A BILL ENTITLED

AN ACT concerning

Emergency Services – Exposure to Contagious Diseases and Viruses – Notification and Other Requirements

FOR the purpose of altering the definition of “contagious disease or virus” for the purposes of certain provisions of law governing the notification of a possible exposure of certain emergency services personnel to include 2019–nCoV; extending certain notification requirements regarding possible exposure to a contagious disease or virus to certain emergency medical services clinicians; requiring that certain emergency medical services clinicians receive certain training and certain equipment; applying to agencies that employ certain emergency medical services clinicians certain requirements regarding the development of certain procedures; authorizing certain facilities and certain physicians to enter into an agreement with the State–Designated Health Information Exchange to facilitate the process for providing certain notices; making conforming changes; defining certain terms; altering certain definitions; and generally relating to emergency services and exposure of personnel to contagious diseases and viruses.

BY repealing and reenacting, with amendments,

Article – Health – General
Section 18–213, 18–213.1, and 18–213.2
Annotated Code of Maryland
(2019 Replacement Volume and 2020 Supplement)

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

Article – Health General

18–213.

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

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.
“Contagious disease or virus” means:

(i) Human immunodeficiency virus (HIV);

(ii) Meningococcal meningitis;

(iii) Tuberculosis;

(iv) Mononucleosis;

(v) Any form of viral hepatitis, including but not limited to hepatitis A, B, C, D, E, F, and G;

(vi) Diphtheria;

(vii) Plague;

(viii) Hemorrhagic fevers; [or]

(ix) Rabies; OR

(X) 2019–NCOV.

“Correctional institution” means a place of detention or correctional confinement operated by or for the State or a local government.

“Correctional officer” means a member of a correctional unit who is charged with and actually performs those duties that relate to the investigation, care, custody, control, or supervision of persons confined to places of incarceration.

“Correctional officer” includes any sheriff, warden, superintendent, or any other person having an equivalent title.

“Emergency medical services clinician (EMS clinician)” means an individual licensed or certified by the State Emergency Medical Services Board to provide emergency medical services.

“Law enforcement officer” means any person who, in an official capacity, is authorized by law to make arrests and who is a member of one of the following law enforcement agencies:

(i) The Department of State Police;

(ii) The Baltimore City Police Department;
(iii) The police department, bureau, or force of any county;

(iv) The police department, bureau, or force of any incorporated city or town;

(v) The office of the sheriff of any county;

(vi) The police department, bureau, or force of any bicounty agency or constituent institution of the University System of Maryland, Morgan State University, St. Mary’s College, or of any institution under the jurisdiction of the Maryland Higher Education Commission;

(vii) The Maryland Transit Administration police force of the Department of Transportation, the Maryland Transportation Authority Police Force, and the Maryland Port Administration police force of the Department of Transportation;

(viii) The law enforcement officers of the Department of Natural Resources;

(ix) The Field Enforcement Bureau of the Comptroller’s Office;

(x) The Crofton Police Department;

(xi) The Intelligence and Investigative Division of the Department of Public Safety and Correctional Services; or

(xii) The Ocean Pines Police Department.

[(6)] (7) “Medical care facility” means a hospital as defined in § 19–301 of this article or a health care facility of a correctional institution.

(8) “STATE–DESIGNATED HEALTH INFORMATION EXCHANGE” MEANS THE HEALTH INFORMATION EXCHANGE DESIGNATED FOR THE STATE UNDER § 19–143 OF THIS ARTICLE.

(b) (1) While treating or transporting an ill or injured patient to a medical care facility or while acting in the performance of duty, if a paid or volunteer fire fighter, [emergency medical technician, or] rescue squadman, OR EMS CLINICIAN comes into contact with a patient who is subsequently diagnosed as having a contagious disease or virus, as a result of information obtained in conjunction with the services provided during the visit to the facility, the attending physician, medical examiner, a designee of the medical care facility who receives the patient, the Chief Medical Examiner, or the Chief Medical Examiner’s designee shall notify the fire fighter, [emergency medical technician, or] rescue squadman, OR EMS CLINICIAN, and the employer or employer’s designee of the individual’s possible exposure to the contagious disease or virus.
(2) A medical care facility may enter into an agreement with the state-designated health information exchange to facilitate the process of providing the required notice.

(c) If, while treating or transporting an ill or injured patient to a medical care facility or while acting in the performance of duty, a law enforcement officer comes into contact with a patient who is subsequently diagnosed, as a result of information obtained in conjunction with the services provided during the visit to the facility, as having a contagious disease or virus, the attending physician, medical examiner, a designee of the medical care facility who receives the patient, the Chief Medical Examiner or the Chief Medical Examiner’s designee shall notify the law enforcement officer and the officer’s employer or employer’s designee of the officer’s possible exposure to the contagious disease or virus.

(d) If, while treating or transporting an ill or injured inmate to a medical care facility or while acting in the performance of duty, a correctional officer comes into contact with an inmate who is subsequently diagnosed, as a result of information obtained in conjunction with the services provided during the visit to the facility, as having a contagious disease or virus, the attending physician, medical examiner, a designee of the medical care facility that receives the inmate, the Chief Medical Examiner, or the Chief Medical Examiner’s designee shall notify the correctional officer and the correctional officer’s correctional institution or the correctional institution’s designee of the officer’s possible exposure to the contagious disease or virus.

(e) The notification required under subsection (b), (c), or (d) of this section shall:

(1) Be made within 48 hours, or sooner, of confirmation of the patient’s diagnosis;

(2) Include subsequent written confirmation of possible exposure to the contagious disease or virus;

(3) Be conducted in a manner that will protect the confidentiality of the patient; and

(4) To the extent possible, be conducted in a manner that will protect the confidentiality of the fire fighter, emergency medical technician, rescue squadman, EMS CLINICIAN, law enforcement officer, or correctional officer.

(f) The written confirmation required under subsection (e)(2) of this section shall constitute compliance with this section.

(g) Each medical care facility shall develop written procedures for the implementation of this section, and, upon request, make copies available to the local fire authority, the local fire authority’s designee, the local law enforcement authority, the local law enforcement authority’s designee, the correctional officer, or the correctional institution’s designee having jurisdiction.
(h) A medical care facility, physician, Chief Medical Examiner, or the Chief Medical Examiner's designee acting in good faith to provide notification in accordance with this section may not be liable in any cause of action related to the breach of patient confidentiality.

(i) A medical care facility, physician, Chief Medical Examiner, or the Chief Medical Examiner's designee acting in good faith to provide notification in accordance with this section may not be liable in any cause of action for:

1. The failure to give the required notice, if the fire fighter, [emergency medical technician,] rescue squadman, EMS CLINICIAN, law enforcement officer, or correctional officer fails to properly initiate the notification procedures developed by the [health] MEDICAL care facility under subsection (g) of this section; or

2. The failure of the employer or employer's designee to subsequently notify the fire fighter, [emergency medical technician,] rescue squadman, EMS CLINICIAN, law enforcement officer, or correctional officer of the possible exposure to a contagious disease or virus.

(j) A fire fighter, [emergency medical technician,] rescue squadman, EMS CLINICIAN, law enforcement officer, or correctional officer shall receive from their employers or local governmental bodies, at the expense of the employer or local governmental body, as part of their training, education on:

1. (i) The routes of transmission of HIV and hepatitis B virus; and

(ii) The routes by which a fire fighter, [emergency medical technician,] rescue squadman, EMS CLINICIAN, law enforcement officer, or correctional officer may be exposed to HIV and hepatitis B virus; and

2. The current Centers for Disease Control and Prevention guidelines for preventing prehospital exposure to HIV and hepatitis B while rendering emergency medical care.

(k) A fire fighter, [emergency medical technician,] rescue squadman, EMS CLINICIAN, law enforcement officer, or correctional officer shall receive from their employers, associations, or local governmental bodies, at the employers’, associations’, or local governmental bodies’ expense, equipment recommended by the Centers for Disease Control and Prevention to protect a fire fighter, [emergency medical technician,] rescue squadman, EMS CLINICIAN, law enforcement officer, or correctional officer from exposure to HIV and hepatitis B while rendering emergency medical care.

(l) (1) The fire department, law enforcement agency, and all other agencies or organizations employing a fire fighter, [emergency medical technician,] rescue squadman, EMS CLINICIAN, law enforcement officer, or correctional officer shall develop written
procedures for the implementation of this section.

(2) On request, copies of the procedures developed in this subsection shall be made available to employees, employee unions, volunteer associations, and the Secretary.

(m) A person under this section may not refuse to treat or transport an individual because the individual is HIV positive.

18–213.1.

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

(2) (i) “Body fluids” means:

1. Any fluid containing visible blood, semen, or vaginal secretions; or

2. Cerebral spinal fluid, synovial, or amniotic fluid.

(ii) “Body fluid” does not include saliva, stool, nasal secretions, sputum, tears, urine, or vomitus.

(3) “Contact exposure” means as between a patient and a sworn member of the State Fire Marshal’s office:

(i) Percutaneous contact with blood or body fluids;

(ii) Mucocutaneous contact with blood or body fluids;

(iii) Open wound, including dermatitis, exudative lesions, or chapped skin, contact with blood or body fluids for a prolonged period; or

(iv) Intact skin contact with large amounts of blood or body fluids for a prolonged period.

(4) “Contagious disease or virus” means:

(i) Human immunodeficiency virus (HIV);

(ii) Meningococcal meningitis;

(iii) Tuberculosis;

(iv) Mononucleosis;

(v) Any form of viral hepatitis, including but not limited to hepatitis
A, B, C, D, E, F, and G;

(vi) Diphtheria;

(vii) Plague;

(viii) Hemorrhagic fevers; [or]

(ix) Rabies; OR

(X) 2019–NCoV.

(5) “Medical care facility” means a hospital as defined in § 19–301 of this article or a health care facility of a correctional institution.

(6) “STATE–DESIGNATED HEALTH INFORMATION EXCHANGE” MEANS THE HEALTH INFORMATION EXCHANGE DESIGNATED FOR THE STATE UNDER § 19–143 OF THIS ARTICLE.

(b) (1) If, while treating or transporting an ill or injured patient to a medical care facility or while acting in the performance of duty, a sworn member of the State Fire Marshal’s office comes into contact exposure with a patient who is subsequently diagnosed, as a result of information obtained in conjunction with the services provided during the visit to the facility, as having a contagious disease or virus, the attending physician, medical examiner, a designee of the medical care facility who receives the patient, the Chief Medical Examiner, or the Chief Medical Examiner’s designee shall notify the sworn member of the State Fire Marshal’s office and the State Fire Marshal or the State Fire Marshal’s designee of the officer’s possible contact exposure to the contagious disease or virus.

(2) A MEDICAL CARE FACILITY MAY ENTER INTO IN AN AGREEMENT WITH THE STATE–DESIGNATED HEALTH INFORMATION EXCHANGE TO FACILITATE THE PROCESS OF PROVIDING THE REQUIRED NOTICE.

(c) The notification required under subsection (b) of this section shall:

(1) Be made within 48 hours of confirmation of the patient’s diagnosis;

(2) Include subsequent written confirmation of possible contact exposure to the contagious disease or virus;

(3) Be conducted in a manner that will protect the confidentiality of the patient; and

(4) To the extent possible, be conducted in a manner that will protect the confidentiality of the sworn member of the State Fire Marshal’s office.
(d) The written confirmation required under subsection (c)(2) of this section shall constitute compliance with this section.

(e) Each medical care facility shall develop written procedures for the implementation of this section, and upon request, make copies available to the State Fire Marshal’s office.

(f) A medical care facility, physician, Chief Medical Examiner, or the Chief Medical Examiner’s designee acting in good faith to provide notification in accordance with this section may not be liable in any cause of action related to the breach of patient confidentiality.

(g) A medical care facility, physician, Chief Medical Examiner, or the Chief Medical Examiner’s designee acting in good faith to provide notification in accordance with this section may not be liable in any cause of action for:

1. The failure to give the required notice, if the sworn member of the State Fire Marshal’s office fails to properly initiate the notification procedures developed by the health care facility under subsection (e) of this section; or

2. The failure of the State Fire Marshal or the State Fire Marshal’s designee to subsequently notify the sworn member of the State Fire Marshal’s office of the possible contact exposure to a contagious disease or virus.

(h) A sworn member of the State Fire Marshal’s office shall receive from the State Fire Marshal’s office, at the expense of the State Fire Marshal’s office, as part of the member’s training, education on:

1. (i) The routes of transmission of HIV and hepatitis B virus; and

   (ii) The routes by which a sworn member of the State Fire Marshal’s office may be exposed to HIV and hepatitis B virus; and

2. The current Centers for Disease Control and Prevention guidelines for preventing prehospital exposure to HIV and hepatitis B while rendering emergency medical care.

(i) A sworn member of the State Fire Marshal’s office shall receive from the State Fire Marshal’s office, at the State Fire Marshal’s expense, equipment recommended by the Centers for Disease Control and Prevention to protect a sworn member of the State Fire Marshal’s office from exposure to HIV and hepatitis B while rendering emergency medical care.

(j) (1) The State Fire Marshal’s office shall develop written procedures for the implementation of this section.
(2) On request, copies of the procedures developed under this subsection shall be made available to employees, employee unions, volunteer associations, and the Secretary.

(k) A person under this section may not refuse to treat or transport an individual because the individual is HIV positive.

18–213.2.

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

(2) (i) “Body fluids” means:

1. Any fluid containing visible blood, semen, or vaginal secretions; or

2. Cerebral spinal fluid, synovial, or amniotic fluid.

(ii) “Body fluids” does not include saliva, stool, nasal secretions, sputum, tears, urine, or vomitus.

(3) “Contact exposure” means as between a decedent and a first responder:

(i) Percutaneous contact with blood or body fluids;

(ii) Mucocutaneous contact with blood or body fluids;

(iii) Open wound, including dermatitis, exudative lesions, or chapped skin, contact with blood or body fluids for a prolonged period; or

(iv) Intact skin contact with large amounts of blood or body fluids for a prolonged period.

(4) “Contagious disease or virus” means:

(i) Human immunodeficiency virus (HIV);

(ii) Meningococcal meningitis;

(iii) Tuberculosis;

(iv) Mononucleosis;

(v) Any form of viral hepatitis, including but not limited to hepatitis A, B, C, D, E, F, and G;

(vi) Diphtheria;
(vii) Plague;

(viii) Hemorrhagic fevers; [or]

(ix) Rabies; OR

(X) 2019–NCoV.

(5) “Correctional institution” means a place of detention or correctional confinement operated by or for the State or a local government.

(6) (i) “Correctional officer” means a member of a correctional unit who is charged with and actually performs those duties that relate to the investigation, care, custody, control, or supervision of individuals confined to places of incarceration.

(ii) “Correctional officer” includes any sheriff, warden, superintendent, or other individual having the equivalent title.

(7) “First responder” means a:

(i) Firefighter;

(ii) Emergency medical technician;]

(II) EMERGENCY MEDICAL SERVICES CLINICIAN (EMS CLINICIAN), AS DEFINED IN § 18–213 OF THIS SUBTITLE;

(iii) Rescue squad member;

(iv) Law enforcement officer;

(v) Correctional officer; or

(vi) Sworn member of the State Fire Marshal’s office.

(8) “Law enforcement officer” means any individual who, in an official capacity, is authorized by law to make arrests and who is a member of one of the following law enforcement agencies:

(i) The Department of State Police;

(ii) The Baltimore City Police Department;

(iii) The police department, bureau, or force of any county;
(iv) The police department, bureau, or force of any incorporated city or town;

(v) The office of the sheriff of any county;

(vi) The police department, bureau, or force of any bicounty agency or constituent institution of the University System of Maryland, Morgan State University, St. Mary’s College, or of any institution under the jurisdiction of the Maryland Higher Education Commission;

(vii) The Maryland Aviation Administration police force of the Department of Transportation, the Maryland Transit Administration police force of the Department of Transportation, the Maryland Transportation Authority police force, and the Maryland Port Administration police force of the Department of Transportation;

(viii) The law enforcement officers of the Department of Natural Resources;

(ix) The Field Enforcement Bureau of the Comptroller’s Office;

(x) The Intelligence and Investigative Division of the Department of Public Safety and Correctional Services; or

(xi) The Maryland Capitol Police of the Department of General Services.

(9) “Medical care facility” means a hospital, or a health care facility of a correctional institution.

(10) “Physician performing a postmortem examination” means any of the following persons who perform a postmortem examination on a decedent:

(i) The Chief Medical Examiner; or

(ii) The Chief Medical Examiner’s designee.

(11) “STATE–DESIGNATED HEALTH INFORMATION EXCHANGE” MEANS THE HEALTH INFORMATION EXCHANGE DESIGNATED FOR THE STATE UNDER § 19–143 OF THIS ARTICLE.

(b) (1) If, while transporting a person to a medical care facility or while acting in the performance of duty, a first responder comes into contact exposure while treating or transporting a person who dies at the scene or while being transported and who is subsequently determined, as a result of information obtained in conjunction with a postmortem examination by the Chief Medical Examiner or a designee of the Chief Medical Examiner to have had a contagious disease or virus at the time of death, the physician performing the postmortem examination shall notify the first responder and the first
responder’s employer or the employer’s designee of the first responder’s possible contact
exposure to the contagious disease or virus.

(2) The physician may enter into an agreement with the
State–Designated Health Information Exchange to facilitate the
process of providing the required notice.

(c) The notification required under subsection (b) of this section shall:

(1) Be made within 48 hours of confirmation of the determination that the
deceased person had a contagious disease or virus at the time of death;

(2) Include subsequent written confirmation of possible contact exposure
to the contagious disease or virus;

(3) Be conducted in a manner that will protect the confidentiality of the
deceased person; and

(4) To the extent possible, be conducted in a manner that will protect the
confidentiality of the first responder.

(d) The written confirmation required under subsection (c)(2) of this section shall
constitute compliance with this section.

(e) A medical care facility or physician performing a postmortem examination
acting in good faith to provide notification in accordance with this section is not liable in
any cause of action related to a breach of patient confidentiality.

(f) A medical care facility or physician performing a postmortem examination
acting in good faith to provide notification in accordance with this section is not liable in
any cause of action for:

(1) The failure to give the required notice if the first responder fails to
properly initiate the notification procedures developed by the medical care facility and the
Chief Medical Examiner under subsection (g) of this section; or

(2) The failure of the employer or the employer’s designee to subsequently
notify the first responder of the possible contact exposure to a contagious disease or virus.

(g) (1) The State Fire Marshal, the Chief Medical Examiner, and each fire
department, rescue squad company, medical care facility, correctional institution, and law
enforcement agency in the State shall develop written procedures for the implementation
of this section.

(2) On request, the State Fire Marshal and each fire department, rescue
squad company, medical care facility, correctional institution, and law enforcement agency
shall make copies of the procedures developed in this subtitle available to employees,
employee unions, volunteer associations, and the Secretary.

(h) A person covered under subsection (a)(5), (6), (7), (8), (9), and (10) of this section may not refuse to treat or transport a deceased person because the deceased person was HIV positive at the time of death.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 2021.