

HEALTH OCCUPATIONS
TITLE 14. PHYSICIANS
SUBTITLE 1. DEFINITIONS; GENERAL PROVISIONS

Md. HEALTH OCCUPATIONS Code Ann. § 14-101 (2013)

§ 14-101. Definitions

(a) In general. -- In this title the following words have the meanings indicated.

(a-1) Allied health professional. -- "Allied health professional" means an individual licensed by the Board under Subtitle 5A, 5B, 5C, 5D, or 5E of this title or Title 15 of this article.

(b) Board. -- "Board" means the State Board of Physicians.

(c) Board certified. -- "Board certified" means the physician is certified by a public or private board, including a multidisciplinary board, and the certifying board:

(1) Is:

(i) A member of the American Board of Medical Specialties; or

(ii) An American Osteopathic Association certifying board;

(2) Has been approved by the Board under § 14-101.1 of this subtitle; or

(3) Requires that, in order to be certified, the physician:

(i) Complete a postgraduate training program that:

1. Provides complete training in the specialty or subspecialty; and

2. Is accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association; and

(ii) Be certified by the member board of the American Board of Medical Specialties or the American Osteopathic Association in the training field.

(c-1) Disciplinary panel. -- "Disciplinary panel" means a disciplinary panel of the Board established under § 14-401 of this title.

(d) Civil action. -- "Civil action" includes a health care malpractice claim under Title 3, Subtitle 2A of the Courts Article.

(e) Cosmetic surgical procedure. --

(1) "Cosmetic surgical procedure" means the use of surgical services to reshape the structure of a human body in order to change the appearance of an individual.

(2) "Cosmetic surgical procedure" does not include:

- (i) A procedure done under local anesthesia or mild sedation; or
 - (ii) Liposuction that removes less than 1,000 cubic centimeters of aspirate.
- (f) Faculty. -- "Faculty" means the Medical and Chirurgical Faculty of the State of Maryland.
- (g) Hospital. -- "Hospital" has the meaning stated in § 19-301 of the Health - General Article.
- (h) License. -- "License" means, unless the context requires otherwise, a license issued by the Board to practice medicine.
- (i) Licensed physician. -- "Licensed physician" means, unless the context requires otherwise, a physician, including a doctor of osteopathy, who is licensed by the Board to practice medicine.
- (j) Licensee. -- "Licensee" means an individual to whom a license is issued, including an individual practicing medicine within or as a professional corporation or professional association.
- (k) Mild sedation. -- "Mild sedation" means a drug-induced state during which:
- (1) A patient is able to respond to verbal commands;
 - (2) A patient's ventilatory and cardiovascular functions are not affected; and
 - (3) A patient's cognitive function and coordination may be impaired.
- (l) Perform acupuncture. -- "Perform acupuncture" means to stimulate a certain point or points on or near the surface of the human body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of ailments or conditions of the body.
- (m) Physician. -- "Physician" means an individual who practices medicine.
- (n) Physician Rehabilitation Program. -- "Physician Rehabilitation Program" means the program of the Board or the nonprofit entity with which the Board contracts under § 14-401.1(g) of this title that evaluates and provides assistance to impaired physicians and other health professionals regulated by the Board who are directed by the Board to receive treatment and rehabilitation for alcoholism, chemical dependency, or other physical, emotional, or mental conditions.
- (o) Practice medicine. --
- (1) "Practice medicine" means to engage, with or without compensation, in medical:
 - (i) Diagnosis;
 - (ii) Healing;
 - (iii) Treatment; or
 - (iv) Surgery.

(2) "Practice medicine" includes doing, undertaking, professing to do, and attempting any of the following:

(i) Diagnosing, healing, treating, preventing, prescribing for, or removing any physical, mental, or emotional ailment or supposed ailment of an individual:

1. By physical, mental, emotional, or other process that is exercised or invoked by the practitioner, the patient, or both; or

2. By appliance, test, drug, operation, or treatment;

(ii) Ending of a human pregnancy; and

(iii) Performing acupuncture as provided under § 14-504 of this title.

(3) "Practice medicine" does not include:

(i) Selling any nonprescription drug or medicine;

(ii) Practicing as an optician; or

(iii) Performing a massage or other manipulation by hand, but by no other means.

(p) Related institution. -- "Related institution" has the meaning stated in § 19-301 of the Health - General Article.

§ 14-101.1. Approval of certifying board.

The Board may approve a public or private board including a multidisciplinary board as a certifying board only if the certifying board requires that, in order to be certified, a physician:

(1) Complete a postgraduate training program that:

(i) Provides complete training in the specialty or subspecialty being certified; and

(ii) Is accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association; and

(2) Be certified by the American Board of Medical Specialties or the American Osteopathic Association in the same training field.

§ 14-102. Scope of title

(a) Individuals exempt -- In general. -- This title does not limit the right of:

(1) An individual to practice a health occupation that the individual is authorized to practice under

this article; or

(2) A Christian Science practitioner, who is accredited by the First Church of Christ, Scientist, in Boston, Massachusetts, from:

(i) Dealing with human ills in accordance with the tenets of Christian Science; and

(ii) Charging for services.

(b) Individuals exempt -- Dentist administering anesthesia. -- This title does not prohibit a licensed dentist or any other individual authorized to practice dentistry under Title 4 of this article, who has administered anesthesia regularly in hospitals in this State for at least 15 years before June 1, 1962, from practicing anesthesiology or administering anesthesia for medical purposes.

§ 14-201. Board established

There is a State Board of Physicians in the Department.

§ 14-202. Membership

(a) Composition; appointment. --

(1) The Board shall consist of 22 members appointed by the Governor with the advice of the Secretary and the advice and consent of the Senate.

(2) Of the 22 members:

(i) 11 shall be practicing licensed physicians, at least one of whom shall be a doctor of osteopathy, appointed as provided in subsections (d) and (e) of this section;

(ii) 1 shall be a practicing licensed physician appointed at the Governor's discretion;

(iii) 1 shall be a representative of the Department nominated by the Secretary;

(iv) 1 shall be a licensed physician assistant appointed at the Governor's discretion as provided in subsections (f) and (g) of this section;

(v) 2 shall be practicing licensed physicians with full-time faculty appointments appointed to serve as representatives of academic medical institutions in the State and of whom:

1. 1 shall be appointed from a list containing 3 names submitted by the Johns Hopkins University School of Medicine; and

2. 1 shall be appointed from a list containing 3 names submitted by the University of Maryland School of Medicine;

(vi) 5 shall be consumer members; and

(vii) 1 shall be a public member knowledgeable in risk management or quality assurance matters appointed from a list submitted by the Maryland Hospital Association.

(b) Qualifications of consumer members. --

(1) Each consumer or public member of the Board:

(i) Shall be a member of the general public;

(ii) Shall be a resident of the State for at least 5 years;

(iii) May not be or ever have been a physician or in training to become a physician;

(iv) May not have a household member who is a physician or in training to become a physician;

(v) May not have a household member who participates in a commercial or professional field related to medicine; and

(vi) May not have had within 2 years before appointment a substantial financial interest in a person regulated by the Board.

(2) A consumer member of the Board may not have a substantial personal, business, professional, or pecuniary connection with a medical field or with an institution of medical education or a health care facility.

(c) Requirements of consumer and public members. -- While serving as a member of the Board, each consumer member and the public member shall continue to meet the requirements of subsection (b) of this section.

(d) Vacancy of practicing licensed physician -- Duties of Board. --

(1) For each vacancy of a practicing licensed physician appointed in accordance with subsection (a) (2) (i) of this section, the Board shall:

(i) Notify all practicing licensed physicians and professional organizations representing at least 25 licensed physicians in the State of the vacancy;

(ii) Provide information regarding the selection process as provided under subsection (a) (2) (i) of this section;

(iii) Solicit nominations for the vacancy; and

(iv) Forward to the Governor:

1. Valid nominations submitted by professional organizations representing at least 25 licensed physicians in the State; and

2. Valid petitions submitted by practicing licensed physicians.

(2) The Board shall meet the requirements of paragraph (1) of this subsection within:

- (i) 4 months prior to an upcoming vacancy on the Board; or
- (ii) 2 months after a vacancy exists on the Board.

(e) Vacancy of practicing licensed physician -- Duties of Governor. -- For each vacancy of a practicing licensed physician appointed in accordance with subsection (a) (2) (i) of this section, the Governor:

(1) May:

(i) Reappoint a member who has not served for more than 2 consecutive full terms; or

(ii) Appoint a practicing licensed physician in accordance with subsection (a) (2) (i) of this section from lists submitted by the Board as provided in subsection (d) (1) (iv) of this section; and

(2) May not reappoint or appoint a practicing licensed physician from a particular medical specialty if there are two current members serving on the Board from the same medical specialty.

(f) Vacancy of certified physician assistant -- Duties of Board. --

(1) For the vacancy of a certified physician assistant appointed in accordance with subsection (a) (2) (iv) of this section, the Board shall:

(i) Notify all practicing certified physician assistants and professional organizations representing at least 25 certified physician assistants in the State of the vacancy;

(ii) Provide information regarding the selection process as provided under subsection (a) (2) (iv) of this section;

(iii) Solicit nominations for the vacancy; and

(iv) Forward to the Governor:

1. Valid nominations submitted by professional organizations representing at least 25 certified physician assistants in the State; and

2. Valid petitions submitted by practicing certified physician assistants supporting the appointment of the certified physician assistant to the Board that are signed by at least 25 practicing certified physician assistants in the State.

(2) The Board shall meet the requirements of paragraph (1) of this subsection within:

- (i) 4 months prior to an upcoming vacancy on the Board; or
- (ii) 2 months after a vacancy exists on the Board.

(g) Vacancy of certified physician assistant--Duties of Governor. -- For each vacancy of a certified physician assistant appointed in accordance with subsection (a) (2) (iv) of this section, the Governor may:

(1) Reappoint a member who has not served for more than two consecutive full terms; or

(2) Appoint a certified physician assistant in accordance with subsection (a) (2) (iv) of this section from lists submitted by the Board as provided in subsection (f) (1) (iv) of this section.

(h) Oath. -- Before taking office, each appointee to the Board shall take the oath required by Article I, § 9 of the Maryland Constitution.

(i) Tenure. --

(1) The term of a member is 4 years.

(2) The terms of members are staggered as required by the terms provided for members of the Board on August 1, 2003.

(3) At the end of a term, a member continues to serve until a successor is appointed and qualifies.

(4) A member may not serve more than 2 consecutive full terms.

(j) Vacancies. --

(1) If a vacancy occurs as to a member, the Governor shall appoint a new member to serve only for the rest of the term and until a successor is appointed and qualifies.

(2) To the extent practicable, the Governor shall fill any vacancy on the Board within 60 days of the date of the vacancy.

(k) Removal. --

(1) On the recommendation of the Board, the Secretary may remove any member of the Board for neglect of duty, misconduct, malfeasance, or misfeasance in office.

(2) Upon the recommendation of the Secretary, the Governor may remove a member whom the Secretary finds to have been absent from 2 successive Board meetings without adequate reason.

(3) The Governor may remove a member for incompetence or misconduct.

§ 14-203. Chair and officers.

(a) Chair; term. --

(1) The Governor shall appoint the chair of the Board.

(2) The term of office of the chair is 2 years.

(b) In general. -- From among its members, the Board shall elect any officers, other than the chair, that it considers necessary.

(c) Election; terms; duties. -- The Board shall determine:

- (1) The manner of election of officers;
- (2) The term of office of each officer; and
- (3) The duties of each officer.

§ 14-204. Quorum; meetings; compensation; staff; executive director; assistance

- (a) Quorum. -- A majority of the members then serving on the Board is a quorum.
- (b) Meetings. -- The Board shall meet:
 - (1) At the times and places that it determines; and
 - (2) As requested by the Secretary.
- (c) Compensation and reimbursement for expenses. -- Each member of the Board is entitled to:
 - (1) Compensation in accordance with the State budget; and
 - (2) Reimbursement for expenses under the Standard State Travel Regulations, as provided in the State budget.
- (d) Staff; executive director. --
 - (1) The Secretary may employ a staff for the Board in accordance with the State budget. The Secretary may designate one of the staff as an executive director.
 - (2) The Secretary shall determine the appropriate job classifications and grades for all staff.
- (e) Assistance. -- To provide adequate assistance in the investigation, development, and prosecution of cases referred to the Board, the Board shall be assigned a sufficient number of:
 - (1) Assistant Attorneys General by the Attorney General; and
 - (2) Investigators and hearing officers by the Secretary.

§ 14-205. Miscellaneous powers and duties

- (a) In general. -- In addition to the powers and duties set forth in this title and in Title 15 of this article, the Board shall:
 - (1) Enforce this title and Title 15 of this article;
 - (2) Adopt regulations to carry out the provisions of this title and Title 15 of this article;

- (3) Establish policies for Board operations;
- (4) Maintain the rules, regulations, and policies of the Board so that the rules, regulations, and policies reflect the current practices of the Board;
- (5) Oversee:
 - (i) The licensing requirements for physicians and the allied health professionals; and
 - (ii) The issuance and renewal of licenses;
- (6) Maintain secure and complete records;
- (7) Review and preliminarily investigate complaints, including acknowledging receipt of complaints and informing complainants of the final disposition of complaints;
- (8) Develop and implement methods to:
 - (i) Assess and improve licensee practices; and
 - (ii) Ensure the ongoing competence of licensees;
- (9) Ensure that an opportunity for a hearing is provided to an individual, in accordance with law, before any action is taken against the individual;
- (10) Adjudicate nondisciplinary matters within the Board's jurisdiction;
- (11) Report on all disciplinary actions, license denials, and license surrenders;
- (12) Establish appropriate fees that are adequate to fund the effective regulation of physicians and allied health professionals;
- (13) Make recommendations that benefit the health, safety, and welfare of the public;
- (14) Provide ongoing education and training for Board members to ensure that the Board members can competently discharge their duties;
- (15) Direct educational outreach to and communicate with licensees and the public;
- (16) Develop and adopt a budget that reflects revenues and supports the costs associated with each allied health profession regulated by the Board;
- (17) Develop and approve an annual report and other required reports for submission to the Secretary, the Governor, the General Assembly, and the public;
- (18) Approve contracts as needed and within budgetary limits;
- (19) Appoint standing and ad hoc committees from among Board members as necessary;
- (20) Delegate to the executive director of the Board the authority to discharge Board duties, as deemed appropriate and necessary by the Board, and hold the executive director accountable to the

Board; and

(21) Appoint members of the disciplinary panels.

(b) Additional powers. --

(1) In addition to the powers set forth elsewhere in this title, the Board may:

(i) Adopt regulations to regulate the performance of acupuncture, but only to the extent authorized by § 14-504 of this title;

(ii) After consulting with the State Board of Pharmacy, adopt rules and regulations regarding the dispensing of prescription drugs by a licensed physician;

(iii) Subject to the Administrative Procedure Act, deny a license to an applicant or, if an applicant has failed to renew the applicant's license, refuse to renew or reinstate an applicant's license for any of the reasons that are grounds for action under § 14-404 of this title;

(iv) On receipt of a written and signed complaint, including a referral from the Commissioner of Labor and Industry, conduct an unannounced inspection of the office of a physician or acupuncturist, other than an office of a physician or acupuncturist in a hospital, related institution, freestanding medical facility, or a freestanding birthing center, to determine compliance at that office with the Centers for Disease Control and Prevention's guidelines on universal precautions; and

(v) Contract with others for the purchase of administrative and examination services to carry out the provisions of this title.

(2) The Board or a disciplinary panel may investigate an alleged violation of this title.

(c) Additional duties. --

(1) In addition to the duties set forth elsewhere in this title, the Board shall:

(i) Submit an annual report to the Faculty and to the Secretary;

(ii) Issue, for use in other jurisdictions, a certificate of professional standing to any licensed physician; and

(iii) Keep a list of all license applicants.

(2) (i) The Board shall keep a list of all physicians who are currently licensed.

(ii) The list shall include each physician's designated public address.

(iii) A physician's designated public address may be a post office box only if the physician provides to the Board a nonpublic address, under paragraph (3) of this subsection, that is not a post office box.

(iv) Each list prepared under this paragraph shall be kept as a permanent record of the Board.

(v) The list of currently licensed physicians is a public record.

(3) (i) The Board shall maintain on file a physician's designated nonpublic address, if provided by the physician, to facilitate communication between the physician and the Board.

(ii) The Board shall offer a physician the opportunity to designate a nonpublic address, in addition to the physician's public address, at the time of initial licensure and license renewal.

(iii) A physician shall designate an address where the Board may send the physician mail.

(iv) A physician's designated nonpublic address is not a public record and may not be released by the Board.

§ 14-206. Judicial powers

(a) Subpoenas and oaths. -- Over the signature of an officer, the executive director, or the deputy director of the Board, the Board may issue subpoenas and administer oaths in connection with any investigation under this title and any hearings or proceedings before it.

(b) Contempt of court. -- If, without lawful excuse, a person disobeys a subpoena from the Board or an order by the Board to take an oath or to testify or answer a question, then, on petition of the Board, a court of competent jurisdiction may punish the person as for contempt of court.

(c) Ex parte hearings. -- If after due notice the individual against whom the action is contemplated fails or refuses to appear, nevertheless the Board may hear and determine the matter.

(d) Entry onto premises. --

(1) If the entry is necessary to carry out a duty under this title, the Board's executive director or other duly authorized agent or investigator of the Board may enter at any reasonable hour:

(i) A place of business of a licensed physician; or

(ii) Public premises.

(2) A person may not deny or interfere with an entry under this subsection.

(3) A person who violates any provision of this subsection is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$ 100.

(e) Cease and desist orders; injunctions. -- The Board may issue a cease and desist order or obtain injunctive relief for practicing medicine without a license.

§ 14-206.1. Search warrants.

(a) Application to District Court judge. -- Based on a complaint received by the Board, the executive director of the Board may apply to a judge of the District Court or a circuit court for a search warrant to enter private premises where the Board or a disciplinary panel suspects that a person who is not

licensed by the Board is practicing, attempting to practice, or offering to practice medicine.

(b) Contents. -- An application for a search warrant shall:

- (1) Be in writing;
- (2) Be verified by the applicant; and
- (3) Describe the premises to be searched and the nature, scope, and purpose of the search.

(c) Requirements for issuance. -- A judge who receives an application for a search warrant may issue a warrant on a finding that:

- (1) The scope of the proposed search is reasonable;
- (2) The request for a search warrant is based on a complaint received by the Board; and
- (3) Obtaining consent to enter the premises may jeopardize the attempt to determine whether a person who is not licensed by the Board is practicing, attempting to practice, or offering to practice medicine.

(d) Specifics of search. --

(1) A search warrant issued under this section shall specify the location of the premises to be searched.

(2) A search conducted in accordance with a search warrant issued under this section may not exceed the limits specified in the warrant.

(e) Execution and return. -- A search warrant issued under this section shall be executed and returned to the issuing judge:

- (1) Within the period specified in the warrant, which may not exceed 30 days after the date of issuance; or
- (2) Within 15 days after the date of issuance, if no period is specified in the warrant.

§ 14-207. Board of Physicians Fund; establishment of fees; disposition of funds

(a) Fund established. -- There is a Board of Physicians Fund.

(b) Establishment of fees; uses. --

(1) The Board may set reasonable fees for the issuance and renewal of licenses and its other services.

(2) The fees charged shall be set so as to approximate the cost of maintaining the Board, including the cost of providing a rehabilitation program for physicians under § 14-401.1(g) of this title.

(3) Funds to cover the compensation and expenses of the Board members shall be generated by fees set under this section.

(c) Disposition of funds. --

(1) The Board shall pay all fees collected under the provisions of this title to the Comptroller of the State.

(2) (i) If the Governor does not include in the State budget at least \$ 750,000 for the operation of the Health Personnel Shortage Incentive Grant Program under § 18-803 of the Education Article and the Maryland Loan Assistance Repayment Program for Physicians under Title 18, Subtitle 28 of the Education Article, as administered by the Maryland Higher Education Commission, the Comptroller shall distribute:

1. Except as provided in subparagraph (ii) of this paragraph, 12 percent of the fees received from the Board to the Office of Student Financial Assistance to be used as follows:

A. One-half to make grants under the Health Personnel Shortage Incentive Grant Program under § 18-803 of the Education Article; and

B. One-half to make grants under the Maryland Loan Assistance Repayment Program for Physicians under Title 18, Subtitle 28 of the Education Article to physicians engaged in primary care or to medical residents specializing in primary care who agree to practice for at least 2 years as primary care physicians in a geographic area of the State that has been designated by the Secretary of Health and Mental Hygiene as being medically underserved; and

2. The balance of the fees to the Board of Physicians Fund.

(ii) For fiscal 2008, if the Governor does not include in the State budget the funds specified under subparagraph (i) of this paragraph, the Comptroller shall distribute 14 percent of the fees received from the Board to the Office of Student Financial Assistance to be used as provided under subparagraph (i) of this paragraph.

(iii) If the Governor includes in the State budget at least \$ 750,000 for the operation of the Health Personnel Shortage Incentive Grant Program under § 18-803 of the Education Article and the Maryland Loan Assistance Repayment Program for Physicians of the Education Article, as administered by the Maryland Higher Education Commission, the Comptroller shall distribute the fees to the Board of Physicians Fund.

(d) Fund -- Uses, nature, reversion; funding. --

(1) The Fund shall be used exclusively to cover the actual documented direct and indirect costs of fulfilling the statutory and regulatory duties of the Board as provided by the provisions of this title.

(2) (i) The Fund is a continuing, nonlapsing fund, not subject to § 7-302 of the State Finance and Procurement Article.

(ii) Any unspent portions of the Fund may not be transferred or revert to the General Fund of the State, but shall remain in the Fund to be used for the purposes specified in this title.

(3) Interest or other income earned on the investment of moneys in the Fund shall be paid into the

Fund.

(4) No other State money may be used to support the Fund.

(e) Fund -- Source and allocation of money. --

(1) In addition to the requirements of subsection (d) of this section, the Board shall fund the budget of the Physician Rehabilitation Program with fees set, collected, and distributed to the Fund under this title.

(2) After review and approval by the Board of a budget submitted by the Physician Rehabilitation Program, the Board may allocate moneys from the Fund to the Physician Rehabilitation Program.

(f) Fund -- Administration; expenditures. --

(1) The chair of the Board or the designee of the chair shall administer the Fund.

(2) Moneys in the Fund may be expended only for any lawful purpose authorized by the provisions of this title.

(g) Audit. -- The Legislative Auditor shall audit the accounts and transactions of the Fund as provided in § 2-1220 of the State Government Article.

§ 14-208. Bonds

The executive director and the Board chair shall be bonded in an amount fixed by the Board.

§ 14-301. License required

Except as otherwise provided in this title or § 13-516 of the Education Article, an individual shall be licensed by the Board before the individual may practice medicine in this State.

§ 14-302. Exceptions from licensing -- In general

Subject to the rules, regulations, and orders of the Board, the following individuals may practice medicine without a license:

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 14-302.1. Exceptions from licensing -- Physician licensed in other jurisdiction engaged in clinical training with licensed physician.

A physician who is licensed and resides in another jurisdiction may practice medicine without a license while engaged in clinical training with a licensed physician if:

(1) The Board finds, on application by a hospital in the State, that:

(i) The physician possesses a skill or uses a procedure that:

1. Is advanced beyond those skills or procedures normally taught or exercised in the hospital and in standard medical education or training;

2. Could not be otherwise conveniently taught or demonstrated in standard medical education or training in that hospital; and

3. Is likely to benefit Maryland patients in this instance;

(ii) The demonstration of the skill or procedure would take no more than 14 consecutive days

within a calendar year;

(iii) A licensed physician who practices at a hospital in the State has certified to the Board that the licensed physician will be responsible for the medical care provided by that visiting physician to patients in the State;

(iv) The visiting physician has no history of any medical disciplinary action in any other state, territory, nation, or any branch of the United States uniformed services or the Veterans Administration, and has no significant detrimental malpractice history in the judgment of the Board;

(v) The physician is covered by malpractice insurance in the jurisdiction in which the physician practices; and

(vi) The hospital assures the Board that the patients will be protected by adequate malpractice insurance; or

(2) The Board finds, on application by a Maryland hospital, that:

(i) The hospital provides training in a skill or uses a procedure that:

1. Is advanced beyond those skills or procedures normally taught or exercised in standard medical education or training;

2. Could not be otherwise conveniently taught or demonstrated in the visiting physician's practice; and

3. Is likely to benefit Maryland patients in this instance;

(ii) The demonstration or exercise of the skill or procedure will take no more than 14 consecutive days within a calendar year;

(iii) A hospital physician licensed in the State has certified to the Board that the physician will be responsible for the medical care provided by that visiting physician to patients in the State;

(iv) The visiting physician has no history of any medical disciplinary action in any other state, territory, nation, or any branch of the United States uniformed services or the Veterans Administration, and has no significant detrimental malpractice history in the judgment of the Board;

(v) The physician is covered by malpractice insurance in the jurisdiction where the physician practices; and

(vi) The hospital assures the Board that the patients will be protected by adequate malpractice insurance.

§ 14-303. Exceptions from licensing -- Cardiac rescue technicians

§ 14-304. Exceptions from licensing -- Aviation trauma technician

§ 14-305. Exceptions from licensing -- Emergency medical technician-paramedic

§ 14-306. Duties delegated by a licensed physician

(a) Scope of exemption. -- To the extent permitted by the rules, regulations, and orders of the Board, an individual to whom duties are delegated by a licensed physician may perform those duties without a license as provided in this section.

(b) Practitioners of other health occupations included. -- The individuals to whom duties may be delegated under this section include any individual authorized to practice any other health occupation regulated under this article or § 13-516 of the Education Article.

(c) Board required to adopt rules and regulations. -- The Board shall adopt rules and regulations to delineate the scope of this section. Before it adopts any rule or regulation under this section, the Board shall invite and consider proposals from any individual or health group that could be affected by the rule or regulation.

(d) Joint adoption of rules and regulations relating to other occupations. --

(1) If a duty that is to be delegated under this section is a part of the practice of a health occupation that is regulated under this article by another board, any rule or regulation concerning that duty shall be adopted jointly by the Board of Physicians and the board that regulates the other health occupation.

(2) If the two boards cannot agree on a proposed rule or regulation, the proposal shall be submitted to the Secretary for a final decision.

(e) X-rays. -- An individual may perform X-ray duties without a license only if the duties:

(1) Do not include:

(i) Computerized or noncomputerized tomography;

(ii) Fluoroscopy;

(iii) Invasive radiology;

(iv) Mammography;

(v) Nuclear medicine;

(vi) Radiation therapy; or

(vii) Xerography.

(2) Are limited to X-ray procedures of the:

(i) Chest, anterior-posterior and lateral;

(ii) Spine, anterior-posterior and lateral; or

(iii) Extremities, anterior-posterior and lateral, not including the head.

(3) Are performed:

(i) By an individual who is not employed primarily to perform X-ray duties;

(ii) In the medical office of the physician who delegates the duties; and

(iii) By an individual who, before October 1, 2002, has:

1. Taken a course consisting of at least 30 hours of training in performing X-ray procedures approved by the Maryland Radiological Society in consultation with the Maryland Society of Radiologic Technologists; and

2. Successfully passed an examination based on that course that has been approved by the Maryland Radiological Society in consultation with the Maryland Society of Radiologic Technologists.

§ 14-307. Qualifications of applicants

(a) In general. -- To qualify for a license, an applicant shall be an individual who meets the requirements of this section.

(b) Moral character. -- The applicant shall be of good moral character.

(c) Age. -- The applicant shall be at least 18 years old.

(d) Education. -- Except as provided in § 14-308 of this subtitle, the applicant shall:

(1) (i) Have a degree of doctor of medicine from a medical school that is accredited by an accrediting organization that the Board recognizes in its regulations; and

(ii) Submit evidence acceptable to the Board of successful completion of 1 year of training in a postgraduate medical training program that is accredited by an accrediting organization that the Board recognizes in its regulations; or

(2) (i) Have a degree of doctor of osteopathy from a school of osteopathy in the United States, its territories or possessions, Puerto Rico, or Canada that has standards for graduation equivalent to those established by the American Osteopathic Association; and

(ii) Submit evidence acceptable to the Board of successful completion of 1 year of training in a postgraduate medical training program accredited by an accrediting organization that the Board recognizes in its regulations.

(e) Examination. -- Except as otherwise provided in this title, the applicant shall pass an examination required by the Board under this subtitle.

(f) Additional requirements -- In general. -- The applicant shall meet any other qualifications that the Board establishes in its regulations for license applicants.

(g) Additional requirements -- Additional training. -- An applicant who has failed the examination or any part of the examination 3 or more times may qualify for a license if the applicant:

(1) Has successfully completed 2 or more years of a residency or fellowship accredited by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association;

(2) (i) Has a minimum of 5 years of clinical practice of medicine:

1. In the United States or in Canada;

2. With at least 3 of the 5 years having occurred within 5 years of the date of the application;
and

3. That occurred under a full unrestricted license to practice medicine; and

(ii) Has no disciplinary action pending and has had no disciplinary action taken against the applicant that would be grounds for discipline under § 14-404 of this title; or

(3) Is board certified.

(h) English language competency. --

(1) The Board shall require as part of its examination or licensing procedures that an applicant for a license to practice medicine demonstrate an oral competency in the English language.

(2) Graduation from a recognized English-speaking undergraduate school or high school, including General Education Development (GED), after at least 3 years of enrollment, or from a recognized English-speaking professional school is acceptable as proof of proficiency in the oral communication of the English language under this section.

(3) By regulation, the Board shall develop a procedure for testing individuals who because of their speech impairment are unable to complete satisfactorily a Board approved standardized test of oral competency.

(4) If any disciplinary charges or action that involves a problem with the oral communication of the English language are brought against a licensee under this title, the Board shall require the licensee to take and pass a Board approved standardized test of oral competency.

§ 14-308. Alternative education qualification

(a) Definitions. --

(1) In this section the following terms have the meanings indicated.

(2) "Fifth pathway program" means a program that the Board approves in its regulations for a student who:

(i) Has studied medicine at a foreign medical school;

(ii) Was a United States citizen when the student enrolled in the foreign medical school; and

(iii) Has completed all of the formal requirements for graduation from the foreign medical school, except for any social service or postgraduate requirements.

(3) "Foreign medical school" means a medical school located outside of the United States, its territories or possessions, Puerto Rico, or Canada.

(b) In general. -- An applicant for a license is exempt from the educational requirements of § 14-307 of this subtitle, if the applicant:

(1) Has studied medicine at a foreign medical school;

(2) Is certified by the Educational Commission for Foreign Medical Graduates or by its successor as approved by the Board;

(3) Passes a qualifying examination for foreign medical school graduates required by the Board;

(4) Meets any other qualifications for foreign medical school graduates that the Board establishes in its regulation for licensing of applicants;

(5) Submits acceptable evidence to the Board of the requirements set in the Board's regulations; and

(6) Meets one of the following requirements:

(i) The applicant graduated from any foreign medical school and submits evidence acceptable to the Board of successful completion of 2 years of training in a postgraduate medical education program accredited by an accrediting organization recognized by the Board; or

(ii) The applicant successfully completed a fifth pathway program and submits evidence acceptable to the Board that the applicant:

1. Has a document issued by the foreign medical school certifying that the applicant completed all of the formal requirements of that school for the study of medicine, except for the postgraduate or social service components as required by the foreign country or its medical school;

2. Has successfully completed a fifth pathway program; and

3. Has successfully completed 2 years of training in a postgraduate medical education program following completion of a Board approved fifth pathway program.

§ 14-309. Applications for licenses

(a) License application. -- To apply for a license, an applicant shall:

- (1) Submit an application to the Board on the form that the Board requires; and
 - (2) Pay to the Board the application fee set by the Board.
- (b) Confidentiality. -- The Board may not release a list of applicants for licensure.

§ 14-310. Examinations

§ 14-311. Entitlement to sit for examination; passing scores or other indications of proficiency

(a) Entitlement to sit for examination. -- An applicant who otherwise qualifies for a license under this title is entitled to sit for an examination as provided under this section or any regulations adopted to carry out this section.

(b) Passing scores or other indications of proficiency. -- An applicant shall:

(1) Attain on the federation licensing examination or the United States Medical Licensing Examination a passing score as set by the Board under its rules and regulations; or

(2) Hold a certificate of proficiency and professional standing of:

(i) The National Board of Medical Examiners;

(ii) The board of medical examiners of this State or any other state that was issued before January 1, 1985;

(iii) The National Board of Examiners for Osteopathic Physicians and Surgeons, if the certificate is issued after January 1, 1971; or

(iv) The Licentiate of the Medical Council of Canada.

§ 14-312. Waiver of examination requirements for doctors of osteopathy

(a) "Approved school of osteopathy" defined. -- In this section, "approved school of osteopathy" means a school of osteopathy that is approved by the American Osteopathic Association.

(b) In general. -- Subject to the provisions of this section, the Board shall waive the examination requirements of this subtitle for an applicant who is licensed to practice osteopathy.

(c) Conditions -- Doctors of osteopathy licensed in this State. -- If the applicant is licensed to practice osteopathy in this State under § 14-321 of this subtitle, the Board may grant a waiver under this section only if the applicant:

(1) Submits the application fee required by the Board under § 14-309 of this subtitle; and

(2) Provides adequate evidence that the applicant:

(i) Meets the qualifications otherwise required by this title; and

(ii) 1. Practiced osteopathy and resided in this State on June 1, 1967;

2. Graduated in or after 1940 from an approved school of osteopathy; or

3. Graduated before 1940 from an approved school of osteopathy and completed a refresher education course approved by the Board.

(d) Conditions -- Doctors of osteopathy licensed in another state. -- If the applicant is licensed as a doctor of osteopathy to practice medicine in another state, the Board may grant a waiver under this section only if:

(1) The applicant submits the application fee set by the Board under § 14-309 of this subtitle;

(2) The applicant provides adequate evidence that the applicant:

(i) Meets the qualifications otherwise required by this title;

(ii) Graduated after January 1, 1960 from an approved school of osteopathy; and

(iii) Became licensed in the other state after passing in that state an examination for the practice of medicine given by the appropriate authority in the other state to graduates of approved medical schools; and

(3) The other state waives the examination of licensees of this State to a similar extent as this State waives the examination of individuals licensed in that state.

§ 14-313. Issuance of license

The Board shall issue a license to any applicant who meets the requirements of this title.

§ 14-314. Scope of license; name

(a) Scope of license. -- Except as otherwise provided in this title, a license authorizes the licensee to practice medicine while the license is effective.

(b) Name. -- A licensee may practice medicine using only the name in which the license is issued.

§ 14-315. Exemption from license fee

(a) In general. -- The Board shall issue a license free of charge to any physician who:

- (1) Provides medical services to patients for which the physician receives no personal remuneration;
- (2) Is not engaged in the private practice of medicine; and
- (3) Otherwise qualifies for a license under this title.

(b) Term and renewal of license. -- Except as provided in subsection (c) of this section, each license issued under this section expires on the second anniversary of the date on which it is issued and may be renewed every 2 years on application to the Board.

(c) Termination of fee exemption. --

(1) If, at any time, a physician licensed under this section ceases to meet the requirements of subsection (a) (1) or (2) of this section, the licensee shall notify the Board of the status change.

(2) On receipt of this notice, the Board shall charge the physician the license fee otherwise required under this subtitle.

§ 14-316. Term and renewal of licenses; notice of change of physician's address

(a) Term of license. --

(1) The Board shall provide for the term and renewal of licenses under this section.

(2) The term of a license may not be more than 3 years.

(3) A license expires at the end of its term, unless the license is renewed for a term as provided by the Board.

(b) Renewal notice. --

(1) Subject to paragraph (2) of this subsection, at least 1 month before the license expires, the Board shall send to the licensee, by electronic or first-class mail to the last known electronic or physical address of the licensee:

(i) A renewal notice that states:

1. The date on which the current license expires;
2. The date by which the renewal application must be received by the Board for the renewal to be issued and mailed before the license expires; and
3. The amount of the renewal fee; and

(ii) A blank panel data sheet supplied by the Health Care Alternative Dispute Resolution Office.

(2) If the Board chooses to send renewal notices exclusively by electronic mail under paragraph (1) of this subsection, the Board shall send a renewal notice by first-class mail to a licensee on request of

the licensee.

(c) Applications for renewal. -- Before the license expires, the licensee periodically may renew it for an additional term, if the licensee:

(1) Otherwise is entitled to be licensed;

(2) Pays to the Board a renewal fee set by the Board; and

(3) Submits to the Board:

(i) A renewal application on the form that the Board requires; and

(ii) Satisfactory evidence of compliance with any continuing education requirements set under this section for license renewal.

(d) Continuing education. --

(1) In addition to any other qualifications and requirements established by the Board, the Board may establish continuing education requirements as a condition to the renewal of licenses under this section.

(2) In establishing these requirements, the Board shall evaluate existing methods, devices, and programs in use among the various medical specialties and other recognized medical groups.

(3) The Board shall adopt regulations that allow a licensee seeking renewal to receive up to 5 continuing education credits per renewal period for providing uncompensated, voluntary medical services during each renewal period.

(4) The Board may not establish or enforce these requirements if they would so reduce the number of physicians in a community as to jeopardize the availability of adequate medical care in that community.

(5) The Board may impose a civil penalty of up to \$ 100 per continuing medical education credit in lieu of a sanction under § 14-404 of this title, for a first offense, for the failure of a licensee to obtain the continuing medical education credits required by the Board.

(e) Issuance of renewal. -- The Board shall renew the license of each licensee who meets the requirements of this section.

(f) Change of name or address. --

(1) Each licensee shall notify the secretary of the Board in writing of any change in the licensee's name or address within 60 days after the change.

(2) If a licensee fails to notify the secretary of the Board within the time required under this section, the licensee is subject to an administrative penalty of \$ 100.

§ 14-317. Reinstatement of expired licenses

The Board shall reinstate the license of a physician who has failed to renew the license for any reason if the physician:

- (1) Meets the renewal requirements of § 14-316 of this subtitle;
- (2) Pays to the Board a reinstatement fee set by the Board; and
- (3) Submits to the Board satisfactory evidence of compliance with the qualifications and requirements established under this title for license reinstatements.

§ 14-318. Limited license for postgraduate teaching

(a) Issuance of limited license. -- If an applicant is qualified as a postgraduate teacher, the Board may:

- (1) Waive the examination requirements of this subtitle for the applicant; and
- (2) Issue to the applicant a limited license to practice medicine for postgraduate teaching.

(b) Term of limited license. -- Each limited license issued under this section expires on the first anniversary of its effective date.

§ 14-319. Licensure of eminent physicians

(a) In general. -- The Board may:

(1) License an applicant by virtue of the conceded eminence and authority of the applicant in the profession if the applicant:

(i) Is recommended to the Board by:

1. The dean of a school of medicine in the State; or
2. The Director of the National Institutes of Health;

(ii) Is to receive an appointment at the institution making the recommendation under item (i) of this paragraph; and

(iii) Meets any other requirement the Board may adopt by regulation under this section;

(2) Define by regulation the term "conceded eminence and authority in the profession" and, for this purpose, shall consider such criteria as:

- (i) Academic appointments;
- (ii) Length of time in the profession;
- (iii) Scholarly publications; and

(iv) Professional accomplishments;

(3) Adopt regulations concerning the further qualifications of an applicant for licensure, including conditions of employment, application procedures, and fees under this section;

(4) Allow an exception to the general education and examination requirements of § 14-307 (d) and (e) of this subtitle, but may not permit waiver of the requirements of § 14-307 (a) through (c) of this subtitle;

(5) Qualify, restrict, or otherwise limit a license granted under this section; and

(6) Require a 6-month probationary period during which the medical services performed by the applicant granted a license under this section are supervised by another licensed physician.

(b) Deference accorded Board determination. -- Upon judicial review, a determination by the Board under this section shall be accorded the maximum deference permitted by law.

§ 14-320. Inactive status

(a) Placement in status. -- The Board may place a licensee on inactive status, if the licensee submits to the Board:

(1) An application for inactive status on the form required by the Board; and

(2) The inactive status fee set by the Board.

(b) Licenses. -- The Board shall issue a license to an individual who is on inactive status if the individual:

(1) Submits to the Board:

(i) Satisfactory evidence of compliance with the continuing education requirements the Board adopts for this purpose; and

(ii) A reinstatement fee set by the Board; and

(2) Is otherwise entitled to be licensed.

§ 14-321. Restricted license to practice osteopathy

(a) Definitions. --

(1) In this section the following words have the meanings indicated.

(2) "Practice osteopathy" means to treat a disease or ailment of the human body by manipulation.

(3) "Restricted license" means a license issued by the Board to practice osteopathy.

(b) Issuance of license. -- The Board shall issue a restricted license only to an applicant who:

- (1) Was licensed to practice osteopathy in this State or in another state on June 30, 1980;
- (2) Is licensed to practice osteopathy in this State or in another state on the date that the application for a restricted license is submitted to the Board;
- (3) Submits an application to the Board on the form that the Board requires;
- (4) Pays to the Board the restricted license fee set by the Board; and
- (5) Meets any other requirement set by the Board.

(c) Scope of license. -- A restricted license authorizes the license holder to practice osteopathy while the restricted license is effective.

(d) Term and renewal. -- The term and renewal of a restricted license shall be as provided for a license under § 14-316 of this subtitle.

(e) Reprimand, probation, suspension, and revocation. --

(1) Subject to the requirements of the Administrative Procedure Act, the Board on the affirmative vote of a majority of its quorum, may reprimand a restricted license holder, may place any restricted license holder on probation, or suspend or revoke a restricted license for any of the grounds for Board action under § 14-404 of this title.

(2) The Board may only dismiss a case against a restricted license holder on the affirmative vote of a majority of its quorum.

§ 14-401. Disciplinary panels.

(a) Panels established. -- There are two disciplinary panels through which allegations of grounds for disciplinary action against a licensed physician or an allied health professional shall be resolved.

(b) Membership; chair; quorum. --

(1) The chair of the Board shall assign each member of the Board to one of the disciplinary panels established under subsection (a) of this section.

(2) Each disciplinary panel shall consist of 11 Board members.

(3) Of the 11 members on a disciplinary panel:

- (i) 6 shall be practicing licensed physicians;
- (ii) 1 shall be a practicing licensed physician with a full-time faculty appointment;
- (iii) 1 shall be a representative of the Department or a licensed physician assistant; and

(iv) 3 shall be members of the public.

(4) The chair of the Board may serve as an ex-officio member of the disciplinary panel to which the chair was not assigned as a member under paragraph (1) of this subsection.

(5) The chair of the Board shall select a member of each disciplinary panel to be the chair of the disciplinary panel.

(6) A quorum of a disciplinary panel consists of 7 members.

§ 14-401.1. Investigations

(a) Preliminary Board investigation; assignment to and investigation by disciplinary panel. --

(1) The Board shall perform any necessary preliminary investigation regarding an allegation of grounds for disciplinary or other action brought to the Board's attention before the allegation is assigned to a disciplinary panel.

(2) (i) After the completion of any necessary preliminary investigation under paragraph (1) of this subsection, a complaint shall be assigned to a disciplinary panel.

(ii) Subject to the provisions of this section, a disciplinary panel:

1. Shall determine the final disposition of a complaint against a physician or an allied health professional; and

2. Has the independent authority to make a determination regarding the final disposition of a complaint.

(iii) The Board may not vote to approve or disapprove any action taken by a disciplinary panel, including the final disposition of a complaint.

(3) A disciplinary panel that is assigned a complaint under paragraph (2)(i) of this subsection may:

(i) Conduct any additional investigation into a complaint that is deemed necessary to determine whether a violation of this title or Title 15 of this article has occurred; and

(ii) Enter into a consent order with a physician or an allied health professional after conducting a meeting between the disciplinary panel and the physician or allied health professional to discuss any proposed disposition of the complaint.

(4) A disciplinary panel that is assigned a complaint against an allied health professional under paragraph (2)(i) of this subsection shall consult with the chair of the appropriate allied health advisory committee, or the chair's designee, before taking disciplinary action against the allied health professional.

(5) (i) If a complaint proceeds to a hearing under § 14-405, § 14-5A-17, § 14-5B-14, § 14-5C-17, § 14-5D-15, or § 14-5E-16 of this title or § 15-315 of this article, the chair of the disciplinary panel that

was assigned the complaint under paragraph (2)(i) of this subsection shall refer the complaint to the other disciplinary panel.

(ii) If the complaint proceeds to a hearing and is referred to the other disciplinary panel under subparagraph (i) of this paragraph, the disciplinary panel that was assigned the complaint under paragraph (2)(i) of this subsection, or any of its members, may not:

1. Continue to handle the complaint;
2. Participate in any disciplinary proceedings regarding the complaint; or
3. Determine the final disposition of the complaint.

(b) Offer of interview with person present. -- If an allegation of grounds for disciplinary or other action is made by a patient or a family member of a patient based on § 14-404(a)(22) of this subtitle and a full investigation results from that allegation, the full investigation shall include an offer of an interview with the patient or a family member of the patient who was present on or about the time that the incident that gave rise to the allegation occurred.

(c) Referral or further action to be taken by disciplinary panel. --

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

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

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

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

(2) (i) After being assigned a complaint, the disciplinary panel shall refer any allegation in the complaint based on § 14-404(a)(22) of this subtitle to the entity or entities that have contracted with the Board under subsection (e) of this section for further investigation and physician peer review within the involved medical specialty or specialties.

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

(3) If, after being assigned a complaint, the disciplinary panel determines that an allegation involving fees for professional or ancillary services does not constitute grounds for disciplinary or other action, the disciplinary panel shall offer the complainant and the licensee an opportunity to mediate the dispute.

(4) (i) Except as provided in subparagraph (ii) of this paragraph, if an allegation is based on § 14-404(a)(40) of this subtitle, a disciplinary panel:

1. May determine that an agreement for corrective action is warranted; and

2. Shall notify the licensee of the identified deficiencies and enter into an agreement for corrective action with the licensee as provided in this paragraph.

(ii) A disciplinary panel may not enter into an agreement for corrective action with a licensee if patient safety is an issue.

(iii) The disciplinary panel shall subsequently evaluate the licensee and shall:

1. Terminate the corrective action if the disciplinary panel is satisfied that the licensee is in compliance with the agreement for corrective action and has corrected the deficiencies; or

2. Pursue disciplinary action under § 14-404 of this subtitle if the deficiencies persist or the licensee has failed to comply with the agreement for corrective action.

(iv) An agreement for corrective action under this paragraph may not be made public or considered a disciplinary action under this title.

(v) The Board shall provide a summary of each disciplinary panel's corrective action agreements in the executive director's report of Board activities.

(d) County medical societies to initiate investigation. -- County medical societies shall refer to the Board all complaints that set forth allegations of grounds for disciplinary action under § 14-404 of this subtitle.

(e) Physician peer review. --

(1) In accordance with subsection (f) of this section, the Board shall enter into a written contract with an entity or individual for confidential physician peer review of allegations based on § 14-404(a)(22) of this subtitle.

(2) A peer reviewer shall:

(i) Be board certified;

(ii) Have special qualifications to judge the matter at hand;

(iii) Have received a specified amount of medical experience and training;

(iv) Have no formal actions against the peer reviewer's own license;

(v) Receive training in peer review;

(vi) Have a standard format for peer review reports; and

(vii) To the extent practicable, be licensed and engaged in the practice of medicine in the State.

(3) The Board may consult with the appropriate specialty health care provider societies in the State to obtain a list of physicians qualified to provide peer review services.

(4) For purposes of peer review, the Board may use sole source procurement under § 13-107 of the State Finance and Procurement Article.

(5) The hearing of charges may not be stayed or challenged because of the selection of peer reviewers under this subsection before the filing of charges.

(f) Physician peer review -- Completion. --

(1) The entity or individual peer reviewer with which the Board contracts under subsection (e) of this section shall have 90 days for completion of peer review.

(2) The entity or individual peer reviewer may apply to the Board for an extension of up to 30 days to the time limit imposed under paragraph (1) of this subsection.

(3) If an extension is not granted, and 90 days have elapsed, the Board may contract with any other entity or individual who meets the requirements of subsection (e)(2) of this section for the services of peer review.

(4) If an extension has been granted, and 120 days have elapsed, the Board may contract with any other entity or individual who meets the requirements of subsection (e)(2) of this section for the services of peer review.

(g) Rehabilitation services. -- The Board shall issue a request for proposals and enter into a written contract with a nonprofit entity to provide rehabilitation services for physicians or other allied health professionals directed by the Board to receive rehabilitation services.

(h) Investigatory and mediation powers. --

(1) To facilitate the investigation and prosecution of disciplinary matters and the mediation of fee disputes coming before it, the Board may contract with an entity or entities for the purchase of investigatory, mediation, and related services.

(2) Services that may be contracted for under this subsection include the services of:

(i) Investigators;

(ii) Attorneys;

(iii) Accountants;

(iv) Expert witnesses;

(v) Consultants; and

(vi) Mediators.

(i) Subpoenas; oaths. -- The Board or a disciplinary panel may issue subpoenas and administer oaths in connection with any investigation under this section and any hearing or proceeding before it.

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

(k) Time for disposition of complaint. --

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

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

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

§ 14-402. Examination of licensed physician or other regulated health professional; Physician Rehabilitation Program

(a) In general. -- In reviewing an application for licensure, certification, or registration or in investigating an allegation brought against a licensed physician or any allied health professional regulated by the Board under this title, the Physician Rehabilitation Program may request the Board to direct, or the Board on its own initiative may direct, the licensed physician or any allied health professional regulated by the Board under this title to submit to an appropriate examination.

(b) Implied consent to examination. -- In return for the privilege given by the State issuing a license, certification, or registration, the licensed, certified, or registered individual is deemed to have:

(1) Consented to submit to an examination under this section, if requested by the Board in writing; and

(2) Waived any claim of privilege as to the testimony or examination reports.

(c) Failure to submit to examination. -- The unreasonable failure or refusal of the licensed, certified, or registered individual to submit to an examination is prima facie evidence of the licensed, certified, or registered individual's inability to practice medicine or the respective discipline competently, unless the Board finds that the failure or refusal was beyond the control of the licensed, certified, or registered individual.

(d) Cost of examination. -- The Board shall pay the costs of any examination made under this section.

(e) Physician Rehabilitation Program -- In general. --

(1) The Board or the entity or entities with which the Board contracts shall appoint the members of the Physician Rehabilitation Program.

(2) The chair of the Board shall appoint one member of the Board to serve as a liaison to the Physician Rehabilitation Program.

(f) Physician Rehabilitation Program -- Audits. -- The Legislative Auditor shall every 2 years audit the

accounts and transactions of the Physician Rehabilitation Program as provided in § 2-1220 of the State Government Article.

§ 14-403. Conditions for surrender of license, certification or registration

(a) Agreement of disciplinary panel required. -- Unless a disciplinary panel agrees to accept the surrender of a license, certification, or registration of an individual the Board regulates, the individual may not surrender the license, certification, or registration nor may the license, certification, or registration lapse by operation of law while the individual is under investigation or while charges are pending.

(b) Conditions on agreement. -- A disciplinary panel may set conditions on its agreement to accept surrender of a license, certification, or registration.

§ 14-404. Denials, reprimands, probations, suspensions, and revocations -- Grounds

(a) In general. -- Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

(1) Fraudulently or deceptively obtains or attempts to obtain a license for the applicant or licensee or for another;

(2) Fraudulently or deceptively uses a license;

(3) Is guilty of:

(i) Immoral conduct in the practice of medicine; or

(ii) Unprofessional conduct in the practice of medicine;

(4) Is professionally, physically, or mentally incompetent;

(5) Solicits or advertises in violation of § 14-503 of this title;

(6) Abandons a patient;

(7) Habitually is intoxicated;

(8) Is addicted to, or habitually abuses, any narcotic or controlled dangerous substance as defined in § 5-101 of the Criminal Law Article;

(9) Provides professional services:

(i) While under the influence of alcohol; or

(ii) While using any narcotic or controlled dangerous substance, as defined in § 5-101 of the

Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication;

(10) Promotes the sale of drugs, devices, appliances, or goods to a patient so as to exploit the patient for financial gain;

(11) Willfully makes or files a false report or record in the practice of medicine;

(12) Willfully fails to file or record any medical report as required under law, willfully impedes or obstructs the filing or recording of the report, or induces another to fail to file or record the report;

(13) On proper request, and in accordance with the provisions of Title 4, Subtitle 3 of the Health - General Article, fails to provide details of a patient's medical record to the patient, another physician, or hospital;

(14) Solicits professional patronage through an agent or other person or profits from the acts of a person who is represented as an agent of the physician;

(15) Pays or agrees to pay any sum to any person for bringing or referring a patient or accepts or agrees to accept any sum from any person for bringing or referring a patient;

(16) Agrees with a clinical or bioanalytical laboratory to make payments to the laboratory for a test or test series for a patient, unless the licensed physician discloses on the bill to the patient or third-party payor:

(i) The name of the laboratory;

(ii) The amount paid to the laboratory for the test or test series; and

(iii) The amount of procurement or processing charge of the licensed physician, if any, for each specimen taken;

(17) Makes a willful misrepresentation in treatment;

(18) Practices medicine with an unauthorized person or aids an unauthorized person in the practice of medicine;

(19) Grossly overutilizes health care services;

(20) Offers, undertakes, or agrees to cure or treat disease by a secret method, treatment, or medicine;

(21) Is disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any state or country or disciplined by any branch of the United States uniformed services or the Veterans' Administration for an act that would be grounds for disciplinary action under this section;

(22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State;

(23) Willfully submits false statements to collect fees for which services are not provided;

(24) Was subject to investigation or disciplinary action by a licensing or disciplinary authority or by a court of any state or country for an act that would be grounds for disciplinary action under this section and the licensee:

(i) Surrendered the license issued by the state or country to the state or country; or

(ii) Allowed the license issued by the state or country to expire or lapse;

(25) Knowingly fails to report suspected child abuse in violation of § 5-704 of the Family Law Article;

(26) Fails to educate a patient being treated for breast cancer of alternative methods of treatment as required by § 20-113 of the Health - General Article;

(27) Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes;

(28) Fails to comply with the provisions of § 12-102 of this article;

(29) Refuses, withholds from, denies, or discriminates against an individual with regard to the provision of professional services for which the licensee is licensed and qualified to render because the individual is HIV positive;

(30) Except as to an association that has remained in continuous existence since July 1, 1963:

(i) Associates with a pharmacist as a partner or co-owner of a pharmacy for the purpose of operating a pharmacy;

(ii) Employs a pharmacist for the purpose of operating a pharmacy; or

(iii) Contracts with a pharmacist for the purpose of operating a pharmacy;

(31) Except in an emergency life-threatening situation where it is not feasible or practicable, fails to comply with the Centers for Disease Control and Prevention's guidelines on universal precautions;

(32) Fails to display the notice required under § 14-415 of this subtitle;

(33) Fails to cooperate with a lawful investigation conducted by the Board or a disciplinary panel;

(34) Is convicted of insurance fraud as defined in § 27-801 of the Insurance Article;

(35) Is in breach of a service obligation resulting from the applicant's or licensee's receipt of State or federal funding for the licensee's medical education;

(36) Willfully makes a false representation when seeking or making application for licensure or any other application related to the practice of medicine;

(37) By corrupt means, threats, or force, intimidates or influences, or attempts to intimidate or influence, for the purpose of causing any person to withhold or change testimony in hearings or proceedings before the Board or a disciplinary panel or those otherwise delegated to the Office of Administrative Hearings;

(38) By corrupt means, threats, or force, hinders, prevents, or otherwise delays any person from making information available to the Board or a disciplinary panel in furtherance of any investigation of the Board or a disciplinary panel;

(39) Intentionally misrepresents credentials for the purpose of testifying or rendering an expert opinion in hearings or proceedings before the Board or a disciplinary panel or those otherwise delegated to the Office of Administrative Hearings;

(40) Fails to keep adequate medical records as determined by appropriate peer review; or

(41) Performs a cosmetic surgical procedure in an office or a facility that is not:

(i) Accredited by:

1. The American Association for Accreditation of Ambulatory Surgical Facilities;
2. The Accreditation Association for Ambulatory Health Care; or
3. The Joint Commission on the Accreditation of Health Care Organizations; or

(ii) Certified to participate in the Medicare program, as enacted by Title XVIII of the Social Security Act.

(b) Crimes involving moral turpitude. --

(1) On the filing of certified docket entries with the Board by the Office of the Attorney General, a disciplinary panel shall order the suspension of a license if the licensee is convicted of or pleads guilty or nolo contendere with respect to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside.

(2) After completion of the appellate process if the conviction has not been reversed or the plea has not been set aside with respect to a crime involving moral turpitude, a disciplinary panel shall order the revocation of a license on the certification by the Office of the Attorney General.

(c) Licensee providing patient with statement, medical records, or testimony regarding therapeutic or palliative relief from marijuana. --

(1) Except as provided in paragraph (2) of this subsection, a disciplinary panel may not reprimand, place on probation, or suspend or revoke a license of a licensee for providing a patient with a written statement, medical records, or testimony that, in the licensee's professional opinion, the patient is likely to receive therapeutic or palliative relief from marijuana.

(2) Nothing in this subsection shall be deemed to release a licensee from the duty to exercise a professional standard of care when evaluating a patient's medical condition.

§ 14-405. Hearings

(a) Right to hearing. -- Except as otherwise provided in the Administrative Procedure Act, before the

Board or a disciplinary panel takes any action under § 14-404(a) of this subtitle or § 14-5A-17(a) of this title, it shall give the individual against whom the action is contemplated an opportunity for a hearing before a hearing officer.

(b) Application of Administrative Procedure Act. --

(1) The hearing officer shall give notice and hold the hearing in accordance with the Administrative Procedure Act.

(2) Factual findings shall be supported by a preponderance of the evidence.

(c) Right to counsel. -- The individual may be represented at the hearing by counsel.

(d) Ex parte hearings. -- If after due notice the individual against whom the action is contemplated fails or refuses to appear, nevertheless the hearing officer may hear and refer the matter to the Board or a disciplinary panel for disposition.

(e) Proposed factual findings. -- After performing any necessary hearing under this section, the hearing officer shall refer proposed factual findings to the Board or a disciplinary panel for the Board's or disciplinary panel's disposition.

(f) Discovery. -- The Board may adopt regulations to govern the taking of depositions and discovery in the hearing of charges.

(g) Stay or challenge for procedural defects. -- The hearing of charges may not be stayed or challenged by any procedural defects alleged to have occurred prior to the filing of charges.

§ 14-405.1. Penalty instead of suspension or in addition to suspension or revocation

(a) Imposition of penalty. -- If after a hearing under § 14-405 of this subtitle a disciplinary panel finds that there are grounds under § 14-404 of this subtitle to suspend or revoke a license to practice medicine or osteopathy, or to reprimand a licensed physician or osteopath, the disciplinary panel may impose a fine subject to the Board's regulations:

(1) Instead of suspending the license; or

(2) In addition to suspending or revoking the license or reprimanding the licensee.

(b) Disposition of funds. -- The Board shall pay any fines collected under this section into the General Fund.

§ 14-406. Findings and order of disciplinary panel -- In general

(a) Action found warranted. -- Following the filing of charges, if a majority of the quorum of a disciplinary panel finds that there are grounds for action under § 14-404 of this subtitle, the disciplinary panel shall pass an order in accordance with the Administrative Procedure Act.

(b) Action found unwarranted. -- After the charges are filed, if a disciplinary panel finds, on an affirmative vote of a majority of its quorum, that there are no grounds for action under § 14-404 of this subtitle, the disciplinary panel:

(1) Immediately shall dismiss the charges and exonerate the licensee;

(2) (i) Except as provided in item (ii) of this item, shall expunge all records of the charges 3 years after the charges are dismissed; or

(ii) If the physician executes a document releasing the Board from any liability related to the charges, shall immediately expunge all records of the charges; and

(3) May not take any further action on the charges.

§ 14-407. Order of suspension or revocation

(a) Order effective on filing. -- An order of suspension or revocation is effective, in accordance with its terms and conditions, as soon as a disciplinary panel files it under this title.

(b) Surrender of license. -- On suspension or revocation of any license, the holder shall surrender the license certificate to the Board.

(c) Return of license. -- At the end of the suspension period, the Board shall return to the licensee any license certificate surrendered under this section.

(d) Retention of order as a permanent record. -- The Board shall keep a copy of the order of suspension or revocation as a permanent record.

§ 14-408. Administrative and judicial review

(a) In general. -- Except as provided in this section for an action under § 14-404 of this subtitle or § 14-5A-17 of this title, any person aggrieved by a final decision of the Board or a disciplinary panel in a contested case, as defined in the Administrative Procedure Act, may:

(1) Appeal that decision to the Board of Review; and

(2) Then take any further appeal allowed by the Administrative Procedure Act.

(b) Action under § 14-404 or § 14-5A-17. --

(1) Any person aggrieved by a final decision of the Board or a disciplinary panel under § 14-404 of this subtitle or § 14-5A-17 of this title may not appeal to the Secretary or Board of Review but may take a direct judicial appeal.

(2) The appeal shall be made as provided for judicial review of final decisions in the Administrative Procedure Act.

(c) Stay of decision. -- An order of the Board or a disciplinary panel may not be stayed pending review.

(d) Right of Board to appeal. -- The Board may appeal from any decision that reverses or modifies an order of the Board or a disciplinary panel.

§ 14-409. Reinstatement of suspended or revoked license

(a) In general. --

(1) Except as provided in subsection (b) of this section, a disciplinary panel may reinstate the license of an individual whose license has been suspended or revoked under this title only in accordance with:

(i) The terms and conditions of the order of suspension or revocation;

(ii) An order of reinstatement issued by the disciplinary panel; or

(iii) A final judgment in any proceeding for review.

(2) If a disciplinary panel reinstates a license under paragraph (1) of this subsection, the disciplinary panel shall notify the Board of the reinstatement.

(b) Requirements for reinstatement. -- An individual whose license has been suspended or revoked under this title and who seeks reinstatement shall meet the continuing medical education requirements established for the renewal of licenses as if the individual were licensed during the period of suspension or revocation.

(c) Suspension or revocation for crime involving moral turpitude. -- If an order of suspension or revocation is based on § 14-404 (b) of this subtitle, and the conviction or plea subsequently is overturned at any stage of an appeal or other postconviction proceeding, the suspension or revocation ends when the conviction or plea is overturned.

§ 14-410. Discoverability or admissibility in evidence of documents from investigations and hearings.

(a) Records not discoverable or admissible -- In general. -- Except by the express stipulation and consent of all parties to a proceeding before the Board, a disciplinary panel, or any of its other investigatory bodies, in a civil or criminal action:

(1) The proceedings, records, or files of the Board, a disciplinary panel, or any of its other investigatory bodies are not discoverable and are not admissible in evidence; and

(2) Any order passed by the Board or disciplinary panel is not admissible in evidence.

(b) Records not discoverable or admissible -- Exception. -- This section does not apply to a civil action brought by a party to a proceeding before the Board or a disciplinary panel who claims to be aggrieved by the decision of the Board or the disciplinary panel.

(c) Other evidence not affected. -- If any medical or hospital record or any other exhibit is subpoenaed and otherwise is admissible in evidence, the use of that record or exhibit in a proceeding before the Board, a disciplinary panel, or any of its other investigatory bodies does not prevent its production in any other proceeding.

§ 14-411. Disclosure of records by Board or disciplinary panel.

(a) "Record" defined. -- In this section, "record" means the proceedings, records, or files of the Board or a disciplinary panel.

(b) Disclosure of record prohibited. -- Except as otherwise expressly provided in this section and § 14-411.1 of this subtitle, the Board, a disciplinary panel, or any of its other investigatory bodies may not disclose any information contained in a record.

(c) Permissible disclosure -- General licensure, certification, profile or registration information. -- Nothing in this section shall be construed to prevent or limit the disclosure of:

(1) General licensure, certification, or registration information maintained by the Board, if the request for release complies with the criteria of § 10-617(h) of the State Government Article;

(2) Profile information collected and disseminated under § 14-411.1 of this subtitle; or

(3) Personal and other identifying information of a licensee, as required by the National Practitioner Data Bank for participation in the proactive disclosure service.

(d) Permissible disclosure -- Hospital committee or related institution. -- The Board shall disclose any information contained in a record to:

(1) A committee of a hospital, health maintenance organization, or related institution if:

(i) The committee of a medical hospital staff concerned with physician discipline or other committee of a hospital, health maintenance organization, or related institution requests the information in writing;

(ii) A disciplinary panel has issued an order as to a licensed physician on whom the information is requested; and

(iii) The Board determines that the information requested is necessary for an investigation or action of the committee as to a medical privilege of a licensed physician; or

(2) The Secretary, the Office of Health Care Quality in the Department, the Maryland Health Care Commission, or the Health Services Cost Review Commission for the purpose of investigating quality or utilization of care in any entity regulated by the Office of Health Care Quality or the Health Services Cost Review Commission.

(e) Joint regulations. -- On or before January 1, 2013, the Board, the Secretary, the Maryland Health Care Commission, and the Health Services Cost Review Commission jointly shall adopt regulations for the efficient and secure transfer, under subsection (d)(2) of this section, of any information in a record

that may indicate that an investigation of an entity regulated by the Office of Health Care Quality, the Maryland Health Care Commission, or the Health Services Cost Review Commission may be appropriate.

(f) Subsection (d)(2) does not alter authority of Secretary. -- Subsection (d)(2) of this section may not be construed to alter the authority of the Secretary under § 1-203(a) of this article or § 2-106(c) of the Health - General Article.

(g) Notice of complaints or reports against physicians or allied health professionals. --

(1) The Board shall notify all hospitals, health maintenance organizations, or other health care facilities where a physician or an allied health professional regulated by the Board has privileges, has a provider contract with a health maintenance organization, or is employed of a complaint or report filed against that physician, if:

(i) The Board determines, in its discretion, that the hospital, health maintenance organization, or health care facility should be informed about the report or complaint;

(ii) The nature of the complaint suggests a reasonable possibility of an imminent threat to patient safety; or

(iii) The complaint or report was as a result of a claim filed in the Health Care Alternative Dispute Resolution Office and a certificate of a qualified expert is filed in accordance with § 3-2A-04 (b)(1) of the Courts Article.

(2) The Board shall disclose any information pertaining to a physician's competency to practice medicine contained in record to a committee of a hospital, health maintenance organization, or other health care facility if:

(i) The committee is concerned with physician discipline and requests the information in writing; and

(ii) The Board has received a complaint or report pursuant to paragraph (1)(i) and (ii) of this subsection on the licensed physician on whom the information is requested.

(3) The Board shall, after formal action is taken pursuant to § 14-406 of this subtitle, notify those hospitals, health maintenance organizations, or health care facilities where the physician has privileges, has a provider contract with a health maintenance organization, or is employed of its formal action within 10 days after the action is taken and shall provide the hospital, health maintenance organization, or health care facility with periodic reports as to enforcement or monitoring of a formal disciplinary order against a physician within 10 days after receipt of those reports.

(h) Notice of complaints or reports against physicians or allied health professionals -- Status of complaint. -- On the request of a person who has made a complaint to the Board regarding a physician, the Board shall provide the person with information on the status of the complaint.

(i) Notice of complaints or reports against physicians or allied health professionals -- Filing of charges or denial of license application. -- Following the filing of charges or notice of initial denial of license application, the Board shall disclose the filing to the public on the Board's Web site.

(j) Notice of complaints or reports against physicians or allied health professionals -- Licensing or

disciplinary authority of another state. -- The Board may disclose any information contained in a record to a licensing or disciplinary authority of another state if:

(1) The licensing or disciplinary authority of another state that regulates licensed physicians in that state requests the information in writing; and

(2) The disclosure of any information is limited to the pendency of an allegation of a ground for disciplinary or other action by a disciplinary panel until:

(i) The disciplinary panel has passed an order under § 14-406 of this subtitle; or

(ii) A licensed physician on whom the information is requested authorizes a disclosure as to the facts of an allegation or the results of an investigation before the Board.

(k) Notice of complaints or reports against physicians or allied health professionals -- Individual. -- The Board may disclose any information contained in a record to a person if:

(1) A licensed physician on whom any information is requested authorizes the person to receive the disclosure;

(2) The person requests the information in writing; and

(3) The authorization for the disclosure is in writing.

(l) Notice of complaints or reports against physicians or allied health professionals -- Medical Assistance Compliance Administration, etc. -- The Board may disclose any information contained in a record to the State Medical Assistance Compliance Administration, the Secretary of the U.S. Department of Health and Human Services or the Secretary's designee, or any health occupational regulatory board if:

(1) (i) The State Medical Assistance Compliance Administration or any health occupational regulatory board requests the information in writing; or

(ii) The Secretary of the U.S. Department of Health and Human Services or the Secretary's designee is entitled to receive the information or have access to the information under 42 U.S.C. § 1396r-2;

(2) (i) A disciplinary panel has issued an order under § 14-406 of this subtitle; or

(ii) An allegation is pending before the Board or a disciplinary panel; and

(3) The Board determines that the requested information is necessary for the proper conduct of the business of that administration or board.

(m) Notice of complaints or reports against physicians or allied health professionals -- Law enforcement or prosecutorial official. -- If the Board or a disciplinary panel determines that the information contained in a record concerns possible criminal activity, the Board or the disciplinary panel shall disclose the information to a law enforcement or prosecutorial official.

(n) Permissible disclosure -- Research projects. -- The Board may permit inspection of records for which inspection otherwise is not authorized by a person who is engaged in a research project if:

- (1) The researcher submits to the executive director and the Board approves a written request that:
 - (i) Describes the purpose of the research project;
 - (ii) Describes the intent, if any, to publish the findings;
 - (iii) Describes the nature of the requested personal records;
 - (iv) Describes the safeguards that the researcher would take to protect the identity of the persons in interest; and
 - (v) States that persons in interest will not be contacted unless the executive director approves and monitors the contact;
- (2) The executive director is satisfied that the proposed safeguards will prevent the disclosure of the identity of persons in interest; and
- (3) The researcher makes an agreement with the executive director that:
 - (i) Defines the scope of the research project;
 - (ii) Sets out the safeguards for protecting the identity of the persons in interest; and
 - (iii) States that a breach of any condition of the agreement is a breach of contract.
- (o) Copy of testimony. -- On the request of a person who has testified in a Board or Office of Administrative Hearings proceeding, the Board shall provide to the person who testified a copy of the portion of the transcript of that person's testimony.
- (p) Restrictions on published summary of allegations. --
 - (1) The Board may publish a summary of any allegations of grounds for disciplinary or other action.
 - (2) A summary may not identify:
 - (i) Any person who makes an allegation to the Board or any of its investigatory bodies;
 - (ii) A licensed physician about whom an allegation is made; or
 - (iii) A witness in an investigation or a proceeding before the Board or any of its investigatory bodies.
- (q) Restrictions on published summary of allegations -- Governor, Secretary, or Legislative Auditor. -- The Board shall disclose information in a record upon the request of the Governor, Secretary, or Legislative Auditor, in accordance with § 2-1223(a) of the State Government Article. However, the Governor, Secretary, or Auditor, or any of their employees may not disclose personally identifiable information from any of these records which are otherwise confidential by law.
- (r) Inapplicability of section. -- This section does not apply to:

(1) Any disclosure of a record by the Board to a disciplinary panel or any of its other investigatory bodies; or

(2) A licensee, certificate holder, or registration holder who has been charged under this title or a party to a proceeding before the Board or a disciplinary panel who claims to be aggrieved by the decision of the Board or the disciplinary panel.

(s) Subsequent disclosure. -- If any information contained in any medical or hospital document or any other exhibit is otherwise open for disclosure under law, the use of that document or exhibit in any record of the Board, a disciplinary panel, or any of its other investigatory bodies does not prevent its disclosure in any other proceeding.

§ 14-411.1. Individual licensee profiles -- Internet links

(a) "Health maintenance organization" defined. -- In this section, "health maintenance organization" has the meaning stated in § 19-701 of the Health - General Article.

(b) Contents of individual profiles. -- The Board shall create and maintain a public individual profile on each licensee that includes the following information:

(1) A summary of charges filed against the licensee, including a copy of the charging document, until a disciplinary panel has taken action under § 14-404 of this subtitle based on the charges or has rescinded the charges.

(2) A description of any disciplinary action taken by the Board or a disciplinary panel against the licensee within the most recent 10-year period that includes a copy of the public order;

(3) A description in summary form of any final disciplinary action taken by a licensing board in any other state or jurisdiction against the licensee within the most recent 10-year period;

(4) The number of medical malpractice final court judgments and arbitration awards against the licensee within the most recent 10-year period for which all appeals have been exhausted as reported to the Board;

(5) A description of a conviction or entry of a plea of guilty or nolo contendere by the licensee for a crime involving moral turpitude reported to the Board under § 14-416 of this subtitle; and

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

(i) The name of any medical school that the licensee attended and the date on which the licensee graduated from the school;

(ii) A description of any internship and residency training;

(iii) A description of any specialty board certification by a recognized board of the American Board of Medical Specialties or the American Osteopathic Association;

(iv) The name of any hospital where the licensee has medical privileges as reported to the Board under § 14-413 of this subtitle;

(v) The location of the licensee's primary practice setting; and

(vi) Whether the licensee participates in the Maryland Medical Assistance Program.

(c) Internet links. -- In addition to the requirements of subsection (b) of this section, the Board shall:

(1) Provide appropriate and accessible Internet links from the Board's Internet site:

(i) To the extent available, to the appropriate portion of the Internet site of each health maintenance organization licensed in this State which will allow the public to ascertain the names of the physicians affiliated with the health maintenance organization; and

(ii) To the appropriate portion of the Internet site of the American Medical Association;

(2) Include a statement on each licensee's profile of information to be taken into consideration by a consumer when viewing a licensee's profile, including factors to consider when evaluating a licensee's malpractice data, and a disclaimer stating that a charging document does not indicate a final finding of guilt by a disciplinary panel; and

(3) Provide on the Board's Internet site:

(i) Notification that a person may contact the Board by telephone, electronic mail, or written request to find out whether the number of medical malpractice settlements involving a particular licensee totals three or more with a settlement amount of \$ 150,000 or greater within the most recent 5-year period as reported to the Board; and

(ii) A telephone number, electronic mail address, and physical address through which a person may contact the Board to request the information required to be provided under item (i) of this item.

(d) Requests for information. -- The Board:

(1) On receipt of a written request for a licensee's profile from any person, shall forward a written copy of the profile to the person;

(2) Shall maintain a website that serves as a single point of entry where all physician profile information is available to the public on the Internet; and

(3) On receipt of a verbal, electronic, or written request in accordance with subsection (c)(3) of this section, shall provide the information within 2 business days of the request.

(e) Disclosure requirements. -- The Board shall provide a mechanism for the notification and prompt correction of any factual inaccuracies in a licensee's profile.

(f) Inclusion of final disciplinary action information in profile. -- The Board shall include information relating to charges filed against a licensee by a disciplinary panel and any final disciplinary action taken by a disciplinary panel against a licensee in the licensee's profile within 10 days after the charges are filed or the action becomes final.

(g) Construction with § 14-411. -- This section does not limit the Board's authority to disclose information as required under § 14-411 of this subtitle.

§ 14-412. Immunity from civil liability of participants in Board proceedings

(a) Member or agent of Board. -- If a person is a member of the Board or a legally authorized agent of the Board and is investigating, prosecuting, participating in a hearing, or otherwise acting on an allegation of a ground for Board action made to the Board or the Faculty, the person shall have the immunity from liability described under § 5-715 (b) of the Courts and Judicial Proceedings Article.

(b) Person making complaint. -- A person who makes an allegation of a ground for Board action to the Board or the Faculty shall have the immunity from liability described under § 5-715 (c) of the Courts and Judicial Proceedings Article.

§ 14-413. Reports to be made to Board.

(a) Hospitals and related institutions. --

(1) Every 6 months, each hospital and related institution shall file with the Board a report that:

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

1. Is employed by the hospital or related institution;
2. Has privileges with the hospital or related institution; and
3. Has applied for privileges with the hospital or related institution; and

(ii) States whether, as to each licensed physician, during the 6 months preceding the report:

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

2. The hospital or related institution took any disciplinary action against a salaried, licensed physician without staff privileges, including termination of employment, suspension, or probation, for reasons that might be grounds for disciplinary action under § 14-404 of this subtitle;

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

4. A licensed physician or an individual in a postgraduate training program voluntarily resigned from the staff, employ, or training program of the hospital or related institution for reasons that might be grounds for disciplinary action under § 14-404 of this subtitle; or

5. The hospital or related institution placed any other restrictions or conditions on any of the licensed physicians as listed in items 1 through 4 of this subparagraph for any reasons that might be grounds for disciplinary action under § 14-404 of this subtitle.

(2) The hospital or related institution shall:

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

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

(3) The Board may extend the reporting time under this subsection for good cause shown.

(4) The minutes or notes taken in the course of determining the denial, limitation, reduction, or termination of the staff privileges of any physician in a hospital or related institution are not subject to review or discovery by any person.

(5) The Board, in consultation with all interested parties, may adopt regulations to define:

(i) Changes in employment or privileges that require reporting under this section; and

(ii) Actions by licensees that are grounds for discipline and that require reporting under this section.

(2) The court shall submit the report within 10 days of the conviction or entry of the plea.

(b) Subpoena power of Board. -- The Board may enforce this section by subpoena.

(c) Immunity from civil liability of persons. -- Any person shall have the immunity from liability described under § 5-715(d) of the Courts and Judicial Proceedings Article for giving any of the information required by this section.

(d) Confidentiality of reports. -- A report made under this section is not subject to subpoena or discovery in any civil action other than a proceeding arising out of a hearing and decision of the Board or a disciplinary panel under this title.

(e) Penalty for failure to report. --

(1) The Board may impose a civil penalty of up to \$ 5,000 for failure to report under this section.

(2) The Board shall remit any penalty collected under this subsection into the General Fund of the State.

§ 14-414. Reports from alternative health systems

(a) In general. --

(1) Every 6 months, each alternative health system as defined in § 1-401 of this article shall file with the Board a report that:

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

1. Is employed by the alternative health system;
2. Is under contract with the alternative health system; and
3. Has completed a formal application process to become under contract with the alternative health system; and

(ii) States whether, as to each licensed physician, during the 6 months preceding the report:

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

2. The alternative health system placed any other restrictions or conditions on any licensed physician for any reasons that might be grounds for disciplinary action under § 14-404 of this subtitle.

(2) The alternative health system shall:

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

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

(3) The Board may extend the reporting time under this subsection for good cause shown.

(4) The minutes or notes taken in the course of determining the denial, limitation, reduction, or termination of the employment contract of any physician in an alternative health system are not subject to review or discovery by any person.

(5) The Board, in consultation with all interested parties, may adopt regulations to define:

(i) Changes in employment or privileges that require reporting under this section; and

(ii) Actions by licensees that are grounds for discipline and require reporting under this section.

(b) Subpoena powers. -- The Board may enforce this section by subpoena.

(c) Civil liability. -- Any person shall have the immunity from liability described under § 5-715(d) of the Courts and Judicial Proceedings Article for giving any of the information required by this section.

(d) Confidentiality of reports. -- A report made under this section is not subject to subpoena or discovery in any civil action other than a proceeding arising out of a hearing and decision of the Board or a disciplinary panel under this title.

(e) Violations; penalty. --

(1) The Board may impose a civil penalty of up to \$ 5,000 for failure to report under this section.

(2) The Board shall remit any penalty collected under this subsection into the General Fund of the State.

§14-415. Display of notice explaining Centers for Disease Control's guidelines on universal precautions

If a physician is engaged in the private practice of medicine in this State, the physician shall display the notice developed under § 1-207 of this article conspicuously in each office where the physician is engaged in practice.

§ 14-416. Courts to report to Board.

(a) In general. -- Each court shall report to the Board each conviction of or entry of a plea of guilty or nolo contendere by a physician for any crime involving moral turpitude.

(b) Time for submitting reports. -- The court shall submit the report within 10 days after the conviction or entry of the plea.