
By: **Senator Hollinger (Chair, Education, Health, and Environmental Affairs Committee)**

Introduced and read first time: February 1, 2006

Assigned to: Education, Health, and Environmental Affairs

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; repealing a provision of law requiring the
7 Board to elect a secretary-treasurer; repealing the requirement that the Board
8 enter into a written contract with a nonprofit entity to provide physician
9 rehabilitation; repealing a provision requiring the Physician Rehabilitation
10 Committee to report certain noncompliance by a physician to the Board;
11 requiring the Board to provide services for physician rehabilitation or contract
12 with an entity or entities for physician rehabilitation; repealing provisions of
13 law requiring the Board to assess certain applicants a fee for physician
14 rehabilitation and peer review activities; requiring proceedings of the Board or
15 the hearing officer to be open to the public under certain circumstances;
16 authorizing the Board or hearing officer to close proceedings under certain
17 circumstances; requiring the Board to adopt certain regulations; requiring the
18 Administrative Office of the Courts and the Chief Judge of the District Court, in
19 collaboration with the Board, to develop a certain procedure for required
20 reporting; repealing the requirement that certain records and information
21 relating to the records of a proceeding or transaction before the Medical and
22 Chirurgical Faculty of the State of Maryland that relates to a certain
23 investigation or report are confidential; requiring that certain records and other
24 information relating to the records of a proceeding or transaction before an
25 entity or entities that contract with the Board are confidential; authorizing the
26 Board to impose a certain civil penalty for failure to file certain reports with the
27 Board; prohibiting certain entities from employing certain individuals without a
28 certificate; authorizing the Board to impose a certain civil penalty for employing
29 certain uncertified individuals; requiring the Comptroller to distribute certain
30 funds for certain programs administered by the Maryland Higher Education
31 Committee under certain circumstances; repealing provisions of law requiring
32 the Comptroller to distribute certain fees received from the Board to the
33 General Fund; altering certain definitions; requiring the Department of
34 Legislative Services to submit a certain report on the Board's complaint

1 resolution process and certain other matters on or before a certain date;
2 requiring the Board to make certain regulatory changes on or before a certain
3 date; requiring the Department of Health and Mental Hygiene and the
4 Department of Budget and Management to review certain job classifications,
5 make certain determinations and recommendations, and submit a certain report
6 on or before a certain date; requiring the Board and the Department of Health
7 and Mental Hygiene to submit a certain report on a jointly developed strategy to
8 reduce investigative caseloads and complaint backlogs of the Board on or before
9 a certain date; requiring the Board to reduce investigative caseloads and
10 complaint backlogs on or before a certain date; requiring the Department of
11 Health and Mental Hygiene and the Office of the Attorney General to review a
12 certain process for the investigation of self-referral cases, make certain
13 recommendations, and submit a certain report on or before a certain date;
14 requiring the Board to return certain funds to certain licensees; and generally
15 relating to the State Board of Physicians.

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

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

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

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

37 BY adding to
38 Article - State Government
39 Section 8-403(c)
40 Annotated Code of Maryland

1 (2004 Replacement Volume and 2005 Supplement)

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

4 **Article - Health Occupations**

5 14-101.

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

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

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

10 (d) "Faculty" means the Medical and Chirurgical Faculty of the State of
11 Maryland.

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

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

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

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

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

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

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

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

34 (i) Diagnosis;

1 (ii) Healing;

2 (iii) Treatment; or

3 (iv) Surgery.

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

6 (i) Diagnosing, healing, treating, preventing, prescribing for, or
7 removing any physical, mental, or emotional ailment or supposed ailment of an
8 individual:

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

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

12 (ii) Ending of a human pregnancy; and

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

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

16 (i) Selling any nonprescription drug or medicine;

17 (ii) Practicing as an optician; or

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

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

22 14-203.

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

25 14-207.

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

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

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

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

3 (c) (1) [Except for fees assessed in accordance with the provisions of §
4 14-402(e) of this title, the] THE Board shall pay all fees collected under the provisions
5 of this title to the Comptroller of the State.

6 (2) (i) If the Governor does not include in the State budget at least
7 \$750,000 for the operation of the Health Manpower Shortage Incentive Program
8 under § 18-803 of the Education Article and the Loan Assistance Repayment Program
9 for primary care services under § 18-1502(c) of the Education Article, as administered
10 by the Maryland Higher Education Commission, the Comptroller shall distribute:

11 1. 14 percent of the fees received from the Board to the Office
12 of Student Financial Assistance to be used as follows:

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

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

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

22 (ii) If the Governor includes in the State budget at least \$750,000
23 for the operation of the Health Manpower Shortage Incentive Program under §
24 18-803 of the Education Article and the Loan Assistance Repayment Program for
25 primary care services under § 18-1502(c) of the Education Article, as administered by
26 the Maryland Higher Education Commission, the Comptroller shall distribute the
27 fees to the Board of Physicians Fund.

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

31 (2) (i) The Fund is a continuing, nonlapsing fund, not subject to §
32 7-302 of the State Finance and Procurement Article.

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

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

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

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

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

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

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

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

13 14-401.

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

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

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

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

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

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

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

36 (3) If, after performing any necessary preliminary investigation, the
37 Board determines that an allegation involving fees for professional or ancillary

1 services does not constitute grounds for disciplinary or other action, the Board shall
2 offer the complainant and the licensee an opportunity to mediate the dispute.

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

5 1. May determine that an agreement for corrective action is
6 warranted; and

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

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

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

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

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

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

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

23 (d) The entity or entities with which the Board contracts under subsection (e)
24 of this section, all committees of the entity or entities, [except for the Physician
25 Rehabilitation Committee,] and all county medical societies shall refer to the Board
26 all complaints that set forth allegations of grounds for disciplinary action under §
27 14-404 of this subtitle.

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

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

33 (i) Are Board certified;

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

35 (iii) Have received a specified amount of medical experience and
36 training;

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

2 (v) Receive training in peer review; and

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

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

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

8 [(ii)] (2) The nonprofit entity or entities may apply to the Board
9 for an extension of up to 30 days to the time limit imposed under [subparagraph (i) of
10 this paragraph] PARAGRAPH (1) OF THIS SUBSECTION.

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

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

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

18 (G) THE BOARD SHALL:

19 (1) PROVIDE SERVICES FOR PHYSICIAN REHABILITATION; OR

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

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

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

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

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

32 (i) Investigators;

33 (ii) Attorneys;

- 1 (iii) Accountants;
- 2 (iv) Expert witnesses;
- 3 (v) Consultants; and
- 4 (vi) Mediators.

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

7 [(i)] (J) Those individuals not licensed under this title but covered under §
8 14-413(a)(1)(ii)3 and 4 of this subtitle are subject to the hearing provisions of §
9 14-405 of this subtitle.

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

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

17 14-402.

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

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

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

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

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

36 (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.

22 14-411.

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

25 (b) Except as otherwise expressly provided in this section and [§ 14-411.1] IN
26 §§ 14-411.1 AND 14-411.2 of this subtitle, the Board or any of its investigatory bodies
27 may not disclose any information contained in a record.

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

30 (1) General licensure, certification, or registration information
31 maintained by the Board, if the request for release complies with the criteria of §
32 10-617(h) of the State Government Article; [or]

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

35 (3) DISCIPLINARY INFORMATION DISCLOSED UNDER § 14-411.2 OF THIS
36 SUBTITLE.

1 14-411.2.

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

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

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

10 14-413.

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

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

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

20 14-414.

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

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

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

30 14-506.

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

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

34 (1) Any record and other information obtained by the Faculty, a
35 component society of the Faculty, the Maryland Institute for Emergency Medical

1 Services Systems, a hospital staff committee, or a national medical society or group
2 organized for research, if that record or information identifies any person; and

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

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

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

11 14-5A-18.

12 (a) Except as provided in subsections (b) and (d) of this section, hospitals,
13 related institutions, alternative health systems as defined in § 1-401 of this article,
14 and employers shall file with the Board a report that the hospital, related institution,
15 alternative health system, or employer limited, reduced, otherwise changed, or
16 terminated any licensed respiratory care practitioner for any reasons that might be
17 grounds for disciplinary action under § 14-5A-17 of this subtitle.

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

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

22 14-5B-08.

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

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

30 (C) EXCEPT AS OTHERWISE PROVIDED IN THIS SUBTITLE, A HOSPITAL,
31 RELATED INSTITUTION, ALTERNATIVE HEALTH SYSTEM, OR EMPLOYER MAY NOT
32 EMPLOY AN INDIVIDUAL PRACTICING RADIATION ONCOLOGY/THERAPY
33 TECHNOLOGY, MEDICAL RADIATION TECHNOLOGY, OR NUCLEAR MEDICINE
34 TECHNOLOGY WITHOUT A CERTIFICATE.

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

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

3 14-5B-15.

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

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

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

15 14-702.

16 Subject to the evaluation and reestablishment provisions of the Program
17 Evaluation Act, this title and all rules and regulations adopted under this title shall
18 terminate and be of no effect after July 1, [2007] 2009.

19 15-206.

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

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

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

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

26 (2) (I) IF THE GOVERNOR DOES NOT INCLUDE IN THE STATE BUDGET
27 AT LEAST \$750,000 FOR THE OPERATION OF THE HEALTH MANPOWER SHORTAGE
28 INCENTIVE PROGRAM UNDER § 18-803 OF THE EDUCATION ARTICLE AND THE LOAN
29 ASSISTANCE REPAYMENT PROGRAM FOR PRIMARY CARE SERVICES UNDER §
30 18-1502(C) OF THE EDUCATION ARTICLE, AS ADMINISTERED BY THE MARYLAND
31 HIGHER EDUCATION COMMISSION, THE COMPTROLLER SHALL DISTRIBUTE:

32 1. 14 PERCENT OF THE FEES RECEIVED FROM THE BOARD
33 TO THE OFFICE OF STUDENT FINANCIAL ASSISTANCE TO BE USED AS FOLLOWS:

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

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

8 2. THE BALANCE OF THE FEES TO THE BOARD OF
9 PHYSICIANS FUND.

10 (II) IF THE GOVERNOR INCLUDES IN THE STATE BUDGET AT LEAST
11 \$750,000 FOR THE OPERATION OF THE HEALTH MANPOWER SHORTAGE INCENTIVE
12 PROGRAM UNDER § 18-803 OF THE EDUCATION ARTICLE AND THE LOAN ASSISTANCE
13 REPAYMENT PROGRAM FOR PRIMARY CARE SERVICES UNDER § 18-1502(C) OF THE
14 EDUCATION ARTICLE, AS ADMINISTERED BY THE MARYLAND HIGHER EDUCATION
15 COMMISSION, THE COMPTROLLER SHALL DISTRIBUTE THE FEES TO THE BOARD OF
16 PHYSICIANS FUND.

17 [(c) The Comptroller shall distribute:

18 (1) 20 percent of the fees received from the Board to the General Fund of
19 the State; and

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

21 **Article - State Government**

22 8-403.

23 (b) Except as otherwise provided in [subsection (a)] SUBSECTIONS (A) AND (C)
24 of this section, on or before the evaluation date for the following governmental
25 activities or units, an evaluation shall be made of the following governmental
26 activities or units and the statutes and regulations that relate to the governmental
27 activities or units:

28 (49) Physicians, State Board of (§ 14-201 of the Health Occupations
29 Article: July 1, [2006] 2008);

30 (C) ON OR BEFORE NOVEMBER 1, 2007, THE DEPARTMENT OF LEGISLATIVE
31 SERVICES SHALL REPORT TO THE GOVERNOR, THE SENATE EDUCATION, HEALTH,
32 AND ENVIRONMENTAL AFFAIRS COMMITTEE, AND THE HOUSE HEALTH AND
33 GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE WITH § 2-1246 OF THE
34 STATE GOVERNMENT ARTICLE, ON:

35 (1) THE COMPLAINT RESOLUTION PROCESS OF THE STATE BOARD OF
36 PHYSICIANS INCLUDING:

37 (I) THE TIMELINESS OF COMPLAINT RESOLUTION;

1 (II) THE BACKLOG OF COMPLAINTS; AND

2 (III) INVESTIGATIVE CASELOADS; AND

3 (2) ANY OTHER MATTER THAT THE DEPARTMENT OF LEGISLATIVE
4 SERVICES DETERMINES.

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

10 SECTION 3. AND BE IT FURTHER ENACTED, That, on or before September
11 1, 2006, the Department of Health and Mental Hygiene and the Department of
12 Budget and Management shall:

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

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

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

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

24 SECTION 4. AND BE IT FURTHER ENACTED, That the State Board of
25 Physicians and the Department of Health and Mental Hygiene shall report to the
26 Governor, the Senate Education, Health, and Environmental Affairs Committee, and
27 the House Health and Government Operations Committee on or before July 1, 2006,
28 in accordance with § 2-1246 of the State Government Article, on a jointly developed
29 strategy to reduce investigative caseloads and complaint backlogs at the State Board
30 of Physicians.

31 SECTION 5. AND BE IT FURTHER ENACTED, That the State Board of
32 Physicians shall reduce investigative caseloads and complaint backlogs on or before
33 July 1, 2007.

34 SECTION 6. AND BE IT FURTHER ENACTED, That, on or before July 1, 2006,
35 the Department of Health and Mental Hygiene and the Office of the Attorney General
36 shall:

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

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

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

11 SECTION 7. AND BE IT FURTHER ENACTED, That, on or before October 30,
12 2006, the State Board of Physicians shall return \$25 to each licensee to account for
13 unused funds originally collected for the provision of physician rehabilitation services.

14 SECTION 8. AND BE IT FURTHER ENACTED, That this Act shall take effect
15 June 1, 2006.