

Targeted Reg Change for 10.07.01 - Hospitals
Working Draft
September 11, 2026

Item #1 - COMAR 10.07.01.01 Definitions - Include new terms and definitions in the regulations consistent with: (1) the recent statute changes ([HB1087](#) *Health Care Facilities - Surgical Smoke - Smoke Evacuation Systems* (2026); [SB 169](#) *Hospitals - Emergency Pregnancy-Related Medical Conditions - Procedures* (2026); [SB 411](#) *Hospitals - Clinical Staffing Committees and Plans - Establishment* (2026); (2) to label and clarify terminology used in OHCQ's existing enforcement process without creating new enforcement authority; and (3) correct the sub-numbering of terms that is no longer consistent with the Division of State Document's drafting standards. Applies to terms (2-1), (4-1), (19-1), and (31-1).

Item #2 - COMAR 10.07.01.07 Inspections - Added template language which describes OHCQ's existing enforcement process providing guidance and clarity to the regulated industry, without creating new enforcement authority. Similar language was added to other recent targeted regulation updates under OHCQ's purview, including Assisted Living Programs (10.07.14.11), Tissue Banks (10.50.01.08), and Free Standing Birthing Centers (10.05.02.05).

Item #3 - COMAR 10.07.01.08 Complaint Investigations - Consistent with the Center for Medicaid and Medicare Services (CMS) guidance, this update will align OHCQ complaint investigation process with CMS's State Operations Manual (SOM) Chapter 5 - Complaint Procedures. This change will result in program efficiencies for OHCQ.

Item #4 and Item #5 - COMAR 10.07.01.24 Physician Credentialing Process - This is a technical change to update the regulation and is consistent with the non-controversial industry-friendly emergency action May 6, 2025 and final action effective on October 13, 2025 that updated the physician credentialing reappointment timeframe. This change will update the credentialing reappointment process for physician staff for hospitals licensed in the State to be conducted in accordance with the standards of the accrediting organization that accredits the hospital. Currently, the Joint Commission's standard requires the credentialing reappointment process to be conducted every three years, and NOT two years which is currently in Regulation .24 causing confusion to the industry.

COMAR 10.07.01.24 Physician Credentialing Process - G. Disaster Privileges - This is a technical change to update the program name, The Maryland Physician Volunteer Corps, with the correct name, the "Maryland Responds Medical Reserve Corps".

Item #6 COMAR 10.07.01.30 Physical Environment - Update the regulation for alignment with the current statute that was updated as a result of passage by [HB1087](#) *Health Care Facilities - Surgical Smoke - Smoke Evacuation Systems*, from the 2026 Legislative Session.

Item #7: COMAR 10.07.01.40 *Emergency Pregnancy-Related Medical Conditions*.

The OHCQ is adding a new regulation .40 for alignment with the current statute that was updated as a result of passage [SB 169](#) *Hospitals - Emergency Pregnancy-Related Medical Conditions - Procedures*, from the 2026 Legislative Session.

Item #8 COMAR 10.07.01.41 Clinical Staffing Committees and Plans. The OHCQ is adding a new regulation .41 for alignment with the current statute that was updated as a result of passage of [SB 411](#) *Hospitals - Clinical Staffing Committees and Plans - Establishment*, from the 2026 Legislative Session.

Item #1

10.07.01

.01 Definitions

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) —(2) (text unchanged)

~~[(2-1)]~~ (3) - ~~[9]~~ (11) (text unchanged)

(12) “Clinical staffing committee” means a committee established by a hospital in accordance with Health-General Article, §19–394(c), Annotated Code of Maryland.

(13) “Clinical staffing plan” means a plan developed in accordance with Health-General Article, §19–394(d), Annotated Code of Maryland.

[(10)] (14)- [(12)] (16) (text unchanged)

(17) “Deeming accrediting organization” means an accreditation organization approved by Centers for Medicare and Medicaid Services to deem a hospital as meeting the Centers for Medicare and Medicaid Services’ health and safety standards.

[(13)] (18) - [(15)] (20) (text unchanged)

(21) “Emergency pregnancy-related medical condition” means a medical condition that presents in a pregnant patient, a postpartum patient, or a patient in the period immediately following abortion or pregnancy loss, through acute symptoms of sufficient severity and for which the absence of immediate medical attention could be reasonably expected to result in:

(a) Placing the health of the patient in serious jeopardy;

(b) Serious impairment to bodily functions; or

(c) Serious dysfunction of any bodily organ or body part.

[(16)] (22) - [(17)] (23) (text unchanged)

(24) “Immediate corrective action” means all actions the hospital has taken or will take to immediately address the noncompliance that resulted in or made serious injury, serious harm, serious impairment, or death likely.

(25) “Immediate Jeopardy” means a situation in which immediate corrective action is necessary because the hospital’s noncompliance with one or more licensure requirements has already

caused, is causing, or is likely to cause, at any time, serious injury or harm, or death, to patients served by the hospital.

[(18)] (26) (text unchanged)

(27) “Informal dispute resolution” means an informal process that provides a hospital the opportunity to dispute one or more deficiencies cited in a written Statement of Deficiencies issued by the Department or the Department’s designee related to a recent survey.

[(19)] (28) - [(24)] (34) (text unchanged)

(35) “Need for immediate corrective action” means that immediate corrective action is necessary to remove the jeopardy.

[(25)] (36) “Nonaccredited hospital” means:

(a) Hospital not accredited by The Joint Commission or other accreditation organization approved by the Department; or

(b) Special rehabilitation hospital not accredited by The Joint Commission.

(37) “Non-certified hospital” means a hospital that does not participate with and is not certified by Centers for Medicare and Medicaid Services.

(38) “Noncompliance” means the hospital is non-compliant with one or more licensure requirements of this chapter.

[(26)] (39) (text unchanged)

(40) “Office of Health Care Quality (OHCQ)” means the Office of Health Care Quality of the Maryland Department of Health that determines compliance and non-compliance with state

licensure, and in some instances, federal certification requirements in health care facilities and community-based programs throughout the State.

[(27)] (41) - [(30)] (44) (text unchanged)

(45) "Plan of Correction" means a written plan submitted by the hospital to the OHCQ which documents steps the hospital will take to come into compliance with the licensure requirements.

[(31)] (46) (text unchanged)

(47) "Removal of the Immediate Jeopardy" means that the hospital has implemented the removal plan, and the OHCQ has verified that all actions the hospital took were effective in removing the likelihood that serious injury, serious harm, serious impairment, or death would occur or recur.

[(31-1)] (48)- [(32)] (49) (text unchanged)

(50) "Serious injury, harm, or death" means a situation which has already caused, is causing, or is likely to cause, at any time, serious injury or harm, or death, to individuals served by the hospital.

[(33)] (51)- [(34)] (52) (text unchanged)

(53) "Stabilize" means in the context of an emergency pregnancy-related medical condition, to provide the medical treatment necessary to alleviate the condition or ensure, within reasonable

medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the patient from the facility.

(54) "Statement of Deficiencies" means the written notification that the OHCQ issues to the hospital that contains a listing of deficiencies cited that require correction.

(55) "Surgical evacuation system" means equipment that effectively captures and filters surgical smoke at the site of origin before the surgical smoke makes contact with the eyes or respiratory tract of occupants in the room.

(56) "Surgical smoke" means the gaseous by-product produced by energy-generating devices, including surgical plume, smoke plume, bio-aerosols, laser-generated airborne contaminants, or lung damaging dust.

[(35)] (57)- [(39)] (61) (text unchanged)

Item #2

10.07.01

.07 Inspections

A. —D. (text unchanged)

E. Statement of Deficiencies.

(1) If a survey identifies noncompliance with a requirement, the Secretary shall:

- (a) Unless issued directly by the Centers for Medicare and Medicaid Services, issue a written Statement of Deficiencies that cites each deficiency;*
- (b) Require the hospital to submit an acceptable Plan of Correction within 10 calendar days of receipt of the Statement of Deficiencies;*
- (c) Notify the hospital of any sanctions, or that failure to correct the violation may result in sanctions; and*
- (d) Offer the hospital the opportunity for informal dispute resolution (Informal Dispute Resolution).*

F. Plan of Correction.

- (1) The hospital shall submit a written Plan of Correction to the OHCQ that documents steps the licensee will take to come into compliance, including:*
 - (a) How the hospital will correct each deficiency;*
 - (b) The date by which each deficient practice will be corrected;*
 - (c) How the hospital will prevent the deficiency from recurring; and*
 - (d) Who will be responsible for ensuring the deficiency will not reoccur.*
- (2) Failure to return an acceptable Plan of Correction within the allotted time frame may result in a sanction.*
- (3) A request for an Informal Dispute Resolution in accordance with §H of this regulation may not change the hospital's requirement to submit a Plan of Correction for all deficiencies within 10 calendar days after receipt of the notice of deficiency.*

G. Immediate Jeopardy

(1) Declaration of Immediate Jeopardy.

(a) An Immediate Jeopardy shall be declared when the OHCQ identifies a situation in which immediate corrective action is necessary because the hospital's noncompliance with one or more licensure requirements has already caused, is causing, or is likely to cause, at any time, serious injury or harm, or death, to patients served by the hospital.

(b) The OHCQ shall provide the hospital with a written notice that includes a description of the situation that constitutes an Immediate Jeopardy.

(2) Immediate Jeopardy Removal Plan.

(a) Following declaration of an Immediate Jeopardy, the hospital shall submit a written Immediate Jeopardy Removal Plan to OHCQ as soon as the hospital has identified the immediate steps it will take to ensure that no patients are suffering or are likely to suffer serious injury, serious harm, serious impairment, or death as a result of the hospital's noncompliance.

(b) An acceptable Immediate Jeopardy Removal Plan includes:

(i) The immediate corrective action(s) the hospital will take to address the noncompliance that has resulted in declaration of an Immediate Jeopardy and detailing how the hospital will keep patients safe and free from serious harm or death caused by the noncompliance;

(ii) The immediate corrective action(s) the hospital will take to ensure serious harm will not occur or recur; and

(iii) The date by which the hospital asserts the likelihood for serious harm to any patient no longer exists.

(3) OHCQ's Approval of the Immediate Jeopardy Removal Plan.

(a) The OHCQ shall review the hospital's Immediate Jeopardy Removal Plan to determine that the plan, if implemented appropriately, will remove the likelihood that serious harm will occur, or recur.

(b) If the determination is made that the Immediate Jeopardy Removal Plan, if implemented appropriately, will remove the likelihood that serious harm and/or death will occur or recur, OHCQ shall approve the Immediate Jeopardy Removal Plan.

(c) Upon OHCQ's approval of the Immediate Jeopardy Removal Plan, the hospital shall immediately begin implementation of the immediate corrective actions described in the Immediate Jeopardy Removal Plan.

(4) Immediate Jeopardy Removal.

(a) The OHCQ surveyors shall confirm that Immediate Jeopardy has been removed through an onsite verification of the implementation of an approved Immediate Jeopardy Removal Plan.

(b) Immediate Jeopardy is considered to be removed when OHCQ surveyors verify that the approved removal plan is fully implemented, and no patient is currently experiencing serious injury, serious harm, or serious impairment; and/or serious injury, serious harm, serious impairment, or death is not likely.

(c) If the Immediate Jeopardy Removal Plan is not fully implemented, the Immediate Jeopardy will continue until the removal plan is fully implemented and the likelihood of serious injury, serious harm, serious impairment, or death no longer exists

(5). Plan of Correction after Immediate Jeopardy. If an Immediate Jeopardy is identified during a survey, the respective Plan of Correction shall completely correct all noncompliance associated with the Immediate Jeopardy.

H. Informal Dispute Resolution (Informal Dispute Resolution).

(1) A hospital may request an Informal Dispute Resolution to dispute one or more deficiencies in a Statement of Deficiencies.

(2) The hospital shall submit the request for an Informal Dispute Resolution to the OHCQ within 10 calendar days of receiving the Statement of Deficiencies.

(3) The written request for an Informal Dispute Resolution shall fully describe the disagreement with the Statement of Deficiencies and be accompanied by all evidence for the Department's consideration.

(4) At the discretion of the Department, the Informal Dispute Resolution may be held in person, by telephone, by video conference, or in writing.

(5) Informal Dispute Resolutions are informal in nature and may not be attended by legal counsel representing the hospital or the Department.

(6) The Informal Dispute Resolution process may not delay the effective date of any enforcement action.

(7) In the event a hospital requests an Informal Dispute Resolution of a deficiency written by a designee of the Department, the Department shall request the designee to participate in the Informal Dispute Resolution process.

(8) There may not be an appeal of the Department's decision in an Informal Dispute Resolution.

Item #3

10.07.01

.08 Complaint Investigations.

A. Notwithstanding any other provisions of this subtitle, each hospital ~~/and residential treatment center/~~ shall be open to inspections by the Department to investigate and resolve any complaint concerning patient care, safety, medical and nursing supervision, physical environment, sanitation, or dietary matters.

B. Complaints.

(1) To resolve expeditiously a complaint that alleges the existence of any non-life-threatening deficiency, the Department ~~/shall/~~ *may* refer the complaint directly to the hospital.

(2) If appropriate, issues relating to the practice of medicine or the licensure or conduct of a health professional shall be referred to the hospital and may be referred to the appropriate licensure Board for resolution.

(3) If the Department determines that the hospital has not satisfactorily addressed the ~~/referred/~~ complaint *referred to the hospital under §B(1) of this regulation*, the Department shall conduct an independent investigation.

(4) When conducting ~~/its independent investigation,/~~ *complaint investigations*, the Department shall use ~~/the standards adopted by the Secretary under this subtitle and:/~~:

(a) The standards adopted by the Secretary under this subtitle;

(b) Any other applicable laws and regulations;

[(a)] *(c)* For an accredited hospital, the hospital accreditation standards of the accreditation organization that accredits the hospital;

[(b)] *(d)* For an accredited special rehabilitation hospital, the service standards adopted by the Secretary in [Regulation .10 of this chapter](#); **[or]** *and*

[(c)] *(e)* For a nonaccredited hospital, the standards adopted by the Secretary in [Regulation .09 of this chapter](#).

Item #4 and Item #5:

10.07.01

.24 Physician Credentialing Process

E. Specific Standard — Reappointment.

(1) In accordance with this section, a hospital shall establish a formal written process for the reappointment of a physician who has been appointed to the hospital.

(2) The term of reappointment */shall be 2 years or less./ may not exceed the term established by the standards of the accreditation body organization that accredits the hospital.*

(3) As part of the formal written appointment process, a hospital shall collect, verify, review, and document the following information about the physician:

(a) - (b) (text unchanged)

G. Disaster Privileges.

(1) —(2) (text unchanged)

(3) Physicians granted disaster privileges by a hospital shall:

(a) Be registered and trained by the Department as part of the Department's /Maryland Physician Volunteer Corps/ *Maryland Responds Medical Reserve Corps* and possess the Department issued photo identification; or

(b) (text unchanged)

Item #6

10.07.01

.30 Physical Environment

A. The facility shall be in compliance with:

- (1) The Facilities Guidelines Institute's Guidelines for Design and Construction of Hospitals; and
- (2) All applicable State and local governing laws, regulations, standards, ordinances, and codes for fire safety, building, and zoning requirements.

B. Any waiver or other modification of these requirements shall be addressed by the appropriate State or local authority having jurisdiction in accordance with established procedures.

C. By January 1, 2028, each hospital that performs surgical procedures shall adopt and implement policies that require the use of a smoke evacuation system during a surgical procedure that may generate surgical smoke.

Item #7

10.07.01

.40 Emergency Pregnancy-Related Medical Conditions.

- A. This regulation applies only to hospitals with an emergency department.*
- B. If a hospital determines that a patient has an emergency pregnancy-related medical condition, the hospital shall:*

- (1) Using the staff and facilities available to the hospital, provide further examination and the treatment required to stabilize the emergency pregnancy-related medical condition, including the termination of a pregnancy when the termination is medically necessary to stabilize the patient; or*
- (2) Transfer the patient to another medical facility.*

C. A hospital shall allow the termination of pregnancy at the hospital if the patient's treating health care practitioner determines termination is medically necessary to stabilize a patient.

D. A hospital is considered to have met the requirements of this regulation, if, after offering further examination and treatment or transfer to the patient or the patient's representative and informing the patient or patient's representative of the risks and benefits of further examination and treatment or transfer:

- (1) A patient or the patient's representative refuses to consent to further examination and treatment; or*

(2) A patient or the patient's representative refuses to consent to a transfer to another medical facility.

E. If §D is applicable, a hospital shall take reasonable steps to secure written informed consent from the patient or the patient's representative regarding the patient's refusal of:

(1) An examination;

(2) Treatment; or

(3) Transfer.

F. If a patient has an emergency pregnancy-related medical condition that has not been stabilized, the hospital may not transfer the patient unless the transfer is done consistent with 42 U.S.C. §1395DD.

G. A hospital may not penalize or take adverse action, including but not limited to an action related to discharge, promotion, demotion, suspension, compensation, training opportunities, staff privileges, or admitting privileges, against:

(1) A treating health care provider if the provider refuses to authorize the transfer of patient with an emergency pregnancy-related medical condition that has not been stabilized;

(2) A treating health care provider if the provider's treatment of the patient is consistent with the medical standards of care that, in the provider's clinical judgment, were necessary to stabilize the patient; or

(3) A hospital employee if the employee reports a violation of this regulation.

H. A hospital that negligently violates §§A—G of this regulation is subject to a civil money penalty of:

(1) For a hospital with 100 or more beds, not more than \$50,000 for each violation;
or

(2) For a hospital with fewer than 100 beds, not more than \$25,000 for each violation.

I. Federal Investigations.

(1) The Department shall stay a final decision on a potential violation of this regulation if there is an ongoing federal investigation under 42 U.S.C. §1395DD regarding the same incident.

(2) If a federal investigation under 42 U.S.C. § 1395DD results in a fine being imposed for the same incident, the Department shall subtract the amount of the federal fine from the maximum potential fine under this regulation for the same incident.

(3) Subject to §G(4) of this regulation, if a federal investigation under 42 U.S.C. § 1395DD results in a fine being imposed for the same incident within 2 years after the Department imposes a fine under this section, the Department shall refund the hospital an amount equal to the amount of the federal fine.

(4) The amount refunded under §I(3) of this section may not exceed the amount of the fine imposed by the Department for the same incident.

J. Except as provided in §§A—I of this regulation, a licensed hospital, hospital director, or hospital governing board may not be required:

(1) To allow, within the hospital, the performance of any medical procedure that results in artificial insemination, sterilization, or termination of pregnancy; or

(2) To refer to any source for medical procedures that results in artificial insemination, sterilization, or termination of pregnancy.

K. The refusal to allow or to refer to a source for the procedures in §J of this regulation, may not be grounds for:

- (1) Civil liability to another person; or*
- (2) Disciplinary or other recriminatory action against the person by this State or any person.*

Item #8

10.07.01

.41 Clinical Staffing Committees and Plans.

A. State-operated Hospitals.

- (1) Provisions of §§B. – F. of this regulation does not apply to State-operated hospitals.*
- (2) The State–operated hospitals that are exempted from B. – F. of this regulation include:*

- (a) Clifton T. Perkins Hospital Center;*
- (b) Eastern Shore Hospital Center;*
- (c) Spring Grove Hospital Center;*
- (d) Springfield Hospital Center;*
- (e) Thomas B. Finan Center;*
- (f) Deer’s Head Hospital Center; and*
- (g) Western Maryland Hospital Center.*

B. Staffing Standards. Each hospital licensed under this chapter shall comply with the staffing standards of:

- (1) The accreditation body that accredits the hospital; and*

(2) The Centers for Medicare and Medicaid Services Conditions of Participation.

C. Clinical Staffing Committee.

(1) Each hospital licensed under this chapter shall establish and maintain a Clinical Staffing Committee by July 1, 2027 that:

(a) For a hospital with 150 or fewer licensed beds, includes at minimum, three managers and two employees; or

(b) For a hospital with 151 or more licensed beds, includes at minimum, five managers and four employees.

(2) The Clinical Staffing Committee may include but is not limited to:

(a) A certified nursing assistant;

(b) A dietary aide;

(c) A licensed nurse;

(d) An environmental service worker;

(e) A medical resident, if the committee is in a teaching hospital;

(f) A staff physician who is not a hospital employee or administrator;

(g) A technician; or

(h) An employee whose duties include patient advocacy.

D. Development of the Clinical Staffing Plan.

(1) The Chief Nurse Executive of each hospital shall produce a draft clinical staffing plan and submit it to the Clinical Staffing Committee of the hospital.

(2) Each hospital's Clinical Staffing Committee shall finalize a Clinical Staffing Plan that meets patient needs using the draft plan submitted under §D(1) of this regulation.

(3) When finalizing a Clinical Staffing Plan, the Clinical Staffing Committee shall consider:

- (a) Existing staffing levels;*
- (b) Methods to secure coverage needs as necessary;*
- (c) Existing gaps in staffing and how to address the gaps;*
- (d) Any available evidence-based staffing standards;*
- (e) A schedule for periodic review of the staffing plan;*
- (f) Appropriate skill mix and competency of staff;*
- (g) Standards required by:*
 - i. The Centers for Medicare and Medicaid Services Conditions of Participation;*
and
 - ii. The accreditation body that accredits the hospital;*
- (h) The average number of patients of the hospital during the immediately preceding year and relevant information regarding patient discharges, potential admissions, and transfers;*
- (i) The average level of acuity for patients of the hospital during the immediately preceding year and the corresponding level of nursing care required; and*
- (j) An estimate of the appropriate combination of skill, experience level, and specialty certification or training of staff that is required to adequately provide care to patients of the hospital.*

E. Implementation of the Clinical Staffing Plan.

(1) On or before July 1 each year, beginning in 2028, each hospital shall:

- (a) Implement the Clinical Staffing Plan finalized under §D of this regulation; and*
- (b) Assign personnel to each patient care unit in accordance with the Clinical Staffing Plan.*

(2) Each hospital shall provide the Clinical Staffing Plan to staff upon request.

F. Nothing in this regulation may be construed to require a hospital to take actions that are inconsistent with the Centers for Medicare and Medicaid Services Conditions of Participation or the accreditation standards of the accreditation body that accredits the hospital.