AND**

~~(7)~~ ~~**ON REQUEST OF THE BOARD OR A DISCIPLINARY PANEL:**~~

(2) MAY:

(I) PROVIDE RECOMMENDATIONS REGARDING THE PRACTICE OF PHYSICIAN ASSISTANTS; AND

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

[(b)] The Committee shall submit an annual report to the Board.

(c) (1) In addition to the duties set forth elsewhere in this title, the Board shall adopt regulations to carry out the provisions of this title.

(2) The Board shall:

(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

Education Commission] **DEPARTMENT**, the Comptroller shall distribute the fees to the Board of Physicians Fund.

15-301.

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

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

15-302.

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

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

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

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

15-302.1.

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

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

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

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

15–302.2.

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

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

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

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

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

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

(6) An attestation that the physician assistant has:

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

(ii) Successfully completed 8 category 1 hours of pharmacology education within the previous 2 years; and

(7) An attestation that the physician assistant has:

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

(ii) Successfully completed 2 years of work experience as a physician assistant.

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

15-303.

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

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

(i) The] **THE** Accreditation Review Commission on Education for the Physician Assistant[: or

(ii) If completed before 2001:

1. The Committee on Allied Health Education and Accreditation; or

2. The Commission on Accreditation of Allied Health Education Programs] **OR ITS PREDECESSOR**; and

15-309.

(b) (1) [Each] **A** licensee shall [give] **PROVIDE** the Board written notice of any change of name or address within [60] ~~10~~ **30** days [of the date of] **AFTER** the change.

15-314.

(a) Subject to the hearing provisions of § 15-315 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum, may reprimand any physician assistant, place any physician assistant on probation, or suspend or revoke a license if the physician assistant:

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

(I) **PROFESSIONALLY INCOMPETENT**;

(II) **PHYSICALLY INCOMPETENT**; OR

(III) **MENTALLY** incompetent;

(19) [Grossly overutilizes] **ESTABLISHES A PATTERN OF ~~GROSS OVERUTILIZATION OF~~ health care services EXCESSIVE OR MEDICALLY UNNECESSARY PROCEDURES OR TREATMENT**;

(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~~ **WILLFULLY HINDERS**, prevents, or otherwise delays any person from making information available to the Board or a disciplinary panel in furtherance of any investigation of the Board or a disciplinary panel;

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

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

15–402.1.

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

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

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

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

Approved by the Governor, May 20, 2025.