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By: **Delegate Hammen (Chair, Health and Government Operations  
Committee)**

Introduced and read first time: January 16, 2006

Assigned to: Health and Government Operations

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A BILL ENTITLED

1 AN ACT concerning

2 **State Board of Physicians - Sunset Extension and Program Evaluation**

3 FOR the purpose of continuing the State Board of Physicians in accordance with the  
4 provisions of the Maryland Program Evaluation Act (Sunset Law) by extending  
5 to a certain date the termination provisions relating to the statutory and  
6 regulatory authority of the Board; requiring that an evaluation of the Board and  
7 the statutes and regulations that relate to the Board be performed on or before  
8 a certain date; repealing a provision of law requiring the Board to elect a  
9 secretary-treasurer; repealing the requirement that the Board enter into a  
10 written contract with a nonprofit entity to provide physician rehabilitation;  
11 repealing a provision requiring the Physician Rehabilitation Committee to  
12 report certain noncompliance by a physician to the Board; requiring the Board  
13 to provide services for physician rehabilitation or contract with an entity or  
14 entities for physician rehabilitation; repealing provisions of law requiring the  
15 Board to assess certain applicants a fee for physician rehabilitation and peer  
16 review activities; authorizing the chair of the Board to appoint a certain  
17 subcommittee of the Board to conduct certain hearings in a certain manner;  
18 requiring proceedings of the Board or the hearing officer to be open to the public  
19 under certain circumstances; authorizing the Board or hearing officer to close  
20 proceedings under certain circumstances; requiring the Board to adopt certain  
21 regulations; requiring the Administrative Office of the Courts and the Chief  
22 Judge of the District Court, in collaboration with the Board, to develop a certain  
23 procedure for required reporting; repealing the requirement that certain records  
24 and information relating to the records of a proceeding or transaction before the  
25 Medical and Chirurgical Faculty of the State of Maryland that relates to a  
26 certain investigation or report are confidential; requiring that certain records  
27 and other information relating to the records of a proceeding or transaction  
28 before an entity or entities that contract with the Board are confidential;  
29 authorizing the Board to impose a certain civil penalty for failure to file certain  
30 reports with the Board; prohibiting certain entities from employing certain  
31 individuals without a certificate; authorizing the Board to impose a certain civil  
32 penalty for employing certain uncertified individuals; requiring the Comptroller  
33 to distribute certain funds for certain programs administered by the Maryland  
34 Higher Education Committee under certain circumstances; repealing provisions

1 of law requiring the Comptroller to distribute certain fees received from the  
2 Board to the General Fund; altering certain definitions; requiring the Board to  
3 make certain regulatory changes on or before a certain date; requiring the  
4 Department of Legislative Services to submit a certain report on the Board's  
5 complaint resolution process by a certain date; requiring the Department of  
6 Health and Mental Hygiene and the Department of Budget and Management to  
7 review certain job classifications, make certain determinations and  
8 recommendations, and submit a certain report on or before a certain date;  
9 requiring the Board and the Department of Health and Mental Hygiene to  
10 submit a certain report on a jointly developed strategy to reduce investigative  
11 caseloads and complaint backlogs of the Board on or before a certain date;  
12 requiring the Board to reduce investigative caseloads and complaint backlogs on  
13 or before a certain date; requiring the Department of Health and Mental  
14 Hygiene and the Office of the Attorney General to review a certain process for  
15 the investigation of self-referral cases, make certain recommendations, and  
16 submit a certain report on or before a certain date; exempting the Board from  
17 certain provisions of law requiring a certain preliminary evaluation; and  
18 generally relating to the State Board of Physicians.

19 BY repealing and reenacting, with amendments,  
20 Article - Health Occupations  
21 Section 14-101, 14-203(a), 14-207, 14-401, 14-402, 14-405, 14-411(b) and (c),  
22 14-413(b), 14-414(b), 14-506, 14-5B-08, 14-702, and 15-206  
23 Annotated Code of Maryland  
24 (2005 Replacement Volume)

25 BY repealing and reenacting, without amendments,  
26 Article - Health Occupations  
27 Section 14-411(a), 14-5A-18(a), and 14-5B-15(a)  
28 Annotated Code of Maryland  
29 (2005 Replacement Volume)

30 BY adding to  
31 Article - Health Occupations  
32 Section 14-411.2, 14-5A-18(g), and 14-5B-15(g)  
33 Annotated Code of Maryland  
34 (2005 Replacement Volume)

35 BY repealing and reenacting, with amendments,  
36 Article - State Government  
37 Section 8-403(b)(49)  
38 Annotated Code of Maryland  
39 (2004 Replacement Volume and 2005 Supplement)

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

**Article - Health Occupations**

1  
2 14-101.

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

4 (b) "Board" means the State Board of Physicians.

5 (c) "Civil action" includes a health care malpractice claim under Title 3,  
6 Subtitle 2A of the Courts Article.

7 (d) "Faculty" means the Medical and Chirurgical Faculty of the State of  
8 Maryland.

9 (e) "Hospital" has the meaning stated in § 19-301 of the Health - General  
10 Article.

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

13 (g) "Licensed physician" means, unless the context requires otherwise, a  
14 physician, including a doctor of osteopathy, who is licensed by the Board to practice  
15 medicine.

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

19 (i) "Perform acupuncture" means to stimulate a certain point or points on or  
20 near the surface of the human body by the insertion of needles to prevent or modify  
21 the perception of pain or to normalize physiological functions, including pain control,  
22 for the treatment of ailments or conditions of the body.

23 (j) "Physician" means an individual who practices medicine.

24 (k) "Physician Rehabilitation [Committee] PROGRAM" means the  
25 [committee] PROGRAM of the BOARD OR THE entity or entities with whom the Board  
26 contracts under [§ 14-401(e)] § 14-401(G) of this title that evaluates and provides  
27 assistance to impaired physicians in need of treatment and rehabilitation for  
28 alcoholism, chemical dependency, or other physical, emotional, or mental conditions.

29 (l) (1) "Practice medicine" means to engage, with or without compensation,  
30 in medical:

31 (i) Diagnosis;

32 (ii) Healing;

33 (iii) Treatment; or

34 (iv) Surgery.

1 (2) "Practice medicine" includes doing, undertaking, professing to do,  
2 and attempting any of the following:

3 (i) Diagnosing, healing, treating, preventing, prescribing for, or  
4 removing any physical, mental, or emotional ailment or supposed ailment of an  
5 individual:

6 1. By physical, mental, emotional, or other process that is  
7 exercised or invoked by the practitioner, the patient, or both; or

8 2. By appliance, test, drug, operation, or treatment;

9 (ii) Ending of a human pregnancy; and

10 (iii) Performing acupuncture AS PROVIDED UNDER § 14-504 OF THIS  
11 TITLE.

12 (3) "Practice medicine" does not include:

13 (i) Selling any nonprescription drug or medicine;

14 (ii) Practicing as an optician; or

15 (iii) Performing a massage or other manipulation by hand, but by no  
16 other means.

17 (m) "Related institution" has the meaning stated in § 19-301 of the Health -  
18 General Article.

19 14-203.

20 (a) From among its members, the Board shall elect a [chairman,  
21 secretary-treasurer,] CHAIR and any other officers that it considers necessary.

22 14-207.

23 (a) There is a Board of Physicians Fund.

24 (b) (1) The Board may set reasonable fees for the issuance and renewal of  
25 licenses and its other services.

26 (2) The fees charged shall be set so as to approximate the cost of  
27 maintaining the Board.

28 (3) Funds to cover the compensation and expenses of the Board members  
29 shall be generated by fees set under this section.

30 (c) (1) [Except for fees assessed in accordance with the provisions of §  
31 14-402(e) of this title, the] THE Board shall pay all fees collected under the provisions  
32 of this title to the Comptroller of the State.

1                   (2)     (i)     If the Governor does not include in the State budget at least  
2 \$750,000 for the operation of the Health Manpower Shortage Incentive Program  
3 under § 18-803 of the Education Article and the Loan Assistance Repayment Program  
4 for primary care services under § 18-1502(c) of the Education Article, as administered  
5 by the Maryland Higher Education Commission, the Comptroller shall distribute:

6                                 1.       14 percent of the fees received from the Board to the Office  
7 of Student Financial Assistance to be used as follows:

8   A.       One-half to make grants under the Health Manpower  
9 Shortage Incentive Grant Program under § 18-803 of the Education Article; and

10                                        B.       One-half to make grants under the Janet L. Hoffman  
11 Loan Assistance Repayment Program under § 18-1502(c) of the Education Article to  
12 physicians engaged in primary care or to medical residents specializing in primary  
13 care who agree to practice for at least 2 years as primary care physicians in a  
14 geographic area of the State that has been designated by the Secretary of Health and  
15 Mental Hygiene as being medically underserved; and

16                                        2.       The balance of the fees to the Board of Physicians Fund.

17                                 (ii)     If the Governor includes in the State budget at least \$750,000  
18 for the operation of the Health Manpower Shortage Incentive Program under §  
19 18-803 of the Education Article and the Loan Assistance Repayment Program for  
20 primary care services under § 18-1502(c) of the Education Article, as administered by  
21 the Maryland Higher Education Commission, the Comptroller shall distribute the  
22 fees to the Board of Physicians Fund.

23     (d)     (1)     The Fund shall be used exclusively to cover the actual documented  
24 direct and indirect costs of fulfilling the statutory and regulatory duties of the Board  
25 as provided by the provisions of this title.

26                   (2)     (i)     The Fund is a continuing, nonlapsing fund, not subject to §  
27 7-302 of the State Finance and Procurement Article.

28                                 (ii)     Any unspent portions of the Fund may not be transferred or  
29 revert to the General Fund of the State, but shall remain in the Fund to be used for  
30 the purposes specified in this title.

31                   (3)     Interest or other income earned on the investment of moneys in the  
32 Fund shall be paid into the Fund.

33                   (4)     No other State money may be used to support the Fund.

34     (e)     (1)     In addition to the requirements of subsection (d) of this section, the  
35 Board shall fund the budget of the Physician Rehabilitation [Committee] PROGRAM  
36 with fees set, collected, and distributed to the Fund under this title.

1 (2) After review and approval by the Board of a budget submitted by the  
2 Physician Rehabilitation [Committee] PROGRAM, the Board may allocate moneys  
3 from the Fund to the Physician Rehabilitation [Committee] PROGRAM.

4 (f) (1) The [chairman] CHAIR of the Board or the designee of the  
5 [chairman] CHAIR shall administer the Fund.

6 (2) Moneys in the Fund may be expended only for any lawful purpose  
7 authorized by the provisions of this title.

8 (g) The Legislative Auditor shall audit the accounts and transactions of the  
9 Fund as provided in § 2-1220 of the State Government Article.

10 14-401.

11 (a) The Board shall perform any necessary preliminary investigation before  
12 the Board refers to an investigatory body an allegation of grounds for disciplinary or  
13 other action brought to its attention.

14 (b) If an allegation of grounds for disciplinary or other action is made by a  
15 patient or a family member of a patient based on § 14-404(a)(22) of this subtitle and  
16 a full investigation results from that allegation, the full investigation shall include an  
17 offer of an interview with the patient or a family member of the patient who was  
18 present on or about the time that the incident that gave rise to the allegation  
19 occurred.

20 (c) (1) Except as otherwise provided in this subsection, after performing any  
21 necessary preliminary investigation of an allegation of grounds for disciplinary or  
22 other action, the Board may:

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

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

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

28 (2) After performing any necessary preliminary investigation of an  
29 allegation of grounds for disciplinary or other action, the Board shall refer any  
30 allegation based on § 14-404(a)(22) of this subtitle to the entity or entities that have  
31 contracted with the Board under subsection (e) of this section for further investigation  
32 and physician peer review within the involved medical specialty or specialties.

33 (3) If, after performing any necessary preliminary investigation, the  
34 Board determines that an allegation involving fees for professional or ancillary  
35 services does not constitute grounds for disciplinary or other action, the Board shall  
36 offer the complainant and the licensee an opportunity to mediate the dispute.

1 (4) (i) Except as provided in subparagraph (ii) of this paragraph, if an  
2 allegation is based on § 14-404(a)(40) of this subtitle, the Board:

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

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

8 (ii) The Board may not enter into an agreement for corrective  
9 action with a licensee if patient safety is an issue.

10 (iii) The Board shall subsequently evaluate the licensee and shall:

11 1. Terminate the corrective action if the Board is satisfied  
12 that the licensee is in compliance with the agreement for corrective action and has  
13 corrected the deficiencies; or

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

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

19 (v) The Board shall provide a summary of the corrective action  
20 agreements in the executive director's report of Board activities.

21 (d) The entity or entities with which the Board contracts under subsection (e)  
22 of this section, all committees of the entity or entities, [except for the Physician  
23 Rehabilitation Committee,] and all county medical societies shall refer to the Board  
24 all complaints that set forth allegations of grounds for disciplinary action under §  
25 14-404 of this subtitle.

26 (e) (1) Except as provided in subsection (f) of this section, the Board shall  
27 enter into a written contract with a nonprofit entity or entities for further  
28 [investigation, physician rehabilitation,] INVESTIGATION and physician peer review  
29 of allegations based on § 14-404(a)(22) of this subtitle.

30 (2) The nonprofit entity or entities shall employ reviewers that:

31 (i) Are Board certified;

32 (ii) Have special qualifications to judge the matter at hand;

33 (iii) Have received a specified amount of medical experience and  
34 training;

35 (iv) Have no formal actions against their own licenses;

1 (v) Receive training in peer review; and

2 (vi) Have a standard format for peer review reports.

3 (3) The nonprofit entity or entities shall make a reasonable effort to  
4 employ physicians that are licensed in the State.

5 (f) (1) [(i)] The nonprofit entity or entities with which the Board contracts  
6 under subsection (e) of this section shall have 90 days for completion of peer review.

7 [(ii)] (2) The nonprofit entity or entities may apply to the Board  
8 for an extension of up to 30 days to the time limit imposed under subparagraph (i) of  
9 this paragraph.

10 [(iii)] (3) If an extension is not granted, and 90 days have elapsed,  
11 the Board may contract with any other entity for the services of peer review.

12 [(iv)] (4) If an extension has been granted, and 120 days have  
13 elapsed, the Board may contract with any other entity for the services of peer review.

14 [(2) If a physician has been noncompliant with a Physician Rehabilitation  
15 Committee for 60 days, the Physician Rehabilitation Committee shall report this  
16 noncompliance to the Board.]

17 (G) THE BOARD SHALL:

18 (1) PROVIDE SERVICES FOR PHYSICIAN REHABILITATION; OR

19 (2) ENTER INTO A WRITTEN CONTRACT WITH AN ENTITY OR ENTITIES  
20 FOR PHYSICIAN REHABILITATION.

21 [(g)] (H) (1) To facilitate the investigation and prosecution of disciplinary  
22 matters and the mediation of fee disputes coming before it, the Board may:

23 (i) Contract with the Faculty, its committees, and the component  
24 medical societies for the purchase of investigatory, mediation, and related services;  
25 and

26 (ii) Contract with others for the purchase of investigatory,  
27 mediation, and related services and make these services available to the Faculty, its  
28 committees, and the component medical societies.

29 (2) Services that may be contracted for under this subsection include the  
30 services of:

31 (i) Investigators;

32 (ii) Attorneys;

33 (iii) Accountants;

1 (iv) Expert witnesses;

2 (v) Consultants; and

3 (vi) Mediators.

4 [(h)] (I) The Board may issue subpoenas and administer oaths in connection  
5 with any investigation under this section and any hearing or proceeding before it.

6 [(i)] (J) Those individuals not licensed under this title but covered under §  
7 14-413(a)(1)(ii)3 and 4 of this subtitle are subject to the hearing provisions of §  
8 14-405 of this subtitle.

9 [(j)] (K) (1) It is the intent of this section that the disposition of every  
10 complaint against a licensee that sets forth allegations of grounds for disciplinary  
11 action filed with the Board shall be completed as expeditiously as possible and, in any  
12 event, within 18 months after the complaint was received by the Board.

13 (2) If the Board is unable to complete the disposition of a complaint  
14 within 1 year, the Board shall include in the record of that complaint a detailed  
15 explanation of the reason for the delay.

16 14-402.

17 (a) In reviewing an application for licensure, certification, or registration or in  
18 investigating an allegation brought against a licensed physician or any allied health  
19 professional regulated by the Board under this title, the Physician Rehabilitation  
20 [Committee] PROGRAM may request the Board to direct, or the Board on its own  
21 initiative may direct, the licensed physician or any allied health professional  
22 regulated by the Board under this title to submit to an appropriate examination.

23 (b) In return for the privilege given by the State issuing a license,  
24 certification, or registration, the licensed, certified, or registered individual is deemed  
25 to have:

26 (1) Consented to submit to an examination under this section, if  
27 requested by the Board in writing; and

28 (2) Waived any claim of privilege as to the testimony or examination  
29 reports.

30 (c) The unreasonable failure or refusal of the licensed, certified, or registered  
31 individual to submit to an examination is prima facie evidence of the licensed,  
32 certified, or registered individual's inability to practice medicine or the respective  
33 discipline competently, unless the Board finds that the failure or refusal was beyond  
34 the control of the licensed, certified, or registered individual.

35 (d) The Board shall pay the costs of any examination made under this section.

1 [(e) (1) The Board shall assess each applicant for a license to practice  
2 medicine or for renewal of a license to practice medicine a fee of not more than \$50 to  
3 be set after the submission of a budget for the physician rehabilitation program and  
4 peer review activities.

5 (2) The fee is to be used to fund the physician rehabilitation program and  
6 peer review activities.

7 (3) The Board shall set a fee under this subsection in accordance with  
8 the budget submitted by the entity or entities with which the Board contracts.

9 (f) (E) (1) The BOARD OR THE entity or entities with which the Board  
10 contracts shall appoint the members of the Physician Rehabilitation [Committee]  
11 PROGRAM.

12 (2) The [chairman] CHAIR of the Board shall appoint one member of the  
13 Board to serve as a liaison to the Physician Rehabilitation [Committee] PROGRAM.

14 [(g) (F) The Legislative Auditor shall every 2 years audit the accounts and  
15 transactions of the Physician Rehabilitation [Committee] PROGRAM as provided in §  
16 2-1220 of the State Government Article.

17 14-405.

18 (a) Except as otherwise provided in the Administrative Procedure Act, before  
19 the Board takes any action under § 14-404(a) of this subtitle or § 14-5A-17(a) OR §  
20 14-5B-14(A) of this title, it shall give the individual against whom the action is  
21 contemplated an opportunity for a hearing before a hearing officer OR THE  
22 SUBCOMMITTEE OF THE BOARD ESTABLISHED UNDER SUBSECTION (B) OF THIS  
23 SECTION.

24 (B) THE CHAIR OF THE BOARD MAY DELEGATE THE AUTHORITY TO CONDUCT  
25 A HEARING TO A SUBCOMMITTEE CONSISTING OF THREE OR MORE BOARD  
26 MEMBERS.

27 [(b) (C) (1) The hearing officer OR THE SUBCOMMITTEE OF THE BOARD  
28 shall give notice and hold the hearing in accordance with the Administrative  
29 Procedure Act.

30 (2) Factual findings shall be supported by a preponderance of the  
31 evidence.

32 [(c) (D) The individual may be represented at the hearing by counsel.

33 [(d) (E) If after due notice the individual against whom the action is  
34 contemplated fails or refuses to appear, nevertheless the hearing officer OR THE  
35 SUBCOMMITTEE OF THE BOARD may hear and refer the matter to the Board for  
36 disposition.

1 [(e)] (F) After performing any necessary hearing under this section, the  
2 hearing officer OR THE SUBCOMMITTEE OF THE BOARD shall refer proposed factual  
3 findings to the Board for the Board's disposition.

4 [(f)] (G) The Board may adopt regulations to govern the taking of depositions  
5 and discovery in the hearing of charges.

6 [(g)] (H) The hearing of charges may not be stayed or challenged by any  
7 procedural defects alleged to have occurred prior to the filing of charges.

8 14-411.

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

11 (b) Except as otherwise expressly provided in this [section and § 14-411.1]  
12 SECTION, § 14-411.1, AND § 14-411.2 of this subtitle, the Board or any of its  
13 investigatory bodies may not disclose any information contained in a record.

14 (c) Nothing in this section shall be construed to prevent or limit the disclosure  
15 of:

16 (1) General licensure, certification, or registration information  
17 maintained by the Board, if the request for release complies with the criteria of §  
18 10-617(h) of the State Government Article; [or]

19 (2) Profile information collected and disseminated under § 14-411.1 of  
20 this subtitle; OR

21 (3) DISCIPLINARY INFORMATION DISCLOSED UNDER § 14-411.2 OF THIS  
22 SUBTITLE.

23 14-411.2.

24 (A) EXCEPT AS PROVIDED IN PARAGRAPH (B) OF THIS SECTION, THE  
25 PROCEEDINGS OF THE BOARD OR THE HEARING OFFICER FOLLOWING THE  
26 ISSUANCE OF FORMAL CHARGES BY THE BOARD SHALL BE OPEN TO THE PUBLIC.

27 (B) THE BOARD OR A HEARING OFFICER MAY CONDUCT A PROCEEDING IN  
28 CLOSED SESSION ON REQUEST BY THE LICENSEE OR THE COMPLAINANT, FOR GOOD  
29 CAUSE SHOWN.

30 (C) THE BOARD SHALL ADOPT REGULATIONS THAT SPECIFY WHEN A  
31 PROCEEDING MAY BE CLOSED FOR GOOD CAUSE.

32 14-413.

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

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

3 (3) THE ADMINISTRATIVE OFFICE OF THE COURTS AND THE CHIEF  
4 JUDGE OF THE DISTRICT COURT, IN COLLABORATION WITH THE BOARD, SHALL  
5 DEVELOP A PROCEDURE FOR REPORTING AS REQUIRED IN PARAGRAPH (1) OF THIS  
6 SUBSECTION.

7 14-414.

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

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

13 (3) THE ADMINISTRATIVE OFFICE OF THE COURTS AND THE CHIEF  
14 JUDGE OF THE DISTRICT COURT, IN COLLABORATION WITH THE BOARD, SHALL  
15 DEVELOP A PROCEDURE FOR REPORTING AS REQUIRED IN PARAGRAPH (1) OF THIS  
16 SUBSECTION.

17 14-506.

18 (a) In this section, "the Maryland Institute for Emergency Medical Services  
19 Systems" means the State agency described in § 13-503 of the Education Article.

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

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

25 (2) Any record of a proceeding or transaction before the [Faculty]  
26 ENTITY OR ENTITIES THAT CONTRACT WITH THE BOARD or one of its committees that  
27 relates to any investigation or report under § 14-401 of this title as to an allegation of  
28 grounds for disciplinary or other action.

29 (c) Access to and use of any confidential record described in subsection (b) of  
30 this section is regulated by §§ 5-601 and 10-205(b) of the Courts Article.

31 (d) This section does not restrict the publication of any statistics or other  
32 information that does not disclose the identity of any person.

33 14-5A-18.

34 (a) Except as provided in subsections (b) and (d) of this section, hospitals,  
35 related institutions, alternative health systems as defined in § 1-401 of this article,  
36 and employers shall file with the Board a report that the hospital, related institution,

1 alternative health system, or employer limited, reduced, otherwise changed, or  
2 terminated any licensed respiratory care practitioner for any reasons that might be  
3 grounds for disciplinary action under § 14-5A-17 of this subtitle.

4 (G) (1) THE BOARD MAY IMPOSE A CIVIL PENALTY OF UP TO \$1,000 FOR  
5 FAILURE TO REPORT UNDER THIS SECTION.

6 (2) THE BOARD SHALL REMIT ANY PENALTY COLLECTED UNDER THIS  
7 SUBSECTION INTO THE GENERAL FUND OF THE STATE.

8 14-5B-08.

9 (a) Except as otherwise provided in this subtitle, an individual shall be  
10 certified by the Board before the individual may practice radiation oncology/therapy  
11 technology, medical radiation technology, or nuclear medicine technology in this  
12 State.

13 (b) Except as otherwise provided in this subtitle, a licensed physician may not  
14 employ or supervise an individual practicing radiation oncology/therapy technology,  
15 medical radiation technology, or nuclear medicine technology without a certificate.

16 (C) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, A HOSPITAL,  
17 RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER MAY NOT  
18 EMPLOY AN INDIVIDUAL PRACTICING RADIATION ONCOLOGY/THERAPY  
19 TECHNOLOGY, MEDICAL RADIATION TECHNOLOGY, OR NUCLEAR MEDICINE  
20 TECHNOLOGY WITHOUT A CERTIFICATE.

21 (D) (1) THE BOARD MAY IMPOSE A CIVIL PENALTY OF UP TO \$1,000 FOR  
22 EMPLOYING AN UNCERTIFIED INDIVIDUAL UNDER THIS SECTION.

23 (2) THE BOARD SHALL REMIT ANY PENALTY COLLECTED UNDER THIS  
24 SUBSECTION INTO THE GENERAL FUND OF THE STATE.

25 14-5B-15.

26 (a) Except as provided in subsections (b) and (d) of this section, hospitals,  
27 related institutions, alternative health systems as defined in § 1-401 of this article,  
28 and employers shall file with the Board a report that the hospital, related institution,  
29 alternative health system, or employer limited, reduced, otherwise changed, or  
30 terminated any radiation oncology/therapy technologist, certified medical radiation  
31 technologist, or certified nuclear medicine technologist for any reasons that might be  
32 grounds for disciplinary action under § 14-5B-13 of this subtitle.

33 (G) (1) THE BOARD MAY IMPOSE A CIVIL PENALTY OF UP TO \$1,000 FOR  
34 FAILURE TO REPORT UNDER THIS SECTION.

35 (2) THE BOARD SHALL REMIT ANY PENALTY COLLECTED UNDER THIS  
36 SUBSECTION INTO THE GENERAL FUND OF THE STATE.

1 14-702.

2 Subject to the evaluation and reestablishment provisions of the Program  
3 Evaluation Act, this title and all rules and regulations adopted under this title shall  
4 terminate and be of no effect after July 1, [2007] 2013.

5 15-206.

6 (a) The Board shall set reasonable fees for:

7 (1) The issuance and renewal of certificates; and

8 (2) The other services rendered by the Board in connection with  
9 physician assistants.

10 (b) (1) The Board shall pay all [funds] FEES collected under this title to the  
11 Comptroller of the State.

12 (2) (I) IF THE GOVERNOR DOES NOT INCLUDE IN THE STATE BUDGET  
13 AT LEAST \$750,000 FOR THE OPERATION OF THE HEALTH MANPOWER SHORTAGE  
14 INCENTIVE PROGRAM UNDER § 18-803 OF THE EDUCATION ARTICLE AND THE LOAN  
15 ASSISTANCE REPAYMENT PROGRAM FOR PRIMARY CARE SERVICES UNDER §  
16 18-1502(C) OF THE EDUCATION ARTICLE, AS ADMINISTERED BY THE MARYLAND  
17 HIGHER EDUCATION COMMISSION, THE COMPTROLLER SHALL DISTRIBUTE:

18 1. 14 PERCENT OF THE FEES RECEIVED FROM THE BOARD  
19 TO THE OFFICE OF STUDENT FINANCIAL ASSISTANCE TO BE USED AS FOLLOWS:

20 A. ONE-HALF TO MAKE GRANTS UNDER THE HEALTH  
21 MANPOWER SHORTAGE INCENTIVE GRANT PROGRAM UNDER § 18-803 OF THE  
22 EDUCATION ARTICLE; AND

23 B. ONE-HALF TO MAKE GRANTS UNDER THE JANET L.  
24 HOFFMAN LOAN ASSISTANCE REPAYMENT PROGRAM UNDER § 18-1502(C) OF THE  
25 EDUCATION ARTICLE TO PHYSICIANS ENGAGED IN PRIMARY CARE OR TO MEDICAL  
26 RESIDENTS SPECIALIZING IN PRIMARY CARE WHO AGREE TO PRACTICE FOR AT  
27 LEAST 2 YEARS AS PRIMARY CARE PHYSICIANS IN A GEOGRAPHIC AREA OF THE  
28 STATE THAT HAS BEEN DESIGNATED BY THE SECRETARY OF HEALTH AND MENTAL  
29 HYGIENE AS BEING MEDICALLY UNDERSERVED; AND

30 2. THE BALANCE OF THE FEES TO THE BOARD OF  
31 PHYSICIANS FUND.

32 (II) IF THE GOVERNOR INCLUDES IN THE STATE BUDGET AT LEAST  
33 \$750,000 FOR THE OPERATION OF THE HEALTH MANPOWER SHORTAGE INCENTIVE  
34 PROGRAM UNDER § 18-803 OF THE EDUCATION ARTICLE AND THE LOAN ASSISTANCE  
35 REPAYMENT PROGRAM FOR PRIMARY CARE SERVICES UNDER § 18-1502(C) OF THE  
36 EDUCATION ARTICLE, AS ADMINISTERED BY THE MARYLAND HIGHER EDUCATION  
37 COMMISSION, THE COMPTROLLER SHALL DISTRIBUTE THE FEES TO THE BOARD OF  
38 PHYSICIANS FUND.

1 [(c) The Comptroller shall distribute:

2 (1) 20 percent of the fees received from the Board to the General Fund of  
3 the State; and

4 (2) The balance of the fees to the Board of Physicians Fund.]

5 **Article - State Government**

6 8-403.

7 (b) Except as otherwise provided in subsection (a) of this section, on or before  
8 the evaluation date for the following governmental activities or units, an evaluation  
9 shall be made of the following governmental activities or units and the statutes and  
10 regulations that relate to the governmental activities or units:

11 (49) Physicians, State Board of (§ 14-201 of the Health Occupations  
12 Article: July 1, [2006] 2012);

13 SECTION 2. AND BE IT FURTHER ENACTED, That the State Board of  
14 Physicians shall make regulatory changes necessary to reflect the procedures of the  
15 Board and to implement the recommendations made in the "Report on the Maryland  
16 Board of Physicians' Investigative Processes and Optimal Caseloads" on or before  
17 September 1, 2006.

18 SECTION 3. AND BE IT FURTHER ENACTED, That the Department of  
19 Legislative Services shall report to the Governor, the Senate Education, Health, and  
20 Environmental Affairs Committee, and the House Health and Government  
21 Operations Committee on or before November 1, 2007, in accordance with § 2-1246 of  
22 the State Government Article, on the State Board of Physicians' complaint resolution  
23 process including:

24 (1) the timeliness of complaint resolution;

25 (2) the backlog of complaints; and

26 (3) investigative caseloads.

27 SECTION 4. AND BE IT FURTHER ENACTED, That, on or before September  
28 1, 2006, the Department of Health and Mental Hygiene and the Department of  
29 Budget and Management shall:

30 (1) review job classifications for investigators at the State Board of  
31 Physicians and other health occupations boards;

32 (2) determine if job classifications for investigative positions are  
33 appropriate to the skill levels required by investigators;

34 (3) recommend revised job classifications if it is determined to be  
35 appropriate; and

1           (4)       in accordance with § 2-1246 of the State Government Article, report  
2 to the Governor, the Senate Education, Health, and Environmental Affairs  
3 Committee and the House Health and Government Operations Committee on the  
4 findings, recommendations, and any changes necessary to implement the  
5 recommended changes.

6       SECTION 5. AND BE IT FURTHER ENACTED, That the State Board of  
7 Physicians and the Department of Health and Mental Hygiene shall report to the  
8 Governor, the Senate Education, Health, and Environmental Affairs Committee, and  
9 the House Health and Government Operations Committee on or before July 1, 2006,  
10 in accordance with § 2-1246 of the State Government Article, on a jointly developed  
11 strategy to reduce investigative caseloads and complaint backlogs at the State Board  
12 of Physicians.

13       SECTION 6. AND BE IT FURTHER ENACTED, That the State Board of  
14 Physicians shall reduce investigative caseloads and complaint backlogs on or before  
15 July 1, 2007.

16       SECTION 7. AND BE IT FURTHER ENACTED, That, on or before July 1, 2006,  
17 the Department of Health and Mental Hygiene and the Office of the Attorney General  
18 shall:

19           (1)       review the process for the investigation of self-referral cases by the  
20 health occupations boards;

21           (2)       recommend a revised investigative process for self-referral cases that  
22 includes the determination of an existing central unit within the Office of the  
23 Attorney General or the Department of Health and Mental Hygiene that can provide  
24 investigative resources for the health occupations boards in the investigation of  
25 self-referral cases; and

26           (3)       in accordance with § 2-1246 of the State Government Article, report  
27 to the Governor, the Senate Education, Health, and Environmental Affairs  
28 Committee, and the House Health and Government Operations Committee on the  
29 findings, recommendations, and any legislative or regulatory changes necessary to  
30 implement the recommended changes.

31       SECTION 8. AND BE IT FURTHER ENACTED, That the provisions of § 8-404  
32 of the State Government Article requiring a preliminary evaluation do not apply to  
33 the State Board of Physicians prior to the evaluation required on or before July 1,  
34 2012.

35       SECTION 9. AND BE IT FURTHER ENACTED, That this Act shall take effect  
36 June 1, 2006.