

MARYLAND REGISTER

Proposed Action on Regulations

Transmittal Sheet PROPOSED OR REPROPOSED Actions on Regulations	Date Filed with AELR Committee	TO BE COMPLETED BY DSD
	09/14/2015	Date Filed with Division of State Documents
		Document Number
		Date of Publication in MD Register

1. Desired date of publication in Maryland Register: 10/16/2015

2. COMAR Codification

Title Subtitle Chapter Regulation

10 26 01 03

3. Name of Promulgating Authority

Department of Health and Mental Hygiene

4. Name of Regulations Coordinator

Michele Phinney

Telephone Number

410-767-5623

Mailing Address

201 W. Preston Street

City State Zip Code

Baltimore MD 21201

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michele.phinney@maryland.gov

5. Name of Person to Call About this Document

Kristen Neville

Telephone No.

410-764-5978

Email Address

kristen.neville@maryland.gov

6. Check applicable items:

New Regulations

Amendments to Existing Regulations

Date when existing text was downloaded from COMAR online: September 9, 2015.

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 David Finkler, Assistant Attorney General, (telephone #410-767-5578) on September 10, 2015. A written copy of the approval is on file at this agency.

Name of Authorized Officer

Van T. Mitchell

Title

Secretary

Telephone No.

410-767-6500

Date

September 10, 2015

Title 10
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Subtitle 26 BOARD OF ACUPUNCTURE

10.26.01 Fee Schedule

Authority: Health Occupations Article, 1A-205, 1A-206, 1A-302; Corporations and Associations Article, 5-101 – 5-131; Annotated Code of Maryland

Notice of Proposed Action

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The Secretary of Health and Mental Hygiene proposes to amend Regulation .03 under COMAR 10.26.01 Fee Schedule.

Statement of Purpose

The purpose of this action is to reduce the examination equivalency review fee from \$500 to \$250.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

I. Summary of Economic Impact.

It is anticipated that this reduction in fee will result in minimal to no impact on the regulated industry and on the Board since this fee has not been utilized for over 20 years.

II. Types of Economic Impact.

	Revenue (R+/R-)	
	Expenditure (E+/E-)	Magnitude
<hr/>		
A. On issuing agency:	(R-)	Indeterminate
B. On other State agencies:	NONE	
C. On local governments:	NONE	
	Benefit (+)	
	Cost (-)	Magnitude
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D. On regulated industries or trade groups: (-) Indeterminate

E. On other industries or trade groups: NONE

F. Direct and indirect effects on public: NONE

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

A. This fee is charged to a licensee, plus expenses involved with a Board member traveling to a location to conduct the review, for review of an examination to determine its equivalency to the examination given by the National Certification Commission for Acupuncture and Oriental Medicine. The Board cannot determine at this time how many times or if at all the fee will be charged.

D. See A.

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 November 16, 2015. A public hearing has not been scheduled.

Economic Impact Statement Part C

A. Fiscal Year in which regulations will become effective: FY 2016

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:

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

If an equivalency review is required, the licensee will be charged the fee, not a small business.

G. Small Business Worksheet:

Attached Document:

Title 10
DEPARTMENT OF HEALTH AND MENTAL
HYGIENE

Subtitle 26 – BOARD OF ACUPUNCTURE

10.26.01 Fee Schedule

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10.26.01.03 (downloaded 9/9/2015)

.03 Fees.

The following fees are established by the Board:

A.—F. (text unchanged)

G. Examination equivalency review plus all necessary travel, accommodations, and translation or other expenses — [\$500] \$250;

H.—N. (text unchanged)

VAN T. MITCHELL

Secretary of Health and Mental Hygiene

FEE JUSTIFICATION FOR
PROPOSED COMAR 10.26.01

(1) Explain/justify why an increase or decrease is necessary:

The Board was requested to review its fees and identify any fees in regulation that could be reduced or eliminated.

(2) How much money is needed to operate effectively or to eliminate an operating fund deficit?

The Board's total operating budget is approximately \$293,000. The Board is special funded.

(3) In what year was the most recent fee increase?

2013.

(4) Is the fee revenue retained by the Proposing Unit or passed through to a national organization that administers a uniform licensing exam?

N/A. The fee is being reduced.

(5) Describe any measures taken to mitigate the need for increased revenue:

N/A. The fee is being reduced.

(6) Describe any special circumstances that have had an adverse impact on the Proposing Unit's operating expenses.

N/A. The fee is being reduced.

(7) Describe any consideration given by the Proposing Unit as to the hardship a fee increase may have on the regulated profession.

N/A. The fee is being reduced.

(8) Describe any efforts to solicit the opinions of licensees regarding the Proposing Unit's effectiveness and performance.

Questions of effectiveness and performance are located on licensure renewal forms.