

The Patient's Access to Integrative Healthcare Act of 2020
Formerly Known as The Patient's Right to Choose Act
In Plain Language

- 1.** A health occupations board shall not revoke, fail to renew, suspend or take any action against a health care provider's license because the licensee's methods of diagnostic evaluation or treatment are integrative, complementary, alternative or nonconventional if the licensee has disclosed the nature of the test or treatment including that it is considered integrative, complementary, alternative or nonconventional and obtained informed consent from the patient (or responsible party) unless the board can establish that the diagnostic evaluation or treatment method has a significant risk greater than conventional methods not outweighed by the potential benefits.
- 2.** If a statute authorizes a health occupations board to use a system of peer review, one of the two peer reviewers selected for review of methods described in this Chapter shall have demonstrated training, competence and experience in integrative medicine, and, if available, in the same methods under review, unless a good faith inquiry by the Board finds that such methods have not been adopted by any professional organization, taught in a CME Category 1 program, the subject of favorable peer-reviewed publication or other indication of acceptance by a minority community of physicians. Charges shall only be brought in cases governed by this Chapter where there is agreement between the two peer reviewers.
- 3.** The Department of Health may not take action against a health care provider's Medicare or Medicaid certification based on the health care provider's use of diagnostic or treatment methods consistent with this Chapter.
- 4.** An official, employee, or agent of the State may not block or attempt to block a patient's access to a diagnostic or treatment method delivered in a manner consistent with this Chapter.
- 5.** That a treatment uses a drug, device, biologic or method that has not been approved by the US Food and Drug Administration shall not be a basis for a disciplinary action pursuant to the provisions of the MD Health Occupations Article against a licensee if the provisions of # 1 (above) are met by the licensee.
- 6.** The requirements for coordination of care, referral to a medical specialist or other manner of managing patient care shall be no greater for a licensee practicing consistent with the provisions of this Chapter than for any other licensee. A licensee shall not be found to have violated record-keeping, billing, or other regulatory requirements for acts or omissions that arise as a result of professional differences in training or opinion where the licensee has acted in good faith in a manner consistent with the intent of such requirements and the licensee has not acted in a way that is false or misleading.
- 7.** The protections provided in this Chapter do not apply in a case in which it can be shown by clear and convincing evidence that the health care provider knew that the diagnostic or treatment method did not have a reasonable basis and was intended to defraud the patient.