

SENATE BILL 549

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CF 7lr3278

By: **Chair, Education, Health, and Environmental Affairs Committee**

Introduced and read first time: February 1, 2017

Assigned to: Education, Health, and Environmental Affairs

A BILL ENTITLED

1 AN ACT concerning

2 **State Board of Physicians and Allied Health Advisory Committees – Sunset**
3 **Extension and Program Evaluation**

4 FOR the purpose of continuing the State Board of Physicians and the related allied health
5 advisory committees in accordance with the provisions of the Maryland Program
6 Evaluation Act (Sunset Law) by extending to a certain date the termination
7 provisions relating to statutory and regulatory authority of the State Board of
8 Physicians and the committees; altering the content of a certain statistical report
9 regarding complaints of sexual misconduct; authorizing certain health occupations
10 boards to enter into a certain agreement regarding prescriber–pharmacist
11 agreements with the State Board of Pharmacy; altering the definition of “allied
12 health professional” to include naturopathic doctors; requiring the State Board of
13 Physicians to submit an annual report on or before a certain date each year to the
14 Governor, the Secretary of Health and Mental Hygiene, and the General Assembly
15 that includes certain data related to criminal history records checks; codifying the
16 requirement that the State Board of Physicians provide certain training at least
17 annually to the Office of Administrative Hearings; authorizing the State Board of
18 Physicians to discipline individuals exempt from licensure under a certain provision
19 of this Act in a certain manner and for certain grounds; requiring the State Board of
20 Physicians to consider certain factors in determining whether to take disciplinary
21 action based on criminal history record information against certain physicians or
22 allied health professionals, rather than in determining whether to renew or reinstate
23 the license; altering the circumstances under which a disciplinary panel is required
24 to refer an allegation to peer review; repealing certain provisions of law rendered
25 obsolete by certain provisions of this Act; repealing the requirement that hospitals,
26 related institutions, and alternative health systems report certain information to the
27 State Board of Physicians at certain intervals; altering the circumstances under
28 which certain provisions of law related to penalties for the unlicensed practice of
29 medicine do not apply to certain licensees; making conforming and technical changes
30 requiring the State Board of Physicians, under certain circumstances, to submit a
31 certain proposal to certain committees of the General Assembly regarding moving

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 certain cases from the jurisdiction of the full State Board of Physicians to the
2 jurisdiction of the disciplinary panels; requiring that the State Board of Physicians
3 include certain information in certain reports; limiting the scope of a certain full
4 evaluation to certain matters; and generally relating to the State Board of Physicians
5 and the related allied health advisory committees.

6 BY repealing and reenacting, with amendments,
7 Article – Health Occupations
8 Section 1–212(e), 12–6A–03(b), 14–101(a–1), 14–302(a), 14–316(g), 14–401.1(a)(5)(i),
9 (c)(2), (k), and (l), 14–411.1(b)(6)(iv), 14–413(a)(1) and (2), 14–414(a)(1) and
10 (2), 14–5A–13(g), 14–5A–25, 14–5B–12(g), 14–5B–21, 14–5C–14(g),
11 14–5C–25, 14–5D–12(h), 14–5D–20, 14–5E–13(g), 14–5E–25, 14–5F–15(d),
12 14–5F–32, 14–602(c), 14–606(a)(5), 14–702, 15–307(g), and 15–502
13 Annotated Code of Maryland
14 (2014 Replacement Volume and 2016 Supplement)

15 BY adding to
16 Article – Health Occupations
17 Section 14–205.1, 14–205.2, and 14–302.2
18 Annotated Code of Maryland
19 (2014 Replacement Volume and 2016 Supplement)

20 BY repealing and reenacting, without amendments,
21 Article – Health Occupations
22 Section 14–401.1(c)(1) and 14–606(a)(4)
23 Annotated Code of Maryland
24 (2014 Replacement Volume and 2016 Supplement)

25 BY repealing
26 Article – Health Occupations
27 Section 14–401.1(j)
28 Annotated Code of Maryland
29 (2014 Replacement Volume and 2016 Supplement)

30 BY repealing and reenacting, without amendments,
31 Article – Insurance
32 Section 24–201(a)
33 Annotated Code of Maryland
34 (2011 Replacement Volume and 2016 Supplement)

35 BY repealing and reenacting, with amendments,
36 Article – Insurance
37 Section 24–201(d)
38 Annotated Code of Maryland
39 (2011 Replacement Volume and 2016 Supplement)

40 BY repealing and reenacting, without amendments,

1 Article – State Government
2 Section 8–405(a)
3 Annotated Code of Maryland
4 (2014 Replacement Volume and 2016 Supplement)

5 BY repealing and reenacting, with amendments,
6 Article – State Government
7 Section 8–405(b)(5)
8 Annotated Code of Maryland
9 (2014 Replacement Volume and 2016 Supplement)

10 BY repealing
11 Chapter 539 of the Acts of the General Assembly of 2007
12 Section 4 and 5

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

15 **Article – Health Occupations**

16 1–212.

17 (e) (1) (i) Each year, each health occupations board shall submit a
18 statistical report to the Secretary, indicating [the]:

19 **1. THE number of complaints of sexual misconduct received**
20 **[and the resolution of each complaint];**

21 **2. THE NUMBER OF LICENSEES, CERTIFICATE HOLDERS,**
22 **AND COMPLAINANTS INVOLVED IN THE COMPLAINTS OF SEXUAL MISCONDUCT**
23 **LISTED SEPARATELY BY CATEGORY;**

24 **3. THE NUMBER OF COMPLAINTS OF SEXUAL**
25 **MISCONDUCT STILL UNDER INVESTIGATION;**

26 **4. THE NUMBER OF COMPLAINTS OF SEXUAL**
27 **MISCONDUCT THAT WERE CLOSED WITH NO DISCIPLINARY ACTION;**

28 **5. THE NUMBER OF COMPLAINTS OF SEXUAL**
29 **MISCONDUCT THAT RESULTED IN INFORMAL OR NONPUBLIC ACTION;**

30 **6. THE NUMBER OF COMPLAINTS OF SEXUAL**
31 **MISCONDUCT THAT WERE REFERRED TO THE OFFICE OF THE ATTORNEY GENERAL**
32 **FOR PROSECUTORIAL ACTION;**

1 **7. THE NUMBER OF COMPLAINTS OF SEXUAL**
2 **MISCONDUCT THAT RESULTED IN EACH OF THE FOLLOWING:**

3 **A. LICENSE REVOCATION;**

4 **B. SUSPENSION;**

5 **C. PROBATION;**

6 **D. REPRIMAND; AND**

7 **E. DENIAL OF LICENSURE;**

8 **8. THE NUMBER OF COMPLAINTS OF SEXUAL**
9 **MISCONDUCT THAT WERE FORWARDED TO LAW ENFORCEMENT FOR POSSIBLE**
10 **CRIMINAL PROSECUTION; AND**

11 **9. FOR ANY OTHER ACTIONS TAKEN REGARDING**
12 **COMPLAINTS OF SEXUAL MISCONDUCT, A DETAILED BREAKDOWN OF THE TYPES OF**
13 **ACTIONS TAKEN.**

14 (ii) The report shall cover the period beginning October 1 and ending
15 the following September 30 and shall be submitted by the board not later than the
16 November 15 following the reporting period.

17 (2) The Secretary shall compile the information received from the health
18 occupations boards and submit an annual report to the General Assembly, in accordance
19 with § 2–1246 of the State Government Article, not later than December 31 of each year.

20 12–6A–03.

21 (b) (1) **(I) [An] EXCEPT AS PROVIDED IN SUBPARAGRAPH (II) OF THIS**
22 **PARAGRAPH, AN** authorized prescriber who has entered into a prescriber–pharmacist
23 agreement shall submit to the health occupations board that regulates the authorized
24 prescriber a copy of the prescriber–pharmacist agreement and any subsequent
25 modifications made to the prescriber–pharmacist agreement or the protocols specified in
26 the prescriber–pharmacist agreement.

27 **(II) A HEALTH OCCUPATIONS BOARD MAY ENTER INTO AN**
28 **AGREEMENT WITH THE BOARD OF PHARMACY THAT REQUIRES AUTHORIZED**
29 **PRESCRIBERS REGULATED BY THE HEALTH OCCUPATIONS BOARD TO SUBMIT TO**
30 **THE BOARD OF PHARMACY DOCUMENTATION THAT OTHERWISE WOULD BE**
31 **REQUIRED TO BE SUBMITTED TO THE HEALTH OCCUPATIONS BOARD UNDER**
32 **SUBPARAGRAPH (I) OF THIS PARAGRAPH.**

1 (2) A licensed pharmacist who has entered into a prescriber–pharmacist
2 agreement shall submit to the Board of Pharmacy a copy of the prescriber–pharmacist
3 agreement and any subsequent modifications made to the prescriber–pharmacist
4 agreement or the protocols specified in the prescriber–pharmacist agreement.

5 14–101.

6 (a–1) “Allied health professional” means an individual licensed by the Board under
7 Subtitle 5A, 5B, 5C, 5D, [or] 5E, **OR 5F** of this title or Title 15 of this article.

8 **14–205.1.**

9 **ON OR BEFORE DECEMBER 1 EACH YEAR, THE BOARD SHALL SUBMIT TO THE**
10 **GOVERNOR, THE SECRETARY, AND, IN ACCORDANCE WITH § 2–1246 OF THE STATE**
11 **GOVERNMENT ARTICLE, THE GENERAL ASSEMBLY AN ANNUAL REPORT THAT**
12 **INCLUDES THE FOLLOWING DATA FOR BOTH PHYSICIANS AND ALLIED HEALTH**
13 **PROFESSIONALS CALCULATED ON A FISCAL YEAR BASIS:**

14 **(1) THE NUMBER OF INITIAL AND RENEWAL LICENSES ISSUED;**

15 **(2) THE NUMBER OF POSITIVE AND NEGATIVE CRIMINAL HISTORY**
16 **RECORDS CHECKS RESULTS RECEIVED;**

17 **(3) THE NUMBER OF INDIVIDUALS DENIED INITIAL OR RENEWAL**
18 **LICENSURE DUE TO POSITIVE CRIMINAL HISTORY RECORDS CHECKS RESULTS; AND**

19 **(4) THE NUMBER OF INDIVIDUALS DENIED INITIAL OR RENEWAL**
20 **LICENSURE DUE TO REASONS OTHER THAN A POSITIVE CRIMINAL HISTORY**
21 **RECORDS CHECK.**

22 **14–205.2.**

23 **(A) SUBJECT TO SUBSECTION (B) OF THIS SECTION, THE BOARD SHALL**
24 **PROVIDE TRAINING AT LEAST ANNUALLY TO THE PERSONNEL OF THE OFFICE OF**
25 **ADMINISTRATIVE HEARINGS IN ORDER TO IMPROVE THE QUALITY AND EFFICIENCY**
26 **OF THE HEARINGS IN PHYSICIAN DISCIPLINE CASES.**

27 **(B) THE TRAINING PROVIDED UNDER SUBSECTION (A) OF THIS SECTION**
28 **SHALL INCLUDE MEDICAL TERMINOLOGY, MEDICAL ETHICS, AND, TO THE EXTENT**
29 **POSSIBLE, DESCRIPTIONS OF BASIC MEDICAL AND SURGICAL PROCEDURES**
30 **CURRENTLY IN USE.**

31 14–302.

1 (a) Subject to the rules, regulations, and orders of the Board, the following
2 individuals may practice medicine without a license if the individuals submit to a criminal
3 history records check in accordance with § 14–308.1 of this subtitle:

4 [(1) A medical student or an individual in a postgraduate medical training
5 program that is approved by the Board, while doing the assigned duties at any office of a
6 licensed physician, hospital, clinic, or similar facility;]

7 [(2) (1) A physician licensed by and residing in another jurisdiction, if
8 the physician:

9 (i) Is engaged in consultation with a physician licensed in the State
10 about a particular patient and does not direct patient care; or

11 (ii) Meets the requirements of § 14–302.1 of this subtitle;

12 [(3) (2) A physician employed in the service of the federal government
13 while performing the duties incident to that employment;

14 [(4) (3) A physician who resides in and is authorized to practice medicine
15 by any state adjoining this State and whose practice extends into this State, if:

16 (i) The physician does not have an office or other regularly
17 appointed place in this State to meet patients; and

18 (ii) The same privileges are extended to licensed physicians of this
19 State by the adjoining state; and

20 [(5) (4) An individual while under the supervision of a licensed physician
21 who has specialty training in psychiatry, and whose specialty training in psychiatry has
22 been approved by the Board, if the individual submits an application to the Board on or
23 before October 1, 1993, and either:

24 (i) 1. Has a master's degree from an accredited college or
25 university; and

26 2. Has completed a graduate program accepted by the Board
27 in a behavioral science that includes 1,000 hours of supervised clinical psychotherapy
28 experience; or

29 (ii) 1. Has a baccalaureate degree from an accredited college or
30 university; and

31 2. Has 4,000 hours of supervised clinical experience that is
32 approved by the Board.

1 **14-302.2.**

2 (A) **SUBJECT TO THE RULES, REGULATIONS, AND ORDERS OF THE BOARD,**
3 **A MEDICAL STUDENT OR AN INDIVIDUAL IN A POSTGRADUATE MEDICAL TRAINING**
4 **PROGRAM THAT IS APPROVED BY THE BOARD, WHILE DOING ASSIGNED DUTIES AT**
5 **ANY OFFICE OF A LICENSED PHYSICIAN, HOSPITAL, CLINIC, OR SIMILAR FACILITY,**
6 **MAY PRACTICE MEDICINE WITHOUT A LICENSE IF THE INDIVIDUAL SUBMITS TO A**
7 **CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 14-308.1 OF THIS**
8 **SUBTITLE.**

9 (B) **THE BOARD MAY DISCIPLINE AN INDIVIDUAL WHO IS EXEMPT FROM**
10 **LICENSURE UNDER SUBSECTION (A) OF THIS SECTION IN THE SAME MANNER AND**
11 **BASED ON THE SAME GROUNDS AS IF THE INDIVIDUAL WERE A LICENSED PHYSICIAN.**

12 14-316.

13 (g) (1) Beginning October 1, 2016, the Board shall require a criminal history
14 records check in accordance with § 14-308.1 of this subtitle for:

15 (i) Annual renewal applicants as determined by regulations
16 adopted by the Board; and

17 (ii) Each former licensee who files for reinstatement under § 14-317
18 of this subtitle after failing to renew the license for a period of 1 year or more.

19 (2) On receipt of the criminal history record information of a licensee
20 forwarded to the Board in accordance with § 14-308.1 of this subtitle, in determining
21 whether [to renew or reinstate a license] **DISCIPLINARY ACTION SHOULD BE TAKEN,**
22 **BASED ON THE CRIMINAL RECORD INFORMATION, AGAINST A LICENSEE WHO**
23 **RENEWED OR REINSTATED A LICENSE,** the Board shall consider:

24 (i) The age at which the crime was committed;

25 (ii) The nature of the crime;

26 (iii) The circumstances surrounding the crime;

27 (iv) The length of time that has passed since the crime;

28 (v) Subsequent work history;

29 (vi) Employment and character references; and

30 (vii) Other evidence that demonstrates whether the licensee poses a
31 threat to the public health or safety.

1 (3) The Board may not renew or reinstate a license if the criminal history
2 record information required under § 14–308.1 of this subtitle has not been received.

3 14–401.1.

4 (a) (5) (i) If a complaint proceeds to a hearing under § 14–405 of this
5 subtitle, § 14–5A–17, § 14–5B–14, § 14–5C–17, § 14–5D–15, [or] § 14–5E–16, **OR §**
6 **14–5F–21** of this title, or § 15–315 of this article, the chair of the disciplinary panel that
7 was assigned the complaint under paragraph (2)(i) of this subsection shall refer the
8 complaint to the other disciplinary panel.

9 (c) (1) Except as otherwise provided in this subsection, after being assigned a
10 complaint under subsection (a) of this section, the disciplinary panel may:

11 (i) Refer an allegation for further investigation to the entity that
12 has contracted with the Board under subsection (e) of this section;

13 (ii) Take any appropriate and immediate action as necessary; or

14 (iii) Come to an agreement for corrective action with a licensee
15 pursuant to paragraph (4) of this subsection.

16 (2) (i) [After] **IF, AFTER** being assigned a complaint **AND**
17 **COMPLETING THE PRELIMINARY INVESTIGATION**, the disciplinary panel **FINDS THAT**
18 **THE LICENSEE MAY HAVE VIOLATED § 14–404(A)(22) OF THIS SUBTITLE, THE**
19 **DISCIPLINARY PANEL** shall refer [any] **THE** allegation [in the complaint based on §
20 14–404(a)(22) of this subtitle] to the entity or entities that have contracted with the Board
21 under subsection (e) of this section for further investigation and physician peer review
22 within the involved medical specialty or specialties.

23 (ii) A disciplinary panel shall obtain two peer review reports from
24 the entity or individual with whom the Board contracted under subsection (e) of this section
25 for each allegation the disciplinary panel refers for peer review.

26 [(j) Those individuals not licensed under this title but covered under §
27 14–413(a)(1)(ii)3 and 4 of this subtitle are subject to the hearing provisions of § 14–405 of
28 this subtitle.]

29 [(k)] **(J)** (1) It is the intent of this section that the disposition of every
30 complaint against a licensee that sets forth allegations of grounds for disciplinary action
31 filed with the Board shall be completed as expeditiously as possible and, in any event,
32 within 18 months after the complaint was received by the Board.

33 (2) If a disciplinary panel is unable to complete the disposition of a
34 complaint within 1 year, the Board shall include in the record of that complaint a detailed
35 explanation of the reason for the delay.

1 **[(l)] (K)** A disciplinary panel, in conducting a meeting with a physician or allied
2 health professional to discuss the proposed disposition of a complaint, shall provide an
3 opportunity to appear before the disciplinary panel to both the licensee who has been
4 charged and the individual who has filed the complaint against the licensee giving rise to
5 the charge.

6 14-411.1.

7 (b) The Board shall create and maintain a public individual profile on each
8 licensee that includes the following information:

9 (6) Medical education and practice information about the licensee
10 including:

11 (iv) The name of any hospital where the licensee has medical
12 privileges [as reported], **IF KNOWN** to the Board [under § 14-413 of this subtitle];

13 14-413.

14 (a) (1) [Every 6 months, each] **EACH** hospital and related institution shall
15 [file with] **SUBMIT TO** the Board a report [that:

16 (i) Contains the name of each licensed physician who, during the 6
17 months preceding the report:

- 18 1. Is employed by the hospital or related institution;
- 19 2. Has privileges with the hospital or related institution; and
- 20 3. Has applied for privileges with the hospital or related
21 institution; and

22 (ii) States whether, as to each licensed physician, during the 6
23 months preceding the report] **WITHIN 10 DAYS AFTER:**

24 **[1.] (I)** The hospital or related institution denied the
25 application of a physician for staff privileges or limited, reduced, otherwise changed, or
26 terminated the staff privileges of a physician, or the physician resigned whether or not
27 under formal accusation, if the denial, limitation, reduction, change, termination, or
28 resignation is for reasons that might be grounds for disciplinary action under § 14-404 of
29 this subtitle;

30 **[2.] (II)** The hospital or related institution took any
31 disciplinary action against a salaried, licensed physician without staff privileges, including

1 termination of employment, suspension, or probation, for reasons that might be grounds
2 for disciplinary action under § 14–404 of this subtitle;

3 [3.] (III) The hospital or related institution took any
4 disciplinary action against an individual in a postgraduate medical training program,
5 including removal from the training program, suspension, or probation for reasons that
6 might be grounds for disciplinary action under § 14–404 of this subtitle;

7 [4.] (IV) A licensed physician or an individual in a
8 postgraduate training program voluntarily resigned from the staff, employ, or training
9 program of the hospital or related institution for reasons that might be grounds for
10 disciplinary action under § 14–404 of this subtitle; or

11 [5.] (V) The hospital or related institution placed any other
12 restrictions or conditions on any of the licensed physicians **OR INDIVIDUALS IN A**
13 **POSTGRADUATE TRAINING PROGRAM** as listed in items [1 through 4 of this item] **(I)**
14 **THROUGH (IV) OF THIS PARAGRAPH** for any reasons that might be grounds for
15 disciplinary action under § 14–404 of this subtitle.

16 (2) The hospital or related institution shall[:

17 (i) Submit the report within 10 days of any action described in
18 paragraph (1)(ii) of this subsection; and

19 (ii) State] **STATE** in the report the reasons for its action or the nature
20 of the formal accusation pending when the physician resigned.

21 14–414.

22 (a) (1) [Every 6 months, each] **EACH** alternative health system as defined in
23 § 1–401 of this article shall [file with] **SUBMIT TO** the Board a report [that:

24 (i) Contains the name of each licensed physician who, during the 6
25 months preceding the report:

26 1. Is employed by the alternative health system;

27 2. Is under contract with the alternative health system; and

28 3. Has completed a formal application process to become
29 under contract with the alternative health system; and

30 (ii) States whether, as to each licensed physician, during the 6
31 months preceding the report] **WITHIN 10 DAYS AFTER:**

1 [1.] (I) The alternative health system denied the formal
2 application of a physician to contract with the alternative health system or limited,
3 reduced, otherwise changed, or terminated the contract of a physician, or the physician
4 resigned whether or not under formal accusation, if the denial, limitation, reduction,
5 change, termination, or resignation is for reasons that might be grounds for disciplinary
6 action under § 14–404 of this subtitle; or

7 [2.] (II) The alternative health system placed any other
8 restrictions or conditions on any licensed physician for any reasons that might be grounds
9 for disciplinary action under § 14–404 of this subtitle.

10 (2) The alternative health system shall[:

11 (i) Submit the report within 10 days of any action described in
12 paragraph (1)(ii) of this subsection; and

13 (ii) State] STATE in the report the reasons for its action or the nature
14 of the formal accusation pending when the physician resigned.

15 14–5A–13.

16 (g) (1) Beginning October 1, 2016, the Board shall require a criminal history
17 records check in accordance with § 14–308.1 of this title for:

18 (i) Annual renewal applicants as determined by regulations
19 adopted by the Board; and

20 (ii) Each former licensee who files for reinstatement under
21 subsection (f) of this section after failing to renew the license for a period of 1 year or more.

22 (2) On receipt of the criminal history record information of a licensee
23 forwarded to the Board in accordance with § 14–308.1 of this title, in determining whether
24 [to renew or reinstate a license] **DISCIPLINARY ACTION SHOULD BE TAKEN, BASED ON**
25 **THE CRIMINAL HISTORY RECORD INFORMATION, AGAINST A LICENSEE WHO**
26 **RENEWED OR REINSTATED A LICENSE**, the Board shall consider:

27 (i) The age at which the crime was committed;

28 (ii) The nature of the crime;

29 (iii) The circumstances surrounding the crime;

30 (iv) The length of time that has passed since the crime;

31 (v) Subsequent work history;

1 (vi) Employment and character references; and

2 (vii) Other evidence that demonstrates whether the licensee poses a
3 threat to the public health or safety.

4 (3) The Board may not renew or reinstate a license if the criminal history
5 record information required under § 14–308.1 of this title has not been received.

6 14–5A–25.

7 Subject to the evaluation and reestablishment provisions of the Maryland Program
8 Evaluation Act and subject to the termination of this title under § 14–702 of this title, this
9 subtitle and all rules and regulations adopted under this subtitle shall terminate and be of
10 no effect after July 1, [2018] **2023**.

11 14–5B–12.

12 (g) (1) Beginning October 1, 2016, the Board shall require a criminal history
13 records check in accordance with § 14–308.1 of this title for:

14 (i) Annual renewal applicants as determined by regulations
15 adopted by the Board; and

16 (ii) Each former licensee who files for reinstatement under
17 subsection (f) of this section after failing to renew the license for a period of 1 year or more.

18 (2) On receipt of the criminal history record information of a licensee
19 forwarded to the Board in accordance with § 14–308.1 of this title, in determining whether
20 [to renew or reinstate a license] **DISCIPLINARY ACTION SHOULD BE TAKEN, BASED ON**
21 **THE CRIMINAL HISTORY RECORD INFORMATION, AGAINST A LICENSEE WHO**
22 **RENEWED OR REINSTATED A LICENSE**, the Board shall consider:

23 (i) The age at which the crime was committed;

24 (ii) The nature of the crime;

25 (iii) The circumstances surrounding the crime;

26 (iv) The length of time that has passed since the crime;

27 (v) Subsequent work history;

28 (vi) Employment and character references; and

29 (vii) Other evidence that demonstrates whether the licensee poses a
30 threat to the public health or safety.

1 (3) The Board may not renew or reinstate a license if the criminal history
2 record information required under § 14–308.1 of this title has not been received.

3 14–5B–21.

4 Subject to the evaluation and reestablishment provisions of the Maryland Program
5 Evaluation Act, and subject to the termination of this title under § 14–702 of this title, this
6 subtitle and all rules and regulations adopted under this subtitle shall terminate and be of
7 no effect after July 1, [2018] **2023**.

8 14–5C–14.

9 (g) (1) Beginning October 1, 2016, the Board shall require a criminal history
10 records check in accordance with § 14–308.1 of this title for:

11 (i) Annual renewal applicants as determined by regulations
12 adopted by the Board; and

13 (ii) Each former licensee who files for reinstatement under
14 subsection (f) of this section after failing to renew the license for a period of 1 year or more.

15 (2) On receipt of the criminal history record information of a licensee
16 forwarded to the Board in accordance with § 14–308.1 of this title, in determining whether
17 [to renew or reinstate a license] **DISCIPLINARY ACTION SHOULD BE TAKEN, BASED ON**
18 **THE CRIMINAL HISTORY RECORD INFORMATION, AGAINST A LICENSEE WHO**
19 **RENEWED OR REINSTATED A LICENSE**, the Board shall consider:

20 (i) The age at which the crime was committed;

21 (ii) The nature of the crime;

22 (iii) The circumstances surrounding the crime;

23 (iv) The length of time that has passed since the crime;

24 (v) Subsequent work history;

25 (vi) Employment and character references; and

26 (vii) Other evidence that demonstrates whether the licensee poses a
27 threat to the public health or safety.

28 (3) The Board may not renew or reinstate a license if the criminal history
29 record information required under § 14–308.1 of this title has not been received.

30 14–5C–25.

1 Subject to the evaluation and reestablishment provisions of the Maryland Program
2 Evaluation Act and subject to the termination of this title under § 14–702 of this title, this
3 subtitle and all regulations adopted under this subtitle shall terminate and be of no effect
4 after July 1, [2018] **2023**.

5 14–5D–12.

6 (h) (1) Beginning October 1, 2016, the Board shall require a criminal history
7 records check in accordance with § 14–308.1 of this title for:

8 (i) Annual renewal applicants as determined by regulations
9 adopted by the Board; and

10 (ii) Each former licensee who files for reinstatement under
11 subsection (f) of this section after failing to renew the license for a period of 1 year or more.

12 (2) On receipt of the criminal history record information of a licensee
13 forwarded to the Board in accordance with § 14–308.1 of this title, in determining whether
14 [to renew or reinstate a license] **DISCIPLINARY ACTION SHOULD BE TAKEN, BASED ON**
15 **THE CRIMINAL HISTORY RECORD INFORMATION, AGAINST A LICENSEE WHO**
16 **RENEWED OR REINSTATED A LICENSE**, the Board shall consider:

17 (i) The age at which the crime was committed;

18 (ii) The nature of the crime;

19 (iii) The circumstances surrounding the crime;

20 (iv) The length of time that has passed since the crime;

21 (v) Subsequent work history;

22 (vi) Employment and character references; and

23 (vii) Other evidence that demonstrates whether the licensee poses a
24 threat to the public health or safety.

25 (3) The Board may not renew or reinstate a license if the criminal history
26 record information required under § 14–308.1 of this title has not been received.

27 14–5D–20.

28 Subject to the evaluation and reestablishment provisions of the Maryland Program
29 Evaluation Act and subject to the termination of this title under § 14–702 of this title, this
30 subtitle and all rules and regulations adopted under this subtitle shall terminate and be of
31 no effect after July 1, [2018] **2023**.

1 14-5E-13.

2 (g) (1) Beginning October 1, 2016, the Board shall require a criminal history
3 records check in accordance with § 14-308.1 of this title for:

4 (i) Annual renewal applicants as determined by regulations
5 adopted by the Board; and

6 (ii) Each former licensee who files for reinstatement under
7 subsection (f) of this section after failing to renew the license for a period of 1 year or more.

8 (2) On receipt of the criminal history record information of a licensee
9 forwarded to the Board in accordance with § 14-308.1 of this title, in determining whether
10 [to renew or reinstate a license] **DISCIPLINARY ACTION SHOULD BE TAKEN, BASED ON**
11 **THE CRIMINAL HISTORY RECORD INFORMATION, AGAINST A LICENSEE WHO**
12 **RENEWED OR REINSTATED A LICENSE**, the Board shall consider:

13 (i) The age at which the crime was committed;

14 (ii) The nature of the crime;

15 (iii) The circumstances surrounding the crime;

16 (iv) The length of time that has passed since the crime;

17 (v) Subsequent work history;

18 (vi) Employment and character references; and

19 (vii) Other evidence that demonstrates whether the licensee poses a
20 threat to the public health or safety.

21 (3) The Board may not renew or reinstate a license if the criminal history
22 record information required under § 14-308.1 of this title has not been received.

23 14-5E-25.

24 Subject to the evaluation and reestablishment provisions of the Maryland Program
25 Evaluation Act and subject to the termination of this title under § 14-702 of this title, this
26 subtitle and all regulations adopted under this subtitle shall terminate and be of no effect
27 after July 1, [2018] **2023**.

28 14-5F-15.

29 (d) (1) Beginning October 1, 2016, the Board shall require a criminal history
30 records check in accordance with § 14-308.1 of this title for:

1 (i) Annual renewal applicants as determined by regulations
2 adopted by the Board; and

3 (ii) Each former licensee who files for reinstatement under §
4 14–5F–16(b) of this subtitle after failing to renew the license for a period of 1 year or more.

5 (2) On receipt of the criminal history record information of a licensee
6 forwarded to the Board in accordance with § 14–308.1 of this title, in determining whether
7 [to renew or reinstate a license] **DISCIPLINARY ACTION SHOULD BE TAKEN, BASED ON**
8 **THE CRIMINAL HISTORY RECORD INFORMATION, AGAINST A LICENSEE WHO**
9 **RENEWED OR REINSTATED A LICENSE**, the Board shall consider:

10 (i) The age at which the crime was committed;

11 (ii) The nature of the crime;

12 (iii) The circumstances surrounding the crime;

13 (iv) The length of time that has passed since the crime;

14 (v) Subsequent work history;

15 (vi) Employment and character references; and

16 (vii) Other evidence that demonstrates whether the licensee poses a
17 threat to the public health or safety.

18 (3) The Board may not renew or reinstate a license if the criminal history
19 record information required under § 14–308.1 of this title has not been received.

20 14–5F–32.

21 Subject to the evaluation and reestablishment provisions of the Program Evaluation
22 Act, this subtitle and all rules and regulations adopted under this subtitle shall terminate
23 and be of no effect after July 1, [2018] **2023**.

24 14–602.

25 (c) An unlicensed individual who acts under § 14–302, **§ 14–302.2**, or § 14–306
26 of this title may use the word “physician” together with another word to describe the
27 occupation of the individual as in phrases such as “physician’s assistant” or “physician’s
28 aide”.

29 14–606.

30 (a) (4) Except as provided in paragraph (5) of this subsection, a person who
31 violates § 14–601 or § 14–602 of this subtitle is:

1 (i) Guilty of a felony and on conviction is subject to a fine not
2 exceeding \$10,000 or imprisonment not exceeding 5 years or both; and

3 (ii) Subject to a civil fine of not more than \$50,000 to be levied by the
4 Board.

5 (5) The provisions of paragraph (4) of this subsection do not apply to a
6 **FORMER** licensee who has failed to renew a license under § 14–316 of this title if:

7 (i) Less than 60 days have elapsed since the expiration of the
8 license; and

9 (ii) The **FORMER** licensee has applied for license [renewal]
10 **REINSTATEMENT**, including payment of the [renewal] **REINSTATEMENT** fee.

11 14–702.

12 Subject to the evaluation and reestablishment provisions of the Program Evaluation
13 Act, this title and all rules and regulations adopted under this title shall terminate and be
14 of no effect after July 1, [2018] **2023**.

15 15–307.

16 (g) (1) Beginning October 1, 2016, the Board shall require a criminal history
17 records check in accordance with § 14–308.1 of this article for:

18 (i) Annual renewal applicants as determined by regulations
19 adopted by the Board; and

20 (ii) Each former licensee who files for reinstatement under this title
21 after failing to renew the license for a period of 1 year or more.

22 (2) On receipt of the criminal history record information of a licensee
23 forwarded to the Board in accordance with § 14–308.1 of this article, in determining
24 whether [to renew or reinstate a license] **DISCIPLINARY ACTION SHOULD BE TAKEN,**
25 **BASED ON THE CRIMINAL HISTORY RECORD INFORMATION, AGAINST A LICENSEE**
26 **WHO RENEWED OR REINSTATED A LICENSE**, the Board shall consider:

27 (i) The age at which the crime was committed;

28 (ii) The nature of the crime;

29 (iii) The circumstances surrounding the crime;

30 (iv) The length of time that has passed since the crime;

- 1 (v) Subsequent work history;
- 2 (vi) Employment and character references; and
- 3 (vii) Other evidence that demonstrates whether the licensee poses a
4 threat to the public health or safety.

5 (3) The Board may not renew or reinstate a license if the criminal history
6 record information required under § 14–308.1 of this article has not been received.

7 15–502.

8 Subject to the evaluation and reestablishment provisions of the Maryland Program
9 Evaluation Act, this title and all regulations adopted under this title shall terminate and
10 be of no effect after July 1, [2018] **2023**.

11 Article – Insurance

12 24–201.

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

14 (d) “Physician” means an individual who:

15 (1) is licensed to practice medicine in the State; or

16 (2) lawfully practices medicine without a license under [§ 14–302(1)
17 through (4)] **§ 14–302(1) THROUGH (3) OR § 14–302.2** of the Health Occupations Article.

18 Article – State Government

19 8–405.

20 (a) The Department shall:

21 (1) conduct a full evaluation of each governmental activity or unit to be
22 evaluated under this section; and

23 (2) prepare a report on each full evaluation conducted.

24 (b) Each of the following governmental activities or units and the statutes and
25 regulations that relate to the governmental activities or units are subject to full evaluation,
26 in the evaluation year specified, without the need for a preliminary evaluation:

27 (5) Physicians, State Board of (§ 14–201 of the Health Occupations Article:
28 [2016] **2021**), including:

1 (i) Athletic Training Advisory Committee (§ 14–5D–04 of the Health
2 Occupations Article: [2016] **2021**);

3 (ii) Naturopathic Medicine Advisory Committee (§ 14–5F–04 of the
4 Health Occupations Article: [2016] **2021**);

5 (iii) Perfusion Advisory Committee (§ 14–5E–05 of the Health
6 Occupations Article: [2016] **2021**);

7 (iv) Physician Assistant Advisory Committee (§ 15–201 of the Health
8 Occupations Article: [2016] **2021**);

9 (v) Polysomnography Professional Standards Committee (§
10 14–5C–05 of the Health Occupations Article: [2016] **2021**);

11 (vi) Radiation Therapy, Radiography, Nuclear Medicine Technology
12 Advisory, and Radiology Assistance Committee (§ 14–5B–05 of the Health Occupations
13 Article: [2016] **2021**); and

14 (vii) Respiratory Care Professional Standards Committee (§
15 14–5A–05 of the Health Occupations Article: [2016] **2021**).

16 Chapter 539 of the Acts of 2007

17 [SECTION 4. AND BE IT FURTHER ENACTED, That the Chief Administrative
18 Law Judge shall designate a pool of administrative law judges in the Office of
19 Administrative Hearings to hear cases referred to it by the State Board of Physicians.]

20 [SECTION 5. AND BE IT FURTHER ENACTED, That the State Board of
21 Physicians shall provide training at least annually to the personnel of the Office of
22 Administrative Hearings in order to improve the quality and efficiency of the hearings in
23 physician discipline cases. The training shall include medical terminology, medical ethics,
24 and, to the extent practicable, descriptions of basic medical and surgical procedures
25 currently in use.]

26 SECTION 2. AND BE IT FURTHER ENACTED, That, in the report the State Board
27 of Physicians is required to submit under Section 2 of Chapter 401 of the Acts of the General
28 Assembly of 2013 on or before October 1, 2017, the Board shall include:

29 (1) a description of the efforts the Board has taken to meet the goal of
30 issuing licenses within 10 days after the receipt of the last qualifying document, especially
31 for the allied health professionals;

1 (2) the findings and recommendations of the Board and the Physician
2 Assistant Advisory Committee regarding ways to expedite the process for physician
3 assistants to assume the duties under a delegation agreement; and

4 (3) whether it is feasible to describe any underlying sexual misconduct in
5 order summaries and, if it is not feasible, a description of other steps that the Board can
6 take to make it easier for the public to determine whether a case involved sexual
7 misconduct.

8 SECTION 3. AND BE IT FURTHER ENACTED, That, in the report the State Board
9 of Physicians is required to submit under Section 2 of Chapter 401 of the Acts of the General
10 Assembly of 2013 on or before October 1, 2018, the Board shall include:

11 (1) the results of the internal fiscal analysis and reassessment of fees that
12 was recommended by the Department of Legislative Services in the December 2016
13 publication “Sunset Review: Evaluation of the State Board of Physicians and the Related
14 Allied Health Advisory Committees”, including any possible changes to the fee schedules
15 for physicians and allied health professionals;

16 (2) comments on the Board’s fund balance in light of the additional
17 retained revenue that resulted from Chapter 178 of the Acts of the General Assembly of
18 2016; and

19 (3) steps the Board has taken to address ongoing issues with filling staff
20 vacancies and the impact that filling vacancies will have on Board expenditures and the
21 Board’s fund balance.

22 SECTION 4. AND BE IT FURTHER ENACTED, That, in the report the State Board
23 of Physicians is required to submit under § 14–205.1 of the Health Occupations Article on
24 or before December 1, 2019, as enacted by Section 1 of this Act, the Board shall report:

25 (1) whether criminal history records checks are causing delays in licensure;

26 (2) whether existing Board staff are able to manage the criminal history
27 records checks workload; and

28 (3) any other concerns the Board has regarding the criminal history
29 records checks requirement.

30 SECTION 5. AND BE IT FURTHER ENACTED, That, if the State Board of
31 Physicians determines it is practicable to move certain cases that are under the jurisdiction
32 of the full Board to the jurisdiction of the disciplinary panels, the Board shall submit to the
33 Senate Education, Health, and Environmental Affairs Committee and the House Health
34 and Government Operations Committee, in accordance with § 2–1246 of the State
35 Government Article, a proposal that includes the following:

36 (1) a list of the types of cases that should be moved;

1 (2) the reasons that justify moving the cases; and

2 (3) any necessary draft legislation.

3 SECTION 6. AND BE IT FURTHER ENACTED, That, notwithstanding § 8–405(e)
4 of the State Government Article, the full evaluation required to be conducted by the
5 Department of Legislative Services on or before December 1, 2021, shall be limited to
6 evaluating:

7 (1) the implementation of recommendations made by the Department in
8 the December 2016 publication “Sunset Review: Evaluation of the State Board of
9 Physicians and the Related Allied Health Advisory Committees”;

10 (2) the efficacy of the two–panel disciplinary system;

11 (3) if a proposal is not submitted under Section 5 of this Act by April 1,
12 2021, whether certain cases should be moved from the jurisdiction of the full State Board
13 of Physicians to the jurisdiction of the disciplining panels; and

14 (4) the impact of the criminal history records checks on the State Board of
15 Physicians and its licensees.

16 SECTION 7. AND BE IT FURTHER ENACTED, That this Act shall take effect June
17 1, 2017.