

HOUSE BILL 319

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By: **Delegates Kullen, Eckardt, Bartlett, Beidle, Benson, Bohanan, G. Clagett, Dumais, Gaines, Gutierrez, Haddaway, Hecht, James, Jameson, Jenkins, Krebs, Love, Montgomery, Murphy, Nathan-Pulliam, Norman, O'Donnell, Pena-Melnyk, Reznik, and Wood**

Introduced and read first time: January 27, 2010

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **State Board of Nursing – Nurse Practitioners – Certification Requirements**
3 **and Authority to Practice**

4 FOR the purpose of altering certain requirements for certification as a nurse
5 practitioner; requiring the State Board of Nursing to waive certain education
6 requirements under certain circumstances; authorizing the State Board of
7 Nursing to establish continuing education or competency requirements for the
8 renewal of a certificate to practice as a nurse practitioner; authorizing the State
9 Board of Nursing to waive certain requirements for applicants who are licensed
10 or certified to practice as a nurse practitioner in another state or country;
11 prohibiting the use of certain titles, descriptions, and abbreviations except
12 under certain circumstances; authorizing a nurse practitioner who is certified in
13 another state to practice in this State under certain circumstances; providing
14 that a temporary practice letter issued to an individual authorized to practice as
15 a certified nurse practitioner in another state authorizes the holder to practice
16 in this State while the letter is effective; repealing language that prohibits the
17 State Board of Nursing from issuing a temporary practice license unless it
18 received a certain written agreement; repealing a requirement that the State
19 Board of Physicians approve the scope of practice of a certified nurse
20 practitioner issued a temporary practice letter; altering certain requirements
21 for the standards of quality of care that a health maintenance organization is
22 required to provide to its members; defining certain terms; altering certain
23 definitions; requiring the Department of Health and Mental Hygiene to repeal
24 certain regulations by a certain date; and generally relating to the certification
25 and the scope of practice of nurse practitioners in the State.

26 BY repealing and reenacting, with amendments,
27 Article – Health Occupations

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 Section 8–101, 8–302, 8–315, and 8–508
2 Annotated Code of Maryland
3 (2009 Replacement Volume)

4 BY repealing and reenacting, with amendments,
5 Article – Health – General
6 Section 19–705.1
7 Annotated Code of Maryland
8 (2009 Replacement Volume)

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

11 **Article – Health Occupations**

12 8–101.

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

14 (b) “Board” means the State Board of Nursing.

15 (c) “License” means, unless the context requires otherwise, a license issued
16 by the Board to practice:

17 (1) Registered nursing; or

18 (2) Licensed practical nursing.

19 (d) “Licensed practical nurse” means, unless the context requires otherwise,
20 an individual who is licensed by the Board to practice licensed practical nursing.

21 **(E) “NURSE PRACTITIONER” MEANS AN INDIVIDUAL WHO:**

22 **(1) IS LICENSED BY THE BOARD TO PRACTICE REGISTERED**
23 **NURSING; AND**

24 **(2) IS CERTIFIED BY THE BOARD TO PRACTICE AS A NURSE**
25 **PRACTITIONER.**

26 **(F) “PRACTICE AS A NURSE PRACTITIONER” MEANS TO**
27 **INDEPENDENTLY:**

28 **(1) PERFORM AN ACT UNDER SUBSECTION (H) OF THIS SECTION;**

29 **(2) CONDUCT A COMPREHENSIVE PHYSICAL ASSESSMENT OF AN**
30 **INDIVIDUAL;**

1 **(3) ESTABLISH A MEDICAL DIAGNOSIS FOR COMMON CHRONIC**
2 **STABLE, SHORT-TERM, OR ACUTE HEALTH PROBLEMS;**

3 **(4) ORDER, PERFORM, AND INTERPRET LABORATORY TESTS;**

4 **(5) PRESCRIBE DRUGS AS PROVIDED UNDER § 8-508 OF THIS**
5 **TITLE;**

6 **(6) PERFORM DIAGNOSTIC, THERAPEUTIC, OR CORRECTIVE**
7 **MEASURES;**

8 **(7) REFER AN INDIVIDUAL TO AN APPROPRIATE LICENSED**
9 **PHYSICIAN OR OTHER HEALTH CARE PROVIDER;**

10 **(8) PROVIDE EMERGENCY CARE; AND**

11 **(9) ADMIT AN INDIVIDUAL TO A HOSPITAL OR NURSING FACILITY.**

12 **[(e) (G)** “Practice licensed practical nursing” means to perform in a team
13 relationship an act that requires specialized knowledge, judgment, and skill based on
14 principles of biological, physiological, behavioral, or sociological science to:

15 (1) Administer treatment or medication to an individual;

16 (2) Aid in the rehabilitation of an individual;

17 (3) Promote preventive measures in community health;

18 (4) Give counsel to an individual;

19 (5) Safeguard life and health;

20 (6) Teach or supervise; or

21 (7) Perform any additional acts authorized by the Board under
22 § 8-205 of this title.

23 **[(f) (H)** (1) “Practice registered nursing” means the performance of acts
24 requiring substantial specialized knowledge, judgment, and skill based on the
25 biological, physiological, behavioral, or sociological sciences as the basis for
26 assessment, nursing diagnosis, planning, implementation, and evaluation of the
27 practice of nursing in order to:

28 (i) Maintain health;

- 1 (ii) Prevent illness; or
- 2 (iii) Care for or rehabilitate the ill, injured, or infirm.
- 3 (2) For these purposes, “practice registered nursing” includes:
- 4 (i) Administration;
- 5 (ii) Teaching;
- 6 (iii) Counseling;
- 7 (iv) Supervision, delegation and evaluation of nursing practice;
- 8 (v) Execution of therapeutic regimen, including the
9 administration of medication and treatment;
- 10 (vi) Independent nursing functions and delegated medical
11 functions; and
- 12 (vii) Performance of additional acts authorized by the Board
13 under § 8–205 of this title.

14 **[(g)] (I)** “Registered nurse” means, unless the context requires otherwise,
15 an individual who is licensed by the Board to practice registered nursing.
16 8–302.

17 (a) Except as otherwise provided in this title, to qualify for a license or
18 certification, an applicant shall be an individual who submits to a criminal history
19 records check in accordance with § 8–303 of this subtitle and meets the requirements
20 of this section.

21 (b) **(1)** An applicant for certification as a certified nurse practitioner shall:

22 **[(1)] (I)** Be a registered nurse;

23 **[(2)] (II)** Complete a nurse practitioner program approved by the
24 Board; **[and]**

25 **[(3)] (III) SUBMIT TO THE BOARD:**

26 **1. A COMPLETED APPLICATION FOR CERTIFICATION**
27 **AS A NURSE PRACTITIONER FOR EACH AREA IN WHICH CERTIFICATION IS SOUGHT;**

28 **2. DOCUMENTATION OF AN ACTIVE LICENSE IN**
29 **GOOD STANDING AS A REGISTERED NURSE IN THE STATE;**

1 **3. DOCUMENTATION THAT THE APPLICANT HAS**
2 **GRADUATED FROM AN ACCREDITED PROGRAM FOR NURSE PRACTITIONERS;**
3 **AND**

4 **4. DOCUMENTATION OF CERTIFICATION AS A NURSE**
5 **PRACTITIONER BY A NATIONALLY RECOGNIZED CERTIFYING BODY APPROVED**
6 **BY THE BOARD; AND**

7 **(IV) Meet [the] ANY other requirements that the Board sets.**

8 **(2) AN INDIVIDUAL CERTIFIED BY A NATIONAL CERTIFYING BODY**
9 **PRIOR TO OCTOBER 1, 2010 WHO IS CERTIFIED BY THE BOARD AND IN GOOD**
10 **STANDING SHALL BE DEEMED TO MEET THE EDUCATION REQUIREMENTS UNDER**
11 **SUBSECTION (B)(1)(III)3 OF THIS SECTION.**

12 **(3) IN ADDITION TO THE REQUIREMENTS FOR RENEWAL OF A**
13 **LICENSE UNDER § 8-312 OF THIS SUBTITLE, THE BOARD MAY ESTABLISH**
14 **CONTINUING EDUCATION OR COMPETENCY REQUIREMENTS FOR THE RENEWAL**
15 **OF A CERTIFICATE UNDER THIS SUBSECTION.**

16 **(4) (I) SUBJECT TO THE PROVISIONS OF THIS SUBSECTION,**
17 **THE BOARD MAY WAIVE ANY REQUIREMENT OF THIS SUBSECTION FOR AN**
18 **APPLICANT WHO IS LICENSED OR CERTIFIED TO PRACTICE AS A NURSE**
19 **PRACTITIONER IN ANY OTHER STATE OR COUNTRY.**

20 **(II) THE BOARD MAY GRANT A WAIVER UNDER THIS**
21 **PARAGRAPH ONLY IF THE APPLICANT:**

22 **1. PAYS THE APPLICATION FEE REQUIRED BY THE**
23 **BOARD UNDER § 8-304 OF THIS SUBTITLE;**

24 **2. BECAME LICENSED OR CERTIFIED IN THE OTHER**
25 **STATE OR COUNTRY UNDER REQUIREMENTS SUBSTANTIALLY EQUIVALENT TO**
26 **THE CERTIFICATION REQUIREMENTS OF THIS TITLE; AND**

27 **3. MEETS ANY OTHER QUALIFICATIONS**
28 **ESTABLISHED BY THE BOARD.**

29 **(5) UNLESS AUTHORIZED TO PRACTICE AS A NURSE**
30 **PRACTITIONER UNDER THIS TITLE, A PERSON MAY NOT:**

31 **(I) REPRESENT TO THE PUBLIC BY TITLE OR BY**
32 **DESCRIPTION OF SERVICES, METHODS, OR PROCEDURES, OR OTHERWISE, THAT**

1 THE PERSON IS AUTHORIZED TO PRACTICE AS A NURSE PRACTITIONER IN THIS
2 STATE;

3 (II) USE AS A TITLE OR DESCRIBE THE SERVICES THE
4 PERSON PROVIDES BY USE OF THE WORDS “NURSE PRACTITIONER” OR
5 “CERTIFIED REGISTERED NURSE PRACTITIONER”; OR

6 (III) USE THE ABBREVIATION “N.P.”, “C.R.N.P.”, OR ANY
7 OTHER WORDS, LETTERS, OR SYMBOLS WITH THE INTENT TO REPRESENT THAT
8 THE PERSON PRACTICES AS A NURSE PRACTITIONER.

9 (c) An applicant for a license to practice registered nursing shall complete
10 satisfactorily and meet all requirements for a diploma or degree from:

11 (1) A registered nursing education program approved by the Board; or

12 (2) An education program in registered nursing in any other state or
13 country that the Board finds substantially equivalent to the program in this State.

14 (d) An applicant for a license to practice licensed practical nursing shall:

15 (1) Meet all requirements for a high school diploma or its equivalent;
16 and

17 (2) Complete satisfactorily and meet all requirements for a diploma
18 from:

19 (i) A licensed practical nursing education program or its
20 equivalent approved by the Board; or

21 (ii) An education program in licensed practical nursing in any
22 other state or country that the Board finds substantially equivalent to the program in
23 this State.

24 (e) Except as otherwise provided in this title, the applicant shall pass an
25 examination approved by the Board.

26 (f) (1) Except as otherwise provided in this subsection, the Board shall
27 require as part of its examination or licensing procedures that an applicant for a
28 license to practice registered nursing or licensed practical nursing demonstrate an oral
29 competency in the English language.

30 (2) Graduation from a recognized English-speaking undergraduate
31 school after at least 3 years of enrollment, or from a recognized English-speaking
32 professional school is acceptable as proof of proficiency in the oral communication of
33 the English language under this section.

1 (b) (1) A temporary license issued to an individual who is authorized to
2 practice registered nursing in another state authorizes the holder to practice
3 registered nursing in this State while the temporary license is effective.

4 (2) A temporary license issued to an individual who is authorized to
5 practice licensed practical nursing in another state authorizes the holder to practice
6 licensed practical nursing in this State while the temporary license is effective.

7 (c) (1) The Board may issue a temporary practice letter to a certified
8 nurse practitioner or certified nurse–midwife who:

9 (i) Has been issued a temporary license under this subsection
10 [and has submitted a written agreement to the Board for formal approval]; AND

11 (ii) Is authorized to practice as a registered nurse [and has
12 submitted an initial written agreement to the Board for formal approval; or

13 (iii) 1. Has had a written agreement approved by the Board;

14 2. Is changing practices or locations; and

15 3. Has submitted to the Board for formal approval a new
16 written agreement for the new practice or location].

17 **(2) A TEMPORARY PRACTICE LETTER ISSUED TO AN INDIVIDUAL**
18 **WHO IS AUTHORIZED TO PRACTICE AS A CERTIFIED NURSE PRACTITIONER IN**
19 **ANOTHER STATE AUTHORIZES THE HOLDER TO PRACTICE AS A CERTIFIED**
20 **NURSE PRACTITIONER IN THIS STATE WHILE THE TEMPORARY PRACTICE**
21 **LETTER IS EFFECTIVE.**

22 [(2) The Board may not issue a temporary practice letter to a certified
23 nurse practitioner or certified nurse–midwife under paragraph (1) of this subsection
24 unless:

25 (i) The State Board of Physicians has received a written
26 agreement submitted to the Board for formal approval of the scope of practice for
27 which the temporary practice letter is requested; and

28 (ii) The State Board of Physicians has approved the issuance of
29 the temporary practice letter.

30 (3) A temporary practice letter does not:

31 (i) Create any interest, right, or entitlement for the certified
32 nurse practitioner, certified nurse–midwife, or collaborating physician that extends
33 beyond the ending date of the practice letter;

1 (ii) Abrogate any procedures required by statute or regulation
2 for approval of collaboration agreements; or

3 (iii) Establish any fact or any presumption concerning the final
4 approval of a collaboration agreement.]

5 (d) (1) Except as provided in this subtitle, a temporary license and
6 temporary practice letter may not be renewed.

7 (2) Unless the Board suspends or revokes a temporary license or
8 temporary practice letter, each temporary license or temporary practice letter expires
9 90 days after the date of issue.

10 (3) A temporary license may be extended up to an additional 90 days if
11 the applicant is awaiting the completion of criminal history record information.

12 (4) A temporary license or temporary practice letter may be extended
13 every 90 days, provided that the total length of renewal does not exceed 12 months
14 from the date the original temporary license or temporary practice letter was issued, if
15 the applicant does not meet the practice requirement as provided for in regulation.

16 (e) The Board shall revoke a temporary license or temporary certificate if the
17 criminal history record information forwarded to the Board in accordance with § 8–303
18 of this subtitle reveals that the applicant, certificate holder, or licensee has been
19 convicted or pled guilty or nolo contendere to a felony or to a crime involving moral
20 turpitude, whether or not any appeal or other proceeding is pending to have the
21 conviction or plea set aside.

22 8–508.

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

24 (2) “Nurse practitioner” means a registered nurse who is:

25 (i) Certified as a nurse practitioner; and

26 (ii) Authorized to prescribe drugs under regulations [jointly]
27 adopted by the State Board of Nursing [and the State Board of Physicians].

28 (3) “Starter dosage” means an amount of drug sufficient to begin
29 therapy:

30 (i) Of short duration of 72 hours or less; or

31 (ii) Prior to obtaining a larger quantity of the drug to complete
32 therapy.

1 (4) “Personally prepare and dispense” means that a nurse practitioner:

2 (i) Is physically present on the premises where the prescription
3 is filled; and

4 (ii) Performs a final check of the prescription before it is
5 provided to the patient.

6 (b) A nurse practitioner may personally prepare and dispense a starter
7 dosage of any drug the nurse practitioner is authorized to prescribe to a patient of the
8 nurse practitioner if:

9 (1) The starter dosage complies with the labeling requirements of §
10 [12–509] **12–505** of this article;

11 (2) No charge is made for the starter dosage; and

12 (3) The nurse practitioner enters an appropriate record in the
13 patient’s medical record.

14 (c) In accordance with the provisions of subsection (d) of this section, a nurse
15 practitioner may personally prepare and dispense any drug that a nurse practitioner
16 may prescribe to the extent permitted by law in the course of treating a patient at:

17 (1) A medical facility or clinic that specializes in the treatment of
18 medical cases reimbursable through workers’ compensation insurance;

19 (2) A medical facility or clinic that is operated on a nonprofit basis;

20 (3) A health center that operates on a campus of an institution of
21 higher education;

22 (4) A public health facility, a medical facility under contract with a
23 State or local health department, or a facility funded with public funds; or

24 (5) A nonprofit hospital or a nonprofit hospital outpatient facility as
25 authorized under the policies established by the hospital.

26 (d) A nurse practitioner who personally prepares and dispenses a drug in the
27 course of treating a patient as authorized under subsection (c) of this section shall:

28 (1) Comply with the labeling requirements of § [12–509] **12–505** of
29 this article;

30 (2) Record the dispensing of the prescription drug on the patient’s
31 chart;

1 (3) Allow the Division of Drug Control to enter and inspect the nurse
2 practitioner's office at all reasonable hours; and

3 (4) Except for starter dosages or samples dispensed without charge,
4 provide the patient with a written prescription, maintain prescription files, and
5 maintain a separate file for Schedule II prescriptions for a period of at least 5 years.

6 Article – Health – General

7 19–705.1.

8 (a) The Secretary shall adopt regulations that set out reasonable standards
9 of quality of care that a health maintenance organization shall provide to its members.

10 (b) The standards of quality of care shall include:

11 (1) (i) A requirement that a health maintenance organization shall
12 provide for regular hours during which a member may receive services, including
13 providing for services to a member in a timely manner that takes into account the
14 immediacy of need for services; and

15 (ii) Provisions for assuring that all covered services, including
16 any services for which the health maintenance organization has contracted, are
17 accessible to the enrollee with reasonable safeguards with respect to geographic
18 locations;

19 (2) A requirement that a health maintenance organization shall have
20 a system for providing a member with 24–hour access to a physician **OR NURSE**
21 **PRACTITIONER** in cases where there is an immediate need for medical services, and
22 for promoting timely access to and continuity of health care services for members,
23 including:

24 (i) Providing 24–hour access by telephone to a person who is
25 able to appropriately respond to calls from members and providers concerning
26 after–hours care; and

27 (ii) Providing a 24–hour toll free telephone access system for use
28 in hospital emergency departments in accordance with § 19–705.7 of this subtitle;

29 (3) A requirement that any nonparticipating provider shall submit to
30 the health maintenance organization the appropriate documentation of the medical
31 complaint of the member and the services rendered;

32 (4) A requirement that a health maintenance organization shall have
33 a physician **OR NURSE PRACTITIONER** available at all times to provide diagnostic
34 and treatment services;

1 (5) A requirement that a health maintenance organization shall
2 assure that:

3 (i) Each member who is seen for a medical complaint is
4 evaluated under the direction of a physician **OR NURSE PRACTITIONER**; and

5 (ii) Each member who receives diagnostic evaluation or
6 treatment is under the medical management of a health maintenance organization
7 physician **OR NURSE PRACTITIONER** who provides continuing medical management;

8 (6) A requirement that each member shall have an opportunity to
9 select a primary physician or a certified nurse practitioner from among those available
10 to the health maintenance organization; and

11 (7) A requirement that a health maintenance organization print, in
12 any directory of participating providers or hospitals, in a conspicuous manner, the
13 address, telephone number, and facsimile number of the State agency that members,
14 enrollees, and insureds may call to discuss quality of care issues, life and health
15 insurance complaints, and assistance in resolving billing and payment disputes with
16 the health plan or health care provider, as follows:

17 (i) For quality of care issues and life and health care insurance
18 complaints, the Maryland Insurance Administration; and

19 (ii) For assistance in resolving a billing or payment dispute with
20 the health plan or a health care provider, the Health Education and Advocacy Unit of
21 the Consumer Protection Division of the Office of the Attorney General.

22 **[(c) (1)** A member may select a certified nurse practitioner as the
23 member's primary care provider if:

24 (i) The certified nurse practitioner provides services at the
25 same location as the certified nurse practitioner's collaborating physician; and

26 (ii) The collaborating physician provides the continuing medical
27 management required under subsection (b)(5) of this section.

28 (2) A member who selects a certified nurse practitioner as a primary
29 care provider shall be provided the name and contact information of the certified nurse
30 practitioner's collaborating physician.]

31 **[(3) (8)** This subsection may not be construed to require that a
32 health maintenance organization include certified nurse practitioners on the health
33 maintenance organization's provider panel as primary care providers.

1 **[(d)] (C)** (1) The health maintenance organization shall make available
2 and encourage appropriate history and baseline examinations for each member within
3 a reasonable time of enrollment set by it.

4 (2) Medical problems that are a potential hazard to the person's health
5 shall be identified and a course of action to alleviate these problems outlined.

6 (3) Progress notes indicating success or failure of the course of action
7 shall be recorded.

8 (4) The health maintenance organization shall:

9 (i) Offer or arrange for preventive services that include health
10 education and counseling, early disease detection, immunization, and hearing loss
11 screening of newborns provided by a hospital before discharge;

12 (ii) Develop or arrange for periodic health education on subjects
13 which impact on the health status of a member population; and

14 (iii) Notify every member in writing of the availability of these
15 and other preventive services.

16 (5) The health maintenance organization shall offer services to
17 prevent a disease if:

18 (i) The disease produces death or disability and exists in the
19 member population;

20 (ii) The etiology of the disease is known or the disease can be
21 detected at an early stage; and

22 (iii) Any elimination of factors leading to the disease or
23 immunization has been proven to prevent its occurrence, or early disease detection
24 followed by behavior modification, environmental modification, or medical
25 intervention has been proven to prevent death or disability.

26 **[(e)] (D)** (1) To implement these standards of quality of care, a health
27 maintenance organization shall have a written plan that is updated and reviewed at
28 least every 3 years.

29 (2) The plan shall include the following information:

30 (i) Statistics on age, sex, and other general demographic data
31 used to determine the health care needs of its population;

32 (ii) Identification of the major health problems in the member
33 population;

1 (iii) Identification of any special groups of members that have
2 unique health problems, such as the poor, the elderly, the mentally ill, and
3 educationally disadvantaged; and

4 (iv) A description of community health resources and how they
5 will be used.

6 (3) The health maintenance organization shall state its priorities and
7 objectives in writing, describing how the priorities and objectives relating to the health
8 problems and needs of the member population will be provided for.

9 (4) (i) The health maintenance organization shall provide at the
10 time membership is solicited a general description of the benefits and services
11 available to its members, including benefit limitations and exclusions, location of
12 facilities or providers, and procedures to obtain medical services.

13 (ii) The health maintenance organization shall place the
14 following statement, in bold print, on every enrollment card or application: "If you
15 have any questions concerning the benefits and services that are provided by or
16 excluded under this agreement, please contact a membership services representative
17 before signing this application or card".

18 (5) The plan shall contain evidence that:

19 (i) The programs and services offered are based on the health
20 problems of and the community health services available to its member population;

21 (ii) There is an active program for preventing illness, disability,
22 and hospitalization among its members; and

23 (iii) The services designed to prevent the major health problems
24 identified among child and adult members and to improve their general health are
25 provided by the health maintenance organization.

26 **[(f)] (E)** (1) The health maintenance organization shall have an internal
27 peer review system that will evaluate the utilization services and the quality of
28 health care provided to its members.

29 (2) The review system shall:

30 (i) Provide for review by appropriate health professionals of the
31 process followed in the provision of health services;

32 (ii) Use systematic data collection of performances and patient
33 results;

- 1 (iii) Provide interpretation of this data to the practitioners;
- 2 (iv) Review and update continuing education programs for
3 health professionals providing services to its members;
- 4 (v) Identify needed change and proposed modifications to
5 implement the change; and
- 6 (vi) Maintain written records of the internal peer review process.

7 **[(g)] (F)** (1) Except as provided in paragraph (5) of this subsection, the
8 Department shall conduct an annual external review of the quality of the health
9 services of the health maintenance organization in a manner that the Department
10 considers to be appropriate.

11 (2) The external review shall be conducted by:

12 (i) A panel of physicians and other health professionals that
13 consists of persons who:

- 14 1. Have been approved by the Department;
- 15 2. Have substantial experience in the delivery of health
16 care in a health maintenance organization setting, but who are not members of the
17 health maintenance organization staff or performing professional services for the
18 health maintenance organization; and
- 19 3. Reside outside the area serviced by the health
20 maintenance organization;

21 (ii) The Department; or

22 (iii) A federally approved professional standards review
23 organization.

24 (3) The final decision on the type of external review that is to be
25 employed rests solely with the Secretary.

26 (4) The external review shall consist of a review and evaluation of:

- 27 (i) An internal peer review system and reports;
- 28 (ii) The program plan of the health maintenance organization to
29 determine if it is adequate and being followed;
- 30 (iii) The professional standards and practices of the health
31 maintenance organization in every area of services provided;

1 (iv) The grievances relating specifically to the delivery of
2 medical care, including their final disposition;

3 (v) The physical facilities and equipment; and

4 (vi) A statistically representative sample of member records.

5 SECTION 2. AND BE IT FURTHER ENACTED, That the Department of
6 Health and Mental Hygiene shall repeal the provisions of Title 10, Subtitle 27 of the
7 Code of Maryland Regulations requiring the implementation of a written agreement
8 between a certified nurse practitioner and a licensed physician and establishing the
9 Joint Committee on Nurse Practitioners on or before December 31, 2012.

10 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
11 October 1, 2010.