J1 0 lr 0982 (PRE-FILED) CF HB 259

By: Senators Eckardt and Klausmeier

Requested: October 21, 2019

Introduced and read first time: January 8, 2020

Assigned to: Education, Health, and Environmental Affairs

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: February 26, 2020

CHAPTER _____

1 AN ACT concerning

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Health Occupations – Diagnostic Evaluation and Treatment of Patients –
 Disciplinary Actions
 (The Patient's Access to Integrative Healthcare Act of 2020)

FOR the purpose of prohibiting a health occupations board from disciplining a certain health care practitioner under certain circumstances because of the health care practitioner's use of a certain diagnostic evaluation or treatment of a patient; authorizing a health occupations board to discipline a certain health care practitioner if the board makes a certain determination; prohibiting a health occupations board from using the use of a certain drug, device, biological product, or method as the basis for disciplining a certain health care practitioner; prohibiting a health occupations board, under certain circumstances, from finding that a certain health care practitioner violated any record-keeping, billing, or other regulatory requirements for acts or omissions that arise from professional differences of opinion; prohibiting certain standards for coordination of care or referral to a medical specialist, or other standards of managing patient care, from being higher for a certain health care practitioner than for any other health care practitioner; prohibiting an official, employee, or agent of the State from blocking or attempting to block a patient's access to certain diagnostic or treatment methods under certain circumstances: requiring, except under certain circumstances, that a certain panel of peer reviewers include at least one reviewer with certain training, competence, and experience in certain methods; requiring that a certain panel of peer reviewers in certain cases include, under certain circumstances, at least one reviewer with certain training, competence, and experience in integrative medicine; prohibiting a

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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



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NONCONVENTIONAL IF:

1	certain board from disciplining a licensee or certificate holder in a certain standard			
2	of care case except under certain circumstances; prohibiting health occupations			
3	boards and disciplinary panels from reprimanding a certain licensee or certificate			
4	holder, placing a certain licensee or certificate holder on probation, or suspending or			
5	revoking a license of a certain licensee or the certificate of a certain certificate holder			
6	solely on the basis of a licensee's or certificate holder's use of a certain diagnostic			
7	evaluation or treatment; providing for the construction of this Act; defining a certain			
8	term; and generally relating to disciplinary actions for diagnostic evaluation and			
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U	dicadifferit of patients.			
10	BY adding to			
11	e e e e e e e e e e e e e e e e e e e			
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13	v			
14	4 (2014 Replacement Volume and 2019 Supplement)			
15	BY repealing and reenacting, with amendments,			
16	Article – Health Occupations			
17	Section 1–604			
18	Annotated Code of Maryland			
19	(2014 Replacement Volume and 2019 Supplement)			
10	(2011 Replacement Volume and 2010 Eupplement)			
20	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,			
21	\cdot			
4 1	That the Laws of Maryland lead as follows.			
22	Article - Health Occupations			
23	1-225.			
24	(A) IN THIS SECTION, "DISCIPLINE" INCLUDES:			
25	(1) REPRIMANDING A HEALTH CARE PRACTITIONER;			
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26	(2) REVOKING, FAILING TO RENEW, OR SUSPENDING A HEALTH CARE			
27	PRACTITIONER'S LICENSE; AND			
21	PKACITIUNEK S LICENSE; AND			
00	(3) TAKING ACTION AGAINST A HEALTH CARE PRACTITIONER'S			
28				
29	MEDICARE OR MEDICAID CERTIFICATION.			
0.0	(-) (1) The second of the seco			
30	(B) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, A			
31	HEALTH OCCUPATIONS BOARD UNDER THIS ARTICLE MAY NOT DISCIPLINE A			
32	HEALTH CARE PRACTITIONER LICENSED UNDER THIS ARTICLE BECAUSE OF THE			
33	HEALTH CARE PRACTITIONER'S USE OF A DIAGNOSTIC EVALUATION OR TREATMENT			
34	OF A PATIENT THAT IS INTEGRATIVE, COMPLEMENTARY, ALTERNATIVE, OR			

-1	(1) THE HEALTH CARE DRAGMINIONED DIGGLOGES TO THE		
1	(I) THE HEALTH CARE PRACTITIONER DISCLOSES TO THE		
2	PATIENT THE NATURE OF THE DIAGNOSTIC EVALUATION OR TREATMENT,		
3	INCLUDING THAT THE DIAGNOSTIC EVALUATION OR TREATMENT IS:		
4	1 INTRODUCTION		
4	1. INTEGRATIVE;		
=	2. Complementary:		
5	2. Complementary;		
6	3. ALTERNATIVE; OR		
O	o. Meterivative, or		
7	4. Nonconventional; and		
'	T. TONCONVENTIONAL, MVD		
8	(II) THE HEALTH CARE PRACTITIONER OBTAINS WRITTEN		
9	CONSENT FROM THE PATIENT OR, IF THE PATIENT IS UNABLE TO CONSENT BECAUSE		
10	THE PATIENT IS A MINOR OR OTHERWISE UNABLE TO CONSENT, THE PATIENT'S		
11	PARENT, GUARDIAN, OR LEGAL REPRESENTATIVE, BEFORE PERFORMING THE		
12	DIAGNOSTIC EVALUATION OR TREATMENT.		
13	(2) A HEALTH OCCUPATIONS BOARD UNDER THIS ARTICLE MAY		
14	DISCIPLINE A HEALTH CARE PRACTITIONER WHO WOULD BE EXEMPT FROM		
15	DISCIPLINE UNDER PARAGRAPH (1) OF THIS SUBSECTION IF THE HEALTH		
16	OCCUPATIONS BOARD DETERMINES:		
10	COCCITITIONS BOTHLY BETERMINES.		
17	(I) 1. That the diagnostic evaluation, testing, or		
18	TREATMENT HAS A SIGNIFICANT SAFETY RISK CREATER THAN THE CONVENTIONAL		
19			
10			
20	2. That the risk is not outweighed by the		
21	POTENTIAL BENEFITS OF THE EVALUATION, TESTING, OR TREATMENT; OR		
	TOTAL BENEFITS OF THE EVILLOHITON, TESTING, ON THE HIMENT, ON		
22	(II) BY CLEAR AND CONVINCING EVIDENCE, THAT THE HEALTH		
$\frac{-}{23}$	CARE PRACTITIONER KNEW THAT THE DIAGNOSTIC OR TREATMENT METHOD DID		
$\frac{-3}{24}$	NOT HAVE A REASONABLE BASIS AND WAS INTENDED TO DEFRAUD THE PATIENT.		
	1,0 1 1,		
25	(C) A HEALTH OCCUPATIONS BOARD UNDER THIS ARTICLE MAY NOT USE		
26	THE USE OF A DRUG, DEVICE, BIOLOGICAL PRODUCT, OR METHOD THAT HAS NOT		
27	BEEN APPROVED BY THE FEDERAL FOOD AND DRUG ADMINISTRATION AS A BASIS		
28	FOR DISCIPLINING A HEALTH CARE PRACTITIONER WHO IS EXEMPT FROM		
29	DISCIPLINE UNDER SUBSECTION (B)(1) OF THIS SECTION.		
_0			
30	(D) A HEALTH OCCUPATIONS BOARD UNDER THIS ARTICLE MAY NOT FIND		
31	THAT A HEALTH CARE PRACTITIONER WHO IS EXEMPT FROM DISCIPLINE UNDER		
32	SUBSECTION (B)(1) OF THIS SECTION VIOLATED ANY RECORD-KEEPING, BILLING,		

OR OTHER REGULATORY REQUIREMENTS FOR ACTS OR OMISSIONS THAT ARISE

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- 1 FROM PROFESSIONAL DIFFERENCES OF OPINION IF THE HEALTH CARE 2 PRACTITIONER:
- 3 (1) HAS ACTED IN GOOD FAITH TO COMPLY WITH THE INTENT OF THE 4 REQUIREMENTS: AND
 - (2) HAS NOT ACTED IN A WAY THAT IS FALSE OR MISLEADING.
- 6 (E) ANY STANDARDS FOR COORDINATION OF CARE OR REFERRAL TO A
 7 MEDICAL SPECIALIST, OR OTHER STANDARDS OF MANAGING PATIENT CARE, MAY
 8 NOT BE HIGHER FOR A HEALTH CARE PRACTITIONER DELIVERING A DIAGNOSTIC
 9 EVALUATION OR TREATMENT DESCRIBED UNDER SUBSECTION (B) OF THIS SECTION
 10 THAN FOR ANY OTHER HEALTH CARE PRACTITIONER.
- 11 (F) AN OFFICIAL, EMPLOYEE, OR AGENT OF THE STATE MAY NOT BLOCK OR
 12 ATTEMPT TO BLOCK A PATIENT'S ACCESS TO A DIAGNOSTIC OR TREATMENT METHOD
 13 DESCRIBED UNDER SUBSECTION (B)(1)(I) OF THIS SECTION IF THE HEALTH CARE
 14 PRACTITIONER WOULD BE EXEMPT FROM DISCIPLINE UNDER THIS SECTION.
- 15 1–604.
- 16 (a) If a statute authorizes a health occupations board to use a system of peer review in standard of care cases and the peer reviewer or peer reviewers determine that there has been a violation of a standard of care, the board shall provide the licensee or certificate holder under investigation with an opportunity to review the final peer review report and provide the board with a written response within 10 business days after the report was sent to the licensee or certificate holder.
- 22 (b) If a health occupations board receives a written response to a final peer review 23 report, the board shall consider both the report and response before taking any action.
- 24 (C) (1) EXCEPT AS PROVIDED UNDER PARAGRAPH (2) OF THIS
 25 SUBSECTION, IF A STATUTE AUTHORIZES A HEALTH OCCUPATIONS BOARD TO USE A
 26 SYSTEM OF PEER REVIEW IN STANDARD OF CARE CASES AND THE BOARD USES A
 27 PANEL OF PEER REVIEWERS TO DETERMINE WHETHER A LICENSEE OR CERTIFICATE
 28 HOLDER HAS VIOLATED THE STANDARD OF CARE IN THE TREATMENT OF A PATIENT,
 29 THE PANEL SHALL INCLUDE:
- 30 (I) AT LEAST ONE REVIEWER WITH DEMONSTRATED TRAINING,
 31 COMPETENCE, AND EXPERIENCE IN THE SAME METHODS USED BY THE LICENSEE OR
 32 CERTIFICATE HOLDER UNDER REVIEW; OR
- 33 (H) IN A STANDARD OF CARE CASE INVOLVING THE USE OF A
 34 DIAGNOSTIC EVALUATION OR TREATMENT THAT IS INTEGRATIVE,
 35 COMPLEMENTARY, ALTERNATIVE, OR NONCONVENTIONAL, IF THE REQUIREMENT

- 1 OF ITEM (I) OF THIS PARAGRAPH DOES NOT APPLY OR THERE IS NO PEER REVIEWER
- 2 AVAILABLE WHO SATISFIES THE REQUIREMENTS OF ITEM (I) OF THIS PARAGRAPH,
- 3 AT LEAST ONE REVIEWER WITH DEMONSTRATED TRAINING, COMPETENCE, AND
- 4 EXPERIENCE IN INTEGRATIVE MEDICINE.
- 5 (2) THE REQUIREMENT UNDER PARAGRAPH (1)(I) OF THIS 6 SUBSECTION DOES NOT APPLY IF, AFTER A GOOD FAITH INQUIRY, THE HEALTH
- 7 OCCUPATIONS BOARD FINDS THAT THE METHODS OF THE LICENSEE OR
- 8 CERTIFICATE HOLDER UNDER REVIEW HAVE NOT BEEN:
- 9 ADOPTED BY ANY PROFESSIONAL ORGANIZATION;
- 10 (H) TAUGHT IN A CATEGORY 1 CONTINUING MEDICAL
- 11 EDUCATION PROGRAM;
- 12 (III) THE SUBJECT OF A FAVORABLE PEER-REVIEWED
- 13 **PUBLICATION; OR**
- 14 ADOPTED BY ANY MINORITY COMMUNITY OF PHYSICIANS.
- 15 (3) A HEALTH OCCUPATIONS BOARD MAY NOT DISCIPLINE A
- 16 LICENSEE OR CERTIFICATE HOLDER IN A STANDARD OF CARE CASE INVOLVING THE
- 17 USE OF A DIAGNOSTIC EVALUATION OR TREATMENT THAT IS INTEGRATIVE.
- 18 COMPLEMENTARY, ALTERNATIVE, OR NONCONVENTIONAL IN WHICH THE BOARD
- 19 CONVENED A PANEL OF PEER REVIEWERS UNDER THIS SUBSECTION UNLESS THE
- 20 PEER REVIEWERS UNANIMOUSLY AGREE THAT THE LICENSEE OR CERTIFICATE
- 21 HOLDER VIOLATED THE STANDARD OF CARE.
- 22 (C) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION,
- 23 HEALTH OCCUPATIONS BOARDS AND DISCIPLINARY PANELS MAY NOT REPRIMAND A
- 24 LICENSEE OR CERTIFICATE HOLDER, PLACE A LICENSEE OR CERTIFICATE HOLDER
- 25 ON PROBATION, OR SUSPEND OR REVOKE THE LICENSE OF A LICENSEE OR THE
- 26 CERTIFICATE OF A CERTIFICATE HOLDER SOLELY ON THE BASIS OF THE LICENSEE'S
- 27 OR CERTIFICATE HOLDER'S USE OF A DIAGNOSTIC EVALUATION OR TREATMENT OF
- 28 A PATIENT THAT IS INTEGRATIVE, COMPLEMENTARY, ALTERNATIVE, OR
- 29 NONCONVENTIONAL, INCLUDING IN THE TREATMENT OF LYME DISEASE OR
- 29 NONCONVENTIONAL, INCLUDING IN THE TREATMENT OF LIME DISEASE OR
- 30 <u>TICK-BORNE ILLNESSES.</u>
- 31 (2) This subsection may not be construed to release a
- 32 LICENSEE OR CERTIFICATE HOLDER FROM THE DUTY TO EXERCISE A
- 33 PROFESSIONAL STANDARD OF CARE WHEN EVALUATING AND TREATING A PATIENT'S
- 34 MEDICAL CONDITION.

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Approved:	
	Governor.
	President of the Senate.
	Speaker of the House of Delegates.