

HOUSE BILL 319

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CF SB 484

By: **Delegates Kullen, Eckardt, Bartlett, Beidle, Benson, Bohanan, G. Clagett, Dumais, Gaines, Gutierrez, Haddaway, Hecht, James, Jameson, Jenkins, Krebs, Love, Montgomery, Murphy, Nathan-Pulliam, Norman, O'Donnell, Pena-Melnyk, Reznik, and Wood**

Introduced and read first time: January 27, 2010

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 24, 2010

CHAPTER _____

1 AN ACT concerning

2 **State Board of Nursing – Nurse Practitioners – Certification Requirements**
3 **and Authority to Practice**

4 FOR the purpose of altering certain requirements for certification as a nurse
5 practitioner; requiring the State Board of Nursing to waive certain education
6 requirements under certain circumstances; authorizing the State Board of
7 Nursing to establish continuing education or competency requirements for the
8 renewal of a certificate to practice as a nurse practitioner; authorizing the State
9 Board of Nursing to waive certain requirements for applicants who are licensed
10 or certified to practice as a nurse practitioner in another state or country;
11 prohibiting the use of certain titles, descriptions, and abbreviations except
12 under certain circumstances; authorizing a nurse practitioner who is certified in
13 another state to practice in this State under certain circumstances; providing
14 that a temporary practice letter issued to an individual authorized to practice as
15 a certified nurse practitioner in another state authorizes the holder to practice
16 in this State while the letter is effective; repealing language that prohibits the
17 State Board of Nursing from issuing a temporary practice license unless it
18 received a certain written agreement; repealing a requirement that the State
19 Board of Physicians approve the scope of practice of a certified nurse
20 practitioner issued a temporary practice letter; ~~altering certain requirements~~
21 ~~for the standards of quality of care that a health maintenance organization is~~
22 ~~required to provide to its members~~ repealing certain language that authorizes 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.



1 member of a health maintenance organization to select a certified nurse
 2 practitioner under specified circumstances; defining certain terms; altering
 3 certain definitions; requiring the Department of Health and Mental Hygiene to
 4 repeal certain regulations by a certain date; requiring the State Board of
 5 Nursing, in consultation with the State Board of Physicians, to develop a certain
 6 plan; and generally relating to the certification and the scope of practice of
 7 nurse practitioners in the State.

8 BY repealing and reenacting, with amendments,
 9 Article – Health Occupations
 10 Section 8–101, 8–302, 8–315, and 8–508
 11 Annotated Code of Maryland
 12 (2009 Replacement Volume)

13 BY repealing and reenacting, with amendments,
 14 Article – Health – General
 15 Section 19–705.1
 16 Annotated Code of Maryland
 17 (2009 Replacement Volume)

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

20 **Article – Health Occupations**

21 8–101.

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

23 (b) “Board” means the State Board of Nursing.

24 (c) “License” means, unless the context requires otherwise, a license issued
 25 by the Board to practice:

26 (1) Registered nursing; or

27 (2) Licensed practical nursing.

28 (d) “Licensed practical nurse” means, unless the context requires otherwise,
 29 an individual who is licensed by the Board to practice licensed practical nursing.

30 **(E) “NURSE PRACTITIONER” MEANS AN INDIVIDUAL WHO:**

31 **(1) IS LICENSED BY THE BOARD TO PRACTICE REGISTERED**
 32 **NURSING; AND**

1 **(2) IS CERTIFIED BY THE BOARD TO PRACTICE AS A NURSE**
2 **PRACTITIONER.**

3 **(F) “PRACTICE AS A NURSE PRACTITIONER” MEANS TO**
4 **INDEPENDENTLY:**

5 **(1) PERFORM AN ACT UNDER SUBSECTION (H) OF THIS SECTION;**

6 **(2) CONDUCT A COMPREHENSIVE PHYSICAL ASSESSMENT OF AN**
7 **INDIVIDUAL;**

8 **(3) ESTABLISH A MEDICAL DIAGNOSIS FOR COMMON CHRONIC**
9 **STABLE, OR SHORT-TERM, ~~OR ACUTE~~ HEALTH PROBLEMS;**

10 **(4) ORDER, PERFORM, AND INTERPRET LABORATORY TESTS;**

11 **(5) PRESCRIBE DRUGS AS PROVIDED UNDER § 8-508 OF THIS**
12 **TITLE;**

13 **(6) PERFORM DIAGNOSTIC, THERAPEUTIC, OR CORRECTIVE**
14 **MEASURES;**

15 **(7) REFER AN INDIVIDUAL TO AN APPROPRIATE LICENSED**
16 **PHYSICIAN OR OTHER HEALTH CARE PROVIDER; AND**

17 **(8) PROVIDE EMERGENCY CARE; ~~AND~~**

18 ~~**(9) ADMIT AN INDIVIDUAL TO A HOSPITAL OR NURSING FACILITY.**~~

19 **[(e)] (G) “Practice licensed practical nursing” means to perform in a team**
20 **relationship an act that requires specialized knowledge, judgment, and skill based on**
21 **principles of biological, physiological, behavioral, or sociological science to:**

22 (1) Administer treatment or medication to an individual;

23 (2) Aid in the rehabilitation of an individual;

24 (3) Promote preventive measures in community health;

25 (4) Give counsel to an individual;

26 (5) Safeguard life and health;

27 (6) Teach or supervise; or

1 (7) Perform any additional acts authorized by the Board under
2 § 8–205 of this title.

3 **[(f)] (H)** (1) “Practice registered nursing” means the performance of acts
4 requiring substantial specialized knowledge, judgment, and skill based on the
5 biological, physiological, behavioral, or sociological sciences as the basis for
6 assessment, nursing diagnosis, planning, implementation, and evaluation of the
7 practice of nursing in order to:

8 (i) Maintain health;

9 (ii) Prevent illness; or

10 (iii) Care for or rehabilitate the ill, injured, or infirm.

11 (2) For these purposes, “practice registered nursing” includes:

12 (i) Administration;

13 (ii) Teaching;

14 (iii) Counseling;

15 (iv) Supervision, delegation and evaluation of nursing practice;

16 (v) Execution of therapeutic regimen, including the
17 administration of medication and treatment;

18 (vi) Independent nursing functions and delegated medical
19 functions; and

20 (vii) Performance of additional acts authorized by the Board
21 under § 8–205 of this title.

22 **[(g)] (I)** “Registered nurse” means, unless the context requires otherwise,
23 an individual who is licensed by the Board to practice registered nursing.

24 8–302.

25 (a) Except as otherwise provided in this title, to qualify for a license or
26 certification, an applicant shall be an individual who submits to a criminal history
27 records check in accordance with § 8–303 of this subtitle and meets the requirements
28 of this section.

29 (b) **(1)** An applicant for certification as a certified nurse practitioner shall:

30 **[(1)] (I)** Be a registered nurse;

1 **[(2)] (II)** Complete a nurse practitioner program approved by the
2 Board; [and]

3 **[(3)] (III)** **SUBMIT TO THE BOARD:**

4 1. **A COMPLETED APPLICATION FOR CERTIFICATION**
5 **AS A NURSE PRACTITIONER FOR EACH AREA IN WHICH CERTIFICATION IS SOUGHT;**

6 2. **DOCUMENTATION OF AN ACTIVE LICENSE IN**
7 **GOOD STANDING AS A REGISTERED NURSE IN THE STATE;**

8 3. **DOCUMENTATION THAT THE APPLICANT HAS**
9 **GRADUATED FROM AN ACCREDITED PROGRAM FOR NURSE PRACTITIONERS;**
10 **AND**

11 4. **DOCUMENTATION OF CERTIFICATION AS A NURSE**
12 **PRACTITIONER BY A NATIONALLY RECOGNIZED CERTIFYING BODY APPROVED**
13 **BY THE BOARD; AND**

14 **(IV)** Meet [the] ANY other requirements that the Board sets.

15 **(2)** **AN INDIVIDUAL CERTIFIED BY A NATIONAL CERTIFYING BODY**
16 **PRIOR TO OCTOBER 1, 2010 WHO IS CERTIFIED BY THE BOARD AND IN GOOD**
17 **STANDING SHALL BE DEEMED TO MEET THE EDUCATION REQUIREMENTS UNDER**
18 **SUBSECTION (B)(1)(III)3 OF THIS SECTION.**

19 **(3)** **IN ADDITION TO THE REQUIREMENTS FOR RENEWAL OF A**
20 **LICENSE UNDER § 8-312 OF THIS SUBTITLE, THE BOARD MAY ESTABLISH**
21 **CONTINUING EDUCATION OR COMPETENCY REQUIREMENTS FOR THE RENEWAL**
22 **OF A CERTIFICATE UNDER THIS SUBSECTION.**

23 **(4) (I)** **SUBJECT TO THE PROVISIONS OF THIS SUBSECTION,**
24 **THE BOARD MAY WAIVE ANY REQUIREMENT OF THIS SUBSECTION FOR AN**
25 **APPLICANT WHO IS LICENSED OR CERTIFIED TO PRACTICE AS A NURSE**
26 **PRACTITIONER IN ANY OTHER STATE OR COUNTRY.**

27 **(II)** **THE BOARD MAY GRANT A WAIVER UNDER THIS**
28 **PARAGRAPH ONLY IF THE APPLICANT:**

29 1. **PAYS THE APPLICATION FEE REQUIRED BY THE**
30 **BOARD UNDER § 8-304 OF THIS SUBTITLE;**

1 2. BECAME LICENSED OR CERTIFIED IN THE OTHER
2 STATE OR COUNTRY UNDER REQUIREMENTS SUBSTANTIALLY EQUIVALENT TO
3 THE CERTIFICATION REQUIREMENTS OF THIS TITLE; AND

4 3. MEETS ANY OTHER QUALIFICATIONS
5 ESTABLISHED BY THE BOARD.

6 (5) (I) A CERTIFIED NURSE PRACTITIONER MAY NOT PRACTICE
7 IN THE STATE UNLESS THE NURSE PRACTITIONER HAS AN APPROVED
8 ATTESTATION THAT:

9 1. THE NURSE PRACTITIONER HAS AN AGREEMENT
10 FOR COLLABORATION AND CONSULTING WITH A PHYSICIAN LICENSED UNDER
11 TITLE 14 OF THIS ARTICLE AND WILL REFER TO AND CONSULT WITH
12 PHYSICIANS AND OTHER HEALTH CARE PROVIDERS AS NEEDED; AND

13 2. THE NURSE PRACTITIONER WILL PRACTICE IN
14 ACCORDANCE WITH THE STANDARDS OF PRACTICE OF THE AMERICAN
15 ACADEMY OF NURSE PRACTITIONERS OR ANY OTHER NATIONAL CERTIFYING
16 BODY RECOGNIZED BY THE BOARD.

17 (II) THE BOARD SHALL:

18 1. MAINTAIN AN APPROVED ATTESTATION; AND

19 2. MAKE THE APPROVED ATTESTATION AVAILABLE
20 TO THE STATE BOARD OF PHYSICIANS ON THE REQUEST OF THE STATE BOARD
21 OF PHYSICIANS.

22 ~~(5)~~ (6) UNLESS AUTHORIZED TO PRACTICE AS A NURSE
23 PRACTITIONER UNDER THIS TITLE, A PERSON MAY NOT:

24 (I) REPRESENT TO THE PUBLIC BY TITLE OR BY
25 DESCRIPTION OF SERVICES, METHODS, OR PROCEDURES, OR OTHERWISE, THAT
26 THE PERSON IS AUTHORIZED TO PRACTICE AS A NURSE PRACTITIONER IN THIS
27 STATE;

28 (II) USE AS A TITLE OR DESCRIBE THE SERVICES THE
29 PERSON PROVIDES BY USE OF THE WORDS "NURSE PRACTITIONER" OR
30 "CERTIFIED REGISTERED NURSE PRACTITIONER"; OR

31 (III) USE THE ABBREVIATION "N.P.", "C.R.N.P.", OR ANY
32 OTHER WORDS, LETTERS, OR SYMBOLS WITH THE INTENT TO REPRESENT THAT
33 THE PERSON PRACTICES AS A NURSE PRACTITIONER.

1 (c) An applicant for a license to practice registered nursing shall complete
2 satisfactorily and meet all requirements for a diploma or degree from:

3 (1) A registered nursing education program approved by the Board; or

4 (2) An education program in registered nursing in any other state or
5 country that the Board finds substantially equivalent to the program in this State.

6 (d) An applicant for a license to practice licensed practical nursing shall:

7 (1) Meet all requirements for a high school diploma or its equivalent;
8 and

9 (2) Complete satisfactorily and meet all requirements for a diploma
10 from:

11 (i) A licensed practical nursing education program or its
12 equivalent approved by the Board; or

13 (ii) An education program in licensed practical nursing in any
14 other state or country that the Board finds substantially equivalent to the program in
15 this State.

16 (e) Except as otherwise provided in this title, the applicant shall pass an
17 examination approved by the Board.

18 (f) (1) Except as otherwise provided in this subsection, the Board shall
19 require as part of its examination or licensing procedures that an applicant for a
20 license to practice registered nursing or licensed practical nursing demonstrate an oral
21 competency in the English language.

22 (2) Graduation from a recognized English-speaking undergraduate
23 school after at least 3 years of enrollment, or from a recognized English-speaking
24 professional school is acceptable as proof of proficiency in the oral communication of
25 the English language under this section.

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

29 (4) If any disciplinary charge or action that involves a problem with
30 the oral communication of the English language is brought against a licensee under
31 this title, the Board shall require the licensee to take and pass a Board approved
32 standardized test of oral competency.

33 (5) The Board may not require that an applicant for a license to
34 practice registered nursing or licensed practical nursing who was previously licensed

1 in any other state to practice registered nursing or licensed practical nursing to
2 demonstrate an oral competency in the English language as part of its examination or
3 licensing procedures if the other state has a similar oral competency component as
4 part of its examination or licensing procedures.

5 (6) (i) The Board may issue a temporary license to any applicant
6 for a license to practice registered nursing or licensed practical nursing who was
7 previously licensed in any other state to practice registered nursing or licensed
8 practical nursing and who, except for the oral competency in the English language
9 component, is otherwise qualified for a license.

10 (ii) A temporary license issued under this subsection is valid
11 only until the date when the next test to demonstrate oral competency in the English
12 language is given.

13 (g) An applicant for a license or certification under this section shall be of
14 good moral character.

15 8–315.

16 (a) The Board may issue a temporary license to any applicant who:

17 (1) Submits to a criminal history records check in accordance with
18 § 8–303 of this subtitle;

19 (2) Is licensed by any other state;

20 (3) Submits to the Board:

21 (i) An application on the form required by the Board;

22 (ii) Written, verified evidence that the requirement of item (1) of
23 this subsection is being met; and

24 (iii) Any other document required by the Board; and

25 (4) Pays the fee required by the Board.

26 (b) (1) A temporary license issued to an individual who is authorized to
27 practice registered nursing in another state authorizes the holder to practice
28 registered nursing in this State while the temporary license is effective.

29 (2) A temporary license issued to an individual who is authorized to
30 practice licensed practical nursing in another state authorizes the holder to practice
31 licensed practical nursing in this State while the temporary license is effective.

1 (c) (1) The Board may issue a temporary practice letter to a certified
2 nurse practitioner or certified nurse–midwife who:

3 (i) Has been issued a temporary license under this subsection
4 [and has submitted a written agreement to the Board for formal approval]; AND

5 (ii) Is authorized to practice as a registered nurse [and has
6 submitted an initial written agreement to the Board for formal approval; or

7 (iii) 1. Has had a written agreement approved by the Board;

8 2. Is changing practices or locations; and

9 3. Has submitted to the Board for formal approval a new
10 written agreement for the new practice or location].

11 **(2) A TEMPORARY PRACTICE LETTER ISSUED TO AN INDIVIDUAL**
12 **WHO IS AUTHORIZED TO PRACTICE AS A CERTIFIED NURSE PRACTITIONER IN**
13 **ANOTHER STATE AUTHORIZES THE HOLDER TO PRACTICE AS A CERTIFIED**
14 **NURSE PRACTITIONER IN THIS STATE WHILE THE TEMPORARY PRACTICE**
15 **LETTER IS EFFECTIVE.**

16 [(2) The Board may not issue a temporary practice letter to a certified
17 nurse practitioner or certified nurse–midwife under paragraph (1) of this subsection
18 unless:

19 (i) The State Board of Physicians has received a written
20 agreement submitted to the Board for formal approval of the scope of practice for
21 which the temporary practice letter is requested; and

22 (ii) The State Board of Physicians has approved the issuance of
23 the temporary practice letter.

24 (3) A temporary practice letter does not:

25 (i) Create any interest, right, or entitlement for the certified
26 nurse practitioner, certified nurse–midwife, or collaborating physician that extends
27 beyond the ending date of the practice letter;

28 (ii) Abrogate any procedures required by statute or regulation
29 for approval of collaboration agreements; or

30 (iii) Establish any fact or any presumption concerning the final
31 approval of a collaboration agreement.]

32 (d) (1) Except as provided in this subtitle, a temporary license and
33 temporary practice letter may not be renewed.

1 (2) Unless the Board suspends or revokes a temporary license or
2 temporary practice letter, each temporary license or temporary practice letter expires
3 90 days after the date of issue.

4 (3) A temporary license may be extended up to an additional 90 days if
5 the applicant is awaiting the completion of criminal history record information.

6 (4) A temporary license or temporary practice letter may be extended
7 every 90 days, provided that the total length of renewal does not exceed 12 months
8 from the date the original temporary license or temporary practice letter was issued, if
9 the applicant does not meet the practice requirement as provided for in regulation.

10 (e) The Board shall revoke a temporary license or temporary certificate if the
11 criminal history record information forwarded to the Board in accordance with § 8–303
12 of this subtitle reveals that the applicant, certificate holder, or licensee has been
13 convicted or pled guilty or nolo contendere to a felony or to a crime involving moral
14 turpitude, whether or not any appeal or other proceeding is pending to have the
15 conviction or plea set aside.

16 8–508.

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

18 (2) “Nurse practitioner” means a registered nurse who is:

19 (i) Certified as a nurse practitioner; and

20 (ii) Authorized to prescribe drugs under regulations [jointly]
21 adopted by the State Board of Nursing [and the State Board of Physicians].

22 (3) “Starter dosage” means an amount of drug sufficient to begin
23 therapy:

24 (i) Of short duration of 72 hours or less; or

25 (ii) Prior to obtaining a larger quantity of the drug to complete
26 therapy.

27 (4) “Personally prepare and dispense” means that a nurse practitioner:

28 (i) Is physically present on the premises where the prescription
29 is filled; and

30 (ii) Performs a final check of the prescription before it is
31 provided to the patient.

1 (b) A nurse practitioner may personally prepare and dispense a starter
2 dosage of any drug the nurse practitioner is authorized to prescribe to a patient of the
3 nurse practitioner if:

4 (1) The starter dosage complies with the labeling requirements of §
5 ~~[12-509]~~ **12-505** of this article;

6 (2) No charge is made for the starter dosage; and

7 (3) The nurse practitioner enters an appropriate record in the
8 patient's medical record.

9 (c) In accordance with the provisions of subsection (d) of this section, a nurse
10 practitioner may personally prepare and dispense any drug that a nurse practitioner
11 may prescribe to the extent permitted by law in the course of treating a patient at:

12 (1) A medical facility or clinic that specializes in the treatment of
13 medical cases reimbursable through workers' compensation insurance;

14 (2) A medical facility or clinic that is operated on a nonprofit basis;

15 (3) A health center that operates on a campus of an institution of
16 higher education;

17 (4) A public health facility, a medical facility under contract with a
18 State or local health department, or a facility funded with public funds; or

19 (5) A nonprofit hospital or a nonprofit hospital outpatient facility as
20 authorized under the policies established by the hospital.

21 (d) A nurse practitioner who personally prepares and dispenses a drug in the
22 course of treating a patient as authorized under subsection (c) of this section shall:

23 (1) Comply with the labeling requirements of § ~~[12-509]~~ **12-505** of
24 this article;

25 (2) Record the dispensing of the prescription drug on the patient's
26 chart;

27 (3) Allow the Division of Drug Control to enter and inspect the nurse
28 practitioner's office at all reasonable hours; and

29 (4) Except for starter dosages or samples dispensed without charge,
30 provide the patient with a written prescription, maintain prescription files, and
31 maintain a separate file for Schedule II prescriptions for a period of at least 5 years.

1 19-705.1.

2 (a) The Secretary shall adopt regulations that set out reasonable standards
3 of quality of care that a health maintenance organization shall provide to its members.

4 (b) The standards of quality of care shall include:

5 (1) (i) A requirement that a health maintenance organization shall
6 provide for regular hours during which a member may receive services, including
7 providing for services to a member in a timely manner that takes into account the
8 immediacy of need for services; and

9 (ii) Provisions for assuring that all covered services, including
10 any services for which the health maintenance organization has contracted, are
11 accessible to the enrollee with reasonable safeguards with respect to geographic
12 locations;

13 (2) A requirement that a health maintenance organization shall have
14 a system for providing a member with 24-hour access to a physician ~~OR NURSE~~
15 ~~PRACTITIONER~~ in cases where there is an immediate need for medical services, and
16 for promoting timely access to and continuity of health care services for members,
17 including:

18 (i) Providing 24-hour access by telephone to a person who is
19 able to appropriately respond to calls from members and providers concerning
20 after-hours care; and

21 (ii) Providing a 24-hour toll free telephone access system for use
22 in hospital emergency departments in accordance with § 19-705.7 of this subtitle;

23 (3) A requirement that any nonparticipating provider shall submit to
24 the health maintenance organization the appropriate documentation of the medical
25 complaint of the member and the services rendered;

26 (4) A requirement that a health maintenance organization shall have
27 a physician ~~OR NURSE PRACTITIONER~~ available at all times to provide diagnostic
28 and treatment services;

29 (5) A requirement that a health maintenance organization shall
30 assure that:

31 (i) Each member who is seen for a medical complaint is
32 evaluated under the direction of a physician ~~OR NURSE PRACTITIONER~~; and

1 (ii) Each member who receives diagnostic evaluation or
2 treatment is under the medical management of a health maintenance organization
3 physician ~~OR NURSE PRACTITIONER~~ who provides continuing medical management;

4 (6) A requirement that each member shall have an opportunity to
5 select a primary physician or a certified nurse practitioner from among those available
6 to the health maintenance organization; and

7 (7) A requirement that a health maintenance organization print, in
8 any directory of participating providers or hospitals, in a conspicuous manner, the
9 address, telephone number, and facsimile number of the State agency that members,
10 enrollees, and insureds may call to discuss quality of care issues, life and health
11 insurance complaints, and assistance in resolving billing and payment disputes with
12 the health plan or health care provider, as follows:

13 (i) For quality of care issues and life and health care insurance
14 complaints, the Maryland Insurance Administration; and

15 (ii) For assistance in resolving a billing or payment dispute with
16 the health plan or a health care provider, the Health Education and Advocacy Unit of
17 the Consumer Protection Division of the Office of the Attorney General.

18 [(c) (1) A member may select a certified nurse practitioner as the
19 member's primary care provider if:

20 (i) The certified nurse practitioner provides services at the
21 same location as the certified nurse practitioner's collaborating physician; and

22 (ii) The collaborating physician provides the continuing medical
23 management required under subsection (b)(5) of this section.

24 (2) A member who selects a certified nurse practitioner as a primary
25 care provider shall be provided the name and contact information of the certified nurse
26 practitioner's collaborating physician.]

27 [(3) (8) This subsection may not be construed to require that a
28 health maintenance organization include certified nurse practitioners on the health
29 maintenance organization's provider panel as primary care providers.

30 [(d) (C) (1) The health maintenance organization shall make available
31 and encourage appropriate history and baseline examinations for each member within
32 a reasonable time of enrollment set by it.

33 (2) Medical problems that are a potential hazard to the person's health
34 shall be identified and a course of action to alleviate these problems outlined.

1 (3) Progress notes indicating success or failure of the course of action
2 shall be recorded.

3 (4) The health maintenance organization shall:

4 (i) Offer or arrange for preventive services that include health
5 education and counseling, early disease detection, immunization, and hearing loss
6 screening of newborns provided by a hospital before discharge;

7 (ii) Develop or arrange for periodic health education on subjects
8 which impact on the health status of a member population; and

9 (iii) Notify every member in writing of the availability of these
10 and other preventive services.

11 (5) The health maintenance organization shall offer services to
12 prevent a disease if:

13 (i) The disease produces death or disability and exists in the
14 member population;

15 (ii) The etiology of the disease is known or the disease can be
16 detected at an early stage; and

17 (iii) Any elimination of factors leading to the disease or
18 immunization has been proven to prevent its occurrence, or early disease detection
19 followed by behavior modification, environmental modification, or medical
20 intervention has been proven to prevent death or disability.

21 **[(e)] (D)** (1) To implement these standards of quality of care, a health
22 maintenance organization shall have a written plan that is updated and reviewed at
23 least every 3 years.

24 (2) The plan shall include the following information:

25 (i) Statistics on age, sex, and other general demographic data
26 used to determine the health care needs of its population;

27 (ii) Identification of the major health problems in the member
28 population;

29 (iii) Identification of any special groups of members that have
30 unique health problems, such as the poor, the elderly, the mentally ill, and
31 educationally disadvantaged; and

32 (iv) A description of community health resources and how they
33 will be used.

1 (3) The health maintenance organization shall state its priorities and
2 objectives in writing, describing how the priorities and objectives relating to the health
3 problems and needs of the member population will be provided for.

4 (4) (i) The health maintenance organization shall provide at the
5 time membership is solicited a general description of the benefits and services
6 available to its members, including benefit limitations and exclusions, location of
7 facilities or providers, and procedures to obtain medical services.

8 (ii) The health maintenance organization shall place the
9 following statement, in bold print, on every enrollment card or application: "If you
10 have any questions concerning the benefits and services that are provided by or
11 excluded under this agreement, please contact a membership services representative
12 before signing this application or card".

13 (5) The plan shall contain evidence that:

14 (i) The programs and services offered are based on the health
15 problems of and the community health services available to its member population;

16 (ii) There is an active program for preventing illness, disability,
17 and hospitalization among its members; and

18 (iii) The services designed to prevent the major health problems
19 identified among child and adult members and to improve their general health are
20 provided by the health maintenance organization.

21 **[(f)] (E)** (1) The health maintenance organization shall have an internal
22 peer review system that will evaluate the utilizational services and the quality of
23 health care provided to its members.

24 (2) The review system shall:

25 (i) Provide for review by appropriate health professionals of the
26 process followed in the provision of health services;

27 (ii) Use systematic data collection of performances and patient
28 results;

29 (iii) Provide interpretation of this data to the practitioners;

30 (iv) Review and update continuing education programs for
31 health professionals providing services to its members;

32 (v) Identify needed change and proposed modifications to
33 implement the change; and

1 (vi) Maintain written records of the internal peer review process.

2 **[(g)] (F)** (1) Except as provided in paragraph (5) of this subsection, the
3 Department shall conduct an annual external review of the quality of the health
4 services of the health maintenance organization in a manner that the Department
5 considers to be appropriate.

6 (2) The external review shall be conducted by:

7 (i) A panel of physicians and other health professionals that
8 consists of persons who:

9 1. Have been approved by the Department;

10 2. Have substantial experience in the delivery of health
11 care in a health maintenance organization setting, but who are not members of the
12 health maintenance organization staff or performing professional services for the
13 health maintenance organization; and

14 3. Reside outside the area serviced by the health
15 maintenance organization;

16 (ii) The Department; or

17 (iii) A federally approved professional standards review
18 organization.

19 (3) The final decision on the type of external review that is to be
20 employed rests solely with the Secretary.

21 (4) The external review shall consist of a review and evaluation of:

22 (i) An internal peer review system and reports;

23 (ii) The program plan of the health maintenance organization to
24 determine if it is adequate and being followed;

25 (iii) The professional standards and practices of the health
26 maintenance organization in every area of services provided;

27 (iv) The grievances relating specifically to the delivery of
28 medical care, including their final disposition;

29 (v) The physical facilities and equipment; and

30 (vi) A statistically representative sample of member records.

1 SECTION 2. AND BE IT FURTHER ENACTED, That the ~~Department of~~
 2 ~~Health and Mental Hygiene shall repeal the provisions of Title 10, Subtitle 27 of the~~
 3 ~~Code of Maryland Regulations requiring the implementation of a written agreement~~
 4 ~~between a certified nurse practitioner and a licensed physician and establishing the~~
 5 ~~Joint Committee on Nurse Practitioners on or before December 31, 2012~~ State Board
 6 of Nursing, in consultation with the State Board of Physicians, shall develop a plan for
 7 implementing the provisions of this Act. The plan shall provide for the repeal of
 8 obsolete regulations and include a requirement that attestations made by nurse
 9 practitioners concerning agreements for collaboration and consulting with a physician
 10 identify the collaborating physician.

11 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
 12 October 1, 2010.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.