

# HOUSE BILL 1270

J1

EMERGENCY BILL

71r3269

---

By: **Delegates Hubbard, Bohanan, Frush, Hammen, Hecht, James, McHale, Pena-Melnyk, ~~and Rosenberg~~ Rosenberg, Beitzel, Benson, Bromwell, Donoghue, Elliott, Kach, Kipke, Kullen, McDonough, Mizeur, Montgomery, Morhaim, Nathan-Pulliam, Oaks, Pendergrass, Riley, Tarrant, V. Turner, and Weldon**

Introduced and read first time: February 22, 2007

Assigned to: Rules and Executive Nominations

Re-referred to: Health and Government Operations, February 26, 2007

---

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 20, 2007

---

## CHAPTER \_\_\_\_\_

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

---

**EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 BY repealing and reenacting, with amendments,  
2 Article – Health – General  
3 Section 18–201.1, 18–205, 18–207, and 18–215  
4 Annotated Code of Maryland  
5 (2005 Replacement Volume and 2006 Supplement)

6 BY adding to  
7 Article – Health – General  
8 Section 18–202.1  
9 Annotated Code of Maryland  
10 (2005 Replacement Volume and 2006 Supplement)

11 BY repealing and reenacting, with amendments,  
12 Article – State Government  
13 Section 10–617(b)  
14 Annotated Code of Maryland  
15 (2004 Replacement Volume and 2006 Supplement)

16 Preamble

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

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

23 **Article – Health – General**

24 18–201.1.

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

31 (b) The report shall:

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

1 (2) Identify the disease;

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

4 (4) Be signed by the physician.

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

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

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

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

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

18 (2) THE REPORTS AND ANY PROCEEDINGS, RECORDS, OR FILES  
19 RELATING TO THE REPORTS REQUIRED UNDER THIS SECTION ARE NOT  
20 DISCOVERABLE AND ARE NOT ADMISSIBLE IN EVIDENCE IN ANY CIVIL ACTION.

21 [(2)] (3) This subsection does not apply to a disclosure by the  
22 Secretary to another governmental agency performing its lawful duties pursuant to  
23 State or federal law where the Secretary determines the agency to whom the  
24 information is disclosed will maintain the confidentiality of the disclosure.

25 **18-202.1.**

26 (A) IN THIS SECTION, "INSTITUTION" INCLUDES:

27 (1) A HOSPITAL;

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

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

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

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

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

6           **(B)    WHEN AN INSTITUTION HAS AN INDIVIDUAL IN THE CARE OF THE**  
 7 **INSTITUTION WITH A DIAGNOSIS OF HUMAN IMMUNODEFICIENCY VIRUS OR**  
 8 **ACQUIRED IMMUNODEFICIENCY SYNDROME ACCORDING TO THE CURRENT**  
 9 **DEFINITION PUBLISHED IN THE MORBIDITY AND MORTALITY WEEKLY REPORT**  
 10 **BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, A CLINICAL OR**  
 11 **INFECTION CONTROL PRACTITIONER ~~IMMEDIATELY~~ SHALL SUBMIT A REPORT**  
 12 **WITHIN 48 HOURS TO THE HEALTH OFFICER FOR THE COUNTY WHERE THE**  
 13 **INSTITUTION IS LOCATED.**

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

15           **(1)    BE ON THE FORM THAT THE SECRETARY PROVIDES;**

16           ~~(1)~~ **(2)    IDENTIFY THE DISEASE;**

17           ~~(2)~~ **(3)    STATE THE NAME, AGE, RACE, SEX, AND RESIDENCE**  
 18 **ADDRESS OF THE INDIVIDUAL WITH THE DISEASE;**

19           ~~(3)~~ **(4)    STATE THE NAME OF THE ADMINISTRATIVE HEAD OF**  
 20 **THE INSTITUTION; AND**

21           ~~(4)~~ **(5)    STATE THE ADDRESS OF THE INSTITUTION.**

22           **(D)    (1)    ALL INSTITUTION REPORTS REQUIRED UNDER THIS SECTION**  
 23 **ARE:**

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

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

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

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

12 18–205.

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

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

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

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

- 26           (1) Amoebiasis.
- 27           (2) Anthrax.
- 28           (3) Arbovirus infection (all types).
- 29           (4) Bacteremia in newborns.
- 30           (5) Botulism.

- 1 (6) Brucellosis.
- 2 (7) Campylobacter infection.
- 3 (8) CD 4+ count[, if less than 200/MM3].
- 4 (9) Chlamydia infection.
- 5 (10) Cholera.
- 6 (11) Coccidioidomycosis.
- 7 (12) Creutzfeldt–Jakob Disease.
- 8 (13) Cryptosporidiosis.
- 9 (14) Cyclosporiasis.
- 10 (15) Dengue fever.
- 11 (16) Diphtheria.
- 12 (17) Ehrlichiosis.
- 13 (18) Encephalitis, infectious.
- 14 (19) E. Coli 0157:H7 infection.
- 15 (20) Giardiasis.
- 16 (21) Gonorrhea.
- 17 (22) Haemophilus influenzae, invasive disease.
- 18 (23) Hansen disease (leprosy).
- 19 (24) Hantavirus infection.
- 20 (25) Hepatitis, viral, types A, B, C, and other types.
- 21 (26) Human immunodeficiency virus infection.

- 1           (27) Isosporiasis.
- 2           (28) Legionellosis.
- 3           (29) Leptospirosis.
- 4           (30) Listeriosis.
- 5           (31) Lyme disease.
- 6           (32) Malaria.
- 7           (33) Measles.
- 8           (34) Meningococcal invasive disease.
- 9           (35) Meningitis, infectious.
- 10          (36) Microsporidiosis.
- 11          (37) Mumps.
- 12          (38) Pertussis.
- 13          (39) Pesticide related illness.
- 14          (40) Plague.
- 15          (41) Poliomyelitis.
- 16          (42) Psittacosis.
- 17          (43) Q fever.
- 18          (44) Rabies.
- 19          (45) Ricin toxin.
- 20          (46) Rocky Mountain spotted fever.
- 21          (47) Rubella and congenital rubella syndrome.
- 22          (48) Salmonellosis (nontyphoid fever types).

- 1 (49) Severe acute respiratory syndrome.
  - 2 (50) Shiga-like toxin production.
  - 3 (51) Shigellosis.
  - 4 (52) Smallpox and other orthopox viruses.
  - 5 (53) Staphylococcal enterotoxin.
  - 6 (54) Streptococcal invasive disease, group A.
  - 7 (55) Streptococcal invasive disease, group B.
  - 8 (56) Streptococcus pneumoniae, invasive disease.
  - 9 (57) Syphilis.
  - 10 (58) Trichinosis.
  - 11 (59) Tuberculosis.
  - 12 (60) Tularemia.
  - 13 (61) Typhoid fever.
  - 14 (62) Varicella (chickenpox), fatal cases only.
  - 15 (63) Vibriosis, noncholera.
  - 16 (64) Viral hemorrhagic fevers (all types).
  - 17 (65) Yellow fever.
  - 18 (66) Yersiniosis.
- 19 (d) (1) When more than 1 specimen is taken from a patient during 1  
20 disease episode, the director of the medical laboratory need not report every test result  
21 of a specimen that shows evidence of the same disease in that patient if:
- 22 (i) At least 1 positive test result is reported; and

1 (ii) The health officer has approved the reporting of less than all  
2 test results.

3 (2) The director of the medical laboratory need not report vibriosis,  
4 noncholera, under subsection (c)(62) of this section if the disease is found in a  
5 specimen obtained from the patient's teeth, gingival tissues, or oral mucosa.

6 (e) The report shall:

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

9 (2) State at a minimum:

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

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

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

18 (iii) The name and address of the physician who requested the  
19 test.

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

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

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

27 (h) The Secretary, a health officer, or an agent of the Secretary or health  
28 officer may discuss a laboratory report with the attending physician, but, if the  
29 physician is reasonably available, may communicate with a patient only with the  
30 consent of the attending physician.

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

3 (i) Confidential;

4 (ii) Not open to public inspection; and

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

7 **(2) REPORTS SUBMITTED UNDER THIS SECTION RELATING TO**  
8 **HUMAN IMMUNODEFICIENCY VIRUS AND ACQUIRED IMMUNODEFICIENCY**  
9 **SYNDROME ARE:**

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

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

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

18 [(2)] (4) This subsection does not apply to a disclosure by the  
19 Secretary to another governmental agency performing its lawful duties as authorized  
20 by an act of the Maryland General Assembly or the United States Congress where the  
21 Secretary determines that:

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

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

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

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

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

9 18–207.

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

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

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

16 (ii) Relevant information on the:

17 1. Initial diagnosis;

18 2. Treatment and referral; and

19 3. Clinical condition; **AND**

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

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

23 (3) “Report” means:

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

26 (ii) A [physician] report for **HIV OR** AIDS as required by §  
27 18–201.1, **18–202**, **OR § 18–202.1** of this subtitle; or

1 (iii) An HIV/AIDS case report.

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

5 (b) (1) Except for a designated anonymous HIV test site, a facility or office  
6 that orders a test for HIV and receives a test result that documents the presence of  
7 HIV as defined by the CDC laboratory criteria shall, upon the Secretary’s request,  
8 make available to the Secretary, or an agent of the Secretary, the information  
9 necessary to compile an HIV/AIDS case report.

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

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

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

17 [(ii)] (III) 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 that the agency to whom the  
20 information is disclosed will maintain the confidentiality of the disclosure.

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

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

29 18–215.

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

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

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

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

8 (E) ~~EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (F) OF THIS~~  
9 ~~SECTION, A~~ **A HEALTH CARE PROVIDER OR ANY OTHER PERSON, INCLUDING AN**  
10 **OFFICER OR EMPLOYEE OF A GOVERNMENTAL UNIT, WHO KNOWINGLY AND**  
11 **WILLFULLY DISCLOSES PERSONAL IDENTIFYING HEALTH INFORMATION**  
12 **ACQUIRED FOR THE PURPOSES OF HIV AND AIDS REPORTING UNDER**  
13 **§ 18–201.1, § 18–202.1, § 18–205, OR § 18–207 OF THIS SUBTITLE TO ANY**  
14 **PERSON WHO IS NOT AUTHORIZED TO RECEIVE PERSONAL IDENTIFYING**  
15 **HEALTH INFORMATION UNDER THIS SUBTITLE OR OTHERWISE IN VIOLATION OF**  
16 **THIS SUBTITLE IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT**  
17 **TO A FINE NOT EXCEEDING \$1,000 FOR THE FIRST OFFENSE AND NOT**  
18 **EXCEEDING \$5,000 FOR EACH SUBSEQUENT CONVICTION FOR A VIOLATION OF**  
19 **ANY PROVISION OF THIS SUBTITLE.**

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

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

28 (II) **IF THE OFFENSE IS COMMITTED WITH INTENT TO SELL,**  
29 **TRANSFER, OR USE INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION FOR**  
30 **COMMERCIAL ADVANTAGE, PERSONAL GAIN, OR MALICIOUS HARM, A FINE NOT**  
31 **EXCEEDING \$250,000, IMPRISONMENT FOR NOT MORE THAN 10 YEARS, OR**  
32 **BOTH.**



1 (i) a nursing home as defined in § 19–1401 of the  
2 Health – General Article; or

3 (ii) an assisted living facility as defined in § 19–1801 of the  
4 Health – General Article.

5 SECTION 2. AND BE IT FURTHER ENACTED, That this Act is an emergency  
6 measure, is necessary for the immediate preservation of the public health or safety,  
7 has been passed by a yea and nay vote supported by three–fifths of all the members  
8 elected to each of the two Houses of the General Assembly, and shall take effect from  
9 the date it is enacted.

Approved:

---

Governor.

---

Speaker of the House of Delegates.

---

President of the Senate.