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RE: 2021 Legislation – Effective October 1, 2021

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Below are bills taking effect On October 1, 2021, that were “of interest” to MedChi during the 2021 Session. For more information on each bill, please refer to the MedChi’s Advocacy Page at <https://www.medchi.org/Law-and-Advocacy/Testimony-Positions-Archives>.

***House Bill 1153: Names of Entities with Physician Membership – Approval Requirement – Exemption*** removes MedChi and the Board of Physicians 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.

***House Bill 429/Senate Bill 537: Pharmacists – Required Notification and Authorized Substitution – Lower-Cost Drug or Device Product*** 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. The bill also requires the pharmacist to notify the patient of the substitution or keep a record of it.

***House Bill 849: Public Health – Medical Records – Fees*** 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 107/Senate Bill 499: Prohibition on Vending Machine Sales of Drugs and Medicines – Repeal*** allows over-the-counter medications to be sold through a vending machine. Maryland was one of only four states that maintained this prohibition.

***House Bill 28/Senate Bill 5: Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities*** 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. The bill also 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.

***House Bill 78/Senate Bill 52: Public Health – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021)*** 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*** 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.

***House Bill 1349/Senate Bill 777: Public Health – Maryland Prenatal and Infant Care Grant Program Fund*** 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).

***House Bill 108/Senate Bill 286: Behavioral Health Crisis Response Services – Modifications*** 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 to link individuals in crisis to peer support and family support services after stabilization.

***House Bill 372/Senate Bill 420: Criminal Law – Drug Paraphernalia for Administration – Decriminalization*** 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 289/Senate Bill 105: Peace Orders – Workplace Violence*** 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. Until October 1, 2023, an employer will have immunity 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. After that date, the immunity provision is repealed.