SENATE BILL 1092

J1, R4 (4lr1874)

ENROLLED BILL

— Budget and Taxation/Appropriations —

Introduced by **Senator Guzzone**

Read and Examined by Proofreaders:

_____

Proofreader.

_____

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this _____ day of _____ at _____ o'clock, _____M.

_____

President.

CHAPTER _____

AN ACT concerning

~~**Vehicle Registration – Emergency Medical System Surcharge – Increase and Distribution of Funds**~~

Emergency Services – Funding

FOR the purpose of increasing the motor vehicle registration emergency medical system surcharge for certain motor vehicles; providing for the distribution of revenues derived from the surcharge; ~~and generally relating to the emergency medical system surcharge for motor vehicle registration~~ altering certain provisions of law related to the Maryland Trauma Physician Services Fund, including provisions related to the contents and sources of the funding, transfer of money from the Fund, and the methodology used to determine eligibility for disbursements from the Fund; increasing the fines for certain violations of the Maryland Vehicle Law related to driving while impaired; altering the authorized uses of the Maryland Emergency Medical System Operations Fund; ~~stating that it is the intent of the General Assembly that the annual appropriation to~~ *requiring the Governor to include a*

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**

[Brackets**]** indicate matter deleted from existing law.

Underlining indicates amendments to bill.

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

Italics indicate opposite chamber/conference committee amendments.

certain appropriation in the annual budget bill for the Senator William H. Amoss Fire, Rescue, and Ambulance Fund ~~be increased to at least a certain amount beginning in a certain fiscal year~~; and generally relating to the funding for emergency services.

BY repealing and reenacting, without amendments,
Article – Health – General
Section 19–101
Annotated Code of Maryland
(2023 Replacement Volume)

BY repealing and reenacting, with amendments,
Article – Health – General
Section 19–130
Annotated Code of Maryland
(2023 Replacement Volume)

BY repealing and reenacting, without amendments,
Article – Public Safety
Section 8–102(a)
Annotated Code of Maryland
(2022 Replacement Volume and 2023 Supplement)

BY adding to
Article – Public Safety
Section 8–102(g)
Annotated Code of Maryland
(2022 Replacement Volume and 2023 Supplement)

BY repealing and reenacting, with amendments,
Article – Transportation
Section 13–954 and 21–902(a) through (d)
Annotated Code of Maryland
(2020 Replacement Volume and 2023 Supplement)

BY repealing and reenacting, without amendments,
Article – Transportation
Section 13–955
Annotated Code of Maryland
(2020 Replacement Volume and 2023 Supplement)

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

Article – Health – General

19–101.

In this subtitle, "Commission" means the Maryland Health Care Commission.

19–130.

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

(2) "Fund" means the Maryland Trauma Physician Services Fund.

(3) "Maryland Trauma Specialty Referral Centers" means:

(i) The Johns Hopkins Health System Burn Program;

(ii) The Eye Trauma Center at the Wilmer Eye Institute at The Johns Hopkins Hospital; and

(iii) The Curtis National Hand Center at Union Memorial Hospital.

(4) "REASONABLE COMPENSATION EQUIVALENT" MEANS THE LIMITATION ON THE COST ESTABLISHED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES THAT A PROVIDER MAY CLAIM FOR COMPENSATION OF SERVICES.

[(4)**]** **(5)** "Rehabilitation hospital" means a facility classified as a special rehabilitation hospital as described in § 19–307 of this title that is affiliated with a trauma center by common ownership.

[(5)**]** **(6)** (i) "Trauma center" means a facility designated by the Maryland Institute for Emergency Medical Services Systems as:

1. The State primary adult resource center;

2. A Level I trauma center;

3. A Level II trauma center;

4. A Level III trauma center;

5. A pediatric trauma center; or

6. The Maryland Trauma Specialty Referral Centers.

(ii) "Trauma center" includes an out–of–state pediatric trauma center that has entered into an agreement with the Maryland Institute for Emergency Medical Services Systems.

(7) "TRAUMA HEALTH CARE PRACTITIONER" MEANS A HEALTH CARE PRACTITIONER LICENSED UNDER THE HEALTH OCCUPATIONS ARTICLE WHO PROVIDES CARE IN A TRAUMA CENTER OR IN A REHABILITATION HOSPITAL TO TRAUMA PATIENTS ON THE STATE TRAUMA REGISTRY AS DEFINED BY THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS.

[(6)**] (8)** "Trauma physician" means a physician who provides care in a trauma center or in a rehabilitation hospital to trauma patients on the State trauma registry as defined by the Maryland Institute for Emergency Medical Services Systems.

[(7)**] (9)** "Uncompensated care" means care provided by a trauma physician **OR A TRAUMA HEALTH CARE PRACTITIONER** to a trauma patient on the State trauma registry who:

(i) Has no health insurance, including Medicare Part B coverage;

(ii) Is not eligible for medical assistance coverage; and

(iii) Has not paid the trauma physician **OR TRAUMA HEALTH CARE PRACTITIONER** for care provided by the trauma physician **OR TRAUMA HEALTH CARE PRACTITIONER**, after documented attempts by the trauma physician **OR TRAUMA HEALTH CARE PRACTITIONER** to collect payment.

(b) (1) There is a Maryland Trauma Physician Services Fund.

(2) The purpose of the Fund is to subsidize the documented costs:

(i) Of uncompensated care incurred by a trauma physician **OR TRAUMA HEALTH CARE PRACTITIONER** in providing trauma care to a trauma patient on the State trauma registry;

(ii) Of undercompensated care incurred by a trauma physician **OR TRAUMA HEALTH CARE PRACTITIONER** in providing trauma care to an enrollee of the Maryland Medical Assistance Program who is a trauma patient on the State trauma registry;

(iii) Incurred by a trauma center to maintain trauma physicians on–call as required by the Maryland Institute for Emergency Medical Services Systems;

(iv) Incurred by the State primary adult resource center to maintain trauma surgeons, orthopedic surgeons, neurosurgeons, and anesthesiologists on–call and on standby as required by the Maryland Institute for Emergency Medical Services Systems; and

(v) Incurred by the Commission and the Health Services Cost Review Commission to administer the Fund and audit reimbursement requests to assure appropriate payments are made from the Fund.

(3) The Commission and the Health Services Cost Review Commission shall administer the Fund.

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

(5) Interest on and other income from the Fund shall be separately accounted for and credited to the Fund, and are not subject to § 6–226(a) of the State Finance and Procurement Article.

(c) The Fund consists of **[**motor**]:**

(1) **MOTOR** vehicle registration surcharges paid into the Fund in accordance with § 13–954(b)(2) of the Transportation Article**;**

(2) **AT LEAST ~~10%~~ *20%* OF THE FINES COLLECTED UNDER § 21–902(A)(1), (B)(2), (C)(2), AND (D)(1) OF THE TRANSPORTATION ARTICLE; AND**

(3) **ANY OTHER MONEY TRANSFERRED FROM THE GENERAL FUND OF THE STATE**.

(d) (1) Disbursements from the Fund shall be made in accordance with a methodology established jointly by the Commission and the Health Services Cost Review Commission to calculate costs incurred by trauma physicians and trauma centers that are eligible to receive reimbursement under subsection (b) of this section.

(2) The Fund shall transfer to the Maryland Department of Health an amount sufficient to fully cover the State's share of expenditures for the costs of undercompensated care incurred by a trauma physician in providing trauma care to an enrollee of the Maryland Medical Assistance Program who is a trauma patient on the State trauma registry.

(3) The methodology developed under paragraph (1) of this subsection shall:

(i) Take into account:

1. The amount of uncompensated care provided by trauma physicians;

2. The amount of undercompensated care attributable to the treatment of Medicaid enrollees in trauma centers;

3. The cost of maintaining trauma physicians on–call;

4. The number of patients served by trauma physicians in trauma centers;

5. The number of Maryland residents served by trauma physicians in trauma centers; and

6. The extent to which trauma–related costs are otherwise subsidized by hospitals, the federal government, and other sources; and

(ii) Include an incentive to encourage hospitals to continue to subsidize trauma–related costs not otherwise included in hospital rates.

(4) The methodology developed under paragraph (1) of this subsection shall use the following parameters to determine the amount of reimbursement made to trauma physicians and trauma centers from the Fund:

(i) 1. The cost incurred by a Level II trauma center to maintain trauma surgeons, orthopedic surgeons, and neurosurgeons on–call shall be reimbursed:

A. At a rate of up to **[**30%**]** **60%** of the reasonable **[**cost equivalents**]** **COMPENSATION EQUIVALENT** hourly rate for the specialty, inflated to the current year by the physician compensation component of the Medicare economic index as designated by the Centers for Medicare and Medicaid Services; and

B. For the minimum number of trauma physicians required to be on–call, as specified by the Maryland Institute for Emergency Medical Services Systems in its criteria for Level II trauma centers;

2. The cost incurred by a Level III trauma center to maintain trauma surgeons, orthopedic surgeons, neurosurgeons, and anesthesiologists on–call shall be reimbursed:

A. At a rate of up to **[**35%**]** **60%** of the reasonable **[**cost equivalents**]** **COMPENSATION EQUIVALENT** hourly rate for the specialty, inflated to the current year by the physician compensation component of the Medicare economic index as designated by the Centers for Medicare and Medicaid Services; and

B. For the minimum number of trauma physicians required to be on–call, as specified by the Maryland Institute for Emergency Medical Services Systems in its criteria for Level III trauma centers;

3. The cost incurred by a Level I trauma center or pediatric trauma center to maintain trauma surgeons, orthopedic surgeons, and neurosurgeons

on–call when a post–graduate resident is attending in the trauma center shall be reimbursed:

A. At a rate of up to **[**30%**]** **60%** of the reasonable **[**cost equivalents**]** **COMPENSATION EQUIVALENT** hourly rate for the specialty, inflated to the current year by the physician compensation component of the Medicare economic index as designated by the Centers for Medicare and Medicaid Services; and

B. When a post–graduate resident is **[**permitted**]** **AUTHORIZED** to be in the trauma center, as specified by the Maryland Institute for Emergency Medical Services Systems in its criteria for Level I trauma centers or pediatric trauma centers;

4. The cost incurred by a Maryland Trauma Specialty Referral Center to maintain trauma surgeons on–call in the specialty of the Center when a post–graduate resident is attending in the Center shall be reimbursed:

A. At a rate of up to **[**30%**]** **60%** of the reasonable **[**cost equivalents**]** **COMPENSATION EQUIVALENT** hourly rate for the specialty, inflated to the current year by the physician compensation component of the Medicare economic index as designated by the Centers for Medicare and Medicaid Services; and

B. When a post–graduate resident is **[**permitted**]** **AUTHORIZED** to be in the Center, as specified by the Maryland Institute for Emergency Medical Services Systems in its criteria for a Maryland Trauma Specialty Referral Center; and

5. A. A Level II trauma center is eligible for a maximum of **[**24,500**]** **26,280** hours of trauma on–call per year;

B. A Level III trauma center is eligible for a maximum of 35,040 hours of trauma on–call per year;

C. A Level I trauma center shall be eligible for a maximum of 4,380 hours of trauma on–call per year;

D. A pediatric trauma center shall be eligible for a maximum of 4,380 hours of trauma on–call per year; and

E. A Maryland Trauma Specialty Referral Center shall be eligible for a maximum of 2,190 hours of trauma on–call per year;

(ii) The cost of undercompensated care incurred by a trauma physician in providing trauma care to enrollees of the Maryland Medical Assistance Program who are trauma patients on the State trauma registry shall be reimbursed at a

rate of up to 100% of the Medicare payment for the service, minus any amount paid by the Maryland Medical Assistance Program;

(iii) The cost of uncompensated care incurred by a trauma physician in providing trauma care to trauma patients on the State trauma registry shall be reimbursed at a rate of 100% of the Medicare payment for the service, minus any recoveries made by the trauma physician for the care;

(iv) The Commission, in consultation with the Health Services Cost Review Commission, may establish a payment rate for uncompensated care incurred by a trauma physician in providing trauma care to trauma patients on the State trauma registry that is above 100% of the Medicare payment for the service if:

1. The Commission determines that increasing the payment rate above 100% of the Medicare payment for the service will address an unmet need in the State trauma system; and

2. The Commission reports on its intention to increase the payment rate to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government Article, at least 60 days before any adjustment to the rate;

(v) The Commission shall develop guidelines for the reimbursement of the documented costs of the State primary adult resource center under subsection (b)(2)(iv) of this section; **[**and**]**

(VI) THE COMMISSION, IN CONSULTATION WITH THE HEALTH SERVICES COST REVIEW COMMISSION, MAY CHANGE THE PERCENTAGE OF THE REASONABLE COMPENSATION EQUIVALENT PAID TO TRAUMA HOSPITALS IF:

1. THE COMMISSION DETERMINES THAT THE PROJECTED REVENUE TO BE COLLECTED IN THE FUND IS ADEQUATE TO SUPPORT THE PROPOSED INCREASE IN THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT INFLATED TO THE CURRENT YEAR BY THE PHYSICIAN COMPENSATION COMPONENT OF THE MEDICARE ECONOMIC INDEX; AND

2. THE COMMISSION REPORTS ON ITS INTENTION TO CHANGE THE PERCENTAGE OF REASONABLE COMPENSATION EQUIVALENT TO BE PAID FOR ON–CALL COSTS TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, AT LEAST 60 DAYS BEFORE ANY ADJUSTMENT TO THE ALLOWABLE HOURS;

(VII) THE COMMISSION, IN CONSULTATION WITH THE HEALTH SERVICES COST REVIEW COMMISSION, MAY CHANGE THE NUMBER OF ALLOWABLE

HOURS OF TRAUMA ON–CALL EACH YEAR IF THE COMMISSION REPORTS ON ITS INTENTION TO CHANGE THE NUMBER OF ALLOWABLE HOURS TO THE SENATE FINANCE COMMITTEE AND THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, AT LEAST 60 DAYS BEFORE ANY ADJUSTMENT TO THE ALLOWABLE HOURS;

(VIII) THE COMMISSION MAY MODIFY THE PERCENTAGE PAID, ~~AND THE MAXIMUM NUMBER OF HOURS ALLOWED,~~ *OF THE REASONABLE COMPENSATION EQUIVALENT* FOR ON–CALL ~~CARE~~ *HOURS* NOT MORE THAN ONCE EACH YEAR; AND

[(vi)**]** **(IX)** The total reimbursement to emergency physicians from the Fund may not exceed $300,000 annually.

(5) In order to receive reimbursement, a trauma physician **OR TRAUMA HEALTH CARE PRACTITIONER** in the case of costs of uncompensated care under subsection (b)(2)(i) of this section, or a trauma center in the case of on–call costs under subsection (b)(2)(iii) of this section, shall apply to the Fund on a form and in a manner approved by the Commission and the Health Services Cost Review Commission.

(6) (i) The Commission and the Health Services Cost Review Commission shall adopt regulations that specify the information that trauma physicians, **TRAUMA HEALTH CARE PRACTITIONERS,** and trauma centers must submit to receive money from the Fund.

(ii) The information required shall include:

1. The name and federal tax identification number of the trauma physician rendering the service;

2. The date of the service;

3. Appropriate codes describing the service;

4. Any amount recovered for the service rendered;

5. The name of the trauma patient;

6. The patient's trauma registry number; and

7. Any other information the Commission and the Health Services Cost Review Commission consider necessary to disburse money from the Fund.

(iii) It is the intent of the General Assembly that trauma physicians and trauma centers shall cooperate with the Commission and the Health Services Cost

Review Commission by providing information required under this paragraph in a timely and complete manner.

(e) (1) Except as provided in paragraph (2) of this subsection and notwithstanding any other provision of law, expenditures from the Fund for costs incurred in any fiscal year may not exceed revenues of the Fund.

(2) (i) The Commission, in consultation with the Health Services Cost Review Commission and the Maryland Institute for Emergency Medical Services Systems, shall develop a process for the award of grants to **LEVEL I,** Level II**,** and Level III trauma centers **[**in the State to be used for equipment primarily used**]** in the delivery of trauma care.

(ii) 1. The Commission shall issue grants under this paragraph from any balance carried over to the Fund from prior fiscal years.

2. **[**The total amount of grants awarded under this paragraph in a fiscal year may not exceed 10% of the balance remaining in the Fund at the end of the fiscal year immediately prior to the fiscal year in which grants are awarded**]** **THE TOTAL AMOUNT OF GRANTS AWARDED UNDER THIS PARAGRAPH IN A FISCAL YEAR MAY NOT REDUCE THE BALANCE REMAINING IN THE FUND AT THE END OF THE FISCAL YEAR TO LESS THAN 15% OF THE REVENUE COLLECTED IN THAT FISCAL YEAR**.

(iii) The process developed by the Commission for the award of grants under this paragraph shall include:

1. Grant applications and review and selection criteria for the award of grants;

2. Review by the Commission, if necessary, for any project that exceeds certificate of need thresholds; and

3. Any other procedure determined necessary by the Commission.

(iv) Before awarding grants under this subsection in a fiscal year, the Commission shall report to the Senate Finance Committee and the House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government Article, on the process that the Commission has developed for awarding grants in that fiscal year.

(f) On or before November 1 of each year, the Commission and the Health Services Cost Review Commission shall report to the General Assembly, in accordance with § 2–1257 of the State Government Article, on:

(1) The amount of money in the Fund on the last day of the previous fiscal year;

(2) The amount of money applied for by trauma physicians**, TRAUMA HEALTH CARE PRACTITIONERS,** and trauma centers during the previous fiscal year;

(3) The amount of money distributed in the form of trauma physician**, TRAUMA HEALTH CARE PRACTITIONER,** and trauma center reimbursements during the previous fiscal year;

(4) Any recommendations for altering the manner in which trauma physicians**, TRAUMA HEALTH CARE PRACTITIONERS,** and trauma centers are reimbursed from the Fund;

(5) The costs incurred in administering the Fund during the previous fiscal year; **[**and**]**

(6) The amount that each hospital that participates in the Maryland trauma system and that has a trauma center contributes toward the subsidization of trauma–related costs for its trauma center**;**

(7) THE ~~AMOUNT THE HEALTH SERVICES COST REVIEW COMMISSION ALLOWED~~ ***COSTS THAT HOSPITALS REPORTED TO THE HEALTH SERVICES COST REVIEW COMMISSION AND ARE ACCOUNTED FOR IN THE GLOBAL BUDGETS OF THE HOSPITALS FOR EACH OF THE FOLLOWING*****:**

(I) ~~IN HOSPITAL RATES FOR TRAUMA~~ ***TRAUMA*** **STANDBY;**

(II) ~~FOR MAINTAINING~~ ***ALLOWABLE TRAUMA CENTER COSTS FOR REIMBURSING THE TRAUMA DIRECTOR AND TRAUMA STAFF;***

(III) MAINTAINING **MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS TRAUMA PROTOCOLS;**

(IV) MAINTAINING SPECIALIZED TRAUMA STAFF;

~~(III)~~ ***(V)*** **~~FOR PROCURING~~** ***PROCURING*** **SPECIALIZED TRAUMA EQUIPMENT; AND**

~~(IV)~~ ***(VI)*** **~~FOR PROVIDING~~** ***PROVIDING*** **TRAUMA EDUCATION AND TRAINING; AND**

(8) ANY IMPROVEMENTS MADE BY TRAUMA CENTERS AS A RESULT OF AN INCREASE IN FUNDING.

(G) THE COMMISSION SHALL AWARD AN ANNUAL GRANT FROM THE FUND IN THE AMOUNT UP TO $1,800,000 TO LEVEL I PEDIATRIC TRAUMA CENTERS AS FOLLOWS:

(1) UP TO $900,000 TO JOHNS HOPKINS CHILDREN'S CENTER; AND

(2) UP TO $900,000 TO CHILDREN'S NATIONAL MEDICAL CENTER.

Article – Public Safety

8–102.

(a) There is a Senator William H. Amoss Fire, Rescue, and Ambulance Fund.

(G) BEGINNING IN FISCAL YEAR 2026, THE GOVERNOR SHALL INCLUDE AN ANNUAL APPROPRIATION TO THE FUND OF AT LEAST $16,500,000.

Article – Transportation

13–954.

(a) In this section, "motor vehicle" means a:

(1) Class A (passenger) vehicle;

(2) Class B (for hire) vehicle;

(3) Class C (funeral and ambulance) vehicle;

(4) Class D (motorcycle) vehicle;

(5) Class E (truck) vehicle;

(6) Class F (tractor) vehicle;

(7) Class H (school) vehicle;

(8) Class J (vanpool) vehicle;

(9) Class M (multipurpose) vehicle;

(10) Class P (passenger bus) vehicle;

(11) Class Q (limousine) vehicle;

(12) Class R (low speed) vehicle; or

(13) Vehicle within any other class designated by the Administrator.

(b) (1) In addition to the registration fee otherwise required by this title, the owner of any motor vehicle registered under this title shall pay a surcharge of **[**$17.00**]** **$40.00** per year for each motor vehicle registered.

(2) **(I)** **[**$2.50**]** ~~**$7.50**~~ ***$6.50*** of the surcharge collected under paragraph (1) of this subsection shall be paid into the Maryland Trauma Physician Services Fund established under § 19–130 of the Health – General Article.

(II) THE GOVERNOR ANNUALLY SHALL ALLOCATE AT LEAST $9.00 OF THE SURCHARGE COLLECTED UNDER PARAGRAPH (1) OF THIS SUBSECTION TO THE R ADAMS COWLEY SHOCK TRAUMA CENTER.

(III) THE BALANCE OF THE SURCHARGE COLLECTED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE PAID TO THE MARYLAND EMERGENCY MEDICAL SYSTEM OPERATIONS FUND ESTABLISHED UNDER § 13–955 OF THIS SUBTITLE.

13–955.

(a) In this section, "Fund" means the Maryland Emergency Medical System Operations Fund.

(b) (1) There is a Maryland Emergency Medical System Operations Fund.

(2) The Comptroller shall administer the Fund, including accounting for all transactions and performing year–end reconciliation.

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

(4) Interest and earnings on the Fund shall be separately accounted for and credited to the Fund, and are not subject to § 6–226(a) of the State Finance and Procurement Article.

(c) The Fund consists of:

(1) Registration surcharges collected under § 13–954 of this subtitle;

(2) All funds, including charges for accident scene transports and interhospital transfers of patients, generated by an entity specified in subsection (e) of this section that is a unit of State government; and

(3) Revenues distributed to the Fund from the surcharges collected under § 7–301(f) of the Courts Article.

(d) Expenditures from the Fund shall be made pursuant to an appropriation approved by the General Assembly in the annual State budget or by the budget amendment procedure provided under § 7–209 of the State Finance and Procurement Article, provided that any budget amendment shall be submitted to and approved by the Legislative Policy Committee prior to the expenditure or obligation of funds.

(e) The money in the Fund shall be used solely for:

(1) Medically oriented functions of the Department of State Police, Special Operations Bureau, Aviation Division;

(2) The Maryland Institute for Emergency Medical Services Systems;

(3) The R Adams Cowley Shock Trauma Center at the University of Maryland Medical System;

(4) The Maryland Fire and Rescue Institute;

(5) The provision of grants under the Senator William H. Amoss Fire, Rescue, and Ambulance Fund in accordance with the provisions of Title 8, Subtitle 1 of the Public Safety Article; and

(6) The Volunteer Company Assistance Fund in accordance with the provisions of Title 8, Subtitle 2 of the Public Safety Article.

21–902.

(a) (1) (i) A person may not drive or attempt to drive any vehicle while under the influence of alcohol.

(ii) A person may not drive or attempt to drive any vehicle while the person is under the influence of alcohol per se.

(iii) A person convicted of a violation of this paragraph is subject to:

1. For a first offense, imprisonment not exceeding 1 year or a fine not exceeding **[**$1,000**]** ~~**$1,100**~~ ***$1,200*** or both; and

2. For a second offense, imprisonment not exceeding 2 years or a fine not exceeding **[**$2,000**]** ~~**$2,200**~~ ***$2,400*** or both.

(iv) For the purpose of determining subsequent offender penalties for a violation of this paragraph, a prior conviction under subsection (b), (c), or (d) of this section

or § 8–738 of the Natural Resources Article, within 5 years before the conviction for a violation of this paragraph, shall be considered a prior conviction.

(2) (i) A person may not violate paragraph (1) of this subsection while transporting a minor.

(ii) A person convicted of a violation of this paragraph is subject to:

1. For a first offense, imprisonment not exceeding 2 years or a fine not exceeding $2,000 or both; and

2. For a second offense, imprisonment not exceeding 3 years or a fine not exceeding $3,000 or both.

(iii) For the purpose of determining subsequent offender penalties for a violation of this paragraph, a prior conviction under this paragraph or subsection (b)(2), (c)(2), or (d)(2) of this section shall be considered a prior conviction.

(b) (1) (i) A person may not drive or attempt to drive any vehicle while impaired by alcohol.

(ii) A person convicted of a violation of this paragraph is subject to:

1. For a first offense, imprisonment not exceeding 2 months or a fine not exceeding $500 or both; and

2. For a second offense, imprisonment not exceeding 1 year or a fine not exceeding $500 or both.

(iii) For the purpose of determining subsequent offender penalties for a violation of this paragraph, a prior conviction under this subsection or subsection (a), (c), or (d) of this section or § 8–738 of the Natural Resources Article shall be considered a prior conviction.

(2) (i) A person may not violate paragraph (1) of this subsection while transporting a minor.

(ii) A person convicted of a violation of this paragraph is subject to:

1. For a first offense, imprisonment not exceeding 1 year or a fine not exceeding **[**$1,000**]** ~~**$1,100**~~ ***$1,200*** or both; and

2. For a second offense, imprisonment not exceeding 2 years or a fine not exceeding **[**$2,000**]** ~~**$2,200**~~ ***$2,400*** or both.

(iii) For the purpose of determining subsequent offender penalties for a violation of this paragraph, a prior conviction under this paragraph or subsection (a)(2), (c)(2), or (d)(2) of this section shall be considered a prior conviction.

(c) (1) (i) A person may not drive or attempt to drive any vehicle while so far impaired by any drug, any combination of drugs, or a combination of one or more drugs and alcohol that the person cannot drive a vehicle safely.

(ii) A person convicted of a violation of this paragraph is subject to:

1. For a first offense, imprisonment not exceeding 2 months or a fine not exceeding $500 or both; and

2. For a second offense, imprisonment not exceeding 1 year or a fine not exceeding $500 or both.

(iii) For the purpose of determining subsequent offender penalties for a violation of this paragraph, a prior conviction under this subsection or subsection (a), (b), or (d) of this section or § 8–738 of the Natural Resources Article shall be considered a prior conviction.

(iv) It is not a defense to any charge of violating this subsection that the person charged is or was entitled under the laws of this State to use the drug, combination of drugs, or combination of one or more drugs and alcohol, unless the person was unaware that the drug or combination would make the person incapable of safely driving a vehicle.

(2) (i) A person may not violate paragraph (1) of this subsection while transporting a minor.

(ii) A person convicted of a violation of this paragraph is subject to:

1. For a first offense, imprisonment not exceeding 1 year or a fine not exceeding **[**$1,000**]** ~~**$1,100**~~ ***$1,200*** or both; and

2. For a second offense, imprisonment not exceeding 2 years or a fine not exceeding **[**$2,000**]** ~~**$2,200**~~ ***$2,400*** or both.

(iii) For the purpose of determining subsequent offender penalties for a violation of this paragraph, a prior conviction under this paragraph or subsection (a)(2), (b)(2), or (d)(2) of this section shall be considered a prior conviction.

(d) (1) (i) A person may not drive or attempt to drive any vehicle while the person is impaired by any controlled dangerous substance, as that term is defined in § 5–101 of the Criminal Law Article, if the person is not entitled to use the controlled dangerous substance under the laws of this State.

(ii) A person convicted of a violation of this paragraph is subject to:

1. For a first offense, imprisonment not exceeding 1 year or a fine not exceeding **[**$1,000**]** ~~**$1,100**~~ ***$1,200*** or both; and

2. For a second offense, imprisonment not exceeding 2 years or a fine not exceeding **[**$2,000**]** ~~**$2,200**~~ ***$2,400*** or both.

(iii) For the purpose of determining subsequent offender penalties for a violation of this paragraph, a prior conviction under subsection (a), (b), or (c) of this section or § 8–738 of the Natural Resources Article, within 5 years before the conviction for a violation of this paragraph, shall be considered a prior conviction.

(2) (i) A person may not violate paragraph (1) of this subsection while transporting a minor.

(ii) A person convicted of a violation of this paragraph is subject to:

1. For a first offense, imprisonment not exceeding 2 years or a fine not exceeding $2,000 or both; and

2. For a second offense, imprisonment not exceeding 3 years or a fine not exceeding $3,000 or both.

(iii) For the purpose of determining subsequent offender penalties for a violation of this paragraph, a prior conviction under this paragraph or subsection (a)(2), (b)(2), or (c)(2) of this section shall be considered a prior conviction.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2024.

Approved:

_____

Governor.

_____

President of the Senate.

_____

Speaker of the House of Delegates.