

# SENATE BILL 840

J1, J3, J2

EMERGENCY BILL

2lr1574  
CF 2lr1575

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By: **Senator Rosapepe**

Introduced and read first time: February 7, 2022

Assigned to: Finance and Budget and Taxation

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## A BILL ENTITLED

1 AN ACT concerning

2 **COVID–19 Response Act of 2022**

3 FOR the purpose of establishing and altering certain requirements related to COVID–19,  
4 including requirements related to planning by institutions of higher education, home  
5 health agencies, nursing homes, and assisted living programs, the provision of  
6 coverage by the Maryland Medical Assistance Program, the Maryland MyIR Mobile  
7 immunization record service, and reporting by the Maryland Department of Health;  
8 establishing that certain urgent care centers are not subject to the rate–setting  
9 jurisdiction of the Health Services Cost Review Commission; requiring the State  
10 Board of Nursing to establish an apprentice geriatric nursing assistant program;  
11 altering the authority of pharmacists to refill prescriptions, administer certain  
12 vaccines, and delegate certain functions to pharmacy technicians; and generally  
13 relating to public health, the provision of health care services, and responding to  
14 COVID–19 in the State.

15 BY repealing and reenacting, with amendments,  
16 Article – Education  
17 Section 11–1702(a)  
18 Annotated Code of Maryland  
19 (2018 Replacement Volume and 2021 Supplement)  
20 (As enacted by Chapters 29 and 31 of the Acts of the General Assembly of the 2021  
21 Special Session)

22 BY repealing and reenacting, without amendments,  
23 Article – Health – General  
24 Section 15–103(a)(1)  
25 Annotated Code of Maryland  
26 (2019 Replacement Volume and 2021 Supplement)

27 BY repealing and reenacting, with amendments,  
28 Article – Health – General

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



- 1 Section 15–103(a)(2)(xvi) and (xvii)  
2 Annotated Code of Maryland  
3 (2019 Replacement Volume and 2021 Supplement)
- 4 BY adding to  
5 Article – Health – General  
6 Section 15–103(a)(2)(xviii), 18–9A–02(g), 18–9A–03(d), 18–9A–03.1, 18–9A–03.2,  
7 18–9A–05, and 19–211.1  
8 Annotated Code of Maryland  
9 (2019 Replacement Volume and 2021 Supplement)
- 10 BY repealing and reenacting, without amendments,  
11 Article – Health – General  
12 Section 18–9A–02(a) and (b), 18–9A–03(a), and 18–9A–04(a) and (b)  
13 Annotated Code of Maryland  
14 (2019 Replacement Volume and 2021 Supplement)  
15 (As enacted by Chapters 29 and 31 of the Acts of the General Assembly of the 2021  
16 Special Session)
- 17 BY repealing and reenacting, with amendments,  
18 Article – Health – General  
19 Section 18–9A–04(c), 19–411(b), 19–14C–02(a), and 19–1815(b)  
20 Annotated Code of Maryland  
21 (2019 Replacement Volume and 2021 Supplement)  
22 (As enacted by Chapters 29 and 31 of the Acts of the General Assembly of the 2021  
23 Special Session)
- 24 BY repealing and reenacting, without amendments,  
25 Article – Health Occupations  
26 Section 8–6A–05(a)  
27 Annotated Code of Maryland  
28 (2021 Replacement Volume)
- 29 BY adding to  
30 Article – Health Occupations  
31 Section 8–6A–05(d)  
32 Annotated Code of Maryland  
33 (2021 Replacement Volume)
- 34 BY repealing and reenacting, with amendments,  
35 Article – Health Occupations  
36 Section 12–101(g) and (i), 12–506, 12–508, and 12–6B–06  
37 Annotated Code of Maryland  
38 (2021 Replacement Volume)
- 39 BY repealing and reenacting, with amendments,  
40 Chapter 29 of the Acts of the General Assembly of the 2021 Special Session

1 Section 5

2 BY repealing and reenacting, with amendments,  
3 Chapter 31 of the Acts of the General Assembly of the 2021 Special Session  
4 Section 5

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

7 **Article – Education**

8 11–1702.

9 (a) For calendar [year] **YEARS 2021, 2022, AND 2023**, an institution of higher  
10 education that has residence halls for students shall establish a COVID–19 security plan  
11 that includes both screening and testing procedures that will keep students, faculty, and  
12 staff safe while on campus for face–to–face instruction during the pandemic.

13 **Article – Health – General**

14 15–103.

15 (a) (1) The Secretary shall administer the Maryland Medical Assistance  
16 Program.

17 (2) The Program:

18 (xvi) Beginning on January 1, 2021, shall provide, subject to the  
19 limitations of the State budget and § 15–855(b)(2) of the Insurance Article, and as permitted  
20 by federal law, services for pediatric autoimmune neuropsychiatric disorders associated  
21 with streptococcal infections and pediatric acute onset neuropsychiatric syndrome,  
22 including the use of intravenous immunoglobulin therapy, for eligible Program recipients,  
23 if pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections  
24 and pediatric acute onset neuropsychiatric syndrome are coded for billing and diagnosis  
25 purposes in accordance with § 15–855(d) of the Insurance Article; [and]

26 (xvii) Beginning on January 1, 2022, may not include, subject to federal  
27 approval and limitations of the State budget, a frequency limitation on covered dental  
28 prophylaxis care or oral health exams that requires the dental prophylaxis care or oral  
29 health exams to be provided at an interval greater than 120 days within a plan year; **AND**

30 **(XVIII) SHALL PROVIDE COVERAGE FOR COVID–19 TESTS**  
31 **AND RELATED SERVICES FOR THE ADMINISTRATION OF COVID–19 TESTS TO**  
32 **UNINSURED INDIVIDUALS, AS AUTHORIZED BY THE FEDERAL FAMILIES FIRST**  
33 **CORONAVIRUS RESPONSE ACT AND THE CORONAVIRUS AID, RELIEF, AND**  
34 **ECONOMIC SECURITY (CARES) ACT.**

1 18-9A-02.

2 (a) On or before June 1, 2021, the Department, in collaboration with local health  
3 departments in the State and the Maryland State Department of Education, shall adopt  
4 and implement a 2-year plan to respond to the outbreak of COVID-19.

5 (b) The plan required under this section shall:

6 (1) Include measures to enhance public health efforts at the State and local  
7 level to monitor, prevent, and mitigate the spread of COVID-19;

8 (2) (i) Assess the COVID-19 public and private testing infrastructure  
9 in place both statewide and in each local jurisdiction;

10 (ii) Identify and address the unmet needs for COVID-19 testing  
11 statewide and in each local jurisdiction, including the number and location of public and  
12 private testing providers required to ensure access to testing on demand for all residents of  
13 the State;

14 (iii) Establish specific monthly goals for COVID-19 testing statewide  
15 and in each local jurisdiction to ensure access to testing for all residents of the State,  
16 including:

17 1. A goal to achieve the capacity to perform the surveillance  
18 testing required to safely reopen and keep open schools, institutions of higher education,  
19 workplaces, and other community facilities in the State while minimizing the community  
20 spread of COVID-19 in calendar years 2021 and 2022 through a network of public and  
21 private testing providers; and

22 2. For each local jurisdiction, a goal to establish the required  
23 number of public or private COVID-19 testing locations to achieve the surveillance testing  
24 goal described in item 1 of this item; and

25 (iv) Estimate the funding required to implement the surveillance  
26 testing goal described in item (iii)1 of this item and the extent to which federal funding  
27 already received by the State in fiscal year 2021 and federal funding that is provided to the  
28 State and received after March 1, 2021, can be used to cover the cost required to achieve  
29 that goal;

30 (3) (i) Assess the contact tracing infrastructure in place for COVID-19  
31 both statewide and in each local jurisdiction;

32 (ii) Determine the optimal number of contact tracing, case  
33 management, care resource coordination, and other personnel per 100,000 residents needed  
34 in each jurisdiction to effectively monitor, prevent, and mitigate the spread of COVID-19;

1 (iii) Identify and address the unmet needs for COVID–19 contact  
2 tracing and related outbreak prevention and mitigation efforts both statewide and in each  
3 local jurisdiction; and

4 (iv) 1. Establish goals for identifying, locating, and testing  
5 individuals who have been in close contact with individuals who test positive for  
6 COVID–19 that are in alignment with Centers for Disease Control and Prevention guidance  
7 for effective contact tracing programs; and

8 2. Include a mechanism for monitoring performance of  
9 contact tracing and testing of contacts both statewide and for each local jurisdiction;

10 (4) Require the Department to assist local jurisdictions that adopt  
11 strategies to:

12 (i) Accelerate access to and the use of at–home collection and  
13 point–of–care tests for COVID–19; and

14 (ii) Incentivize and encourage pharmacies and health care providers,  
15 including primary care providers, to provide COVID–19 testing; and

16 (5) Allow each local jurisdiction to establish and implement a program for  
17 COVID–19 contact tracing that is independent from the contact tracing program performed  
18 by the State or the entity with whom the State has contracted to perform contact tracing  
19 for the State.

20 **(G) ON OR BEFORE JUNE 1, 2022, THE DEPARTMENT, IN COLLABORATION**  
21 **WITH LOCAL HEALTH DEPARTMENTS IN THE STATE AND THE STATE DEPARTMENT**  
22 **OF EDUCATION, SHALL DEVELOP AND SUBMIT TO THE GENERAL ASSEMBLY, IN**  
23 **ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, AN UPDATE TO**  
24 **THE PLAN REQUIRED UNDER THIS SECTION THAT INCLUDES:**

25 **(1) SUBJECT TO ITEMS (2) THROUGH (5) OF THIS SUBSECTION, THE**  
26 **INFORMATION DESCRIBED IN SUBSECTION (B) FOR CALENDAR YEARS 2022 AND**  
27 **2023;**

28 **(2) (I) SPECIFIC MONTHLY GOALS STATEWIDE AND IN EACH LOCAL**  
29 **JURISDICTION TO ACHIEVE THE CAPACITY TO PERFORM DIAGNOSTIC TESTING AND**  
30 **SCREENING TESTING REQUIRED TO SAFELY REOPEN AND KEEP OPEN SCHOOLS,**  
31 **INSTITUTIONS OF HIGHER EDUCATION, WORKPLACES, AND OTHER COMMUNITY**  
32 **FACILITIES IN THE STATE WHILE MINIMIZING THE COMMUNITY SPREAD OF**  
33 **COVID–19 IN CALENDAR YEARS 2022 AND 2023 THROUGH A NETWORK OF PUBLIC**  
34 **AND PRIVATE TESTING PROVIDERS;**

35 **(II) MONTHLY GOALS TO ESTABLISH THE REQUIRED NUMBER**

1 OF PUBLIC OR PRIVATE COVID-19 TESTING LOCATIONS TO ACHIEVE THE TESTING  
2 GOALS DESCRIBED IN ITEM (I) OF THIS ITEM; AND

3 (III) AN ESTIMATE OF THE FUNDING REQUIRED TO IMPLEMENT  
4 THE TESTING GOALS DESCRIBED IN ITEMS (I) AND (II) OF THIS ITEM AND TO THE  
5 EXTENT TO WHICH FEDERAL FUNDING ALREADY RECEIVED BY THE STATE IN FISCAL  
6 YEAR 2022 AND FEDERAL FUNDING THAT IS PROVIDED TO THE STATE AND  
7 RECEIVED IN SUBSEQUENT FISCAL YEARS, CAN BE USED TO COVER THE COST  
8 REQUIRED TO ACHIEVE THESE GOALS;

9 (3) A REQUIREMENT THAT THE DEPARTMENT KEEP TRACK OF THE  
10 QUANTITY OF COVID-19 TESTS THAT IT WILL HAVE AVAILABLE FOR DISTRIBUTION  
11 AND WHEN THE TESTS WILL BE AVAILABLE FOR DISTRIBUTION;

12 (4) A METHOD FOR RESIDENTS OF THE STATE TO SELF-REPORT  
13 POSITIVE COVID-19 TEST RESULTS TO THE DEPARTMENT; AND

14 (5) FOR CALENDAR YEARS 2022 AND 2023, THE OPTIMAL NUMBER OF  
15 CONTACT TRACING, CASE MANAGEMENT, CARE RESOURCE COORDINATION, AND  
16 OTHER PERSONNEL PER 100,000 RESIDENTS NEEDED IN EACH JURISDICTION  
17 DURING PERIODS OF SURGES AND NONSURGES OF COVID-19 CASES IN THE STATE.

18 18-9A-03.

19 (a) (1) On or before June 1, 2021, the Department, with input from subject  
20 matter experts and other relevant stakeholders, shall develop and submit to the General  
21 Assembly a comprehensive plan for vaccinating residents of the State against COVID-19.

22 (2) The plan required under paragraph (1) of this subsection shall include:

23 (i) Detailed information on:

24 1. The categories of residents of the State who will receive  
25 priority access to vaccines for COVID-19;

26 2. The timeline for providing vaccines for COVID-19 to  
27 residents in each of the priority categories and to members of the general public who are  
28 not included in priority categories; and

29 3. Target metrics for vaccinating residents in each of the  
30 priority categories and for members of the general public who are not included in priority  
31 categories;

32 (ii) A dedication of time and resources to target vaccine distribution  
33 and vaccine safety outreach efforts to communities that have been disproportionately

1 impacted by COVID–19 infection, morbidity, and mortality;

2 (iii) A vaccine distribution strategy that allocates resources and  
3 vaccines across all partners and vaccination sites in an equitable manner that ensures that  
4 the vaccine allocation by jurisdiction accounts for the disproportionate impact of the  
5 COVID–19 pandemic on underserved and minority communities; and

6 (iv) A strategy for outreach and distribution of vaccines to  
7 individuals who are not receiving the vaccine, due to either lack of access or vaccine  
8 hesitancy.

9 (D) ON OR BEFORE JUNE 1, 2022, THE DEPARTMENT SHALL DEVELOP AND  
10 SUBMIT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2–1257 OF THE  
11 STATE GOVERNMENT ARTICLE, AN UPDATE TO THE PLAN REQUIRED UNDER THIS  
12 SECTION THAT INCLUDES:

13 (1) SUBJECT TO ITEMS (2) THROUGH (5) OF THIS SUBSECTION, THE  
14 INFORMATION DESCRIBED IN SUBSECTION (A) OF THIS SECTION FOR CALENDAR  
15 YEARS 2022 AND 2023;

16 (2) A REQUIREMENT THAT THE DEPARTMENT KEEP TRACK OF THE  
17 QUANTITY OF COVID–19 VACCINES IT WILL HAVE AVAILABLE FOR  
18 ADMINISTRATION AND WHEN THE VACCINES WILL BE AVAILABLE FOR  
19 ADMINISTRATION;

20 (3) RECOMMENDATIONS FOR APPROACHES THE MARYLAND  
21 MEDICAL ASSISTANCE PROGRAM CAN TAKE TO INCENTIVIZE:

22 (I) HEALTH CARE PROVIDER VACCINATION EFFORTS;

23 (II) VACCINATION AMONG MARYLAND MEDICAL ASSISTANCE  
24 PROGRAM RECIPIENTS; AND

25 (III) MANAGED CARE ORGANIZATIONS TO DEVELOP AND MEET  
26 VACCINATION TARGETS;

27 (4) MEASURES TO INCREASE VACCINATION RATES AMONG THE  
28 UNVACCINATED; AND

29 (5) A STRATEGY TO INCENTIVIZE ELIGIBLE INDIVIDUALS TO  
30 RECEIVE:

31 (I) A THIRD COVID–19 VACCINE DOSE; AND

1 (II) ANY FUTURE VACCINES RECOMMENDED BY THE CENTERS  
2 FOR DISEASE CONTROL AND PREVENTION.

3 18-9A-03.1.

4 (A) ON OR BEFORE JUNE 1, 2022, THE DEPARTMENT, WITH INPUT FROM  
5 SUBJECT MATTER EXPERTS AND OTHER RELEVANT STAKEHOLDERS, SHALL  
6 DEVELOP A COMPREHENSIVE PLAN FOR TREATING RESIDENTS OF THE STATE WHO  
7 HAVE COVID-19.

8 (B) THE PLAN REQUIRED UNDER THIS SECTION SHALL:

9 (1) (I) IDENTIFY EFFECTIVE TREATMENTS FOR TREATING  
10 COVID-19; AND

11 (II) ASSESS THE EFFECTIVENESS OF MONOCLONAL ANTIBODIES  
12 AND ORALLY ADMINISTERED ANTIVIRAL MEDICATIONS IN TREATING COVID-19;  
13 AND

14 (2) (I) RECOMMEND THE EFFICIENT AND EFFECTIVE  
15 DISTRIBUTION OF COVID-19 TREATMENTS TO ENSURE THAT THERE IS ACCESS TO  
16 TREATMENT FOR RESIDENTS OF THE STATE WHO HAVE COVID-19; AND

17 (II) CONSIDER THE AT-HOME DISTRIBUTION OF COVID-19  
18 TREATMENTS.

19 (C) THE PLAN REQUIRED UNDER THIS SECTION SHALL ADDRESS THE  
20 DISPROPORTIONATE IMPACT OF THE COVID-19 PANDEMIC ON UNDERSERVED AND  
21 MINORITY COMMUNITIES IN THE STATE.

22 (D) ON OR BEFORE JUNE 1, 2022, THE DEPARTMENT SHALL SUBMIT THE  
23 PLAN REQUIRED UNDER THIS SECTION TO THE GENERAL ASSEMBLY, IN  
24 ACCORDANCE WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE.

25 18-9A-03.2.

26 AFTER SUBMITTING THE COVID-19 PLANS TO THE GENERAL ASSEMBLY AS  
27 REQUIRED UNDER §§ 18-9A-02 THROUGH 18-9A-03.1 OF THIS SUBTITLE, THE  
28 DEPARTMENT SHALL PROVIDE MONTHLY PROGRESS REPORTS TO THE GENERAL  
29 ASSEMBLY FOR THE DURATION OF CALENDAR YEAR 2022 AND CALENDAR YEAR  
30 2023 ON:

31 (1) THE IMPLEMENTATION OF THE COVID-19 PLANS REQUIRED



1 UNDER §§ 18-9A-02 THROUGH 18-9A-03.1 OF THIS SUBTITLE; AND

2 (2) THE NUMBER OF COVID-19 TESTS, VACCINES, AND TREATMENTS  
3 IT HAS AT ITS DISPOSAL.

4 18-9A-04.

5 (a) The Department shall convene a Maryland Public Health Modernization  
6 Workgroup.

7 (b) The Workgroup shall include representatives of the Department, local health  
8 departments, subject matter experts, and any other relevant stakeholders.

9 (c) The Workgroup shall:

10 (1) Assess the current public health infrastructure and resources in the  
11 State;

12 (2) Make recommendations for how to establish a modern and effective  
13 public health system with a capacity to:

14 (i) Monitor, prevent, control, and mitigate the spread of infectious  
15 disease; and

16 (ii) Achieve State Health Improvement Process goals;

17 (3) Make recommendations regarding the establishment of a Maryland  
18 Public Health Job Corps to respond to the outbreak of COVID-19 or similar outbreaks; and

19 (4) Consider, where appropriate, the use of federal funds to implement any  
20 recommendations made under this subsection, **INCLUDING FROM AMERICORPS AND ITS**  
21 **GRANT PROGRAM FOR ELIGIBLE ORGANIZATIONS TO ENGAGE AMERICORPS**  
22 **MEMBERS IN SPECIFIED PRACTICES TO RESPOND TO PUBLIC HEALTH NEEDS.**

23 18-9A-05.

24 (A) IN THIS SECTION, "MARYLAND MYIR MOBILE" MEANS THE STATE  
25 IMMUNIZATION RECORD SERVICE THAT PROVIDES AN INDIVIDUAL WITH:

26 (1) ACCESS TO THE INDIVIDUAL'S OFFICIAL STATE IMMUNIZATION  
27 RECORDS; AND

28 (2) THE ABILITY TO VOLUNTARILY AND SECURELY DISPLAY ON AND  
29 TRANSMIT THROUGH A MOBILE DEVICE PROOF OF THE INDIVIDUAL'S VACCINATION  
30 FOR COVID-19 USING A SMART HEALTH CARD QR CODE.

1           **(B) ON OR BEFORE JUNE 1, 2022, THE DEPARTMENT SHALL ENSURE THAT**  
2 **MARYLAND MYIR MOBILE HAS A DESIGN THAT:**

3           **(1) ENABLES ITS VOLUNTARY USE AS A VACCINE PASSPORT FOR**  
4 **INDIVIDUALS WHO SEEK TO DISPLAY PROOF OF THE INDIVIDUAL'S COVID-19**  
5 **VACCINATION STATUS ON A MOBILE DEVICE TO ACCESS VENUES WHERE PROOF OF**  
6 **COVID-19 VACCINATION IS REQUIRED FOR ENTRY;**

7           **(2) USES A MOBILE APPLICATION THAT IS COMPATIBLE WITH ALL**  
8 **MOBILE DEVICES IN WIDESPREAD USE, INCLUDING IOS AND ANDROID COMPATIBLE**  
9 **APPLICATIONS;**

10           **(3) IS ABLE TO AUTOMATICALLY DISPLAY A SMART HEALTH CARD**  
11 **QR CODE IN A WALLET FUNCTION ON ANY MOBILE DEVICE THAT HAS THAT**  
12 **FUNCTION;**

13           **(4) HAS A SMART HEALTH CARD QR CODE THAT IS VERIFIED AS**  
14 **VALID UNDER COMMONTRUST NETWORK REQUIREMENTS FOR MULTISTATE**  
15 **FUNCTIONALITY;**

16           **(5) IS COMPATIBLE WITH MULTINATIONAL VACCINE PASSPORT**  
17 **PLATFORMS;**

18           **(6) DISPLAYS INFORMATION IN SPANISH AND OTHER LANGUAGES**  
19 **COMMONLY USED IN THE STATE, AS DETERMINED BY THE DEPARTMENT; AND**

20           **(7) ENABLES ITS USE BY INDIVIDUALS WITH DISABILITIES.**

21           **(C) THE DEPARTMENT SHALL DEVELOP AND IMPLEMENT AN OUTREACH**  
22 **AND MARKETING PLAN TO RAISE AWARENESS OF MARYLAND MYIR MOBILE AS A**  
23 **VOLUNTARY VACCINE PASSPORT TECHNOLOGY THAT MAY BE USED FOR VERIFYING**  
24 **PROOF OF COVID-19 VACCINATION STATUS BY INDIVIDUALS, BUSINESSES, AND**  
25 **OTHER PUBLIC AND PRIVATE ENTITIES IN THE STATE.**

26 **19-211.1.**

27           **(A) IN THIS SECTION, "HOSPITAL-ADJACENT URGENT CARE CENTER"**  
28 **MEANS ANY CENTER, SERVICE, OFFICE FACILITY, OR OTHER ENTITY THAT:**

29           **(1) OPERATES FOR THE PURPOSE OF PROVIDING URGENT CARE AND**  
30 **OTHER BASIC HEALTH CARE SERVICES, INCLUDING DIAGNOSTIC, TREATMENT,**  
31 **CONSULTATIVE, REFERRAL, AND PREVENTIVE SERVICES; AND**



1 potentially harmful to patients.

2           **(D) (1) IN THIS SUBSECTION, “COVID-19 PUBLIC HEALTH EMERGENCY”**  
3 **MEANS THE FEDERAL PUBLIC HEALTH EMERGENCY DECLARED DURING THE**  
4 **COVID-19 PANDEMIC THAT INCLUDED A WAIVER OF FEDERAL NURSE AIDE**  
5 **TRAINING AND CERTIFICATION REQUIREMENTS ISSUED BY THE U.S. SECRETARY OF**  
6 **HEALTH AND HUMAN SERVICES.**

7           **(2) THE BOARD SHALL ESTABLISH AND IMPLEMENT AN APPRENTICE**  
8 **GERIATRIC NURSING ASSISTANT PROGRAM TO PROVIDE FOR THE CERTIFICATION**  
9 **OF GERIATRIC NURSING ASSISTANTS WHO HAVE WORKED OR ARE WORKING AS**  
10 **TEMPORARY NURSING ASSISTANTS AND MEET THE REQUIREMENTS UNDER THIS**  
11 **SUBSECTION.**

12           **(3) THE PROGRAM REQUIRED UNDER THIS SUBSECTION SHALL**  
13 **PROVIDE FOR THE CERTIFICATION OF A GERIATRIC NURSING ASSISTANT WHO:**

14                   **(I) 1. WORKED FULL- OR PART-TIME AS A TEMPORARY**  
15 **NURSING ASSISTANT FOR AT LEAST 6 MONTHS DURING THE COVID-19 PUBLIC**  
16 **HEALTH EMERGENCY;**

17                           **2. COMPLETES TRAINING AND COMPETENCY**  
18 **REQUIREMENTS THROUGH WORK AS A TEMPORARY NURSING ASSISTANT UNDER A**  
19 **DESIGNATION AS AN APPRENTICE NURSING ASSISTANT IN ACCORDANCE WITH**  
20 **FEDERAL NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAM**  
21 **REQUIREMENTS; AND**

22                                   **3. PASSES THE STATE COMPETENCY EXAMINATION; OR**

23                   **(II) DID NOT WORK DURING THE COVID-19 PUBLIC HEALTH**  
24 **EMERGENCY, BUT COMPLETES A NURSING ASSISTANT APPRENTICESHIP PATHWAY**  
25 **THAT:**

26                           **1. ALLOWS PARTICIPANTS TO WORK AS A TEMPORARY**  
27 **NURSING ASSISTANT FOR 4 MONTHS;**

28                                   **2. REQUIRES THE RECEIPT OF A TOTAL OF 40 HOURS OF**  
29 **CLASSROOM AND CLINICAL TRAINING IN ACCORDANCE WITH FEDERAL NURSE AIDE**  
30 **TRAINING AND COMPETENCY EVALUATION PROGRAM REQUIREMENTS; AND**

31   **3. REQUIRES PASSAGE OF THE STATE’S COMPETENCY**  
32 **EXAMINATION.**

1           **(4) THE BOARD SHALL ADOPT REGULATIONS TO CARRY OUT THE**  
2 **PROVISIONS OF THIS SUBSECTION.**

3 12–101.

4           (g) (1) “Delegated pharmacy act” means an activity that constitutes the  
5 practice of pharmacy delegated by a licensed pharmacist under this title and regulations  
6 adopted by the Board.

7           (2) “Delegated pharmacy act” does not include:

8                   (i) An act within the parameters of a therapy management contract  
9 as provided under Subtitle 6A of this title;

10                   [(ii) The administration of an influenza vaccination in accordance  
11 with § 12–508 of this title;]

12                   [(iii) (II) The delegation of a pharmacy act by a registered  
13 pharmacy technician, pharmacy student, or pharmacy technician trainee;

14                   [(iv) (III) A pharmacy activity performed by a pharmacy student in  
15 accordance with § 12–301(b) of this title;

16                   [(v) (IV) A pharmacy activity performed by an applicant for a  
17 license to practice pharmacy in accordance with regulations adopted by the Board; or

18                   [(vi) (V) The performance of other functions prohibited in  
19 regulations adopted by the Board.

20           (i) **(1) “Direct supervision” means [that a licensed pharmacist is physically**  
21 **available, notwithstanding appropriate breaks, on–site and in the prescription area or in**  
22 **an area where pharmacy services are provided to supervise the practice of pharmacy and**  
23 **delegated pharmacy acts] SUPERVISION BY A LICENSED PHARMACIST WHO:**

24                   **(I) IS READILY AND IMMEDIATELY AVAILABLE AT ALL TIMES**  
25 **THE DELEGATED TASKS ARE BEING PERFORMED;**

26                   **(II) IS AWARE OF THE DELEGATED TASKS BEING PERFORMED;**  
27 **AND**

28                   **(III) PROVIDES PERSONAL ASSISTANCE, DIRECTION, AND**  
29 **APPROVAL THROUGHOUT THE TIME THE DELEGATED TASKS ARE BEING**  
30 **PERFORMED.**

31           **(2) “DIRECT SUPERVISION” INCLUDES SUPERVISION OF A PHARMACY**

1 **TECHNICIAN THROUGH TECHNOLOGICAL MEANS.**

2 12-506.

3 (a) A pharmacist may refill a prescription for a drug or device for which the refill  
4 has not been authorized if:

5 (1) The pharmacist:

6 (i) Attempts to obtain an authorization from the authorized  
7 prescriber; and

8 (ii) Is not able readily to obtain the authorization;

9 (2) The refill of the prescription is not for a controlled dangerous substance;

10 (3) The drug or device is essential to the maintenance of **[life] PATIENT**  
11 **WELL-BEING;**

12 (4) (i) The drug or device is essential to the continuation of therapy **[in**  
13 **chronic conditions];** and

14 (ii) In the pharmacist's professional judgment, the interruption of  
15 the therapy reasonably might produce an undesirable health consequence, be detrimental  
16 to the patient's welfare, or cause physical or mental discomfort;

17 (5) The pharmacist:

18 (i) Enters on the back of the prescription or on another appropriate  
19 uniformly maintained, readily retrievable record, such as a medication record, the date and  
20 the quantity of the drug or device dispensed; and

21 (ii) Signs or initials the record; and

22 (6) The pharmacist notifies the authorized prescriber of the refill of the  
23 prescription within 72 hours of dispensing the drug or device.

24 (b) If a pharmacist refills a prescription under subsection (a) of this section, the  
25 pharmacist may provide only **[1] ONE** refill of the prescription and the refill quantity  
26 dispensed shall be in conformity with the prescriber's directions for use and may not exceed  
27 a **[14-day] 30-DAY** supply or unit of use.

28 (c) If the federal or a state government declares a state of emergency, a  
29 pharmacist working in Maryland may refill a prescription for a drug for which the refill  
30 has not been authorized if:

1 (1) As a result of the emergency, the pharmacist is unable to obtain an  
2 authorization from the authorized prescriber;

3 (2) The refill of the prescription is not for a controlled dangerous substance;

4 (3) The quantity dispensed does not exceed a [30-day] **90-DAY** supply or  
5 unit of use; and

6 (4) The pharmacist notifies the authorized prescriber of the refill of the  
7 prescription within 7 days of dispensing the drug.

8 12-508.

9 [(a) (1) Subject to subsection (c) of this section, a pharmacist may administer  
10 an influenza vaccination to an individual who is at least 9 years old, in accordance with  
11 regulations adopted by the Board, in consultation with the Department.

12 (2) Subject to subsection (c) of this section, a pharmacist may administer a  
13 vaccination that is listed in the Centers for Disease Control and Prevention's Recommended  
14 Immunization Schedule to an individual who:

15 (i) Is at least 11 years old but under the age of 18 years; and

16 (ii) Has a prescription from an authorized prescriber.

17 (3) (i) Subject to subparagraph (ii) of this paragraph, a pharmacist may  
18 administer to an adult a vaccination that is:

19 1. Listed in the Centers for Disease Control and Prevention's  
20 Recommended Immunization Schedule; or

21 2. Recommended in the Centers for Disease Control and  
22 Prevention's Health Information for International Travel.

23 (ii) A pharmacist shall administer a vaccination under  
24 subparagraph (i) of this paragraph under a written protocol that:

25 1. Is vaccine specific; and

26 2. Meets criteria established by the Department, in  
27 consultation with the Board, the Board of Physicians, and the Board of Nursing, in  
28 regulation.

29 (4) A pharmacist shall:

30 (i) Report all vaccinations administered by the pharmacist to the  
31 ImmuNet Program established under § 18-109 of the Health – General Article;

1 (ii) If the vaccination has been administered in accordance with a  
2 prescription, document at least one effort to inform the individual's authorized prescriber  
3 that the vaccination has been administered; and

4 (iii) For a vaccination administered under paragraph (2) or (3) of this  
5 subsection, if the authorized prescriber is not the individual's primary care provider or if  
6 the vaccination has not been administered in accordance with a prescription, document at  
7 least one effort to inform the individual's primary care provider or other usual source of  
8 care that the vaccination has been administered.

9 (b) The Board shall:

10 (1) Set reasonable fees for the administration of vaccinations under this  
11 section; and

12 (2) Adopt regulations that require a pharmacist to submit a registration  
13 form to the Board that includes verification that the pharmacist:

14 (i) Has successfully completed a certification course approved by the  
15 Board that included instruction in the guidelines and recommendations of the Centers for  
16 Disease Control and Prevention regarding vaccinations; and

17 (ii) Is certified in basic cardiopulmonary resuscitation and obtained  
18 the certification through in-person classroom instruction.]

19 [(c) (A) [From July 1, 2021, to June 30, 2023, inclusive, a] A pharmacist may  
20 ORDER AND administer a vaccine to an individual who is at least 3 years old [but under  
21 the age of 18 years] if:

22 (1) The vaccine is approved by the U.S. Food and Drug Administration;

23 (2) The vaccination is ordered and administered in accordance with the  
24 Centers for Disease Control and Prevention's Advisory Committee on Immunization  
25 Practices immunization schedules;

26 (3) The pharmacist has completed a practical training program of at least  
27 20 hours that is approved by the Accreditation Council for Pharmacy Education and  
28 includes:

29 (i) Hands-on injection techniques;

30 (ii) Clinical evaluation of indications and contraindications of  
31 vaccines; and

32 (iii) The recognition and treatment of emergency reactions to  
33 vaccines;



1           (4)    The pharmacist has a current certificate in basic cardiopulmonary  
2 resuscitation;

3           (5)    The pharmacist has completed a minimum of 2 hours of continuing  
4 pharmaceutical education related to immunizations that is approved by the Accreditation  
5 Council for Pharmacy Education as part of the license renewal requirements under §  
6 12-309 of this title;

7           (6)    The pharmacist complies with the **FOLLOWING** record-keeping and  
8 reporting requirements [in subsection (a)(4) of this section] and the corresponding  
9 regulations:

10                   **(I)    REPORT ALL VACCINATIONS ADMINISTERED TO THE**  
11 **IMMUNET PROGRAM ESTABLISHED UNDER § 18-109 OF THE HEALTH – GENERAL**  
12 **ARTICLE;**

13                   **(II)   IF THE VACCINATION HAS BEEN ADMINISTERED IN**  
14 **ACCORDANCE WITH A PRESCRIPTION, DOCUMENT AT LEAST ONE EFFORT TO**  
15 **INFORM THE INDIVIDUAL’S AUTHORIZED PRESCRIBER THAT THE VACCINATION HAS**  
16 **BEEN ADMINISTERED; AND**

17                   **(III)   FOR A VACCINATION IN WHICH THE AUTHORIZED**  
18 **PRESCRIBER IS NOT THE INDIVIDUAL’S PRIMARY CARE PROVIDER OR IF THE**  
19 **VACCINATION HAS NOT BEEN ADMINISTERED IN ACCORDANCE WITH A**  
20 **PRESCRIPTION, DOCUMENT AT LEAST ONE EFFORT TO INFORM THE INDIVIDUAL’S**  
21 **PRIMARY CARE PROVIDER OR OTHER USUAL SOURCE OF CARE THAT THE**  
22 **VACCINATION HAS BEEN ADMINISTERED; and**

23           (7)    The pharmacist informs each child vaccination patient and adult  
24 caregiver who is accompanying the child of the importance of well-child visits with a  
25 pediatric primary care provider and refers the patient to a pediatric primary care provider  
26 when appropriate.

27           **(B)    A PHARMACIST MAY DELEGATE THE ADMINISTRATION OF A VACCINE**  
28 **UNDER SUBSECTION (A) OF THIS SECTION TO A PHARMACY TECHNICIAN IF THE**  
29 **PHARMACY TECHNICIAN HAS COMPLETED A PRACTICAL TRAINING PROGRAM OF AT**  
30 **LEAST 6 HOURS THAT IS APPROVED BY THE ACCREDITATION COUNCIL FOR**  
31 **PHARMACY EDUCATION AND INCLUDES:**

32                   **(1)    HANDS-ON INJECTION TECHNIQUES; AND**

33                   **(2)    THE RECOGNITION AND TREATMENT OF EMERGENCY REACTIONS**  
34 **TO VACCINES.**

1 12-6B-06.

2 (a) Registration authorizes a registered pharmacist technician to perform  
3 delegated pharmacy acts as defined in § 12-101 of this title while the registration is  
4 effective.

5 (b) A registered pharmacy technician or a pharmacy technician trainee may not:

6 (1) Act within the parameters of a therapy management contract as  
7 provided under Subtitle 6A of this title;

8 [(2) Administer an influenza vaccination in accordance with § 12-508 of this  
9 title;]

10 [(3) (2) Delegate a pharmacy act that was delegated to the registered  
11 pharmacy technician or individual engaging in a Board approved technician training  
12 program; or

13 [(4) (3) Perform other functions prohibited by regulations adopted by the  
14 Board.

15 **Chapter 29 of the Acts of the 2021 Special Session**

16 SECTION 5. AND BE IT FURTHER ENACTED, That this Act is an emergency  
17 measure, is necessary for the immediate preservation of the public health or safety, has  
18 been passed by a ye and nay vote supported by three-fifths of all the members elected to  
19 each of the two Houses of the General Assembly, and shall take effect from the date it is  
20 enacted. Section 2 of this Act shall remain effective through December 31, [2022] **2023**,  
21 and, at the end of December 31, [2022] **2023**, Section 2 of this Act, with no further action  
22 required by the General Assembly, shall be abrogated and of no further force and effect.

23 **Chapter 31 of the Acts of the 2021 Special Session**

24 SECTION 5. AND BE IT FURTHER ENACTED, That this Act is an emergency  
25 measure, is necessary for the immediate preservation of the public health or safety, has  
26 been passed by a ye and nay vote supported by three-fifths of all the members elected to  
27 each of the two House of the General Assembly, and shall take effect from the date it is  
28 enacted. Section 2 of this Act shall remain effective through December 31, [2022] **2023**,  
29 and, at the end of December 31, [2022] **2023**, Section 2 of this Act, with no further action  
30 required by the General Assembly, shall be abrogated and of no further force and effect.

31 SECTION 2. AND BE IT FURTHER ENACTED, That the Maryland Department of  
32 Health shall:

33 (1) (i) conduct a study on the use of digital learning programs for

1 education and training requirements for health care practitioners in the State applying for  
2 a license, certification, registration, or permit or the renewal of a license or permit;

3 (ii) in conjunction with the Maryland Department of Labor, study  
4 multiyear approaches to reducing the workforce shortage in health care in the State;

5 (iii) with participation from the Office of Health Care Quality and the  
6 State Board of Nursing, collaborate with other State agencies, including the State  
7 Department of Education, health care industry and association stakeholders, community  
8 colleges, higher education institutions, and high schools, to develop explicit workforce  
9 career paths from high school and higher education apprenticeships to higher education  
10 enrollment for entry into a health care field; and

11 (iv) on or before December 31, 2022, report to the General Assembly,  
12 in accordance with § 2–1257 of the State Government Article, on the findings of the studies  
13 and development of career paths required under this item; and

14 (2) on or before December 31, 2022, submit an update to the report required  
15 under Section 2 of Chapter 798 of the Acts of the General Assembly of 2018 relating to  
16 reimbursement rates and costs of certain home- and community-based services to the  
17 General Assembly, in accordance with § 2–1257 of the State Government Article.

18 SECTION 3. AND BE IT FURTHER ENACTED, That this Act is an emergency  
19 measure, is necessary for the immediate perseveration of the public health or safety, has  
20 been passed by a yea and nay vote supported by three-fifths of all the members elected to  
21 each of the two Houses of the General Assembly, and shall take effect from the date it is  
22 enacted.