
By: **Chairman, Finance Committee (By Request - Departmental - Health and Mental Hygiene)**

Introduced and read first time: January 16, 2006

Rules suspended

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Department of Health and Mental Hygiene - Office of the Inspector**

3 **General - Health Program Integrity and Recovery Act**

4 FOR the purpose of establishing the Office of the Inspector General in the
5 Department of Health and Mental Hygiene; providing for the authority, duties,
6 and powers of the Office; prohibiting certain acts by providers; describing
7 certain provider duties; providing for penalties and sanctions for violating
8 certain prohibited acts; granting a provider notice and an opportunity to be
9 heard; providing a person with an award, civil immunity, and protection from
10 retaliation for cooperating with an investigation; defining certain terms; and
11 generally relating to health program integrity and recovery activities.

12 BY adding to

13 Article - Health - General

14 Section 2-501 through 2-509, inclusive, to be under the new subtitle "Subtitle
15 5. Health Program Integrity and Recovery Activities"

16 Annotated Code of Maryland

17 (2005 Replacement Volume and 2005 Supplement)

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

20 **Article - Health - General**

21 **SUBTITLE 5. HEALTH PROGRAM INTEGRITY AND RECOVERY ACTIVITIES.**

22 2-501.

23 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS
24 INDICATED.

25 (B) "ABUSE" MEANS PROVIDER PRACTICES THAT ARE INCONSISTENT WITH
26 SOUND FISCAL, BUSINESS, OR MEDICAL PRACTICES AND RESULT IN UNNECESSARY

1 COSTS TO A PROGRAM, OR IN REIMBURSEMENT FOR SERVICES THAT ARE NOT
2 MEDICALLY NECESSARY OR THAT FAIL TO MEET PROFESSIONALLY RECOGNIZED
3 HEALTH CARE STANDARDS.

4 (C) "CLAIM" MEANS A REQUEST OR DEMAND FOR MONEY, PROPERTY, OR
5 SERVICES MADE UNDER CONTRACT OR OTHERWISE, BY A CONTRACTOR, GRANTEE,
6 PROVIDER, OR OTHER PERSON SEEKING MONEY FOR THE PROVISION OF HEALTH
7 SERVICES IF:

8 (1) THE STATE OR DEPARTMENT PROVIDES ANY PORTION OF THE
9 MONEY OR PROPERTY THAT IS REQUESTED OR DEMANDED; OR

10 (2) THE STATE OR DEPARTMENT REIMBURSES THE CONTRACTOR,
11 GRANTEE, PROVIDER, OR OTHER PERSON FOR ANY PORTION OF THE MONEY OR
12 PROPERTY THAT IS REQUESTED OR DEMANDED.

13 (D) "CORPORATE COMPLIANCE PROGRAM" MEANS A FORMAL
14 ORGANIZATIONAL PROGRAM THAT:

15 (1) PROMOTES PREVENTION, DETECTION, AND RESOLUTION OF
16 CONDUCT THAT DOES NOT CONFORM TO THE REQUIREMENTS OF THIS SUBTITLE;
17 AND

18 (2) MAY INCLUDE THE FOLLOWING ELEMENTS:

19 (I) DESIGNATION OF AN INDIVIDUAL WITHIN THE ORGANIZATION
20 AS THE ORGANIZATION'S COMPLIANCE OFFICER;

21 (II) A TRAINING PROGRAM REGARDING REIMBURSEMENT
22 PRINCIPLES;

23 (III) A HOTLINE TO PROMOTE EFFECTIVE COMMUNICATION;

24 (IV) PUBLISHED GUIDANCE REGARDING DISCIPLINARY ACTION FOR
25 CORPORATE OFFICERS, MANAGERS, AND EMPLOYEES WHO FAIL TO COMPLY WITH
26 THE ORGANIZATION'S BILLING STANDARDS;

27 (V) PERIODIC REPORTING OF DATA NOT ORDINARILY REQUIRED TO
28 BE REPORTED; AND

29 (VI) OTHER PROVISIONS THAT ARE NECESSARY TO COMBAT
30 MISTAKEN CLAIMS AND FRAUD, WASTE, AND ABUSE.

31 (E) (1) "FRAUD" MEANS AN INTENTIONAL DECEPTION OR
32 MISREPRESENTATION MADE BY A PERSON WITH THE KNOWLEDGE THAT THE
33 DECEPTION OR MISREPRESENTATION COULD RESULT IN SOME UNAUTHORIZED
34 BENEFIT OR PAYMENT.

35 (2) "FRAUD" INCLUDES ANY ACT THAT CONSTITUTES FRAUD UNDER
36 APPLICABLE STATE OR FEDERAL LAW.

1 (F) "KNOWING" OR "KNOWINGLY" MEANS THAT, WITH RESPECT TO
2 INFORMATION, A PERSON:

3 (1) HAS ACTUAL KNOWLEDGE OF THE INFORMATION;

4 (2) ACTS IN DELIBERATE IGNORANCE OF THE TRUTH OR FALSITY OF
5 THE INFORMATION; OR

6 (3) ACTS IN RECKLESS DISREGARD OF THE TRUTH OR FALSITY OF THE
7 INFORMATION, AND NO PROOF OF SPECIFIC INTENT TO DEFRAUD IS REQUIRED.

8 (G) "PROGRAM" MEANS THE MEDICAL ASSISTANCE PROGRAM, THE
9 CIGARETTE RESTITUTION FUND PROGRAM, THE MENTAL HYGIENE
10 ADMINISTRATION, THE DEVELOPMENTAL DISABILITIES ADMINISTRATION, THE
11 ALCOHOL AND DRUG ABUSE ADMINISTRATION, THE FAMILY HEALTH
12 ADMINISTRATION, THE COMMUNITY HEALTH ADMINISTRATION, OR ANY OTHER UNIT
13 OF THE DEPARTMENT THAT PAYS A PROVIDER FOR A SERVICE RENDERED OR
14 CLAIMED TO HAVE BEEN RENDERED TO A RECIPIENT.

15 (H) (1) "PROVIDER" MEANS:

16 (I) AN INDIVIDUAL LICENSED OR CERTIFIED UNDER THE HEALTH
17 OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE;

18 (II) A FACILITY THAT PROVIDES HEALTH CARE TO INDIVIDUALS; OR

19 (III) ANY OTHER PERSON WHO OR ENTITY THAT PROVIDES HEALTH
20 CARE, PRODUCTS, OR SERVICES TO A PROGRAM RECIPIENT.

21 (2) "PROVIDER" INCLUDES:

22 (I) A FACILITY AS DEFINED IN § 15-101 OF THE HEALTH - GENERAL
23 ARTICLE;

24 (II) A HISTORIC PROVIDER AS DEFINED IN § 15-101 OF THE HEALTH
25 - GENERAL ARTICLE;

26 (III) A MANAGED CARE ORGANIZATION AS DEFINED IN § 15-101 OF
27 THE HEALTH - GENERAL ARTICLE;

28 (IV) A HEALTH MAINTENANCE ORGANIZATION AS DEFINED IN §
29 19-701 OF THE HEALTH - GENERAL ARTICLE;

30 (V) A FEDERALLY QUALIFIED HEALTH CENTER AS DEFINED IN §
31 13-1101 OF THE HEALTH - GENERAL ARTICLE; AND

32 (VI) A CONTRACTOR, SUBCONTRACTOR, OR VENDOR WHO DIRECTLY
33 OR INDIRECTLY PROVIDES THE DEPARTMENT OR ITS RECIPIENTS SUPPLIES, DRUGS,
34 EQUIPMENT, OR SERVICES.

1 (3) "PROVIDER" DOES NOT INCLUDE A STATE AGENCY THAT RECEIVES
2 GRANT FUNDING FROM OR THROUGH THE DEPARTMENT IF THAT AGENCY HAS IN
3 PLACE A CORPORATE COMPLIANCE PROGRAM THAT MEETS DEPARTMENTAL
4 REQUIREMENTS.

5 (I) "REASONABLE" MEANS FAIR, PROPER, OR SUITABLE UNDER THE
6 CIRCUMSTANCES.

7 (J) "RECIPIENT" MEANS AN INDIVIDUAL WHO RECEIVES BENEFITS UNDER A
8 PROGRAM.

9 (K) "RECOVERY" MEANS THE REPAYMENT OF MONEYS TO THE DEPARTMENT
10 BY A PROVIDER THROUGH RETURN, REIMBURSEMENT, RECOUPMENT,
11 WITHHOLDING OF FUTURE PAYMENTS, OFFSETS, OR ANY OTHER METHOD.

12 2-502.

13 THERE IS AN OFFICE OF THE INSPECTOR GENERAL IN THE DEPARTMENT.

14 2-503.

15 THE INSPECTOR GENERAL:

16 (1) MAY INVESTIGATE MISTAKEN CLAIMS, AND FRAUD, WASTE, AND
17 ABUSE OF DEPARTMENTAL FUNDS;

18 (2) SHALL COOPERATE WITH AND COORDINATE INVESTIGATIVE
19 EFFORTS WITH THE MEDICAID FRAUD CONTROL UNIT AND WHERE A PRELIMINARY
20 INVESTIGATION ESTABLISHES A SUFFICIENT BASIS TO WARRANT REFERRAL, SHALL
21 REFER SUCH MATTERS TO THE MEDICAID FRAUD CONTROL UNIT; AND

22 (3) SHALL COOPERATE WITH AND COORDINATE INVESTIGATIVE
23 EFFORTS WITH DEPARTMENTAL PROGRAMS AND OTHER STATE AND FEDERAL
24 AGENCIES TO ENSURE A PROVIDER IS NOT SUBJECT TO DUPLICATIVE AUDITS.

25 2-504.

26 THE INSPECTOR GENERAL, IN COLLABORATION WITH THE APPROPRIATE
27 DEPARTMENTAL PROGRAM, MAY:

28 (1) TAKE NECESSARY STEPS TO RECOVER ANY MISTAKEN, WRONGFUL,
29 OR FRAUDULENT CLAIMS PAID TO OR OBTAINED BY A PROVIDER;

30 (2) TAKE NECESSARY STEPS TO RECOVER THE COST OF BENEFITS
31 MISTAKENLY, WRONGFULLY, OR FRAUDULENTLY PAID TO OR OBTAINED BY A
32 RECIPIENT;

33 (3) PERFORM AUDITS AND INSPECTIONS OF PROVIDERS;

34 (4) WORK WITH PROVIDERS TO REDUCE MISTAKEN CLAIMS AND FRAUD,
35 WASTE, AND ABUSE IN THE HEALTH CARE SYSTEM;

1 (5) COORDINATE INVESTIGATIVE AND RECOVERY EFFORTS WITH
2 OTHER DEPARTMENTS AND AGENCIES;

3 (6) ISSUE AN ADMINISTRATIVE SUBPOENA FOR THE PRODUCTION OF
4 ALL INFORMATION, DOCUMENTS, REPORTS, ANSWERS, RECORDS, ACCOUNTS,
5 PAPERS, ELECTRONIC MEDIA, AND OTHER DATA AND DOCUMENTARY EVIDENCE
6 THAT MAY ASSIST IN THE INVESTIGATION OF POTENTIAL FRAUD, WASTE, ABUSE,
7 AND MISTAKEN OR WRONGFUL CLAIMS;

8 (7) ADMINISTER TO AND ACCEPT FROM AN INDIVIDUAL AN OATH,
9 AFFIRMATION, OR AFFIDAVIT;

10 (8) REQUIRE A PROVIDER SEEKING PAYMENT FROM A STATE HEALTH
11 PROGRAM TO ADOPT AND HAVE IN PLACE A CORPORATE COMPLIANCE PROGRAM;

12 (9) WHEN A PROVIDER'S FISCAL SITUATION WARRANTS, REQUIRE A
13 SURETY BOND FROM A PROVIDER TO ASSURE THAT SUFFICIENT FUNDS ARE
14 AVAILABLE TO SATISFY ANY RECOVERY AMOUNTS DUE TO THE DEPARTMENT;

15 (10) ENFORCE THE PENALTIES IN § 2-507 OF THIS SUBTITLE; AND

16 (11) ADOPT REGULATIONS TO CARRY OUT THIS SUBTITLE.

17 2-505.

18 A PERSON MAY NOT:

19 (1) KNOWINGLY PRESENT, OR CAUSE TO BE PRESENTED, TO A
20 PROGRAM, OFFICER, OR EMPLOYEE OF THE DEPARTMENT A WRONGFUL OR
21 FRAUDULENT CLAIM FOR PAYMENT OR APPROVAL;

22 (2) KNOWINGLY MAKE, USE, OR CAUSE TO BE MADE OR USED A FALSE
23 RECORD OR STATEMENT TO GET A WRONGFUL OR FRAUDULENT CLAIM PAID OR
24 APPROVED BY THE STATE;

25 (3) CONSPIRE TO DEFRAUD A PROGRAM BY GETTING A WRONGFUL OR
26 FRAUDULENT CLAIM APPROVED OR PAID;

27 (4) KNOWINGLY MAKE A WRONGFUL OR FRAUDULENT CLAIM AGAINST
28 A PROGRAM;

29 (5) ENGAGE IN PRACTICES PROHIBITED UNDER THIS SECTION OR BY
30 FEDERAL OR STATE LAW OR REGULATION REGARDING PARTICIPATION IN A
31 PROGRAM OR PROVIDING HEALTH CARE SERVICES TO A RECIPIENT; OR

32 (6) FAIL TO COOPERATE WITH AN INVESTIGATION BY THE
33 DEPARTMENT, INCLUDING:

34 (I) FAILURE TO PROVIDE ACCESS TO THE PREMISES FOR
35 INSPECTION, AUDIT, AND COPYING OF RECORDS OF A PROVIDER;

1 (II) FAILURE TO RESPOND TO A REQUEST FOR PRODUCTION OF
2 DOCUMENTS IN A TIMELY MANNER;

3 (III) FAILURE TO MAINTAIN RECORDS FOR 5 YEARS AFTER A CLAIM
4 IS SUBMITTED FOR PAYMENT, OR THE PERIOD OF TIME REQUIRED BY THE PAYING
5 PROGRAM, WHICHEVER IS GREATER;

6 (IV) MAKING A FALSE STATEMENT; OR

7 (V) FAILURE TO PROVIDE STATEMENTS UNDER OATH.

8 2-506.

9 (A) IF A PROVIDER HAS A REASONABLE INDICATION OF FRAUD, WASTE, OR
10 ABUSE, THE PROVIDER SHALL IMMEDIATELY NOTIFY IN WRITING THE APPROPRIATE
11 PROGRAM, THE INSPECTOR GENERAL, OR THE MEDICAID FRAUD CONTROL UNIT OF
12 THE OFFICE OF THE ATTORNEY GENERAL.

13 (B) ON RECEIPT OF NOTIFICATION, THE INSPECTOR GENERAL MAY:

14 (1) CONDUCT AN INVESTIGATION;

15 (2) REFER THE MATTER TO THE APPROPRIATE PROGRAM FOR
16 INVESTIGATION OR RECOVERY; OR

17 (3) REFER THE MATTER TO THE MEDICAID FRAUD CONTROL UNIT OF
18 THE OFFICE OF THE ATTORNEY GENERAL.

19 (C) THE NOTIFICATION REQUIRED UNDER THIS SUBSECTION DOES NOT LIMIT
20 THE DEPARTMENT'S AUTHORITY TO INVESTIGATE MISTAKEN CLAIMS AND FRAUD,
21 WASTE, AND ABUSE IN ABSENCE OF NOTIFICATION.

22 (D) IN DETERMINING WHETHER TO PROCEED WITH AN ACTION, AND AN
23 APPROPRIATE PENALTY, THE DEPARTMENT SHALL TAKE INTO ACCOUNT WHETHER
24 THE PROVIDER:

25 (1) SELF-REPORTED; AND

26 (2) HAS A CORPORATE COMPLIANCE PROGRAM.

27 2-507.

28 (A) A PROVIDER WHO VIOLATES ANY PROVISION OF THIS SUBTITLE IS
29 SUBJECT TO THE FOLLOWING ADMINISTRATIVE PENALTIES:

30 (1) RECOVERY OF ANY DEPARTMENTAL FUNDS WRONGFULLY,
31 FRAUDULENTLY, OR MISTAKENLY PAID TO THE PROVIDER;

32 (2) COSTS OF COLLECTION AND INVESTIGATION OF THE MISTAKEN
33 CLAIM AND FRAUD, WASTE, OR ABUSE;

1 (3) INTEREST ON ANY MONEYS MISTAKENLY, WRONGFULLY, OR
2 FRAUDULENTLY OBTAINED BY THE PERSON;

3 (4) IMPOSITION OF A LIEN ON ASSETS TO ENSURE SUFFICIENT FUNDS
4 ARE AVAILABLE TO SATISFY ANY RECOVERY AMOUNT DUE TO THE DEPARTMENT;

5 (5) A FINE TO BE LEVIED BY THE DEPARTMENT OF UP TO \$10,000 PER
6 INCIDENT WITH A MAXIMUM OF \$100,000;

7 (6) SUSPENSION OF THE PROVIDER'S PARTICIPATION IN A PROGRAM;

8 (7) TERMINATION OF THE PROVIDER'S PARTICIPATION IN A PROGRAM;
9 OR

10 (8) ANY OTHER PENALTIES, LIMITS, CONDITIONS, OR CONTROLS
11 IMPOSED BY THE DEPARTMENT REGARDING THE PROVISION OF HEALTH CARE
12 SERVICES TO A RECIPIENT OR THE PROVIDER'S PARTICIPATION IN A DEPARTMENTAL
13 PROGRAM.

14 (B) THE PENALTIES PROVIDED IN THIS SECTION ARE IN ADDITION TO ANY
15 CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES PROVIDED UNDER ANY OTHER
16 STATE OR FEDERAL STATUTE OR REGULATION.

17 (C) THE DEPARTMENT SHALL PAY ANY FINE COLLECTED UNDER THIS
18 SECTION INTO THE GENERAL FUND OF THE STATE.

19 (D) THE COMPTROLLER SHALL:

20 (1) DEPOSIT ANY FINE COLLECTED UNDER THIS SUBTITLE INTO THE
21 GENERAL FUND OF THE STATE; AND

22 (2) RETURN TO OR CREDIT THE RESPECTIVE PROGRAM WITH ANY
23 RECOVERY OR OTHER RESTORATION OF FUNDS FOR ACTIONS TAKEN UNDER THIS
24 SECTION.

25 (E) AN ACTION UNDER THIS SUBTITLE MAY NOT BE BROUGHT AFTER THE
26 LATER OF:

27 (1) 5 YEARS AFTER THE DATE ON WHICH THE VIOLATION OCCURS; OR

28 (2) 3 YEARS AFTER THE DATE WHEN FACTS MATERIAL TO THE ACTION
29 ARE KNOWN OR REASONABLY SHOULD HAVE BEEN KNOWN BY THE OFFICIAL OF THE
30 STATE OR DEPARTMENT CHARGED WITH THE RESPONSIBILITY FOR ACTING UNDER
31 THE CIRCUMSTANCES.

32 2-508.

33 (A) (1) EXCEPT AS OTHERWISE PROVIDED IN THE ADMINISTRATIVE
34 PROCEDURE ACT AND IN PARAGRAPH (3) OF THIS SUBSECTION, THE DEPARTMENT
35 SHALL GIVE A PERSON AGAINST WHOM AN ACTION IS CONTEMPLATED NOTICE AND
36 AN OPPORTUNITY FOR A HEARING.

1 (2) THE HEARING SHALL BE CONDUCTED IN ACCORDANCE WITH THE
2 ADMINISTRATIVE PROCEDURE ACT.

3 (3) FEDERAL AUTHORITY TO IMMEDIATELY SUSPEND PAYMENT TO A
4 PROVIDER RECEIVING FUNDS UNDER THE MEDICAID PROGRAM FOR FRAUDULENT
5 ACTIVITY IS EXPRESSLY RETAINED.

6 (B) (1) A PERSON AGGRIEVED BY A FINAL DECISION OF THE DEPARTMENT
7 MAY TAKE A DIRECT JUDICIAL APPEAL.

8 (2) THE APPEAL SHALL BE MADE AS PROVIDED FOR JUDICIAL REVIEW
9 OF A FINAL DECISION UNDER THE ADMINISTRATIVE PROCEDURE ACT.

10 (3) A FINAL DECISION OF THE DEPARTMENT MAY NOT BE STAYED
11 PENDING REVIEW.

12 (C) FOR ANY ACTION BROUGHT UNDER THIS SUBTITLE, THE PROVISIONS OF §
13 10-224 OF THE STATE GOVERNMENT ARTICLE ARE APPLICABLE ONLY TO RECOVERY
14 ACTIONS THAT ARE CLEARLY FRIVOLOUS, VEXATIOUS, OR BROUGHT PRIMARILY FOR
15 THE PURPOSES OF HARASSMENT.

16 2-509.

17 (A) THE DEPARTMENT MAY AWARD A PERSON WHO IS INSTRUMENTAL IN THE
18 RECOVERY OF DEPARTMENTAL FUNDS AN AMOUNT NOT GREATER THAN 10% OF THE
19 PROCEEDS ACTUALLY RECOVERED.

20 (B) AN EMPLOYEE OR CONTRACTOR OF FEDERAL, STATE, OR LOCAL
21 GOVERNMENT IS NOT ELIGIBLE FOR AN AWARD UNDER THIS SECTION.

22 (C) THE DEPARTMENT MAY NOT AWARD A PERSON WHO KNOWINGLY
23 PARTICIPATED IN THE VIOLATION ON WHICH THE ACTION WAS BASED.

24 (D) A PERSON IS NOT CIVILLY LIABLE FOR:

25 (1) MAKING A REPORT IN GOOD FAITH OF A MISTAKEN CLAIM AND
26 FRAUD, WASTE, OR ABUSE; OR

27 (2) PARTICIPATING IN ANY INVESTIGATION RELATED TO A MISTAKEN
28 CLAIM AND FRAUD, WASTE, OR ABUSE.

29 (E) (1) A PROVIDER MAY NOT TAKE A RETALIATORY ACTION AGAINST AN
30 EMPLOYEE BECAUSE THE EMPLOYEE:

31 (I) DISCLOSES OR THREATENS TO DISCLOSE TO A SUPERVISOR OR
32 TO A PUBLIC BODY AN ACTIVITY, POLICY, OR PRACTICE OF THE PROVIDER THAT THE
33 EMPLOYEE REASONABLY BELIEVES IS IN VIOLATION OF THIS SUBTITLE OR A
34 REGULATION ADOPTED UNDER THIS SUBTITLE;

35 (II) PROVIDES INFORMATION TO, OR TESTIFIES BEFORE, A PUBLIC
36 BODY CONDUCTING AN INVESTIGATION, HEARING, OR INQUIRY INTO A SUSPECTED

1 VIOLATION BY THE PROVIDER UNDER THIS SUBTITLE OR A REGULATION ADOPTED
2 UNDER THIS SUBTITLE; OR

3 (III) OBJECTS TO OR REFUSES TO PARTICIPATE IN ANY ACTIVITY,
4 POLICY, OR PRACTICE THAT THE EMPLOYEE REASONABLY BELIEVES IS IN
5 VIOLATION OF THIS SUBTITLE OR REGULATIONS ADOPTED UNDER THIS SUBTITLE.

6 (2) IF THE PROVIDER TAKES A RETALIATORY ACTION AGAINST THE
7 EMPLOYEE, AN EMPLOYEE, OTHER THAN A STATE EMPLOYEE, MAY FILE A CIVIL
8 ACTION AGAINST AN EMPLOYER, OTHER THAN A SUPERVISOR IN STATE
9 GOVERNMENT, AN APPOINTING AUTHORITY IN STATE GOVERNMENT, OR THE HEAD
10 OF A PRINCIPAL UNIT IN STATE GOVERNMENT.

11 (3) THE CAUSE OF ACTION AND REMEDIES AVAILABLE AGAINST AN
12 EMPLOYER THAT RETALIATES SHALL BE AS ARE AVAILABLE TO INDIVIDUALS UNDER
13 TITLE 1, SUBTITLE 5 OF THE HEALTH OCCUPATIONS ARTICLE.

14 (4) A STATE EMPLOYEE WHO IS SUBJECT TO A RETALIATORY ACTION:

15 (I) MAY FILE A COMPLAINT UNDER TITLE 5, SUBTITLE 3 OF THE
16 STATE PERSONNEL AND PENSIONS ARTICLE; BUT

17 (II) MAY NOT FILE A CIVIL ACTION UNDER THIS SUBSECTION.

18 (5) AN EMPLOYER SHALL:

19 (I) CONSPICUOUSLY DISPLAY NOTICES OF ITS EMPLOYEE
20 PROTECTIONS UNDER THIS SECTION; AND

21 (II) USE APPROPRIATE MEANS TO INFORM ITS EMPLOYEES OF THE
22 PROTECTIONS AND OBLIGATIONS PROVIDED UNDER THIS SECTION.

23 (6) THIS SECTION MAY NOT BE CONSTRUED TO CONTRAVENE THE
24 HEALTH CARE WHISTLEBLOWER PROTECTION PROVISIONS OF TITLE 1, SUBTITLE 5
25 OF THE HEALTH OCCUPATIONS ARTICLE.

26 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take
27 effect October 1, 2006.