BOARD OF PODIATRIC MEDICAL EXAMINERS

OPEN SESSION MEETING VIA GOOGLE MEET

AGENDA

July 10, 2025

Location: Google Meet meet.google.com/ges-ubww-erj

Join by phone: (US) +1347-486-7775 PIN: 487420038

A. ORDER OF BUSINESS

1. **Call to Order- Roll Call**

2. **COMAR 10.01.14.02.B: Except in instances when a public body expressly invites public testimony, questions, comments, or other forms of public participation, or when public participation is otherwise authorized by law, a member of the public attending an open session may not participate in the session.**

3. **Approval of meeting minutes from the June 12, 2025 meeting** **Tab A**

B. BOARD PRESIDENT'S REPORT

C. EXECUTIVE DIRECTOR'S REPORT

D. OLD BUSINESS:

1. **Discussion of Proposal of Amendments to Licensing Fee Schedule**
   a. Update from Board staff on FY 2026 Budget Allocation

2. **Review of Jurisprudence Online Lecture Requirements**
   a. Ratification of Jurisprudence Online Lecture Requirement approval

3. **Discussion of Requiring PMLexis Submission for Fellowship Applications**
   a. Update from Board staff on incorporation of the new Fellowship application

E. NEW BUSINESS:

1. **Health Occupations Boards – Criminal History Omnibus Bill** **Tab B**

2. **Discussion of Requirements by CPME for approval of Podiatric Fellowships** — **Tab C**

3. **Board of Podiatry-authority to approve Podiatric Fellowships** — **Tab D**

4. **Implementation of HB1127, Public Health - State Designated Exchange - Health Data Utility (2022)** — **Tab E**

5. **Topic- Summer 2025** — **Tab F**

6. **New License Approval**
    a. **Aditya Charlyu, D.P.M.**
    b. **Noblin Ogbonna, DPM**
    c. **Miriam Niktash, D.P.M.**
    d. **Ali Qadri, D.P.M.**

F. ADJOURNMENT

B

A BILL ENTITLED

AN ACT concerning

Health Occupations Boards – Licensing – Criminal History Records Checks and Sunset Extension

FOR the purpose of requiring applicants for certain licenses related to the State Board of Acupuncture, the State Board of Dental Examiners, the State Board of Dietetic Practice, the State Board of Pharmacy, and the State Board of Environmental Health Specialists to submit to a criminal history records check; the Central Repository providing to the State Board of Morticians and Funeral Directors, the State Board of Physical Therapy Examiners, the State Board of Podiatric Medical Examiners, the State Board of Examiners of Psychologists, and the State Board for Certification of Residential Child Care Program Professionals revised criminal history record information after the date of the initial criminal history records check; continuing the State Board of Environmental Health Specialists, in accordance with the provisions of the Maryland Program Evaluation Act (sunset law) by extending to a certain date the termination provisions relating to the statutory and regulatory authority of the board; and generally relating to the health occupations boards.

BY repealing and reenacting, without amendments,
Article – Health Occupations
Section 21–201
Annotated Code of Maryland
(2021 Replacement Volume and 2025 Supplement

BY repealing and reenacting, with amendments,
Article – Health Occupations
Section 1A-302(b)(4), 1A-306(c)(3)(iii), 1A-307(c)(5), 4-302(d), 4-304(a)(2), 4-307(d), 4-310(d), 4-311(b), 4-315(a)(39) and (c)(21), 4-505(e), 5-302(d)(4), 5-303(a)(4), 5-308(f), 5-309(a)(1)(iii), 7-301.1(c)(6), 11-308(d), 11-310(d), 12-302(d), 12-303(a)(3), 12-306(b), 12-308(d), 12-310(b)(3), 12-6C-05.1(a)(7), 12-6C-06(b)(8), 12-6D-04(f), 13-302.1(g), 13-311(e), 16-302.1(f), 18-302.1(g), 18-309(h), 20-303(b)(5), 21-201, 21-302, and 21-502
Annotated Code of Maryland
(2021 Replacement Volume and 2025 Supplement)

BY adding to
Article – Health Occupations
Section 1A-302.1, 4-302.2, 5-302.1, 12-302.1, 12-6B-02.1, and 21-302.1
Annotated Code of Maryland
(2021 Replacement Volume and 2025 Supplement)
SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That Laws of Maryland read as follows:

Article – Health Occupations

§1A–302.

(b) The applicant shall:

(4) SUBMIT TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 1A–302.1 OF THIS SUBTITLE;

[(4)**]** **(5)** Demonstrate the ability to communicate in the English language; and

[(5)**]** **(6)** Meet any other qualifications that the Board establishes in regulations.

§1A–302.1

(A) IN THIS SECTION, "CENTRAL REPOSITORY" MEANS THE CRIMINAL JUSTICE INFORMATION SYSTEM CENTRAL REPOSITORY OF THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES.

(B) AN APPLICANT SHALL APPLY TO THE CENTRAL REPOSITORY FOR A STATE AND NATIONAL CRIMINAL HISTORY RECORDS CHECK.

(C) AS PART OF AN APPLICATION TO THE CENTRAL REPOSITORY FOR A STATE AND NATIONAL CRIMINAL HISTORY RECORDS CHECK, AN APPLICANT SHALL COMPLETE AND SUBMIT TO THE CENTRAL REPOSITORY:

(1) A COMPLETE SET OF LEGIBLE FINGERPRINTS TAKEN IN A FORMAT APPROVED BY THE DIRECTOR OF THE CENTRAL REPOSITORY AND THE DIRECTOR OF THE FEDERAL BUREAU OF INVESTIGATION;

(2) THE FEE AUTHORIZED UNDER § 10–221(B)(7) OF THE CRIMINAL PROCEDURE ARTICLE FOR ACCESS TO MARYLAND CRIMINAL HISTORY RECORDS; AND

(3) THE MANDATORY PROCESSING FEE REQUIRED BY THE FEDERAL BUREAU OF INVESTIGATION FOR A NATIONAL CRIMINAL HISTORY RECORDS CHECK.

(D) IN ACCORDANCE WITH §§ 10–201 THROUGH 10–229 OF THE CRIMINAL PROCEDURE ARTICLE, THE CENTRAL REPOSITORY SHALL FORWARD TO THE BOARD AND THE INDIVIDUAL THE INDIVIDUAL'S CRIMINAL HISTORY RECORD INFORMATION.

(E) INFORMATION OBTAINED FROM THE CENTRAL REPOSITORY UNDER THIS SECTION:

(1) IS CONFIDENTIAL;

(2) MAY NOT BE REDISSEMINATED; AND

(3) SHALL BE USED ONLY FOR THE LICENSING PURPOSE AUTHORIZED BY THIS TITLE.

(F) THE SUBJECT OF A CRIMINAL HISTORY RECORDS CHECK UNDER THIS SECTION MAY CONTEST THE CONTENTS OF THE CRIMINAL HISTORY RECORD INFORMATION ISSUED BY THE CENTRAL REPOSITORY AS PROVIDED IN § 10–223 OF THE CRIMINAL PROCEDURE ARTICLE.

(G) IF CRIMINAL HISTORY RECORD INFORMATION IS REPORTED TO THE CENTRAL

REPOSITORY AFTER THE DATE OF THE INITIAL CRIMINAL HISTORY RECORDS CHECK, THE CENTRAL REPOSITORY SHALL PROVIDE TO THE BOARD AND THE INDIVIDUAL REVISED CRIMINAL HISTORY RECORD INFORMATION FOR THE INDIVIDUAL.

§1A–306.

(c) 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**[.]**; **AND**

(iii) **SATISFACTORY EVIDENCE OF A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 1A-302.1 OF THIS TITLE FOR THE LICENSEE'S FIRST RENEWAL AFTER OCTOBER 1, 2026, FOR INDIVIDUALS LICENSED BEFORE OCTOBER 1, 2026.**

§1A–307.

(c) The Board may reinstate the license of a former licensee who has failed to renew the license for any reason if the former licensee:

(1) Meets the continuing education requirements of § 1A-306 of this subtitle for each year that the license has lapsed;

(2) Applies for reinstatement more than 30 days after the license renewal deadline;

(3) Submits to the Board an application for reinstatement on the form required by the Board; **[**and**]**

(4) Pays to the Board a reinstatement fee and a renewal fee set by the Board**[.]**; **AND**

(5) SUBMITS TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 1A-302.1 OF THIS TITLE.

§4–302.

(D) THE APPLICANT SHALL COMPLETE A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 4-302.2 OF THIS SUBTITLE.

[(d)] **(E)** Unless waived by the Board under §§ 4–303 and 4–303.1 of this subtitle, and except as provided in § 4–306.1 of this subtitle, to qualify for a license to practice dentistry, the applicant shall hold a degree of Doctor of Dental Surgery, Doctor of Dental Medicine, or the equivalent, from a college or university that is:

(1) Authorized by any state or any province of Canada to grant the degree; and

(2) Recognized by the Board as requiring adequate preprofessional collegiate training and as maintaining an acceptable course of dental instruction.

[(e)] **(F)** To qualify for a license to practice dental hygiene, the applicant shall be a graduate of a school for dental hygienists that:

(1) Requires at least 2 years of education in an institution of higher education;

(2) Is accredited by the American Dental Association Commission on Dental Accreditation; and

(3) Is approved by the Board.

[(f)] **(G)** (1) Unless the examination requirement is waived under § 4–306 or § 4–310 of this subtitle, and except as provided in § 4–303.1 of this subtitle, to qualify for a general license to practice dentistry or a general license to practice dental hygiene, the applicant shall pass an examination given by the Board under this subtitle.

(2) An examination is not required for a teacher's license to practice dentistry, a limited license to practice dentistry, or a teacher's license to practice dental hygiene.

[(g)] **(H)** In addition to the requirements of subsections (a), (b), (c), [and] (d), **AND (E)** of this section, to qualify for a teacher's license to practice dentistry, the applicant shall:

(1) Be licensed to practice dentistry in any other state;

(2) Have been active in the dental profession for at least 5 years;

(3) Be a full–time or part–time faculty member at a college or university where the applicant teaches a subject required by the dental school of that college or university; and

(4) If the applicant is engaged in a teaching area that is designated as a specialty by the National Commission on Recognition of Dental Specialties and Certifying Boards, meet the requirements established by the National Commission on Recognition of Dental Specialties and Certifying Boards for that specialty.

[(h)] **(I)** In addition to the requirements of subsections (a), (b), [and (e)] **(D) AND (F)**

of this section, to qualify for a teacher's license to practice dental hygiene, the applicant shall:

(1) Be licensed to practice dental hygiene in any other state;

(2) Have been active as a dental hygienist for at least 5 years before applying for the teacher's license to practice dental hygiene; and

(3) Be a full–time or part–time faculty member at a dental school where the applicant teaches a subject required by that school.

[(i)**]** **(J)** In addition to the requirements of subsections (a), (b), (c), **[**and**]** (d)**, AND (E)** of this section, to qualify for a retired volunteer dentist's license to practice dentistry, the applicant shall:

(1) Have had a general license to practice dentistry issued under this title within the last 2 years;

(2) Complete the continuing education requirements that the Board establishes for a general license; and

(3) Provide dental services as required under § 4–308(c) of this subtitle.

[(j)**]** **(K)** In addition to the requirements of subsections (a), (b), **[**and (e)**]** **(D) AND (F)** of this section, to qualify for a retired dental hygienist's license to practice dental hygiene, the applicant shall:

(1) Have had a general license to practice dental hygiene under this title within the last 2 years;

(2) Complete the continuing education requirements that the Board establishes for a general license; and

(3) Provide dental hygiene services as required under § 4–308(g) of this subtitle.

[(k)**]** **(L)** In addition to the requirements of subsections (a), (b), (c), **[**and**]** (d)**, AND (E)** of this section, to qualify for a volunteer dentist's license to practice dentistry, the applicant shall:

(1) Satisfy the requirements of § 4–306(b)(1) and (d)(2) of this subtitle;

(2) Hold an active license to practice dentistry in another state or in the District of Columbia;

(3) Complete the continuing education requirements that the Board establishes for a general license;

(4) Provide dental services exclusively in the manner described in § 4–308(c) of this subtitle; and

(5) Immediately upon ceasing to provide services exclusively in the manner described in § 4–308(c) of this subtitle, surrender the volunteer license to the Board.

[(l)**]** **(M)** In addition to the requirements of subsections (a), (b), (c), **(D)**, and **[**(e)**]** **(F)** of this section, to qualify for a volunteer dental hygienist's license to practice dental hygiene, an applicant shall:

(1) Satisfy the requirements of § 4–306(b)(2) and (e)(2) of this subtitle;

(2) Hold an active license to practice dental hygiene in another state or in the District of Columbia;

(3) Complete the continuing education requirements that the Board establishes for a general license;

(4) Provide dental hygiene services exclusively in the manner described in § 4–308(g) of this subtitle; and

(5) Immediately upon ceasing to provide services exclusively in the manner described in § 4–308(g) of this subtitle, surrender the volunteer license to the Board.

[(m)**]** **(N)** To qualify for a limited license to practice dentistry, the applicant shall meet the requirements set forth in subsections (a), (b), (c), **[**and**]** (d)**, AND (E)** of this section.

§4–302.2

(A) IN THIS SECTION, "CENTRAL REPOSITORY" MEANS THE CRIMINAL JUSTICE INFORMATION SYSTEM CENTRAL REPOSITORY OF THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES.

(B) AN APPLICANT SHALL APPLY TO THE CENTRAL REPOSITORY FOR A STATE AND NATIONAL CRIMINAL HISTORY RECORDS CHECK.

(C) AS PART OF AN APPLICATION TO THE CENTRAL REPOSITORY FOR A STATE AND NATIONAL CRIMINAL HISTORY RECORDS CHECK, AN APPLICANT SHALL COMPLETE AND SUBMIT TO THE CENTRAL REPOSITORY:

(1) A COMPLETE SET OF LEGIBLE FINGERPRINTS TAKEN IN A FORMAT APPROVED BY THE DIRECTOR OF THE CENTRAL REPOSITORY AND THE DIRECTOR OF THE FEDERAL BUREAU OF INVESTIGATION;

(2) THE FEE AUTHORIZED UNDER § 10–221(B)(7) OF THE CRIMINAL PROCEDURE ARTICLE FOR ACCESS TO MARYLAND CRIMINAL HISTORY RECORDS; AND

(3) THE MANDATORY PROCESSING FEE REQUIRED BY THE FEDERAL BUREAU OF INVESTIGATION FOR A NATIONAL CRIMINAL HISTORY RECORDS CHECK.

(D) IN ACCORDANCE WITH §§ 10–201 THROUGH 10–229 OF THE CRIMINAL PROCEDURE ARTICLE, THE CENTRAL REPOSITORY SHALL FORWARD TO THE BOARD AND THE INDIVIDUAL THE INDIVIDUAL'S CRIMINAL HISTORY RECORD INFORMATION.

(E) INFORMATION OBTAINED FROM THE CENTRAL REPOSITORY UNDER THIS SECTION:

(1) IS CONFIDENTIAL;

(2) MAY NOT BE REDISSEMINATED; AND

(3) SHALL BE USED ONLY FOR THE LICENSING PURPOSE AUTHORIZED BY THIS TITLE.

(F) THE SUBJECT OF A CRIMINAL HISTORY RECORDS CHECK UNDER THIS SECTION MAY CONTEST THE CONTENTS OF THE CRIMINAL HISTORY RECORD INFORMATION ISSUED BY THE CENTRAL REPOSITORY AS PROVIDED IN § 10–223 OF THE CRIMINAL PROCEDURE ARTICLE.

(G) IF CRIMINAL HISTORY RECORD INFORMATION IS REPORTED TO THE CENTRAL REPOSITORY AFTER THE DATE OF THE INITIAL CRIMINAL HISTORY RECORDS CHECK, THE CENTRAL REPOSITORY SHALL PROVIDE TO THE BOARD AND THE INDIVIDUAL REVISED CRIMINAL HISTORY RECORD INFORMATION FOR THE INDIVIDUAL.

(H) ON RECEIPT OF THE CRIMINAL HISTORY RECORD INFORMATION OF AN APPLICANT FOR LICENSURE OR CERTIFICATION FORWARDED TO THE BOARD IN ACCORDANCE WITH § 4-302.1 OF THIS SUBTITLE, IN DETERMINING WHETHER TO GRANT A LICENSE, THE BOARD SHALL CONSIDER:

(1) THE AGE AT WHICH THE CRIME WAS COMMITTED;

(2) THE CIRCUMSTANCES SURROUNDING THE CRIME;

(3) THE LENGTH OF TIME THAT HAS PASSED SINCE THE CRIME;

(4) SUBSEQUENT WORK HISTORY;

(5) EMPLOYMENT AND CHARACTER REFERENCES; AND

(6) OTHER EVIDENCE THAT DEMONSTRATES WHETHER THE APPLICANT POSES A THREAT TO THE PUBLIC HEALTH OR SAFETY.

§4–304.

(a) To apply for a license, an applicant shall:

(1) Submit an application to the Board on the form that the Board requires; **[**and**]**

(2) SUBMIT TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 4-302.2 OF THIS SUBTITLE; AND

[(2)**]** **(3)** Pay to the Board an application fee set by the Board.

§4–307.

(D) THE BOARD MAY NOT ISSUE A LICENSE IF THE CRIMINAL HISTORY RECORD INFORMATION REQUIRED UNDER § 4-302.2 OF THIS SUBTITLE HAS NOT BEEN RECEIVED.

§4–310.

(D) THE BOARD MAY REACTIVATE A LICENSEE ON INACTIVE STATUS ONLY IF THE LICENSEE ATTESTS THAT THE LICENSEE HAS SUBMITTED TO A CRIMINAL HISTORY RECORDS CHECK UNDER § 4-302.2 OF THIS SUBTITLE.

§4–311.

(A) The Board shall reinstate a general license to practice dentistry, a teacher's license to practice dentistry, a general license to practice dental hygiene, or a teacher's license to practice dental hygiene that is expired only if the licensee:

(1) Meets the renewal and reinstatement requirements set by rule and regulation of the Board; and

(2) Pays to the Board a reinstatement fee set by the Board.

(B) (1) BEGINNING OCTOBER 1, 2027, THE BOARD SHALL REQUIRE A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 4-302.2 OF THIS SUBTITLE FOR:

(I) LICENSE RENEWAL APPLICATIONS AS DETERMINED BY REGULATIONS ADOPTED BY THE BOARD; AND

(II) EACH FORMER LICENSEE WHO FILES FOR REINSTATEMENT AFTER FAILING TO RENEW THE LICENSE.

(2) THE BOARD MAY NOT RENEW OR REINSTATE A LICENSE IF THE CRIMINAL HISTORY RECORD INFORMATION REQUIRED UNDER § 4-302.2 OF THIS SUBTITLE HAS NOT BEEN RECEIVED.

§4–315.

(a) Subject to the hearing provisions of § 4–318 of this subtitle, the Board may deny a general license to practice dentistry, a limited license to practice dentistry, or a teacher's license to practice dentistry to any applicant, reprimand any licensed dentist, place any licensed dentist on probation, or suspend or revoke the license of any licensed dentist, if the applicant or licensee:

(37) Accepts or tenders rebates or splits fees in violation of § 4–103(c) of this title; **[**or**]**

(38) Allows a dental assistant to assist in the practice of dentistry:

(i) In an unauthorized manner in violation of this title or regulations adopted by the Board;

(ii) Without specifically instructing the certified dental assistant to perform an intraoral procedure that the certified dental assistant is authorized to perform; or

(iii) Failing to provide direct supervision of a dental assistant**[.]; OR**

(39) FAILS TO SUBMIT TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 4-302.2 OF THIS SUBTITLE.

(c) Subject to the hearing provisions of § 4–318 of this subtitle, the Board may deny a general license to practice dental hygiene, a teacher's license to practice dental hygiene, or a temporary license to practice dental hygiene to any applicant, reprimand any licensed dental hygienist, place any licensed dental hygienist on probation, or suspend or revoke the license of any licensed dental hygienist, if the applicant or licensee:

(19) Fails to comply with any Board order; **[**or**]**

(20) Willfully and without legal justification, fails to cooperate with a lawful investigation conducted by the Board**[.]; OR**

(21) FAILS TO SUBMIT TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 4-302.2 OF THIS SUBTITLE.

§4–505.

(E) AN APPLICANT FOR A CERTIFICATE TO PRACTICE AS A DENTAL RADIATION TECHNOLOGIST SHALL SUBMIT TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 4-302.2 OF THIS SUBTITLE.

[(e)**]** **(F)** At least 1 month before a certificate expires, the Board shall send to each certificate holder, by electronic means or first–class mail to the last known electronic or physical address of the certificate holder, a renewal notice that states:

(1) The date on which the current certificate 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 certificate expires; and

(3) The amount of the renewal fee.

[(f)**]** **(G)** An individual may be simultaneously certified as a dental radiation technologist under this section and as an expanded function dental assistant.

§5–302.

(d) The applicant for licensure as a dietitian–nutritionist shall:

(1) (i) 1. Have satisfactorily completed academic requirements for the field of dietetics as approved by the Board; and

2. Have received at a minimum a baccalaureate degree from a college or university accredited by an educational accrediting association as required by the Commission on Dietetic Registration; or

(ii) Have received a master's or doctoral degree from a college or university accredited by an educational accrediting association recognized by the Council on Higher Education and Accreditation in nutritional sciences (with emphasis in human nutrition), food and nutrition, dietetics, human nutrition, community nutrition, public health nutrition, or equivalent training approved by the Board;

(2) Have satisfactorily completed a program of supervised clinical experience approved by the Board; and

(3) (i) Submit to the Board proof of certification by the Board for Certification of Nutrition Specialists; **[**or**]**

(ii) Submit to the Board proof of registration as a dietitian with the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics**[**.**]**; **OR**

(4) SUBMIT TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 5–302.1 OF THIS SUBTITLE.

§5–302.1

(A) IN THIS SECTION, "CENTRAL REPOSITORY" MEANS THE CRIMINAL JUSTICE INFORMATION SYSTEM CENTRAL REPOSITORY OF THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES.

(B) AN APPLICANT SHALL APPLY TO THE CENTRAL REPOSITORY FOR A STATE AND NATIONAL CRIMINAL HISTORY RECORDS CHECK.

(C) AS PART OF AN APPLICATION TO THE CENTRAL REPOSITORY FOR A STATE AND NATIONAL CRIMINAL HISTORY RECORDS CHECK, AN APPLICANT SHALL COMPLETE AND SUBMIT TO THE CENTRAL REPOSITORY:

(1) A COMPLETE SET OF LEGIBLE FINGERPRINTS TAKEN IN A FORMAT APPROVED BY THE DIRECTOR OF THE CENTRAL REPOSITORY AND THE DIRECTOR OF THE FEDERAL BUREAU OF INVESTIGATION;

(2) THE FEE AUTHORIZED UNDER § 10–221(B)(7) OF THE CRIMINAL PROCEDURE ARTICLE FOR ACCESS TO MARYLAND CRIMINAL HISTORY RECORDS; AND

(3) THE MANDATORY PROCESSING FEE REQUIRED BY THE FEDERAL BUREAU OF INVESTIGATION FOR A NATIONAL CRIMINAL HISTORY RECORDS CHECK.

(D) IN ACCORDANCE WITH §§ 10–201 THROUGH 10–229 OF THE CRIMINAL PROCEDURE ARTICLE, THE CENTRAL REPOSITORY SHALL FORWARD TO THE BOARD AND THE INDIVIDUAL THE INDIVIDUAL'S CRIMINAL HISTORY RECORD INFORMATION.

(E) INFORMATION OBTAINED FROM THE CENTRAL REPOSITORY UNDER THIS SECTION:

(1) IS CONFIDENTIAL;

(2) MAY NOT BE REDISSEMINATED; AND

(3) SHALL BE USED ONLY FOR THE LICENSING PURPOSE AUTHORIZED BY THIS TITLE.

(F) THE SUBJECT OF A CRIMINAL HISTORY RECORDS CHECK UNDER THIS SECTION MAY CONTEST THE CONTENTS OF THE CRIMINAL HISTORY RECORD INFORMATION ISSUED BY THE CENTRAL REPOSITORY AS PROVIDED IN § 10–223 OF THE CRIMINAL PROCEDURE ARTICLE.

(G) IF CRIMINAL HISTORY RECORD INFORMATION IS REPORTED TO THE CENTRAL REPOSITORY AFTER THE DATE OF THE INITIAL CRIMINAL HISTORY RECORDS CHECK, THE CENTRAL REPOSITORY SHALL PROVIDE TO THE BOARD AND THE INDIVIDUAL REVISED CRIMINAL HISTORY RECORD INFORMATION FOR THE INDIVIDUAL.

§5–303.

(a) An applicant for a license shall:

(1) Submit an application to the Board on the form that the Board requires;

(2) Pay the application fee set by the Board; **[**and**]**

(3) Provide proof of passing an examination approved by the Board**[**.**]**; **AND**

(4) SUBMIT TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 5–302.1 OF THIS SUBTITLE.

§5–308.

(F) THE LICENSEE SHALL PROVIDE SATISFACTORY EVIDENCE OF A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 5-302.1 OF THIS TITLE FOR THE LICENSEE'S FIRST RENEWAL AFTER JANUARY 1, 2027, FOR INDIVIDUALS LICENSED BEFORE JUNE 1, 2026.

§5–309.

(a) (1) The Board shall place a licensee on inactive status if the licensee:

(i) Submits to the Board an application for inactive status on the form required by the Board; **[**and**]**

(ii) Pays to the Board the inactive status fee set by the Board**[**.**]**; **AND**

(III) SUBMITS TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 5–302.1 OF THIS SUBTITLE.

(2) The Board shall reactivate the license of an individual placed on inactive status if the individual:

(i) Satisfies the continuing education requirements established by the Board; and

(ii) Pays to the Board a reactivation fee set by the Board.

(b) The Board, in accordance with its regulations, shall reinstate the license of an individual who failed to renew a license for any reason if the individual:

(1) Otherwise is entitled to be licensed;

(2) Satisfies the continuing education requirements established by the Board;

(3) Pays to the Board a reinstatement fee set by the Board; **[**and**]**

(4) Applies to the Board for reinstatement of a license within 5 years after the expiration of the license**[**.**]**; **AND**

(5) SUBMITS TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 5–302.1 OF THIS SUBTITLE.

§7–301.1.

(c) (1) In this subsection, "Central Repository" means the Criminal Justice Information System Central Repository of the Department of Public Safety and Correctional Services.

(2) As part of an application to the Central Repository for a State and national criminal history records check, an applicant shall submit to the Central Repository:

(i) A complete set of legible fingerprints taken on forms approved by the Director of the Central Repository and the Director of the Federal Bureau of Investigation;

(ii) The fee authorized under § 10–221(b)(7) of the Criminal Procedure Article for access to State criminal history records; and

(iii) The processing fee required by the Federal Bureau of Investigation for a national criminal history records check.

(3) In accordance with §§ 10–201 through 10–228 of the Criminal Procedure

Article, the Central Repository shall forward to the Board and the applicant the criminal history record information of the applicant.

(4) If an applicant has made three or more unsuccessful attempts at securing legible fingerprints, the Board may accept an alternate method of a criminal history records check as allowed by the Director of the Central Repository and the Director of the Federal Bureau of Investigation.

(5) The subject of a criminal history records check under this section may contest the contents of the printed statement issued by the Central Repository as provided in § 10–223 of the Criminal Procedure Article.

(6) IF CRIMINAL HISTORY RECORD INFORMATION IS REPORTED TO THE CENTRAL REPOSITORY AFTER THE DATE OF THE INITIAL CRIMINAL HISTORY RECORDS CHECK, THE CENTRAL REPOSITORY SHALL PROVIDE TO THE BOARD AND THE INDIVIDUAL REVISED CRIMINAL HISTORY RECORD INFORMATION FOR THE INDIVIDUAL.

§11–308.

(D) (1) BEGINNING JUNE 1, 2026, THE BOARD SHALL REQUIRE A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 11-302.1 OF THIS SUBTITLE FOR:

(I) LICENSE RENEWAL APPLICATIONS AS DETERMINED BY REGULATIONS ADOPTED BY THE BOARD; AND

(II) EACH FORMER LICENSEE WHO FILES FOR REINSTATEMENT AFTER FAILING TO RENEW THE LICENSE.

(2) THE BOARD MAY NOT RENEW OR REINSTATE A LICENSE IF THE CRIMINAL HISTORY RECORD INFORMATION REQUIRED UNDER § 11-302.1 OF THIS SUBTITLE HAS NOT BEEN RECEIVED.

[(d)**]** **(E)** The Board shall renew the license of and issue a renewal certificate to each licensee who meets the requirements of this section.

[(e)**]** **(F)** If an optometrist does not renew a license before its expiration date, the Board shall send to the optometrist a notice stating that the license will expire 30 days after the notice is sent unless the optometrist applies for renewal within the grace period.

§11–310.

(D) THE BOARD MAY REACTIVATE A LICENSEE ON INACTIVE STATUS ONLY IF THE LICENSEE ATTESTS THAT THE LICENSEE HAS SUBMITTED TO A CRIMINAL HISTORY RECORDS CHECK UNDER § 11-302.1 OF THIS SUBTITLE.

§12–302.

(D) THE APPLICANT SHALL SUBMIT TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 12-302.1 OF THIS SUBTITLE.

[(d)**]** **(E)** The applicant shall:

(1) Be a graduate of a school or college of pharmacy that is approved by the Board or accredited by the American Council on Pharmaceutical Education; and

(2) Have completed the professional experience program that the Board requires.

[(e)**]** **(F)** Except as otherwise provided in this title, the applicant shall pass an examination given by the Board under this subtitle.

[(f)**]** **(G)** (1) In this subsection, "foreign school or college of pharmacy" means a school or college of pharmacy that is not located in any state in the United States.

(2) The Board may waive the requirements of subsection **[**(d)(1)**]** **(E)(1)** of this section for an applicant who is a graduate of a foreign school or college of pharmacy, provided that the applicant passes an examination approved by the Board in addition to the examinations otherwise given by the Board under this subtitle.

[(g)**]** **(H)** (1) Except as otherwise provided in this subsection, the Board shall require, as part of its examination or licensing procedures, an applicant for a license to practice pharmacy to demonstrate an oral competency in the English language by passing a Board approved standardized test of oral competency.

(2) The Board shall adopt regulations that establish a procedure for testing an individual who because of the individual's speech or hearing impairment is unable to complete satisfactorily a Board approved standardized test of oral competency.

(3) If any disciplinary charge or action that relates to a problem with the oral communication of the English language is brought against a licensee under this title, the Board shall require the licensee to pass a Board approved standardized test of oral competency.

(4) The Board may not require an applicant for a license to practice pharmacy, who was previously licensed in another state to practice pharmacy, to demonstrate an oral competency in the English language, if the other state's examination and licensing procedures at the time the applicant was licensed in the other state included an oral competency component similar to the oral competency component in this State's examination and licensing procedures.

(5) Graduation from a recognized English–speaking professional school

accredited by the Accreditation Council for Pharmacy Education is acceptable as proof of proficiency in the oral communication of the English language under this subsection.

§12–302.1

(A) IN THIS SECTION, "CENTRAL REPOSITORY" MEANS THE CRIMINAL JUSTICE INFORMATION SYSTEM CENTRAL REPOSITORY OF THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES.

(B) AN APPLICANT SHALL APPLY TO THE CENTRAL REPOSITORY FOR A STATE AND NATIONAL CRIMINAL HISTORY RECORDS CHECK.

(C) AS PART OF AN APPLICATION TO THE CENTRAL REPOSITORY FOR A STATE AND NATIONAL CRIMINAL HISTORY RECORDS CHECK, AN APPLICANT SHALL COMPLETE AND SUBMIT TO THE CENTRAL REPOSITORY:

(1) A COMPLETE SET OF LEGIBLE FINGERPRINTS TAKEN IN A FORMAT APPROVED BY THE DIRECTOR OF THE CENTRAL REPOSITORY AND THE DIRECTOR OF THE FEDERAL BUREAU OF INVESTIGATION;

(2) THE FEE AUTHORIZED UNDER § 10–221(B)(7) OF THE CRIMINAL PROCEDURE ARTICLE FOR ACCESS TO MARYLAND CRIMINAL HISTORY RECORDS; AND

(3) THE MANDATORY PROCESSING FEE REQUIRED BY THE FEDERAL BUREAU OF INVESTIGATION FOR A NATIONAL CRIMINAL HISTORY RECORDS CHECK.

(D) IN ACCORDANCE WITH §§ 10–201 THROUGH 10–229 OF THE CRIMINAL PROCEDURE ARTICLE, THE CENTRAL REPOSITORY SHALL FORWARD TO THE BOARD AND THE INDIVIDUAL THE INDIVIDUAL'S CRIMINAL HISTORY RECORD INFORMATION.

(E) INFORMATION OBTAINED FROM THE CENTRAL REPOSITORY UNDER THIS SECTION:

(1) IS CONFIDENTIAL;

(2) MAY NOT BE REDISSEMINATED; AND

(3) SHALL BE USED ONLY FOR THE LICENSING PURPOSE AUTHORIZED BY THIS TITLE.

(F) THE SUBJECT OF A CRIMINAL HISTORY RECORDS CHECK UNDER THIS SECTION MAY CONTEST THE CONTENTS OF THE CRIMINAL HISTORY RECORD INFORMATION ISSUED BY THE CENTRAL REPOSITORY AS PROVIDED IN § 10–223 OF THE CRIMINAL PROCEDURE ARTICLE.

(G) IF CRIMINAL HISTORY RECORD INFORMATION IS REPORTED TO THE CENTRAL REPOSITORY AFTER THE DATE OF THE INITIAL CRIMINAL HISTORY RECORDS CHECK, THE CENTRAL REPOSITORY SHALL PROVIDE TO THE BOARD AND THE INDIVIDUAL REVISED CRIMINAL HISTORY RECORD INFORMATION FOR THE INDIVIDUAL.

§12–303.

(a) 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 the application fees set by the Board**[.]**; **AND**

(3) SUBMIT TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 12-302.1 OF THIS SUBTITLE.

§12–306.

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

(B) (1) ON RECEIPT OF THE CRIMINAL HISTORY RECORD INFORMATION OF AN APPLICANT FOR LICENSURE FORWARDED TO THE BOARD IN ACCORDANCE WITH § 12-302.1 OF THIS SUBTITLE, IN DETERMINING WHETHER TO GRANT A LICENSE, THE BOARD SHALL CONSIDER:

(I) THE AGE AT WHICH THE CRIME WAS COMMITTED;

(II) THE CIRCUMSTANCES SURROUNDING THE CRIME;

(III) THE LENGTH OF TIME THAT HAS PASSED SINCE THE CRIME;

(IV) SUBSEQUENT WORK HISTORY;

(V) EMPLOYMENT AND CHARACTER REFERENCES; AND

(VI) OTHER EVIDENCE THAT DEMONSTRATES WHETHER THE APPLICANT POSES A THREAT TO THE PUBLIC HEALTH OR SAFETY.

(2) THE BOARD MAY NOT ISSUE A LICENSE IF THE CRIMINAL HISTORY RECORD INFORMATION REQUIRED UNDER § 12-302.1 OF THIS SUBTITLE HAS NOT BEEN RECEIVED.

§12–308.

(D) BEGINNING JULY 1, 2027, THE BOARD SHALL BEGIN REQUIRING ALL LICENSEES WHO WERE INITIALLY LICENSED WITHOUT A CRIMINAL HISTORY RECORDS CHECK TO SUBMIT TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 12-302.1 OF THIS SUBTITLE ON RENEWAL AS SET FORTH IN REGULATIONS ADOPTED BY THE BOARD.

[(d)**]** **(E)** The Board shall renew the license of and issue a renewal certificate to each licensee who meets the requirements of this section.

§12–310.

(b) The Board shall reinstate the license of a pharmacist whose license has been expired for 2 years or more if the pharmacist:

(1) Meets the reinstatement requirements established by the Board in its rules or regulations; [and]

(2) Satisfies the requirements of subsection (a) of this section**[.]; AND**

(3) SUBMITS TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 12-302.1 OF THIS SUBTITLE.

§12–6B–02.1.

(A) IN THIS SECTION, "CENTRAL REPOSITORY" MEANS THE CRIMINAL JUSTICE INFORMATION SYSTEM CENTRAL REPOSITORY OF THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES.

(B) AN APPLICANT SHALL APPLY TO THE CENTRAL REPOSITORY FOR A STATE AND NATIONAL CRIMINAL HISTORY RECORDS CHECK.

(C) AS PART OF AN APPLICATION TO THE CENTRAL REPOSITORY FOR A STATE AND NATIONAL CRIMINAL HISTORY RECORDS CHECK, AN APPLICANT SHALL COMPLETE AND SUBMIT TO THE CENTRAL REPOSITORY:

(1) A COMPLETE SET OF LEGIBLE FINGERPRINTS TAKEN IN A FORMAT APPROVED BY THE DIRECTOR OF THE CENTRAL REPOSITORY AND THE DIRECTOR OF THE FEDERAL BUREAU OF INVESTIGATION;

(2) THE FEE AUTHORIZED UNDER § 10–221(B)(7) OF THE CRIMINAL PROCEDURE ARTICLE FOR ACCESS TO MARYLAND CRIMINAL HISTORY RECORDS; AND

(3) THE MANDATORY PROCESSING FEE REQUIRED BY THE FEDERAL BUREAU OF INVESTIGATION FOR A NATIONAL CRIMINAL HISTORY RECORDS CHECK.

(D) IN ACCORDANCE WITH §§ 10–201 THROUGH 10–229 OF THE CRIMINAL PROCEDURE ARTICLE, THE CENTRAL REPOSITORY SHALL FORWARD TO THE BOARD AND THE INDIVIDUAL THE INDIVIDUAL'S CRIMINAL HISTORY RECORD INFORMATION.

(E) INFORMATION OBTAINED FROM THE CENTRAL REPOSITORY UNDER THIS SECTION:

(1) IS CONFIDENTIAL;

(2) MAY NOT BE REDISSEMINATED; AND

(3) SHALL BE USED ONLY FOR THE LICENSING PURPOSE AUTHORIZED BY THIS TITLE.

(F) THE SUBJECT OF A CRIMINAL HISTORY RECORDS CHECK UNDER THIS SECTION MAY CONTEST THE CONTENTS OF THE CRIMINAL HISTORY RECORD INFORMATION ISSUED BY THE CENTRAL REPOSITORY AS PROVIDED IN § 10–223 OF THE CRIMINAL PROCEDURE ARTICLE.

(G) IF CRIMINAL HISTORY RECORD INFORMATION IS REPORTED TO THE CENTRAL REPOSITORY AFTER THE DATE OF THE INITIAL CRIMINAL HISTORY RECORDS CHECK, THE CENTRAL REPOSITORY SHALL PROVIDE TO THE BOARD AND THE INDIVIDUAL REVISED CRIMINAL HISTORY RECORD INFORMATION FOR THE INDIVIDUAL.

§12–6C–05.1.

(a) (1) In this subsection, "Central Repository" means the Criminal Justice Information System Central Repository of the Department of Public Safety and Correctional Services.

(2) This subsection applies to applicants located in the State.

(3) As part of an application to the Central Repository for a State and national criminal history records check, the designated representative and the immediate supervisor of the designated representative of an applicant shall submit to the Central Repository:

(i) Two complete sets of legible fingerprints taken on forms approved by the director of the Central Repository and the Director of the Federal Bureau of Investigation;

(ii) The fee authorized under § 10–221(b)(7) of the Criminal Procedure Article for access to State criminal history records; and

(iii) The processing fee required by the Federal Bureau of Investigation for a national criminal history records check.

(4) In accordance with §§ 10–201 through 10–228 of the Criminal Procedure Article, the Central Repository shall forward the criminal history records information of the designated representative and the immediate supervisor of the designated representative of an applicant to the Board and the applicant.

(5) The Board shall ensure that information obtained from the Central Repository under this subsection:

(i) Is kept confidential;

(ii) Is not redisseminated; and

(iii) Is used only for the permitting purpose authorized by this subtitle.

(6) The subject of a criminal history records check under this subsection may

contest the contents of the printed statement issued by the Central Repository as provided in § 10–223 of the Criminal Procedure Article.

(7) IF CRIMINAL HISTORY RECORD INFORMATION IS REPORTED TO THE CENTRAL REPOSITORY AFTER THE DATE OF THE INITIAL CRIMINAL HISTORY RECORDS CHECK, THE CENTRAL REPOSITORY SHALL PROVIDE TO THE BOARD AND THE INDIVIDUAL REVISED CRIMINAL HISTORY RECORD INFORMATION FOR THE INDIVIDUAL.

§12–6C–06.

(b) (1) Except as provided in paragraph (2) of this subsection, at least 1 month before a wholesale distributor permit expires, the Board shall send to the wholesale distributor permit holder a renewal notice by first–class mail to the last known address of the permit holder.

(2) If requested by a wholesale distributor permit holder, the Board shall send to the permit holder, at least two times within the month before a wholesale distributor permit expires, a renewal notice by electronic means to the last known electronic address of the permit holder.

(3) If a renewal notice sent by electronic means under paragraph (2) of this subsection is returned to the Board as undeliverable, the Board shall send to the wholesale distributor permit holder a renewal notice by first–class mail to the last known address of the permit holder.

(4) A renewal notice sent under this subsection shall state:

(i) The date on which the current wholesale distributor permit expires;

(ii) The date by which the renewal application must be received by the Board for the renewal to be issued and mailed before the current wholesale distributor permit expires; and

(iii) The amount of the renewal fee.

(5) Before a wholesale distributor permit expires, a wholesale distributor permit holder periodically may renew it for an additional 2–year term, if the wholesale distributor permit holder:

(i) Otherwise is entitled to a wholesale distributor permit;

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

(iii) Submits to the Board a renewal application on the form that the Board requires.

(6) (i) The renewal application form shall set forth the information that the wholesale distributor provided under § 12–6C–05 of this subtitle.

(ii) Within 30 days after receiving the form, the wholesale distributor shall identify and state under oath to the Board all changes or corrections to the information that was provided under § 12–6C–05 of this subtitle.

(7) The Board shall renew the wholesale distributor permit of a wholesale distributor permit holder who meets the requirements of this subtitle and any regulations adopted under this subtitle.

(8) IF A WHOLESALE DISTRIBUTOR IS LOCATED OUT OF THE STATE, THE DESIGNATED REPRESENTATIVE AND IMMEDIATE SUPERVISOR OF THE DESIGNATED REPRESENTATIVE OF THE PERMIT HOLDER SHALL SUBMIT TO A CRIMINAL BACKGROUND RECORDS CHECK IN ACCORDANCE WITH § 12-6C-05.1 OF THIS SUBTITLE BEFORE THE PERMIT MAY BE RENEWED.

[(8)**]** **(9)** The Board may deny, suspend, or revoke the permit of a wholesale distributor if the Board determines that the wholesale distributor no longer qualifies for a permit.

§12–6D–04.

(F) IF CRIMINAL HISTORY RECORD INFORMATION IS REPORTED TO THE CENTRAL REPOSITORY AFTER THE DATE OF THE INITIAL CRIMINAL HISTORY RECORDS CHECK, THE CENTRAL REPOSITORY SHALL PROVIDE TO THE BOARD AND THE INDIVIDUAL REVISED CRIMINAL HISTORY RECORD INFORMATION FOR THE INDIVIDUAL.

§13–302.1.

(G) IF CRIMINAL HISTORY RECORD INFORMATION IS REPORTED TO THE CENTRAL REPOSITORY AFTER THE DATE OF THE INITIAL CRIMINAL HISTORY RECORDS CHECK, THE CENTRAL REPOSITORY SHALL PROVIDE TO THE BOARD AND THE INDIVIDUAL REVISED CRIMINAL HISTORY RECORD INFORMATION FOR THE INDIVIDUAL.

§13–311.

(E) BEGINNING JULY 1, 2027, THE BOARD SHALL BEGIN REQUIRING ALL LICENSEES WHO WERE INITIALLY LICENSED WITHOUT A CRIMINAL HISTORY RECORDS CHECK TO SUBMIT TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 13-302.1 OF THIS SUBTITLE ON RENEWAL AS SET FORTH IN REGULATIONS ADOPTED BY THE BOARD.

[(e)**]** **(F)** The Board shall renew the license of each licensee who meets the requirements of this section.

§16–302.1.

(F) IF CRIMINAL HISTORY RECORD INFORMATION IS REPORTED TO THE CENTRAL

REPOSITORY AFTER THE DATE OF THE INITIAL CRIMINAL HISTORY RECORDS CHECK, THE CENTRAL REPOSITORY SHALL PROVIDE TO THE BOARD AND THE INDIVIDUAL REVISED CRIMINAL HISTORY RECORD INFORMATION FOR THE INDIVIDUAL.

§18–302.1.

(G) IF CRIMINAL HISTORY RECORD INFORMATION IS REPORTED TO THE CENTRAL REPOSITORY AFTER THE DATE OF THE INITIAL CRIMINAL HISTORY RECORDS CHECK, THE CENTRAL REPOSITORY SHALL PROVIDE TO THE BOARD AND THE INDIVIDUAL REVISED CRIMINAL HISTORY RECORD INFORMATION FOR THE INDIVIDUAL.

§18–309.

[(h) (1) (i) Beginning March 2019, the Board shall begin a process requiring criminal history records checks in accordance with § 18–302.1 of this subtitle on:

1. Selected annual renewal applicants as determined by regulations adopted by the Board; and

2. Each former licensee or registrant who files for reinstatement under § 18–310 of this subtitle after failing to renew the license or registration for a period of 1 year or more.

(ii) An additional criminal history records check shall be performed:

1. 6 years after a renewal applicant submitted to a criminal history records check under § 18–302(e) of this subtitle; and

2. Every 6 years after a renewal applicant was required to submit to a criminal history records check under subparagraph (i)1 of this paragraph.

(2) On receipt of the criminal history record information of a licensee forwarded to the Board in accordance with § 18–302.1 of this subtitle, in determining whether to renew a license or registration, the Board shall consider:

(i) The age at which the crime was committed;

(ii) The circumstances surrounding the crime;

(iii) The length of time that has passed since the crime;

(iv) Subsequent work history;

(v) Employment and character references; and

(vi) Other evidence that demonstrates whether the licensee poses a threat to the public health or safety.

(3) The Board may not renew a license or registration if the criminal history record information required under § 18–302.1 of this subtitle has not been received.]

§20–303.

(b) (1) As part of the application for a criminal history records check, the applicant shall submit to the Central Repository:

(i) A legible set of fingerprints taken in a format approved by the Director of the Central Repository and the Director of the Federal Bureau of Investigation;

(ii) The fee authorized under § 10–221(b)(7) of the Criminal Procedure Article for access to State criminal history records; and

(iii) The processing fee required by the Federal Bureau of Investigation for a national criminal history records check.

(2) In accordance with §§ 10–201 through 10–228 of the Criminal Procedure Article, the Central Repository shall forward to the applicant and the Board the applicant's criminal history records information.

(3) Information obtained from the Central Repository under this subsection:

(i) Is confidential and may not be redisseminated; and

(ii) May be used only for the certification purpose authorized by this subtitle.

(4) The subject of a criminal history records check under this subsection may contest the contents of the printed statement issued by the Central Repository as provided in § 10–223 of the Criminal Procedure Article.

(5) IF CRIMINAL HISTORY RECORD INFORMATION IS REPORTED TO THE CENTRAL REPOSITORY AFTER THE DATE OF THE INITIAL CRIMINAL HISTORY RECORDS CHECK, THE CENTRAL REPOSITORY SHALL PROVIDE TO THE BOARD AND THE INDIVIDUAL REVISED CRIMINAL HISTORY RECORD INFORMATION FOR THE INDIVIDUAL.

§21–201.

There is a State Board of Environmental Health Specialists in the Department.

§21–302.

To obtain a license, an applicant shall demonstrate to the satisfaction of the Board that the applicant:

(1) Is at least 18 years old;

(2) Is of good moral character;

(3) Has satisfied the education and experience requirements to qualify for examination under § 21–304 of this subtitle; and

(4) Except as otherwise provided in this title, has successfully passed an examination as required by the Board.

(5) HAS SUBMITTED TO A CRIMINAL HISTORY RECORDS CHECK IN ACCORDANCE WITH § 21-302.1 OF THIS SUBTITLE.

§21–302.1

(A) IN THIS SECTION, "CENTRAL REPOSITORY" MEANS THE CRIMINAL JUSTICE INFORMATION SYSTEM CENTRAL REPOSITORY OF THE DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES.

(B) AN APPLICANT SHALL APPLY TO THE CENTRAL REPOSITORY FOR A STATE AND NATIONAL CRIMINAL HISTORY RECORDS CHECK.

(C) AS PART OF AN APPLICATION TO THE CENTRAL REPOSITORY FOR A STATE AND NATIONAL CRIMINAL HISTORY RECORDS CHECK, AN APPLICANT SHALL COMPLETE AND SUBMIT TO THE CENTRAL REPOSITORY:

(1) A COMPLETE SET OF LEGIBLE FINGERPRINTS TAKEN IN A FORMAT APPROVED BY THE DIRECTOR OF THE CENTRAL REPOSITORY AND THE DIRECTOR OF THE FEDERAL BUREAU OF INVESTIGATION;

(2) THE FEE AUTHORIZED UNDER § 10–221(B)(7) OF THE CRIMINAL PROCEDURE ARTICLE FOR ACCESS TO MARYLAND CRIMINAL HISTORY RECORDS; AND

(3) THE MANDATORY PROCESSING FEE REQUIRED BY THE FEDERAL BUREAU OF INVESTIGATION FOR A NATIONAL CRIMINAL HISTORY RECORDS CHECK.

(D) IN ACCORDANCE WITH §§ 10–201 THROUGH 10–229 OF THE CRIMINAL PROCEDURE ARTICLE, THE CENTRAL REPOSITORY SHALL FORWARD TO THE BOARD AND THE INDIVIDUAL THE INDIVIDUAL'S CRIMINAL HISTORY RECORD INFORMATION.

(E) INFORMATION OBTAINED FROM THE CENTRAL REPOSITORY UNDER THIS SECTION:

(1) IS CONFIDENTIAL;

(2) MAY NOT BE REDISSEMINATED; AND

(3) SHALL BE USED ONLY FOR THE LICENSING PURPOSE AUTHORIZED BY THIS TITLE.

(F) THE SUBJECT OF A CRIMINAL HISTORY RECORDS CHECK UNDER THIS SECTION MAY CONTEST THE CONTENTS OF THE CRIMINAL HISTORY RECORD INFORMATION ISSUED BY THE CENTRAL REPOSITORY AS PROVIDED IN § 10–223 OF THE CRIMINAL PROCEDURE ARTICLE.

(G) IF CRIMINAL HISTORY RECORD INFORMATION IS REPORTED TO THE CENTRAL REPOSITORY AFTER THE DATE OF THE INITIAL CRIMINAL HISTORY RECORDS CHECK, THE CENTRAL REPOSITORY SHALL PROVIDE TO THE BOARD AND THE INDIVIDUAL REVISED CRIMINAL HISTORY RECORD INFORMATION FOR THE INDIVIDUAL.

§21–502.

Subject to the evaluation and reestablishment provisions of the Program Evaluation Act, the provisions of this title and of any rule or regulation adopted under this title shall terminate and be of no effect after July 1, **[**2027**]** **2032**.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June 1, 2026.

C

CPME 820

STANDARDS AND REQUIREMENTS FOR APPROVAL OF PODIATRIC FELLOWSHIPS

COUNCIL ON PODIATRIC MEDICAL EDUCATION

Adopted: April 22, 2023
Implementation Date: July 1, 2023

This publication describes the standards and requirements for approval of podiatric fellowship programs. The standards and requirements, along with the procedures for approval, serve as the basis for evaluating the quality of the educational program offered by a sponsoring institution and holding the institution and program accountable to the educational community, podiatric medical profession, and the public.

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INTRODUCTION

The profession of podiatric medicine is the only independent practice profession that dedicates itself to the foot and ankle. The ever-increasing body of medical knowledge necessitates the development of fellowships to facilitate the ability of highly trained professionals to continue the search for innovative and improved methods to prevent disease, promote health, and more effectively manage foot and ankle pathology.

The Council on Podiatric Medical Education (CPME/Council) is an autonomous, professional accrediting agency designated by the American Podiatric Medical Association (APMA) to serve as the accrediting agency in the profession of podiatric medicine. The Council evaluates, accredits, and approves educational institutions and programs. The scope of the Council's approval activities extends to institutions throughout the United States and its territories and Canada.

The mission of the Council is to promote the quality of graduate education, postgraduate education, certification, and continuing education. By confirming these programs meet established standards and requirements, the Council serves to protect the public, podiatric medical students, and doctors of podiatric medicine.

A podiatric fellowship is an educational program that provides advanced knowledge, experience, and training in a specific content area in podiatric medicine and surgery. Fellowships, by nature of their specific content concentration, seek to add to the body of knowledge through research and other collaborative scholarly activities.

Following four years of professional education, podiatric medical graduates complete a Council-approved residency program. Residencies afford these individuals structured learning experiences in patient management along with training in the diagnosis and care of podiatric pathology. Podiatric fellowship education is a component in the continuum of the educational process, and as such occurs after completion of an approved residency.

The Council has been authorized by the APMA to approve institutions that sponsor fellowship programs that demonstrate and maintain compliance with the standards and requirements in this publication. Podiatric fellowship approval is based on programmatic evaluation and periodic review by the Residency Review Committee (RRC) and the Council. As delegated by the Council, the RRC shall be responsible for determining eligibility of applicant institutions for an initial on-site evaluation of a fellowship, authorization of requests for additional fellowship positions, and recommending to the Council approval of fellowship programs

Standards and requirements in this publication are divided into institutional standards and requirements and program standards and requirements. Under no circumstances may the standards and requirements for approval by the Council supersede federal or state law.

Prior to adoption, all Council policies, procedures, standards, and requirements are disseminated widely in order to obtain information regarding how the Council's community of interest may be affected.

The Council formulates and adopts its own approval procedures. These procedures are stated in CPME 830, *Procedures for Approval of Podiatric Fellowships*. This document, as well as CPME 820, may be obtained on the Council's website at www.cpme.org or by contacting the Council office.

ABOUT THIS DOCUMENT

This publication describes the standards and requirements for approval of podiatric fellowship programs. The standards and requirements, along with the procedures for approval, serve as the basis for evaluating the quality of the educational program offered by a sponsoring institution and holding the institution and program accountable to the educational community, podiatric medical profession, and the public.

The **standards** for approval of fellowship programs serve to assess the overall quality of education provided by the program. These standards are broad statements that embrace areas of expected performance on the part of the sponsoring institution and the fellowship program. Compliance with the standards ensures the fellow has developed increased knowledge in the field of podiatric medicine and surgery and thus enables the Council to grant or extend approval.

Related to each standard is a series of specific **requirements**. Compliance with the requirements provides an indication of whether the broader educational standard has been satisfied. During an on-site evaluation of a fellowship program, the evaluation team gathers detailed information about whether these requirements have been satisfied. Based upon the extent to which the requirements have been satisfied, the Council determines the compliance of the sponsoring institution and the fellowship program with each standard.

- The verb "shall" is used to indicate conditions that are imperative to demonstrate compliance.

The **guidelines** are explanatory materials for the requirements. Guidelines are used to indicate how the requirements either must be interpreted or may be interpreted to allow for flexibility yet remain within a consistent framework. The following terms are used within the guidelines:

- The verbs "must" and "is" indicate how a requirement is to be interpreted. The approval status of a fellowship program is at risk if noncompliance with a "must" or an "is" is identified.

- The verb "should" indicates a recommended, but not mandatory, condition.

- The verb "may" is used to express freedom or liberty to follow an alternative.

Throughout this publication, the use of the terms "institution" and "program" is premised on the idea that the program exists within and is sponsored by an institution.

The words "college" and "school" are used interchangeably throughout this document.

STANDARDS FOR APPROVAL OF PODIATRIC FELLOWSHIP PROGRAMS

Standards 1.0 - 7.0 pertain to all fellowship programs for which initial or continuing approval is sought. These standards encompass essential elements in fellowship programs including sponsorship, administration, program development, and assessment.

INSTITUTIONAL STANDARDS:

1.0 ***The sponsorship of a podiatric fellowship program is under the specific administrative responsibility of a health-care institution that develops, implements, and monitors the fellowship program.***

2.0 ***The sponsoring institution ensures the availability of appropriate facilities and resources for fellowship training.***

3.0 ***The sponsoring institution formulates, publishes, and implements policies affecting the fellow.***

4.0 ***The sponsoring institution reports to the Council on Podiatric Medical Education regarding the conduct of the fellowship program in a timely manner and at least annually.***

PROGRAM STANDARDS:

5.0 ***The fellowship program has a well-defined administrative organization with clear lines of authority and a qualified faculty.***

6.0 ***The fellowship program has appropriate competencies that are comprehensive in addressing the body of scientific knowledge underlying the fellowship and from which a curriculum of at least 12 months duration is derived and implemented. Curricular components of the program demonstrate consistency with the competencies to impart specific knowledge and values and develop specific skills to produce highly trained professionals to continue the search for innovative and improved methods to prevent disease, promote health, and more effectively manage foot and ankle pathology.***

7.0 ***The fellowship program conducts appropriate assessment, performance improvement, and self-assessment processes.***

INSTITUTIONAL STANDARDS AND REQUIREMENTS

1.0 The sponsorship of a podiatric fellowship program is under the specific administrative responsibility of a health-care institution(s) that develops, implements and monitors the fellowship program.

1.1 The sponsor shall be a hospital, academic health center, or CPME-accredited college of podiatric medicine. Hospital facilities shall be provided under the auspices of the sponsoring institution or through an affiliation with an accredited institution(s) where the affiliation is specific to fellowship training. A surgery center or private practice may co-sponsor a fellowship with a hospital, an academic health center, or a CPME-accredited college of podiatric medicine but cannot be the sole sponsor of the program.

Institutions that co-sponsor a fellowship must define their relationship to each other to delineate the extent to which financial, administrative, and teaching resources are to be shared. The document defining the relationship between the co-sponsoring institutions and the fellow contracts must describe arrangements established for the fellowship program and the fellow in the event of dissolution of the co-sponsorship.

1.2 The sponsor or, in the case of a co-sponsorship, one of the sponsors, shall be accredited by the Joint Commission, the American Osteopathic Association, or a health-care agency approved by the Centers for Medicare and Medicaid Services. A sponsoring college of podiatric medicine shall be accredited by the Council on Podiatric Medical Education.

1.3 The sponsoring institution shall formalize all arrangements with affiliated institutions and/or facilities by means of written agreements that clearly define the roles and responsibilities of each institution and/or facility involved.

When training is provided at a secondary institution or facility, the participating institutions must indicate their respective training commitments through a memorandum of understanding or contract that is reaffirmed at least once every 10 years. This document must:

- acknowledge the affiliation and delineate financial arrangements, liability coverage, and educational contributions of each training site;
- be signed and dated by the chief administrative officer, designated institutional official (DIO), or designee, of each participating institution or facility;
- include an effective date, and

- be forwarded to the program director.

If the program director does not participate actively at the affiliated institution or facility, or if a significant portion of the program is conducted at the affiliated institution or facility, a site coordinator must be designated formally to ensure appropriate conduct of the program at this training site. The site coordinator must hold a staff appointment at the affiliated site and be a faculty member involved actively in the program at the affiliated institution or facility. Written confirmation of this appointment, either within the affiliation agreement or in a separate document, must include the signatures of the program director and the site coordinator.

Fellows must not participate in training at sites until the affiliate agreements are fully executed.

The expected daily commute to each sponsoring and affiliated training site must not have a detrimental effect upon the educational experience of the fellow.

Intent and Background: *Agreements are meant to ensure that fellows are protected with professional and general liability insurance. Institutions owned by the same corporate entity as the sponsoring institution may need affiliation agreements if they function independently.*

2.0 The sponsoring institution ensures the availability of appropriate facilities and resources for fellowship training.

2.1 The sponsoring institution shall ensure that the physical facilities, equipment, and resources of the primary and affiliated training site(s) are sufficient to permit achievement of the stated competencies of the fellowship program.

The physical plant must be properly equipped to provide an environment conducive to teaching, learning, and providing patient care. Adequate patient treatment areas, adequate training resources, and a health information management system must be available for fellowship training.

The sponsoring institution must be in operation for at least 12 months before submitting an application for approval to assure that sufficient resources are available for the fellowship program. The institution must have an active podiatric service for at least 12 months prior to submitting an application for approval.

2.2 The sponsoring institution shall afford the fellow ready access to adequate educational resources, including a diverse collection of current podiatric and non-podiatric medical and other pertinent reference resources (i.e., journals and digital materials/instructional media).

Educational resources should be within close geographic proximity to the institution(s) at which the fellow is afforded training. Educational resources must include the electronic retrieval of information from medical databases that are readily available, at no cost, to the fellow.

2.3 The sponsoring institution shall afford the fellow ready access to adequate information technologies and resources.

Computer hardware, software, and related resources must be readily available and utilized to further the fellow's training.

2.4 The sponsoring institution shall afford the fellow ready access to adequate office and study spaces at the institution(s) in which fellowship training is primarily conducted.

2.5 The sponsoring institution shall provide adequate support staff to ensure efficient administration of the fellowship program.

The institution must ensure that neither the program director nor the fellow assumes the responsibility of clerical personnel. The institution must ensure that the fellow does not assume the responsibilities of ancillary staff.

3.0 The sponsoring institution formulates, publishes, and implements policies affecting the fellow.

3.1 The sponsoring institution shall utilize a fellowship selection committee to interview and select prospective fellow(s). The committee shall include the program director and individuals who are active in the fellowship program.

3.2 The sponsoring institution shall develop and make public recruitment, selection, and retention criteria and procedures that assure nondiscriminatory treatment of all applicants.

The sponsoring institution must make available to the prospective fellow information describing the selection process and conditions of appointment established for the program. The sponsoring institution must make the fellowship curriculum available to the prospective fellow.

3.3 The sponsoring institution shall conduct its process of interviewing and selecting fellows equitably and in an ethical manner. The sponsoring institution shall inform the prospective fellow in writing of the selection process and conditions of appointment established for the program. An institution that sponsors more than one fellowship program shall inform the

prospective fellow(s) of the selection process established for each program.

The sponsoring institution must make a written copy of the fellowship curriculum available to the prospective fellow.

3.4 Application fees, if required, shall be paid to the sponsoring institution and shall be used only to recover costs associated with processing the application and conducting the interview process.

The sponsoring institution must publish its policies regarding application fees (i.e., amount, due date, uses, and refunds).

3.5 The sponsoring institution shall inform all applicants as to the completeness of the application as well as the final disposition of the application (acceptance or denial).

3.6 The sponsoring institution shall accept only graduates of residency programs approved by the Council on Podiatric Medical Education who demonstrate the levels of knowledge, skills, and attitudes requisite for advanced training.

3.7 The sponsoring institution shall ensure that the fellow is compensated equitably with and is afforded the same benefits, rights, and privileges as other fellows at the institution. The institution shall provide the following benefits:

a. Health insurance benefits

The sponsoring institution must provide health insurance for the fellow for the duration of the training program. The fellow's health insurance must be at least equivalent to that afforded other professional employees at the sponsoring institution.

b. Professional, family, and sick leave benefits

The fellow's leave benefits must be at least equivalent to those afforded other professional employees at the sponsoring institution.

c. Leave of absence

The sponsoring institution must establish a policy pertaining to leave of absence or other interruption of the fellow's designated training period. In accordance with applicable laws, the policy must address continuation of pay and benefits and the effect of the leave of absence on meeting the requirements for completion of the fellowship program.

d. Professional liability insurance coverage

The sponsoring institution must provide professional liability insurance for the fellow that is effective when training commences and continues for the duration of the training program. This insurance must cover all rotations at all training sites and must provide protection against awards from claims reported or filed after the completion of training if the alleged acts or omissions of the fellow were within the scope of the fellowship program. The sponsoring institution must provide the fellow with proof of coverage upon request.

e. Other benefits, if provided (e.g., meals, uniforms, vacation policy, housing provisions, payment of dues for membership in national, state, and local professional organizations, and disability insurance benefits)

If the sponsoring institution does not offer other fellowship programs, then the fellow must be compensated equitably with other fellows in the geographic area.

The sponsoring institution should disclose annually to the program director the current amounts of direct and indirect graduate medical education reimbursement received by the sponsoring institution.

3.8 The sponsoring institution shall provide the fellow a written contract or letter of appointment. The contract or letter shall be signed and dated by the chief administrative officer of the institution or designated institutional officer (DIO) and the fellow.

The contract or letter must state the following:

a. The amount of the fellow stipend

b. Duration of the agreement

c. Benefits provided

When a letter of appointment is utilized, a written confirmation of acceptance must be executed by the prospective fellow and forwarded to the chief administrative officer or designated institutional official (DIO).

The contract or letter of appointment must be forwarded to the program director.

The stipend offered by the institution is determined as an annual salary. The amount of fellow compensation must not be contingent on the productivity of the individual fellow.

In the case of a co-sponsored program, the contract or letter of appointment must be signed and dated by the chief administrative officer or designated institutional

official (DIO) of each co-sponsoring institution and the fellow.

For programs in which fellows sign contracts with multiple institutions, a letter of understanding between those institutions must be in place, identifying the program director as the final authority to oversee fellow training at all sites.

3.9 The sponsoring institution shall ensure that the fellow is not required to sign a non-competition guarantee or restrictive covenant with the institution or any of its affiliated training sites upon graduation.

3.10 The sponsoring institution shall compile the following components into a fellowship manual (in either written or electronic format) that is distributed to and acknowledged in writing by the fellow at the beginning of the program and following any revisions. The manual shall include, but not be limited to, the following:

a. The mechanism of appeal

The sponsoring institution must establish a written mechanism of appeal that ensures due process for the fellow and the sponsoring institution should there be a dispute between the parties. Any individual possessing a conflict of interest related to the dispute, including the program director, must be excluded from all levels of the appeal process.

b. Performance improvement methods established to address instances of unsatisfactory fellow performance.

The sponsoring institution must establish and delineate performance improvement methods to address instances of unsatisfactory fellow performance (academic and/or attitudinal) and identify the time frame allowed for improvement. Performance improvement methods may include, but not be limited to, requiring that the fellow repeat particular training experiences, spend additional hours in a clinic, or complete additional assigned reading to facilitate achievement of the stated competencies of the curriculum. Performance improvement methods should be completed no later than three months beyond the normal length of the fellowship program.

c. Fellow clinical and educational work hours

d. The rules and regulations for the conduct of the fellow

e. Transition of care

Programs, in partnership with their sponsoring institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.

f. Curriculum, including competencies and assessment documents specific to each rotation.

> ***Intent and Background***: *Assessment documents and competencies must correlate. They may be included in a single document.*

g. Training schedule (refer to requirement 6.8)

h. Schedule of didactic activities and critical analysis of scientific literature (refer to requirements 6.9 and 6.10)

i. Policies and programs that encourage optimal fellow well-being (refer to requirement 3.13)

j. CPME 820 and CPME 830 documents

These documents may be provided within the manual or may be provided as links to CPME's website (cpme.org/cpme820 and cpme.org/cpme830).

3.11 The sponsoring institution shall provide the fellow a certificate verifying satisfactory completion of training requirements. The certificate shall specify the type of fellowship afforded the fellow.

The certificate must indicate that the fellowship program is approved by the Council on Podiatric Medical Education. The sponsoring institution may identify on the certificate any other institution(s) that have contributed significantly to the training of the fellow.

The certificate must include the following:

- The type/name of fellowship afforded the fellow
- The statement "Approved by the Council on Podiatric Medical Education"
- At a minimum, the certificate must be signed by the fellowship program director and the chief administrative officer or designated institutional official. In the case of a co-sponsored program, the certificate must be signed by the chief administrative officer or designated institutional official of each co-sponsoring institution and the program director.
- Date of completion

3.12 The sponsoring institution shall ensure that the fellowship program is established and conducted in an ethical manner.

The fellowship must focus upon the educational development of the fellow rather than on service responsibility to individual faculty members.

Programs, in partnership with their sponsoring institution and affiliates, must provide a professional, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of trainees, faculty, and staff.

The sponsoring institution must publish a mechanism for the resolution of allegations of discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of trainees, faculty, and staff from program candidates and fellows. The mechanism must ensure due process to all individuals involved. The sponsoring institution must ensure that the mechanism is distributed to and acknowledged in writing by the fellow prior to the start of the training year.

3.13 The sponsoring institution shall ensure that policies and programs are in place that encourage optimal fellow well-being.

The institution must provide fellows the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during working hours.

The institution must provide education and resources that support faculty members and fellows in identifying in themselves, or others, the risk factors of developing or demonstrating symptoms of fatigue, burnout, depression, and substance abuse or displaying signs of suicidal ideation or potential for violence.

The institution must provide access to confidential and affordable mental health care, necessary for either acute or ongoing mental health issues.

The institution must support the physical and mental well-being of the fellow without fear of retaliation.

4.0 The sponsoring institution reports to the Council on Podiatric Medical Education regarding the conduct of the fellowship program in a timely manner and at least annually.

4.1 The sponsoring institution shall report annually to the Council office on institutional data, fellows completing training, fellows selected for training, changes in the curriculum, and other information that may be requested by the Council and/or the RRC.

4.2 The sponsoring institution shall inform the Council in writing within 30 calendar days of substantive changes in the program.

The sponsoring institution must inform the Council of changes in areas including, but not limited to, the following:

- Change in sponsorship
- Change in chief administrative officer, DIO, or designee
- Resignation or termination of program director, and or appointment of a new program director
- Fellow resignation, termination, or transfer
- Delay in fellow starting date
- Fellow extended leave of absence
- Fellow extension of training

Intent and Background: *The Council must be informed of these changes to ensure continuity of communication with the institution and program director. Information related to the fellow is needed for future verification of training.*

4.3 The sponsoring institution shall provide the Council office copies of its correspondence to current and prospective fellows if the following occurs: denial of eligibility for initial on-site evaluation, probation, withholding of provisional approval, withdrawal of approval, denial of an increase in positions, or voluntary termination of the program.

The institution must submit either the fellow's written acknowledgment of the status of the program or verifiable documentation of fellow receipt of the institution's letter. These materials must be submitted as part of the progress report that is due to CPME at a date identified by the RRC.

PROGRAM STANDARDS AND REQUIREMENTS

5.0 The fellowship program has a well-defined administrative organization with clear lines of authority and a qualified faculty.

5.1 The sponsoring institution shall designate one podiatric physician as fellowship program director to serve as administrator of the fellowship program. The program director shall be provided with the proper authority by the sponsoring institution to fulfill the responsibilities required of the position.

Because of the potential of creating confusion in the leadership and direction of the program, co-directorship is specifically prohibited; however, the program director may appoint an assistant director to assist in administration of the fellowship. A fellowship training committee may also be established to assist the program director in the administration of the fellowship.

The sponsoring institution should provide compensation to the program director.

5.2 The program director shall possess appropriate clinical, administrative, and teaching qualifications for implementing the program and achieving stated competencies.

The program director (appointed after July 1, 2023) must be certified by at least one board recognized by the Specialty Board Recognition Committee and must have a minimum of three years post-residency clinical experience.

In certain circumstances, the sponsoring institution may, with approval by the RRC/Chair, appoint an interim fellowship director who does not meet the stated requirements. Institutions must specify the anticipated length of time the interim director will serve, and this appointment may be subject to continued approval by the RRC.

Intent and Background: *Leading a program requires knowledge and skills that are established during residency and subsequently further developed. The time period from completion of residency until assuming the role of program director allows the individual to cultivate leadership abilities while becoming professionally established. The three-year period is intended for the individual's professional maturation.*

5.3 The program director shall be responsible for the administration of the fellowship in all participating institutions. The program director shall be able to devote sufficient time to fulfill the responsibilities required of the position. When a program trains more than one fellow, the program director shall ensure that fellows receive equitable training experiences.

The director is responsible for maintenance of records related to the educational program; communication with the RRC and Council; scheduling of training experiences; instruction, supervision, and assessment of the fellow; periodic review and revision of curriculum content; and program self-assessment.

The program director ensures fellow participation in educational experiences and didactic experiences (e.g., lectures, journal club, conferences, and seminars).

5.4 The program director shall participate at least annually in faculty development activities (i.e., administrative, organizational, teaching, and/or research skills for postgraduate training programs).

The faculty development activities should be approved as continuing education programs by CPME, the institution's GME office, or another appropriate agency.

5.5 The fellowship program shall have a sufficient complement of podiatric and non-podiatric medical faculty to implement program objectives and to supervise and evaluate the fellow.

The complement of faculty should relate to the number of fellows, institutional type and size, organization, and capabilities of the services through which the fellow rotates, and training experiences offered outside the sponsoring institution.

5.6 Podiatric and non-podiatric medical faculty members shall be qualified by education, training, experience, and current clinical competence in the subject matter for which they are responsible.

Faculty members should participate in faculty development activities to improve teaching, research, and assessment of skills.

5.7 Faculty members with the majority of responsibility for teaching the fellow shall be fully aware of program competencies and shall be willing to contribute the necessary time and effort to the program.

Faculty members take an active role in the presentation of seminars, lectures, conferences, journal clubs, and other didactic activities. Faculty members supervise and evaluate the fellow in clinical sessions and assume responsibility for the quality of care provided by the fellow during the clinical sessions that they supervise. Faculty members also discuss patient evaluation, treatment planning,

patient management, complications, and outcomes of all cases with the fellow and review records of patients assigned to the fellow to ensure the accuracy and completeness of these records.

6.0 The fellowship program has appropriate competencies that are comprehensive in addressing the body of scientific knowledge underlying the fellowship and from which a curriculum of at least 12 months duration is derived and implemented. Curricular components of the program demonstrate consistency with the stated competencies to impart specific knowledge and values and develop specific skills to produce highly trained professionals to continue the search for innovative and improved methods to prevent disease, promote health, and more effectively manage foot and ankle pathology.

6.1 The fellowship program shall provide advanced education to allow the fellow to acquire special expertise related to the field of podiatric medicine and surgery, and scholarly activities beyond the level of training in the applicable approved prerequisite podiatric residency program.

Fellowship education consists of academic and/or technical components. The academic component must emphasize a scholarly approach to clinical problem solving, self-directed study, development of analytic skills and surgical/treatment judgment, and research. The technical component ensures the ability of the fellow to perform skillfully the procedures and/or treatment plans required by the program.

6.2 When podiatric residents and fellows are being educated in the same institution, the fellowship and residency curricula shall not adversely affect each other.

If the institution appoints different individuals to the positions, the residency director and the fellowship director must jointly prepare a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in developing analytic skills and surgical/medical treatment judgment. The fellow should act as a junior attending, providing medical and surgical advice and enhancing the educational training of residents.

6.3 The curriculum of the fellowship shall be developed in conjunction with appropriate individuals involved in the training program.

In developing the curriculum, the program director consults with service chiefs/ instructors to determine realistic objectives for each podiatric and non-podiatric medical educational experience. Members of the administrative staff and the office of medical education of the sponsoring institution may be involved in the

development of competencies.

6.4 The program shall have a clearly stated curriculum that is appropriate for the fellowship and consistent with the expectations of the profession and the public.

The curriculum provides the direction and philosophy for the program. The curriculum defines the end results or outcomes to be achieved based on available resources and taken collectively, constitutes a realistic overall mission for the fellowship, consistent with the expectations of the profession and the public. The curriculum is distinct from the competencies. A clear curriculum provides a basis for the development of competencies for all aspects of the program.

6.5 The program shall have clearly stated competencies that are appropriate for educational experiences provided in the fellowship. Competencies shall be statements that describe the knowledge, skills, and attitudes that the fellow is expected to acquire during training.

Competencies are short-term conditions to be achieved within a given period of time and provide measurable evidence of progress toward the achievement of the goals of the program. Competencies are brief statements of accomplishments expected to be realized and attained by the fellow in the various educational experiences through departments and services of the sponsoring institution and through other affiliated facilities. Competencies reflect resources available for fellowship training at the sponsoring institution and affiliated institutions.

A prescribed set of clinical and/or didactic learning activities or tasks should accompany each objective to facilitate achievement of that objective by the fellow.

6.6 The curriculum and competencies shall focus upon the educational development of the fellow and shall not place undue emphasis on service responsibility to individual faculty members.

6.7 The curriculum and competencies of the fellowship shall be distributed at the beginning of the training year to all individuals involved in the training program including fellows, teaching staff, and administrative staff.

Prospective fellows are afforded the opportunity to review the curriculum and competencies of the program.

6.8 The program shall establish and publish at the beginning of the training year a formal schedule of educational experiences to be afforded the fellow.

The formal schedule reflects the experiences provided the fellow at all training

sites. The schedule is reviewed and modified as needed to ensure an appropriate sequencing of training experiences for the fellow consistent with the curriculum. Unless extenuating circumstances are present, the training period should be continuous and uninterrupted.

6.9 Didactic activities that complement and supplement the curriculum shall be available at least weekly.

Fellows must be afforded time for didactic activities. Didactic activities must be provided in a variety of formats. These formats may include lectures, clinical pathology conferences, morbidity and mortality conferences, cadaver dissections, tumor conferences, continuing education activities, journal club, instructional media, and structured independent study.

Informal lectures and teaching rounds should be provided to complement the formal didactic program.

6.10 A journal club shall be organized for the purpose of ensuring the fellow can interpret research studies. The activities shall include participation of the faculty and the fellow and be conducted at least monthly.

6.11 The fellow shall be afforded opportunity to participate in research or other scholarly activities, and the fellow shall participate in such scholarly activities.

The fellow must participate in basic and/or clinical hypothesis-based research. The fellow must learn to design, implement, and interpret research studies under supervision by qualified faculty. The fellow must be afforded the time and facilities for research activities.

6.12 The sponsoring institution shall require that the fellow maintains an activity log appropriate for the type of fellowship. The log shall be submitted at least quarterly to the program director for review, evaluation, and verification. The activity log shall document the fellow's educational experiences.

The activity log may include information regarding didactic experiences including lectures, journal club, research seminars, clinical experiences, patient interactions, interesting clinical observations, pathologies, emergency room activity, and/or surgical procedures.

An electronic or web-based log system may be utilized. The system must be approved and accessible for review by the RRC. The system must be able to categorize and summarize didactic, scholarly, and clinical activities.

7.0 The fellowship program conducts appropriate assessment, performance improvement, and self-assessment processes.

7.1 Upon completion of each training experience (e.g., clinical education, research project), the fellow shall be evaluated in writing by the instructor responsible for providing training. An assessment form shall be used to document attainment of the stated competencies of each educational experience and completion of the research project. Evaluation of the fellow's performance in ongoing experiences shall be conducted at least quarterly.

The written evaluation also may include assessment of the fellow in areas such as communication skills, professional behavior, attitudes, and initiative. Intermittent evaluation is encouraged during all educational experiences. Information from patients and/or peers having direct contact with the fellow may contribute to the assessments.

The assessments must be written or completed in an electronic format. The assessment instrument must indicate the dates covered and must be validated by the faculty member, the fellow, and the program director. The instrument may include assessment of the fellow in areas such as communication skills, professional behavior, attitudes, and initiative. The timing of the assessment for each educational experience must allow sufficient opportunity for performance improvement.

7.2 The program director, faculty, and fellow(s) shall conduct an annual self-assessment of the program's resources and curriculum. Information resulting from this annual review shall be used in improving the program.

The review must include assessment of the program's compliance with the Council's current standards and requirements, the fellow's formal assessment of the program, and the director's formal assessment of the faculty.

The review should assess the relationship between the fellowship and any podiatric residency program conducted at the sponsoring institution in order to assure the integrity of each. The review must determine the extent to which the competencies are being achieved, whether all those involved understand the competencies, and whether resources need to be enhanced, modified, or reallocated to assure that the competencies can be achieved. The review also must determine the extent to which didactic activities complement and supplement the curriculum.

Upon completion of each educational experience, the fellow should provide the program director a written assessment of the experience. Upon completion of fellowship training, the fellow should meet with the program director to evaluate the training program as a whole. The fellow's assessment should include

comments regarding patient diversity and volume, quality of teaching, clinical, and research supervision, level of participation in patient care, whether appropriate feedback was provided by faculty members, and overall impression of the educational experience.

The fellow's assessment may be utilized to assess and improve the effectiveness of the program in areas such as appropriateness of competencies, strengths and weaknesses of the program, coordination of didactic and clinical experiences, and effectiveness of the podiatric and non-podiatric medical faculty.

To enhance the effectiveness of the review process, the program director should ensure that appropriate individuals are involved. The review process should include the service chiefs/instructors responsible for providing educational experiences, the fellowship training committee, and the fellow. The results of fellow assessment should be used to determine the appropriateness of program competencies in view of training experiences provided.

The program director should share the assessment with the faculty, administration, and fellowship training committee.

The review should be based on an assessment of the program's compliance with the Council's standards and requirements. The assessment also should include review of measures of program outcomes such as success of previous fellows in private practice and teaching environments, podiatric administrative activities, faculty appointments, attainment of board certification, state licensure, hospital appointments, and publications.

GLOSSARY

The Council strongly encourages sponsoring institutions and program directors to become familiar with the following definitions to ensure complete understanding of this publication.

Academic Health Center

An academic health center is the entire health enterprise at a university including health professions, education, patient care, and research. An academic health center consists of a medical school accredited by the Liaison Committee on Medical Education or the American Osteopathic Association, one or more health profession schools or programs (such as podiatric medicine, dentistry, allied health, nursing, pharmacy, public health, graduate studies, or veterinary medicine), and one or more owned and affiliated teaching hospitals or health systems.

Accreditation

Accreditation is the recognition of institutional or program compliance with standards established by the Council on Podiatric Medical Education, based on evaluation of the institution's own stated objectives. Accreditation is a voluntary process of peer review. The Council is responsible for accrediting colleges of podiatric medicine related to the four-year curriculum leading to the degree of Doctor of Podiatric Medicine.

Affiliated Training Site

An affiliated training site is an institution or facility that provides a rotation(s) for fellows. Examples of sites include: a college of podiatric medicine, a teaching hospital including its ambulatory clinics and related facilities, a private medical practice or group practice, a skilled nursing facility, a federally qualified health center, a public health agency, an organized health-care delivery system, an outpatient surgery center, or a health maintenance organization (clinical facility).

American Board of Foot and Ankle Surgery (ABFAS)

ABFAS is the specialty board currently recognized by the Council on Podiatric Medical Education's Specialty Board Recognition Committee (SBRC) to certify in the specialty area of podiatric surgery. ABFAS maintains two certification pathways: foot surgery and reconstructive rearfoot/ankle surgery. The foot surgery status is a prerequisite for the reconstructive rearfoot/ankle status.

American Board of Podiatric Medicine (ABPM)

ABPM is the specialty board currently recognized by the Council on Podiatric Medical Education's Specialty Board Recognition Committee to certify in the specialty area of podiatric medicine and orthopedics. ABPM maintains one certification pathway leading to certification in podiatric orthopedics and primary podiatric medicine.

Ancillary staff

Non-physicians, including but not limited to, nurses, podiatric medical assistants, operating room technicians, and laboratory technicians.

Approval

Approval is the recognition of a podiatric residency program, podiatric fellowship program, or sponsor of continuing education that has attained compliance with standards established by the Council on Podiatric Medical Education. Approval is a program-specific form of accreditation.

Certification

Certification is a process to provide assurance to the public that a podiatric physician has successfully completed an approved residency and an evaluation, including an examination process designed to assess the knowledge, experience, and skills requisite to the provision of high-quality care in a particular specialty.

Designated Institutional Official (DIO)

The individual with the authority or responsibility for oversight and administration of the graduate medical education program at the institution.

Due Process

Due process is a defined procedure established by the sponsoring institution that is utilized whenever any adverse action is proposed or taken against a resident. All parties in a fellowship program are protected when there is a written and disseminated due process policy in place.

Faculty

Faculty refers to the entire teaching force responsible for educating fellows. The term faculty does not imply or require an academic appointment or salary support.

Health-care System

A health-care system is a group of hospitals or facilities that work together to deliver services to their communities.

Hospital

A hospital is an institution that provides diagnosis and treatment of a variety of medical conditions in inpatient and outpatient settings. The institution may provide training in the many special professional, technical, and economic fields essential to the discharge of its proper functions.

Podiatric Medicine and Surgery

Podiatric medicine and surgery is the profession and medical specialty that includes the study, prevention, and treatment of diseases, disorders, and injuries of the foot, ankle, and their governing and related structures by medical, surgical, and physical methods.

Residency

A residency is a postgraduate educational program conducted under the sponsorship of a hospital, college of podiatric medicine, or academic health center. The purpose of a residency is to further develop the competencies of graduates of colleges of podiatric medicine through clinical and didactic experiences.

A residency program is based on the resource-based, competency-driven, assessment-validated model of training.

Residency Review Committee (RRC)

RRC is responsible for determining eligibility of applicant institutions for initial and subsequent on-site evaluation and recommending to the Council approval of residency and fellowship programs. RRC reviews reports of on-site evaluations, progress reports, and other requested information submitted by sponsoring institutions. RRC may modify its own policies and/or

recommend to the appropriate ad hoc committee modifications in standards, requirements, and procedures for residency and fellowship program evaluation and approval.

The composition of the RRC shall include two representatives from each specialty area in which specialty residency training occurs to be recommended by the boards, two representatives from the AACPM Council of Teaching Hospitals (hereinafter referred to as "COTH") to be recommended by AACPM, two representatives from residency programs at large to be selected by the Council, and at least two Council members. The specialty organizations and COTH each shall be requested to provide a list of names from which the Council chair shall select an appointee for the Committee. If the chair does not identify a suitable appointee, then the Council may request a second list of names. The members of the Committee are appointed by the Council chair and confirmed by the Council.

Although RRC is the joint responsibility of various organizations, the Council and its staff administer the affairs of RRC. Appropriate agreements and financial compensation are arranged among the participating organizations for the administration of RRC.

Sponsoring Institution

A sponsoring institution is an entity that oversees, supports, and administers the fellowship. A governing body (which can be a person or a group) has ultimate authority over and responsibility for graduate medical education (GME) in a sponsoring institution. A designated institutional official (DIO) collaborates with the GME office and/or committee to ensure the sponsoring institution's and the fellowship's substantial compliance with CPME 820, Standards and Requirements for Approval of Podiatric Fellowships, and CPME 830, Procedures for Approval of Podiatric Fellowships.

Training Resources

Training resources are the physical facilities, faculty, patient population, and adjunct support that allow the achievement of specific competencies (knowledge, attitudes, and skills) by a fellow exposed to those resources. Training resources are represented generally by the various medical and surgical subspecialties.

Version History (specific changes listed on following pages)

Approved April 22, 2023

D

§ 16-317. Limited license

(a) Authority to issue. -- The Board may issue a limited license for training to an applicant who:

(1) Meets all the requirements of this title for a license to practice podiatry, except the National Board of Podiatric Medical Examiners -- Part III examination;

(2) Has an appointment for postgraduate clinical training in podiatry or as a podiatric instructor in:

(i) A health care facility licensed or approved by the Department;

(ii) A program approved by the Council on Education of the American Podiatry Association;

(iii) A program approved by the Board; or

(iv) A program affiliated with the Council of Podiatric Medical Education;

Chapter 296

(House Bill 1127)

AN ACT concerning

Public Health – State Designated Exchange – Health Data Utility

FOR the purpose of requiring the State designated exchange to operate as a health data utility for the State for certain purposes; requiring ~~the Maryland Department of Health, dispensers, and certain nursing homes and electronic health networks~~ dispensers to provide certain data to the State designated exchange; requiring dispensers to submit certain prescription information to the State designated exchange; requiring the State designated exchange to establish a certain consumer advisory council; and generally relating to the State designated exchange operating as a health data utility.

BY adding to
Article – Health – General
Section 19–145
Annotated Code of Maryland
(2019 Replacement Volume and 2021 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Health – General

19–145.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) "DISPENSER" MEANS A PERSON AUTHORIZED BY LAW TO DISPENSE, AS DEFINED IN § 12–101 OF THE HEALTH OCCUPATIONS ARTICLE, A PRESCRIPTION DRUG TO A PATIENT OR THE PATIENT'S AGENT IN THE STATE.

(3) "NONCONTROLLED PRESCRIPTION DRUG" MEANS A PRESCRIPTION DRUG, AS DEFINED IN § 21–201 OF THIS TITLE, THAT IS NOT A CONTROLLED DANGEROUS SUBSTANCE DESIGNATED UNDER TITLE 5, SUBTITLE 4 OF THE CRIMINAL LAW ARTICLE.

~~(3)~~ (4) "STATE DESIGNATED EXCHANGE" HAS THE MEANING STATED IN § 4–302.3 OF THIS ARTICLE.

(B) THE STATE DESIGNATED EXCHANGE SHALL OPERATE AS A HEALTH DATA UTILITY FOR THE STATE.

(C) THE PURPOSES OF THE HEALTH DATA UTILITY INCLUDE ~~THE~~:

(1) THE COLLECTION, AGGREGATION, AND ANALYSIS OF CLINICAL INFORMATION, PUBLIC HEALTH DATA, AND HEALTH ADMINISTRATIVE AND OPERATIONS DATA TO ASSIST ~~HEALTH CARE AND PUBLIC HEALTH LEADERS~~ THE DEPARTMENT, LOCAL HEALTH DEPARTMENTS, THE COMMISSION, AND THE HEALTH SERVICES COST REVIEW COMMISSION IN THE EVALUATION OF PUBLIC HEALTH INTERVENTIONS AND HEALTH EQUITY;

(2) THE COMMUNICATION OF DATA ~~FROM~~ BETWEEN PUBLIC HEALTH OFFICIALS AND HEALTH CARE PROVIDERS TO ADVANCE DISEASE CONTROL AND HEALTH EQUITY; AND

(3) THE ENHANCEMENT AND ACCELERATION OF THE INTEROPERABILITY OF HEALTH INFORMATION THROUGHOUT THE STATE.

(D) ~~THE FOLLOWING ENTITIES~~ DISPENSERS SHALL PROVIDE DATA TO THE STATE DESIGNATED EXCHANGE:

~~(1) THE DEPARTMENT;~~

~~(2) NURSING HOMES REQUIRED TO PROVIDE DATA UNDER § 4–302.3 OF THIS ARTICLE;~~

~~(3) ELECTRONIC HEALTH NETWORKS REQUIRED TO PROVIDE DATA UNDER § 4–302.3 OF THIS ARTICLE; AND~~

~~(4) DISPENSERS.~~

(E) (1) THE PURPOSE OF THIS SUBSECTION IS TO:

(I) AUTHORIZE INDIVIDUALS AND ORGANIZATIONS INVOLVED IN THE TREATMENT AND CARE COORDINATION OF PATIENTS TO ACCESS, AS LEGALLY AUTHORIZED, A PATIENT'S MEDICATION HISTORY, INCLUDING MEDICATIONS PRESCRIBED FOR THE PATIENT; AND

(II) ASSIST HEALTH CARE PROVIDERS, CARE MANAGERS, THE DEPARTMENT, AND ~~PUBLIC HEALTH OFFICIALS~~ LOCAL HEALTH DEPARTMENTS TO

UNDERSTAND AND PROMOTE MATTERS OF HEALTH EQUITY AND TREATMENT EFFICACY.

(2) AFTER DISPENSING A NONCONTROLLED PRESCRIPTION DRUG, A DISPENSER SHALL SUBMIT PRESCRIPTION INFORMATION TO THE STATE DESIGNATED EXCHANGE.

(3) THE PRESCRIPTION INFORMATION SHALL BE SUBMITTED:

(I) BY ELECTRONIC MEANS;

(II) WITHOUT UNDULY INCREASING THE WORKLOAD AND EXPENSE ON A DISPENSER;

(III) IN A MANNER THAT MINIMIZES BURDEN AND DUPLICATION BY BEING AS COMPATIBLE AS POSSIBLE WITH EXISTING FEDERAL STANDARDS FOR DATA SUBMISSION PRACTICES, INCLUDING TECHNOLOGY SOFTWARE OF DISPENSERS; AND

(IV) AS OTHERWISE REQUIRED BY REGULATIONS ADOPTED BY THE COMMISSION.

(4) THE STATE DESIGNATED EXCHANGE MAY NOT IMPOSE ANY FEES OR OTHER ASSESSMENTS ON DISPENSERS TO SUPPORT THE OPERATION OF THE EXCHANGE.

(5) THE STATE DESIGNATED EXCHANGE SHALL MAKE PRESCRIPTION INFORMATION SUBMITTED UNDER THIS SUBSECTION AVAILABLE FOR PURPOSES OF TREATMENT AND CARE COORDINATION OF A PATIENT.

(F) THE STATE DESIGNATED EXCHANGE ~~SHALL~~ MAY PROVIDE DATA, AS ALLOWED BY LAW, ~~TO INDIVIDUALS AND ORGANIZATIONS INVOLVED IN THE TREATMENT AND CARE COORDINATION OF PATIENTS AND TO PUBLIC HEALTH OFFICIALS TO SUPPORT PUBLIC HEALTH GOALS,~~ FOR PUBLIC HEALTH PURPOSES THAT MAY INCLUDE:

(1) ~~UNDERSTANDING AND PROMOTING THE EQUITABLE AVAILABILITY TO PATIENTS OF~~ IMPROVING HEALTH EQUITY THROUGH ACCESS TO PRESCRIPTION MEDICATIONS, INCLUDING FOR THE TREATMENT OF INFECTIOUS DISEASE;

(2) ASSISTING PROGRAMS LED BY HEALTH CARE PROVIDERS, ~~CARE MANAGERS,~~ AND ~~PUBLIC HEALTH OFFICIALS IN IDENTIFYING~~ THE DEPARTMENT,

LOCAL HEALTH DEPARTMENTS, THE COMMISSION, AND THE HEALTH SERVICES COST REVIEW COMMISSION TO IDENTIFY OPPORTUNITIES ~~TO USE TREATMENTS MORE EFFECTIVELY,~~ FOR QUALITY IMPROVEMENT, INCLUDING FOR STEWARDSHIP OF ANTIBIOTIC MEDICATIONS; AND

(3) ~~ANY ADDITIONAL PATIENT INTERVENTIONS AND ACTIVITIES, INCLUDING CASE INVESTIGATION~~ CONDUCTING CASE INVESTIGATIONS AND RELATED ACTIVITIES.

(G) INFORMATION SUBMITTED TO THE STATE INFORMATION EXCHANGE OR PROVIDED BY THE STATE INFORMATION EXCHANGE UNDER THIS SECTION SHALL BE SUBMITTED OR PROVIDED, TO THE EXTENT PRACTICABLE, IN AS NEAR TO REAL TIME AS POSSIBLE.

~~(G)~~ (H) (1) THE COMMISSION, IN CONSULTATION WITH APPROPRIATE STAKEHOLDERS, SHALL ADOPT REGULATIONS TO CARRY OUT THIS SECTION.

(2) THE REGULATIONS SHALL TAKE INTO ACCOUNT CONSUMER PERSPECTIVE AND INCLUDE:

(I) THE SPECIFIC DATA REQUIRED TO BE PROVIDED UNDER SUBSECTION (D) OF THIS SECTION;

(II) THE SPECIFIC PRESCRIPTION INFORMATION REQUIRED TO BE SUBMITTED UNDER SUBSECTION (E) OF THIS SECTION;

(III) THE TIME FRAME FOR SUBMITTING PRESCRIPTION INFORMATION UNDER SUBSECTION (E) OF THIS SECTION;

(IV) THE ELECTRONIC MEANS AND MANNER BY WHICH PRESCRIPTION INFORMATION IS TO BE SUBMITTED UNDER SUBSECTION (E) OF THIS SECTION; ~~AND~~

(V) PRESCRIPTION INFORMATION SUBMISSION REQUIREMENTS THAT ALIGN WITH THE DATA SUBMISSION REQUIREMENTS ON DISPENSERS OF MONITORED PRESCRIPTION DRUGS UNDER TITLE 21, SUBTITLE 2A OF THIS ARTICLE; AND

(VI) IDENTIFICATION AND NECESSARY SUPPRESSION OF INFORMATION RELATED TO PROVIDERS OR MEDICATIONS THAT ARE DETERMINED TO HAVE SIGNIFICANT POTENTIAL TO CAUSE HARM.

(I) (1) THE STATE DESIGNATED EXCHANGE SHALL ESTABLISH A CONSUMER ADVISORY COUNCIL TO BRING THE PERSPECTIVES OF INDIVIDUALS AND ORGANIZATIONS WITH AN INTEREST IN PROTECTING CONSUMERS INTO THE DELIVERY OF SERVICES PROVIDED BY THE STATE DESIGNATED EXCHANGE.

(2) IN SELECTING MEMBERS, THE STATE DESIGNATED EXCHANGE SHALL CONSIDER DIVERSITY OF EXPERIENCE.

(3) THE CONSUMER ADVISORY COUNCIL ESTABLISHED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL:

(I) CONSIST OF A MINIMUM OF SIX MEMBERS, INCLUDING AT LEAST FOUR CONSUMER REPRESENTATIVES AND TWO STAFF REPRESENTATIVES, AND MAINTAIN A RATIO OF CONSUMER REPRESENTATIVES TO NONCONSUMER REPRESENTATIVES OF AT LEAST TWO TO ONE;

(II) IDENTIFY AND REPORT CONSUMER PRIVACY CONCERNS TO SENIOR LEADERSHIP OF THE STATE DESIGNATED EXCHANGE;

(III) ADVISE ON EFFORTS TO EDUCATE CONSUMERS ON DATA EXCHANGE POLICIES, INCLUDING OPTIONS FOR CONSUMERS TO OPT OUT OF DISCLOSURE OF PROTECTED HEALTH INFORMATION;

(IV) MEET AT LEAST 3 TIMES EACH YEAR; AND

(V) ADOPT AND MAINTAIN A CHARTER TO BE POSTED ONLINE THAT INCLUDES THE PURPOSE, MEMBERS, AND MEETING SCHEDULE OF THE CONSUMER ADVISORY COUNCIL.

SECTION 2. AND BE IT FURTHER ENACTED, That on or before January 1, 2024, the Maryland Department of Health, the Maryland Health Care Commission, and the State designated exchange shall submit a report to the General Assembly, in accordance with § 2–1257 of the State Government Article, that identifies ongoing revenue sources to fund the activities required under § 19–145 of the Health – General Article, as enacted by Section 1 of this Act.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2022.

Approved by the Governor, May 12, 2022.

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Topics

A quarterly newsletter published in the interests of the health care industry in the Mid-Atlantic region

Changes in Premerger Notification

On November 12, 2024, the Federal Trade Commission (FTC) issued a new final rule on "Premerger Notification; Reporting and Waiting Period Requirement". This rule (the New Rule) addresses areas the FTC identified as deficiencies under the current implementation of the Hart-Scott-Rodino Improvements Act of 1976 (HSR).

HSR obligates premerger reporting requirements for parties in certain mergers and acquisitions, and creates a waiting period, typically 30 days, during which the FTC and the Department of Justice (DOJ) review these reports. It also allows the government to take action prior to a merger if it believes the merger would violate antitrust provisions, and further allows the government to require adjustments to holdings of the parties when it determines that the merger, once consummated, violates antitrust provisions.

The New Rule requires significant additional disclosures on a new notification form for mergers and acquisitions meeting the HSR filing thresholds.

More specifically, the minimum "size-of-transaction" threshold for filing for acquisitions of voting securities, noncorporate interests, or assets increased from $119.5 million to $126.4 million on February 6, 2025. This means that parties involved in a transaction worth $126.4 million or more generally must file. However, acquisitions that meet the size-of-transaction threshold but are valued at less than

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$505.8 million may only require an HSR notification if the "size-of-person" threshold is met.

The size-of-person threshold is met if one party to the transaction has annual net sales or total assets of at least $252.9 million (increased from $239 million) and the other party has annual net sales or total assets of at least $25.3 million (increased from $23.9 million). If a transaction is worth $505.8 million or more, an HSR notification is required regardless of whether the size-of-person threshold is met.

A. Rationale

The New Rule was developed in response to the changes in modern mergers. Most mergers had previously been between companies that were competitors. More recently, businesses have increasingly acquired companies that are part of their supply chain, or are involved in the development of singular products. Businesses have also diversified their "product" lines and are increasingly monetizing their data and developing associated services.

Additionally, the FTC has taken note of the influx of private equity engaging in smaller transactions which do not trigger premerger filings, but have created industry and/or geographic holds on markets by single parent entities.

As the number of deals has increased, the FTC has also found itself reviewing more than double the number of deals that it did a decade ago. The government has stated that by streamlining the information received, and pushing the burden of production to the merging parties, the FTC hopes to alleviate some of the strain.

B. Additional Disclosures

The New Rule requires filings to include the disclosure or production of:

1. The organizational structure of the buyer, and if the ultimate parent entity is a fund, an organizational chart of the fund must be included;

2. Additional information regarding minority investors, such as co-investors and certain limited partners;

3. All current officers and directors of the buyer, and officers and directors of certain entities controlled by the buyer, if such individuals also serve as officers or directors of another entity that derives revenue in one or more North American Industry Classification System (NAICS) codes being reported by the seller, or of another entity that has operations in the same industry as the seller;

4. More detailed information about any foreign entities involved in the transaction;

5. Any defense and intelligence contracts, as well as subsidies from foreign entities or governments of concern;

6. The strategic rationale for the transaction and which documents submitted with the filing, if any, support the rationale, which must include a transaction diagram if one exists;

7. All agreements relating to the transaction, including exhibits, schedules and side letters (letters of intent are no longer sufficient), and if the transaction documents do not sufficiently describe the transaction, then a document that does contain details regarding the parties, the structure, the purchase price, estimated closing, employee retention policies, transaction expenses and post-closing governance structure, must be submitted;

8. Documents created in the course of business even though not created specifically for analyzing the transaction that is the subject or the HSR filing, including regularly prepared plans and reports created within a year of the HSR filing and that have been provided to the CEO or the Board that "analyze market shares, competition, competitors, or markets pertaining to any product or service" that the other merging party offers or plans to offer;"

Topics is published by the Health Care Department of the law firm of **Gordon Feinblatt LLC**, a multidisciplinary team of lawyers with experience in areas of law affecting health care services.

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9. Relevant prior acquisitions by both parties from within five years of the filing with respect to transactions where a filing party derived revenue in an identified 6-digit NAICS industry code overlap or produced a competitive overlap product or service. Previously, this requirement only applied to the acquiring party.

The New Rule also incorporates the disclosure of non-horizontal business relationships that could foreclose rivals. As such, buyers must disclose existing contracts with the seller in broad categories, such as leases, licensing agreements, master service agreements, and supply agreements. Non-competition and non-solicitation agreements must also be disclosed.

There is a new competitive "Overlap Description" and "Supply Relationship Description" which is supposed to address existing and emerging competition between the parties both in the United States and on a global basis. In certain areas of competitive overlap and certain types of supply relationships, parties will need to disclose the top ten customers (or suppliers) (measured in dollars) and any supply or licensing arrangements for each such customer or supplier.

C. Hospital Merger Impetus

Of note, the New Rule guidance states that "(t)he consequences of inadequate detection are revealed in a recent analysis of hospital mergers that were reported to the Agencies for premerger review co-authored by two economists from the commission's Bureau of Economics. The paper examined a set of consummated hospital mergers and measured the effect of each merger on prices.

The authors found different outcomes among mergers that were subject to premerger review based on how much review the transaction received. Of the mergers reported to the Agencies, the largest average percentage price increase occurred for those mergers that received early termination of the initial waiting period.

This suggests that the HSR Filings failed to provide sufficient information to trigger additional investigations that could have blocked these harmful mergers before they were consummated."

D. 801.30 Transactions

In addition to the changes above, the New Rule has also created a new category of "select 801.30 transactions," with limited disclosure, and therefore lower compliance costs, due to the low risk that a transaction may violate antitrust laws.

A select 801.30 transaction is one where the acquiring entity is acquiring interests from third parties (for example, shareholders in a cash tender offer). Select 801.30 transactions are those 801.30 transactions for which the (i) acquisition would not confer control; (ii) there is no agreement (or contemplated agreement between the parties); and (iii) the acquiring person does not have, and will not obtain, the right to serve as, appoint, veto, or approve board members (or the equivalent).

E. President Trump

The New Rule went into effect on February 10, 2025. Despite President Trump's January 20, 2025 executive order directing all executive departments and agencies to consider postponing for 60 days the effective date of any rules that have been published in the Federal Register, the FTC decided to move forward with the February 10, 2025 effective date.

The pending lawsuit *Chamber of Commerce of the United States of America et al v. Federal Trade Commission et al.* alleges that the New Rule violates the Administrative Procedure Act and creates unduly burdensome requirements. The FTC has argued in response that the new requirements are necessary to make their review of merger filings more efficient and expedient. As of the date of the publication of this article, there has not been any delay in the effective date of the New Rule, and, therefore, HSR filings must now comply with the heightened disclosure requirements.

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Ambient Scribes

The explosive growth of artificial intelligence (AI) offers many opportunities to increase efficiency in health care delivery, allowing providers to focus more of their time on delivering quality care, but providers must thoughtfully navigate long standing privacy laws when deploying new technology.

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An increasingly common application of AI in the health care space is ambient scribe technology which refers to software programs that record audio of patient interactions in exam rooms and then, using AI, transcribes the conversation and, in many cases, provides a summary of the transcript to provide a draft of the provider's clinical note. The provider then reviews the summary before the note is added to the patient's electronic health record.

In 2024, over 60 different companies were marketing AI scribe products as developers raced to capture market share in this emerging space. Proponents hope that these tools will reduce workload for clinicians, increase the accuracy and detail of clinical notes by capturing more complete information, and improve patient experience.

However, as these tools have access to patient's health care data, providers must consider whether any product they choose to use complies with both traditional health care privacy laws, such as the Health Insurance Portability and Accountability Act (HIPAA) as well as state specific laws regarding recording conversations, such as the Maryland Wiretapping and Electronic Surveillance Act.

A. HIPAA

HIPAA requires providers to implement a variety of safeguards to ensure the confidentiality of patient information, known as protected health information (PHI). Providers are required to ensure that companies they work with that have access to PHI entrusted to the provider also comply with HIPAA and implement the same types of safeguards.

In HIPAA, providers are known as Covered Entities and the vendors that offer services using PHI are Business Associates. Common examples of Business Associates are billing companies, legal or accounting firms, IT service providers, and, most likely, the companies that develop AI scribe software.

A Covered Entity and a Business Associate must sign a Business Associate Agreement (BAA) before sharing PHI. This contract outlines how PHI will be used, disclosed, and protected. Business Associates are directly liable for HIPAA violations if they occur, meaning that the vendor may be subject to penalties and enforcement actions from the government in addition to contractual liabilities to the Covered Entity.

Some AI scribe services were built specifically to meet the needs of health care providers and have taken steps to ensure their platforms and services comply with HIPAA and will enter into a BAA. Other AI scribe tools were built for general use and do not have the level of data protection in place to support medical practices.

In addition to the vendor's willingness to enter a BAA, providers should look for vendors that are willing to answer questions about their security features. Providers should inquire how audio recordings are stored and processed, how and for how long recordings can be accessed, and other security protocols in alignment with the practice's HIPAA policies.

B. Maryland Wiretapping and Electronic Surveillance Act

Unlike many states, Maryland requires all parties participating in a private conversation to consent to a recording. The Maryland Wiretapping and Electronic Surveillance Act, prohibits "willfully intercepting" any "wire, oral, or electronic communication" where the parties have a reasonable expectation of privacy unless all parties participating in the communication have given consent. This law applies to any setting in Maryland, not just at health care practices, though the application here is clear.

Providers need to get consent before recording any patient and provider interaction, including recording via ambient scribe, as a medical appointment is an example of a conversation where participants expect privacy. Further, this privacy right extends to anyone who is being recorded, including other individuals whom patients may bring to an appointment, such as relatives or caregivers.

Providers should affirmatively obtain and document consent to recording. Merely posting a sign in an exam room that conversations are being recorded is likely insufficient, given patients may easily miss the sign and many patients are unfamiliar with the possibility of an ambient scribe being used in a place where patients typically would have no expectation of being recorded.

Further, having a written record that consent was obtained would be beneficial in protecting the practice if an issue arose. Additionally, practices should review existing HIPAA policies and notices to ensure that new prod-

ucts, such as ambient scribes, are accounted for in their privacy practices.

Beyond privacy concerns, ambient scribes raise other questions including what access patients may have to recordings of appointments. As the technology continues to evolve quickly, often arising from less regulated industries, providers should consult with legal counsel to implement these tools thoughtfully into their practices.

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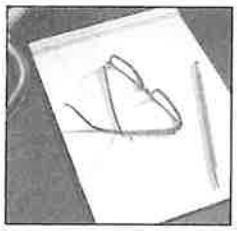

Maryland Regulatory News

1. On February 2, 2025, Governor Wes Moore announced the appointment of Dr. Meena Seshamani as Maryland Department of Health Secretary, succeeding Dr. Laura Herrera Scott. Dr. Seshamani is described as one of the nation's top strategic health leaders with experience as deputy administrator for the Centers for Medicare & Medicaid Services (CMS) where she implemented initiatives to improve Medicare's prescription drug coverage. Prior to joining CMS, Dr. Seshamani was vice president of clinical care transformation at MedStar Health, served as director of the Office of Health Reform in the U.S. Department of Health and Human Services where she led implementation of the Affordable Care Act, and cared for patients as a head and neck surgeon. She has a long history of working to increase access to health care coverage and previously served on the Total Cost of Care and care transformation steering committees for the Maryland All-Payer Model. Dr. Seshamani assumed the role of Secretary of Health on April 8, 2025.

2. The Maryland Health Services Cost Review Commission recently approved the Hospital Best Practice Policy, a new pay-for-performance quality initiative that provides incentives for hospitals to maintain high-quality patient care and value over time within a global budget framework. During its initial year, the policy will incentivize hospitals to address hospital throughput and the long Emergency Department length of stay experienced by patients in Maryland. In future years, the Commission will determine up to six best practices. Failure to implement and report data to the Commission by October 2025 will result in a 0.1 percent penalty on all-payer, inpatient revenue to be assessed in January 2026. The Commission also proposed that subsequent rate years have +/-0.25 percent inpatient hospital revenue at risk tied to performance on these best practice metrics, but intends to evaluate the impact of the best practices and make a final recommendation for subsequent rate years after the Best Practice program impact is assessed.

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New 2025 Maryland Health Care Laws

The Maryland General Assembly's 2025 legislative Session concluded with the enactment of many health care laws that will impact health care facilities, providers, insurers, and patients in the State. Here are some of the highlights from the 2025 Session.

A. Artificial Intelligence

A new law was enacted concerning the use of Artificial Intelligence (AI) by certain carriers, including insurers, in decision making, either directly or through contracted entities. The AI must comply with certain criteria and guidelines and cannot replace the role of health care providers. The law mandates fair and equitable

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application of AI, prohibiting unfair discrimination against enrollees. Carriers are required to review and revise AI performance quarterly, ensure patient data is used only for its intended purpose, and must make AI systems open to inspection by the Insurance Commissioner. Importantly, the bill explicitly states that AI, algorithms, or other software tools may not deny, delay, or modify health care services, and the quarterly reports must include whether an AI was used in making an adverse decision.

B. Adverse Decisions

Carriers will be required to include specific information in adverse and grievance decision notices, such as prominently displaying that the notice is a denial of service and providing instructions for appeals or complaints. The new law also mandates the inclusion of a unique identifier, business address, and telephone number for the decision-maker, as well as detailed explanations of the decision rationale.

A workgroup was also established to review existing adverse decision reporting requirements, analyze data on adverse decisions, and make recommendations for improving reporting. This includes developing standardized definitions and methods for categorizing and reporting adverse decisions. The group must also develop strategies to reduce adverse decisions and recommend legislation to address the issue.

C. Maryland's Paid Family and Medical Leave Insurance (FAMLI) Program

Maryland's Family and Medical Leave Insurance Program (FAMLI) was established through the Time to Care Act of 2022. Newly enacted legislation alters several dates related to the FAMLI program's implementation and reporting requirements. It pushes back the start date for contributions to January 1, 2027, and adjusts the annual reporting deadline to October 1 of each year. The new provisions require the Maryland Department of Labor to adopt regulations establishing an optional self-employed enrollment program by July 1, 2028, which replaces previous requirements for self-employed individuals' participation and contribution payments. The act maintains the maximum total contribution rate at 1.2% of an employee's wages up to the Social Security wage base but modifies how the covered employee's average weekly wage is calculated.

D. Telehealth

The Preserve Telehealth Access Act of 2025 aims to extend and expand telehealth services in Maryland by removing limitations set to expire in 2025. Key changes include repealing the expiration date for audio-only telehealth, removing time limits on reimbursement parity for telehealth services, and allowing more flexibility in prescribing controlled substances via telehealth. The bill mandates the Maryland Health Care Commission to report on telehealth advances or developments every four years starting in 2026. It maintains insurance coverage for telehealth services, including behavioral health, and prohibits lifetime dollar maximums.

E. ICE Protection

A new Maryland law requires federal enforcement officers, including ICE officers, to notify local authorities about any investigation, enforcement action, or federal immigration enforcement action at a sensitive location. Sensitive locations include "any location that provides state-funded services related to physical or mental health." The law does not prohibit 287(g) agreements, meaning local authorities may still assist federal officers who carry out enforcement actions. The law also requires the Maryland Attorney General to develop guidance for immigration enforcement in sensitive locations. The bill also prevents the sale of personal records and other data by government entities to third parties.

F. Building Energy Performance Standards

Hospitals outside of Montgomery County are now exempt from the requirements of Maryland's Building Energy Performance Standards, albeit that the definition of what constitutes a "hospital" is still being finalized. Previously, a hospital would have been required to submit a benchmarking report to the Maryland Department of the Environment by September 1, 2025, and meet certain efficiency and greenhouse gas emissions standards by 2030. Montgomery County hospitals will now be governed solely by Montgomery County's Building Energy Performance Standards program.

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Where Do You Get Your Ozempic?

Ozempic® is the band name of one of the increasingly available glucagon-like peptide-1 (GLP-1) receptor agonists, created to treat Type 2 diabetes but increasingly used to promote extreme weight loss. GLP-1s include semaglutide (brand names Ozempic®, Wegovy®, and Rybelsus®) and tirzepatide (brand names Monjaro® and Zepbound®), two drugs that, until recently, were on the Food and Drug Administration's (FDA) shortage list.

When a drug is placed on the FDA's shortage list, compounding pharmacies, physicians, and manufacturers can create what is essentially a copy of the drug for sale. However, once a drug is no longer on the shortage list, the only generic compounding permitted is on a patient-by-patient basis for reasons of medical necessity (such as for a patient who is allergic to a particular ingredient in the commercially available drug).

Importantly, the FDA does not evaluate compounded generic, shortage drugs for efficacy or safety. Since 2022, when the GLP-1s went on the shortage list, the FDA has received numerous complaints about the quality of compounded generic GLP-1s available in the market, including dosing issues, inclusion of unapproved ingredients, and use of the wrong form of semiglutide, leading to adverse events.

In late 2024, the FDA announced that it would be removing tirzepatide from the shortage list. In early 2025, the FDA similarly announced that it would also be removing semaglutide from its shortage list. This action prompted a lawsuit by a trade association representing outsourcing facilities that want to continue compounding the drugs, arguing that the FDA's decision to remove these two GLP-1s from the shortage list would negatively impact patient access.

In Spring 2025, the reviewing court sided with the FDA, denying the trade association's motion for a preliminary injunction to stop the FDA from removing the drugs from the shortage list. The trade association has appealed the denials; however, in the meantime, the FDA moved forward with the following actions.

A. Tirzepatide

Those operating under state board of pharmacy oversight and issuing patient specific prescriptions (state-licensed pharmacies or physicians, or 503A compounders) were required to cease compounding tirzepatide as of *March 5, 2025*.

Outsourcing facilities who are registered and regulated by the FDA to compound and who manufacture large batches of sterile compounded medications for health care entities, which include drugs that are essentially a copy of an approved drug (or 503B compounders) had until *March 19, 2025*, to cease compounding tirzepatide.

B. Semaglutide

503A compounders were required to cease compounding semaglutide as of *April 24, 2025*, and 503B compounders were required to cease compounding as of *May 22, 2025*.

It is possible (but unlikely) that the appellate court will issue a decision that allows for an injunction of the FDA's removal of the drugs from the shortage list. However, currently, any compounding pharmacies that still offer compounded GLP-1s outside of a suitable exception are risking FDA enforcement action and potential malpractice exposure.

Similarly, because the FDA is concerned with adverse reactions from the drugs and improper dosing, prescribers could face liability for failure to properly disclose the risks and benefits of these drugs or ensuring that the medication is appropriate for the patient.

Also, the result of the FDA taking these drugs off the shortage list means that patients will only be able to get brand name versions of the drugs at likely even higher costs.

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Did You Know?

NLRB Rescinded Guidance: Did you know that National Labor Relations Board (NLRB) acting General Counsel William B. Cowen rescinded at least 18 memoranda issued by his predecessor, effectively rolling back former General Counsel Abruzzo's policy agenda? The rescissions include memoranda regarding remedies for unfair labor practice, rights of college athletes under the National Labor Relations Act, restrictive covenants, "stay or pay" provisions, and union recognition. The previously aggressive approach of former General Counsel Abruzzo on restrictive covenants and "stay or pay" provisions in these memoranda signaled a pro-employee agenda for NLRB. Now, with the rescission of the memoranda, there may be a shift towards less protection for employees and restrictive covenants may be more palatable than under the prior administration.

IRS Sued Over Denied ERC Claim: Did you know North Sunflower Medical Center, a rural Mississippi hospital, that was denied pandemic relief credits for three quarters of 2021 sued in federal district court to challenge an IRS determination that it was disqualified from receiving an $8.6 million employee retention credit (ERC)? The ERC is a tax credit program that reimburses businesses for keeping employees paid during the pandemic. The IRS claims the hospital failed to prove that it had the capacity, equipment and access to personal protective equipment needed for the tax break. North Sunflower Medical Center argues that it is entitled to the ERC because it was just following State orders that impacted its ability to service patients.

Surprise Billing Controversy: Did you know an estimated 50 clinician practices sued more than 20 insurers in New Jersey District Court earlier this year for unfair decisions made by a company that oversees surprise medical billing disputes? However, the company in question is not named as a defendant in the lawsuit. The group of clinicians argues that arbitrator ProPeer Resources, LLC, is automatically ruling in favor of insurers and violating the No Surprises Act (NSA) by "refusing to hear evidence pertinent and material to the controversy" during the arbitration process.

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Coming in Future Issues

- **AHEAD**
- ***U.S. v. Sorensen***
- ***Vertex Pharmaceuticals v. U.S.***