

MARYLAND REGISTER

## Proposed Action on Regulations

<b>Transmittal Sheet</b>  <b>PROPOSED OR REPROPOSED</b>  <b>Actions on Regulations</b>	<b>Date Filed with AELR Committee</b>	<b>TO BE COMPLETED BY DSD</b>
	05/22/2014	Date Filed with Division of State Documents
		Document Number
		Date of Publication in MD Register

1. Desired date of publication in Maryland Register: 7/11/2014

2. COMAR Codification

**Title Subtitle Chapter Regulation**

10 18 06 04-2

3. Name of Promulgating Authority

Department of Health and Mental Hygiene

**4. Name of Regulations Coordinator Telephone Number**  
Michele Phinney 410-767-5623

**Mailing Address**

201 W. Preston Street

**City State Zip Code**  
Baltimore MD 21201

**Email**  
michele.phinney@maryland.gov

**5. Name of Person to Call About this Document Telephone No.**  
Kati Moore 410-767-4071

**Email Address**  
kati.moore@maryland.gov

6. Check applicable items:  
 New Regulations

**X- Amendments to Existing Regulations**

Date when existing text was downloaded from COMAR online: April 11, 2014.

- Repeal of Existing Regulations
- Recodification
- Incorporation by Reference of Documents Requiring DSD Approval
- Reproposal of Substantively Different Text:

: Md. R  
(vol.) (issue) (page nos) (date)

Under Maryland Register docket no.: --P.

**7. Is there emergency text which is identical to this proposal:**

Yes  No

**8. Incorporation by Reference**

Check if applicable: Incorporation by Reference (IBR) approval form(s) attached and 18 copies of documents proposed for incorporation submitted to DSD. (Submit 18 paper copies of IBR document to DSD and one copy to AELR.)

**9. Public Body - Open Meeting**

OPTIONAL - If promulgating authority is a public body, check to include a sentence in the Notice of Proposed Action that proposed action was considered at an open meeting held pursuant to State Government Article, §10-506(c), Annotated Code of Maryland.

OPTIONAL - If promulgating authority is a public body, check to include a paragraph that final action will be considered at an open meeting.

**10. Children's Environmental Health and Protection**

Check if the system should send a copy of the proposal to the Children's Environmental Health and Protection Advisory Council.

**11. Certificate of Authorized Officer**

I certify that the attached document is in compliance with the Administrative Procedure Act. I also certify that the attached text has been approved for legality by Claire Pierson, Assistant Attorney General, (telephone #410-767-6526) on May 13, 2014. A written copy of the approval is on file at this agency.

**Name of Authorized Officer**

Joshua M. Sharfstein, M.D.

**Title**

Secretary

**Date**

May 21, 2014

**Telephone No.**

410-767-6500

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**  
**Subtitle 18 HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION AND**  
**ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)**

**10.18.06 Maryland AIDS Drug Assistance Program: Services.**

Authority: Health General Article, §§2-104(b) and (i), 2-105(a) and (b), and 18-102,  
Annotated Code of Maryland

**Notice of Proposed Action**

□

The Secretary of Health and Mental Hygiene proposes to amend Regulation .04-2 under  
COMAR 10.18.06 Maryland AIDS Drug Assistance Program: Services.

**Statement of Purpose**

The purpose of this action is to clarify the Maryland AIDS Drug Assistance Program  
Advisory Board member selection process and term limits.

**Comparison to Federal Standards**

There is no corresponding federal standard to this proposed action.

**Estimate of Economic Impact**

The proposed action has no economic impact.

**Economic Impact on Small Businesses**

The proposed action has minimal or no economic impact on small businesses.

**Impact on Individuals with Disabilities**

The proposed action has no impact on individuals with disabilities.

**Opportunity for Public Comment**

Comments may be sent to Michele Phinney, Director, Office of Regulation and Policy  
Coordination, Department of Health and Mental Hygiene, 201 West Preston Street, Room  
512, Baltimore, MD 21201, or call 410-767-6499, TTY:800-735-2258, or email to  
dhmh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through  
August 11, 2014. A public hearing has not been scheduled.

**Economic Impact Statement Part C**

A. Fiscal Year in which regulations will become effective: FY 2015

B. Does the budget for the fiscal year in which regulations become effective contain

funds to implement the regulations?

C. If 'yes', state whether general, special (exact name), or federal funds will be used:

D. If 'no', identify the source(s) of funds necessary for implementation of these regulations:

E. If these regulations have no economic impact under Part A, indicate reason briefly:

These regulations only impact the composition of the Board and term limits of the Board members.

F. If these regulations have minimal or no economic impact on small businesses under Part B, indicate the reason and attach small business worksheet.

These regulations only impact the composition of the Board and term limits of the Board members. Small businesses are not involved with the Board.

G. Small Business Worksheet:

Attached Document:

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## Title 10

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

## Subtitle 18 HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION AND ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

### 10.18.06 Maryland AIDS Drug Assistance Program: Services.

Authority: Health General Article, §§2-104(b) and (i), 2-105(a) and (b), and 18-102, Annotated Code of Maryland

10.18.06.04-2 (downloaded April 11, 2014)

#### .04-2 Advisory Board.

A. (text unchanged)

B. The Board shall consist of a maximum of [11] 18 members as follows:

(1) [Up to 7] *Nine* members shall be clinicians including physicians, physician assistants, certified nurse practitioners, *registered nurses*, and pharmacists; and

(2) [Up to 4] *Nine* members shall be community representatives including representatives from community-based organizations, community advocates, and [individuals living with HIV] *MADAP consumers*.

C. Each Board member shall:

(1) (text unchanged)

(2) Have [2-] 3 year terms; and

(3) Be allowed to serve [one or more additional terms after being off the Board for a 1-year minimum period between] *two consecutive* terms.

D. *Staggered Terms*.

(1) *The terms of the Board members serving on the Board on December 31, 2014 shall expire on January 1, 2015.*

(2) *The terms of the initial Board members shall be staggered as follows:*

- (a) *Six shall serve a 1 year term;*
- (b) *Six shall serve a 2 year term; and*
- (c) *Six shall serve a 3 year term.*

(3) *Drawing.*

(a) *Staggered terms shall be assigned through a drawing.*

(b) *If a Board member draws a 1 year term, the Board member shall be eligible to serve a 1 year term followed by two complete 3 year terms.*

*E. At the end of a term, a Board member continues to serve until a successor is appointed.*

*F. A Board member who is appointed after a term has begun shall serve only:*

- (a) *For the rest of the term; and*
- (b) *Until a successor is appointed.*

[D.] *G. (text unchanged)*

[E.] *H. The Department shall:*

- (1) [Decide if] *Determine whether the recommendations of the Board will be accepted;*
- (2)—(3) *(text unchanged)*

**JOSHUA M. SHARFSTEIN, M.D.**

**Secretary of Health and Mental Hygiene**