

HOUSE BILL 1347

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HB 1150/21 – HGO

2lr2538

By: **Delegates Cox, Boteler, McComas, and Rose**

Introduced and read first time: February 11, 2022

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Authority of the Secretary of Health and Medical Information**

3 FOR the purpose of altering a provision of law that prohibits a parent or guardian from
4 being required to present a certain certificate of immunization under certain
5 circumstances to be admitted to school to apply only to public schools; requiring the
6 Secretary of Health to include an exclusion for certain individuals when exercising
7 certain authority; prohibiting an individual from being required to provide certain
8 proof to obtain employment, to travel, or to access any public facility; and generally
9 relating to the authority of the Secretary of Health and medical information.

10 BY repealing and reenacting, with amendments,
11 Article – Education
12 Section 7–403
13 Annotated Code of Maryland
14 (2018 Replacement Volume and 2021 Supplement)

15 BY adding to
16 Article – Health – General
17 Section 18–901.1; and 20–2201 to be under the new subtitle “Subtitle 22. Medical
18 Information for Employment, Travel, or Public Facility Access”
19 Annotated Code of Maryland
20 (2019 Replacement Volume and 2021 Supplement)

21 BY repealing and reenacting, without amendments,
22 Article – Health – General
23 Section 18–902 through 18–905 and 18–906(a)
24 Annotated Code of Maryland
25 (2019 Replacement Volume and 2021 Supplement)

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

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



Article – Education

7–403.

(a) (1) In cooperation with the State Board and the Maryland State Medical Society, the Maryland Department of Health shall adopt rules and regulations regarding blood tests for lead poisoning required of children entering schools.

(2) In cooperation with the State Board and the Statewide Advisory Commission on Immunizations, the Maryland Department of Health shall adopt rules and regulations regarding immunizations required of children entering schools.

(3) These rules and regulations shall:

(i) Be adopted in compliance with the Administrative Procedure Act;

(ii) Provide that any child may have the immunization administered by his personal physician; and

(iii) 1. By September 2003, in areas designated as at risk for lead poisoning, as determined under § 18–106 of the Health – General Article, when a child enters a public prekindergarten program, kindergarten program, or first grade, require the parent or legal guardian of the child to provide documentation from a health care provider, on a form developed by the Maryland Department of Health, certifying that the child has undergone blood testing for lead poisoning administered in accordance with the guidelines of the Centers for Disease Control and Prevention in the screening of young children for lead poisoning: Guidance for State and Local Public Health Officials (November 1997) and any subsequent guidelines; and

2. By September 2003, require a program or school to report the name, last known address, and telephone number of each child for whom certified documentation of a lead test is not provided under item 1 of this item, as determined by regulation, to the local health department in the jurisdiction where the child resides.

(4) Any requirement for the administration of pertussis vaccine shall be consistent with § 18–332(b) of the Health – General Article.

(b) (1) Unless the Secretary of Health declares an emergency or an epidemic of disease, a child whose parent or guardian objects to immunization on the ground that it conflicts with the parent’s or guardian’s bona fide religious beliefs and practices may not be required to present a physician’s certification of immunization in order to be admitted to a **PUBLIC** school.

(2) The Secretary of Health shall adopt rules and regulations for religious exemptions under this subsection.

Article – Health – General

18–901.1.

IN EXERCISING THE AUTHORITY GRANTED IN THIS SUBTITLE, THE SECRETARY SHALL INCLUDE AN EXCLUSION FOR:

(1) VULNERABLE INDIVIDUALS; AND

(2) INDIVIDUALS WHO OBJECT TO THE SECRETARY’S AUTHORITY.

18–902.

Notwithstanding any other provision of law, the Secretary may exercise the authority granted in this subtitle to:

(1) Continuously evaluate and modify existing disease surveillance procedures in order to detect a catastrophic health emergency;

(2) Investigate actual or potential exposures to a deadly agent; and

(3) Treat, prevent, or reduce the spread of the disease or outbreak believed to have been caused by the exposure to a deadly agent.

18–903.

(a) (1) In accordance with procedures to be adopted by the Department, the Secretary, in consultation with health care facilities, may require health care facilities to develop and implement contingency plans addressing:

(i) Staff training needs;

(ii) Stockpiling of equipment, medication, and supplies necessary to address a catastrophic health emergency;

(iii) Treatment and decontamination protocols;

(iv) The coordination of services with other public and private entities; and

(v) Any other area that the Secretary determines is necessary to assist in the early detection and treatment of an individual exposed to a deadly agent.

(2) To the extent feasible, the procedures to be adopted by the Department under paragraph (1) of this subsection shall be consistent with accreditation requirements

of the Joint Commission on Accreditation of Healthcare Organizations.

(b) After consulting with the appropriate licensing board, the Secretary:

(1) Shall publish protocols to assist health care practitioners in developing plans to respond to a catastrophic health emergency; and

(2) May, if necessary, require health care practitioners to implement the plans developed under item (1) of this subsection.

(c) The Secretary shall coordinate with the health occupations boards to develop a process to license, certify, or credential both licensed health care practitioners and out-of-state health care practitioners who may be needed to respond to a catastrophic health emergency.

18–904.

(a) In this section, “information” means medical, epidemiological, or other data concerning a specific individual or a group of individuals, regardless of whether the information is otherwise deemed confidential under Title 4 of this article or as otherwise provided under law.

(b) In order to maintain an effective disease surveillance system for detecting whether individuals have been exposed to a deadly agent, the Secretary may by order, directive, or regulation:

(1) Require a health care provider or other person to report information to the Secretary or other public official on the following:

(i) The presence of an individual or group of individuals with specified illnesses or symptoms;

(ii) Diagnostic and laboratory findings relating to diseases caused by deadly agents;

(iii) Statistical or utilization trends relating to potential disease outbreaks;

(iv) Information needed to conduct contact tracing for exposed individuals; and

(v) Other data deemed by the Secretary to have epidemiological significance in detecting possible catastrophic health emergencies;

(2) Obtain access to information in the possession of a health care provider;

(3) Require or authorize a health care provider to disclose information to

1 an agency of the federal, State, or local government or another health care provider;

2 (4) Require a health care provider or other person to submit reports to the
3 Department containing information detailing the presence and use of deadly agents;

4 (5) Obtain access to premises in order to secure environmental samples
5 and otherwise investigate actual or potential exposures to deadly agents; and

6 (6) Require a veterinarian or other person to report data relating to
7 specified illnesses or symptoms in animal populations.

8 (c) The Secretary, in acquiring information under subsection (b) of this section,
9 shall:

10 (1) Request and use nonidentifying information whenever possible; and

11 (2) Limit the use of confidential information to the extent necessary to
12 detect and investigate actual or potential exposures to a deadly agent.

13 (d) (1) Any information that the Secretary receives under subsection (b) of this
14 section is confidential and may be used or disclosed only in accordance with this section.

15 (2) If the information requested in subsection (b) of this section is otherwise
16 confidential under Title 4 of this article or as otherwise provided under law, the Secretary
17 or person that receives the information may not redisclose the information except as
18 provided in paragraph (3) of this subsection.

19 (3) A person may redisclose the information to another health care provider
20 or public official provided that:

21 (i) The health care provider or public agency to whom the
22 information is disclosed will maintain the confidentiality of the disclosure; and

23 (ii) The Secretary determines the disclosure is necessary to treat,
24 prevent, or reduce the spread of the disease or outbreak believed to have been caused by
25 the exposure to a deadly agent.

26 18–905.

27 (a) In investigating actual or potential exposures to a deadly agent, the Secretary:

28 (1) (i) May issue an order requiring individuals whom the Secretary
29 has reason to believe have been exposed to a deadly agent to seek appropriate and necessary
30 evaluation and treatment;

31 (ii) When the Secretary determines that it is medically necessary
32 and reasonable to prevent or reduce the spread of the disease or outbreak believed to have

1 been caused by the exposure to a deadly agent, may order an individual or group of
2 individuals to go to and remain in places of isolation or quarantine until the Secretary
3 determines that the individual no longer poses a substantial risk of transmitting the
4 disease or condition to the public; and

5 (iii) If a competent individual over the age of 18 refuses vaccination,
6 medical examination, treatment, or testing under this paragraph, may require the
7 individual to go to and remain in places of isolation or quarantine until the Secretary
8 determines that the individual no longer poses a substantial risk of transmitting the
9 disease or condition to the public;

10 (2) May coordinate and direct the efforts of any health officer or health
11 commissioner of any subdivision in seeking to detect or respond to threats posed by a deadly
12 agent; and

13 (3) May order any sheriff, deputy sheriff, or other law enforcement officer
14 of the State or any subdivision to assist in the execution or enforcement of any order issued
15 under this subtitle.

16 (b) The Secretary may issue an order under subsection (a) of this section:

17 (1) If, prior to the issuance of a proclamation under § 14–3A–02 of the
18 Public Safety Article, the Secretary determines that the disease or outbreak can be
19 medically contained by the Department and appropriate health care providers; and

20 (2) As necessary to implement an order issued by the Governor under §
21 14–3A–02 of the Public Safety Article.

22 18–906.

23 (a) (1) If the Secretary requires an individual or a group of individuals to go to
24 and remain in places of isolation or quarantine under § 18–905 of this subtitle, the
25 Secretary shall issue a directive to the individual or group of individuals.

26 (2) The directive shall specify:

27 (i) The identity of the individual or group of individuals subject to
28 isolation or quarantine;

29 (ii) The premises subject to isolation or quarantine;

30 (iii) The date and time at which isolation or quarantine commences;

31 (iv) The suspected deadly agent causing the outbreak or disease, if
32 known;

33 (v) The basis upon which isolation or quarantine is justified; and

(vi) The availability of a hearing to contest the directive.

(3) (i) Except as provided in subparagraph (ii) of this paragraph, the directive shall be in writing and given to the individual or group of individuals prior to the individual or group of individuals being required to go to and remain in places of isolation and quarantine.

(ii) 1. If the Secretary determines that the notice required under subparagraph (i) of this paragraph is impractical because of the number of individuals or geographical areas affected, the Secretary shall ensure that the affected individuals are fully informed of the directive using the best possible means available.

2. If the directive applies to a group of individuals and it is impractical to provide written individual copies under subparagraph (i) of this paragraph, the written directive may be posted in a conspicuous place in the isolation or quarantine premises.

SUBTITLE 22. MEDICAL INFORMATION FOR EMPLOYMENT, TRAVEL, OR PUBLIC FACILITY ACCESS.

20-2201.

AN INDIVIDUAL MAY NOT BE REQUIRED TO PROVIDE PROOF OF A MEDICAL EXAMINATION, A VACCINATION, A MEDICAL TEST, OR ANY OTHER MEDICAL INFORMATION TO OBTAIN EMPLOYMENT, TO TRAVEL BY AIR OR OTHERWISE, OR TO ACCESS ANY PUBLIC FACILITY.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2022.