J2 2lr0569

# By: Senator Conway (Chair, Education, Health, and Environmental Affairs Committee)

Introduced and read first time: February 3, 2012

Assigned to: Education, Health, and Environmental Affairs

#### A BILL ENTITLED

1 AN ACT concerning

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#### State Board of Physicians - Sunset Extension and Program Evaluation

FOR the purpose of continuing the State Board of Physicians in accordance with the provisions of the Maryland Program Evaluation Act (Sunset Law) by extending to a certain date the termination provisions relating to the statutory and regulatory authority of the Board; prohibiting certain individuals from providing certain services to the Board under certain circumstances; prohibiting certain individuals from being appointed to the Board under certain circumstances; repealing a certain provision of law regarding entry onto private premises for a certain purpose; authorizing the Board's executive director to apply for a certain search warrant under certain circumstances; specifying that the application for the warrant must meet certain requirements; authorizing a judge who receives a certain search warrant application to issue a warrant under certain circumstances; specifying that a certain search warrant must include certain information and be executed and returned to a certain person within a certain period of time; authorizing certain physicians to practice medicine without a license under certain circumstances; providing for a certain exception to certain education qualifications necessary for licensure; codifying the requirement that the Board provide certain individuals an opportunity to appear before the Board under certain circumstances; requiring the Board to disclose the filing of charges and initial denials of licensure on the Board's Web site; requiring that physician license profiles include a summary of charges filed against the physician and a copy of the charging document under certain circumstances; requiring that license profiles include a certain disclaimer; requiring the Board to include certain information on a license profile within a certain time period; specifying that a certain report that certain entities are required to file with the Board include certain information; authorizing the Board to impose a certain civil penalty on an alternative health system that fails to file a certain report; requiring the Board to remit a certain penalty to the General Fund of the State; repealing the requirement that a circuit court of the



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State impose a civil penalty on an alternative health system that fails to file a certain report; specifying that a certain court reporting requirement is to be enforced by the imposition of a certain fine by a circuit court of the State; requiring the Board and the Department of Health and Mental Hygiene to develop and implement a certain strategy on or before a certain date; requiring the Board to consider engaging the services of a certain consultant to develop and recommend a certain strategy for addressing and implementing certain recommendations; requiring the Board to report certain results and a certain status to the General Assembly on or before a certain date; requiring the Board to assess certain practices and submit a certain long-term fiscal plan to the Department of Legislative Services on or before a certain date; requiring the Board to amend the Board's regulations to reflect the procedures of the Board on or before a certain date; requiring the Department of Legislative Services to make certain recommendations to certain committees of the General Assembly on or before a certain date; and generally relating to the State Board of Physicians.

17 BY adding to

- 18 Article Health Occupations
- 19 Section 14–202(l), 14–206.1, 14–401(l), and 14–416
- 20 Annotated Code of Maryland
- 21 (2009 Replacement Volume and 2011 Supplement)
- 22 BY repealing and reenacting, with amendments,
- 23 Article Health Occupations
- 24 Section 14–206(d)(1), 14–302, 14–307, 14–308, 14–411(i), 14–411.1(b), (c)(2), and
- 25 (f), 14–413, 14–414, and 14–702
- 26 Annotated Code of Maryland
- 27 (2009 Replacement Volume and 2011 Supplement)
- 28 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
- 29 MARYLAND, That the Laws of Maryland read as follows:

### Article - Health Occupations

31 14–202.

- 32 (L) (1) AN INDIVIDUAL MAY NOT PROVIDE SERVICES TO THE BOARD 33 FOR REMUNERATION UNLESS 3 YEARS HAVE PASSED SINCE THE TERMINATION 34 OF THE INDIVIDUAL'S APPOINTMENT TO THE BOARD.
- 35 (2) AN INDIVIDUAL MAY NOT BE APPOINTED TO THE BOARD IF 36 THE INDIVIDUAL IS PROVIDING OR HAS PROVIDED SERVICES TO THE BOARD FOR REMUNERATION WITHIN THE PRECEDING 3 YEARS.
- 38 14-206.

1 2 3	(d) (1) If the entry is necessary to carry out a duty under this title, the Board's executive director or other duly authorized agent or investigator of the Board may enter at any reasonable hour:
4	(i) A place of business of a licensed physician; <b>OR</b>
5 6 7	(ii) [Private premises where the Board suspects that a person who is not licensed by the Board is practicing, attempting to practice, or offering to practice medicine, based on a formal complaint; or
8	(iii)] Public premises.
9	14-206.1.
10	(A) THE BOARD'S EXECUTIVE DIRECTOR MAY APPLY TO A JUDGE OF
11	THE DISTRICT COURT OR A CIRCUIT COURT FOR A SEARCH WARRANT TO ENTER
12	PRIVATE PREMISES AND SEIZE EVIDENCE WHERE THE BOARD SUSPECTS THAT A
13	PERSON WHO IS NOT LICENSED BY THE BOARD IS PRACTICING, ATTEMPTING TO
14	PRACTICE, OR OFFERING TO PRACTICE MEDICINE, BASED ON A COMPLAINT
15	RECEIVED BY THE BOARD.
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16	(B) AN APPLICATION FOR A SEARCH WARRANT SHALL:
17	(1) BE IN WRITING;
18	(2) BE VERIFIED BY THE APPLICANT; AND
19	(3) DESCRIBE THE PREMISES TO BE SEARCHED AND THE
20	NATURE, SCOPE, AND PURPOSE OF THE SEARCH.
20	NATURE, SCOPE, AND FURFOSE OF THE SEARCH.
21	(C) A JUDGE WHO RECEIVES AN APPLICATION FOR A SEARCH WARRANT
22	MAY ISSUE A WARRANT ON A FINDING THAT:
44	MAI ISSUE A WARRANT ON A FINDING THAT.
23	(1) THE SCOPE OF THE PROPOSED SEARCH IS REASONABLE;
24	(2) THE REQUEST FOR A SEARCH WARRANT IS BASED ON A
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25	COMPLAINT RECEIVED BY THE BOARD; AND
26	(3) OBTAINING CONSENT TO ENTER THE PREMISES MAY
26 27	JEOPARDIZE THE ATTEMPT TO DETERMINE WHETHER A PERSON WHO IS NOT
28	LICENSED BY THE BOARD IS PRACTICING, ATTEMPTING TO PRACTICE, OR
29	OFFERING TO PRACTICE MEDICINE.

- 1 (D) (1) A SEARCH WARRANT ISSUED UNDER THIS SECTION SHALL SPECIFY THE LOCATION OF THE PREMISES TO BE SEARCHED.
- 3 (2) A SEARCH CONDUCTED IN ACCORDANCE WITH A SEARCH
- 4 WARRANT ISSUED UNDER THIS SECTION MAY NOT EXCEED THE LIMITS
- 5 SPECIFIED IN THE WARRANT.
- 6 (E) A SEARCH WARRANT ISSUED UNDER THIS SECTION SHALL BE 7 EXECUTED AND RETURNED TO THE ISSUING JUDGE:
- 8 (1) WITHIN THE PERIOD SPECIFIED IN THE WARRANT, WHICH 9 MAY NOT EXCEED 30 DAYS FROM THE DATE OF ISSUANCE; OR
- 10 **(2)** WITHIN 15 DAYS AFTER THE WARRANT IS ISSUED, IF NO 11 PERIOD IS SPECIFIED IN THE WARRANT.
- 12 14–302.
- Subject to the rules, regulations, and orders of the Board, the following individuals may practice medicine without a license:
- 15 (1) A medical student or an individual in a postgraduate medical 16 training program that is approved by the Board, while doing the assigned duties at 17 any office of a licensed physician, hospital, clinic, or similar facility;
- 18 (2) A physician licensed by and residing in another jurisdiction, [while 19 engaging in consultation with a physician licensed in this State] IF:
- 20 (I) THE PHYSICIAN IS ENGAGED IN CONSULTATION WITH A
  21 PHYSICIAN LICENSED IN THE STATE ABOUT A PARTICULAR PATIENT AND DOES
  22 NOT DIRECT PATIENT CARE;
- 23 (II) THE BOARD FINDS, ON APPLICATION BY A MARYLAND 24 HOSPITAL, THAT:
- 25 THE PHYSICIAN POSSESSES A SKILL OR USES A 26 PROCEDURE THAT:
- A. IS ADVANCED BEYOND THOSE SKILLS OR PROCEDURES NORMALLY TAUGHT OR EXERCISED IN THE HOSPITAL AND IN STANDARD MEDICAL EDUCATION OR TRAINING;

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1 2 3	B. COULD NOT BE OTHERWISE CONVENIENTLY TAUGHT OR DEMONSTRATED IN STANDARD MEDICAL EDUCATION OR TRAINING IN THAT MARYLAND HOSPITAL; AND
4 5	C. IS LIKELY TO BENEFIT A MARYLAND PATIENT IN THIS INSTANCE;
6 7	2. THE DEMONSTRATION OF THE SKILL OR PROCEDURE WILL CONSUME NO MORE THAN 14 DAYS;
8 9 10 11	3. A HOSPITAL PHYSICIAN LICENSED IN THE STATE HAS CERTIFIED TO THE BOARD THAT THE PHYSICIAN WILL BE RESPONSIBLE FOR THE MEDICAL CARE PROVIDED BY THAT VISITING PHYSICIAN TO THE PATIENT IN THE STATE;
12 13 14 15	4. THE VISITING PHYSICIAN HAS NO HISTORY OF ANY MEDICAL DISCIPLINARY ACTION IN ANY OTHER STATE, TERRITORY, NATION, OR ANY BRANCH OF THE UNITED STATES UNIFORMED SERVICES OR THE VETERANS ADMINISTRATION, AND HAS NO SIGNIFICANT DETRIMENTAL MALPRACTICE HISTORY IN THE JUDGMENT OF THE BOARD;
17 18	5. THE PHYSICIAN IS COVERED BY MALPRACTICE INSURANCE IN THE JURISDICTION WHERE THE PHYSICIAN PRACTICES; AND
19 20	6. THE HOSPITAL ASSURES THE BOARD THAT THE PATIENT WILL BE PROTECTED BY ADEQUATE MALPRACTICE INSURANCE; OR
21 $22$	(III) THE BOARD FINDS, ON APPLICATION BY A MARYLAND HOSPITAL, THAT:
23 24	1. THE HOSPITAL PROVIDES TRAINING IN A SKILL OR USES A PROCEDURE THAT:
25 26 27	A. IS ADVANCED BEYOND THOSE SKILLS OR PROCEDURES NORMALLY TAUGHT OR EXERCISED IN STANDARD MEDICAL EDUCATION OR TRAINING;

- B. COULD NOT BE OTHERWISE CONVENIENTLY TAUGHT OR DEMONSTRATED IN THE VISITING PHYSICIAN'S PRACTICE; AND
- 30 C. IS LIKELY TO BENEFIT A MARYLAND PATIENT IN 31 THIS INSTANCE;

1 2	2. THE DEMONSTRATION OR EXERCISE OF THE SKILL OR PROCEDURE WILL CONSUME NO MORE THAN 14 DAYS;
3 4	3. A HOSPITAL PHYSICIAN LICENSED IN THE STATE HAS CERTIFIED TO THE BOARD THAT THE PHYSICIAN WILL BE RESPONSIBLE
5 6	FOR THE MEDICAL CARE PROVIDED BY THAT VISITING PHYSICIAN TO THE PATIENT IN THE STATE;
7 8 9 10 11	4. The visiting physician has no history of any medical disciplinary action in any other state, territory, nation, or any branch of the United States uniformed services or the Veterans Administration, and has no significant detrimental malpractice history in the Judgment of the Board;
12 13	5. THE PHYSICIAN IS COVERED BY MALPRACTICE INSURANCE IN THE JURISDICTION WHERE THE PHYSICIAN PRACTICES; AND
14 15	6. THE HOSPITAL ASSURES THE BOARD THAT THE PATIENT WILL BE PROTECTED BY ADEQUATE MALPRACTICE INSURANCE;
16 17	(3) A physician employed in the service of the federal government while performing the duties incident to that employment;
18 19	(4) A physician who resides in and is authorized to practice medicine by any state adjoining this State and whose practice extends into this State, if:
20 21	(i) The physician does not have an office or other regularly appointed place in this State to meet patients; and
22 23	(ii) The same privileges are extended to licensed physicians of this State by the adjoining state; and
24 25 26 27	(5) An individual while under the supervision of a licensed physician who has specialty training in psychiatry, and whose specialty training in psychiatry has been approved by the Board, if the individual submits an application to the Board on or before October 1, 1993, and either:
28 29	(i) 1. Has a master's degree from an accredited college or university; and
30 31 32	2. Has completed a graduate program accepted by the Board in a behavioral science that includes 1,000 hours of supervised clinical psychotherapy experience; or

1 2	(ii) 1. Has a baccalaureate degree from an accredited college or university; and
3 4	2. Has 4,000 hours of supervised clinical experience that is approved by the Board.
5	14–307.
6 7	(a) To qualify for a license, an applicant shall be an individual who meets the requirements of this section.
8	(b) The applicant shall be of good moral character.
9	(c) The applicant shall be at least 18 years old.
10 11	(d) Except as provided in SUBSECTION (E) OF THIS SECTION AND IN § 14–308 of this subtitle, the applicant shall:
12 13 14	(1) (i) Have a degree of doctor of medicine from a medical school that is accredited by an accrediting organization that the Board recognizes in its regulations; and
15 16 17 18	(ii) Submit evidence acceptable to the Board of successful completion of 1 year of training in a postgraduate medical training program that is accredited by an accrediting organization that the Board recognizes in its regulations; or
19 20 21 22	(2) (i) Have a degree of doctor of osteopathy from a school of osteopathy in the United States, its territories or possessions, Puerto Rico, or Canada that has standards for graduation equivalent to those established by the American Osteopathic Association; and
23 24 25	(ii) Submit evidence acceptable to the Board of successful completion of 1 year of training in a postgraduate medical training program accredited by an accrediting organization that the Board recognizes in its regulations.
26 27	(E) IN LIEU OF THE REQUIREMENTS OF SUBSECTION (D) OF THIS SECTION, THE BOARD MAY ACCEPT AN APPLICANT WHO:
28 29 30	(1) ON AN ANNUAL BASIS, TEACHES FULL TIME IN A MEDICAL SCHOOL IN THE UNITED STATES THAT IS ACCREDITED BY THE LIAISON COMMITTEE ON MEDICAL EDUCATION; OR

(2) POSSESSES 10 YEARS OF CLINICAL PRACTICE OF MEDICINE UNDER A FULL UNRESTRICTED LICENSE HELD IN ANOTHER STATE OR IN

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## 1 CANADA, WITH AT LEAST 3 OF THE 10 YEARS HAVING OCCURRED WITHIN 5 YEARS OF THE DATE OF THE APPLICATION.

- 3 **[(e)] (F)** Except as otherwise provided in this title, the applicant shall pass an examination required by the Board under this subtitle.
- 5 **[(f)] (G)** The applicant shall meet any other qualifications that the Board establishes in its regulations for license applicants.
- 7 **[(g)] (H)** An applicant who has failed the examination or any part of the 8 examination 3 or more times shall submit evidence of having completed 1 year of 9 additional clinical training in an approved postgraduate training program following 10 the latest failure.
- [(h)] (I) (1) The Board shall require as part of its examination or licensing procedures that an applicant for a license to practice medicine demonstrate an oral competency in the English language.
  - (2) Graduation from a recognized English-speaking undergraduate school or high school, including General Education Development (GED), after at least 3 years of enrollment, or from a recognized English-speaking professional school is acceptable as proof of proficiency in the oral communication of the English language under this section.
- 19 (3) By regulation, the Board shall develop a procedure for testing 20 individuals who because of their speech impairment are unable to complete 21 satisfactorily a Board approved standardized test of oral competency.
- 22 (4) If any disciplinary charges or action that involves a problem with 23 the oral communication of the English language are brought against a licensee under 24 this title, the Board shall require the licensee to take and pass a Board approved 25 standardized test of oral competency.
- 26 14–308.

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- 27 (a) (1) In this section the following terms have the meanings indicated.
- 28 (2) "Fifth pathway program" means a program that the Board 29 approves in its regulations for a student who:
- 30 (i) Has studied medicine at a foreign medical school;
- 31 (ii) Was a United States citizen when the student enrolled in 32 the foreign medical school; and

1 2 3	(iii) Has completed all of the formal requirements for graduation from the foreign medical school, except for any social service or postgraduate requirements.
4 5	(3) "Foreign medical school" means a medical school located outside of the United States, its territories or possessions, Puerto Rico, or Canada.
6 7	(b) An applicant for a license is exempt from the educational requirements of $\$14-307$ of this subtitle, if the applicant:
8	(1) Has studied medicine at a foreign medical school;
9 10	(2) Is certified by the Educational Commission for Foreign Medical Graduates or by its successor as approved by the Board;
11 12	(3) Passes a qualifying examination for foreign medical school graduates required by the Board;
13 14	(4) Meets any other qualifications for foreign medical school graduates that the Board establishes in its regulation for licensing of applicants;
15 16	(5) Submits acceptable evidence to the Board of the requirements set in the Board's regulations; and
17 18	(6) [Meets] EXCEPT AS PROVIDED IN SUBSECTION (C) OF THIS SECTION, MEETS one of the following requirements:
19 20 21 22	(i) The applicant graduated from any foreign medical school and submits evidence acceptable to the Board of successful completion of 2 years of training in a postgraduate medical education program accredited by an accrediting organization recognized by the Board; or
23 24	(ii) The applicant successfully completed a fifth pathway program and submits evidence acceptable to the Board that the applicant:
25 26 27 28	1. Has a document issued by the foreign medical school certifying that the applicant completed all of the formal requirements of that school for the study of medicine, except for the postgraduate or social service components as required by the foreign country or its medical school;
29 30	2. Has successfully completed a fifth pathway program; and
31 32 33	3. Has successfully completed 2 years of training in a postgraduate medical education program following completion of a Board approved fifth pathway program.

- 1 (C) IN LIEU OF THE REQUIREMENTS OF SUBSECTION (B)(6) OF THIS SECTION, THE BOARD MAY ACCEPT AN APPLICANT WHO:
- 3 (1) ON AN ANNUAL BASIS, TEACHES FULL TIME IN A MEDICAL
- 4 SCHOOL IN THE UNITED STATES THAT IS ACCREDITED BY THE LIAISON
- 5 COMMITTEE ON MEDICAL EDUCATION; OR
- 6 (2) Possesses 10 years of clinical practice of medicine
- 7 UNDER A FULL UNRESTRICTED LICENSE HELD IN ANOTHER STATE OR IN
- 8 CANADA, WITH AT LEAST 3 OF THE 10 YEARS HAVING OCCURRED WITHIN 5
- 9 YEARS OF THE DATE OF THE APPLICATION.
- 10 14-401.
- 11 (L) THE BOARD, IN CONDUCTING A CASE RESOLUTION CONFERENCE,
- 12 OR ITS SUCCESSOR, UNDER COMAR 10.32.02.03 SHALL PROVIDE AN
- 13 OPPORTUNITY TO APPEAR BEFORE THE BOARD TO BOTH THE LICENSEE WHO
- 14 HAS BEEN CHARGED AND THE INDIVIDUAL WHO HAS FILED THE COMPLAINT
- 15 AGAINST THE LICENSEE GIVING RISE TO THE CHARGE.
- 16 14-411.
- 17 (i) Following the filing of charges or notice of initial denial of license
- application, the Board shall disclose the filing to the public ON THE BOARD'S WEB
- 19 **SITE**.
- 20 14-411.1.
- 21 (b) The Board shall create and maintain a public individual profile on each
- 22 licensee that includes the following information:
- 23 (1) A SUMMARY OF CHARGES FILED AGAINST THE LICENSEE
- 24 THAT INCLUDES A COPY OF THE CHARGING DOCUMENT, UNTIL THE BOARD HAS
- 25 TAKEN ACTION UNDER § 14–404 OF THIS SUBTITLE BASED ON THE CHARGES OR
- 26 HAS RESCINDED THE CHARGES;
- 27 (2) A description of any disciplinary action taken by the Board against
- 28 the licensee within the most recent 10-year period that includes a copy of the public
- 29 order;
- 30 [(2)] (3) A description in summary form of any final disciplinary
- 31 action taken by a licensing board in any other state or jurisdiction against the licensee
- 32 within the most recent 10-year period;

- 1 The number of medical malpractice final court judgments [(3)] **(4)** 2 and arbitration awards against the licensee within the most recent 10-year period for 3 which all appeals have been exhausted as reported to the Board; 4 [(4)] (5) A description of a conviction or entry of a plea of guilty or nolo contendere by the licensee for a crime involving moral turpitude reported to the 5 6 Board under § 14–413(b) of this subtitle; and 7 Medical education and practice information about the [(5)] **(6)** 8 licensee including: 9 The name of any medical school that the licensee attended and the date on which the licensee graduated from the school; 10 11 (ii) A description of any internship and residency training; 12 A description of any specialty board certification by a (iii) 13 recognized board of the American Board of Medical Specialties or the American Osteopathic Association; 14 15 The name of any hospital where the licensee has medical privileges as reported to the Board under § 14–413 of this subtitle; 16 17 (v) The location of the licensee's primary practice setting; and 18 Whether the licensee participates in the Maryland Medical (vi) 19 Assistance Program. 20 In addition to the requirements of subsection (b) of this section, the Board (c) shall: 2122Include a statement on each licensee's profile of information to be 23taken into consideration by a consumer when viewing a licensee's profile, including 24factors to consider when evaluating a licensee's malpractice data AND A DISCLAIMER STATING THAT A CHARGING DOCUMENT DOES NOT INDICATE A FINAL FINDING 25 OF GUILT BY THE BOARD; and 26 27(f) The Board shall include information relating to CHARGES FILED 28AGAINST A LICENSEE BY THE BOARD AND a final disciplinary action taken by the 29 Board against a licensee in the licensee's profile within 10 days after THE CHARGES ARE FILED OR the action becomes final. 30
- 32 (a) (1) Every 6 months, each hospital and related institution shall file 33 with the Board a report that:

14-413.

$\frac{1}{2}$	(i) the 6 months preceding	Contains the name of each licensed physician who, during the report:
3		1. Is employed by the hospital or related institution;
4 5	and	2. Has privileges with the hospital or related institution;
6 7	institution; [and]	3. Has applied for privileges with the hospital or related
8 9	(ii) months preceding the re	States whether, as to each licensed physician, during the 6 port:
10 11 12 13 14 15	terminated the staff privunder formal accusation	1. The hospital or related institution denied the n for staff privileges or limited, reduced, otherwise changed, or vileges of a physician, or the physician resigned whether or not n, if the denial, limitation, reduction, change, termination, or s that might be grounds for disciplinary action under § 14–404
16 17 18 19	including termination of	2. The hospital or related institution took any inst a salaried, licensed physician without staff privileges, employment, suspension, or probation, for reasons that might ary action under § 14–404 of this subtitle;
20 21 22 23	including removal from	3. The hospital or related institution took any ast an individual in a postgraduate medical training program, the training program, suspension, or probation for reasons or disciplinary action under § 14–404 of this subtitle;
24 25 26 27	program of the hospital	4. A licensed physician or an individual in a rogram voluntarily resigned from the staff, employ, or training or related institution for reasons that might be grounds for § 14–404 of this subtitle; or
28 29 30 31		5. The hospital or related institution placed any others on any of the licensed physicians as listed in items 1 through for any reasons that might be grounds for disciplinary action ubtitle; AND
32 33 34 35		IF THE HOSPITAL OR RELATED INSTITUTION DID NOT IST THE LICENSED PHYSICIAN DURING THE PERIOD

1	(2) The hospital or related institution shall:
2 3	(i) Submit the report within 10 days of any action described in paragraph (1)(ii) of this subsection; and
4 5	(ii) State in the report the reasons for its action or the nature of the formal accusation pending when the physician resigned.
6 7	(3) The Board may extend the reporting time under this subsection for good cause shown.
8 9 10	(4) The minutes or notes taken in the course of determining the denial, limitation, reduction, or termination of the staff privileges of any physician in a hospital or related institution are not subject to review or discovery by any person.
11 12 13	[(b) (1) Each court shall report to the Board each conviction of or entry of a plea of guilty or nolo contendere by a physician for any crime involving mora turpitude.
14 15	(2) The court shall submit the report within 10 days of the conviction or entry of the plea.]
16	[(c)] (B) The Board may enforce this section by subpoena.
17 18 19	[(d)] (C) Any person shall have the immunity from liability described under § 5–715(d) of the Courts and Judicial Proceedings Article for giving any of the information required by this section.
20 21 22	[(e)] (D) A report made under this section is not subject to subpoena or discovery in any civil action other than a proceeding arising out of a hearing and decision of the Board under this title.
23 24	[(f)] (E) (1) The Board may impose a civil penalty of up to \$5,000 for failure to report under this section.
25 26	(2) The Board shall remit any penalty collected under this subsection into the General Fund of the State.
27	14–414.
28 29	(a) (1) Every 6 months, each alternative health system as defined in § 1–401 of this article shall file with the Board a report that:
30 31	(i) Contains the name of each licensed physician who, during the 6 months preceding the report:

1	1. Is employed by the alternative health system;
2 3	2. Is under contract with the alternative health system; and
4 5	3. Has completed a formal application process to become under contract with the alternative health system; [and]
6 7	(ii) States whether, as to each licensed physician, during the 6 months preceding the report:
8 9 10 11 12	1. The alternative health system denied the formal application of a physician to contract with the alternative health system or limited, reduced, otherwise changed, or terminated the contract of a physician, or the physician resigned whether or not under formal accusation, if the denial, limitation, reduction, change, termination, or resignation is for reasons that might be grounds for disciplinary action under § 14–404 of this subtitle; or
14 15 16	2. The alternative health system placed any other restrictions or conditions on any licensed physician for any reasons that might be grounds for disciplinary action under § 14–404 of this subtitle; AND
17 18 19 20	(III) STATES THAT NO ACTION WAS TAKEN AGAINST THE LICENSED PHYSICIAN IF THE ALTERNATIVE HEALTH SYSTEM DID NOT TAKE ACTION AGAINST THE LICENSED PHYSICIAN DURING THE PERIOD COVERED BY THE REPORT.
21	(2) The alternative health system shall:
22 23	(i) Submit the report within 10 days of any action described in paragraph (1)(ii) of this subsection; and
24 25	(ii) State in the report the reasons for its action or the nature of the formal accusation pending when the physician resigned.
26 27	(3) The Board may extend the reporting time under this subsection for good cause shown.
28 29 30	(4) The minutes or notes taken in the course of determining the denial, limitation, reduction, or termination of the employment contract of any physician in an alternative health system are not subject to review or discovery by any person.

- [(b) (1) Each court shall report to the Board each conviction of or entry of a plea of guilty or nolo contendere by a physician for any crime involving moral turpitude.
- 4 (2) The court shall submit the report within 10 days of the conviction or entry of the plea.]
- 6 [(c)] **(B)** The Board may enforce this section by subpoena.
- 7 **[(d)] (C)** Any person shall have the immunity from liability described under 8 § 5–715(d) of the Courts and Judicial Proceedings Article for giving any of the 9 information required by this section.
- 10 **[(e)] (D)** A report made under this section is not subject to subpoena or discovery in any civil action other than a proceeding arising out of a hearing and decision of the Board under this title.
- [(f)] (E) (1) [Failure to report pursuant to the requirements of this section shall result in imposition of a civil penalty of up to \$5,000 by a circuit court of this State] THE BOARD MAY IMPOSE A CIVIL PENALTY OF UP TO \$5,000 FOR FAILURE TO REPORT UNDER THIS SECTION.
- 17 (2) THE BOARD SHALL REMIT ANY PENALTY COLLECTED UNDER 18 THIS SUBSECTION INTO THE GENERAL FUND OF THE STATE.
- 19 **14–416.**
- 20 (A) (1) EACH COURT SHALL REPORT TO THE BOARD EACH CONVICTION OF OR ENTRY OF A PLEA OF GUILTY OR NOLO CONTENDERE BY A PHYSICIAN FOR ANY CRIME INVOLVING MORAL TURPITUDE.
- 23 (2) THE COURT SHALL SUBMIT THE REPORT WITHIN 10 DAYS OF THE CONVICTION OR ENTRY OF THE PLEA.
- 25 (B) FAILURE TO REPORT PURSUANT TO THE REQUIREMENTS OF THIS
  26 SECTION SHALL RESULT IN IMPOSITION OF A CIVIL PENALTY OF UP TO \$5,000
  27 BY A CIRCUIT COURT OF THE STATE.
- 28 14–702.
- Subject to the evaluation and reestablishment provisions of the Program Evaluation Act, this title and all rules and regulations adopted under this title shall terminate and be of no effect after July 1, [2013] **2014**.

SECTION 2. AND BE IT FURTHER ENACTED, That, on or before December 31, 2012, the State Board of Physicians and the Department of Health and Mental Hygiene jointly shall develop and implement a strategy for reducing the backlog of complaint cases.

- SECTION 3. AND BE IT FURTHER ENACTED, That the State Board of Physicians shall consider engaging the services of an outside consultant to develop and recommend a strategy for addressing and implementing the issues and recommendations made by the Department of Legislative Services in the November 2011 publication "Sunset Review: Evaluation of the State Board of Physicians and the Related Allied Health Advisory Committees". On or before December 31, 2012, in accordance with § 2–1246 of the State Government Article, the Board shall report to the General Assembly and the Department of Legislative Services regarding the results of the outside consultant's review, if any, and the status of the implementation of the Department of Legislative Services' recommendations in the Sunset Review.
- SECTION 4. AND BE IT FURTHER ENACTED, That, on or before December 31, 2012, the State Board of Physicians shall assess its fee-charging practices and submit to the Department of Legislative Services a long-term fiscal plan that includes:
  - (1) a description of the method the Board uses to determine the amount of licensing fees that the Board will charge licensees;
  - (2) the adequacy of the Board's fund balance, including the Board's projected fund balance based on fee levels specified in regulations; and
- 22 (3) the sufficiency of physician fee levels, including whether current 23 fee levels need to be adjusted to reflect costs associated with peer review and physician 24 rehabilitation activities.
- SECTION 5. AND BE IT FURTHER ENACTED, That, on or before December 31, 2012, the State Board of Physicians shall amend its regulations to reflect the procedures of the Board.
  - SECTION 6. AND BE IT FURTHER ENACTED, That, on or before October 1, 2013, the Department of Legislative Services shall submit a report, in accordance with § 2–1246 of the State Government Article, to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee, that includes recommendations regarding the further extension of the termination date of the State Board of Physicians and any related changes to § 8–403 of the State Government Article that would be required.
- SECTION 7. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2012.