

# HOUSE BILL 1270

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EMERGENCY BILL

71r3269

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By: **Delegates Hubbard, Bohanan, Frush, Hammen, Hecht, James, McHale, Pena-Melnyk, and Rosenberg**

Introduced and read first time: February 22, 2007

Assigned to: Rules and Executive Nominations

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## A BILL ENTITLED

1 AN ACT concerning

2 **Maryland HIV/AIDS Reporting Act**

3 FOR the purpose of requiring certain physicians to report certain information to the  
4 Secretary of Health and Mental Hygiene and to certain health officers; requiring  
5 certain laboratories to report certain information to the Secretary; requiring  
6 certain institutions to report certain information to certain health officers;  
7 providing that certain reports, proceedings, records, or files are not discoverable  
8 and are not admissible in evidence in any civil action; making certain reports  
9 confidential; repealing certain authority for compiling or distributing certain lists  
10 of names of patients in certain reports; requiring certain custodians of public  
11 records to deny access to certain reports; establishing certain penalties for  
12 certain violations relating to the disclosure or acquisition of certain information;  
13 providing that a person is liable for actual damages arising out of certain  
14 offenses under certain circumstances; providing certain immunity from liability;  
15 defining certain terms; making this Act an emergency measure; and generally  
16 relating to reporting of diseases.

17 BY repealing and reenacting, with amendments,  
18 Article – Health – General  
19 Section 18–201.1, 18–205, 18–207, and 18–215  
20 Annotated Code of Maryland  
21 (2005 Replacement Volume and 2006 Supplement)

22 BY adding to  
23 Article – Health – General

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Section 18–202.1  
2 Annotated Code of Maryland  
3 (2005 Replacement Volume and 2006 Supplement)

4 BY repealing and reenacting, with amendments,  
5 Article – State Government  
6 Section 10–617(b)  
7 Annotated Code of Maryland  
8 (2004 Replacement Volume and 2006 Supplement)

9 Preamble

10 WHEREAS, The Ryan White HIV/AIDS Treatment Modernization Act of 2006  
11 (H.R. 6143) became law on December 19, 2006, and the federal funding calculations for  
12 HIV care services will now be based on the names–based reporting of actual living  
13 HIV/AIDS cases; now, therefore

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

16 **Article – Health – General**

17 18–201.1.

18 (a) A physician who has diagnosed a patient under the physician’s care with  
19 **HUMAN IMMUNODEFICIENCY VIRUS INFECTION OR** acquired immunodeficiency  
20 syndrome according to the current definition published in the morbidity and mortality  
21 weekly report by the Centers for Disease Control and Prevention of the Department of  
22 Health and Human Services shall submit immediately a report to the health officer for  
23 the county where the physician cares for that patient.

24 (b) The report shall:

25 (1) Be on the form that the Secretary provides;

26 (2) Identify the disease;

27 (3) State the name, age, race, sex, and residence address of the  
28 patient; and

29 (4) Be signed by the physician.

1           **(C) (1) A PHYSICIAN SHALL SUBMIT A REPORT AS DESCRIBED IN**  
2 **SUBSECTION (B) OF THIS SECTION TO THE SECRETARY WITHIN 48 HOURS OF**  
3 **THE BIRTH OF AN INFANT WHOSE MOTHER HAS TESTED POSITIVE FOR THE**  
4 **HUMAN IMMUNODEFICIENCY VIRUS.**

5           **(2) IF A NEWBORN INFANT DOES NOT BECOME HIV POSITIVE**  
6 **AFTER 18 MONTHS FROM THE DATE THAT THE REPORT REQUIRED IN**  
7 **PARAGRAPH (1) OF THIS SUBSECTION WAS SUBMITTED, THE SECRETARY SHALL**  
8 **HAVE THE NEWBORN INFANT'S NAME REMOVED FROM THE HIV REGISTRY.**

9           **[(c)](D) (1) All physician reports required under this section are:**

10                           (i) Confidential and subject to Title 4, Subtitle 1 of this article;  
11 and

12                           (ii) Not medical records under Title 4, Subtitle 3 of this article,  
13 but are subject to the confidentiality requirements of Title 4, Subtitle 1 of this article.

14           **(2) THE REPORTS AND ANY PROCEEDINGS, RECORDS, OR FILES**  
15 **RELATING TO THE REPORTS REQUIRED UNDER THIS SECTION ARE NOT**  
16 **DISCOVERABLE AND ARE NOT ADMISSIBLE IN EVIDENCE IN ANY CIVIL ACTION.**

17           **[(2)] (3) This subsection does not apply to a disclosure by the**  
18 **Secretary to another governmental agency performing its lawful duties pursuant to**  
19 **State or federal law where the Secretary determines the agency to whom the**  
20 **information is disclosed will maintain the confidentiality of the disclosure.**

21 **18-202.1.**

22           **(A) IN THIS SECTION, "INSTITUTION" INCLUDES:**

23                   **(1) A HOSPITAL;**

24                   **(2) A NURSING HOME;**

25                   **(3) A HOSPICE FACILITY;**

26                   **(4) A MEDICAL CLINIC IN A CORRECTIONAL FACILITY;**

27                   **(5) AN INPATIENT PSYCHIATRIC FACILITY; AND**

1           **(6) AN INPATIENT DRUG REHABILITATION FACILITY.**

2           **(B) WHEN AN INSTITUTION HAS AN INDIVIDUAL IN THE CARE OF THE**  
3 **INSTITUTION WITH A DIAGNOSIS OF HUMAN IMMUNODEFICIENCY VIRUS OR**  
4 **ACQUIRED IMMUNODEFICIENCY SYNDROME ACCORDING TO THE CURRENT**  
5 **DEFINITION PUBLISHED IN THE MORBIDITY AND MORTALITY WEEKLY REPORT**  
6 **BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, A CLINICAL OR**  
7 **INFECTION CONTROL PRACTITIONER IMMEDIATELY SHALL SUBMIT A REPORT**  
8 **TO THE HEALTH OFFICER FOR THE COUNTY WHERE THE INSTITUTION IS**  
9 **LOCATED.**

10           **(C) THE REPORT SHALL:**

11           **(1) IDENTIFY THE DISEASE;**

12           **(2) STATE THE NAME, AGE, RACE, SEX, AND RESIDENCE ADDRESS**  
13 **OF THE INDIVIDUAL WITH THE DISEASE;**

14           **(3) STATE THE NAME OF THE ADMINISTRATIVE HEAD OF THE**  
15 **INSTITUTION; AND**

16           **(4) STATE THE ADDRESS OF THE INSTITUTION.**

17           **(D) (1) ALL INSTITUTION REPORTS REQUIRED UNDER THIS SECTION**  
18 **ARE:**

19           **(I) CONFIDENTIAL AND SUBJECT TO TITLE 4, SUBTITLE 1**  
20 **OF THIS ARTICLE; AND**

21           **(II) NOT MEDICAL RECORDS UNDER TITLE 4, SUBTITLE 3**  
22 **OF THIS ARTICLE, BUT ARE SUBJECT TO THE CONFIDENTIALITY REQUIREMENTS**  
23 **OF TITLE 4, SUBTITLE 1 OF THIS ARTICLE.**

24           **(2) THE REPORTS AND ANY PROCEEDINGS, RECORDS, OR FILES**  
25 **RELATING TO THE REPORTS REQUIRED UNDER THIS SECTION ARE NOT**  
26 **DISCOVERABLE AND ARE NOT ADMISSIBLE IN EVIDENCE IN ANY CIVIL ACTION.**

1           **(3) THIS SUBSECTION DOES NOT APPLY TO A DISCLOSURE BY THE**  
2 **SECRETARY TO ANOTHER GOVERNMENTAL AGENCY PERFORMING ITS LAWFUL**  
3 **DUTIES IN ACCORDANCE WITH STATE OR FEDERAL LAW WHERE THE**  
4 **SECRETARY DETERMINES THE AGENCY TO WHOM THE INFORMATION IS**  
5 **DISCLOSED WILL MAINTAIN THE CONFIDENTIALITY OF THE DISCLOSURE.**

6 18–205.

7           (a) In this section, “invasive disease” means a disease in which an organism  
8 is detected in a specimen taken from a normally sterile body site.

9           (b) (1) The director of a medical laboratory located in this State shall  
10 submit a report to the health officer for the county where the laboratory is located  
11 within 48 hours after an examination of a human specimen shows evidence of any  
12 disease or condition listed in subsection (c) of this section.

13           (2) The director of a medical laboratory located outside of this State  
14 that performs a medical laboratory test on a human specimen acquired from a person  
15 in this State shall submit a report to the Secretary within 48 hours after an  
16 examination of that specimen shows evidence of any disease or condition listed in  
17 subsection (c) of this section.

18           (c) The diseases or conditions reportable by a medical laboratory director  
19 under this section are:

- 20           (1) Amoebiasis.
- 21           (2) Anthrax.
- 22           (3) Arbovirus infection (all types).
- 23           (4) Bacteremia in newborns.
- 24           (5) Botulism.
- 25           (6) Brucellosis.
- 26           (7) Campylobacter infection.
- 27           (8) CD 4+ count[, if less than 200/MM3].
- 28           (9) Chlamydia infection.

- 1 (10) Cholera.
- 2 (11) Coccidioidomycosis.
- 3 (12) Creutzfeldt–Jakob Disease.
- 4 (13) Cryptosporidiosis.
- 5 (14) Cyclosporiasis.
- 6 (15) Dengue fever.
- 7 (16) Diphtheria.
- 8 (17) Ehrlichiosis.
- 9 (18) Encephalitis, infectious.
- 10 (19) E. Coli 0157:H7 infection.
- 11 (20) Giardiasis.
- 12 (21) Gonorrhea.
- 13 (22) Haemophilus influenzae, invasive disease.
- 14 (23) Hansen disease (leprosy).
- 15 (24) Hantavirus infection.
- 16 (25) Hepatitis, viral, types A, B, C, and other types.
- 17 (26) Human immunodeficiency virus infection.
- 18 (27) Isosporiasis.
- 19 (28) Legionellosis.
- 20 (29) Leptospirosis.
- 21 (30) Listeriosis.

- 1           (31)   Lyme disease.
- 2           (32)   Malaria.
- 3           (33)   Measles.
- 4           (34)   Meningococcal invasive disease.
- 5           (35)   Meningitis, infectious.
- 6           (36)   Microsporidiosis.
- 7           (37)   Mumps.
- 8           (38)   Pertussis.
- 9           (39)   Pesticide related illness.
- 10          (40)   Plague.
- 11          (41)   Poliomyelitis.
- 12          (42)   Psittacosis.
- 13          (43)   Q fever.
- 14          (44)   Rabies.
- 15          (45)   Ricin toxin.
- 16          (46)   Rocky Mountain spotted fever.
- 17          (47)   Rubella and congenital rubella syndrome.
- 18          (48)   Salmonellosis (nontyphoid fever types).
- 19          (49)   Severe acute respiratory syndrome.
- 20          (50)   Shiga-like toxin production.
- 21          (51)   Shigellosis.
- 22          (52)   Smallpox and other orthopox viruses.

- 1 (53) Staphylococcal enterotoxin.
- 2 (54) Streptococcal invasive disease, group A.
- 3 (55) Streptococcal invasive disease, group B.
- 4 (56) Streptococcus pneumoniae, invasive disease.
- 5 (57) Syphilis.
- 6 (58) Trichinosis.
- 7 (59) Tuberculosis.
- 8 (60) Tularemia.
- 9 (61) Typhoid fever.
- 10 (62) Varicella (chickenpox), fatal cases only.
- 11 (63) Vibriosis, noncholera.
- 12 (64) Viral hemorrhagic fevers (all types).
- 13 (65) Yellow fever.
- 14 (66) Yersiniosis.
- 15 (d) (1) When more than 1 specimen is taken from a patient during 1  
16 disease episode, the director of the medical laboratory need not report every test result  
17 of a specimen that shows evidence of the same disease in that patient if:
- 18 (i) At least 1 positive test result is reported; and
- 19 (ii) The health officer has approved the reporting of less than all  
20 test results.
- 21 (2) The director of the medical laboratory need not report vibriosis,  
22 noncholera, under subsection (c)(62) of this section if the disease is found in a  
23 specimen obtained from the patient's teeth, gingival tissues, or oral mucosa.
- 24 (e) The report shall:



1 (1) Be either in the form that the Department prescribes or on the  
2 form that the Department provides; and

3 (2) State at a minimum:

4 (i) The date, type, and result of the test that shows evidence of  
5 a disease required to be reported;

6 (ii) [1. Except as provided in item 2 of this item, the] **THE**  
7 name, age, sex, and residence address of the patient from whom the specimen was  
8 taken; and

9 [2. For reports of human immunodeficiency virus  
10 infection and CD 4+ count under 200/MM3, the unique patient identifying number,  
11 age, sex, and zip code of residence of the patient; and]

12 (iii) The name and address of the physician who requested the  
13 test.

14 (f) This section does not relieve [an attending physician] **A PERSON** of the  
15 duty to report under § 18–201, § **18–201.1, 18–202, OR § 18–202.1** of this subtitle.

16 (g) (1) A health officer shall inform the Secretary of each laboratory  
17 examination report received under subsection (b)(1) of this section.

18 (2) The Secretary shall inform the health officer of the jurisdiction  
19 where the patient resides of a laboratory examination report received under this  
20 section from a medical laboratory located outside this State.

21 (h) The Secretary, a health officer, or an agent of the Secretary or health  
22 officer may discuss a laboratory report with the attending physician, but, if the  
23 physician is reasonably available, may communicate with a patient only with the  
24 consent of the attending physician.

25 (i) (1) **[All] EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS**  
26 **SUBSECTION, ALL** laboratory reports required under this section are:

27 (i) Confidential;

28 (ii) Not open to public inspection; and

1 (iii) Subject to subpoena or discovery in a criminal or civil  
2 proceeding only pursuant to a court order sealing the court record.

3 **(2) REPORTS SUBMITTED UNDER THIS SECTION RELATING TO**  
4 **HUMAN IMMUNODEFICIENCY VIRUS AND ACQUIRED IMMUNODEFICIENCY**  
5 **SYNDROME ARE:**

6 **(I) CONFIDENTIAL AND SUBJECT TO TITLE 4, SUBTITLE 1**  
7 **OF THIS ARTICLE; AND**

8 **(II) NOT MEDICAL RECORDS UNDER TITLE 4, SUBTITLE 3**  
9 **OF THIS ARTICLE, BUT ARE SUBJECT TO THE CONFIDENTIALITY REQUIREMENTS**  
10 **OF TITLE 4, SUBTITLE 1 OF THIS ARTICLE.**

11 **(3) THE REPORTS AND ANY PROCEEDINGS, RECORDS, OR FILES**  
12 **SUBMITTED UNDER THIS SECTION RELATED TO HIV/AIDS ARE NOT**  
13 **DISCOVERABLE AND ARE NOT ADMISSIBLE IN EVIDENCE IN ANY CIVIL ACTION.**

14 [(2)] (4) This subsection does not apply to a disclosure by the  
15 Secretary to another governmental agency performing its lawful duties as authorized  
16 by an act of the Maryland General Assembly or the United States Congress where the  
17 Secretary determines that:

18 (i) The agency to whom the information is disclosed will  
19 maintain the confidentiality of the disclosure; and

20 (ii) The disclosure is necessary to protect the public health or to  
21 prevent the spread of an infectious or contagious disease.

22 (j) To assure compliance with this section, the Secretary, a health officer, or  
23 an agent of the Secretary or health officer may inspect pertinent laboratory records.

24 [(k) (1) Except as provided in paragraph (2) of this subsection, a director of  
25 a medical laboratory, the Secretary, a health officer, or an agent of the director,  
26 Secretary, or health officer may compile or distribute a reproducible list of any of the  
27 names of patients that are in reports required under this section.

28 (2) A director of a medical laboratory, the Secretary, a health officer,  
29 or an agent of the director, Secretary, or health officer may not compile or distribute a  
30 reproducible list of any of the names of patients in reports relating to human  
31 immunodeficiency virus infection or CD 4+ count, if less than 200/MM3.]

1 18–207.

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

3 (2) “HIV/AIDS case report” means an abstract of the medical record of  
4 a patient diagnosed with human immunodeficiency virus or acquired  
5 immunodeficiency syndrome which contains:

6 (i) Reasonably obtained patient demographic information,  
7 including **NAME AND** risk factors;

8 (ii) Relevant information on the:

9 1. Initial diagnosis;

10 2. Treatment and referral; and

11 3. Clinical condition; **AND**

12 (iii) Facility and other provider identification information[]; and

13 (iv) For reports of HIV, the unique identifier of the patient, but  
14 not the patient’s name].

15 (3) “Report” means:

16 (i) A laboratory examination report for HIV or CD 4+ count as  
17 required by § 18–205 of this subtitle;

18 (ii) A [physician] report for **HIV OR** AIDS as required by §  
19 18–201.1, **18–202**, **OR § 18–202.1** of this subtitle; or

20 (iii) An HIV/AIDS case report.

21 (4) “Designated anonymous HIV test site” means an HIV counseling  
22 and testing site approved by the Department of Health and Mental Hygiene as a site  
23 where a patient may have an anonymous HIV test.

24 (b) (1) Except for a designated anonymous HIV test site, a facility or office  
25 that orders a test for HIV and receives a test result that documents the presence of  
26 HIV as defined by the CDC laboratory criteria shall, upon the Secretary’s request,

1 make available to the Secretary, or an agent of the Secretary, the information  
2 necessary to compile an HIV/AIDS case report.

3 (2) A report or information assembled or obtained under this section  
4 [shall be confidential]:

5 (I) **IS CONFIDENTIAL** and subject to Title 4, Subtitle 1 of this  
6 article[.]; **AND**

7 [(i)] (II) [A report in this section is] **IS** not a medical record  
8 under Title 4, Subtitle 3 of this article, but is subject to the confidentiality  
9 requirements of Title 4, Subtitle 1 of this article.

10 [(ii)] (III) This subsection does not apply to a disclosure by the  
11 Secretary to another governmental agency performing its lawful duties pursuant to  
12 State or federal law where the Secretary determines that the agency to whom the  
13 information is disclosed will maintain the confidentiality of the disclosure.

14 (3) **THE REPORT AND ANY PROCEEDINGS, RECORDS, OR FILES**  
15 **RELATING TO THE REPORTS REQUIRED UNDER THIS SECTION ARE NOT**  
16 **DISCOVERABLE AND ARE NOT ADMISSIBLE IN EVIDENCE IN ANY CIVIL ACTION.**

17 [(c) The director of a medical laboratory in which serum samples are tested  
18 for human immunodeficiency virus may not disclose, directly or indirectly, the  
19 identity of any individual tested for human immunodeficiency virus in any report  
20 submitted to the Department or the health officer for the county where the laboratory  
21 is located.]

22 18–215.

23 (a) In addition to any other penalty provided by law, a physician who fails to  
24 submit the report required under § 18–204 of this subtitle, on conviction, is subject to  
25 a fine not exceeding \$10.

26 (b) A person who violates any provision of § 18–202 of this subtitle is guilty  
27 of a misdemeanor and on conviction is subject to a fine not exceeding \$50.

28 (c) In addition to any other penalty provided by law, a physician who fails to  
29 submit the report required under § 18–201 of this subtitle, on conviction, is subject to  
30 a fine not exceeding \$100.

1 (d) A person who violates any provision of § 18–205 of this subtitle is guilty  
2 of a misdemeanor and on conviction is subject to a fine not exceeding \$500.

3 (E) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (F) OF THIS  
4 SECTION, A HEALTH CARE PROVIDER OR ANY OTHER PERSON, INCLUDING AN  
5 OFFICER OR EMPLOYEE OF A GOVERNMENTAL UNIT, WHO KNOWINGLY AND  
6 WILLFULLY DISCLOSES PERSONAL IDENTIFYING HEALTH INFORMATION  
7 ACQUIRED FOR THE PURPOSES OF HIV AND AIDS REPORTING UNDER  
8 § 18–201.1, § 18–202.1, § 18–205, OR § 18–207 OF THIS SUBTITLE IS GUILTY OF A  
9 MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE NOT EXCEEDING  
10 \$1,000 FOR THE FIRST OFFENSE AND NOT EXCEEDING \$5,000 FOR EACH  
11 SUBSEQUENT CONVICTION FOR A VIOLATION OF ANY PROVISION OF THIS  
12 SUBTITLE.

13 (F) (1) A HEALTH CARE PROVIDER OR ANY OTHER PERSON,  
14 INCLUDING AN OFFICER OR EMPLOYEE OF A GOVERNMENTAL UNIT, WHO  
15 KNOWINGLY AND WILLFULLY REQUESTS OR OBTAINS INFORMATION ON HIV  
16 AND AIDS DEVELOPED UNDER § 18–201.1, § 18–202.1, § 18–205, OR § 18–207  
17 OF THIS SUBTITLE UNDER FALSE PRETENSES OR THROUGH DECEPTION ON  
18 CONVICTION, IS SUBJECT TO:

19 (I) A FINE NOT EXCEEDING \$100,000, IMPRISONMENT FOR  
20 NOT MORE THAN 5 YEARS, OR BOTH; AND

21 (II) IF THE OFFENSE IS COMMITTED WITH INTENT TO SELL,  
22 TRANSFER, OR USE INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION FOR  
23 COMMERCIAL ADVANTAGE, PERSONAL GAIN, OR MALICIOUS HARM, A FINE NOT  
24 EXCEEDING \$250,000, IMPRISONMENT FOR NOT MORE THAN 10 YEARS, OR  
25 BOTH.

26 (2) THIS SUBSECTION DOES NOT APPLY TO AN OFFICER OR  
27 EMPLOYEE OF A GOVERNMENTAL UNIT THAT IS CONDUCTING A CRIMINAL  
28 INVESTIGATION.

29 (G) A HEALTH CARE PROVIDER OR ANY OTHER PERSON WHO  
30 KNOWINGLY VIOLATES SUBSECTION (E) OR (F) OF THIS SECTION IS LIABLE FOR  
31 ACTUAL DAMAGES.

