

## Chapter 613

**(Senate Bill 395)**

AN ACT concerning

**State Board of Physicians and Allied Health Advisory Committees – Sunset  
Extension and Program Evaluation**

FOR the purpose of continuing the State Board of Physicians and the related allied health advisory committees by extending to a certain date the termination provisions relating to statutory and regulatory authority of the State Board of Physicians and the committees; altering the reasons for which a disciplinary panel of the Board is authorized to deny a certain license or refuse to renew or reinstate an applicant's license; altering the data that is required to be included in a certain annual report by the Board ~~to include certain information regarding standard of care complaints and peer review~~; authorizing a disciplinary panel to issue a cease and desist order or obtain injunctive relief against an individual for certain unlicensed practice or misrepresentation; repealing the requirement that the Board chair and executive director be bonded; altering the circumstances under which a medical student or an individual in a postgraduate medical training program may practice medicine in the State without a license; altering the circumstances under which a physician may practice medicine at a hospital in the State without a license; altering the circumstances under which a physician in a neighboring state may practice medicine in the State without a license; requiring certain license applicants to complete, rather than submit to, a criminal history records check; prohibiting a disciplinary panel from reinstating a certain license unless the licensee completes, rather than submits to, a criminal history records check; establishing a certain maximum license term for all physicians and allied health licensees; altering the circumstances under which certain licenses may be renewed or reinstated; altering the actions a disciplinary panel may take after being assigned certain complaints; authorizing a disciplinary panel to direct certain licensed physicians and allied health professionals to submit to a certain examination; authorizing a disciplinary panel to impose a fine on a licensee in addition to imposing certain sanctions under certain circumstances; requiring the Board to pay certain fines into the General Fund of the State; authorizing a disciplinary panel to require a licensee to comply with certain terms and conditions under certain circumstances; repealing the authority of a disciplinary panel under certain circumstances to impose a fine instead of suspending a license; altering the medical malpractice information that is required to be posted to a licensee's public profile; exempting, under certain circumstances, an individual licensed by and residing in another jurisdiction to practice respiratory care in the State from a certain licensure requirement; authorizing a disciplinary panel, rather than the Board, to impose a certain civil penalty for a violation of certain provisions of law; clarifying that certain penalties apply to violations of certain provisions of law; altering the memberships of the Radiation Therapy, Radiography, Nuclear Medicine Technology, and Radiology Assistance Advisory Committee, the Athletic Trainer Advisory Committee, the Naturopathic Doctors

Formulary Council, and the Naturopathic Medicine Advisory Committee; altering the circumstances under which the Board is required to reinstate certain licenses; altering the grounds for which a disciplinary panel may take certain actions against certain applicants and licensees; requiring an athletic trainer to submit a certain copy of the evaluation and treatment protocol for Board approval, rather than obtaining Board approval of the evaluation and treatment protocol, before being authorized to practice athletic training; altering the circumstances under which a certain supervising physician may assume a certain role; authorizing the Board to terminate the evaluation and treatment protocol of an athletic trainer or delegation agreement of a physician assistant under certain circumstances; altering the time at which an athletic trainer or a physician assistant is authorized to assume certain duties under certain circumstances; requiring a supervising physician or an employer to notify the Board within a certain time period of the termination of a physician assistant for certain reasons; requiring a physician assistant and supervising physician to notify the Board within a certain period of time of the termination of the relationship under a delegation agreement for any reason; authorizing a physician assistant to terminate a delegation agreement at any time subject to certain notice requirements; altering the time period that certain health occupations boards must provide certain licensees and certificate holders to provide the board with a certain response; authorizing a disciplinary panel to impose a certain civil penalty in lieu of a certain sanction for a certain violation; prohibiting a certain athletic trainer from practicing until the athletic trainer receives certain approval; specifying the time period within which a supervising physician and an athletic trainer is required to notify the Board of certain information; altering a certain defined term; requiring the Board to include certain information and make certain recommendations in certain reports; requiring the Board to report to certain committees of the General Assembly on or before a certain date; repealing obsolete and redundant language; clarifying and reorganizing certain provisions of law; making conforming changes; making this Act an emergency measure; and generally relating to the State Board of Physicians and the related allied health advisory committees.

BY repealing and reenacting, with amendments,  
Article – Courts and Judicial Proceedings  
Section 5–715(a) and (b)  
Annotated Code of Maryland  
(2013 Replacement Volume and 2019 Supplement)

BY repealing and reenacting, with amendments,  
Article – Health – General  
Section 13–1201 and 13–1204(a) and (b)  
Annotated Code of Maryland  
(2019 Replacement Volume)

BY repealing and reenacting, with amendments,  
Article – Health Occupations

Section 1-401(b)(2) and (9), 1-604, 14-101(g) through (j), 14-205(a)(20), (b)(3), and (c)(1), ~~14-205.1(1)~~ 14-205.1, 14-206(e), 14-302, ~~14-306(f)(3)~~, 14-307(i), 14-309(a)(1), 14-312.1, 14-316(a), (c), ~~(d)(6)~~, and (g)(1)(i), ~~14-317~~, 14-401.1(c)(1), 14-402(a) and (c), 14-404(a)(42) ~~through (44), and (45)~~, 14-407, 14-409, 14-411.1(b), 14-412, ~~14-501(e)~~ 14-413(e)(1), 14-414(e)(1), 14-502(b)(1), (2), and (3), 14-506(b)(1), 14-5A-08, 14-5A-09(e), 14-5A-10(1), 14-5A-13(a), (c), ~~(d)(2)~~, and (g)(1), 14-5A-17(a)(28), 14-5A-18(g)(1), ~~14-5A-19(e)(2)~~ 14-5A-19(c), 14-5A-22.1(c), 14-5A-23(a) and (b), 14-5A-25; 14-5B-01(q), 14-5B-04(a), 14-5B-05(b), 14-5B-09(b)(5), 14-5B-10(a)(1), 14-5B-12(a), (c), ~~(d)(2)~~, (f), and (g)(1)(i), 14-5B-14(a)(28), 14-5B-15(g)(1), ~~14-5B-16(e)(2)~~ 14-5B-16(c), 14-5B-18.1(c), 14-5B-19(a) and (b), 14-5B-21 to be under amended the subtitle “Subtitle 5B. Radiation Therapy, Radiography, Nuclear Medicine Technology, and Radiology Assistance”; 14-5C-09(b)(3), 14-5C-11(1), 14-5C-14(a), (c), and (g)(1), 14-5C-17(a)(26) through (29), 14-5C-18(g)(1), ~~14-5C-19(e)(2)~~ 14-5C-19(c), 14-5C-22.1(c), 14-5C-23(a) and (b), 14-5C-25, 14-5D-05(a), 14-5D-08(b)(3), 14-5D-09(a)(1), 14-5D-11(b) ~~and (c)~~, 14-5D-11.1(c), 14-5D-11.2, 14-5D-11.3, 14-5D-12(a), (c), (g), and (h)(1), 14-5D-14(a)(29), 14-5D-15, ~~14-5D-16(e)(2)~~ 14-5D-16(c), 14-5D-18(a) and (b), 14-5D-20, 14-5E-09(b)(3), 14-5E-11(a)(1), 14-5E-13(a), (c)(1), and (g)(1), 14-5E-16(a)(26) through (29), 14-5E-18(g)(1), ~~14-5E-19(e)(2)~~ 14-5E-19(c), 14-5E-23(a) and (b), 14-5E-25, 14-5F-04.1(a)(2)(ii)2., 14-5F-07(a)(1) and (c), 14-5F-11(g), 14-5F-12(1), 14-5F-15(a), (c), and (d)(1)(i), 14-5F-18(a)(27), 14-5F-22, 14-5F-24(c), 14-5F-29, 14-5F-32, 14-602(b)(5), 14-702, 15-103(b) and (i)(1), 15-202(a)(3), 15-203, 15-302, 15-302.1, 15-303(a)(1), 15-304(1), 15-307(a), (f), and (g)(1), 15-308(b), 15-311, 15-314(a)(42) and (43), 15-315(a), 15-316(a), 15-402.1(c), 15-403(b), and 15-502

Annotated Code of Maryland  
(2014 Replacement Volume and 2019 Supplement)

BY repealing and reenacting, without amendments,

Article – Health Occupations

Section 14-101(a), 14-201, 14-404(a)(40) ~~and (43)~~, 14-5B-01(a), and 15-202(a)(1) and (2)

Annotated Code of Maryland  
(2014 Replacement Volume and 2019 Supplement)

BY repealing

Article – Health Occupations

Section 14-101(f), 14-208, 14-302.1, 14-312, 14-321, 14-401.1(c)(4), 14-405.1, 14-501, 14-5A-19(b), 14-5B-16(b), 14-5C-17(a)(25), ~~and 14-5C-19(b)~~, 14-5D-11(e), 14-5D-16(b), 14-5E-16(a)(25), and 14-5E-19(b)

Annotated Code of Maryland  
(2014 Replacement Volume and 2019 Supplement)

BY adding to

## Article – Health Occupations

Section 14–101(j), 14–404(a)(46), (d), and (e), 14–5A–17(d) and (e), 14–5B–14(d) and (e), 14–5C–14(h), 14–5C–17(d) and (e), 14–5D–11(e), (f), and (g), 14–5D–14(d) and (e), 14–5E–13(h), 14–5E–16(d) and (e), 14–5F–15(e), 14–5F–18(d) and (e), 15–314(a)(44) and (45), and 15–316(c)

Annotated Code of Maryland

(2014 Replacement Volume and 2019 Supplement)

BY repealing and reenacting, with amendments,

Article – Health Occupations

Section 14–404(a)(43)

Annotated Code of Maryland

(2014 Replacement Volume and 2019 Supplement)

(As enacted by Chapter 470 of the Acts of the General Assembly of 2018)

BY adding to

Article – Health Occupations

Section 14–404(a)(44)

Annotated Code of Maryland

(2014 Replacement Volume and 2019 Supplement)

(As enacted by Chapter 470 of the Acts of the General Assembly of 2018)

BY repealing and reenacting, with amendments,

Article – Health Occupations

Section 14–404(a)(44)

Annotated Code of Maryland

(2014 Replacement Volume and 2019 Supplement)

(As enacted by Section 1 of this Act)

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

**Article – Courts and Judicial Proceedings**

5–715.

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

(2)], “Board” means the State Board of Physicians.

[(3) “Faculty” means the Medical and Chirurgical Faculty of the State of Maryland.]

(b) A person who acts without malice and is a member of the Board or a legally authorized agent of the Board, is not civilly liable for investigating, prosecuting,

participating in a hearing under § 14–405 of the Health Occupations Article, or otherwise acting on an allegation of a ground for Board action made to the Board [or the Faculty].

### Article – Health – General

13–1201.

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

(b) “Data use agreement” means an agreement between the Department and a national, State, or local agency or program that establishes the terms and conditions for the confidential submission, collection, storage, analysis, reporting, aggregation, and dissemination of de–identified data obtained from the Maternal Mortality Review Program.

(c) [“Faculty” means the Medical and Chirurgical Faculty in the State.

(d)] “Local team” means the multidisciplinary and multiagency maternal mortality review team established for a county.

[(e)] **(D)** “Maternal mortality review committee” means the maternal mortality review committee of [the Faculty] **MEDCHI** that is a medical review committee, as defined under § 1–401 of the Health Occupations Article.

[(f)] **(E)** “Maternal death” means the death of a woman during pregnancy or within 1 year after the woman ceases to be pregnant.

**(F)** “**MEDCHI**” MEANS THE MARYLAND STATE MEDICAL SOCIETY.

13–1204.

(a) The Secretary may contract with [the Faculty] **MEDCHI** to administer the Maternal Mortality Review Program.

(b) In consultation with the maternal mortality review committee of [a faculty] **MEDCHI**, the Secretary shall develop a system to:

- (1) Identify maternal death cases;
- (2) Review medical records and other relevant data;
- (3) Contact family members and other affected or involved persons to collect additional relevant data;
- (4) Consult with relevant experts to evaluate the records and data collected;

- (5) Make determinations regarding the preventability of maternal deaths;
- (6) Develop recommendations for the prevention of maternal deaths; and
- (7) Disseminate findings and recommendations to policy makers, health care providers, health care facilities, and the general public.

### **Article – Health Occupations**

1–401.

(b) For purposes of this section, a medical review committee is:

(2) A committee of the [Faculty] **MARYLAND STATE MEDICAL SOCIETY** or any of its component societies or a committee of any other professional society or association composed of providers of health care;

(9) An organization, established by the Maryland Hospital Association, Inc. and the [Faculty] **MARYLAND STATE MEDICAL SOCIETY**, that contracts with a hospital, related institution, or alternative delivery system to:

(i) Assist in performing the functions listed in subsection (c) of this section; or

(ii) Assist a hospital in meeting the requirements of § 19–319(e) of the Health – General Article;

1–604.

(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]:

(1) **AN** opportunity to review the final peer review report; and

(2) **AT LEAST 10 BUSINESS DAYS AFTER THE REPORT WAS SENT TO THE LICENSEE OR CERTIFICATE HOLDER TO** provide the board with a written response [within 10 business days after the report was sent to the licensee or certificate holder].

(b) If a health occupations board receives a written response to a final peer review report, the board shall consider both the report and response before taking any action.

14–101.

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

[(f) “Faculty” means the Medical and Chirurgical Faculty of the State of Maryland.]

[(g)] (F) “Hospital” has the meaning stated in § 19–301 of the Health – General Article.

[(h)] (G) “License” means, unless the context requires otherwise, a license issued by the Board to practice medicine.

[(i)] (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.

[(j)] (I) “Licensee” means an individual to whom 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.**

14–201.

There is a State Board of Physicians in the Department.

14–205.

(a) In addition to the powers and duties set forth in this title and in Title 15 of this article, the Board shall:

(20) Delegate to the executive director of the Board the authority to discharge Board **OR DISCIPLINARY PANEL** duties, as deemed appropriate and necessary by the Board **OR DISCIPLINARY PANEL**, and hold the executive director accountable to the Board; and

(b) (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 of this title, **AS APPLICABLE**; or

(ii) Failure to [submit 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) [Submit an annual report to the Faculty and to the Secretary;

(ii)] Issue, for use in other jurisdictions, a certificate of professional standing to any licensed physician; and

[(iii)] **(II)** Keep a list of all license applicants.

14–205.1.

On or before October 1 each year, the Board shall submit to the Governor, the Secretary, and, in accordance with § 2–1257 of the State Government Article, the General Assembly an annual report that includes the following data calculated on a fiscal year basis:

(1) Relevant disciplinary indicators, including:

(i) ~~The number of physicians investigated under each of the disciplinary grounds enumerated under § 14–404 of this [article] TITLE;~~

(ii) ~~The number of physicians who were reprimanded or placed on probation or who had their licenses suspended or revoked;~~

(iii) ~~The number of cases prosecuted and dismissed and on what grounds;~~

(iv) ~~The criteria used to accept and reject cases for prosecution; [and]~~

(v) ~~The number of unresolved allegations pending before the Board;~~

**AND**

~~(VI) WITH REGARD TO STANDARD OF CARE COMPLAINTS:~~

~~1. THE TOTAL NUMBER OF COMPLAINTS FILED;~~

~~2. THE TOTAL NUMBER OF COMPLAINTS FILED THAT WERE CLOSED OUTRIGHT OR WITH AN ADVISORY LETTER;~~

~~3. THE TOTAL NUMBER OF COMPLAINTS FILED THAT WERE SENT TO PEER REVIEW; AND~~

~~4. OF THE COMPLAINTS SENT TO PEER REVIEW, HOW OFTEN THE PEER REVIEWERS DISAGREED WHOLLY OR IN PART;~~

(I) THE NUMBER OF NEW COMPLAINTS INVESTIGATED FOR PHYSICIANS, ALLIED HEALTH PRACTITIONERS, AND UNLICENSED INDIVIDUALS;

(II) THE NUMBER OF COMPLAINTS THAT REMAIN OPEN AS OF JUNE 30 OF THE IMMEDIATELY PRECEDING FISCAL YEAR AT THE BOARD AND AT THE OFFICE OF THE ATTORNEY GENERAL;

(III) THE THREE MOST COMMON GROUNDS FOR COMPLAINTS;

(IV) THE THREE MOST COMMON SOURCES OF THE COMPLAINTS RECEIVED;

(V) THE NUMBER AND TYPES OF DISCIPLINARY ACTIONS TAKEN BY THE BOARD;

(VI) THE TOTAL NUMBER OF CASES REFERRED TO PEER REVIEW; AND

(VII) OF THE CASES REFERRED TO PEER REVIEW:

1. THE NUMBER OF PEER REVIEW CASES THAT RESULTED IN TOTAL DISAGREEMENT;

2. THE NUMBER OF PEER REVIEW CASES THAT RESULTED IN CHARGES BEING ISSUED; AND

3. THE NUMBER OF PEER REVIEW CASES THAT RESULTED IN CLOSURE OR CLOSURE WITH AN ADVISORY LETTER;

(2) [The average length of the time spent investigating allegations brought against physicians under each of the disciplinary grounds enumerated under § 14-404 of this article;

(3) The number of cases not completed within 18 months BY THE BOARD and the reasons for the failure to complete the cases in 18 months; AND

[(4)] (3) For both physicians and allied health professionals:

(i) THE TOTAL NUMBER OF ALL LICENSEES;

(II) The number of initial, [and] renewal, AND REINSTATEMENT licenses issued;

[(ii)] (III) The number of positive and negative criminal history records checks results received;

[(iii)] (IV) The number of individuals denied initial or renewal licensure due to positive criminal history records checks results; and

[(iv)] (V) The number of individuals denied initial, [or] renewal, OR REINSTATEMENT licensure due to reasons other than a positive criminal history records check[; and

(5) The adequacy of current Board staffing in meeting the workload of the Board].

14-206.

(e) A disciplinary panel may issue a cease and desist order or obtain injunctive relief against an individual for:

(1) Practicing ~~medicine~~ A PROFESSION REGULATED UNDER THIS TITLE OR TITLE 15 OF THIS ARTICLE without a license; [or]

(2) REPRESENTING TO THE PUBLIC, BY TITLE, DESCRIPTION OF SERVICES, METHODS, PROCEDURES, OR OTHERWISE, THAT THE INDIVIDUAL IS AUTHORIZED TO PRACTICE ~~MEDICINE~~;

(I) MEDICINE IN THIS STATE, IN VIOLATION OF § 14-602 OF THIS TITLE; ~~OR~~

(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) AS A PHYSICIAN ASSISTANT IN THIS STATE, IN VIOLATION OF § 15-402 OF THIS ARTICLE; OR**

**[(2)] (3)** Taking any action:

(i) For which a disciplinary panel determines there is a preponderance of evidence of grounds for discipline under § 14-404 of this title; and

(ii) That poses a serious risk to the health, safety, and welfare of a patient.

[14-208.

The executive director and the Board chair shall be bonded in an amount fixed by the Board.]

14-302.

**[(a)]** Subject to the rules, regulations, and orders of the Board, the following individuals may practice medicine without a license:

(1) A medical student or an individual in a postgraduate medical training program that is **[approved] ACCREDITED BY AN ACCREDITING ORGANIZATION RECOGNIZED** by the Board **IN REGULATIONS**, while **THE INDIVIDUAL IS PRACTICING MEDICINE IN THE PROGRAM AND** doing the assigned duties at any office of a licensed physician, hospital, clinic, or similar facility;

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

(i) Is engaged in consultation with a physician licensed in the State about a particular patient and does not direct patient care; **[or]**

**[(ii)]** Meets the requirements of § 14-302.1 of this subtitle;]

**(II) 1. HAS AN ACTIVE, UNRESTRICTED LICENSE TO PRACTICE MEDICINE IN THE JURISDICTION WHERE THE PHYSICIAN REGULARLY ENGAGES IN THE PRACTICE OF MEDICINE;**

2. IS EMPLOYED BY OR HAS A WRITTEN AGREEMENT WITH AN ATHLETIC TEAM OR A SPORTS TEAM BASED OUTSIDE THE STATE;

3. IS DESIGNATED AS THE TEAM PHYSICIAN BY THE ATHLETIC OR SPORTS TEAM TO PROVIDE MEDICAL CARE TO THE TEAM'S MEMBERS, BAND MEMBERS, CHEERLEADING SQUAD, MASCOT, COACHES, AND OTHER STAFF WHO TRAVEL TO A SPECIFIED SPORTING EVENT TAKING PLACE IN THE STATE;

4. WHILE IN THE STATE, PROVIDES MEDICAL CARE ONLY TO INDIVIDUALS LISTED IN ITEM 3 OF THIS ITEM;

5. DOES NOT PROVIDE MEDICAL CARE IN THE STATE FOR MORE THAN 45 DAYS IN A CALENDAR YEAR; AND

6. DOES NOT ENGAGE IN THE PRACTICE OF MEDICINE AT A HOSPITAL, RELATED INSTITUTION, OR OTHER HEALTH CARE FACILITY, INCLUDING AN ACUTE CARE FACILITY, LOCATED WITHIN THE STATE; OR

(III) IS ENGAGED IN CLINICAL TRAINING OR PARTICIPATES IN TRAINING OR TEACHING OF A SKILL OR PROCEDURE IN A HOSPITAL IF:

1. THE SKILL OR PROCEDURE:

A. IS ADVANCED BEYOND THOSE SKILLS OR PROCEDURES NORMALLY TAUGHT OR EXERCISED IN THE HOSPITAL AND IN STANDARD MEDICAL EDUCATION OR TRAINING;

B. COULD NOT BE OTHERWISE CONVENIENTLY TAUGHT OR DEMONSTRATED IN STANDARD MEDICAL EDUCATION OR TRAINING IN THAT HOSPITAL; AND

C. IS LIKELY TO BENEFIT MARYLAND PATIENTS IN THIS INSTANCE;

2. ~~THE DEMONSTRATION OF THE SKILL OR PROCEDURE WOULD TAKE NOT MORE THAN 14 CONSECUTIVE DAYS WITHIN A~~ ALL SKILLS OR PROCEDURES BY THE PHYSICIAN DOES NOT EXCEED 14 DAYS TOTAL IN THE CALENDAR YEAR;

3. A LICENSED PHYSICIAN WHO PRACTICES AT A HOSPITAL IN THE STATE WILL BE RESPONSIBLE FOR THE MEDICAL CARE PROVIDED BY THAT VISITING PHYSICIAN TO PATIENTS IN THE STATE;

**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, AND HAS NO SIGNIFICANT DETRIMENTAL MALPRACTICE HISTORY;**

**5. THE PHYSICIAN IS COVERED BY MALPRACTICE INSURANCE IN THE JURISDICTION IN WHICH THE PHYSICIAN PRACTICES; AND**

**6. THE HOSPITAL ENSURES THAT THE PATIENTS WILL BE PROTECTED BY ADEQUATE MALPRACTICE INSURANCE;**

(3) A physician employed in the service of the federal government while performing the duties incident to that employment;

(4) A physician who resides in and is authorized to practice medicine by any state adjoining this State [and whose practice extends into this State] **FOR THE PURPOSE OF PRESCRIBING HOME HEALTH SERVICES TO A PATIENT WHO RESIDES IN THIS STATE, if THE PHYSICIAN:**

(i) [The physician does] **DOES** not have an office or other regularly appointed place in this State to meet patients; and

(ii) [The same privileges are extended to licensed physicians of this State by the adjoining state] **HAS PERFORMED AN IN-PERSON PHYSICAL EXAMINATION OF THE PATIENT WITHIN THE JURISDICTIONAL BOUNDARIES OF THE ADJOINING STATE IN WHICH THE PRESCRIBING PHYSICIAN IS AUTHORIZED TO PRACTICE MEDICINE;** and

(5) An individual while under the supervision of a licensed physician who has specialty training in psychiatry, and whose specialty training in psychiatry has been approved by the Board, if the individual submits an application to the Board on or before October 1, 1993, and either:

(i) 1. Has a master's degree from an accredited college or university; and

2. Has completed a graduate program accepted by the Board in a behavioral science that includes 1,000 hours of supervised clinical psychotherapy experience; or

(ii) 1. Has a baccalaureate degree from an accredited college or university; and

2. Has 4,000 hours of supervised clinical experience that is approved by the Board.

[(b) A physician licensed by and residing in another jurisdiction may practice medicine without a license and without submitting to a criminal history records check if the physician:

(1) Has an active, unrestricted license to practice medicine in the jurisdiction where the physician regularly engages in the practice of medicine;

(2) Is employed by or has a written agreement with an athletic team or a sports team based outside the State;

(3) Is designated as the team physician by the athletic or sports team to provide medical care to the team's members, band members, cheerleading squad, mascot, coaches, and other staff who travel to a specified sporting event taking place in the State;

(4) While in the State, provides medical care only to individuals listed in item (3) of this subsection;

(5) Does not provide medical care in the State for more than 45 days in a calendar year; and

(6) Does not engage in the practice of medicine at a hospital, related institution, or other health care facility, including an acute care facility, located within the State.]

[14-302.1.

A physician who is licensed and resides in another jurisdiction may practice medicine without a license while engaged in clinical training with a licensed physician if:

(1) The Board finds, on application by a hospital in the State, that:

(i) The physician possesses a skill or uses a procedure that:

1. Is advanced beyond those skills or procedures normally taught or exercised in the hospital and in standard medical education or training;

2. Could not be otherwise conveniently taught or demonstrated in standard medical education or training in that hospital; and

3. Is likely to benefit Maryland patients in this instance;

(ii) The demonstration of the skill or procedure would take no more than 14 consecutive days within a calendar year;

(iii) A licensed physician who practices at a hospital in the State has certified to the Board that the licensed physician will be responsible for the medical care provided by that visiting physician to patients in the State;

(iv) 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, and has no significant detrimental malpractice history in the judgment of the Board;

(v) The physician is covered by malpractice insurance in the jurisdiction in which the physician practices; and

(vi) The hospital assures the Board that the patients will be protected by adequate malpractice insurance; or

(2) The Board finds, on application by a Maryland hospital, that:

(i) The hospital provides training in a skill or uses a procedure that:

1. Is advanced beyond those skills or procedures normally taught or exercised in standard medical education or training;

2. Could not be otherwise conveniently taught or demonstrated in the visiting physician's practice; and

3. Is likely to benefit Maryland patients in this instance;

(ii) The demonstration or exercise of the skill or procedure will take no more than 14 consecutive days within a calendar year;

(iii) A hospital physician licensed in the State has certified to the Board that the physician will be responsible for the medical care provided by that visiting physician to patients in the State;

(iv) 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, and has no significant detrimental malpractice history in the judgment of the Board;

(v) The physician is covered by malpractice insurance in the jurisdiction where the physician practices; and

(vi) The hospital assures the Board that the patients will be protected by adequate malpractice insurance.]

14-306.

(f) (3) [The Board] A DISCIPLINARY PANEL may impose a civil penalty of up to \$5,000 for each instance of a hospital's failure to comply with the requirements of this subsection.

## 14-307.

(i) The applicant shall [submit to] **COMPLETE** a criminal history records check in accordance with § 14-308.1 of this subtitle.

## 14-309.

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

(1) [Submit to] **COMPLETE** a criminal history records check in accordance with § 14-308.1 of this subtitle;

## [14-312.

(a) In this section, “approved school of osteopathy” means a school of osteopathy that is approved by the American Osteopathic Association.

(b) Subject to the provisions of this section, the Board shall waive the examination requirements of this subtitle for an applicant who is licensed to practice osteopathy.

(c) If the applicant is licensed to practice osteopathy in this State under § 14-321 of this subtitle, the Board may grant a waiver under this section only if the applicant:

(1) Submits to a criminal history records check in accordance with § 14-308.1 of this subtitle;

(2) Submits the application fee required by the Board under § 14-309 of this subtitle; and

(3) Provides adequate evidence that the applicant:

(i) Meets the qualifications otherwise required by this title; and

(ii) 1. Practiced osteopathy and resided in this State on June 1, 1967;

2. Graduated in or after 1940 from an approved school of osteopathy; or

3. Graduated before 1940 from an approved school of osteopathy and completed a refresher education course approved by the Board.

(d) If the applicant is licensed as a doctor of osteopathy to practice medicine in another state, the Board may grant a waiver under this section only if the applicant:

(1) Submits to a criminal history records check in accordance with § 14–308.1 of this subtitle;

(2) Submits the application fee set by the Board under § 14–309 of this subtitle;

(3) Provides adequate evidence that the applicant:

(i) Meets the qualifications otherwise required by this title;

(ii) Graduated after January 1, 1960 from an approved school of osteopathy; and

(iii) Became licensed in the other state after passing in that state an examination for the practice of medicine given by the appropriate authority in the other state to graduates of approved medical schools; and

(4) Submits evidence that the other state waives the examination of licensees of this State to a similar extent as this State waives the examination of individuals licensed in that state.]

**[14–312.1.] 14–312.**

On request of the Board, a physician who reports to the Board that the physician maintains medical professional liability insurance for purposes of the public individual profile maintained by the Board under § 14–411.1(b) of this title shall provide the Board with verification or other documentation that the physician maintains the insurance within 25 business days after the physician receives a request from the Board.

14–316.

(a) (1) [The Board shall provide for the term and renewal of licenses under this section.

(2)] The term of a license **ISSUED BY THE BOARD** may not [be more than] **EXCEED** 3 years.

**[(3)] (2)** A license expires [at the end of its term] **ON A DATE SET BY THE BOARD**, unless the license is renewed for a term as provided [by the Board] **IN THIS SECTION.**

(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;**

~~[(ii)]~~ **(III)** Pays to the Board a renewal fee set by the Board; and

~~[(iii)]~~ **(IV)** Submits to the Board:

- and
1. A renewal application on the form that the Board requires;
  2. Satisfactory evidence of compliance with any continuing education requirements set under this section for license renewal.

(2) Within 30 days after a license renewal under Section 7 of the Interstate Medical Licensure Compact established under § 14-3A-01 of this title, a compact physician shall submit to the Board the information required under paragraph ~~[(1)(iii)]~~ **(1)(IV)** of this subsection.

~~(d) (6) [The Board] A DISCIPLINARY PANEL may impose a civil penalty of up to \$100 per continuing medical education credit in lieu of a sanction under § 14-404 of this title, for a first offense, for the failure of a licensee to obtain the continuing medical education credits required by the Board.~~

(g) (1) Beginning October 1, 2016, the Board shall require a criminal history records check in accordance with § 14-308.1 of this subtitle for:

(i) ~~[Annual renewal]~~ **RENEWAL** applicants as determined by regulations adopted by the Board; and

~~14-317.~~

~~The Board shall reinstate the license of a physician who has failed to renew the license for any reason if the physician:~~

~~(1) Meets the renewal requirements of § 14-316 of this subtitle;~~

~~(2) IS OF GOOD MORAL CHARACTER;~~

~~[(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.~~

[14-321.

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

(2) “Practice osteopathy” means to treat a disease or ailment of the human body by manipulation.

(3) “Restricted license” means a license issued by the Board to practice osteopathy.

(b) The Board shall issue a restricted license only to an applicant who:

(1) Was licensed to practice osteopathy in this State or in another state on June 30, 1980;

(2) Is licensed to practice osteopathy in this State or in another state on the date that the application for a restricted license is submitted to the Board;

(3) Submits an application to the Board on the form that the Board requires;

(4) Pays to the Board the restricted license fee set by the Board; and

(5) Meets any other requirement set by the Board.

(c) A restricted license authorizes the license holder to practice osteopathy while the restricted license is effective.

(d) The term and renewal of a restricted license shall be as provided for a license under § 14-316 of this subtitle.

(e) (1) Subject to the requirements of the Administrative Procedure Act, the Board on the affirmative vote of a majority of its quorum, may reprimand a restricted license holder, may place any restricted license holder on probation, or suspend or revoke a restricted license for any of the grounds for Board action under § 14-404 of this title.

(2) The Board may only dismiss a case against a restricted license holder on the affirmative vote of a majority of its quorum.]

14-401.1.

(c) (1) Except as otherwise provided in this subsection, after being assigned a complaint under subsection (a) of this section, the disciplinary panel may:

(i) Refer an allegation for further investigation to the entity that has contracted with the Board under subsection (e) of this section; **OR**

(ii) Take any appropriate and immediate action as necessary[; or

(iii) Come to an agreement for corrective action with a licensee pursuant to paragraph (4) of this subsection].

[(4) (i) Except as provided in subparagraph (ii) of this paragraph, if an allegation is based on § 14–404(a)(40) of this subtitle, a disciplinary panel:

1. May determine that an agreement for corrective action is warranted; and

2. Shall notify the licensee of the identified deficiencies and enter into an agreement for corrective action with the licensee as provided in this paragraph.

(ii) A disciplinary panel may not enter into an agreement for corrective action with a licensee if patient safety is an issue.

(iii) The disciplinary panel shall subsequently evaluate the licensee and shall:

1. Terminate the corrective action if the disciplinary panel is satisfied that the licensee is in compliance with the agreement for corrective action and has corrected the deficiencies; or

2. Pursue disciplinary action under § 14–404 of this subtitle if the deficiencies persist or the licensee has failed to comply with the agreement for corrective action.

(iv) An agreement for corrective action under this paragraph may not be made public or considered a disciplinary action under this title.

(v) The Board shall provide a summary of each disciplinary panel's corrective action agreements in the executive director's report of Board activities.]

14–402.

(a) In reviewing an application for licensure[, certification, or registration] or in investigating an allegation brought against a licensed physician or any allied health professional regulated by the Board under this title, 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 to submit to an appropriate examination.

(c) The unreasonable failure or refusal of the licensed[, certified, or registered] individual to submit to an examination is prima facie evidence of the licensed[, certified, or registered] individual'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[, certified, or registered] individual.

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:

(40) Fails to keep adequate medical records as determined by appropriate peer review;

(42) Fails to [submit to] **COMPLETE** a criminal history records check under § 14-308.1 of this title;

(44) Fails to meet the qualifications for licensure under Subtitle 3 of this title; [or]

(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 ~~THIS ARTICLE~~ THE HEALTH – GENERAL ARTICLE.**

**(D) (1) IF, AFTER A HEARING UNDER § 14-405 OF THIS SUBTITLE, A DISCIPLINARY PANEL FINDS THAT THERE ARE GROUNDS UNDER SUBSECTION (A) OF THIS SECTION TO SUSPEND OR REVOKE A LICENSE, TO REPRIMAND A LICENSEE, OR TO PLACE A LICENSEE ON PROBATION, THE DISCIPLINARY PANEL MAY IMPOSE A FINE SUBJECT TO THE BOARD'S REGULATIONS IN ADDITION TO SUSPENDING OR REVOKING THE LICENSE, REPRIMANDING THE LICENSEE, OR PLACING THE LICENSEE ON PROBATION.**

**(2) THE BOARD SHALL PAY ANY FINES COLLECTED UNDER THIS SECTION INTO THE GENERAL FUND OF THE STATE.**

**(E) IN ADDITION TO ANY SANCTION AUTHORIZED UNDER THIS SECTION, A DISCIPLINARY PANEL MAY REQUIRE A LICENSEE TO COMPLY WITH SPECIFIED TERMS AND CONDITIONS DETERMINED BY THE DISCIPLINARY PANEL.**

## [14–405.1.

(a) If after a hearing under § 14–405 of this subtitle a disciplinary panel finds that there are grounds under § 14–404 of this subtitle to suspend or revoke a license to practice medicine or osteopathy, or to reprimand a licensed physician or osteopath, the disciplinary panel may impose a fine subject to the Board’s regulations:

(1) Instead of suspending the license; or

(2) In addition to suspending or revoking the license or reprimanding the licensee.

(b) The Board shall pay any fines collected under this section into the General Fund.]

## 14–407.

(a) An order of suspension or revocation is effective, in accordance with its terms and conditions, as soon as a disciplinary panel files it under this title.

(b) [On suspension or revocation of any license, the holder shall surrender the license certificate to the Board.

(c) At the end of the suspension period, the Board shall return to the licensee any license certificate surrendered under this section.

(d)] The Board shall keep a copy of the order of suspension or revocation as a permanent record.

## 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 [suspended] **SURRENDERED** or revoked under this title only in accordance with:

(i) The terms and conditions of the order of [suspension or] 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 disciplinary panel reinstates a license under paragraph (1) of this subsection, the disciplinary panel shall notify the Board of the reinstatement.~~

~~(2)~~ **(2)** If a license is [suspended] **SURRENDERED** or revoked for a period of more than 1 year, the Board may reinstate the license after 1 year if the licensee:

(i) Meets the requirements for reinstatement as established by the Board; and

(ii) [Submits to] **COMPLETES** a criminal history records check in accordance with § 14–308.1 of this title.

(b) An individual whose license has been [suspended] **SURRENDERED** or revoked under this title and who seeks reinstatement shall meet the continuing medical education requirements established for the renewal of licenses as if the individual were licensed during the period of [suspension] **SURRENDER** or revocation.

(c) If an order of [suspension or] revocation is based on § 14–404(b) of this subtitle, and the conviction or plea subsequently is overturned at any stage of an appeal or other postconviction proceeding, the [suspension or] revocation ends when the conviction or plea is overturned.

14–411.1.

(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 § 14–404 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;

(4) [The number of medical malpractice final court judgments and arbitration awards against the licensee within the most recent 10–year period for which all appeals have been exhausted as reported to the Board;

(5) A description of a conviction or entry of a plea of guilty or nolo contendere by the licensee for a crime involving moral turpitude reported to the Board under § 14–416 of this subtitle; and

~~[(6)]~~ **(5)** As reported to the Board by the licensee, education and practice information about the licensee including:

- (i) The name of any medical school that the licensee attended and the date on which the licensee graduated from the school;
- (ii) A description of any internship and residency training;
- (iii) A description of any specialty board certification by a recognized board of the American Board of Medical Specialties or the American Osteopathic Association;
- (iv) The name of any hospital where the licensee has medical privileges;
- (v) The location of the licensee's primary practice setting;
- (vi) Whether the licensee participates in the Maryland Medical Assistance Program; ~~[and]~~
- (vii) Whether the licensee maintains medical professional liability insurance; **AND**

**(VIII) THE NUMBER OF MEDICAL MALPRACTICE FINAL COURT JUDGMENTS AND ARBITRATION AWARDS AGAINST THE LICENSEE WITHIN THE MOST RECENT 10-YEAR PERIOD ~~FOR WHICH ALL APPEALS HAVE BEEN EXHAUSTED.~~**

~~14-412.~~

(a) If a person is a member of the Board or a legally authorized agent of the Board and is investigating, prosecuting, participating in a hearing, or otherwise acting on an allegation of a ground for Board action made to the Board ~~[or the Faculty]~~, the person shall have the immunity from liability described under § 5-715(b) of the Courts and Judicial Proceedings Article.

(b) A person who makes an allegation of a ground for Board action to the Board ~~[or the Faculty]~~ shall have the immunity from liability described under § 5-715(c) of the Courts and Judicial Proceedings Article.

~~14-501.~~

~~(e) After the Secretary reviews the standards of appropriate accrediting organizations and consults with [the Faculty] MEDCH, the Maryland Hospital Association, and the Maryland Association of Health Maintenance Organizations, the regulations adopted by the Secretary under subsection (b) of this section shall:~~

~~(1) Provide for a procedure for the collection and release of primary source verification information;~~

~~(2) Include standards by which any organization, including [the Faculty] MEDCHI, may qualify to perform primary source verification; and~~

~~(3) Provide for the monitoring by the Secretary of any organization that qualifies to administer primary source verification.~~

14-413.

(e) (1) [The Board] A DISCIPLINARY PANEL may impose a civil penalty of up to \$5,000 for failure to report under this section.

14-414.

(e) (1) [The Board] A DISCIPLINARY PANEL may impose a civil penalty of up to \$5,000 for failure to report under this section.

[14-501.

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

(2) “Accrediting organization” means an organization that awards accreditation to managed care organizations, other health care organizations, hospitals, or other related institutions.

(3) “Primary source verification” means a procedure used by a hospital, related institution, or health maintenance organization to ensure the truth and accuracy of objective verifiable information submitted to the hospital, related institution, or health maintenance organization by a physician who is applying for practice privileges, entering into contract, or seeking employment with a hospital, related institution, or health maintenance organization.

(b) On or before January 1, 1997, the Secretary shall adopt regulations for a credentialing primary source verification information system that is available for all physicians licensed under this article.

(c) After the Secretary reviews the standards of appropriate accrediting organizations and consults with the Faculty, the Maryland Hospital Association, and the Maryland Association of Health Maintenance Organizations, the regulations adopted by the Secretary under subsection (b) of this section shall:

(1) Provide for a procedure for the collection and release of primary source verification information;

(2) Include standards by which any organization, including the Faculty, may qualify to perform primary source verification; and

(3) Provide for the monitoring by the Secretary of any organization that qualifies to administer primary source verification.

(d) The Secretary may authorize hospitals, related institutions, or health maintenance organizations to rely on primary source verification information provided by an organization qualified to perform primary source verification in accordance with regulations adopted by the Secretary under this section instead of requiring a hospital, related institution, or health maintenance organization to use its own primary source verification procedure to test the truth and accuracy of information submitted.

(e) This section does not prohibit a hospital, related institution, or health maintenance organization from using its own primary source verification procedure.]

14-502.

(b) This section applies to:

(1) [The Faculty] **MEDCHI**;

(2) A component medical society of [the Faculty] **MEDCHI**;

(3) A committee of [the Faculty] **MEDCHI** or of a component medical society of [the Faculty] **MEDCHI**;

14-506.

(b) The following records and other information are confidential records:

(1) Any record and other information obtained by [the Faculty] **MEDCHI**, a component society of [the Faculty] **MEDCHI**, the Maryland Institute for Emergency Medical Services Systems, a hospital staff committee, or a national medical society or group organized for research, if that record or information identifies any person; and

14-5A-08.

(a) Except as otherwise provided in this subtitle, an individual shall be licensed by the Board before the individual may practice respiratory care in this State.

(b) This section does not apply to:

(1) An individual employed by the federal government as a respiratory care practitioner while the individual is practicing within the scope of that employment; [or]

(2) A respiratory care practitioner student enrolled in an education program which is accredited by an approved accrediting organization while practicing respiratory care in the program; OR

**(3) AN INDIVIDUAL PRACTICING RESPIRATORY CARE WHO IS LICENSED BY AND RESIDING IN ANOTHER JURISDICTION IF:**

**(I) THE INDIVIDUAL IS PARTICIPATING IN THE TRANSPORTATION OF A PATIENT FROM THAT INDIVIDUAL’S JURISDICTION OF LICENSURE INTO THE STATE;**

**(II) THE INDIVIDUAL PRACTICES RESPIRATORY CARE ONLY DURING THE TRANSPORTATION OF THE PATIENT; ~~AND~~**

**(III) THE INDIVIDUAL DOES NOT PRACTICE RESPIRATORY CARE ON ANOTHER INDIVIDUAL WHO IS NOT THE PATIENT BEING TRANSPORTED INTO THE STATE; AND**

**(IV) THE INDIVIDUAL DOES NOT PRACTICE RESPIRATORY CARE IN THE STATE FOR MORE THAN A TOTAL OF 14 DAYS WITHIN A CALENDAR YEAR.**

14-5A-09.

(e) The applicant shall [submit to] **COMPLETE** a criminal history records check in accordance with § 14-308.1 of this title.

14-5A-10.

To apply for a license, an applicant shall:

(1) [Submit to] **COMPLETE** a criminal history records check in accordance with § 14-308.1 of this title;

14-5A-13.

(a) **(1) THE TERM OF A LICENSE ISSUED BY THE BOARD MAY NOT EXCEED 3 YEARS.**

**(2)** A license expires on a date set by the Board, unless the license is renewed for an additional term as provided in this section.

(c) Except as otherwise provided in this subtitle, before a license expires, the licensee periodically may renew it for an additional term, if the licensee:

(1) **IS OF GOOD MORAL CHARACTER;**

(2) Pays to the Board a renewal fee set by the Board;

[(2)] (3) Submits to the Board:

(i) A renewal application on the form that the Board requires; and

(ii) Satisfactory evidence of compliance with any continuing education or competency requirements and other requirements set under this section for license renewal; and

[(3)] (4) Meets any additional renewal requirements established by the Board.

(d) (2) [The Board] A DISCIPLINARY PANEL may impose a civil penalty of up to \$100 per continuing education credit in lieu of a sanction under § 14-5A-17 of this subtitle, for a first offense, for the failure of a licensee to obtain the continuing education credits required by the Board.

(g) (1) Beginning October 1, 2016, the Board shall require a criminal history records check in accordance with § 14-308.1 of this title for:

(i) [Annual renewal] **RENEWAL** applicants as determined by regulations adopted by the Board; and

(ii) Each former licensee who files for reinstatement under subsection (f) of this section.

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:

(28) Fails to [submit to] **COMPLETE** a criminal history records check under § 14-308.1 of this title.

**(D) (1) IF, AFTER A HEARING UNDER § 14-405 OF THIS TITLE, A DISCIPLINARY PANEL FINDS THAT THERE ARE GROUNDS UNDER SUBSECTION (A) OF THIS SECTION TO SUSPEND OR REVOKE A LICENSE, TO REPRIMAND A LICENSEE, OR**

TO PLACE A LICENSEE ON PROBATION, THE DISCIPLINARY PANEL MAY IMPOSE A FINE SUBJECT TO THE BOARD'S REGULATIONS IN ADDITION TO SUSPENDING OR REVOKING THE LICENSE, REPRIMANDING THE LICENSEE, OR PLACING THE LICENSEE ON PROBATION.

(2) THE BOARD SHALL PAY ANY FINES COLLECTED UNDER THIS SECTION INTO THE GENERAL FUND OF THE STATE.

(E) IN ADDITION TO ANY SANCTION AUTHORIZED UNDER THIS SECTION, A DISCIPLINARY PANEL MAY REQUIRE A LICENSEE TO COMPLY WITH SPECIFIED TERMS AND CONDITIONS DETERMINED BY THE DISCIPLINARY PANEL.

14-5A-18.

(g) (1) [The Board] A DISCIPLINARY PANEL may impose a civil penalty of up to \$1,000 for failure to report under this section.

14-5A-19.

[(b) If a disciplinary panel reinstates a license under subsection (a) of this section, the disciplinary panel shall notify the Board of the reinstatement.]

~~(e)~~ (B) A disciplinary panel may not reinstate a revoked license that has been revoked for a period of more than 1 year unless the licensee:

(1) Meets the requirements for reinstatement as established under this title; and

(2) [Submits to] **COMPLETES** a criminal history records check in accordance with § 14-308.1 of this title.

14-5A-22.1.

(c) **[The Board] A DISCIPLINARY PANEL** may impose a civil penalty of up to \$1,000 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** 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) **[Any] A** person who violates **[a] ANY** provision **OF §§ 14-5A-20 THROUGH 14-5A-22.1** of this subtitle is subject to a civil fine of not more than \$5,000 to be levied by a disciplinary panel.

## 14-5A-25.

Subject to the evaluation and reestablishment provisions of the Maryland Program Evaluation Act and subject to the termination of this title under § 14-702 of this title, this subtitle and all rules and regulations adopted under this subtitle shall terminate and be of no effect after [June 1, 2020] **JULY 1, 2030**.

Subtitle 5B. Radiation [Oncology/Therapy] **THERAPY**, [Medical Radiation, and]  
**RADIOGRAPHY**, Nuclear Medicine [Technologists] **TECHNOLOGY, AND RADIOLOGY**  
**ASSISTANCE**.

## 14-5B-01.

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

(q) “Supervision” means the responsibility of a licensed physician to exercise on-site or immediately available direction for licensees [or holders of temporary licenses].

## 14-5B-04.

(a) (1) The Board shall set reasonable fees for the issuance of and renewal of licenses and other services it provides to licensees [and holders of temporary licenses].

(2) The fees charged shall be set so as to produce funds to approximate the cost of maintaining the licensure program and the other services provided to licensees [and holders of temporary licenses], including the cost of providing a rehabilitation program for licensees [and holders of temporary licenses] under § 14-401.1(g) of this title.

## 14-5B-05.

(b) (1) The Committee consists of ~~10~~ **NINE** members appointed by the Board.

(2) Of the ~~10~~ **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 radiation therapist;
- (vi) One shall be a radiographer;
- (vii) One shall be a radiologist assistant;
- (viii) One shall be a nuclear medicine technologist; **AND**
- (ix) One shall be a consumer member[; and
- (x) One shall be a member of the Board].

14-5B-09.

(b) Except as provided in subsection (c) of this section, the applicant shall:

(5) [Submit to] **COMPLETE** a criminal history records check in accordance with § 14-308.1 of this title.

14-5B-10.

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

(1) [Submit to] **COMPLETE** a criminal history records check in accordance with § 14-308.1 of this title;

14-5B-12.

(a) **(1) THE TERM OF A LICENSE ISSUED BY THE BOARD MAY NOT EXCEED 3 YEARS.**

**(2)** A license expires on a date set by the Board, unless the license is renewed for an additional term as provided in this section.

(c) Except as otherwise provided in this subtitle, before a license expires, the licensed individual may periodically renew it for an additional term, if the individual:

(1) **IS OF GOOD MORAL CHARACTER;**

**(2)** Pays to the Board a renewal fee set by the Board;

**[(2)] (3)** Submits to the Board:

(i) A renewal application on the form that the Board requires; and

(ii) Satisfactory evidence of compliance with any continuing education or competency requirements and other requirements required by the Board for license renewal; and

**[(3)] (4)** Meets any additional renewal requirements established by the Board.

**(d) (2)** [The Board] A DISCIPLINARY PANEL may impose a civil penalty of up to \$100 per continuing medical education credit in lieu of a sanction under § 14-5B-14 of this subtitle, for a first offense, for the failure of a licensee to obtain the continuing medical education credits required by the Board.

(f) The Board shall reinstate the license of a radiation therapist, radiographer, nuclear medicine technologist, or radiologist assistant who has failed to renew a license for any reason if the radiation therapist, radiographer, nuclear medicine technologist, or radiologist assistant:

**(1) MEETS THE RENEWAL REQUIREMENTS OF THIS SECTION;**

**[(1)] (2)** Submits to the Board:

(i) A reinstatement application on the form that the Board requires; and

(ii) Satisfactory evidence of compliance with any continuing education or competency requirements; and

**[(2)] (3)** Meets any additional requirements established by the Board for reinstatement.

(g) (1) Beginning October 1, 2016, the Board shall require a criminal history records check in accordance with § 14-308.1 of this title for:

(i) **[Annual renewal] RENEWAL** applicants as determined by regulations adopted by the Board; and

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:

(28) Fails to **[submit to] COMPLETE** a criminal history records check under § 14-308.1 of this title.

(D) (1) IF, AFTER A HEARING UNDER § 14-405 OF THIS TITLE, A DISCIPLINARY PANEL FINDS THAT THERE ARE GROUNDS UNDER SUBSECTION (A) OF THIS SECTION TO SUSPEND OR REVOKE A LICENSE, TO REPRIMAND A LICENSEE, OR TO PLACE A LICENSEE ON PROBATION, THE DISCIPLINARY PANEL MAY IMPOSE A FINE SUBJECT TO THE BOARD'S REGULATIONS IN ADDITION TO SUSPENDING OR REVOKING THE LICENSE, REPRIMANDING THE LICENSEE, OR PLACING THE LICENSEE ON PROBATION.

(2) THE BOARD SHALL PAY ANY FINES COLLECTED UNDER THIS SECTION INTO THE GENERAL FUND OF THE STATE.

(E) IN ADDITION TO ANY SANCTION AUTHORIZED UNDER THIS SECTION, A DISCIPLINARY PANEL MAY REQUIRE A LICENSEE TO COMPLY WITH SPECIFIED TERMS AND CONDITIONS DETERMINED BY THE DISCIPLINARY PANEL.

14-5B-15.

(g) (1) [The Board] A DISCIPLINARY PANEL may impose a civil penalty of up to \$1,000 for failure to report under this section.

14-5B-16.

[(b) If a disciplinary panel reinstates a license under subsection (a) of this section, the disciplinary panel shall notify the Board of the reinstatement.]

~~(B)~~ (B) A disciplinary panel may not reinstate a revoked license that has been revoked for a period of more than 1 year unless the licensee:

(1) Meets the requirements for reinstatement as established under this title; and

(2) [Submits to] COMPLETES a criminal history records check in accordance with § 14-308.1 of this title.

14-5B-18.1.

(c) [The Board] A DISCIPLINARY PANEL may impose a civil penalty of up to \$1,000 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 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) [Any] A person who violates **ANY PROVISION OF §§ 14-5B-17 THROUGH 14-5B-18.1** OF this subtitle is subject to a civil fine of not more than \$5,000 to be levied by [the Board] **A DISCIPLINARY PANEL.**

14-5B-21.

Subject to the evaluation and reestablishment provisions of the Maryland Program Evaluation Act, and subject to the termination of this title under § 14-702 of this title, this subtitle and all rules and regulations adopted under this subtitle shall terminate and be of no effect after [June 1, 2020] **JULY 1, 2030.**

14-5C-09.

(b) The applicant shall:

(3) [Submit to] **COMPLETE** a criminal history records check in accordance with § 14-308.1 of this title.

14-5C-11.

To apply for a license, an applicant shall:

(1) [Submit to] **COMPLETE** a criminal history records check in accordance with § 14-308.1 of this title;

14-5C-14.

(a) **(1) THE TERM OF A LICENSE ISSUED BY THE BOARD MAY NOT EXCEED 3 YEARS.**

**(2)** A license expires on a date set by the Board, unless the license is renewed for an additional term as provided in this section.

(c) Except as otherwise provided in this subtitle, before a license expires, the licensed polysomnographic technologist periodically may renew it for an additional term, if the licensee:

(1) Otherwise is entitled to be licensed;

**(2) IS OF GOOD MORAL CHARACTER;**

**[(2)] (3)** Pays to the Board a renewal fee set by the Board; and

**[(3)] (4)** Submits to the Board:

- (i) A renewal application on the form that the Board requires; and
- (ii) Satisfactory evidence of compliance with any continuing education or competency requirements and other requirements set under this section for license renewal.

(g) (1) Beginning October 1, 2016, the Board shall require a criminal history records check in accordance with § 14–308.1 of this title for:

- (i) [Annual renewal] **RENEWAL** applicants as determined by regulations adopted by the Board; and
- (ii) Each former licensee who files for reinstatement under subsection (f) of this section.

**(H) A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF UP TO \$100 PER CONTINUING EDUCATION CREDIT IN LIEU OF A SANCTION UNDER § 14–5C–17 OF THIS SUBTITLE, FOR A FIRST OFFENSE FOR FAILURE OF A LICENSEE TO OBTAIN THE CONTINUING EDUCATION CREDITS REQUIRED BY THE BOARD.**

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:

[(25) Is convicted of or pleads guilty or nolo contendere to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside;]

[(26)] **(25)** Refuses, withholds from, denies, or discriminates against an individual with regard to the provision of professional services for which the licensee is licensed and qualified to render because the individual is HIV positive;

[(27)] **(26)** Practices or attempts to practice a polysomnography procedure or uses or attempts to use polysomnography equipment if the applicant or licensee has not received education and training in the performance of the procedure or the use of the equipment;

[(28)] **(27)** Fails to cooperate with a lawful investigation conducted by the Board; or

[(29)] **(28)** Fails to [submit to] **COMPLETE** a criminal history records check under § 14–308.1 of this title.

(D) (1) IF, AFTER A HEARING UNDER § 14-405 OF THIS TITLE, A DISCIPLINARY PANEL FINDS THAT THERE ARE GROUNDS UNDER SUBSECTION (A) OF THIS SECTION TO SUSPEND OR REVOKE A LICENSE, TO REPRIMAND A LICENSEE, OR TO PLACE A LICENSEE ON PROBATION, THE DISCIPLINARY PANEL MAY IMPOSE A FINE SUBJECT TO THE BOARD'S REGULATIONS IN ADDITION TO SUSPENDING OR REVOKING THE LICENSE, REPRIMANDING THE LICENSEE, OR PLACING THE LICENSEE ON PROBATION.

(2) THE BOARD SHALL PAY ANY FINES COLLECTED UNDER THIS SECTION INTO THE GENERAL FUND OF THE STATE.

(E) IN ADDITION TO ANY SANCTION AUTHORIZED UNDER THIS SECTION, A DISCIPLINARY PANEL MAY REQUIRE A LICENSEE TO COMPLY WITH SPECIFIED TERMS AND CONDITIONS DETERMINED BY THE DISCIPLINARY PANEL.

14-5C-18.

(g) (1) [The Board] A DISCIPLINARY PANEL may impose a civil penalty of up to \$1,000 for failure to report under this section.

14-5C-19.

[(b) (1) If a disciplinary panel reinstates a license under subsection (a) of this section, the disciplinary panel shall notify the Board of the reinstatement.]

~~(b)~~ (B) A disciplinary panel may not reinstate a revoked license that has been revoked for a period of more than 1 year unless the licensee:

(1) Meets the requirements for reinstatement as established under this title; and

(2) [Submits to] COMPLETES a criminal history records check in accordance with § 14-308.1 of this title.

14-5C-22.1.

(c) [The Board] A DISCIPLINARY PANEL may impose a civil penalty of not more than \$5,000 for a violation of this section.

14-5C-23.

(a) A person who violates any provision of **§§ 14-5C-20 THROUGH 14-5C-22.1** 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) [Any] A person who violates [a] ANY provision OF **§§ 14-5C-20 THROUGH 14-5C-22.1** of this subtitle is subject to a civil fine of not more than \$5,000 to be levied by [the Board] A **DISCIPLINARY PANEL**.

14-5C-25.

Subject to the evaluation and reestablishment provisions of the Maryland Program Evaluation Act and subject to the termination of this title under § 14-702 of this title, this subtitle and all regulations adopted under this subtitle shall terminate and be of no effect after [June 1, 2020] **JULY 1, 2030**.

14-5D-05.

(a) The Committee consists of [11] **NINE** members appointed by the Board as follows:

(1) (i) On or before September 30, 2011, three athletic trainers who:

1. Are certified by a national certifying board; and
2. Have a minimum of 5 years of clinical experience; and

(ii) On or after October 1, 2011, three licensed athletic trainers who:

1. Are certified by a national certifying board; and
2. 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;

(3) One **MEMBER WHO IS:**

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

[(4)] (II) [One] A licensed physical therapist; **OR**

[(5)] (III) [One] A licensed occupational therapist; and

[(6)] (4) Two consumer members.

14-5D-08.

(b) The applicant shall:

(3) [Submit to] **COMPLETE** a criminal history records check in accordance with § 14-308.1 of this title.

14-5D-09.

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

(1) [Submit to] **COMPLETE** a criminal history records check in accordance with § 14-308.1 of this title;

14-5D-11.

(b) Before an athletic trainer may practice athletic training, the athletic trainer shall:

(1) Obtain a license under this subtitle;

(2) Enter into a written evaluation and treatment protocol with a licensed physician; and

(3) Except as provided in § 14-5D-11.3(a) of this subtitle, [obtain Board approval of] **SUBMIT ~~A~~ AN ORIGINAL, SIGNED COPY OF** the evaluation and treatment protocol **FOR BOARD APPROVAL.**

~~(c) (1) In the event of a sudden departure, incapacity, or death of a supervising physician, OR CHANGE IN LICENSE STATUS THAT RESULTS IN THE PRIMARY SUPERVISING PHYSICIAN BEING UNABLE TO LEGALLY PRACTICE MEDICINE, a designated alternate supervising physician may assume the role of the supervising physician by submitting an evaluation and treatment protocol to the Board within 15 days of the event.~~

~~(2) THE BOARD MAY TERMINATE AN EVALUATION AND TREATMENT PROTOCOL IF:~~

~~(i) THE ATHLETIC TRAINER HAS A CHANGE IN LICENSE STATUS THAT RESULTS IN THE ATHLETIC TRAINER BEING UNABLE TO LEGALLY PRACTICE ATHLETIC TRAINING; OR~~

~~(H) THE SUPERVISING PHYSICIAN HAS A CHANGE IN LICENSE STATUS THAT RESULTS IN THE PHYSICIAN BEING UNABLE TO LEGALLY PRACTICE MEDICINE AND AN ALTERNATE SUPERVISING PHYSICIAN DOES NOT ASSUME THE ROLE OF SUPERVISING PHYSICIAN UNDER PARAGRAPH (1) OF THIS SUBSECTION.~~

(E) SUBJECT TO THE NOTICE REQUIRED UNDER § 14-5D-11.2 OF THIS SUBTITLE, AN ATHLETIC TRAINER MAY TERMINATE AN EVALUATION AND TREATMENT PROTOCOL FILED WITH THE BOARD UNDER THIS SECTION AT ANY TIME.

(F) (1) IN THE EVENT OF THE SUDDEN DEPARTURE, INCAPACITY, OR DEATH OF THE PRIMARY SUPERVISING PHYSICIAN OF AN ATHLETIC TRAINER, OR CHANGE IN LICENSE STATUS THAT RESULTS IN THE PRIMARY SUPERVISING PHYSICIAN BEING UNABLE TO LEGALLY PRACTICE MEDICINE, AN ALTERNATE SUPERVISING PHYSICIAN DESIGNATED UNDER SUBSECTION (C) OF THIS SECTION MAY SUPERVISE THE ATHLETIC TRAINER FOR NOT LONGER THAN 15 DAYS FOLLOWING THE EVENT.

(2) IF THERE IS NO DESIGNATED ALTERNATE SUPERVISING PHYSICIAN OR THE DESIGNATED ALTERNATE SUPERVISING PHYSICIAN DOES NOT AGREE TO SUPERVISE THE ATHLETIC TRAINER, THE ATHLETIC TRAINER MAY NOT PRACTICE UNTIL THE ATHLETIC TRAINER RECEIVES APPROVAL OF A NEW EVALUATION AND TREATMENT PROTOCOL UNDER § 14-5D-11.3 OF THIS SUBTITLE.

(3) AN ALTERNATE SUPERVISING PHYSICIAN OR OTHER LICENSED PHYSICIAN MAY ASSUME THE ROLE OF PRIMARY SUPERVISING PHYSICIAN BY SUBMITTING A NEW EVALUATION AND TREATMENT PROTOCOL TO THE BOARD FOR APPROVAL UNDER SUBSECTION (B) OF THIS SECTION.

(4) THE BOARD MAY TERMINATE AN EVALUATION AND TREATMENT PROTOCOL IF:

(i) THE ATHLETIC TRAINER HAS A CHANGE IN LICENSE STATUS THAT RESULTS IN THE ATHLETIC TRAINER BEING UNABLE TO LEGALLY PRACTICE ATHLETIC TRAINING;

(ii) AT LEAST 15 DAYS HAVE ELAPSED SINCE AN EVENT LISTED UNDER PARAGRAPH (1) OF THIS SUBSECTION IF THERE IS AN ALTERNATE SUPERVISING PHYSICIAN DESIGNATED UNDER SUBSECTION (C) OF THIS SECTION; OR

(iii) IMMEDIATELY AFTER AN EVENT LISTED UNDER PARAGRAPH (1) OF THIS SUBSECTION IF THERE IS NO ALTERNATE SUPERVISING PHYSICIAN DESIGNATED UNDER SUBSECTION (C) OF THIS SECTION.

**(G) AN ATHLETIC TRAINER WHOSE EVALUATION AND TREATMENT PROTOCOL IS TERMINATED MAY NOT PRACTICE ATHLETIC TRAINING UNTIL THE ATHLETIC TRAINER RECEIVES PRELIMINARY APPROVAL OF A NEW EVALUATION AND TREATMENT PROTOCOL UNDER § 14-5D-11.3 OF THIS SUBTITLE.**

14-5D-11.1.

(c) [The Board] A DISCIPLINARY PANEL may impose a civil penalty of up to \$1,000 on a person who employs or supervises an individual without a license or without an approved evaluation and treatment protocol.

14-5D-11.2.

(a) A physician or an employer shall notify the Board within 10 days of the termination of an athletic trainer for reasons that would be grounds for discipline under this subtitle.

(b) A supervising physician and an athletic trainer shall notify the Board **WITHIN 10 DAYS** of the termination of the relationship under an evaluation and treatment protocol.

14-5D-11.3.

(a) (1) An athletic trainer may assume the duties under an evaluation and treatment protocol [after receiving a written recommendation of approval from the Committee if] **ON THE DATE THAT THE BOARD ACKNOWLEDGES RECEIPT OF THE COMPLETED EVALUATION AND TREATMENT PROTOCOL APPROPRIATE TO THE SCOPE OF PRACTICE IF THE PROTOCOL IS GIVEN PRELIMINARY APPROVAL BY BOARD STAFF AND:**

(i) The evaluation and treatment protocol does not include specialized tasks; or

(ii) The evaluation and treatment protocol includes specialized tasks that the Board previously has approved under § 14-5D-11 of this subtitle.

(2) If an evaluation and treatment protocol includes specialized tasks that have not been previously approved by the Board under § 14-5D-11 of this subtitle, an athletic trainer may only perform the specialized task after receiving written approval from the Board.

(b) The Board may disapprove an evaluation and treatment protocol or a specialized task included in the evaluation and treatment protocol if the Board determines that:

(1) The evaluation and treatment protocol does not meet the requirements of § 14-5D-11(c) of this subtitle;

(2) The athletic trainer is unable to perform the specialized task safely; or

(3) The specialized task is outside the practice scope of an athletic trainer.

(c) If the Board disapproves an evaluation and treatment protocol or a specialized task included in an evaluation and treatment protocol, the Board shall send to the primary supervising physician and the athletic trainer written notice of the disapproval.

(d) An athletic trainer who receives notice of a disapproval under subsection (c) of this section shall immediately cease practicing under the evaluation and treatment protocol or performing the specialized task.

(e) An individual member of the Board is not civilly liable for any act or omission relating to the approval, modification, or disapproval of an evaluation and treatment protocol.

14-5D-12.

(a) **(1) THE TERM OF A LICENSE ISSUED BY THE BOARD MAY NOT EXCEED 3 YEARS.**

**(2)** A license expires on a date set by the Board, unless the license is renewed for an additional term as provided in this section.

(c) Except as otherwise provided in this subtitle, before a license expires, the licensee periodically may renew it for an additional term, if the licensee:

(1) Otherwise is entitled to be licensed;

**(2) IS OF GOOD MORAL CHARACTER;**

**[(2)] (3)** Pays to the Board a renewal fee set by the Board; and

**[(3)] (4)** Submits to the Board:

(i) A renewal application on the form that the Board requires;

(ii) Satisfactory evidence of compliance with any continuing education or competency requirements; and

(iii) Any other requirements set under this section for license renewal.

(g) [The Board] A DISCIPLINARY PANEL may impose a civil penalty of up to \$100 per continuing education credit in lieu of a sanction under § 14–5D–14 of this subtitle, for a first offense for failure of a licensee to obtain the continuing education credits required by the Board.

(h) (1) Beginning October 1, 2016, the Board shall require a criminal history records check in accordance with § 14–308.1 of this title for:

(i) [Annual renewal] **RENEWAL** applicants as determined by regulations adopted by the Board; and

(ii) Each former licensee who files for reinstatement under subsection (f) of this section.

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:

(29) Fails to [submit to] **COMPLETE** a criminal history records check under § 14–308.1 of this title.

**(D) (1) IF, AFTER A HEARING UNDER § 14–405 OF THIS TITLE, A DISCIPLINARY PANEL FINDS THAT THERE ARE GROUNDS UNDER SUBSECTION (A) OF THIS SECTION TO SUSPEND OR REVOKE A LICENSE, TO REPRIMAND A LICENSEE, OR TO PLACE A LICENSEE ON PROBATION, THE DISCIPLINARY PANEL MAY IMPOSE A FINE SUBJECT TO THE BOARD’S REGULATIONS IN ADDITION TO SUSPENDING OR REVOKING THE LICENSE, REPRIMANDING THE LICENSEE, OR PLACING THE LICENSEE ON PROBATION.**

**(2) THE BOARD SHALL PAY ANY FINES COLLECTED UNDER THIS SECTION INTO THE GENERAL FUND OF THE STATE.**

**(E) IN ADDITION TO ANY SANCTION AUTHORIZED UNDER THIS SECTION, A DISCIPLINARY PANEL MAY REQUIRE A LICENSEE TO COMPLY WITH SPECIFIED TERMS AND CONDITIONS DETERMINED BY THE DISCIPLINARY PANEL.**

14–5D–15.

(a) (1) Except as otherwise provided in § 10–226 of the State Government Article, before the Board or a disciplinary panel takes any action under § 14–5D–14 of this subtitle, the Board or the disciplinary panel shall give the individual against whom the action is contemplated an opportunity for a hearing before a hearing officer.

(2) The hearing officer shall give notice and hold the hearing in accordance with Title 10, Subtitle 2 of the State Government Article.

(3) The Board or a disciplinary panel may administer oaths in connection with any proceedings under this section.

[(4) At least 14 days before the hearing, a hearing notice shall be sent by certified mail to the last known address of the individual.]

(b) (1) Any person aggrieved by a final decision of the Board or a disciplinary panel under this subtitle may take a direct judicial appeal.

(2) The appeal shall be made as provided for judicial review of final decisions in the Administrative Procedure Act.

(c) An order of the Board or a disciplinary panel may not be stayed pending review.

(d) The Board may appeal from any decision that reverses or modifies an order of the Board or a disciplinary panel.

14-5D-16.

[(b) If a disciplinary panel reinstates a license under subsection (a) of this section, the disciplinary panel shall notify the Board of the reinstatement.]

~~(B)~~ (B) A disciplinary panel may not reinstate a revoked license that has been revoked for a period of more than 1 year unless the licensee:

(1) Meets the requirements for reinstatement as established under this title; and

(2) [Submits to] **COMPLETES** a criminal history records check in accordance with § 14-308.1 of this title.

14-5D-18.

(a) A person who violates [any provision] § 14-5D-17 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) [Any] A person who violates [any provision] § 14-5D-17 of this subtitle is subject to a civil fine of not more than \$5,000 to be levied by a disciplinary panel.

14-5D-20.

Subject to the evaluation and reestablishment provisions of the Maryland Program Evaluation Act and subject to the termination of this title under § 14–702 of this title, this subtitle and all rules and regulations adopted under this subtitle shall terminate and be of no effect after [June 1, 2020] **JULY 1, 2030**.

14–5E–09.

(b) The applicant shall:

(3) [Submit to] **COMPLETE** a criminal history records check in accordance with § 14–308.1 of this title.

14–5E–11.

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

(1) [Submit to] **COMPLETE** a criminal history records check in accordance with § 14–308.1 of this title;

14–5E–13.

(a) (1) A license expires on a date set by the Board, unless the license is renewed for an additional term as provided in this section.

(2) **[A] THE TERM OF A license ISSUED BY THE BOARD** may not [be renewed for a term longer than 2] **EXCEED 3** years.

(c) (1) Except as otherwise provided in this subtitle, before a license expires, the licensed perfusionist periodically may renew it for an additional term, if the licensee:

(i) Otherwise is entitled to be licensed;

**(II) IS OF GOOD MORAL CHARACTER;**

**[(ii)] (III)** Pays to the Board a renewal fee set by the Board; and

**[(iii)] (IV)** Except as provided in paragraph (2) of this subsection, 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 and other requirements set under this section for license renewal.

(g) (1) Beginning October 1, 2016, the Board shall require a criminal history records check in accordance with § 14–308.1 of this title for:

(i) ~~[Annual renewal]~~ **RENEWAL** applicants as determined by regulations adopted by the Board; and

(ii) Each former licensee who files for reinstatement under subsection (f) of this section.

**(H) A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF UP TO \$100 PER CONTINUING EDUCATION CREDIT IN LIEU OF A SANCTION UNDER § 14–5E–16 OF THIS SUBTITLE, FOR A FIRST OFFENSE FOR FAILURE OF A LICENSEE TO OBTAIN THE CONTINUING EDUCATION CREDITS REQUIRED BY THE BOARD.**

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:

~~[(25) Is convicted of or pleads guilty or nolo contendere to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside;]~~

~~[(26) (25) Refuses, withholds from, denies, or discriminates against an individual with regard to the provision of professional services for which the licensee is licensed and qualified to render because the individual is HIV positive;~~

~~[(27) (26) Practices or attempts to practice a perfusion procedure or uses or attempts to use perfusion equipment if the applicant or licensee has not received education and training in the performance of the procedure or the use of the equipment;~~

~~[(28) (27) Fails to cooperate with a lawful investigation of the Board or a disciplinary panel; or~~

~~[(29) (28) Fails to [submit to] COMPLETE a criminal history records check under § 14–308.1 of this title.~~

**(D) (1) IF, AFTER A HEARING UNDER § 14–405 OF THIS TITLE, A DISCIPLINARY PANEL FINDS THAT THERE ARE GROUNDS UNDER SUBSECTION (A) OF**

THIS SECTION TO SUSPEND OR REVOKE A LICENSE, TO REPRIMAND A LICENSEE, OR PLACE A LICENSEE ON PROBATION, THE DISCIPLINARY PANEL MAY IMPOSE A FINE SUBJECT TO THE BOARD'S REGULATIONS IN ADDITION TO SUSPENDING OR REVOKING THE LICENSE, REPRIMANDING THE LICENSEE, OR PLACING THE LICENSEE ON PROBATION.

(2) THE BOARD SHALL PAY ANY FINES COLLECTED UNDER THIS SECTION INTO THE GENERAL FUND.

(E) IN ADDITION TO ANY SANCTION AUTHORIZED UNDER THIS SECTION, A DISCIPLINARY PANEL MAY REQUIRE A LICENSEE TO COMPLY WITH SPECIFIED TERMS AND CONDITIONS DETERMINED BY THE DISCIPLINARY PANEL.

14-5E-18.

(g) (1) [The Board] A DISCIPLINARY PANEL may impose a civil penalty of up to \$1,000 for failure to report under this section.

14-5E-19.

[(b) If a disciplinary panel reinstates a license under subsection (a) of this section, the disciplinary panel shall notify the Board of the reinstatement.]

~~(B)~~ (B) A disciplinary panel may not reinstate a revoked license that has been revoked for a period of more than 1 year unless the licensee:

(1) Meets the requirements for reinstatement as established under this title; and

(2) [Submits to] COMPLETES a criminal history records check in accordance with § 14-308.1 of this title.

14-5E-23.

(a) A person who violates any provision of §§ 14-5E-20 THROUGH 14-5E-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 §§ 14-5E-20 THROUGH 14-5E-22 OF this subtitle is subject to a civil fine of not more than \$5,000 to be levied by a disciplinary panel.

14-5E-25.

Subject to the evaluation and reestablishment provisions of the Maryland Program Evaluation Act and subject to the termination of this title under § 14–702 of this title, this subtitle and all regulations adopted under this subtitle shall terminate and be of no effect after [June 1, 2020] **JULY 1, 2030**.

14–5F–04.1.

(a) (2) The Council consists of the following members:

(ii) The following members, appointed by the Board:

2. Two licensed physicians [or doctors of osteopathy] who practice in the State;

14–5F–07.

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

(i) Two shall be individuals who practice naturopathic medicine and who:

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 [or practicing doctor of osteopathy who is a member of the Board];

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

(iv) One shall be a consumer member.

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

14–5F–11.

(g) An applicant shall [submit to] **COMPLETE** a criminal history records check in accordance with § 14–308.1 of this title.

14–5F–12.

To apply for a license, an applicant shall:

(1) [Submit to] **COMPLETE** a criminal history records check in accordance with § 14–308.1 of this title;

14–5F–15.

(a) (1) The term of a license issued by the Board [is 2] **MAY NOT EXCEED 3** years.

(2) A license expires [at the end of its term] **ON A DATE SET BY THE BOARD**, unless the license is renewed as provided [by the Board] **IN THIS SECTION**.

(c) The Board shall renew the license of a licensee who:

(1) Submits a renewal application on the form that the Board requires;

**(2) IS OF GOOD MORAL CHARACTER;**

~~[(2)]~~ **(3)** Pays a renewal fee set by the Board;

~~[(3)]~~ **(4)** Is otherwise entitled to be licensed;

~~[(4)]~~ **(5)** Meets the continuing education requirements adopted by the Board; and

~~[(5)]~~ **(6)** Provides evidence of biennial cardiopulmonary resuscitation certification.

(d) (1) Beginning October 1, 2016, the Board shall require a criminal history records check in accordance with § 14–308.1 of this title for:

(i) [Annual renewal] **RENEWAL** applicants as determined by regulations adopted by the Board; and

**(E) A DISCIPLINARY PANEL MAY IMPOSE A CIVIL PENALTY OF UP TO \$100 PER CONTINUING EDUCATION CREDIT IN LIEU OF A SANCTION UNDER § 14–5F–18 OF THIS SUBTITLE, FOR A FIRST OFFENSE FOR FAILURE OF A LICENSEE TO OBTAIN THE CONTINUING EDUCATION CREDITS REQUIRED BY THE BOARD.**

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:

(27) Fails to [submit to] **COMPLETE** a criminal history records check under § 14-308.1 of this title.

**(D) (1) IF, AFTER A HEARING UNDER § 14-405 OF THIS TITLE, A DISCIPLINARY PANEL FINDS THAT THERE ARE GROUNDS UNDER SUBSECTION (A) OF THIS SECTION TO SUSPEND OR REVOKE A LICENSE, TO REPRIMAND A LICENSEE, OR TO PLACE A LICENSEE ON PROBATION, THE DISCIPLINARY PANEL MAY IMPOSE A FINE SUBJECT TO THE BOARD'S REGULATIONS IN ADDITION TO SUSPENDING OR REVOKING THE LICENSE, REPRIMANDING THE LICENSEE, OR PLACING THE LICENSEE ON PROBATION.**

**(2) THE BOARD SHALL PAY ANY FINES COLLECTED UNDER THIS SECTION INTO THE GENERAL FUND.**

**(E) IN ADDITION TO ANY SANCTION AUTHORIZED UNDER THIS SECTION, A DISCIPLINARY PANEL MAY REQUIRE A LICENSEE TO COMPLY WITH SPECIFIED TERMS AND CONDITIONS DETERMINED BY THE DISCIPLINARY PANEL.**

14-5F-22.

[(a)] If the Board or a disciplinary panel finds that there are grounds for action under § 14-5F-18 of this subtitle, the Board or the disciplinary panel shall pass an order in accordance with the Administrative Procedure Act.

[(b) (1) If a license is revoked or suspended, the holder shall surrender the license to the Board on demand.

(2) At the end of a suspension period, the Board shall return to the licensee any license surrendered under this section.]

14-5F-24.

(c) A disciplinary panel may not reinstate a [suspended] **SURRENDERED** or revoked license that has been [suspended] **SURRENDERED** or revoked for a period of more than 1 year unless the licensee:

(1) Meets the requirements for reinstatement as established under this title; and

(2) [Submits to] **COMPLETES** a criminal history records check in accordance with § 14–308.1 of this title.

14–5F–29.

(a) Except as otherwise provided in this subtitle, an individual may not practice, attempt to practice, or offer to practice naturopathic medicine in this State without a license.

(b) An individual who violates [any provision] **SUBSECTION (A) OF THIS SECTION OR § 14–5F–30** of this subtitle is guilty of a felony and on conviction is subject to a fine not exceeding \$10,000 or imprisonment not exceeding 5 years or both.

(c) Any individual who violates [a provision] **SUBSECTION (A) OF THIS SECTION OR § 14–5F–30** of this subtitle is subject to a civil fine of not more than \$50,000 to be levied by a disciplinary panel.

(d) The Board shall pay any penalty collected under this section into the Board of Physicians Fund.

14–5F–32.

Subject to the evaluation and reestablishment provisions of the Program Evaluation Act, this subtitle and all rules and regulations adopted under this subtitle shall terminate and be of no effect after [June 1, 2020] **JULY 1, 2030**.

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:

(5) An individual in a postgraduate medical program that is [approved] **ACCREDITED BY AN ACCREDITING ORGANIZATION RECOGNIZED** by the Board **IN REGULATIONS WHILE THE INDIVIDUAL IS PRACTICING MEDICINE IN THE PROGRAM.**

14–702.

Subject to the evaluation and reestablishment provisions of the Program Evaluation Act, this title and all rules and regulations adopted under this title shall terminate and be of no effect after [June 1, 2020] **JULY 1, 2030**.

15–103.

(b) (1) [An] **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) OF THIS SECTION, A SUPERVISING PHYSICIAN 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 ~~SUBTITLE~~ TITLE.**

(3) **A SUPERVISING PHYSICIAN AND A PHYSICIAN ASSISTANT SHALL NOTIFY THE BOARD WITHIN 10 DAYS OF THE TERMINATION OF THE RELATIONSHIP UNDER A DELEGATION AGREEMENT FOR ANY REASON.**

(i) (1) [The Board] A DISCIPLINARY PANEL may impose a civil penalty of up to \$1,000 for failure to report under this section.

15-202.

- (a) (1) The Committee shall consist of 7 members appointed by the Board.
- (2) Of the 7 Committee members:
- (i) 3 shall be licensed physicians;
  - (ii) 3 shall be licensed physician assistants; and
  - (iii) 1 shall be a consumer.
- (3) Of the licensed physician members:
- (i) At least 1 shall specialize in general surgery or a surgical subspecialty; **AND**
  - (ii) At least 1 shall specialize in internal medicine, family practice, or a similar primary care specialty[; and
  - (iii) 1 shall be a Board member].

15-203.

[(a)] The Board shall adopt regulations governing:

- (1) The term of office for Committee members;

- (2) The procedure for filling vacancies on the Committee;
- (3) The removal of Committee members; and
- (4) The duties of each officer.

[(b) In addition to the regulations on removal of members adopted by the Board, upon the recommendation of the Board the Governor may remove a member whom the Board finds to have been absent from 2 successive Committee meetings without adequate reason.]

15–302.

(a) A physician may delegate medical acts to a physician assistant only after:

(1) A delegation agreement has been executed and filed with the Board;  
and

(2) Any advanced duties have been authorized as required under subsection (c) of this section.

(b) The delegation agreement shall contain:

(1) A description of the qualifications of the primary supervising physician and physician assistant;

(2) A description of the settings in which the physician assistant will practice;

(3) A description of the continuous physician supervision mechanisms that are reasonable and appropriate to the practice setting;

(4) A description of the delegated medical acts that are within the primary or alternate supervising physician's scope of practice and require specialized education or training that is consistent with accepted medical practice;

(5) An attestation that all medical acts to be delegated to the physician assistant are within the scope of practice of the primary or alternate supervising physician and appropriate to the physician assistant's education, training, and level of competence;

(6) An attestation of continuous supervision of the physician assistant by the primary supervising physician through the mechanisms described in the delegation agreement;

(7) An attestation by the primary supervising physician of the physician's acceptance of responsibility for any care given by the physician assistant;

(8) A description prepared by the primary supervising physician of the process by which the physician assistant's practice is reviewed appropriate to the practice setting and consistent with current standards of acceptable medical practice;

(9) An attestation by the primary supervising physician that the physician will respond in a timely manner when contacted by the physician assistant;

(10) The following statement: "The primary supervising physician and the physician assistant attest that:

(i) They will establish a plan for the types of cases that require a physician plan of care or require that the patient initially or periodically be seen by the supervising physician; and

(ii) The patient will be provided access to the supervising physician on request"; and

(11) Any other information deemed necessary by the Board to carry out the provisions of this subtitle.

(c) (1) The Board may not require prior approval of a delegation agreement that includes advanced duties, if an advanced duty will be performed in a hospital or ambulatory surgical facility, provided that:

(i) A physician, with credentials that have been reviewed by the hospital or ambulatory surgical facility as a condition of employment, as an independent contractor, or as a member of the medical staff, supervises the physician assistant;

(ii) The physician assistant has credentials that have been reviewed by the hospital or ambulatory surgical facility as a condition of employment, as an independent contractor, or as a member of the medical staff; and

(iii) Each advanced duty to be delegated to the physician assistant is reviewed and approved within a process approved by the governing body of the health care facility before the physician assistant performs the advanced duties.

(2) (i) In any setting that does not meet the requirements of paragraph (1) of this subsection, a primary supervising physician shall obtain the Board's approval of a delegation agreement that includes advanced duties, before the physician assistant performs the advanced duties.

(ii) 1. Before a physician assistant may perform X-ray duties authorized under § 14-306(e) of this article in the medical office of the physician delegating

the duties, a primary supervising physician shall obtain the Board's approval of a delegation agreement that includes advanced duties in accordance with subsubparagraph 2 of this subparagraph.

2. The advanced duties set forth in a delegation agreement under this subparagraph shall be limited to nonfluoroscopic X-ray procedures of the extremities, anterior-posterior and lateral, not including the head.

(3) Notwithstanding paragraph (1) of this subsection, a primary supervising physician shall obtain the Board's approval of a delegation agreement before the physician assistant may administer, monitor, or maintain general anesthesia or neuroaxial anesthesia, including spinal and epidural techniques, under the agreement.

(d) For a delegation agreement containing advanced duties that require Board approval, the Committee shall review the delegation agreement and recommend to the Board that the delegation agreement be approved, rejected, or modified to ensure conformance with the requirements of this title.

(e) The Committee may conduct a personal interview of the primary supervising physician and the physician assistant.

(f) (1) On review of the Committee's recommendation regarding a primary supervising physician's request to delegate advanced duties as described in a delegation agreement, the Board:

(i) May approve the delegation agreement; or

(ii) 1. If the physician assistant does not meet the applicable education, training, and experience requirements to perform the specified delegated acts, may modify or disapprove the delegation agreement; and

2. If the Board takes an action under item 1 of this item:

A. Shall notify the primary supervising physician and the physician assistant in writing of the particular elements of the proposed delegation agreement that were the cause for the modification or disapproval; and

B. May not restrict the submission of an amendment to the delegation agreement.

(2) To the extent practicable, the Board shall approve a delegation agreement or take other action authorized under this subsection within 90 days after receiving a completed delegation agreement including any information from the physician assistant and primary supervising physician necessary to approve or take action.

(g) If the Board determines that a primary or alternate supervising physician or physician assistant is practicing in a manner inconsistent with the requirements of this title or Title 14 of this article, the Board on its own initiative or on the recommendation of the Committee may demand modification of the practice, withdraw the approval of the delegation agreement, or refer the matter to a disciplinary panel for the purpose of taking other disciplinary action under § 14–404 or § 15–314 of this article.

(h) A primary supervising physician may not delegate medical acts under a delegation agreement to more than four physician assistants at any one time, except in a hospital or in the following nonhospital settings:

- (1) A correctional facility;
- (2) A detention center; or
- (3) A public health facility.

(i) A person may not coerce another person to enter into a delegation agreement under this subtitle.

(j) A physician may supervise a physician assistant:

(1) As a primary supervising physician in accordance with a delegation agreement approved by the Board under this subtitle; or

(2) As an alternate supervising physician if:

(i) The alternate supervising physician supervises in accordance with a delegation agreement filed with the Board;

(ii) The alternate supervising physician supervises no more than four physician assistants at any one time, except in a hospital, correctional facility, detention center, or public health facility;

(iii) The alternate supervising physician's period of supervision, in the **TEMPORARY** absence of the primary supervising physician, does not exceed:

and

1. The period of time specified in the delegation agreement;

2. A period of 45 consecutive days at any one time; and

(iv) The physician assistant performs only those medical acts that:

1. Have been delegated under the delegation agreement filed with the Board; and

2. Are within the scope of practice of the primary supervising physician and alternate supervising physician.

(k) **SUBJECT TO THE NOTICE REQUIRED UNDER § 15-103 OF THIS TITLE, A PHYSICIAN ASSISTANT MAY TERMINATE A DELEGATION AGREEMENT FILED WITH THE BOARD UNDER THIS SUBTITLE AT ANY TIME.**

~~(I) (1) In the event of a sudden departure, incapacity, or death of a primary supervising physician, OR CHANGE IN LICENSE STATUS THAT RESULTS IN THE PRIMARY SUPERVISING PHYSICIAN BEING UNABLE TO LEGALLY PRACTICE MEDICINE, a designated alternate supervising physician may assume the role of the primary supervising physician by submitting a new delegation agreement to the Board within 15 days.~~

~~(2) THE BOARD MAY TERMINATE A DELEGATION AGREEMENT IF:~~

~~(i) THE PHYSICIAN ASSISTANT HAS A CHANGE IN LICENSE STATUS THAT RESULTS IN THE PHYSICIAN ASSISTANT BEING UNABLE TO LEGALLY PRACTICE AS A PHYSICIAN ASSISTANT; OR~~

~~(ii) THE SUPERVISING PHYSICIAN HAS A CHANGE IN LICENSE STATUS THAT RESULTS IN THE PHYSICIAN BEING UNABLE TO LEGALLY PRACTICE MEDICINE AND AN ALTERNATE SUPERVISING PHYSICIAN DOES NOT ASSUME THE ROLE OF SUPERVISING PHYSICIAN UNDER PARAGRAPH (1) OF THIS SUBSECTION.~~

**(L) (1) IN THE EVENT OF THE SUDDEN DEPARTURE, INCAPACITY, OR DEATH OF THE PRIMARY SUPERVISING PHYSICIAN OF A PHYSICIAN ASSISTANT, OR CHANGE IN LICENSE STATUS THAT RESULTS IN THE PRIMARY SUPERVISING PHYSICIAN BEING UNABLE TO LEGALLY PRACTICE MEDICINE, AN ALTERNATE SUPERVISING PHYSICIAN DESIGNATED UNDER SUBSECTION (B) OF THIS SECTION MAY SUPERVISE THE PHYSICIAN ASSISTANT FOR NOT LONGER THAN 15 DAYS FOLLOWING THE EVENT.**

**(2) IF THERE IS NO DESIGNATED ALTERNATE SUPERVISING PHYSICIAN OR THE DESIGNATED ALTERNATE SUPERVISING PHYSICIAN DOES NOT AGREE TO SUPERVISE THE PHYSICIAN ASSISTANT, THE PHYSICIAN ASSISTANT MAY NOT PRACTICE UNTIL THE PHYSICIAN ASSISTANT RECEIVES APPROVAL OF A NEW DELEGATION AGREEMENT UNDER § 15-302.1 OF THIS SUBTITLE.**

**(3) AN ALTERNATE SUPERVISING PHYSICIAN OR OTHER LICENSED PHYSICIAN MAY ASSUME THE ROLE OF PRIMARY SUPERVISING PHYSICIAN BY**

SUBMITTING A NEW DELEGATION AGREEMENT TO THE BOARD FOR APPROVAL UNDER SUBSECTION (B) OF THIS SECTION.

(4) THE BOARD MAY TERMINATE A DELEGATION AGREEMENT IF:

(I) THE PHYSICIAN ASSISTANT HAS A CHANGE IN LICENSE STATUS THAT RESULTS IN THE PHYSICIAN ASSISTANT BEING UNABLE TO LEGALLY PRACTICE AS A PHYSICIAN ASSISTANT;

(II) AT LEAST 15 DAYS HAVE ELAPSED SINCE AN EVENT LISTED UNDER PARAGRAPH (1) OF THIS SUBSECTION IF THERE IS AN ALTERNATE SUPERVISING PHYSICIAN DESIGNATED UNDER SUBSECTION (B) OF THIS SECTION;  
OR

(III) IMMEDIATELY AFTER AN EVENT LISTED UNDER PARAGRAPH (1) OF THIS SUBSECTION IF THERE IS NO ALTERNATE SUPERVISING PHYSICIAN DESIGNATED UNDER SUBSECTION (B) OF THIS SECTION.

(M) A PHYSICIAN ASSISTANT WHOSE DELEGATION AGREEMENT IS TERMINATED MAY NOT PRACTICE AS A PHYSICIAN ASSISTANT UNTIL THE PHYSICIAN ASSISTANT RECEIVES PRELIMINARY APPROVAL OF A NEW DELEGATION AGREEMENT UNDER § 15-302.1 OF THIS SUBTITLE.

~~[(l)]~~ ~~(M)~~ ~~(N)~~ Individual members of the Board are not civilly liable for actions regarding the approval, modification, or disapproval of a delegation agreement described in this section.

~~[(m)]~~ ~~(N)~~ ~~(O)~~ A physician assistant may practice in accordance with a delegation agreement filed with the Board under this subtitle.

15-302.1.

(a) If a delegation agreement does not include advanced duties or the advanced duties have been approved under § 15-302(c)(1) of this subtitle, a physician assistant may assume the duties under a delegation agreement on the date [of] **THAT THE BOARD ACKNOWLEDGES** receipt [by the Board] of the **COMPLETED** delegation agreement.

(b) In this section, “pending” means that a delegation agreement that includes delegation of advanced duties in a setting that does not meet the requirements under § 15-302(c)(1) of this subtitle has been executed and submitted to the Board for its approval, but:

- (1) The Committee has not made a recommendation to the Board; or

(2) The Board has not made a final decision regarding the delegation agreement.

(c) Subject to subsection (d) of this section, if a delegation agreement is pending, on receipt of a temporary practice letter from the staff of the Board, a physician assistant may perform the advanced duty if:

(1) The primary supervising physician has been previously approved to supervise one or more physician assistants in the performance of the advanced duty; and

(2) The physician assistant has been previously approved by the Board to perform the advanced duty.

(d) If the Committee recommends a denial of the pending delegation agreement or the Board denies the pending delegation agreement, on notice to the primary supervising physician and the physician assistant, the physician assistant may no longer perform the advanced duty that has not received the approval of the Board.

(e) The Board may disapprove any delegation agreement if it believes that:

(1) The agreement does not meet the requirements of this subtitle; or

(2) The physician assistant is unable to perform safely the delegated duties.

(f) If the Board disapproves a delegation agreement or the delegation of any function under an agreement, the Board shall provide the primary supervising physician and the physician assistant with written notice of the disapproval.

(g) A physician assistant who receives notice that the Board has disapproved a delegation agreement or an advanced function under the delegation agreement shall immediately cease to practice under the agreement or to perform the disapproved function.

15–303.

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

(1) [Submit to] **COMPLETE** a criminal history records check in accordance with § 14–308.1 of this article;

15–304.

An applicant for a license shall:

(1) [Submit to] **COMPLETE** a criminal history records check in accordance with § 14–308.1 of this article;

15-307.

(a) (1) Unless a license is renewed for an additional term as provided in this section, the license expires on the date set by the Board.

(2) [A] **THE TERM OF A license ISSUED BY THE BOARD** may not [be renewed for a term longer than 2] **EXCEED 3** years.

(f) For the failure of a licensee to obtain continuing medical education credits as required by the Board, [the Board] A DISCIPLINARY PANEL may impose a civil penalty not to exceed \$100 for each medical education credit not obtained by the licensee.

(g) (1) Beginning October 1, 2016, the Board shall require a criminal history records check in accordance with § 14-308.1 of this article for:

(i) [Annual renewal] **RENEWAL** applicants as determined by regulations adopted by the Board; and

(ii) Each former licensee who files for reinstatement under this title.

15-308.

(b) A disciplinary panel may not reinstate a [suspended] **SURRENDERED** or revoked license that has been [suspended] **SURRENDERED** or revoked for a period of more than 1 year unless the licensee:

(1) Meets the requirements for reinstatement as established under this title; and

(2) [Submits to] **COMPLETES** a criminal history records check in accordance with § 14-308.1 of this article.

15-311.

Subject to the hearing provisions of § 15-315 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of a quorum, may deny a license to any applicant for:

(1) Any of the reasons that are grounds for disciplinary action under § 15-314 of this subtitle; and

(2) Failure to [submit to] **COMPLETE** a criminal history records check in accordance with § 14-308.1 of this article.

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:

(42) Performs delegated medical acts without the supervision of a physician;  
[or]

(43) Fails to [submit to] **COMPLETE** a criminal history records check under § 14–308.1 of this article;

**(44) FAILS TO COMPLY WITH THE REQUIREMENTS OF THE PRESCRIPTION DRUG MONITORING PROGRAM UNDER TITLE 21, SUBTITLE 2A OF THIS ARTICLE THE HEALTH – GENERAL ARTICLE; OR**

**(45) FAILS TO COMPLY WITH ANY STATE OR FEDERAL LAW PERTAINING TO THE PRACTICE AS A PHYSICIAN ASSISTANT.**

15–315.

(a) (1) Except as otherwise provided under § 10–226 of the State Government Article, before a disciplinary panel takes any action under § 15–311 or § 15–314(a) of this subtitle, the disciplinary panel shall give the individual against whom the action is contemplated an opportunity for a hearing before a hearing officer.

(2) The hearing officer shall give notice and hold the hearing in accordance with Title 10, Subtitle 2 of the State Government Article.

(3) A disciplinary panel may administer oaths in connection with any proceeding under this section.

[(4) At least 14 days before the hearing, the hearing notice required under this subtitle shall be sent by certified mail to the last known address of the individual.]

15–316.

(a) If, after a hearing under § 15–315 of this subtitle, a disciplinary panel finds that there are grounds for discipline under § 15–314(a) of this subtitle to suspend or revoke a license of a physician assistant [or to], reprimand a licensed physician assistant, **OR PLACE THE LICENSED PHYSICIAN ASSISTANT ON PROBATION**, the disciplinary panel may impose a fine subject to the Board’s regulations [instead of or] in addition to suspending or revoking the license [or], reprimanding the licensee, **OR PLACING THE LICENSEE ON PROBATION.**

**(C) IN ADDITION TO ANY SANCTION AUTHORIZED UNDER THIS SUBTITLE, A DISCIPLINARY PANEL MAY REQUIRE A LICENSEE TO COMPLY WITH SPECIFIED TERMS AND CONDITIONS DETERMINED BY THE DISCIPLINARY PANEL.**

15-402.1.

(c) [The Board] A DISCIPLINARY PANEL may impose a civil penalty in an amount not exceeding \$1,000 for a violation of this section.

15-403.

(b) (1) In addition to the penalties under subsection (a) of this section, a person who violates § 15-401 of this subtitle may be subject to a civil penalty assessed by [the Board] **A DISCIPLINARY PANEL** in an amount not exceeding \$5,000.

(2) In addition to the penalties under paragraph (1) of this subsection, a person who violates § 15-309 of this title may be subject to a civil penalty assessed by [the Board] **A DISCIPLINARY PANEL** in an amount not exceeding \$100.

(3) The Board shall pay any civil penalty collected under this subsection into the Board of Physicians Fund.

15-502.

Subject to the evaluation and reestablishment provisions of the Maryland Program Evaluation Act, this title and all regulations adopted under this title shall terminate and be of no effect after July 1, [2023] **2030**.

SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

### **Article – Health Occupations**

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:

(43) Fails to comply with § 1-223 of this article; [or]

**(44) VIOLATES ANY PROVISION OF THIS TITLE, ANY RULE OR REGULATION ADOPTED BY THE BOARD, OR ANY STATE OR FEDERAL LAW PERTAINING TO THE PRACTICE OF MEDICINE; OR**

~~[(44)] (45)~~ Fails to comply with the requirements of the Prescription Drug Monitoring Program under Title 21, Subtitle 2A of ~~this article~~ the Health – General Article.

SECTION 3. AND BE IT FURTHER ENACTED, That, in the annual report the State Board of Physicians is required to submit under § 14–205.1 of the Health Occupations Article, as enacted by Section 1 of this Act, on or before October 1, ~~2020~~ 2021, the Board shall include:

(1) a description of the study conducted by the Board in consultation with the Polysomnography Professional Standards Committee and the Respiratory Care Professional Standards Committee on the powers and duties of the Polysomnography Professional Standards Committee; and

(2) make recommendations on whether to alter the duties of the Polysomnography Professional Standards Committee or combine the Polysomnography Professional Standards Committee with the Respiratory Care Professional Standards Committee or another allied health advisory committee.

SECTION 4. AND BE IT FURTHER ENACTED, That, in the annual report the State Board of Physicians is required to submit under § 14–205.1 of the Health Occupations Article, as enacted by Section 1 of this Act, on or before October 1, 2021, the Board shall include:

(1) an update on licensing by reciprocity and through the Interstate Medical Licensure Compact; and

(2) recommendations on whether to continue either or both methods of licensure and whether any statutory changes are needed to accomplish the goal of streamlining licensure for out-of-state physicians.

SECTION 5. AND BE IT FURTHER ENACTED, That, on or before December 1, 2020, the State Board of Physicians shall report to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee, in accordance with § 2–1257 of the State Government Article, recommendations for improving consistency and eliminating redundancy between practitioners regulated by the Board, including any draft legislation necessary to implement the recommendations.

SECTION ~~5~~ 6. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take effect on the taking effect of the termination provision specified in Section 5 of Chapter 470 of the Acts of the General Assembly of 2018. If that termination provision does not take effect, Section 2 of this Act, with no further action required by the General Assembly, shall be abrogated and of no further force and effect. This Act may not be interpreted to have any effect on that termination provision.

SECTION ~~6~~ 7. AND BE IT FURTHER ENACTED, That, subject to the provisions of Section ~~5~~ 6 of this Act, this Act is an emergency measure, is necessary for the immediate preservation of the public health or safety, has been passed by a yea and nay vote supported by three-fifths of all the members elected to each of the two Houses of the General Assembly, and shall take effect from the date it is enacted.

**Enacted under Article II, § 17(c) of the Maryland Constitution, May 8, 2020.**