
By: Senators Miller, Bromwell, Young, Hollinger, Astle, Dorman, Teitelbaum, Hafer, Della, Trotter, Derr, Roesser, and Madden

Introduced and read first time: March 3, 1997

Assigned to: Rules

A BILL ENTITLED

1 AN ACT concerning

2 **Consumer Health Information Act**

3 FOR the purpose of requiring the Health Education and Advocacy Unit of the Division
4 of Consumer Protection of the Office of the Attorney General to collect and, on
5 request, to disseminate to the public certain information concerning health
6 maintenance organizations, alternative health care systems, and certain licensed
7 physicians; authorizing the Unit to develop a certain form for a certain purpose;
8 requiring the clerk of a court in the State to submit certain information and
9 documents to the State Board of Physician Quality Assurance at a certain time;
10 requiring the Secretary of Health and Mental Hygiene annually to submit to the
11 Health Education and Advocacy Unit certain information based on a report the
12 Secretary receives annually from each health maintenance organization; requiring
13 the State Insurance Commissioner annually to submit to the Unit certain
14 information that the Commissioner receives concerning a health maintenance
15 organization; requiring each marketing and certain other documents of a health
16 maintenance organization to contain certain information; requiring the Health Care
17 Access and Cost Commission annually to submit certain information to the Unit;
18 providing that the purpose of a certain comparable performance measurement
19 system applicable to health maintenance organizations is to disseminate certain
20 findings to consumers; authorizing the State Board of Physician Quality Assurance
21 (Board) to assess a certain fee on renewal of a certain license to cover certain
22 administrative costs; providing that a certain limitation on the authority of the
23 Board to make certain informational disclosures is subject to certain authority of
24 the Board to disseminate certain information; requiring the Board, subject to a
25 certain option and conditions, to collect certain information about certain physician
26 licensees and to submit that information to the Health Education and Advocacy
27 Unit; repealing a certain requirement limiting the type of criminal offense for which
28 a court must report a conviction or certain pleas to the Board; providing that a
29 certain prohibition against the subpoena or discovery of a certain report made by
30 hospitals and certain other entities does not limit certain authority of the Board;
31 providing that certain authority of the Health Education and Advocacy Unit does
32 not authorize the Unit to disseminate certain information by certain electronic
33 media; requiring the Health Education and Advocacy Unit, in consultation with the
34 Board, to study the potential impact of publication of certain information about
35 physicians by electronic media and to submit a certain report to certain legislative

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1 committees by a certain date; defining certain terms; and generally relating to the
2 public dissemination of certain information about health maintenance
3 organizations, alternative health care systems, and physicians.

4 BY repealing and reenacting, without amendments,
5 Article - Commercial Law
6 Section 13-101(a) and (e), 13-4A-01, and 13-4A-03
7 Annotated Code of Maryland
8 (1990 Replacement Volume and 1996 Supplement)

9 BY repealing and reenacting, with amendments,
10 Article - Commercial Law
11 Section 13-4A-02
12 Annotated Code of Maryland
13 (1990 Replacement Volume and 1996 Supplement)

14 BY adding to
15 Article - Courts and Judicial Proceedings
16 Section 2-207
17 Annotated Code of Maryland
18 (1995 Replacement Volume and 1996 Supplement)

19 BY repealing and reenacting, without amendments,
20 Article - Health - General
21 Section 1-101(a), (c), and (i)
22 Annotated Code of Maryland
23 (1994 Replacement Volume and 1996 Supplement)

24 BY repealing and reenacting, without amendments,
25 Article - Health - General
26 Section 19-701(a) and (c), 19-715, and 19-1501(a) and (b)
27 Annotated Code of Maryland
28 (1996 Replacement Volume and 1996 Supplement)

29 BY repealing and reenacting, with amendments,
30 Article - Health - General
31 Section 19-705.2, 19-714, 19-716, and 19-1508(c)
32 Annotated Code of Maryland
33 (1996 Replacement Volume and 1996 Supplement)

34 BY repealing and reenacting, without amendments,
35 Article - Health Occupations
36 Section 14-101(a), (b), (e), (f), (h), and (l) and 14-501(a)(1) and (2)
37 Annotated Code of Maryland
38 (1994 Replacement Volume and 1996 Supplement)

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1 BY adding to
2 Article - Health Occupations
3 Section 14-316(h) and 14-411.1
4 Annotated Code of Maryland
5 (1994 Replacement Volume and 1996 Supplement)

6 BY repealing and reenacting, with amendments,
7 Article - Health Occupations
8 Section 14-411, 14-413, and 14-414
9 Annotated Code of Maryland
10 (1994 Replacement Volume and 1996 Supplement)

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

13 **Article - Commercial Law**

14 13-101.

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

16 (e) "Division" means the Division of Consumer Protection of the Office of the
17 Attorney General.

18 13-4A-01.

19 There is a Health Education and Advocacy Unit in the Division.

20 13-4A-02.

21 (a) The Unit may implement an educational and advocacy program designed to:

22 (1) Enable health care consumers to make more informed choices in the
23 health marketplace, and to be able to participate in decisions concerning their health
24 care; and

25 (2) Otherwise promote the interest of health consumers in the health
26 marketplace.

27 (b) (1) The Unit may assist health care consumers in understanding their health
28 care bills and third party coverage, in identifying improper billing or coverage
29 determinations, and in reporting any billing or coverage problems to appropriate entities,
30 including the Division, the Attorney General or other governmental agencies, insurers, or
31 providers.

32 (2) Whenever any billing or coverage question concerns the adequacy or
33 propriety of any services or treatment, the Unit shall refer the matter to an appropriate
34 professional, licensing, or disciplinary body, as applicable. The Unit may monitor the
35 progress of the concerns raised by health consumers through such referrals.

36 (3) Whenever any billing or coverage question concerns a matter within the
37 jurisdiction of the Insurance Commissioner, the Unit shall refer the matter to the

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1 Commissioner. The Unit may monitor the progress of the concerns raised by health
2 consumers through such referrals.

3 (4) The Unit shall work with the Department of Health and Mental Hygiene
4 to assist with resolving any billing or coverage questions as necessary.

5 (c) The Unit may:

6 (1) Recommend to the Attorney General, the Governor, the General
7 Assembly, or other appropriate governmental agencies any measures that will promote
8 the interests of health consumers in the health marketplace; and

9 (2) Present for consideration relevant information on the effects on health
10 care consumers generally in any agency proceeding which is otherwise open to the public.

11 (D) (1) THE UNIT SHALL RECEIVE INFORMATION THAT:

12 (I) THE STATE BOARD OF PHYSICIAN QUALITY ASSURANCE
13 COLLECTS AND SUBMITS TO THE UNIT UNDER § 14-411.1(C) OF THE HEALTH
14 OCCUPATIONS ARTICLE;

15 (II) THE HEALTH CARE ACCESS AND COST COMMISSION COLLECTS
16 AND SUBMITS TO THE UNIT UNDER § 19-1508(C) OF THE HEALTH - GENERAL
17 ARTICLE; AND

18 (III) THE STATE INSURANCE COMMISSIONER COLLECTS AND
19 SUBMITS TO THE UNIT UNDER § 19-705.2(F) OF THE HEALTH - GENERAL ARTICLE;
20 AND

21 (2) ON THE REQUEST OF A PERSON, AND IN A CLEAR, READABLE, AND
22 CONCISE MANNER, THE UNIT SHALL DISSEMINATE TO THE PERSON A CONSUMER
23 HEALTH INFORMATION REPORT THAT:

24 (I) CONTAINS INFORMATION THE UNIT RECEIVES UNDER
25 PARAGRAPH (1) OF THIS SUBSECTION; AND

26 (II) AS TO INFORMATION CONCERNING HEALTH MAINTENANCE
27 ORGANIZATIONS AND ALTERNATIVE HEALTH CARE SYSTEMS, PROVIDES AN
28 APPROPRIATE COMPARATIVE FORMAT TO FACILITATE CONSUMER CHOICE.

29 (3) IN CONSULTATION WITH THE STATE BOARD OF PHYSICIAN QUALITY
30 ASSURANCE, THE HEALTH CARE ACCESS AND COST COMMISSION, AND THE STATE
31 INSURANCE ADMINISTRATION, THE UNIT MAY DEVELOP ANY FORM TO FACILITATE
32 THE COLLECTION, DISSEMINATION, OR BOTH, OF INFORMATION REQUIRED TO BE
33 SUBMITTED TO THE UNIT UNDER PARAGRAPH (1) OF THIS SUBSECTION.

34 [(d)] (E) Nothing in this section shall mean that the Unit may have authority to
35 bring any civil action seeking review of a State agency determination.

36 13-4A-03.

37 To the extent possible, the Attorney General's Office shall include in its annual
38 budget funds for the administration and operation of the Unit.

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1 **Article - Courts and Judicial Proceedings**

2 2-207.

3 (A) IN THIS SECTION, "CONVICTED" MEANS THE ENTRY OF A PLEA OF GUILTY
4 OR AN ADJUDICATION OF GUILT BY A COURT OF COMPETENT JURISDICTION.

5 (B) THE CLERK OF A COURT SHALL:

6 (1) WITHIN 10 DAYS AFTER A PERSON LICENSED TO PRACTICE
7 MEDICINE IN THE STATE IS CONVICTED IN THAT COURT OF ANY CRIME OR AFTER A
8 PERSON IS CONVICTED OF VIOLATING § 14-601 OR § 14-602 OF THE HEALTH
9 OCCUPATIONS ARTICLE:

10 (I) REPORT THE CONVICTION TO THE STATE BOARD OF
11 PHYSICIAN QUALITY ASSURANCE; AND

12 (II) SUBMIT TO THE STATE BOARD OF PHYSICIAN QUALITY
13 ASSURANCE A COPY OF THE PROCEEDINGS OF THE COURT CONCERNING THAT
14 PERSON; AND

15 (2) WITHIN 10 DAYS AFTER A PERSON WHO IS LICENSED TO PRACTICE
16 MEDICINE IN THIS STATE PLEADS NOLO CONTENDERE TO A CRIMINAL CHARGE OR
17 IS PLACED BY THE COURT ON PROBATION BEFORE JUDGMENT UNDER ARTICLE 27, §
18 641 OF THE CODE:

19 (I) REPORT THE PLEA OR ORDER OF PROBATION TO THE STATE
20 BOARD OF PHYSICIAN QUALITY ASSURANCE; AND

21 (II) SUBMIT TO THE STATE BOARD OF PHYSICIAN QUALITY
22 ASSURANCE A COPY OF THE PROCEEDINGS OF THE COURT CONCERNING THAT
23 PERSON.

24 **Article - Health - General**

25 1-101.

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

27 (c) "Department" means the Department of Health and Mental Hygiene.

28 (i) "Secretary" means the Secretary of Health and Mental Hygiene.

29 19-701.

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

31 (c) "Commissioner" means the State Insurance Commissioner.

32 19-705.2.

33 (a) With the advice of the Commissioner, the Secretary shall adopt regulations to
34 establish a system for the receipt and timely investigation of complaints of members and
35 subscribers of health maintenance organizations concerning the operation of any health
36 maintenance organization in this State.

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1 (b) The complaint system shall include:

2 (1) A procedure for the timely acknowledgment of receipt of a complaint;

3 (2) Criteria for determining the appropriate level of investigation for a
4 complaint concerning quality of care, including:

5 (i) A determination as to whether the member or subscriber with the
6 complaint previously attempted to have the complaint resolved; and

7 (ii) A determination as to whether a complaint should be sent to the
8 member's or subscriber's health maintenance organization for resolution prior to
9 investigation under the provisions of this section; and

10 (3) A procedure for the referral to the Commissioner of all complaints,
11 other than quality of care complaints, for an appropriate investigation.

12 (c) If a determination is made to investigate a complaint under the provisions of
13 this section prior to the member or subscriber attempting to otherwise resolve the
14 complaint, the reasons for that determination shall be documented.

15 (d) Notice of the complaint system established under the provisions of this section
16 shall be included in all contracts between a health maintenance organization and a
17 member or subscriber of a health maintenance organization.

18 (E) ON THE BASIS OF THE ANNUAL REPORT A HEALTH MAINTENANCE
19 ORGANIZATION SUBMITS TO THE SECRETARY UNDER COMAR 10.07.11.11, THE
20 SECRETARY ANNUALLY SHALL SUBMIT TO THE HEALTH EDUCATION AND
21 ADVOCACY UNIT OF THE DIVISION OF CONSUMER PROTECTION IN THE OFFICE OF
22 THE ATTORNEY GENERAL A DOCUMENT THAT COMPARES ALL HEALTH
23 MAINTENANCE ORGANIZATIONS IN THE STATE BY REGION CONCERNING:

24 (1) THE NUMBER OF GRIEVANCES FILED AT EACH HEALTH
25 MAINTENANCE ORGANIZATION;

26 (2) THE NUMBER OF PERSONS DISENROLLED BY THE ACTION OF EACH
27 HEALTH MAINTENANCE ORGANIZATION; AND

28 (3) THE REASONS FOR THE DISENROLLMENT.

29 (F) THE COMMISSIONER ANNUALLY SHALL SUBMIT TO THE HEALTH
30 EDUCATION AND ADVOCACY UNIT OF THE DIVISION OF CONSUMER PROTECTION IN
31 THE OFFICE OF THE ATTORNEY GENERAL A DOCUMENT THAT COMPARES ALL
32 HEALTH MAINTENANCE ORGANIZATIONS IN THE STATE BY REGION CONCERNING
33 THE NUMBER OF GRIEVANCES FILED WITH THE COMMISSIONER FOR EACH HEALTH
34 MAINTENANCE ORGANIZATION.

35 19-714.

36 Each marketing document that sets forth the health care services of a health
37 maintenance organization shall describe fully and clearly:

38 (1) The health care services under each benefit package and every other
39 benefit to which a member is entitled;

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- 1 (2) Where and how services may be obtained;
- 2 (3) Each exclusion or limitation on any service or other benefit that it
- 3 provides;
- 4 (4) Each deductible feature;
- 5 (5) Each copayment provision; [and]
- 6 (6) All information required by Article 48A, § 703(c) of the Code;
- 7 (7) THE TELEPHONE NUMBER AND MAILING ADDRESS OF THE HEALTH
- 8 EDUCATION AND ADVOCACY UNIT OF THE DIVISION OF CONSUMER PROTECTION IN
- 9 THE OFFICE OF THE ATTORNEY GENERAL; AND
- 10 (8) A STATEMENT CONCERNING THE RIGHT OF THE RECIPIENT OF THE
- 11 MARKETING DOCUMENT TO OBTAIN A CONSUMER HEALTH INFORMATION REPORT
- 12 FROM THE HEALTH EDUCATION AND ADVOCACY UNIT OF THE DIVISION OF
- 13 CONSUMER PROTECTION IN THE OFFICE OF THE ATTORNEY GENERAL.

14 19-715.

15 Each health maintenance organization application or offer of enrollment shall
16 contain or be accompanied by, and each form of health maintenance organization
17 subscriber contract shall contain, a full and clear statement of:

- 18 (1) The items specified in § 19-714 of this subtitle;
- 19 (2) The rate of periodic payment;
- 20 (3) When the coverage is effective and what restrictions, if any, apply to
- 21 preexisting conditions;
- 22 (4) All standards for cancellation of enrollment or denial of reenrollment;
- 23 and
- 24 (5) Service priorities, if any, in epidemic or other emergency or catastrophic
- 25 conditions that may cause an unusually high demand for medical services.

26 19-716.

27 Annually, each health maintenance organization shall provide to its members and
28 make available to the general public, in clear, readable, and concise form:

- 29 (1) A summary of the most recent financial report that the health
- 30 maintenance organization submits to the Commissioner under § 19-717 of this subtitle;
- 31 (2) A description of the benefit packages available and the nongroup rates
- 32 required by the Commissioner;
- 33 (3) A description of the accessibility and availability of services, including
- 34 where and how to obtain them;

8

1 (4) A statement of the potential responsibility of a member for payment for
2 services the member seeks to obtain from a provider, including a physician or hospital,
3 that does not have a written contract with the health maintenance organization;

4 (5) A description of procedures to be followed for emergency services,
5 including:

6 (i) The appropriate use of hospital emergency facilities;

7 (ii) The appropriate use, location, and hours of operation of any
8 urgent care facilities operated by the health maintenance organization; and

9 (iii) The potential responsibility of subscribers and enrollees for
10 payment for emergency services or nonemergency services rendered in a hospital
11 emergency facility;

12 (6) A statement that shows, by category, the percentage of members assisted
13 by public funds;

14 (7) The information required to be disclosed by Article 48A, § 703(c) of the
15 Code; [and]

16 (8) THE TELEPHONE NUMBER AND MAILING ADDRESS OF THE HEALTH
17 EDUCATION AND ADVOCACY UNIT OF THE DIVISION OF CONSUMER PROTECTION IN
18 THE OFFICE OF THE ATTORNEY GENERAL;

19 (9) A STATEMENT CONCERNING THE RIGHT OF THE RECIPIENT TO
20 OBTAIN A CONSUMER HEALTH INFORMATION REPORT FROM THE HEALTH
21 EDUCATION AND ADVOCACY UNIT OF THE DIVISION OF CONSUMER PROTECTION IN
22 THE OFFICE OF THE ATTORNEY GENERAL; AND

23 [(8)] (10) Any other information that the Commissioner or the Department
24 requires by rule or regulation.

25 19-1501.

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

27 (b) "Commission" means the Maryland Health Care Access and Cost
28 Commission.

29 19-1508.

30 (c) (1) The Commission shall:

31 (i) On or before January 1, 1994, establish and implement a system to
32 comparatively evaluate the quality of care outcomes and performance measurements of
33 health maintenance organization benefit plans and services on an objective basis; [and]

34 (ii) Annually publish the summary findings of the evaluation; AND

35 (III) ANNUALLY SUBMIT TO THE HEALTH EDUCATION AND
36 ADVOCACY UNIT OF THE DIVISION OF CONSUMER PROTECTION IN THE OFFICE OF
37 THE ATTORNEY GENERAL INFORMATION DERIVED FROM A HEALTH PLAN

9
1 EMPLOYER DATA AND INFORMATION SET (HEDIS) EVALUATION OF EACH HEALTH
2 MAINTENANCE ORGANIZATION IN THE STATE THAT:

3 1. IS RELATED TO THE QUALITY AND PERFORMANCE OF
4 MEDICAL SERVICES PROVIDED BY THE HEALTH MAINTENANCE ORGANIZATION IN
5 THE AREAS OF:

6 A. EFFECTIVENESS OF CARE;
7 B. ACCESS AND AVAILABILITY OF CARE;
8 C. MEMBER SATISFACTION WITH THE EXPERIENCE OF
9 CARE;
10 D. HEALTH PLAN STABILITY;
11 E. USE OF SERVICES;
12 F. COST OF CARE;
13 G. INFORMED HEALTH CARE CHOICES; AND
14 H. HEALTH PLAN DESCRIPTIVE INFORMATION;

15 2. ALLOWS FOR A COMPARATIVE EVALUATION AMONG
16 HEALTH MAINTENANCE ORGANIZATIONS ON A PLAN LEVEL; AND

17 3. IS OF INTEREST PRIMARILY TO CONSUMERS WHO MAKE
18 HEALTH BENEFIT ENROLLMENT DECISIONS.

19 (2) The purpose of a comparable performance measurement system
20 established under this section is to assist health maintenance organization benefit plans to
21 improve the quality of care provided by establishing a common set of performance
22 measurements and disseminating the findings of the performance measurements to health
23 maintenance [organizations] ORGANIZATIONS, CONSUMERS, and OTHER interested
24 parties.

25 (3) The system, where appropriate, shall solicit performance information
26 from enrollees of health maintenance organizations.

27 (4) (i) The Commission shall adopt regulations to establish the system of
28 evaluation provided under this section.

29 (ii) Before adopting regulations to implement an evaluation system
30 under this section, the Commission shall consider any recommendations of the quality of
31 care subcommittee of the Group Health Association of America and the National
32 Committee for Quality Assurance.

33 (5) The Commission may contract with a private, nonprofit entity to
34 implement the system required under this subsection provided that the entity is not an
35 insurer.

10

1 **Article - Health Occupations**

2 14-101.

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

4 (b) "Board" means the State Board of Physician Quality Assurance.

5 (c) "Hospital" has the meaning stated in § 19-301 of the Health - General
6 Article.

7 (f) "License" means, unless the context requires otherwise, a license issued by the
8 Board to practice medicine.

9 (h) "Licensee" means an individual to whom a license is issued, including an
10 individual practicing medicine within or as a professional corporation or professional
11 association.

12 (l) "Related institution" has the meaning stated in § 19-301 of the Health -
13 General Article.

14 14-316.

15 (H) IN RENEWING A LICENSE UNDER THIS SECTION, THE BOARD MAY ASSESS
16 EACH LICENSEE A REASONABLE FEE TO COVER ANY ADDITIONAL ADMINISTRATIVE
17 COSTS OF THE BOARD IN MEETING THE REQUIREMENTS OF § 14-411.1 OF THIS
18 SUBTITLE.

19 14-411.

20 (a) In this section, "record" means the proceedings, records, or files of the Board.

21 (b) Except as otherwise expressly provided in this section AND IN § 14-411.1 OF
22 THIS SUBTITLE, the Board or any of its investigatory bodies may not disclose any
23 information contained in a record.

24 (c) Nothing in this section shall be construed to prevent or limit the disclosure
25 [of] OF:

26 (1) [general] GENERAL licensure, certification, or registration information
27 maintained by the Board, if the request for release complies with the criteria of §
28 10-617(h) of the State Government Article; OR

29 (2) AS TO A LICENSEE, ANY INFORMATION THAT § 14-411.1 OF THIS
30 SUBTITLE REQUIRES THE BOARD TO DISCLOSE.

31 (d) The Board shall disclose any information contained in a record to a committee
32 of a hospital, health maintenance organization, or related institution if:

33 (1) The committee of a medical hospital staff concerned with physician
34 discipline or other committee of a hospital, health maintenance organization, or related
35 institution requests the information in writing;

36 (2) The Board has issued an order as to a licensed physician on whom the
37 information is requested; and

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1 (3) The Board determines that the information requested is necessary for an
2 investigation or action of the committee as to a medical privilege of a licensed physician.

3 (e) (1) The Board shall notify all hospitals, health maintenance organizations,
4 or other health care facilities where a physician or an allied health professional regulated
5 by the Board has privileges, has a provider contract with a health maintenance
6 organization, or is employed of a complaint or report filed against that physician, if:

7 (i) The Board determines, in its discretion, that the hospital, health
8 maintenance organization, or health care facility should be informed about the report or
9 complaint;

10 (ii) The nature of the complaint suggests a reasonable possibility of an
11 imminent threat to patient safety; or

12 (iii) The complaint or report was as a result of a claim filed in the
13 Health Claims Arbitration Office and a certificate of a qualified expert is filed in
14 accordance with § 3-2A-04(b)(1) of the Courts Article.

15 (2) The Board shall disclose any information pertaining to a physician's
16 competency to practice medicine contained in record to a committee of a hospital, health
17 maintenance organization, or other health care facility if:

18 (i) The committee is concerned with physician discipline and requests
19 the information in writing; and

20 (ii) The Board has received a complaint or report pursuant to
21 paragraph (1)(i) and (ii) of this subsection on the licensed physician on whom the
22 information is requested.

23 (3) The Board shall, after formal action is taken pursuant to § 14-406 of this
24 subtitle, notify those hospitals, health maintenance organizations, or health care facilities
25 where the physician has privileges, has a provider contract with a health maintenance
26 organization, or is employed of its formal action within 10 days after the action is taken
27 and shall provide the hospital, health maintenance organization, or health care facility
28 with periodic reports as to enforcement or monitoring of a formal disciplinary order
29 against a physician within 10 days after receipt of those reports.

30 (f) On the request of a person who has made a complaint to the Board regarding
31 a physician, the Board shall provide the person with information on the status of the
32 complaint.

33 (g) Following the filing of charges or notice of initial denial of license application,
34 the Board shall disclose the filing to the public.

35 (h) The Board may disclose any information contained in a record to a licensing
36 or disciplinary authority of another state if:

37 (1) The licensing or disciplinary authority of another state that regulates
38 licensed physicians in that state requests the information in writing; and

39 (2) The disclosure of any information is limited to the pendency of an
40 allegation of a ground for disciplinary or other action by the Board until:

12

1 (i) The Board has passed an order under § 14-406 of this subtitle; or

2 (ii) A licensed physician on whom the information is requested
3 authorizes a disclosure as to the facts of an allegation or the results of an investigation
4 before the Board.

5 (i) The Board may disclose any information contained in a record to a person if:

6 (1) A licensed physician on whom any information is requested authorizes
7 the person to receive the disclosure;

8 (2) The person requests the information in writing; and

9 (3) The authorization for the disclosure is in writing.

10 (j) The Board may disclose any information contained in a record to the State
11 Medical Assistance Compliance Administration, the Secretary of the U.S. Department of
12 Health and Human Services or the Secretary's designee, or any health occupational
13 regulatory board if:

14 (1) (i) The State Medical Assistance Compliance Administration or any
15 health occupational regulatory board requests the information in writing; or

16 (ii) The Secretary of the U.S. Department of Health and Human
17 Services or the Secretary's designee is entitled to receive the information or have access
18 to the information under 42 U.S.C. § 1396R-2.

19 (2) (i) The Board has issued an order under § 14-406 of this subtitle; or

20 (ii) An allegation is pending before the Board; and

21 (3) The Board determines that the requested information is necessary for
22 the proper conduct of the business of that administration or board.

23 (k) If the Board determines that the information contained in a record concerns
24 possible criminal activity of a licensed physician, the Board shall disclose the information
25 to a law enforcement or prosecutorial official.

26 (l) The Board may permit inspection of records for which inspection otherwise is
27 not authorized by a person who is engaged in a research project if:

28 (1) The researcher submits to the Executive Director and the Board
29 approves a written request that:

30 (i) Describes the purpose of the research project;

31 (ii) Describes the intent, if any, to publish the findings;

32 (iii) Describes the nature of the requested personal records;

33 (iv) Describes the safeguards that the researcher would take to protect
34 the identity of the persons in interest; and

35 (v) States that persons in interest will not be contacted unless the
36 Executive Director approves and monitors the contact;

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1 (2) The Executive Director is satisfied that the proposed safeguards will
2 prevent the disclosure of the identity of persons in interest; and

3 (3) The researcher makes an agreement with the Executive Director that:

4 (i) Defines the scope of the research project;

5 (ii) Sets out the safeguards for protecting the identity of the persons in
6 interest; and

7 (iii) States that a breach of any condition of the agreement is a breach
8 of contract.

9 (m) (1) The Board may publish a summary of any allegations of grounds for
10 disciplinary or other action.

11 (2) A summary may not identify:

12 (i) Any person who makes an allegation to the Board or any of its
13 investigatory bodies;

14 (ii) A licensed physician about whom an allegation is made; or

15 (iii) A witness in an investigation or a proceeding before the Board or
16 any of its investigatory bodies.

17 (n) The Board shall disclose information in a record upon the request of the
18 Governor, Secretary, or Legislative Auditor, in accordance with § 2-1218(a) of the State
19 Government Article. However, the Governor, Secretary, or Auditor, or any of their
20 employees may not disclose personally identifiable information from any of these records
21 which are otherwise confidential by law.

22 (o) This section does not apply to:

23 (1) Any disclosure of a record by the Board to any of its investigatory
24 bodies; or

25 (2) A licensee, certificate holder, or registration holder who has been
26 charged under this title or a party to a proceeding before the Board who claims to be
27 aggrieved by the decision of the Board.

28 (p) If any information contained in any medical or hospital document or any other
29 exhibit is otherwise open for disclosure under law, the use of that document or exhibit in
30 any record of the Board or any of its investigatory bodies does not prevent its disclosure
31 in any other proceeding.

32 14-411.1.

33 (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS
34 INDICATED.

35 (2) "ALTERNATIVE HEALTH CARE SYSTEM" HAS THE MEANING STATED
36 IN § 14-501(A)(2) OF THIS ARTICLE.

14

1 (3) "HEALTH MAINTENANCE ORGANIZATION" HAS THE MEANING
2 STATED IN § 19-701(F) OF THE HEALTH - GENERAL ARTICLE.

3 (4) "LICENSEE" MEANS A PHYSICIAN LICENSED BY THE BOARD WHO IS
4 EMPLOYED BY OR UNDER CONTRACT WITH AN ALTERNATIVE HEALTH CARE
5 SYSTEM OR A HEALTH MAINTENANCE ORGANIZATION.

6 (5) "UNIT" MEANS THE HEALTH EDUCATION AND ADVOCACY UNIT OF
7 THE DIVISION OF CONSUMER PROTECTION IN THE OFFICE OF THE ATTORNEY
8 GENERAL.

9 (B) FOR EACH LICENSEE, THE BOARD SHALL COLLECT AND PERIODICALLY
10 UPDATE INFORMATION ABOUT:

11 (1) ANY CRIMINAL CONVICTION OF THE LICENSEE WITHIN THE MOST
12 RECENT 10-YEAR PERIOD OF A FELONY AND, AS DETERMINED BY THE BOARD, A
13 SERIOUS MISDEMEANOR;

14 (2) ANY CHARGE TO WHICH THE LICENSEE PLEADS NOLO
15 CONTENDERE OR WHERE A COURT OF COMPETENT JURISDICTION PLACES THE
16 LICENSEE ON PROBATION BEFORE JUDGMENT UNDER ARTICLE 27, § 641 OF THE
17 CODE;

18 (3) ANY FINAL DISCIPLINARY ACTION TAKEN BY THE BOARD AGAINST
19 THE LICENSEE WITHIN THE MOST RECENT 10-YEAR PERIOD;

20 (4) ANY FINAL DISCIPLINARY ACTION TAKEN BY A LICENSING BOARD
21 IN ANY OTHER STATE OR JURISDICTION AGAINST THE LICENSEE WITHIN THE MOST
22 RECENT 10-YEAR PERIOD;

23 (5) AN ACTION TAKEN WITHIN THE MOST RECENT 10-YEAR PERIOD IN
24 WHICH:

25 (I) A HOSPITAL OR RELATED INSTITUTION DENIED, LIMITED,
26 REDUCED, CHANGED, OR TERMINATED THE STAFF PRIVILEGES OF A LICENSEE, OR
27 THE LICENSEE RESIGNED, IF:

28 1. THE ACTION IS FOR A REASON THAT MIGHT BE A
29 GROUND FOR DISCIPLINARY ACTION UNDER § 14-404 OF THIS SUBTITLE; AND

30 2. THE GOVERNING BODY OF THE HOSPITAL OR RELATED
31 INSTITUTION AFFORDED THE LICENSEE PROCEDURAL PROCESS; AND

32 (II) A HEALTH MAINTENANCE ORGANIZATION OR ALTERNATIVE
33 HEALTH CARE SYSTEM DENIED, LIMITED, REDUCED, CHANGED, OR TERMINATED A
34 CONTRACT OF A LICENSEE, OR THE LICENSEE RESIGNED, IF THE ACTION IS FOR A
35 REASON THAT MIGHT BE A GROUND FOR DISCIPLINARY ACTION UNDER § 14-404 OF
36 THIS SUBTITLE;

37 (6) SUBJECT TO SUBSECTION (E) OF THIS SECTION AND FOR THE MOST
38 RECENT 10-YEAR PERIOD:

15

1 (I) A MEDICAL MALPRACTICE CLAIM AGAINST THE LICENSEE
2 BEFORE THE HEALTH CLAIMS ARBITRATION OFFICE OF WHICH THE BOARD IS
3 NOTIFIED UNDER § 3-2A-04(A) OF THE COURTS AND JUDICIAL PROCEEDINGS
4 ARTICLE;

5 (II) A JUDICIAL ACTION OF WHICH THE BOARD IS NOTIFIED BY
6 THE CLERK OF A COURT UNDER § 3-2A-06(B)(4) OF THE COURTS AND JUDICIAL
7 PROCEEDINGS ARTICLE;

8 (III) A MEDICAL MALPRACTICE ARBITRATION AWARD AGAINST
9 THE LICENSEE; AND

10 (IV) A MEDICAL MALPRACTICE COURT JUDGMENT AGAINST THE
11 LICENSEE;

12 (7) THE NAMES OF MEDICAL SCHOOLS THAT THE LICENSEE ATTENDED
13 AND THE DATES ON WHICH THE LICENSEE GRADUATED FROM THOSE SCHOOLS;

14 (8) ANY GRADUATE MEDICAL EDUCATION OF THE LICENSEE;

15 (9) ANY SPECIALTY BOARD CERTIFICATION OF THE LICENSEE;

16 (10) THE NUMBER OF YEARS THE LICENSEE HAS PRACTICED MEDICINE;

17 (11) THE NAMES OF THE HOSPITALS, ALTERNATIVE HEALTH CARE
18 SYSTEMS, AND HEALTH MAINTENANCE ORGANIZATIONS WHERE THE LICENSEE HAS
19 MEDICAL PRIVILEGES;

20 (12) SUBJECT TO SUBSECTION (D) OF THIS SECTION:

21 (I) ANY APPOINTMENT OF THE LICENSEE WITHIN THE MOST
22 RECENT 10-YEAR PERIOD TO A MEDICAL SCHOOL FACULTY AND, IN THAT
23 CAPACITY, WHETHER THE LICENSEE HAS OR HAS HAD RESPONSIBILITY FOR
24 GRADUATE MEDICAL EDUCATION;

25 (II) ANY PUBLICATIONS BY THE LICENSEE WITHIN THE MOST
26 RECENT 10-YEAR PERIOD IN PEER-REVIEWED MEDICAL LITERATURE; AND

27 (III) ANY PROFESSIONAL OR COMMUNITY SERVICE ACTIVITIES
28 AND AWARDS OF THE LICENSEE;

29 (13) THE LOCATION OF THE PRIMARY PRACTICE SETTING OF THE
30 LICENSEE;

31 (14) WHETHER THE LICENSEE MAINTAINS ANY TRANSLATING SERVICE
32 AT THE PRIMARY PRACTICE SETTING OF THE LICENSEE; AND

33 (15) WHETHER THE LICENSEE PARTICIPATES IN THE STATE MEDICAL
34 CARE PROGRAM.

35 (C) THE BOARD SHALL SUBMIT THE INFORMATION IT COLLECTS UNDER
36 SUBSECTION (B) OF THIS SECTION TO THE UNIT.

37 (D) THE BOARD SHALL PROVIDE EACH LICENSEE WITH:

16

1 (1) AT THE TIME THE BOARD COLLECTS THE INFORMATION SPECIFIED
2 IN SUBSECTION (A)(12) OF THIS SECTION, THE OPTION OF ELECTING TO HAVE THAT
3 INFORMATION OMITTED FROM THE INFORMATION THAT THE BOARD COLLECTS
4 FROM THE LICENSEE; AND

5 (2) BEFORE SUBMITTING TO THE UNIT THE INFORMATION THE BOARD
6 COLLECTS UNDER THIS SECTION ABOUT THE LICENSEE:

7 (I) A COPY OF THE INFORMATION THE BOARD HAS COLLECTED
8 ABOUT THE LICENSEE; AND

9 (II) A REASONABLE PERIOD OF TIME TO CORRECT A FACTUAL
10 INACCURACY THAT MAY APPEAR IN THE INFORMATION ABOUT THE LICENSEE.

11 (E) (1) THIS SUBSECTION DOES NOT LIMIT THE AUTHORITY OF THE BOARD:

12 (I) TO PROVIDE EXPLANATORY INFORMATION CONCERNING THE
13 SIGNIFICANCE OF THE FILING OF A CLAIM AGAINST A LICENSEE;

14 (II) TO INVESTIGATE AND DISCIPLINE A LICENSEE ON THE BASIS
15 OF A MEDICAL MALPRACTICE CLAIM THAT IS PENDING AGAINST THE LICENSEE; OR

16 (III) TO DISCLOSE INFORMATION THAT § 14-411(F) AND (G) OF THIS
17 SUBTITLE REQUIRES THE BOARD TO DISCLOSE.

18 (2) IN COLLECTING INFORMATION UNDER SUBSECTION (B)(6) OF THIS
19 SECTION, THE BOARD SHALL ENSURE THAT THE BOARD DOES NOT DISCLOSE THE
20 AMOUNT OF ANY SETTLEMENT THAT A LICENSEE MAKES CONCERNING A
21 MALPRACTICE CLAIM.

22 14-413.

23 (a) (1) Every 6 months, each hospital and related institution shall file with
24 the Board a report that:

25 (i) Contains the name of each licensed physician who, during the 6
26 months preceding the report:

- 27 1. Is employed by the hospital or related institution;
- 28 2. Has privileges with the hospital or related institution; and
- 29 3. Has applied for privileges with the hospital or related
30 institution; and

31 (ii) States whether, as to each licensed physician, during the 6 months
32 preceding the report:

- 33 1. The hospital or related institution denied the application of a
34 physician for staff privileges or limited, reduced, otherwise changed, or terminated the
35 staff privileges of a physician, or the physician resigned whether or not under formal
36 accusation, if the denial, limitation, reduction, change, termination, or resignation is for
37 reasons that might be grounds for disciplinary action under § 14-404 of this subtitle;

17

1 2. The hospital or related institution took any disciplinary
2 action against a salaried, licensed physician without staff privileges, including termination
3 of employment, suspension, or probation, for reasons that might be grounds for
4 disciplinary action under § 14-404 of this subtitle;

5 3. The hospital or related institution took any disciplinary
6 action against an individual in a postgraduate medical training program, including
7 removal from the training program, suspension, or probation for reasons that might be
8 grounds for disciplinary action under § 14-404 of this subtitle;

9 4. A licensed physician or an individual in a postgraduate
10 training program voluntarily resigned from the staff, employ, or training program of the
11 hospital or related institution for reasons that might be grounds for disciplinary action
12 under § 14-404 of this subtitle; or

13 5. The hospital or related institution placed any other
14 restrictions or conditions on any of the licensed physicians as listed in items 1. through 4.
15 of this subparagraph for any reasons that might be grounds for disciplinary action under
16 § 14-404 of this subtitle.

17 (2) The hospital or related institution shall:

18 (i) Submit the report within 10 days of any action described in
19 paragraph (1)(ii) of this subsection; and

20 (ii) State in the report the reasons for its action or the nature of the
21 formal accusation pending when the physician resigned.

22 (3) The Board may extend the reporting time under this subsection for good
23 cause shown.

24 (4) The minutes or notes taken in the course of determining the denial,
25 limitation, reduction, or termination of the staff privileges of any physician in a hospital
26 or related institution are not subject to review or discovery by any person.

27 [(b) (1) Each court shall report to the Board each conviction of or entry of a plea
28 of guilty or nolo contendere by a physician for any crime involving moral turpitude.

29 (2) The court shall submit the report within 10 days of the conviction or
30 entry of the plea.]

31 [(c)] (B) The Board may enforce this section by subpoena.

32 [(d)] (C) Any person shall have the immunity from liability described under §
33 5-392(d) of the Courts and Judicial Proceedings Article for giving any of the information
34 required by this section.

35 [(e)] (D) (1) THIS SUBSECTION DOES NOT LIMIT THE AUTHORITY OF THE
36 BOARD UNDER § 14-411.1(C) OF THIS SUBTITLE TO SUBMIT TO THE HEALTH
37 EDUCATION AND ADVOCACY UNIT OF THE DIVISION OF CONSUMER PROTECTION IN
38 THE OFFICE OF THE ATTORNEY GENERAL INFORMATION THE BOARD COLLECTS
39 UNDER § 14-411.1(B)(5) OF THIS SUBTITLE THAT IS CONTAINED IN A REPORT THIS
40 SECTION REQUIRES A HOSPITAL OR RELATED INSTITUTION TO MAKE.

18

1 (2) A report made under this section is not subject to subpoena or discovery
2 in any civil action other than a proceeding arising out of a hearing and decision of the
3 Board under this title.

4 [(f)] (E) Failure to report pursuant to this section shall result in imposition of a
5 civil penalty of up to \$5,000 by a circuit court of this State.

6 14-414.

7 (a) (1) Every 6 months, each alternative health CARE system as defined in §
8 14-501 of this title shall file with the Board a report that:

9 (i) Contains the name of each licensed physician who, during the 6
10 months preceding the report:

11 1. Is employed by the alternative health CARE system;

12 2. Is under contract with the alternative health CARE system;
13 and

14 3. Has completed a formal application process to become under
15 contract with the alternative health CARE system; and

16 (ii) States whether, as to each licensed physician, during the 6 months
17 preceding the report:

18 1. The alternative health CARE system denied the formal
19 application of a physician to contract with the alternative health CARE system or limited,
20 reduced, otherwise changed, or terminated the contract of a physician, or the physician
21 resigned whether or not under formal accusation, if the denial, limitation, reduction,
22 change, termination, or resignation is for reasons that might be grounds for disciplinary
23 action under § 14-404 of this subtitle; or

24 2. The alternative health CARE system placed any other
25 restrictions or conditions on any licensed physician for any reasons that might be grounds
26 for disciplinary action under § 14-404 of this subtitle.

27 (2) The alternative health CARE system shall:

28 (i) Submit the report within 10 days of any action described in
29 paragraph (1)(ii) of this subsection; and

30 (ii) State in the report the reasons for its action or the nature of the
31 formal accusation pending when the physician resigned.

32 (3) The Board may extend the reporting time under this subsection for good
33 cause shown.

34 (4) The minutes or notes taken in the course of determining the denial,
35 limitation, reduction, or termination of the employment contract of any physician in an
36 alternative health system are not subject to review or discovery by any person.

37 [(b) (1) Each court shall report to the Board each conviction of or entry of a plea
38 of guilty or nolo contendere by a physician for any crime involving moral turpitude.

19

1 (2) The court shall submit the report within 10 days of the conviction or
2 entry of the plea.]

3 [(c)] (B) The Board may enforce this section by subpoena.

4 [(d)] (C) Any person shall have the immunity from liability described under §
5 5-392(d) of the Courts and Judicial Proceedings Article for giving any of the information
6 required by this section.

7 [(e)] (D) (1) THIS SUBSECTION DOES NOT LIMIT THE AUTHORITY OF THE
8 BOARD UNDER § 14-411.1(C) OF THIS SUBTITLE TO SUBMIT TO THE HEALTH
9 EDUCATION AND ADVOCACY UNIT OF THE DIVISION OF CONSUMER PROTECTION IN
10 THE OFFICE OF THE ATTORNEY GENERAL INFORMATION THE BOARD COLLECTS
11 UNDER § 14-411.1(A)(5) OF THIS SUBTITLE THAT IS CONTAINED IN A REPORT THIS
12 SECTION REQUIRES AN ALTERNATIVE HEALTH CARE SYSTEM TO MAKE.

13 (2) A report made under this section is not subject to subpoena or discovery
14 in any civil action other than a proceeding arising out of a hearing and decision of the
15 Board under this title.

16 [(f)] (E) Failure to report pursuant to the requirements of this section shall result
17 in imposition of a civil penalty of up to \$5,000 by a circuit court of this State.

18 14-501.

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

20 (2) (i) "Alternative health care system" means a system of health care
21 delivery other than a hospital or related institution.

22 (ii) "Alternative health care system" includes:

- 23 1. A health maintenance organization;
- 24 2. A preferred provider organization;
- 25 3. An independent practice association; or
- 26 4. A community health center that is a nonprofit, freestanding
27 ambulatory health care provider governed by a voluntary board of directors and that
28 provides primary health care services to the medically indigent.

29 SECTION 2. AND BE IT FURTHER ENACTED, That § 13-4A-02(d) of the
30 Commercial Law Article, as enacted by Section 1 of this Act, does not authorize the
31 Health Education and Advocacy Unit of the Division of Consumer Protection in the
32 Office of the Attorney General, before January 1, 1999, to disseminate information about
33 a physician, alternative health care system, or health maintenance organization by
34 electronic media, including the World Wide Web of the Internet or on CD-Rom.

35 SECTION 3. AND BE IT FURTHER ENACTED, That the Health Education and
36 Advocacy Unit of the Division of Consumer Protection in the Office of the Attorney
37 General, in consultation with the State Board of Physician Quality Assurance, shall:

1 (1) Study the potential impact on the personal safety of physicians and the
2 families of physicians of publication by electronic media of the type of information
3 required to be collected under § 14-411.1 of the Health Occupations Article, as enacted
4 by Section 1 of this Act;

5 (2) On or before October 1, 1998 report its findings and recommendations
6 to the Finance Committee and Economic and Environmental Affairs Committee of the
7 Senate of Maryland and to the Environmental Matters Committee of the House of
8 Delegates and include in the report, for a sample physician, information required to be
9 collected under § 14-411.1 of the Health Occupations Article, as enacted by Section 1 of
10 this Act, with safeguards designed to eliminate, to the extent practicable, the possibility
11 that this information may jeopardize the personal safety of a physician and the family of
12 a physician.

13 SECTION 4. AND BE IT FURTHER ENACTED, That this Act may be cited as
14 the "Consumer Health Information Act".

15 SECTION 5. AND BE IT FURTHER ENACTED, That this Act shall take effect
16 October 1, 1997.