

Department of Legislative Services
Maryland General Assembly
2006 Session

FISCAL AND POLICY NOTE
Revised

Senate Bill 32

(Senator Hollinger)

Education, Health, and Environmental Affairs

Health and Government Operations

State of Emergency - Health Care Practitioners - Licensing, Certifying, and Credentialing

This bill requires the Secretary of Health and Mental Hygiene to coordinate with the health occupations boards to develop a process to license, certify, or credential both licensed and out-of-state health care practitioners who may be needed to respond to a catastrophic health emergency. The bill also includes this process as a training program that may be instituted by the Governor in the event of an emergency.

Fiscal Summary

State Effect: Because the Secretary of Health and Mental Hygiene has already developed related processes, the requirements of the bill could be handled with the existing budgeted resources of the department.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: Under the Health-General Article, “health care practitioner” means any individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services. Under the Health Occupations Article, the following occupations are included among those requiring licensure in Maryland: acupuncturist, audiologist, chiropractor, dentist, dietitian-nutritionist, mortician, nurse, occupational therapist, optometrist, pharmacist, physical therapist,

physician, podiatrist, professional counselor and therapist, psychologist, and social worker.

Under the Public Safety Article, the Governor has control of and is responsible for MEMA, and is responsible for carrying out the provisions of the Maryland Emergency Management Agency Act. In the event of the threat or occurrence of an emergency, the Governor may assume direct operational control over all or part of an emergency management function created or authorized by this Act. The Governor may also delegate such powers to an individual who is employed:

- in the Executive Department of State government;
- as a Secretary of a principal department; or
- as the head of an independent State agency.

In performing duties under these provisions, the Governor has broad specified authority to address an emergency, including the procurement of supplies and equipment and the institution of training programs and public information programs and other steps to prepare for the emergency.

The Department of Health and Mental Hygiene (DHMH), in consultation with health care facilities, requires health care facilities to develop and implement contingency plans addressing:

- staff training needs;
- stockpiling of equipment, medication, and supplies necessary to address a catastrophic health emergency;
- treatment and decontamination protocols;
- the coordination of services with other public and private entities; and
- any other area determined to be necessary to assist in the early detection and treatment of an individual exposed to a deadly agent.

To the extent feasible, these procedures must be consistent with accreditation requirements of the Joint Commission on the Accreditation of Health Care Organizations. After consulting with the appropriate licensing board, the Secretary of Health and Mental Hygiene: (1) must publish protocols to assist health care practitioners in developing plans to respond to a catastrophic health emergency; and (2) may, if necessary, require health care practitioners to implement such plans. DHMH is required to have a process to license, certify, or credential health care practitioners who may be needed to respond to a catastrophic health emergency.

There are no provisions under current law to allow out-of-state licensed physicians to officially assist in an emergency in Maryland (as physicians) unless licensed by the State Board of Physicians.

The Emergency Management Assistance Compact (EMAC) is a nationwide program with 49 states currently participating. The EMAC program allows health care volunteers to assist in an out-of-state emergency when a state makes its request through the state agency designated under the compact. In Maryland, that agency is MEMA.

Background: In 2002, in a report to the Governor and the General Assembly addressing catastrophic health emergencies and the powers of the Governor, DHMH identified the need for a statewide coordinated effort to recruit, train, and maintain health care volunteers in the event of a disaster.

Working with the State's health care licensing boards, DHMH began to register volunteers for potential disasters. The department worked together with the licensing boards to form the Maryland Professional Volunteer Corps (MPVC) for rapid response to large-scale emergencies. According to DHMH, by integrating with the licensing board database, Maryland is able to guarantee that a volunteer holds a license in good standing and has no associated disciplinary actions. MPVC personnel have been deployed through the federal Emergency Management Assistance Compact, a national emergency response network. According to a September 2005 press release from the Office of the Governor, 5,800 medical personnel have volunteered. Of that number, 2,600 have been trained and credentialed and can deploy in an emergency.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Health and Mental Hygiene, Maryland Emergency Management Agency, Department of Legislative Services

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