

LEGISLATIVE SESSION - 2007

SENATE BILLS					
BILL #	CROSSFILED BILL #	TITLE OF BILL	RESPONSIBLE PERSON	BRIEF DESCRIPTION	DATE OF REVIEW
SB 6 (Ch. 3)		Human Services Synopsis: Adding a new article to the Annotated Code of Maryland, to be designated and known as the "Human Services Article", to revise, restate, and recodify the laws of the State relating to human services, including laws relating to the Department of Human Resources and its component parts; revising, restating, and recodifying provisions relating to local departments of social services, the Department of Disabilities, children, youth, families, the Department of Juvenile Services, and the Department of Aging; etc.	Excerpt from 90-day Report	Sponsored by: The President (By Request - Department of Legislative Services - Code Revision) Status: Approved by Governor Analysis: The new article is a nonsubstantive revision of the statutes that pertain to the Department of Human Resources; community services; the Department of Disabilities; the Blind Industries and Services of Maryland; the Department of Juvenile Services; the Department of Aging; and the confidentiality and sharing of information by certain agencies. Derives primarily from Article 10 – Legal Officials; Article 30 – Deaf, Mute or Blind; Article 41 – Governor – Executive and Administrative Departments; Article 49C – Maryland Commission for Women; Article 49D – Children, Youth, and Family Services; Article 70B – Department of Aging; Article 83C – Juvenile Services; Article 88A – Department of Human Resources; and the State Government Article.	2-14-07 Completed: 2/14/07
SB 118	HB 315 (Ch. 598)	State Board of Nursing – Licensing, Certification, and Reinstatement Requirements Synopsis: Repealing specified authorization for unlicensed individuals to perform specified acts of registered nursing and licensed practical nursing; requiring the State Board of Nursing to begin a process of requiring criminal history records	Excerpt from 90-day Report	Sponsored by: Senator Conway; Delegates Goldwater, Benson, Eckardt, Lee, Montgomery, Nathan-Pulliam, and Pendergrass Status: HB approved by Governor; SB vetoed by Governor (duplicative) Analysis: Requires an individual applying for reinstatement of a lapsed nursing license or other certificate regulated by the board to submit to a	1-26-07

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		checks as a condition of licensure reinstatement and certificate reinstatement; altering specified grounds or revoking temporary licenses or temporary certificates if a criminal history records check reveals specified information; etc.		criminal history records check. To renew a certificate, certificated individuals must present evidence of completion of 100 hours of practice as a certified medicine aide or a certified medication technician within the two-year period before the date of renewal. A certified medicine aide must also successfully complete a continuing education program.	
SB 150 (Ch. 5)		Annual Corrective Bill Update: This was a general corrective bill which did not contain substantive changes.	Matricianni	Sponsored by: The President (By Request – Department of Legislative Services)	1-26-07
SB 181 (Ch. 527)	HB 30 (Ch. 528)	Oral Health Safety Net Program Synopsis: Establishing the Oral Health Safety Net Program in the Office of Oral Health in the Department of Health and Mental Hygiene; providing for the purpose of the Program; requiring the Office to solicit and award specified grants, subject to the State budget; requiring the Office to oversee the operation of the Program; requiring the Office to conduct a specified annual evaluation of the Program; etc.	Giampetro	Sponsored by: Delegates Oaks, Donoghue, Rosenberg, Hammen, Beitzel, Benson, Bromwell, Costa, Elliott, Hubbard, Kach, Kipke, Kullen, McDonough, Mizeur, Montgomery, Morhaim, Nathan-Pulliam, Pena-Melnyk, Pendergrass, Tarrant, V. Turner, and Weldon. Senator Middleton Status: Approved by Governor Analysis: The creation of the “Oral Health Safety Net Program” for Medicaid and CHP enrollees, and medically underserved and disabled persons, which is overseen by the Office of Oral Health in the DHMH. The bill provides for the solicitation of proposals and the awarding of grants to FQHC’s, local health departments, etc. for the purpose of maximizing resources to increase access to dental	3/1/07

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				services for the indigent and medically underserved population. Effective: 10/01/07; Sunset 09-30-11	
SB 255 (Ch. 539)	HB 282	State Board of Physicians – Sunset Extension and Program Evaluation Synopsis: Continuing the State Board of Physicians in accordance with the provisions of the Maryland Program Evaluation Act (Sunset Law) by extending to July 1, 2013 the termination provisions relating to the statutory and regulatory authority of the Board; requiring that an evaluation of the Board and the statutes and regulations that relate to the Board be performed on or before July 1, 2012; repealing a provision of law requiring the Board to elect a secretary-treasurer; etc.	Excerpt from 90-day Report	Sponsored by: Delegate Hammen (Chair, Health and Government Operations Committee) Status: SB approved by Governor; HB vetoed by Governor (duplicative) Analysis: Extends the termination date of the Board from July 1, 2007, to July 1, 2013; specifies that the next program evaluation of the Board will be a full review without the necessity of a preliminary review. Major components include: <ul style="list-style-type: none"> • <u>Peer Review Services</u>: authorizing the Board to contract directly with peer reviewers; repealing the requirement for the use of a third peer reviewer in the instance that two peer reviewers do not agree; and requiring the Board to report to the General Assembly regarding how often two peer reviewers disagreeing over a complaint results in the dismissal of charges. • <u>Rehabilitation Services</u>: requiring the Board to contract with a nonprofit entity for rehabilitation services or, if unable to contract with a nonprofit entity, for the Board to provide the rehabilitation services directly. • <u>Diversion of Fees</u>: reducing the 	2-4-07

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				<p>diversion of physician and physician assistant licensure fees for loan repayment and scholarship funding from 14 percent of fees received to 12 percent.</p> <ul style="list-style-type: none"> • <u>Medical Malpractice Settlement Information</u>: repealing the requirement that medical malpractice settlement information be posted as part of a licensee's online profile and instead requiring the Board to provide notification on its web site that settlement information within specified parameters is available upon verbal, electronic, or written request. • <u>Office of Administrative Hearings</u>: requiring the Chief Administrative Law Judge to designate a pool of administrative law judges (ALJs) to hear board complaints and requiring the board to provide annual training to the ALJs. 	
SB 262 (Ch. 140)		<p>Consent Provisions – Minors – Mental or Emotional Disorder Synopsis: Authorizing psychologists to give specified individuals information, without the consent of or over the express objection of a minor, about treatment of a mental or emotional disorder needed by a minor or provided to a minor under</p>	Excerpt from Chapter	<p>Sponsored by: Senators Klausmeier and Della Status: Approved by Governor Analysis: Physicians are permitted to disclose to a parent or guardian information concerning treatment provided to a minor for a mental or emotional disorder. The bill expands this authority to psychologists except</p>	2-4-07

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		specified circumstances; authorizing specified individuals, on advice or direction of a psychologist, to give specified individuals information, without the consent of or over the express objection of a minor under specified circumstances; etc.		that, when a psychologist is on a treatment team headed by a physician, then disclosure is at the discretion of the physician heading the treatment team.	
SB 263 (Ch. 141)	HB 519 (Ch. 142)	Health Insurance – Carrier Provider Panels – Nonphysician Specialists Synopsis: Requiring a health insurance carrier to establish and implement a specified procedure for referral to a nonphysician specialist who is not part of a carrier's provider panel; and providing that a specified decision by a carrier constitutes an adverse decision under specified circumstances.	Matricianni	Sponsored by: Senators Klausmeier, Astle, Exum, and Pinsky Delegates Bromwell, Cardin, DeBoy, Donoghue, Hubbard, Malone, Oaks, and Shuler Status: Approved by Governor Analysis: Requires that health insurance carriers establish and implement a procedure by which a member may request a referral to a nonphysician specialist who is not part of the carrier's provider panel if a member is diagnosed with a condition or disease that requires specialized health care services, and the carrier does not have the nonphysician specialist to provide the health care services or the carrier cannot provide reasonable access to a nonphysician specialist. The bill also establishes that if a carrier makes a determination not to provide access to or coverage of treatment or health care services by a nonphysician specialist, it will be considered an adverse decision if the decision is based on a finding that the proposed service is not medically necessary, appropriate or efficient. Effective Date: 10/1/07	2-4-07

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SB 348	HB 1071 (Ch. 264)	<p>Child Fatality Review Teams – Access and Disclosure of Information</p> <p>Synopsis: Requiring that a local team be immediately provided access to information and records maintained by a health care provider regarding a child convicted of a crime that caused a death or fatality being reviewed by the team; and prohibiting the identification during specified public meetings of a child convicted of a crime that caused the death or fatality of another child.</p> <p>Summary: This Bill authorizes a specified local team to investigate information and records, requires that a local team be immediately provided access to information and records maintained by a health care provider regarding a child adjudicated as having committed a delinquent act that caused a death or fatality being reviewed by the team, and requires that a local team be immediately provided access to all information and records maintained by any State or local government agency that provided services to a specified child or family. This Bill would repeal and reenact with amendments §§ 5-706, 5-707 and 5-708 of the Health-General Article.</p>	Pedroni/ Tralins	<p>Sponsored by: Senator McFadden</p> <p>Status: Approved by Governor</p> <p>Comment: This Bill expands the type of information and records to which a health care provider must give access to a local child fatality review team.</p> <p>Detailed Summary:</p> <p>§ 5-706: Purpose of local team is to prevent child deaths. In addition, a local team may investigate the information and records of a child adjudicated as having committed a delinquent act that caused a death or near fatality.</p> <p>§ 5-707: Access to information and records, including information on prenatal care, maintained by a health care provider regarding a child whose death is being reviewed by the local team or a child adjudicated as having committed a delinquent act that caused a death or near fatality.</p> <p>§ 5-708: During a public meeting, information may not be disclosed that identifies a deceased child; family member, guardian or caretaker of a deceased child; an alleged or suspected perpetrator of abuse or neglect upon a child; or a child adjudicated as having committed a delinquent act that caused a death or near fatality.</p>	2-4-07
SB 349 (Ch. 146)	HB 769	Disease Prevention – Sexually Transmitted Diseases – Expedited Partner Therapy Pilot Program	Excerpt from 90-day Report	<p>Sponsored by: Senator McFadden</p> <p>Status: Passed both House and Senate</p> <p>Analysis: Create Expedited Partner</p>	2-4-07

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		<p>Synopsis: Establishing the Expedited Partner Therapy Pilot Program in the Baltimore City Health Department; providing for the purpose of the Program; authorizing specified health care providers to prescribe, dispense, or otherwise provide antibiotic therapy to the sexual partners of patients diagnosed with specified sexually transmitted diseases without making a physical assessment of the patient's partner; etc.</p>		<p>Therapy Pilot Program in the Baltimore City Health Department to provide antibiotic therapy to the partner of a patient diagnosed with a chlamydia or gonorrhea in order to contain the infection. The health department must report each year to the Governor and the General Assembly on the pilot program's operation and performance. The bills terminate June 30, 2010. In 2006, CDC's Advisory Committee on Immunization Practice recommended that Gardasil, a vaccine to protect against the Human Papillomavirus (HPV), be routinely given to girls at ages 11 and 12. HPV is the most common sexually transmitted infection in the United States, and two types of HPV cause most cervical cancers.</p>	
<p>SB 351 (Ch. 147)</p>	<p>HB 879</p>	<p>Forensic Laboratories – Standards and Oversight Synopsis: Providing that on or after September 1, 2009, a person shall hold a license issued by the Secretary of Health and Mental Hygiene before the person may offer or perform forensic laboratory tests, examinations, or analyses in the State; requiring the Secretary of Health and Mental Hygiene to adopt regulations that set standards and requirements for forensic laboratories; requiring an individual who examines or analyzes forensic specimens to demonstrate</p>	<p>Giampetro/Storch</p>	<p>Sponsored by: Senators Kelley, Currie, DeGrange, Exum, Gladden, Pinsky, Raskin and Stone Status: Approved by Governor Analysis: Licensing and oversight of persons and labs that perform forensic testing [<i>testing in connection with criminal activity</i>]. Features of the Bill: (1) inapplicable to alcohol or CDS testing; (2) imposition of QA requirements for the lab; (3) public disclosure requirements; (4) whistle-blower protection; (5) creation of advisory committee;</p>	<p>2-4-07 2-12-07 Completed: 2-14-07</p>

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		satisfactory performance in a specified proficiency testing program; etc.		(6) creation of laboratory improvement fund; and (7) medical review committee protection from criminal but not civil proceedings. Effective date: 10-1-07; license required by 9-1-09	
SB 384 (Ch. 546)	HB 85	General Assembly – Legislative Inquiries and Examinations Synopsis: Clarifying that the Legislative Policy Committee may delegate its authority to issue subpoenas and administer oaths to any committee created by the Legislative Policy Committee; providing specified venue and procedures for legislative committees that have the power to issue subpoenas whenever those committees seek to take legal action to obtain compliance with a subpoena; providing for procedures and venue with respect to the filing of a petition for an order directing compliance with a subpoena or compelling testimony; etc.	Tralins	Sponsored by: Senator Frosh Status: SB approved by Governor; HB died in Senate Analysis: This Bill allows the Legislature to delegate subpoena power to the Legislature’s special committees. It adds two new sections to the State Government Article, namely, 2-1802 and 2-1803. Section 2-1802 states that legislative subpoenas must be pertinent to the matter(s) under inquiry and describes when records or testimony subpoenaed are considered “pertinent”. Section 2-1803 sets forth venue in the Anne Arundel County Circuit Court and the procedure for requiring compliance with a legislative committee subpoena or for compelling testimony by way of petition to that Court. Once the petition is filed, the only filing an objecting party may make to the petition is a response to the content of the petition.	2-12-07
SB 472 (Ch. 557)		Mental Hygiene Law – Petition for Emergency Evaluation – Confidentiality Synopsis: Requiring that a petition for emergency evaluation be confidential; prohibiting a petition for emergency evaluation from being	Giampetro	Sponsored by: Senator Munson Status: Approved by Governor Analysis: Persons who have mental disorders and present a danger to the safety of themselves or to others are subject to a petition for an emergency evaluation.	2-12-07

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		divulged, except by order of the court for good cause shown; providing that a specified section does not prohibit a law enforcement agency, the Department of Health and Mental Hygiene, or a local health department from having access to and confidential use of a petition for specified purposes; providing that the Department or a local health department is liable for the unauthorized release of a petition; etc.		This bill imposes certain confidentiality requirements on court records relating to such a petition, including affording the evaluation the protection of a mental health record. Effective Date: 10-1-07	
SB 596	HB 847 (Ch. 629)	Discount Medical Plan Organizations and Discount Drug Plan Organizations – Registration and Regulation Synopsis: Providing for the regulation by the Maryland Insurance Commissioner of specified discount medical plan organizations and discount drug plan organizations; requiring the registration of specified entities as discount medical plan organizations or discount drug plan organizations; providing for the application and renewal process for registration; authorizing the Commissioner to deny a registration or refuse to renew, suspend, or revoke a registration under specified circumstances; etc.	Excerpt from 90-day Report	Sponsored by: Senator Klausmeier Status: HB approved by Governor; SB vetoed by Governor (duplicative) Analysis: Requires registration with MIA as a discount medical plan organization or a discount drug plan organization before selling, marketing, or soliciting a discount medical plan (DMP) or discount drug plan (DDP). MIA may deny registration or refuse to renew, suspend, or revoke the registration if the applicant or registrant engages in specified activities. The bill provides for limitations on advertising, plan access, payment to medical providers, and termination of plan membership. Various disclosure and notification requirements to plan members are also set forth. MIA may examine the affairs, transactions, accounts, records, and assets of a DMP or DDP organization; issue a cease and desist order for violations; require corrective	2-12-07

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				action, including restitution; and impose penalties.	
SB 601 (Ch. 168)	HB 947 (Ch. 169)	Health Insurance – Health Care Providers – Reimbursement by Carriers Synopsis: Prohibiting specified carriers from requiring specified health care providers that deliver health care services through a group practice or other health care entity to accept the reimbursement fee schedule applicable under the contract between the group practice or other health care entity and the carrier for specified health care services delivered by the health care provider.	Excerpt from 90-day Report	Sponsored by: Senator Kittleman Status: Approved by Governor Analysis: The bill addresses the situation of health care providers, particularly psychiatrists, who work primarily in private practice but also see patients in clinics. Although the provider may have negotiated a fee schedule with a health insurance carrier for treating patients in the private practice, the carrier may pay the provider at the lower clinic rate. The lower reimbursement is a disincentive for providers to practice in clinics, where indigent patients often receive care. The bill redresses this problem by prohibiting a health insurance carrier from requiring a provider in a group practice or facility that participates under a contract on the carrier’s provider panel to accept the reimbursement fee schedule applicable under the contract when providing services to enrollees of the carrier through a noncontracting practice or facility and billing for services provided to enrollees of the carrier with a different federal tax ID number.	
SB 718	HB 800 (Ch. 627)	Maryland Health Care Commission – Program Evaluation Synopsis: Repealing the requirement that the Maryland Health Care Commission may not act on any	Matricianni/ Haines	Sponsored by: Chair, Finance Committee Status: HB approved by Governor; SB passed Senate but died in House. Analysis: Repeals the requirement that	2-12-07 3/18/07

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		matter unless a specified number of voting members in attendance concur; providing that a decision of the Commission shall be by a majority of the quorum present and voting; raising the amount of total fees that may be assessed by the Commission; providing for a specified evaluation of the Commission and the statutes and regulations that relate to the Commission on or before July 1, 2017; etc.		the Maryland Health Care Commission may not act on any matter unless a specified number of voting members are in attendance. It also provides that a decision of the MHCC shall be by a majority of the quorum present and voting, and it raises the total fees assessed by the Commission from \$10,000,000 to \$12,000,000. The Senate bill passed but only changed the complexion of the membership to add a position for a Hospital Administrator. The effective date is 7/1/07.	
SB 719	HB 844 (Ch. 628)	Health Services Cost Review Commission – Sunset Extension and program Evaluation Synopsis: Requiring the Health Services Cost Review Commission to include specified items in its annual report to the Governor and the General Assembly; authorizing the Secretary of Health and Mental Hygiene to assess an administrative charge; authorizing the Commission to use money from user fees to pay administrative costs; increasing the total amount of user fees that the Commission may assess; requiring the Board of the Maryland Health Insurance Plan to submit a specified report; etc.	Matricianni	Sponsored by: Chair, Finance Committee Delegate: Chair, Health and Government Operations Committee Status: HB approved by Governor; SB died in Senate. Analysis: This bill requires that the Health Services Cost Review Commission include in its annual report to the Governor and the General Assembly: a Medicare Waiver status update, budget information regarding the HSCRC Fund, and a summary of the Commission’s role in hospital quality of care activities. The bill also authorizes the Secretary of DMHM to impose an assessment on the Commission to fund services provided to the Commission by DHMH, and increase the user fee maximum permissible assessment to \$5.5 million. The second part of the bills requires the Board of the Maryland Health	2-12-07

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				Insurance Plan to submit an annual report to the General Assembly including the Plan enrollment figures, utilization and surplus amounts. Finally, the bill extends the Health Services Cost Review Commission existence until 2017. Effective 7/1/07.	
SB 746 (Ch. 182)	HB 781 (Ch. 183)	Human Immunodeficiency Virus – Test Counseling Synopsis: Requiring written informed consent for HIV testing in accordance with Department of Health and Mental Hygiene regulations; requiring informed consent for diagnostic HIV testing be distinct from other consents; requiring the Department to review specified HIV counseling and testing requirements and to adopt or revise specified regulations; requiring the Department to report to the Governor and General Assembly on or before January 1, 2008, about recommended changes to specified HIV counseling and testing regulations; etc.	Matricianni	Sponsored by: Delegate Hubbard Senator Conway Status: Approved by Governor Analysis: These bills require written consent for HIV testing and that the consent form for HIV testing must be distinct and separate from all other consent to treatment forms. Also, the bills authorize that a patient identifying number approved by DHMH can be utilized in the consent form in lieu of the patient's signature. In addition, the AIDS Administration must convene a work group to review and make recommendations regarding the CDC's guidelines regarding HIV/AIDS and consider best practices and research and data regarding treatment. Third readings of the bills passed both the Senate and House. Update: Effective date is 6/1/07.	
SB 750 (Ch. 574)	HB 1219	Queen Anne's County - Health Care Facilities Regulation - Licensing of Freestanding Medical Facilities Synopsis: Providing that a freestanding medical facility located in Queen Anne's County is exempt from a specified review process under	Sollins/Giampetro	Sponsored by: Senators Pipkin, Della, Edwards, Hogan, Jacobs, and Kittleman; Delegates Sossi, Dwyer, Eckardt, Elliott, George, Haddaway, Kach, Mathias, Rudolph, Smiegiel, Sophocleus and Walkup Status: SB approved by Governor; HB	2-14-07 3/1/07

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		specified circumstances.		<p>withdrawn</p> <p>Analysis: This legislation builds on legislation in the prior year re-writing state law governing Freestanding Medical Facilities, i.e. facilities with hospital-level emergency capabilities, linked to a hospital, but not licensed as part of the hospital itself. This legislation establishes a second pilot project for the Eastern Shore, linked to Memorial Hospital at Easton but operating in Queen Anne's County. Freestanding medical facilities are subject to HSCRC/DHMH regulations that impose a review process to evaluate the need, efficiency, costs, etc. of the facility. This bill seeks to exclude certain freestanding facilities in Queen Anne's County that are an "administrative part" of a hospital from the regulatory requirements. Emergency measure - effective immediately</p>	
SB 851 (Ch. 359)		<p>Physicians – Unauthorized Practice of Medicine – Penalty</p> <p>Synopsis: Increasing the penalty for the unauthorized practice, attempt to practice, or offer to practice medicine from a misdemeanor to a felony.</p>	Giampetro	<p>Sponsored by: Senators Lenett, Colburn, Dyson, Klausmeier, Madaleno, and Middleton</p> <p>Status: Approved by Governor</p> <p>Analysis: Persons convicted of the unauthorized practice of medicine are guilty of a felony - fine of \$5000 and imprisonment not exceeding 5 year. This does not apply to the failure to renew a license to practice medicine. Effective: 10-1-07</p>	3/1/07

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SB 938 (Ch. 206)		Public Health – Injury Reports – Statewide Applicability Synopsis: Requiring specified entities to convene a specified workgroup to develop recommendations regarding specified injury reports; and requiring the workgroup to make a specified report to the Senate Finance Committee and the House Health and Government Operations Committee of the General Assembly by December 1, 2007.	Excerpt from Chapter	Sponsored by: Senators Hooper, Colburn, Harris, Jones and Middleton Status: Approved by Governor Analysis: Originally written to repeal § 20-701, which limits the applicability of specified injury reporting requirements to specified counties. Amended to require Md. Hospital Association, Md. State Medical Society, Dep’t of State Police, DHMH, and other interested stakeholders to convene a workgroup to develop recommendations and report to the Senate Finance Committee and the House Health and Government Operations Committee regarding the § 20–701 reporting requirement, including (i) whether the reporting requirement should be applicable throughout the state; (ii) the health care providers or other individuals who should be subject to the reporting requirement and when those providers or other individuals should be required to report; the types of injuries that should be reported; and (iv) the penalties to be imposed for failing to report.	

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HB 119 (Ch. 377)		Health – Laboratory Examination Reports – Invasive Diseases Synopsis: Adding specified invasive diseases to the list of invasive diseases that a medical laboratory director must report to a county health officer.	Giampetro/Storch	Sponsored by: Delegates Eckardt and Haddaway Status: Approved by Governor Analysis: Adds the following diseases as reportable by a medical laboratory director to the county health officer: anaplasmosis, babesiosis, bartonellosis [Cat scratch fever], and southern tick-associated rash illness. <i>These are all tick related diseases.</i> Effective Date: 10-1-07	1-26-07 Completed: 2-14-07
HB 130	SB 101 (Ch. 503)	Nursing Facilities – Quality Assessment – Medicaid Reimbursement Synopsis: Authorizing the Department of Health and Mental Hygiene to impose a quality assessment on specified nursing facilities; providing for the terms of the assessment; requiring the payment of a specified assessment by the nursing facility at a specified time; requiring the Department to use the amounts collected to fund reimbursements to nursing facilities under the Medicaid program; providing for the termination of the Act; etc. Status SB 101 has been enrolled and authorizes the imposition of a quality assessment on nursing facilities operating within the State with forty-five (45) or more beds. (The bill does not apply to a nursing home bed in a	Matricianni	Sponsored by: The Speaker (By Request of Administration), and Barnes, Bromwell, Busch, Feldman, Haynes, Hubbard, Morhaim, Nathan-Pulliam, and Turner Senators: President (By Request of Administration), and Hogan, Middleton, and Miller Status: SB approved by Governor; HB died in Senate Analysis: This bill authorizes the imposition of a quality assessment on nursing facilities operating within the State with forty-five (45) or more beds. (The bill does not apply to a nursing home bed in a continuing care retirement community that has obtained a Certificate of Registration to provide continuing care.) The amount of the assessment per nursing facility cannot exceed 2% of the net operating revenue for all nursing facilities operating in the State for the previous fiscal quarter. The	1-26-07

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		<p>continuing care retirement community that has obtained a Certificate of Registration to provide continuing care.) The amount of the assessment in the aggregate may not exceed 2% of the operating revenue for all nursing facilities for the previous fiscal quarter. The aggregate annual assessment may not exceed the amount necessary to fully fund the Nursing Facility Payment System taking into consideration any other revenue source or cost savings DHMH determines could be used to reduce funding shortfalls. On or before the 60th day after each quarter of the State fiscal year, each nursing facility subject to this statute shall pay the Comptroller an amount determined by DHMH based on an amount per non-Medicare day of service for the previous fiscal quarter. The assessment collected shall be distributed to a special fund to be used by DHMH only to fund the reimbursements to nursing facilities under the Medicaid program. These funds will be in addition to funds already appropriated for this purpose. DHMH must adopt regulations to implement these requirements, report on or before 3/1/08 and each year thereafter to the General Assembly on the implementation of this assessment including: (i) the percentage and amount of the assessment charged to</p>		<p>aggregate annual assessment may not exceed the amount necessary to fully fund the Nursing Facility Payment System taking into consideration any other revenue source or cost savings DHMH determines could be used to reduce funding shortfalls. Before the 60th day after each quarter of the State fiscal year, each nursing facility shall pay the Comptroller an amount determined by DHMH based on an amount per non-Medicare day of service for the previous fiscal quarter. The assessment collected will be used by the State Comptroller to fund the reimbursements to nursing facilities under the Medicaid program. These funds will be in addition to funds already appropriated for this purpose. DHMH must adopt regulations to implement these requirements, report on or before 3/1/08 and each year thereafter to the General Assembly on the implementation of this assessment including: (i) the percentage and amount of the assessment charged to each nursing facility; (ii) the number of nursing facilities subject to this assessment with a net loss; and (iii) a comparison of the total amount provided in the Medicaid budget for nursing home reimbursement in the current fiscal year to the amount proposed for the upcoming fiscal year.</p> <p>Effective Date: 7/1/07.</p>	

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		each nursing facility; (ii) the number of nursing facilities subject to this assessment with a net loss; and (iii) a comparison of the total amount provided in the Medicaid budget for nursing home reimbursement in the current fiscal year to the amount proposed for the upcoming fiscal year. Effective 7/1/07.			
HB 138	SB 107 (Ch. 505)	<p>Task Force on Health Care Access and Reimbursement</p> <p>Synopsis: Establishing the Task Force on Health Care Access and Reimbursement; providing for the membership and duties of the Task Force; requiring the Secretary of Health and Mental Hygiene to chair the Task Force and establish specified subcommittees; requiring the Task Force to make specified recommendations and to make specified reports on or before specified dates; etc.</p> <p>Summary: This Bill establishes the Task Force on Health Care Access and Reimbursement, provides for membership and duties of the Task Force, requires the Secretary of Health and Mental Hygiene to chair the Task Force, and establishes specified subcommittees. The Bill further requires the Task Force to make specified recommendations and to make specified reports. This Bill would be an addition to the Health-General Article, Section 19-710.3.</p>	Pedroni/Tralins	<p>Sponsored by: The Speaker (By Request – Administration) and Delegates Barnes, Busch, Haynes and Morhaim</p> <p>Status: HB/SB passed both House and Senate; SB approved by Governor</p> <p>This Bill, introduced as an Administration Bill, creates a Task Force on “Health Care Access and Reimbursement.” The Task Force is charged with studying issues on the subject of Access and Reimbursement but particularly focused on data gathering relating to health care reimbursement to providers; trends relating to same; and data and trends on future health care provider workforce and supply. Among the recommendations which the Task Force is charged with developing is whether there is a need to establish a rate setting mechanism for providers similar to that in place for hospitals.</p> <p>Detailed Summary: § 19-710.3(a): Establishes Task Force on Health Care Access and</p>	1-26-07

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				Reimbursement. § 19-710.3(b): Outlines individuals who will serve as members of the Task Force. § 19-710.3(c)-(d): Role of Secretary of Health and Mental Hygiene as Chair of the Task Force. § 19-710.3(e): Sets forth issues to be examined by the Task Force, including reimbursement rates and total payments to physicians and other health care providers; the impact of changes in reimbursement on access to health care and health care disparities; effect of competition on payments to physicians and other health care providers. § 19-710.3(f): Task Force to develop recommendations. § 19-710.3(g): Task Force to report its findings and recommendations to the Governor and to the General Assembly. § 19-710.3(h): A member of the Task Force may not receive compensation but is entitled to reimbursement.	
HB 141 (Ch. 378)		State Board of Pharmacy – Sending Renewal Notices by Electronic Means Synopsis: Authorizing the State Board of Pharmacy to send renewal notices by electronic means to licensed pharmacists, pharmacy and distribution permit holders, and registered pharmacy technicians.	Sollins	Sponsored by: Delegate Elliott If requested by the licensee, the licensee is entitled to two electronic notices of the need to renew a license, in addition to first-class mail. Status: Approved by Governor	1-26-07

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HB 214 (Ch. 70)		Health Care Decisions Act – “Patient’s Plan of Care” Form – Renaming Synopsis: Renaming the "Patient's Plan of Care" form under the Health Care Decisions Act to be the "Instructions on Current Life-Sustaining Treatment Options" form.	Matricianni/ Giampetro	Sponsored by: Delegates Morhaim and Frush Status: Approved by Governor Analysis: This bill renames the “Patient Plan of Care” form required under the Health Care Decisions Act, which states a patient’s advance directives, as “Instructions on Current Life-Sustaining Treatment Options” form. Effective Date: 10-01-07..	2-4-07 3/1/07
HB 236 (Ch. 385)		Health Occupations – Registered Nurses – Dispensing Methadone Synopsis: Authorizing registered nurses to dispense methadone in a methadone clinic licensed by the Department of Health and Mental Hygiene in accordance with regulations developed and adopted by the State Board of Nursing and the State Board of Pharmacy.	Giampetro	Sponsored by: Delegates Nathan-Pulliam, Benson, Eckardt, Hubbard, Morhaim, and Oaks Status: Approved by Governor Analysis: Allows registered nurses to dispense methadone in a methadone clinic in accordance with regulations developed by the Boards of Nursing and Pharmacy. Effective Date: 10-1-07	2-4-07 Completed: 2/14/07
HB 325 (Ch. 543)	SB 302 (Ch. 542)	State Residential Centers – Money Follows the Individual Act Synopsis: Prohibiting the Department of Health and Mental Hygiene from denying an individual home- and community-based waiver services when the individual resides in a State residential center and specified criteria are met; providing that nothing in the Act is intended to result in a reduction of federal funds; and requiring the Department to notify residents of State residential		Sponsored by: Delegates Hubbard, Costa, Gaines, Kullen, and Taylor Status: Approved by Governor Analysis: This Bill involves the “Money Follows the Person Grant” and requires annual reporting to certain General Assembly committees requiring an update on communications between DHMH; information on funding by CMS of the Grant; and the number of persons moved from institutional setting under the Grant by type of institution.	

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		centers about opportunities to participate in a waiver.			
HB 326 (Ch. 391)	SB 340	Maryland Audiologists, Hearing Aid Dispensers, and Speech-Language Pathologists Act – Revision Synopsis: Requiring specified members of the State Board of Examiners for Audiologists, Hearing Aid Dispensers, and Speech-Language Pathologists to currently practice in the State; providing that a majority of members currently serving on the Board is a quorum; authorizing the Board to regulate the practice of telehealth communications; requiring an individual to be licensed by the Board before assisting in the practice of speech-language pathology; etc.	Sollins	Sponsored by: Delegate Hubbard Status: Approved by Governor Analysis: Significant number of revisions to this Act, within the Health Occupations Article. Defines “Direct Supervision” to include on-site supervision. Defines Hearing Aid Dispensing and related terms. Defines a “licensed speech-language pathology assistant.” Defines “Telehealth” for the purposes of the Act, including hardwire and internet communications. Requires certain board members to be currently practicing audiology. Removes language referring to certain “hearing impaired” Board members. Includes licensing requirement for persons working in schools to practice speech language pathology or to assist in speech language pathology. Incorporates certain private organization training requirements by reference. Requires “oral competence.” Imposes licensing requirement on persons practicing hearing aid dispensing effective January 1, 2008 for persons applying for an “initial” license to practice hearing aid dispensing. Permits the Board to waive certain requirements based on national	2-4-07

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				<p>certification.</p> <p>Detailed requirements for speech language pathology assistants, including an opportunity to seek waiver of certain requirements based on national certification.</p> <p>Imposes licensing requirements on licensing requirements for audiologists, one route for which is national certification by certain organizations.</p> <p>Permits individuals to seek a "limited license" to "assist" for a year in the practice of speech language pathology while completing other requirements including the experience requirements.</p> <p><u>Includes a unique provision stating that if, after a hearing, a licensee is found to have violated the Act, the licensee is pay the cost of the hearing.</u></p> <p>Changes the provisions referring to the "rehabilitation committee" process.</p> <p>Includes "dysphagist" and "swallowing therapist" among the titles that may not be used without authorization by the Board.</p> <p>New "unauthorized practice" language prohibiting use of certain terms unless licensed as a speech language pathologist assistant: "communication assistant," "speech assistant," "speech-language assistant," "speech-language teacher," or "speech teacher."</p> <p>Takes effect October 1, 2007</p>	

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HB 343 (Ch. 73)		Department of Health and Mental Hygiene – Laboratories – Letter of Exception Synopsis: Altering the definition of "limited medical laboratory tests or examinations" in the law relating to the circumstances under which the Secretary of Health and Mental Hygiene is required to issue a letter of exception from State licensing requirements for laboratories.	Guiampetro	Sponsored by: Delegate Pendergrass Status: Approved by Governor Analysis: DHMH may issue exceptions to laboratories from licensing requirements for "limited medical laboratory tests," which are defined as "simple" laboratory procedures. This Bill deletes "simple" presumably to give DHMH more discretion in defining the type of test that it may exempt. Effective Date: 10-1-07	2-4-07 Completed: 2/14/07
HB 358 (Ch. 235)	SB 723	Certified Social Workers –Clinical – Practice – Definition Synopsis: Altering the definition of "practice social work" so as to authorize a licensed certified social worker-clinical to practice social work by evaluating, diagnosing, and treating specified mental and emotional conditions and impairments in addition to specified other conditions and disorders.	Sollins	Sponsored by: Delegate Donoghue Status: Approved by Governor Analysis: Amends the social work licensing law to include, in the definition of "practice social work" by a "certified social worker-clinical" the evaluation, diagnosis and treatment of mental and emotional conditions and impairments.	2-12-07
HB 367 (Ch. 75)		Maryland Medical Assistance Program – Primary Adult Care Program – Selection of Managed Care Organization Synopsis: Requiring specified enrollees in the Primary Adult Care Program who become eligible for the HealthChoice Program to be enrolled automatically in a specified managed care organization under specified circumstances; requiring the Department of Health and Mental		Sponsored by: Delegates Nathan-Pulliam, Benson, Bromwell, Costa, Donoghue, Dwyer, Hubbard, Morhaim, and Oaks Status: Approved by Governor Analysis: The Bill provides that an enrollee in the Primary Adult Care Program within 120 days of becoming eligible for the HealthChoice Program shall automatically be enrolled in the same managed care program as the individual was enrolled in the PACP if	

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		Hygiene to adopt regulations relating to the selection of a managed care organization in the Primary Adult Care Program; etc.		the managed care organization participates in the PACP. In addition, DHMH is to promulgate regulations that establish a process by which historic HealthChoice Program Enrollees who become eligible for the PACP within 120 days of losing HealthChoice eligibility will be enrolled automatically with the same MCO in which the individual was enrolled under the HealthChoice Program if the MCO is participating in the PACP.	
HB 372 (Ch. 175)	SB 651 (Ch. 174)	Medical Malpractice Liability Insurance – Garrett County Memorial Hospital – Subsidy for Family Practitioners Who Also Perform Obstetrical Services Synopsis: Requiring a subsidy for medical professional liability insurance policies issued to family practitioners who have staff privileges at Garrett County Memorial Hospital and who also provide obstetrical services at Garrett County Memorial Hospital; requiring specified amounts to remain in the Rate Stabilization Account to pay for specified subsidies; etc.	Excerpt from Chapter	Sponsored by: Delegates Beitzel and Hammen Status: Approved by Governor Analysis: Provides for payment of a subsidy for medical professional liability insurance to family practitioners who have staff privileges and provide obstetrical services at Garrett County Memorial Hospital, in an amount equal to 75% of the difference between the actual premium in 2007, 2008, and 2009 and the amount the premium would have been had the policyholder not provided obstetrical services. Requires amounts necessary to pay for the subsidies to remain in the rate stabilization account.	
HB 388	SB 309 (Ch. 324)	Civil Actions - Dismissal or Termination - Limitations Synopsis: Authorizing the commencement of a new civil action	Excerpt from 90-day Report	Sponsored by: Delegates Smigiel, Anderson, Carter, Dumais, Elmore, Kelly, Lee, Manno, Schuler, and Simmons	2-14-07

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		if a prior action for the same cause was commenced within the applicable period of limitations, and dismissed or terminated in a manner other than by a final judgment on the merits; providing the time period within which a new civil action may be commenced in accordance with the Act; and providing for the application of the Act.		<p>Status: HB withdrawn after first reading (3/12/07); SB approved by Governor</p> <p>Analysis: Authorizes a party to commence a new health care malpractice action or claim for the same cause against the same party or parties as the original action or claim if the original action or claim was dismissed for failure to file an attesting expert's report and the new action or claim is filed within the later of (1) 60 days from the date of dismissal; (2) the expiration of the applicable statute of limitations; or (3) August 1, 2007, if the action or claim was dismissed on or after November 17, 2006, (the date of the <i>Walzer</i> decision) but before June 1, 2007 (the effective date of the bill). Bill has no effect on or application to an action or claim dismissed before the effective date of the bill for which a final judgment has been rendered and for which appeals, if any, have been exhausted before the effective date of the bill.</p>	
HB 445 (Ch. 545)	SB 378 (Ch. 544)	<p>State Board of Nursing – Advanced Nurse Practitioners – Membership and Qualifications</p> <p>Synopsis: Requiring that the State Board of Nursing consist of one member certified in an advanced practice nursing specialty; requiring the Governor to appoint members certified in an advanced practice nursing specialty from a list of</p>	Excerpt from 90-day Report	<p>Sponsored by: Delegates Kullen, Levy, Bartlett, Bromwell, Davis, DeBoy, Donoghue, Eckardt, Hubbard, Kipke, Oaks, and Taylor</p> <p>Status: Approved by Governor</p> <p>Analysis: Adds a registered nurse certified in an advanced practice nursing specialty as a member of the State Board of Nursing and requires the Governor to choose the member from a</p>	2-12-07

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		nominees submitted by specified organizations; requiring that the number of names submitted on a nomination list be 5 times the number of vacancies; requiring that specified Board members meet specified educational and professional requirements; etc.		list of names submitted by various professional organizations in accordance with a rotating list of specialties as set forth in statute.	
HB 457 (Ch. 186)	SB 756 (Ch. 185)	Health Occupations – Morticians – Exemption Permit Synopsis: Allowing the Maryland State Board of Morticians to issue a permit to a designee authorized by a religious institution to handle, transport, and work with a dead human body without a mortician's license in performing a funeral service; authorizing the Board to issue specified permits; requiring the Board to adopt specified regulations; requiring the Board to submit a report on or before January 1, 2008, on the implementation of specified regulations; etc.	Excerpt from 90-day Report	Sponsored by: Delegates Rosenberg and Ali Status: Approved by Governor Analysis: Changes the name of the State Board of Morticians to be the State Board of Morticians and Funeral Directors and establish a license for funeral directors. A licensed funeral director may operate a funeral establishment, prepare a dead human body for disposition, excluding embalming, and arrange for or make final disposition of a dead human body. To become licensed as a funeral director, an individual is required to complete all of the training required to become a licensed mortician except for the practical experience of embalming.	2-12-07
HB 515 (Ch. 612)	SB 557	Health Insurance – Credentialing Intermediaries – Exemptions Synopsis: Providing that specified carriers are exempt from providing specified information within a specified time frame to a provider under specified circumstances; and exempting specified credentialing	Tralins	Sponsored by: Delegate Bromwell Status: HB approved by Governor; SB vetoed by Governor (duplicative) Analysis: This legislation is designed to exempt credentialing intermediaries, such as hospitals, from the requirements of the prompt credentialing law. It also allows them to use whatever form is	2-12-07

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		intermediaries from specified requirements regarding the uniform credentialing form.		appropriate to their credentialing needs, not the mandated Uniform form. It does not change any time periods nor does it mandate any particular credentialing form to be used.	
HB 572 (Ch. 613)		Health Insurance – Expansion of Coverage Synopsis: Establishing a Health Insurance Premium Subsidy Program in the Department of Health and Mental Hygiene; establishing the purposes, eligibility requirements, and subsidy qualifications of the Program; specifying the responsibilities of the Department under the Program; establishing a Health Insurance Premium Subsidy Fund; imposing a surcharge on the income tax of individuals with income above a specified level with specified exceptions; requiring the Secretary of Health and Mental Hygiene to implement an Internet portal; etc.		Sponsored by: Delegates Elliott, Benson, Donoghue, Goldwater, Hammen, Hubbard, Krebs, Kullen, Mizeur, Montgomery, Morhaim, Nathan-Pulliam, Oaks, Pena-Melnyk, Riley, Shewell, Stull, Tarrant, and Weldon Status: Approved by Governor Analysis: Requires the Maryland Health Care Commission to study “personal responsibility for health care coverage including affordability, subsidization, incentives to acquire, educating the public as to having coverage, employer responsibility, enforcement issues, reductions in uncompensated care, and the need for certain religious exemptions.	
HB 579 (Ch. 243)	SB 427	Health Insurance – Authorization of Additional Products and Small Group Administrative Discounts Synopsis: Making specified provisions of the Act applicable to health maintenance organizations; providing that a specified insurance policy may provide for payment of services rendered by specified providers; requiring an insurer to establish payment in a specified	Excerpt from 90-day Report	Sponsored by: Delegates Tarrant, Bromwell, Harrison, Hucker, Jones, Kirk, Lawton, Mathias, Rice, Riley, and Walker Status: Approved by Governor Analysis: Authorizes health insurance carriers to offer an administrative discount to a small employer if the small employer elects to purchase for its employees additional types of insurance through the carrier. The	

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		manner under specified circumstances; requiring a specified policy to allow direct access to specialists; requiring specified insurers to offer an option to include preferred and nonpreferred providers as an additional benefit under specified circumstances; etc.		administrative discount must be offered under the same terms and conditions for all qualifying small employers.	
HB 594 (Ch. 244)		Maryland Medical Assistance Program – Long-Term Care Services for Cognitive and Functional Impairments Synopsis: Providing for the circumstances under which an individual shall be determined medically eligible to receive home- and community-based long-term care services under the Maryland Medical Assistance Program; requiring an individual's physician to make a specified certification; etc.	Excerpt from 90-day Report	Sponsored by: Delegates Hubbard, Benson, Costa, Elliott, Kullen, Mizour, Montgomery, Pena-Melnyk, and Riley Status: Approved by Governor Analysis: Requires DHMH to conduct a study and analysis of options available to increase access to long-term care services for individuals who are at high risk of institutionalization and meet financial eligibility criteria. The study and analysis must include a review of the provision of long-term care services in other states, a determination of the feasibility of developing criteria for an alternative level of care and increasing access to long-term care services through available waiver options, and a cost-benefit analysis of the options examined. The bill establishes a report deadline of December 1, 2007.	2-12-07
HB 640 (Ch. 173)	SB 646 (Ch. 172)	Mental Hygiene Facilities – Patient Rights Synopsis: Altering the requirement that individuals in specified facilities be free from specified restraints and	Pedroni/ Tralins	Sponsored by: Delegates Kullen, Benson, Costa, Hubbard, Kiple, Nathan-Pulliam, Pena-Melnyk, and Rosenberg Status: Approved by Governor	2.12.07

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		<p>seclusions; establishing that individuals in specified facilities be free from specified physical restraints and holds; establishing specified rights for individuals in State-operated psychiatric facilities; providing that the rights established in the Act may not be limited by specified privilege level systems; establishing that specified individuals, guardians, and persons may file specified complaints in specified courts; etc.</p> <p>Summary: This Bill alters the requirement that individuals in specified facilities be free from specified restraints and seclusions; establishes that individuals in specified facilities be free from specified physical restraints and holds; establishes specified rights for individuals in State-operated psychiatric facilities; provides that the rights established in the Act may not be limited by specified privilege level systems; and establishes that specified individuals, guardians, and persons may file specified complaints in specified courts. This Bill would repeal and reenact with amendments § 10-701 of the Health-General Article.</p>		<p>Detailed Summary: § 10-701: Definitions; rights of each individual in a facility to be free from restraints except if used only during an emergency (i.e., where the individual presents a danger to the life or safety of the individual or of others); used only to prevent serious disruption to the therapeutic environment in which the behavior of the individual is unanticipated and places the individual or others at serious threat of violence or injury. Right of individual to be free from physical restraint or hold that places the individual face down with pressure applied to the back; obstructs the airway of the individual or impairs the individual's ability to breathe; obstructs a staff member's view of the individual's face; or restricts the individual's ability to communicate. Right of individual to be free from mental abuse.</p>	
HB 672 (Ch. 250)		Petition for Guardianship of Disabled person – Certificate of Competency by Licensed Certified Social Worker – Clinical	Giampetro	Sponsored by: Delegates McComas, Aumann, Bartlett, Braveboy, Elmore, McConkey, Shewell, Sossi, Stocksdale, Stull, and Walkup	3/1/07

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		<p>Synopsis: Authorizing a petition for guardianship of a disabled person to include signed and verified certificates of competency by a specified licensed physician and a specified licensed certified social worker- clinical.</p>		<p>Status: Approved by Governor Analysis: For purposes of authorizing a petition for guardianship, as the certificate of competency must be signed by 2 physicians or a physician and a licensed psychologist. The bill authorizes the certificate of competency to be signed by a licensed certified social worker - clinical and a physician. Effective Date: October 1, 2007.</p>	
HB 682 (Ch. 251)		<p>Health Care Decisions Act – Emergency Medical Services “Do Not Resuscitate Orders” – Health Care Providers Synopsis: Authorizing specified health care providers to comply with an emergency medical services "do not resuscitate order" under specified circumstances; and requiring specified health care providers to comply with an emergency medical services "do not resuscitate order" under specified circumstances.</p>	Giampetro	<p>Sponsored by: Delegate Morhaim Status: Approved by Governor Analysis: This bill applies to a health care provider, other than a licensed or certified EMS personnel who sees a DNR order. It <i>requires</i> such health care provider to comply with a DNR order after cardiac or respiratory arrest; and <i>permits</i> the health care provider to provide or withdraw treatment in compliance with the DNR order prior to cardiac or respiratory arrest</p>	2-12-07 Completed: 2/14/07
HB 751 (CH. 165)	SB 568 (Ch. 164)	<p>Health Occupations – Supervised Practice – Dental Hygienist Synopsis: Altering the requirements for specified dental facilities that employ dental hygienists who are authorized to practice dental hygiene under the general supervision of a licensed dentist; etc.</p>	Excerpt from 90-day Report	<p>Sponsored by: Delegate Oaks Status: Passed both House and Senate Analysis: Bill authorizes a dental hygienist practicing under the general supervision of a licensed dentist to apply fluoride, mouth rinse, or varnish without first requiring a dentist to evaluate the patient’s medical history or diagnose and approve the treatment plan. The General Assembly intends for this bill to increase access to oral health care.</p>	2-12-07

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HB 797 (Ch. 81)		Study of Health Care Services for Children with Life-Threatening Medical Conditions Synopsis: Requiring the State Advisory Council on Quality Care at the End of Life and the Maryland Health Care Commission to jointly undertake a specified study relating to services for children with life-threatening medical conditions; requiring the Council and the Commission to report the effect of specified programs that provide assistance for children with life-threatening medical conditions, analyze the impact of specified programs in other states, consult with specified persons, and make specified recommendations; etc.	Excerpt from 90-day Report	Sponsored by: Delegate Rush Status: Approved by Governor Analysis: Requires the State Advisory Council on Quality Care at the End of Life and the Maryland Health Care Commission to jointly study the current services and potential care delivery alternatives for caring for children with life-threatening medical conditions. The bill establishes a report deadline of December 1, 2007.	
HB 837 (Ch. 436)		Department of Health and Mental Hygiene – Regulation of Nursing Homes -- Review Synopsis: Requiring DHMH, in consultation with specified groups and individuals, to conduct a specified review; requiring DHMH to report to specified committees of the General Assembly on or before a specified date; etc.	Excerpt from Chapter	Sponsored by: Delegates McDonough, Impallaria, and Shewell Status: Approved by Governor Analysis: Requires DHMH to conduct and report to Senate and House committees on a review of current state laws and regulations, best practices, and experiences of other states with regard to the regulation of nursing homes in Maryland. Specific issues to be addressed include: (1) status and demand for electronic monitoring; (2) resident-directed care and possible barriers in state regulations; (3) family councils' status and rights; (4)	2-14-07

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				<p>resident—nursing home communications; (5) appropriateness of revising state regulations to provide greater flexibility while maintaining safety for nursing homes.</p> <p>Background: Bill originally written to require nursing homes to develop and make available to specified persons a Health Care Quality Disclosure Form; providing for the purpose of the form; requiring completed forms to be signed by specified persons; requiring a nursing home to create and maintain public and regulatory correspondence files; providing for the contents of the public and regulatory files; requiring that a resident's identifying information in public records be deleted; requiring records in regulatory files to be unedited; etc.</p>	
HB 949 (Ch. 441)		<p>Military Health Care Personnel – Staffing Initiative</p> <p>Synopsis: Requiring the Secretary of the Department of Health and Mental Hygiene, in conjunction with the Governor's Workforce Investment Board and specified regulatory boards, to identify specified barriers to licensing or certifying individuals who have training and experience in providing health care through military service that is equivalent to the requirements for specified licensure or certification; requiring specified regulatory boards to draft specified regulations and legislation; etc.</p>	Excerpt from 90-day Report	<p>Sponsored by: Delegates Stein, Beitzel, Bromwell, Costa, Kach, Kipke, Malone, Mizeur, Oaks, Riley, and Tarrant</p> <p>Status: Approved by Governor</p> <p>Analysis: Requires the Secretary of Health and Mental Hygiene, with the Governor's Workforce Investment Board and appropriate health care provider regulatory boards, to identify barriers under the Health Occupations Article to licensing or certifying individuals with training and experience in providing health care through military service that is equivalent to training and experience required for</p>	

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				licensure or certification.	
HB 970 (Ch. 445)		Rosewood Center – Plan for Services to Residents Synopsis: Requiring the Department of Health and Mental Hygiene to develop a plan for providing services to Rosewood Center residents in certain settings, in accordance with certain provisions of law; requiring the plan to make certain recommendations, discuss certain uses for the Rosewood Center property, and identify certain items; requiring the Department to report on the plan to certain committees of the General Assembly; and generally relating to a plan for services to residents of the Rosewood Center.	Excerpt from Chapter	Sponsored by: Delegates Hubbard, Benson, Bromwell, Costa, Elliott, Kipke, Kullen, Mizeur, Montgomery, Oaks, Pena-Melnyk, Tarrant, Taylor, and Weldon Status: Approved by Governor Analysis: Requires DHMH to develop a plan for providing services to Rosewood Center residents in the most integrated settings appropriate to their needs and sets forth specific recommendations to be considered in the development of the plan.. Makes provisions for the plan’s treatment of permanent state employees working at the Rosewood Center. Requires that the plan make recommendations for alternative uses for the Rosewood Center property, identifying specific considerations to be discussed in the plan, including costs, sources of funds, obstacles, and a schedule.	
HB 979 (Ch. 262)		Regional Health Data Exchange Synopsis: Altering the uses of the Community Health Resources Commission Fund to provide funding for a regional health data exchange; requiring the Health Services Cost Review Commission to provide funding of at least a specified amount for a regional health data exchange; establishing eligibility requirements for an organization to receive	Excerpt from 90-day Report	Sponsored by: Delegates Pendergrass, Barve, Bates, Benson, Bobo, Bromwell, Bronrott, Costa, Donoghue, Eckardt, Elliott, Frank, Goldwater, Guzzone, Hammen, Harrison, Hecht, Hubbard, Huckler, Kach, Kelly, Kipke, Kirk, Krysiak, Kullen, Love, Manno, Miller, Mizeur, Montgomery, Morhaim, Nathan-Pulliam, Oaks, Pena-Melnyk, Riley, Rosenberg, Stukes, F. Turner, and Weldon	

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		funding; etc.		<p>Status: Approved by Governor Analysis: Establishes a Health Information Exchange Pilot Project to be operated by the Maryland/DC Collaborative, which is a nonprofit corporation. The pilot project must transmit medication history, laboratory and radiology results, and inpatient and emergency department discharge summaries to participating health care providers in a private and secure manner. The Maryland/DC Collaborative must report annually on its progress to the Health Services Cost Review Commission (HSCRC) and Maryland Health Care Commission (MHCC). Hospitals may apply to HSCRC for a one-time award through rate adjustment to provide partial compensation for the cost of developing a data interface necessary for participation in the collaborative.</p>	
HB 1030 (Ch. 353)	SB 759 (Ch. 352)	<p>State Board of Pharmacy - Wholesale Drug Distribution - Permit Requirements Synopsis: Altering the requirements for obtaining a wholesale distributor's permit to include an inspection and the posting of a bond; requiring a pedigree for prescription drugs or devices distributed in the State; requiring the State Board of Pharmacy to adopt regulations regarding pedigree and inspection requirements; etc.</p>	Excerpt from 90-day Report	<p>Sponsored by: Delegate Montgomery Status: Passed both House and Senate Analysis: Repeals existing standards for drug distribution permits and then reestablishes the standards by expanding the requirements for a wholesale distributor of prescription drugs or devices to obtain a State Board of Pharmacy permit. Permits are valid for two years, instead of the current one year, and may be renewed for an additional two years. The bills also require prescription drugs distributed</p>	2-14-07

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				outside the “normal distribution channel” to have a pedigree that records each distribution. Any person knowingly violating any provision of the bills may be subject to a board-imposed fine of up to \$500,000. The board has to adopt regulations to implement the bill by January 1, 2008.	
HB 1033 (Ch. 638)		Health Insurance - Prescription Drugs and Devices - Copayment or Coinsurance Synopsis: Prohibiting insurers, nonprofit health service plans, and health maintenance organizations from imposing a copayment or coinsurance requirement for a covered prescription drug or device that exceeds the retail price of the prescription drug or device.	Excerpt from 90-day Review	Sponsored by: Delegates Taylor, Gutierrez, Kaiser, N. King, Manno, Montgomery, Oaks, Rice, and Vaughn Status: Approved by Governor Analysis: Prohibits health insurance carriers from imposing a copayment or coinsurance requirement for a covered prescription drug or device that exceeds the retail price of the prescription drug or device.	2-14-07
HB 1082 (Ch. 452)		Managed Care Organizations - Retroactive Denial of Claims Synopsis: Making provisions of law relating to retroactive denial of claims by health insurance carriers applicable to managed care organizations under the Maryland Medical Assistance Program.	Pedroni	Sponsored by: Delegate Hubbard Status: Approved by Governor SUMMARY: This bill adds a new Section 15-101.1 to the Maryland Health-General Code, amends Section 15-102.3 of the Health-General Code, and amends Section 15-1008 of the Insurance Article to exempt HMOs from Maryland Insurance Article and Title 19 of the Health-General Article, except for sections 4-311, 15-604, 15-112, 15-1005 and 15-1008 of the Insurance Article. In addition, the definition of “insurance carrier” under section 15-1008(a)(v) would be	2-14-07

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				extended to include HMOs. In addition, the bill would prevent HMOs from retroactively denying reimbursement to a health care provider under certain circumstances. This legislation would apply to claims paid by Maryland Medical Assistance Program HMOs on or after July 1, 2007.	
HB 1137 (Ch. 57)	SB 879 (Ch. 56)	Hospitals – Safe Patient Lifting Synopsis: Requiring hospitals to establish a safe patient lifting committee with an equal number of managers and employees on or before December 1, 2007; requiring the committee to establish a safe patient lifting policy on or before July 1, 2008; requiring the committee to consider specified factors while developing a safe patient lifting policy; etc.	Excerpt from Chapter	Sponsored by: Delegates Pena-Melnyk, Braveboy, Griffith, Ivey, and Valderrama Status: Approved by Governor Analysis: Requires hospitals to establish a safe patient lifting committee to develop a safe patient lifting policy, with the goal of reducing employee injuries resulting from patient lifting. Sets forth specific factors to be considered in the development of a safe patient lifting policy.	
HB 1219	SB 750 (Ch. 574)	Health General		Sponsored by: Senators Pipkin, Della, Edwards, Hogan, Jacobs, Kittleman Status: SB approved by Governor; HB withdrawn Analysis: Freestanding medical facilities are subject to HSCRC/DHMH regulations that impose a review process to evaluate the need, efficiency, costs, etc. of the facility. This bill seeks to exclude certain freestanding facilities in Queen Anne's County that are an "administrative part" of a hospital from the regulatory requirements. Emergency measure - effective	

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				immediately	
HB 1270 (Ch. 213)	SB 987 (Ch. 212)	Maryland HIV/AIDS Reporting Act Synopsis: Requiring specified physicians to report specified information to the Secretary of Health and Mental Hygiene and to specified health officers; requiring specified laboratories to report specified information to the Secretary; requiring specified institutions to report specified information to the Secretary of Health and Mental Hygiene and to specified health officers; providing for the confidentiality of specified reports; etc.	Giampetro	Sponsored by: Delegates Hubbard, Bohanan, Rush, Hammen, Hecht, James, McHale, Pena-Melnyk, and Rosenberg Status: Approved by Governor Analysis: Imposes an obligation on physicians to report HIV infection [currently only applies to AIDS] to the county health office. If a mother tests HIV positive, the physician must report the birth of her child; the child's name is removed from the HIV registry, if the child does not become HIV positive within 18 months. The bill imposes similar requirements on certain health care institutions for purposes of reporting AIDS and HIV. These reports are considered confidential; not discoverable or admissible in civil actions; and not subject to inspection as a public record. Persons who violate the disclosure requirements are subject to fines and other penalties. Effective Date: Immediately; considered an emergency measure	3/1/07
HB 1313 (Ch. 646)	SB 953	Department of Health and Mental Hygiene – Maryland Medical Assistance Program – Information from and Liability of Health Insurance Carriers Synopsis: Requiring specified health insurance carriers to provide specified information in a specified manner to	Excerpt from 90-day Report	Sponsored by: Delegate Hubbard (by request) Status: HB approved by Governor; SB vetoed by Governor (duplicative) Analysis: Requires health insurance carriers, HMOs, and certain third parties to provide DHMH with information about individuals eligible	

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		the Department of Health and Mental Hygiene, at the request of the Department, about individuals who are eligible for benefits under the Maryland Medical Assistance Program or are Program recipients; requiring specified health insurance carriers to accept the Program's right of recovery and the assignment of specified rights under specified circumstances; etc.		for or enrolled in Medicaid so DHMH may determine whether an individual or the individual's spouse or dependent is receiving health care coverage from a carrier and the nature of that coverage. Carriers must accept Medicaid's right of recovery and the assignment to Medicaid of any right of an individual or other entity to payment from the carrier for an item or service for which payment has been made under Medicaid.	
HB 1423 (Ch. 108)		Department of Aging – Continuing Care Fund Synopsis: Creating a Continuing Care Fund as a special, nonlapsing fund to defray specified costs; requiring the Department of Aging to administer the Fund; requiring the State Treasurer to hold the Fund separately and the Comptroller to account for the Fund; specifying which moneys the Fund consists of; providing for the use of the Fund; providing for the investment of moneys in the Fund; providing that the money expended in the Fund is supplemental; etc.	Excerpt from 90-day Report	Sponsored by: Chair, Health and Government Operations Committee (By Request – Departmental – Aging) Status: Approved by Governor Analysis: Establishes a Continuing Care Fund within the Department of Aging to defray the costs of administering continuing care statutory requirements. The fund will consist of fees collected from continuing care retirement communities, money appropriated in the State budget to the fund, investment earnings of the fund, and any other money appropriated to the fund's benefit. The establishment of this fund generally codifies a former practice of not reverting unspent special fund revenues from continuing care retirement community fees to the general fund.	