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MedChi's 2021 General Assembly Sine Die Report
April 13, 2021

The Maryland General Assembly began its 442nd Session at noon on Wednesday, January 10th and concluded its legislative work at midnight on Monday, April 12th. As expected, this was a unique Session, conducted entirely virtually via YouTube and Zoom due to the COVID-19 pandemic. This format created many challenges but also provided opportunities. The main challenge was the lack of face-to-face discussions with legislators and colleagues to ascertain bill status and work through issues, which one legislator aptly described as "the lack of curbside chats." The main opportunity was the ability to watch all committee voting sessions, which typically have been closed door meetings.

Despite the pandemic, the number of bills introduced was higher than in previous sessions. For example, this Session, the General Assembly considered 2,788 bills and resolutions. As a comparison, the General Assembly considered approximately 2,499 bills and resolutions during the 2019 Session. Another stark difference this Session was that approximately 783 bills were pre-filed and introduced on the first day of Session, a record-breaking number. Even with the changes to process and the challenges these posed, MedChi achieved very good results, as set out below.

Fiscal Year 2022 Budget

This was an extraordinary budget year. Due to strong advocacy efforts by MedChi, the Governor included an unprecedented increase of $92 million for E&M codes, which is greater than the combined amount received in the last four years. With the current budget forecast, MedChi will continue to strongly advocate for full parity between Medicaid and Medicare for E&M codes.

Also due to strong advocacy efforts, an additional $3.2 million for FY2022 was secured to fund the extension of Medicaid coverage for pregnant women from 60 days postpartum to 12 months postpartum. The substance of the legislation granting that extension is discussed later in the report under the maternal child health section.

The budget committees have also instructed State agencies to submit reports on various issues, including:

- Recommending options for increased affordable coverage to improve health equity for Marylanders who are uninsured or underinsured but are unable to enroll in Medicaid or Qualified Health Plans and are not eligible for the Advanced Premium Tax Credit (Report due 11/1/21 from Maryland Health Benefit Exchange (MHBE)).

- Monitoring the costs of the State Reinsurance Program and future funding needs as well as understanding the impact of the COVID-19 pandemic on the reinsurance program (Report due 09/30/21 from MHBE).

- Providing periodic updates on the functionality of the Behavioral Health Administrative Services Organization (Report due each quarter from the Maryland Department of Health (MDH)).

- Evaluating the Maryland Primary Care Program, with a focus on cost-savings, reducing unnecessary utilization or hospitalization for patients participating in the Program over the increased expenditures from provider incentives and a consideration of racial equity with the Program, including racially diverse participation by providers and patients (Report due 10/1/21 from the Health Services Cost Review Commission).

- Providing data on the use of high-deductible plans in the individual market on the Maryland Health Connection for the 2016-2021 plan years, cost-sharing requirements for high-deductible plans offered by service type, and the number of complaints filed related to these plans (Report due 12/1/21 from MHBE).

Emergency Bills

Due to the pandemic, legislators filed more bills this Session under "emergency status" than in prior sessions. Emergency bills need a 3/5 vote in the General Assembly and take effect immediately upon enactment by the Governor.

Senate Bill 741/House Bill 836: COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021 (passed) requires MDH, in collaboration with local health departments, to adopt and implement a two-year plan to respond to COVID-19 by June 1, 2021 that includes testing, contact tracing, and vaccination protocols. As it relates to the COVID-19 pandemic, the FY2022 budget contains $572 million of federal funding for testing, contract tracing, and vaccinations.

House Bill 34/Senate Bill 278: State Department of Education and Maryland Department of Health – Maryland School-Based Health Center Standards – Telehealth (passed) addresses the current outdated framework for the provision of telehealth services by school-based health centers. The legislation is consistent with the findings and recommendations of the Council for the Advancement of School Based Health Centers and aligns with the provisions of the broader telehealth legislation discussed later in this report.

House Bill 135/Senate Bill 84: Pharmacists – Administration of Self-Administered Medications and Maintenance Injectable Medications (Christopher King Access to Treatment Act) (passed) allows a pharmacist to administer maintenance injectable medications that: 1) are administered by injection only; and 2) treat a chronic need, condition or disorder, including psychiatric or substance abuse disorders and vitamins. This legislation is similar to House Bill 656 of 2020 which MedChi initially opposed because allowing a pharmacist to administer the initial dose of medication would not provide adequate safeguards against an adverse reaction. These bills address that concern by allowing the physician (or another prescriber) to direct that the initial dose should not be administered by the pharmacist. Senator Lam also amended the bill to allow pharmacists to administer maintenance injectables that treat sexually transmitted infections, and the Attorney General's office added amendments requiring the pharmacist to notify the patient regarding payment.

House Bill 463/Senate Bill 172: Maryland Health Equity Resource Act (passed) establishes a framework for the establishment of Health Equity Resource Communities (HERC) in areas of the State with demonstrated health inequities and disparities. The legislation as enacted is no longer funded by an alcohol tax (as was originally proposed) and the program will be administered by the Community Health

Resources Commission (CHRC). The General Assembly allocated $14 million dollars from the separate Relief Fund legislation to the Commission to administer short term grants related to health equity priorities for two years. During that two-year period, an Advisory Committee appointed by the Governor, President of the Senate, Speaker of the House, and lead by the Chairman of the CHRC is charged with the development of a framework for a permanent HERC program, including the identification of a permanent funding source.

Several bills were introduced this Session related to essential workers and the COVID-19 pandemic. However, in the end, only one bill passed and was heavily amended. As introduced, ***House Bill 581: Labor and Employment – Employment Standards During and Emergency (Maryland Essential Workers' Protection Act) (passed)*** would have required, among other provisions, for employers to pay essential workers $3/hour hazard pay; 14 days paid sick leave; and any unreimbursed health care costs, including travel to medical appointments under an "emergency." The term "emergency" was broadly defined and could have encompassed a weather event, such as a snowstorm or a flood. The bill would also have allowed workers to leave a work site if the worker believed that the site was unsafe and would have required an employer to evacuate and sanitize a work site if a worker contracted an infectious disease. After many weeks of debate, the bill was amended to limit an emergency to a proclamation by the Governor of a catastrophic health emergency caused by a communicable disease. The bill also removes the requirement for hazard pay, requires paid sick leave to be granted only if State or federal funds are available to the employer to cover the costs, and requires the employer to only pay for the cost of testing if it is not covered by insurance or obtained free of charge. The bill also clarifies that Maryland Occupational Safety and Health Division standards apply for when a worker can leave work for an unsafe working condition and eliminates the requirement for evacuation of a work site if a worker tests positive.

Boards and Commissions

In addition to other successes, MedChi achieved two of its main policy objectives. ***House Bill 1153: Names of Entities with Physician Membership – Approval Requirement – Exemption (passed*)** was introduced by MedChi to solve a longstanding issue. Currently, MedChi must approve or disapprove of certain corporate names proposed by physician entities, along with the Board of Physicians. This process is outdated and poses antitrust and liability issues for MedChi and the Board under the Supreme Court's decision in North Carolina State Dental Board v. FTC, 135 S.Ct. 1101 (2015), because it asks physicians to approve of names proposed by other physician groups. House Bill 1153 removes MedChi and the Board from the role of *approving* applications for the names of physician professional corporations. MedChi will still *review* the proposed name and either take no action or refer it to MDH if the proposed name is deceptive or misleading. This perpetual issue is finally resolved.

House Bill 182/Senate Bill 169: Health Occupations – Podiatric Physicians (failed) would have allowed podiatrists to use the term "podiatric physician", as is done in numerous other states. MedChi successfully opposed the bill for the third year in a row and argued that the term "physician" should be reserved to M.D.'s and D.O.'s; that it creates further confusion for patients; and that, of all years, this is not the one to dilute the title of physicians after all they have done. Still, the House Health and Government Operations Committee passed the bill 20-4, and the full House passed it 99-34. Despite pressure put on some Delegates to not speak on the bill, Delegate Jon Cardin nevertheless stood up for the physician community on the House floor and spoke in opposition to the bill. MedChi continued to strongly advocate our position and while the Senate bill was heard by the Education, Health, and Environmental Affairs Committee, it was never brought up for a vote, so the bills both died there.

Telehealth:

House Bill 123/Senate Bill 3: Preserve Telehealth Access Act of 2021 (passed) was another bill that came about due to the pandemic. In 2020, the General Assembly adopted Chapter 15 expanding the use of telehealth. However, the 2020 legislation did not define telehealth to include audio-only calls with patients. It quickly became apparent in the months that followed that audio-only calls would be critical to connecting with older patients and those who do not have internet access during the pandemic. Medicare and Medicaid acted quickly at the federal level to allow reimbursement for audio-only under those programs, and by Executive Order 20-04-01-01, Governor Hogan did the same.

Still, the need existed to codify this practice and legislation was put forward to do so. MedChi spent hours negotiating these bills against staunch resistance by the health insurers. As passed, the legislation codifies audio-only as telehealth and requires payment parity between in-person and telehealth visits. It also extends the protections to Medicaid but provides flexibility to implement in regulations. The bill's provisions are effective between July 1, 2021 through June 30, 2023. During that time, the Maryland Health Care Commission (MHCC) is required to study the impact of providing telehealth services in accordance with the bill's requirements and issue a report with recommendations to the General Assembly on or before December 1, 2022. This timeline provides the General Assembly the opportunity to make permanent changes to the law during the 2023 Session (prior to the termination of the provisions on June 30, 2023).

***House Bill 732/Senate Bill 568: Health Care Practitioners – Telehealth – Out-of-State Health Care Practitioners (failed*)** was proposed by the Hogan Administration and would have established a registration requirement for physicians and other health care practitioners that are licensed by another state but who want to practice telehealth in Maryland. MedChi opposed the bill on the basis that Maryland entered the Interstate Medical Licensure Compact that allows physicians to more easily become licensed in multiple states, and that this was the chosen vehicle by which Maryland physicians could more easily be licensed in multiple states, and for physicians from other states to become licensed here.

House Bill 25/Senate Bill 311: Catastrophic Health Emergencies – Health Care Providers – Definition and Immunity (Maryland Heath Care Heroes Protection Act) (failed) was a response to Orders issued by the Governor and MDH during the pandemic that was pushed by the Maryland Hospital Association (MHA) with MedChi's support. The Orders stated that the immunity provisions of the existing law did not "apply to a healthcare provider or facility performing non-COVID-19 related procedures or appointments." This limited the scope of the immunity protections provided by the existing statute and set up a distinction among patients that in the daily reality of a pandemic does not exist. The pandemic affected all patients, whether directly or indirectly through unavoidably delayed treatment or otherwise. The bill would have clarified that the immunity extends to acts directly or indirectly related to the Governor's proclamation.

Neither the Senate or House paid significant attention to this legislation, with several legislators noting that there has been no 'wave' of cases against health care facilities and providers, making the bill unnecessary, a theme repeated by the plaintiff's lawyers during the Session. Should these cases materialize, the General Assembly will have missed an important opportunity to protect its health care providers from lawsuits after all they did to bring the State through the pandemic.

Prescribing/Pharmacists:

House Bill 219: Naturopathic Doctors – Formulary Council Membership, Formulary Content, and Scope of Practice (failed) was introduced for the third year in a row and would have allowed naturopaths to prescribe prescription drugs. It was never voted on and therefore died in the House Health and Government Operations Committee. MedChi opposed this legislation and argued that naturopaths, with no residency and limited pharmacology background should not be prescribing, and that prescription drugs are essentially anathema to their scope of practice.

House Bill 429/Senate Bill 537: Pharmacists – Required Notification and Authorized Substitution – Lower-Cost Drug or Device Product (passed) allows a therapeutically equivalent brand-named drug to be substituted for a generic drug by a pharmacist in the rare circumstance where the brand-named drug is less expensive to the consumer. This bill was opposed by MedChi in 2020 because it would have allowed one brand-named drug to be substituted for another brand-named drug, something that physicians do not believe to be appropriate. Amendments were adopted to address this issue. The bill also requires the pharmacist to notify the patient of the substitution or keep a record of it.

House Bill 1040/Senate Bill 736: Health Occupations – Pharmacists – Administration of Children's Vaccines – Study and Temporary Authority (passed) as amended, extends to July 1, 2023, the authorization of pharmacists to administer vaccines to children 3 years old and older. This authorization was originally granted by the Federal Health and Human Services Agency as a result of the public health emergency and was therefore incorporated into State authorization. During the two-year period defined in the amended legislation, MDH is to do a comprehensive study on vaccine access, impact on well-child visits, the effectiveness and accuracy of Immunet, and a broad range of other factors related to vaccine administration for children and adolescents. MDH is to report its findings and recommendations regarding the continued authorization for pharmacists to administer vaccines and under what conditions. If the federal order is rescinded prior to January 1, 2022, the provisions of the bill will sunset on April 30, 2022, with no further action.

House Bill 810/Senate Bill 706: Health Occupations – Pharmacists – Laboratory Tests (failed), which was withdrawn by the sponsor, was legislation introduced at the request of a commercial laboratory that would have required the Board of Pharmacy to adopt regulations authorizing any pharmacist to order and administer laboratory tests without any prescription from an authorized prescriber. The pharmacists would be broadly authorized to order tests related to "health awareness, including screening and early disease detection." MedChi strongly opposed these bills on the basis that lab tests would be ordered without the patient having seen their primary care provider and without an adequate basis, and the lack of a knowledgeable professional to advise the patient once the results were received.

Senate Bill 828: HIV Prevention Drugs – Dispensing by Pharmacists and Insurance Requirements (failed) would have authorized pharmacists to dispense certain HIV prevention drugs to a patient without a prescription. While MedChi and other stakeholders appreciated the intent of the legislation, which was to facilitate access to both pre- and post-exposure prophylaxis HIV medications to enhance HIV prevention, there were a number of concerns with the legislation as proposed, some of which may have had unintended consequences and therefore would undermine the presumed objectives of the legislation. Senator Lam is the sponsor of the legislation and will continue to engage stakeholders during the interim with the goal of crafting legislation for 2022.

Miscellaneous Boards and Commissions Initiatives:

Senate Bill 579: Health Care Facilities – Restrooms – Requirements (failed) would have required every health care practitioner's office and health care facility to provide a "hands-free disposable towel

dispenser and a device that allows an individual to open the door to exit the restroom without touching the door handle" by January 1, 2023. They would have to report to MDH on the total number of restrooms they maintain and their status as to compliance with the requirement. MedChi opposed the bill because it did not believe now was the time to impose another mandate on health care facilities, which have spent the last year complying with near-weekly orders from federal, state, and local governments related to the COVID-19 pandemic and because the Centers for Disease Control and Prevention has not required the measures called for in the bill.

***House Bill 849: Public Health – Medical Records – Fees* (*passed*)** changes the current law governing fees that may be charged to patients or their representatives seeking copies of medical records. It prohibits a fee being charged if the record will be used for the purpose of filing a claim or appeal regarding denial of social security disability income or social security benefits under the Social Security Act.

House Bill 299/Senate Bill 34: State Board of Physicians – Genetic Counselors – Licensing (passed) licenses genetic counselors in Maryland, as numerous other states have done. The law becomes effective Jan. 1, 2024. MedChi supported the bill, as we did in 2020, after amendments were adopted requiring that genetic counselors would have to refer patients as needed to other providers and clarifying that they could not diagnose or treat an illness, disease, or condition.

Health Insurance

Unlike in past years, there were very few bills introduced related to health insurance. Two bills passed regarding the State's health information exchange. ***House Bill 1022/Senate Bill 748: Public Health – State Designated Exchange – Clinical Information (passed)*** requires an electronic health network to provide administrative electronic health care transactions to the State's designated health information exchange (i.e., CRISP) for the purposes of a State health improvement program, mitigation of a public health emergency, and improvement of patient safety free of charge to a health care provider, payor, or the State designated exchange. ***House Bill 1375: Health Information Exchanges – Electronic Health Information – Sharing and Disclosure (passed)***, which requires MHCC to adopt regulations that require CRISP (as the State's designated health information exchange) to develop and maintain a consent management application for patients to be able to "opt-out" of the system based on regulations adopted by the MHCC. In addition, the bill requires that MHCC, in consultation with stakeholders, make a recommendation on an updated statutory definition of health information exchange and report its recommendation to the General Assembly by December 1, 2021.

House Bill 107/Senate Bill 499: Prohibition on Vending Machine Sales of Drugs and Medicines – Repeal (passed) allows over-the-counter medications to be sold through a vending machine. Maryland was one of only four states that maintained this prohibition.

Like last Session, the following bills failed to pass. ***Senate Bill 685: Insurance Law – Application to Direct Primary Care Agreements – Exclusion (failed)*** would have defined a "direct primary care agreement" and would have specified that it is not health insurance, a health benefit plan, a nonprofit health service plan, or long-term care insurance provided such an agreement meets specified conditions. ***House Bill 170/Senate Bill 513: Cancer Drugs – Physician Dispensing and C overage (failed)*** would have allowed a physician with a dispensing permit to obtain specialty drugs directly through a distributor/manufacturer rather than from a specialty pharmacy. ***Senate Bill 290/House Bill 167: Health Insurance – Out-of-Pocket Maximums and Cost-Sharing Requirements – Calculation (failed)*** would have required health insurance carriers to include any payments made by, or on behalf of, the insured when calculating the overall contribution to an out-of-pocket maximum or a cost-sharing requirement.

Prior to the bill hearing, ***House Bill 1021/Senate Bill 758: Health Insurance – Incentive Arrangements – Authorization (failed)*** was withdrawn at the request of MedChi, MHA, and CareFirst. The bill was sought by CareFirst and would have authorized health insurers to enter into downstream risk arrangements with physicians and other entities, an arrangement which is currently prohibited under Maryland law. Given the complexity of this issue and the concerns raised by MedChi members, the sponsors agreed to withdraw the bill but requested that the three groups work over the interim to develop legislation for the 2022 Session that will both allow for these arrangements but provide physicians and others with necessary protections. MedChi is forming a Physician Advisory Group for this issue.

Public Health

Health Disparities and Inequities:

Addressing health disparities and inequities, a MedChi priority, was also a primary focus of the General Assembly this Session. Several critical initiatives supported by MedChi were enacted which address health disparities and inequity generally as well as maternal child health specifically. In addition to the HERC legislation previously discussed under Emergency Legislation, the following bills were adopted.

House Bill 28/Senate Bill 5: Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities (passed) expands the data reporting requirements of the Office of Minority Health and Health Disparities to include racial and ethnic data in their annual "Health Care Disparities Policy Report Card", post the information on their website, and update the data every six months. The legislation also requires all licensed and certified health care professionals to complete an implicit bias training course approved by the Cultural and Linguistic Health Care Professional Competency Program, in conjunction with the Office of Minority Health and Health Disparities, that is recognized by a health occupations board or accredited by the Accreditation Council for Continuing Medical Education. A health care provider must attest to the completion of an implicit bias training course on the provider's first application for licensure renewal after April 1, 2022.

House Bill 78/Senate Bill 52: Public Health – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021) (passed) creates a *Maryland Commission on Health Equity* that is charged with developing a "health equity framework" to examine ways for state and local government agencies to collaborate and implement policies that will positively impact the health of residents of the state. The Commission is to assess the impact of a comprehensive list of factors on the health of residents, including but not limited to access to safe and affordable housing, educational attainment, opportunities for employment, economic stability, access to transportation, food insecurity, and social justice. The legislation defines a "health equity framework" as a public health framework through which policymakers and stakeholders in the public and private sectors use a collaborative approach to improve health outcomes and reduce health inequities in the State by incorporating health considerations into decision making across all sectors and policy areas.

House Bill 309/Senate Bill 565: Public Health – Data – Race and Ethnicity Information (passed) requires the Office of Minority Health and Health Disparities ("Office") to collaborate with MHCC and professional licensing boards to publish the annual "Health Care Disparities Policy Report Card", which is to include data on the ethnic and racial composition of the health care provider community. It also requires the professional licensing boards to include in their licensing applications a request for information on race and ethnicity and the boards are required to urge the professionals they oversee to provide the information. By January 1, 2022, the Office, in coordination with MHCC and MDH, will

establish and implement a plan for improving the collection of health data that includes race and ethnicity information; ensure that the Office has access to up-to-date health data that includes race and ethnicity information; and to the extent authorized under federal and State privacy laws, post health data that includes race and ethnicity information on the Office's website.

Maternal Child Health:

Two specific issues related to addressing health disparities and improving maternal child health outcomes passed both Houses with strong bipartisan support. ***House Bill 1349/Senate Bill 777: Public Health – Maryland Prenatal and Infant Care Grant Program Fund (passed)*** expands the current Prenatal and Infant Care grant program to include grant funding for the provision of prenatal care services to low-income residents who do not otherwise have access to Medicaid or other health care services. The legislation provides a well-defined framework for the new grant provisions and mandatory funding ($1 million in FY2023, $2 million in FY2024, and $3 million in FY2025, and every year thereafter). Its passage will provide access to needed prenatal care for uninsured women and a framework for evaluating how to further expand access based on the findings and outcomes of the grant program.

Senate Bill 923: Maryland Medical Assistance Program – Eligibility (passed) extends Medicaid coverage for pregnant women from 60 days postpartum to 12 months postpartum. Currently, Medicaid provides coverage for pregnant woman up to 250% of poverty. That coverage is in effect until 60 days postpartum. Based on the science, there is broad agreement among healthcare providers, health plans, and consumer advocacy groups that the Medicaid postpartum coverage period should be 12 months. The 12-month postpartum coverage period is consistent with the coverage currently provided to the infant. In addition to improving maternal and child health outcomes, a Medicaid postpartum coverage extension will reduce Medicaid costs because postpartum complications and chronic conditions will not be left untreated only to worsen over time. Federal policy has also acknowledged the benefit of 12-month postpartum coverage and has provided a clear pathway for States to receive federal matching funds through a State plan amendment. Finally, to ensure sufficient State funding for the expanded coverage, the Governor included $3.2 million in the Supplemental Budget for FY2022. The expanded coverage is effective January 1, 2022.

Behavioral Health:

Behavioral health also remains an issue of priority for the General Assembly. Crisis response services and its intersection with law enforcement continue to be the subject of debate. The importance of building out a more robust crisis response framework is reflected in the passage of ***House Bill 108/Senate Bill 286: Behavioral Health Crisis Response Services – Modifications (passed)***, which alters the requirements for grant proposals and for awarding grants under the Behavioral Health Crisis Response Grant Program. Under the changes, an applicant must be able to serve all members of the immediate community with cultural competency and appropriate language access; commit to gathering feedback from the community on an ongoing basis and improving service delivery continually based on this feedback. An applicant must also demonstrate strong partnerships with community services that include family member and consumer advocacy organizations as well as regional stakeholders and show a plan linking individuals in crisis to peer support and family support services after stabilization. The House amendments, which were agreed to by the Senate, removed the requirement that "minimizing law enforcement interaction" be reflected in each grant and level funded the Program at $5 million for the next few years.

House Bill 372/Senate Bill 420: Criminal Law – Drug Paraphernalia for Administration – Decriminalization (passed) decriminalizes possession of items that can be used to inject, ingest, inhale, or otherwise consume a controlled dangerous substance.

House Bill 605/Senate Bill 164: Veterans – Behavioral Health Services – Mental Health First Aid (passed) requires MDH to include mental health first aid among the behavioral health services for which MDH provides service coordination for eligible veterans.

House Bill 396/Senate Bill 279: Public Health – Overdose and Infectious Disease Prevention Services Program (failed) would have authorized a "community-based organization" to establish an Overdose and Infectious Disease Prevention Services Program to provide a supervised location where drug users can consume pre-obtained drugs, as well as receive other services, education, and referrals. MedChi has consistently supported this initiative as a component of a comprehensive State policy on addressing substance abuse. While concern about the safety of such a program continues to undermine its passage, the experience and data associated with success in other States is reducing that concern and may facilitate passage in future Sessions.

Unlike previous sessions, only one bill was introduced regarding the Prescription Drug Monitoring Program (PDMP) and opioids. MedChi opposed this bill. ***House Bill 1125: Prescription Drug Monitoring Program – Prescribers of Opioids – Notification Requirement (failed)*** would have required a prescriber who prescribes or dispenses an opioid dosage of 50 morphine milligram equivalents or more to notify the PDMP as to whether the prescriber (1) has received education on the risks associated with opioid use; (2) is aware that an opioid overdose reversal drug is available; and (3) has prescribed or dispensed an opioid overdose reversal drug.

MedChi also opposed two bills that failed which proposed changes to emergency petitions and involuntary admissions. ***House Bill 29: Health – Standards for Involuntary Admissions and Petitions for Emergency Evaluation – Substance Use Disorder (failed)*** would have added substance use disorder (currently only uses mental disorder) to the conditions for granting a certification for involuntary admission of an individual for admittance to a VA hospital or other facility under certain circumstances.

House Bill 537/Senate Bill 398: Mental Health Law – Petitions for Emergency Evaluation – Procedures (failed) would have allowed health care practitioners to bring an evaluee under emergency petition to a health care facility rather than a peace officer. Legislators expressed concern for the safety of hospital employees if a peace officer was not present.

Miscellaneous Public Health Initiatives:

House Bill 289/Senate Bill 105: Peace Orders – Workplace Violence (passed) authorizes an employer to file a petition for a peace order on behalf of an employee who alleges the commission of violence against the employee at the employee's workplace. The employer must notify the employee before filing for the peace order. Under the original bill, an employer would have been immune from any civil liability that may result from the failure of the employer to file a petition for a peace order on behalf of an employee. The Senate removed this provision. The House refused to agree to remove the language so the compromise is to maintain this immunity provision in the bill until October 1, 2023 when it will then be repealed.

House Bill 134/Senate Bill 177: Business Regulation – Flavored Tobacco Products – Prohibition (failed) would have prohibited the sale of flavored tobacco products in the State with the intent of reducing

tobacco use, especially among young people. ***House Bill 1011: Cigarettes, Other Tobacco Products, and Electronic Smoking Devices – Local Law Authorization (failed)*** was an effort to authorize local government to restrict access to tobacco products. These initiatives were strongly opposed by the Vape shops and the tobacco industry.

Senate Bill 837: Health – Advance Care Planning and Advance Directives (failed) would have required the adoption of several measures designed to increase public awareness of the importance of advance care planning and facilitate access to advance care planning documents, such as advanced directives. The legislation charged MHCC with coordinating the implementation of advance care planning programs. The legislation passed the Senate, but the House Health and Government Operations Committee decided the issue needed additional work. As a result, Chair Pendergrass and Vice-Chair Pena-Melnyk sent a letter to MHCC requesting the creation of a workgroup. The Commission has agreed to convene the Workgroup over the interim to further deliberate on how to increase public awareness of the importance of advance care planning and the execution of related documents.

House Bill 636/Senate Bill 546: School Buildings – Drinking Water Outlets – Elevated Level of Lead (Safe School Drinking Water Act) (passed) strengthens the testing thresholds and requirements for school drinking water outlets that were enacted through legislation passed in 2019. The bill amends the current threshold for a determination of an elevated lead level in a drinking water outlet for the Environmental Protection Agency recommended standard that is not defined to a specific standard of 5 parts per billion.

House Bill 49: Landlord and Tenant – Repossession for Failure to Pay Rent – Lead Risk Reduction Compliance (failed) required landlords to show certification of lead compliance before a case could proceed in rent court and required a court to adjourn for up to 10 days to gather evidence regarding lead compliance. Also, the bill required the judge to dismiss or postpone the case if there is no proof of compliance.

Special Thanks

MedChi thanks those members who served on the MedChi Legislative Council this Session for their efforts in promoting the practice of medicine in Maryland and strengthening the role that MedChi plays in shaping public policy in Maryland. A special thanks to our subcommittee chairs: Dr. Clement S. Banda (Boards and Commissions), Dr. Richard Bruno (Public Health), and Dr. Anuradha D. Reddy (Health Insurance) and to our Legislative Council co-chairs, Dr. Benjamin Lowentritt and Dr. Sarah Merritt.

MedChi also recognizes those physicians who testified on behalf of MedChi for various initiatives, including Dr. Willarda Edwards, Dr. Loralie Ma, Dr. Gwen Dubois, Dr. Dan Morhaim, Dr. George Bone, and Dr. Robert Linton, President of MDACEP.

Lastly, MedChi also would like to thank Colleen White, R.N. and Cassandra Thomas, BSN, RN, CDNC for their dedication in staffing the First Aid Room for the Session.