

HIGHLIGHTS OF THE 2010 SESSION

Summary of Major Actions at the 2010 Session of the Maryland General Assembly



**University of Maryland
Baltimore
Office of Government and Community Affairs**

44 West Street
Annapolis, Maryland 21401-2421
410-269-5087

www.umaryland.edu

April 2010



UNIVERSITY OF MARYLAND

HIGHLIGHTS OF THE 2010 SESSION

University of Maryland, Baltimore (UMB) Office of Government and Community Affairs

410-269-5087

Issued: April 15, 2010

The 427th session of the Maryland General Assembly convened on January 13, 2010 and adjourned “Sine Die” ninety calendar days later at midnight on Monday, April 12, 2010. The Office of Government and Community Affairs tracked over 840 of the more than 2700 bills considered by the legislature. This document summarizes the major outcomes of the 2010 Session which may be of particular interest to the University of Maryland, Baltimore (UMB) campus community

Bill Signings: The Governor has 30 days after presentment of bills to sign, veto or allow the legislation to become law without his signature. Bill signing dates for legislation passed during the 2010 Session follow: Tuesday, April 13, 2010, Tuesday, May 4, 2010, and Thursday, May 20, 2010. On the day prior to each scheduled bill signing, the Governor’s office lists the bills to be signed at: www.gov.state.md.us/.

A **2010 End of Session Report** will be issued by the Office of Government and Community Affairs by early May. That document will be a more comprehensive summary of all legislative actions of interest to UMB. It also will include other major actions of the Budget Committees, as expressed in the Joint Chairmen’s Report, which will be issued later this month. If you have questions relating to legislative matters, please contact us at 410-269-5087.

Elections: This is the fourth year of the term that began in 2007. For the 2010 elections, the Primary Election will be held on September 4, 2010 and the General Election will be held on November 2, 2010. Early voting will be available in Maryland for the 2010 elections. For more information, go to <http://www.elections.state.md.us/index.html>

We want to acknowledge the expertise provided by the many faculty and staff members from across the UMB campus that reviewed legislation, submitted comments, and testified on legislation. We also are appreciative of the many students, and faculty and staff members from each of the UMB schools who participated in advocacy efforts in Annapolis during the 2010 Session. Those efforts provide a good opportunity to showcase the excellent educational programs, research, clinical care, and public service activities which are underway across the campus.

PART I - STATE BUDGET - OPERATING AND CAPITAL

STATE OPERATING BUDGET

SB 140 – State Operating Budget Bill

SB 141 – Budget Reconciliation and Financing Act of 2010 (BRFA)

Overview

Beginning in December 2007, the global financial crisis dragged the U.S economy downward into a serious recession. The State's economic situation rapidly deteriorated with a significant adverse impact on State tax revenues, resulting in multiple reductions in State appropriations imposed by the Governor and Board of Public Works. Overall, State revenues for FY 10 are projected to decline by 5.2%, with final revenue attainment for FY 10 at almost 10% below FY 08. A modest rebound in State revenue growth of 3.6% is forecast for FY 11 (the upcoming budget year).

Although fiscal challenges have continued, the federal stimulus package (American Recovery and Reinvestment Act - ARRA) has enabled the Governor and legislature to protect most State programs. However, if the State economy does not sufficiently recover in the near term, the anticipated loss in FY 12 of over \$1.0 billion in stimulus dollars will pose significant fiscal challenges during the next term of the Maryland General Assembly (2011-2014).

As enacted, the State Operating Budget Bill (SB 140) appropriates \$32.3 billion to support the operating and programmatic costs of Maryland State government for FY 11, beginning July 1, 2010. In the aggregate, the State budget actually declines by nearly 1.0% over FY 10. The budget is balanced (as required by State Constitution), but relies on federal stimulus funds in lieu of general funds, transfer of special funds to the general fund, and cuts in State spending. Revenues supporting the \$32.3 billion State budget break down roughly as follows: General funds - \$13.2 billion (41%); special funds – \$5.9 billion (19%); federal funds - \$9.4 billion (29%); and education funds – \$3.5 billion (11%).

Provisions in SB 141, Budget Reconciliation and Financing Act (BRFA), constrain current and future growth in mandated State spending and transfer special funds to the general fund. Further, higher education and personnel costs are to be maintained at FY 11 levels for FY 12. These actions will reduce out-year State budget gaps by \$700 - \$800 million.

In total, the State budget (SB 140) is supported by \$1.6 billion in federal stimulus funds for FY 11. Legislative actions for FY 11 result in an anticipated general fund balance of almost \$200 million and a \$633.0 million balance in the State's Rainy Day Fund. The budget assumes over \$400 million in reductions, contingent on enactment of the BRFA (SB 141). Projections for out-years reflect persistent shortfalls in the State budget of about \$1.5 billion each year through FY 15.

In the aggregate, State funding for higher education is essentially flat for FY 11(at the FY 10 levels). Public senior higher education institutions are expected to hold undergraduate, resident tuition increases to 3%, ending a four year tuition freeze. Medicaid funding grows to over \$6.0 billion, with \$778 million supported by federal stimulus funds, and no reduction in services or eligibility.

Personnel and Other Major Actions in the State Operating Budget and BRFA (SB 140 and SB 141)

Major actions in the State budget that could have implications for the University System of Maryland (USM) and its institutions follow.

- **Deferred Compensation** – SB 141 suspends the requirement that the State provide an employee match to employee contributions in the supplemental retirement plan for FY 11 and provides that the employer match may be provided in future years to the extent funds are provided in the budget.
- **Furloughs and Salary Reductions** – SB 140 reduced State funding for regular and contractual salaries across all State agencies, with about \$14.4 million of the reductions allocated to USM. SB 141 authorizes the transfer to the general fund of any special fund savings realized as a result of the FY 11 employee furlough and temporary salary reduction. It also clarifies the Governor’s authority to implement temporary salary reductions and furloughs by executive order in any year when appropriations are reduced by the Board of Public Works because of a projected deficit.
- **General Mandate Relief** – SB 141 provides that the Governor is not required to provide more funds in the FY 12 budget for any program or item in an amount that exceeds the FY 11 appropriation (except for certain areas, including specified public education formulas, employee retirement, and reserve fund payments). This means that higher education allowance in the FY 12 State Budget may be limited to the FY 11 level.
- **Position Elimination** - SB 140 requires the Governor to abolish 500 regular full-time positions by June 30, 2011 with \$12 million in General funds reduced. The Governor may offer financial inducements that encourage voluntary separation, if funded within existing resources.
- **Reductions: Across the Board** – SB 140 includes provisions which requires that all across-the-board reductions shall apply to the University System of Maryland (USM) and other public higher education institutions. Several across-the-board reductions in the “back of the bill” sections relate to furloughs and salary reductions (cited above), position eliminations (cited above), health insurance with about \$5 million for USM, vacant positions, workers’ compensation, overtime, and electricity usage. Impact on USM to be determined.
- **Salary Limitations** – SB 141 provides that “...notwithstanding any other provision of law, State employees employed by any entity, including the University System of Maryland, Morgan State University, and St. Mary’s College of Maryland, may not receive bonuses, merit increases, or cost-of-living adjustments in fiscal year 2011. This provision does not affect salaries for constitutional officers or members of the General Assembly or increases necessary for the retention of faculty in the University System of Maryland, Morgan State University, or St. Mary’s College of Maryland.”

Further, Budget committee narrative expresses intent “...that in preparing the fiscal 2012 budget, the Governor shall take all necessary measures to constrain employee compensation with the goal of limiting the amount appropriated for regular and contractual employee salaries and wages to an amount not exceeding that allowed for fiscal 2011. Nothing in this statement of intent shall interfere with the collective bargaining process as currently specified in statute.”

- **State Funded Benefits** – SB 141 establishes a “Public Employees’ and Retirees’ Benefit Sustainability Commission” to study and make recommendations on all aspects of State funded benefits and pensions provided to State and public education employees and retirees with findings due by June 30, 2011. It includes the intent that the recommendations should begin to be implemented by FY 13.

Budget committee narrative requests the Blue Ribbon Commission to Study Retiree Health Care Funding Options to evaluate alternatives for reducing the State's long term liability and ongoing costs by incorporating Medicare Part D into the State retiree health insurance prescription plan.

Budget committee narrative requests the Joint Committee on Pensions to analyze all items that have a material impact on the funding status of the State Retirement and Pension System and the employer contribution rates for the Employees' Pension Systems and Teachers' Pension System during the 2010 interim. The focus of the study will be to detail the comparability, competitiveness, affordability and sustainability of State-funded retirement benefits in relation to the system's long-term funding outlook. The Joint Committee should present the findings on or before January 1, 2011.

University System of Maryland (USM)

- **Appropriation** - The Governor's FY 11 allowance for USM of \$1.074 billion will be adjusted to \$1.056 billion to reflect the required temporary salary and health insurance reductions. Other across-the-board reductions that affect all State agencies may further reduce that amount.

The Budget Conference Committee rejected the \$2.0 million cut to the USM office taken by the House, which reflected savings achieved by the reorganization of the University of Maryland Biotechnology Institute.

Budget Committee narrative expresses intent that "If the State's economic condition does not improve, then it is the intent of the committees that for fiscal 2012, the University System of Maryland, Morgan State University, and St. Mary's College of Maryland should receive the same amount of State funding (general funds and Higher Education Investment Funds) per full-time equivalent student as provided in fiscal 2011."

- **Fund Balance** – SB 141 transfers \$133,319,852 in FY 10 and \$11,731,321 in FY 11 from USM Fund balance to the State General fund to help address shortfalls in projected State revenue attainment. This action increased the Governor's proposed fund transfer by \$8 million and required that the monies be transferred in FY 10, except for the FY 11 temporary salary reduction.
- **Higher Education Investment Fund (HEIF)** - HB 470 and SB 283 make permanent the 6 percent distribution of corporate income tax revenues to the HEIF beginning in FY 11 and establishes a Tuition Stabilization Trust Account within HEIF to stabilize costs for resident undergraduate students by setting certain goals. SB 140 contains a provision that reduces \$42.1 million from State higher education institutions contingent upon the enactment of this legislation and authorizes a transfer of \$42.1 million from special funds to replace the General funds. The HEIF was established in 2007 to keep tuition affordable and to invest in capital projects, workforce development initiatives and Base realignment initiatives for public higher education.
- **Restricted Funds: Audit Findings** – SB 140 provides "...that \$250,000 of this appropriation for the University System of Maryland Office may not be expended until the University System of Maryland Board of Regents submits a report updating the budget committees on how it is working to improve the system's response to audit findings reported by the Office of Legislative Audits. The report shall include how the system and Board of Regents may be more proactive when receiving preliminary findings from the Office of Legislative Audits and how the information may be shared among the Board of Regents, Chancellor, and constituent institutions of the University System of Maryland.

The report shall be submitted to the budget committees by September 1, 2010, and the budget committees shall have 45 days for review and comment. Funds restricted pending receipt of a report may not be transferred by budget amendment or otherwise to any other purpose, and shall be cancelled if the report is not submitted to the budget committees.”

- **Tuition Freeze** – The USM budget request to the Governor included a 5 percent increase in resident undergraduate tuition. Budgetary actions assume that USM will impose a 3 percent increase in resident, undergraduate tuition and funds equivalent to the 2 percent difference were included in the USM appropriation. This action ended the four year freeze on tuition for resident, undergraduate students.
- **Reports** – Budget committee narrative require reports on: institutional aid by 01/10/11, faculty instructional workload by 12/01/10, policies regarding interactions with the community when considering construction projects by 09/01/10, outcomes of students participating in access to success programs at HBIs by 08/15/10 with a final report by 10/15/10, and implementation of recommendations on revitalizing Coppin State College by 12/15/10 with a final report by 07/15/11. Other reports may be required when the Joint Chairmen’s Report is issued.

University of Maryland, Baltimore (UMB)

- **Appropriation** – The Governor’s FY 11 allowance for UMB of \$181.7 million will be adjusted to \$178.2 million to reflect the required temporary salary and health insurance reductions. Other across-the-board reductions that affect all State agencies may further reduce that amount.
- **Fund Balance** – A portion of the USM Fund balance (cited above) to be transferred to the State general fund in FY 10 and FY 11 will be allocated to UMB.
- **Law School** – Budget committee narrative only was included in final regarding the UM School of Law. The Budget committees requests “ the University of Maryland, Baltimore School of Law to submit a report on the Environmental Law Clinic listing and describing each legal case in the past two years in which they participated in a court action, including a complete delineation of the non-privileged expenditures for each case. The report shall be submitted to the budget committees by August 1, 2010.”

The Budget Conference Committee rejected all budget bill language that would have restricted any funds pending reports about clinic operations by the UM School of Law and USM Office.

- **Restricted Funds: Audit Findings** – SB 140 provides “...that \$250,000 of this appropriation may not be expended until the University of Maryland, Baltimore submits a report updating the budget committees on progress toward addressing findings raised by the Office of Legislative Audits in the February 2010 audit. The report shall include updated policies regarding the kinds of special compensation payments made to faculty and the justifications for making such payments. The report shall be submitted to the budget committees by September 1, 2010, and the budget committees shall have 45 days for review and comment. Funds restricted pending receipt of a report may not be transferred by budget amendment or otherwise to any other purpose, and shall be cancelled if the report is not submitted to the budget committees.”

Note: Similar provisions were adopted for St. Mary’s College of Maryland.

- **Special Compensation Report** – Budget committee narrative requests “...that the University of Maryland, Baltimore (UMB) submit information for the latest completed prior fiscal year regarding compensation paid to employees for sabbatical leave, summer research, and bonus payments. This information should list for each applicable employee: the value of each of these types of payment, the purpose of the payment, and the base salary of the employee earning the payment. The information shall be included with the university’s annual budget submission to the General Assembly. **Note:** This narrative was modified at the request of the campus to clarify the intent.
- **\$285,250 Grant for the Governor’s Wellmobile Program** - This grant, budgeted under the Maryland Higher Education Commission, remains at the adjusted FY 10 level.

University of Maryland Medical Group (UMMG) – Cigarette Restitution Funding (CRF)

- **\$3.2 million for FY 11** - The University of Maryland Medical Group (UMMG), as specified in law for purposes of Cigarette Restitution Funds (CRF) Program, consists of the University of Maryland Medical System, University of Maryland, Baltimore, and University of Maryland School of Medicine. FY 10 was the tenth year of funding from the CRF. Due to severe State budgetary constraints, the FY 10 funding and proposed FY 11 and FY 12 funding levels are sharply reduced. FY 10 funding was cut by the Governor and Board of Public Works during the year from the appropriated level of \$9.5 million to roughly \$2.9 million. The State used the diverted funds to support Medical Assistance expenditures.

SB 141 provides substantial revisions to future CRF support. Because of cuts in excess of 75% in FY 10 for the UM Statewide Network Grant and UM Tobacco-Related Diseases Research Grant, these programs were terminated by the University of Maryland, with a resulting deficit of about \$300,000. As a result, UMMG requested the legislature to repeal these two grant programs and re-direct any proposed CRF monies for UMMG to the UM Cancer Research grant. Although the Cancer Research grant also was cut in excess of 75% in FY 10, reserves, endowments and other support temporarily are mitigating the reductions. **The legislature supported UMMG’s request for future funding changes and the following CRF support is mandated in SB 141:**

- **\$2,007,300 in each of FY 11 and FY 12 for the UM Cancer Research grant**, but in FY 11 up to \$300,000 is authorized to offset the deficit attributable to the termination of the Statewide Network Grant and Tobacco-Related Diseases Research Grants. Note – up to \$50,000 in FY 11 also could be transferred to support the Tobacco Quitline.
- **\$1,218,000 in FY 11 for the Baltimore City Public Health Grant.** Future funding for local support for these services continues as under current law.
- **\$10 million annually beginning in FY 13 for the UM Cancer Research grant program.** This amount of funding is **a major success**, since the Governor had only proposed \$5.1 million for the UM Cancer grant beginning in FY 13.

Finally, the State legislature expressed its intent to conduct a 2010 summer study of the use of the CRF over the past ten years with the intent to revise priorities for funding in future years.

University of Maryland Medical System (UMMS)

- **\$3,200,000 - Shock Trauma subsidy** – Beginning in FY 10, annually the Maryland Health Care Commission disburses \$3.0 million to the Shock Trauma Center for standby costs, homeland security requirements and \$200,000 is disbursed from the Maryland Institute for Emergency Medical Services Systems to help support research and educational program costs.
- **\$750,000 – Kernan Hospital subsidy** -This State support is budgeted in the Family Health Administration (DHMH) and is to support debt service relating to the construction of the rehabilitation center, which houses the former Montebello Rehabilitation Center population.

Maryland Higher Education Commission

- **Appropriations** – SB 140 includes funding at the levels proposed by the Governor for FY 11. The Budget Conference Committee rejected any reductions to the following:
 - Graduate and Professional Scholarships - \$1,178,303;
 - J. Hoffman Loan Assistance Repayment Program - \$1,892,895;
 - Senatorial Scholarships - \$6,486,000;
 - Delegates Scholarships - \$4,996,530;
 - Nurse Support Program II - \$13,875,185; and
 - Wellmobile - \$285,250 (as cited above under UMB).

Note: The Budget Conference Committee rejected provisions that would have altered the manner in which the Senatorial and Delegate scholarships were distributed and administered. The scholarships remain unchanged.

- **Reports** - Budget committee narrative requires reports on: the costs of developmental education (in consultation with USM) by 11/01/10, incentives for community college students to complete degrees prior to transfer to a four-year institution by 10/01/10; and current fiscal year working appropriations for scholarship programs by 10/15/10 and 01/15/11.

Department of Health & Mental Hygiene (DHMH) - Medical Assistance Program (\$6.0 billion)

Special provisions of interest to UMB follow:

- **Medicaid Reductions Related to Hospitals** – The State Budget (SB 140) assumed a \$123 million cut in Medicaid reimbursements to hospitals. The hospitals worked with the Health Services Cost Review Commission (HSCRC) to structure the distribution of the \$123 million as follows: 30% to hospitals and 70 percent in hospital payment rates (i.e. \$39 million cut to hospitals with the balance in hospital rates: \$47 million from federal match and \$37 million from all other payors and consumers).
- **Program Changes**– SB 140 restricts funds pending a report due by 11/15/10 which details estimated savings, program impact and effects on utilization of implementing: (a) Limits on services, including outpatient hospital, physicians, clinics, federally qualified health centers, non-hospital and clinic laboratory and x-rays, nurse practitioner, targeted case management and other services that are subject to material limits in other states; (b) Co-payments to the extent permitted by federal law; and (c) Premiums to the extent permitted by federal law.

- **Claims Processing** – SB 140 restricts funds from provider reimbursements (\$125,000 GFs) pending a report by 12/01/10 and authorizes use of the funds to pay for an independent report detailing how the Administration can maximize savings from minimizing claims processing and eligibility payment errors and using additional payment review strategies.
- **Hospital Assessment Revenue** – Budget committee narrative requests DHMH to submit a report by 07/01/10 that reconciles hospital assessment revenue in the FY 09 budget to actual savings in uncompensated care for the same period, since this is a growing revenue source for the Medicaid expansion to certain parents and emergency room services for childless adults.

Business and Economic Development (DBED)

- **Stem Cell Research Funds** – SB 140 appropriates \$12.4 million as per the Governor’s allowance (Maryland Technology Development Corporation -TEDCO), but restricts \$2.0 million for transfer to the Maryland Biotechnology Investment Tax Credit Reserve Fund in DBED for tax credits.
- **Biotechnology Investment Tax Credits** – SB 140 appropriates \$6.0 million.
- **New Biotechnology Grant Assistance** – SB 140 appropriates \$1.9 million.

STATE CAPITAL BUDGET

SB 142 – Creation of a State Debt – Maryland Consolidated Capital Loan

The following items are of interest to the UMB campus community:

University of Maryland, Baltimore (UMB)

- **\$2,606,000 - School of Pharmacy Addition and Renovation:** This is the final funding to equip the new addition and renovation of the existing School of Pharmacy facility. The total capital funding requested for this project is \$85.8 million, consisting of \$75.8 million in GO bonds, \$5 million in Academic Revenue bonds, and \$5 million in non-budgeted funds.
- **\$2.515 million – UMB Facilities Renewal:**
 - Elevator Upgrades in Campus Buildings (Phased) - \$800,000;
 - Fire Alarm System Upgrades and Replacements – Campuswide - \$990,000; and
 - Medical School Teaching Facility – Electrical Distribution System Upgrade (Phased) - \$725,000.
- **\$118,000 - State Accessibility Project:** Medical School Teaching Facility - Door Modifications and Accessible Drinking Fountains

University of Maryland Medical System (UMMS)

- **\$10.0 million - Trauma, Critical Care, and Emergency Medicine Expansion:** To provide a grant to assist in the construction and equipping of the University of Maryland Medical Center – Trauma, Critical Care, and Emergency Medical Services Expansion project. The project is a seven story patient-care building that will connect the Shock Trauma Center (STC) and the Weinberg Building at

the corner of Penn and Lombard Street. When finished, the new building will include an expansion of the Emergency Department, a surgical suite with 10 new operating rooms, a simulation center/training lab, 12 surgical intensive care beds, and 48 trauma beds. The total cost of the project is expected to be \$160.0 million between fiscal 2010 and 2014. The State's commitment to this project is \$50.0 million. UMMS will provide \$97.0 million for the project. Finally, UMMS expects to receive \$13.0 million in federal funding through the Department of Defense. To date, UMMS has received \$2.4 million of the \$13.0 million total.

- **State Support for Shock Trauma Renewal Deferred in 2011 budget:** Beginning in fiscal 2009, the State's support of Shock Trauma's annual equipment and capital renewal expenses was moved from the operating budget to the capital budget. Prior to fiscal 2009, funding was included in the operating budget from the Maryland Emergency Medical System Operations Fund (MEMSOF) in the amount of \$3.5 million per year. The funding for this renewal was moved to the capital budget to preserve the fiscal integrity of the MEMSOF fund, which was predicted to run a negative balance by the end of fiscal 2011. Budget bill language was included in the 2008 capital budget bill to recognize the legislature's intent to continue funding equipment and capital renewal expenditures at STC through fiscal 2011. However, funding for STC was not included in the proposed fiscal 2011 capital budget. Instead, the CIP defers the funding until fiscal 2012.
- **\$455,000 - University Specialty Hospital:** Increase and install a state-of-the-art oxygen and oxygen reserve facility to increase services to chronic pulmonary, inpatient ventilator-dependant, and coma patients. Total estimated project cost is \$1.3 million.

PART II - OTHER MAJOR LEGISLATION

This section provides a brief description of a number of the major bills that were passed by the General Assembly during the 2010 Session. The **2010 End of Session Report**, to be issued by the Office of Government and Community Affairs by early May, will provide more comprehensive information.

Bills take effect on October 1, 2010 unless otherwise indicated. Any bill except the budget bill is subject to the Governor's veto. To view a specific bill, go to the Maryland General Assembly website at: <http://mlis.state.md.us/#bill> and enter the bill number (i.e., SB 257). The **90 Day Report**, which is published by legislative staff shortly after the close of the legislative session, is organized by subject matter and provides a short summary of most bills that pass. A copy of that report will be available at: <http://mlis.state.md.us/other/DLSBriefingsReportsPublications.htm>.

Administration Legislation

The executive branch, under Governor Martin O'Malley and Lieutenant Governor Anthony Brown, submitted a package of legislation addressing education, the environment, health and economic development, and public safety. In addition to the budget bills described in Part I, the following Administration sponsored bills passed at the 2010 Session:

- Education
 - Governor's P-20 Leadership Council of Maryland (HB 466 and SB 286)
 - Higher Education Investment Fund -Tuition Stabilization and Funding (HB 470 and SB 283)
 - Education Reform Act of 2010 - K-12 Public Schools (HB 1263 and SB 899)
 - Creation of a State Debt - Aging School Program (SB 202)
 - Education – Maryland Longitudinal Data System (SB 275)
- Environment
 - Maryland Clean Energy Incentive Act of 2010 (HB 464 and SB 287)
 - Smart Green and Growing - Maryland Sustainable Growth Commission (HB 474 / SB 278)
 - Smart Green and Growing - The Sustainable Communities Act (HB 475)
 - Motor Vehicle Excise Tax - Tax Credits For Electric Vehicles (HB 469)
 - Renewable Energy Portfolio Standard (SB 277)
- Economic Development
 - Real Property – Residential Property Foreclosure Procedures - Foreclosure Mediation (HB 472)
 - Labor and Employment - Job Creation and Recovery Tax Credits (SB 106)
 - Unemployment Insurance - Tax Deferment, Trust Fund Solvency, and Cost-Neutral Modernization Act (SB 107)
- Health and Human Services
 - Collective Negotiations by Family Child Care Providers (HB 465)
 - Patient Centered Medical Homes (HB 929 and SB 855)
 - Maryland False Health Claims Act (SB 279)
- Public Safety – Sexual Offenders
 - Criminal Procedures - Sexual Offenders –Lifetime Supervision (HB 473 and SB 280)
 - Public Safety – Sexual Offender Advisory Board (HB 931 and SB 856)
 - Crimes – Sex Offenders – Notification, Registration, and Penalties (HB 936 and SB 854)

HB 319 / SB 484 - State Board of Nursing – Nurse Practitioners – Certification Requirements and Authority to Practice

These bills alter the scope of practice for nurse practitioners by allowing them to practice independently from physicians. The bills define “practice as a nurse practitioner” as independently performing the duties of a registered nurse; conducting comprehensive physical assessments; establishing a medical diagnosis for common chronic, stable, or short-term health problems; ordering, performing, and interpreting laboratory tests; prescribing drugs; performing diagnostic, therapeutic, or corrective measures; making referrals; and providing emergency care. The bills clarify the certification process; authorize the State Board of Nursing to require continuing education or competency requirements; provide title protection; and alter the temporary practice letter requirements for nurse practitioners.

A nurse practitioner must have an approved attestation that he or she has a collaboration agreement in place with a licensed physician and will refer to and consult with physicians and health care providers as needed. The bills require the State Board of Nursing, in consultation with the State Board of Physicians, to develop a plan to implement the Maryland Nurse Practice Act.

HB 323 / SB 308 - Health Occupations - Licensure of Physician Assistants

These bills require physician assistants (PAs) to be licensed, rather than certified by the Board of Physicians (BOP) to practice in the State. The bills alter the membership of the Physician Assistant Advisory Committee (PAAC) within the board (BOP); expand grounds for disciplining PAs to align them with those for physicians and encompass violations of delegation agreements; provide for PAs to work in emergency situations under relaxed documentation requirements for physician supervision; and increase the number of PAs to four to whom a primary supervising physician may delegate medical acts.

The board must approve a delegation agreement that includes advanced duties, unless an advanced duty will be performed in a hospital or ambulatory surgical facility. Additionally, a primary physician must obtain the board’s approval of a delegation agreement before a PA may administer, monitor, or maintain general anesthesia or neuroaxial anesthesia under the agreement. A PA may also prescribe or dispense starter dosages or drug samples in accordance with a delegation agreement.

HB 435 – Health Insurance – Reimbursement of Primary Care Providers – Bonus Payments

This bill requires carriers that provide hospital, medical, or surgical benefits to pay a bonus to primary care providers for services provided in the office after 6 p.m. and before 8 a.m., or on weekends and national holidays. The terms of a bonus payment must be described in a carrier’s contract with the primary care provider. Although the term “provider” is not defined, it can include certified nurse practitioners. The bill does not apply to group model health maintenance organizations.

HB 466 / SB 286 - Governor’s P-20 Leadership Council of Maryland

These Administration bills codify the Governor’s P-20 Leadership Council of Maryland. The council is charged with investigating ways to improve education (pre-kindergarten through postsecondary), advance workforce creation, and make the State more competitive. The bills expand the membership of the existing council by adding four elected officials, two representatives of nonpublic elementary and secondary schools, and six additional members including at least two members of employee organizations that represent elementary and secondary school personnel. Members of the executive committee that

direct the council's work consists of the Governor or designee, Secretary of Higher Education, Secretary of Labor, Licensing, and Regulation, Secretary of Business and Economic Development, Chancellor of the University System of Maryland, and State Superintendent of Schools. The bills take effect July 1, 2010 and require annual reports by December 15 of each year.

HB 470 / SB 283 - Higher Education Investment Fund - Tuition Stabilization and Funding

These Administration bills enact recommendations of the Commission to Develop the Maryland Model for Funding Higher Education established by the Tuition Affordability Act of 2006 (Chapters 57 and 58). The final Commission report recommended making the Higher Education Investment Fund (HEIF) permanent. The Commission's goal was to establish a reserve fund for higher education within HEIF -- a Tuition Stabilization Trust Account -- in which in years of increasing corporate income tax revenues, funds are deposited into the account and, in years of decreasing revenues, appropriate portions of the account are used to stabilize tuition. The funds are to be used to limit resident, undergraduate tuition and fees in any given year to a percent not to exceed the increase in the three-year rolling average of the State's median family income.

The bills make permanent the 6% distribution of corporate income tax revenues to the Higher Education Investment Fund (HEIF) and establish the Tuition Stabilization Trust Account within HEIF to stabilize costs for resident, undergraduate students. Money in the trust may only be expended to supplement general fund appropriations for the purpose of stabilizing tuition costs of resident, undergraduate students.

The bills also establish the goal that any increase in resident, undergraduate tuition and academic fees at public senior higher education institutions should not exceed the percent increase in the three-year rolling average of the State's median family income. The legislation also provides that in conjunction with moderate and affordable tuition, public senior higher education funding should reach 100% of the funding guidelines as developed and approved by the Maryland Higher Education Commission (MHEC). Lastly, the bills require the governing boards of public senior higher education institutions to periodically review tuition at individual institutions and make adjustments when necessary to promote access, increase funding for financial aid, align resident tuition rates with peer institutions in the State and nationwide, and to affect student demand as demonstrated by admissions data and productivity measures.

HB 500 / SB 252 - Child Support Guidelines – Revision

These bills revise the schedule of basic child support obligations used to calculate child support amounts under the State's child support guidelines. The current schedule is expanded to include monthly incomes of up to \$15,000 and the minimum order of child support of \$20 to \$150 is altered to apply to incomes from \$100 to \$1,200. The bills substitute "obligee" for custodial parent and "obligor" for noncustodial parent in statutory provisions relating to the guidelines. Further, the bills establish that the adoption or revision of the guidelines is not a material change of circumstances for the purpose of a modification of a child support award.

HB 600 / SB 165 - Health Occupations - Therapy Management Contracts - Repeal of Sunset

These bills make permanent the Drug Therapy Management Program created by Chapter 249 of 2002 which authorized a physician and a pharmacist to enter into a therapy management contract that specifies treatment protocols that may be used to provide care to a patient. A "therapy management contract" is a

voluntary, written arrangement that is disease-state specific and applies to one licensed pharmacist, one licensed physician, and one patient receiving care from the physician and pharmacist.

HB 699 / SB 593 - Health Facilities - Freestanding Medical Facilities – Rates

These bills require the State Health Services Cost Review Commission (HSCRC) to set rates for hospital services provided at freestanding medical facilities issued a certificate of need (CON) by the Maryland Health Care Commission (MHCC) after July 1, 2015; a freestanding medical facility licensed prior to July 1, 2007; and freestanding medical facility pilot projects. The bills require all payors subject to the rate-setting authority of HSCRC, including insurers, nonprofit health service plans, health maintenance organizations (HMOs), managed care organizations (MCOs), and the Medical Assistance Program (Medicaid), to pay the HSCRC rates for hospital services at a freestanding medical facility issued a CON after July 1, 2015, and freestanding medical facility pilot projects authorized prior to January 1 2008. However, the bills limit HSCRC's fiscal 2011 rate-setting authority to hospital services provided at the freestanding medical facility pilot project in Queen Anne's County, and require that those rates be set in a manner that does not impact the State budget in fiscal 2011.

Lastly, the bills require freestanding facilities receiving a CON after July 1, 2015, to meet MHCC requirements for licensure and prohibit the licensure of any additional freestanding medical facilities before that date. HSCRC has to report on the rates established under the bills and its methodology by October 1, 2010. MHCC and HSCRC have to report on the effect of the rates and review criteria and standards for issuing additional CONs to establish freestanding medical facilities on or before December 31, 2014. These bills take effect June 1, 2010.

HB 795 - Task Force to Study Nanobiotechnology

This bill establishes a Task Force to Study Nanobiotechnology. The task force is required to report its findings and recommendations on the benefits of the technology and the State's role in promoting it by January 1, 2011. The membership of the taskforce includes three representatives of higher education institutions involved in research or scholarship on nanobiotechnology. The Department of Business and Economic Development (DBED) and the Maryland Technology Development Corporation (TEDCO) are required to staff the task force. The bill takes effect June 1, 2010 and terminates May 31, 2011.

HB 878 - Health Insurance – Annual Preventive Care

This bill specifies that insurers, nonprofit health service plans, and health maintenance organizations (carriers) must provide coverage for covered annual preventive care once at any time during the plan year established in the enrollee's policy or contract. The bill clarifies that "annual preventive care" means an annual preventive visit, screening or examination that is a covered benefit, including annual child wellness visits; routine gynecological visits; screening tests or examinations for colorectal cancer, chlamydia, human papillomavirus, prostate cancer or breast cancer; and an annual vision visit that includes a vision examination. The bill applies to all policies, contracts, and health benefit plans issued, delivered, or renewed on or after October 1, 2010, or, for policies, contracts, and health benefit plans in effect on October 1, 2010, but not subject to renewal before October 1, 2011, no later than October 1, 2011.

HB 929 / SB 855 - Patient Centered Medical Home Program

These Administration bills require MHCC to establish a Patient Centered Medical Home Program if it concludes that the program likely will result in the delivery of more efficient and effective health care services and is in the public interest. A “patient centered medical home” means a primary care practice organized to provide a first, coordinated, ongoing, and comprehensive care to patients to foster a partnership with a qualifying individual and exchange medical information with other carriers. “Primary care practice” means a practice or federally qualified health center (FQHC) organized by or including pediatricians, general internal medicine physicians, family medicine physicians, or nurse practitioners. Insurers, health maintenance organizations (HMOs), managed care organizations (MCOs), and nonprofit health service providers (carriers) are authorized to pay a patient centered medical home, including specified incentives, for coordinated covered medical services provided to covered individuals. The bills authorize carriers to share medical information about a covered individual who elects to participate in a medical home with the individual’s medical home and other treating providers.

The bills also require the Maryland Health Care Commission (MHCC) to conduct an independent evaluation of program effectiveness and report findings by December 1, 2014. Lastly, the bills require the MHCC to consult with the Maryland Community Health Resources Commission (MCHRC) regarding the inclusion of FQHCs and other primary care practices in the program. The bills take effect July 1, 2010, and terminate December 31, 2015.

HB 933 / SB 328 - Hospitals - Financial Assistance and Debt Collection

These bills alter the requirements for hospital financial assistance and debt collection policies and make the requirements applicable to chronic care hospitals that are subject to rates set by HSCRC. Hospitals must, in their financial assistance policies, provide reduced-cost medically necessary care to patients with family income below 500 percent of federal poverty guidelines who have a financial hardship. “Financial hardship” means medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. However, the bills authorize a hospital to seek, and HSCRC to approve, a different income threshold based on specified factors.

Beginning October 1, 2010, if a hospital has collected more than \$25 from a patient or patient’s guarantor and the patient, within a two-year period, was found to be eligible for free care on the date of service, the hospital must refund the patient or guarantor any amount collected above \$25. If a judgment or adverse credit report has been entered on a patient who was later found to be eligible for free care on the date of the service for which the judgment was awarded or the adverse information was reported, the hospital must vacate the judgment or strike the adverse information and refund the patient.

The bills prohibit a hospital from reporting adverse information to a consumer credit reporting agency or commencing civil action against a patient for nonpayment for at least 120 days after issuing an initial patient bill, unless the hospital documents a patient or guarantor’s lack of cooperation in providing information needed to determine the patient’s obligation regarding the bill. A hospital that delegates collection activity to an outside collection agency must explicitly authorize or contract the agency to do so and require the agency to abide by the hospital’s collection and credit policy.

A hospital must report a patient’s fulfillment of his or her payment obligation to any consumer reporting agency to which the hospital had reported adverse information about the patient within 60 days after the obligation is fulfilled. The bills also prohibit a hospital from forcing the sale or foreclosure of a patient’s primary residence to collect an outstanding debt. If a hospital holds a lien on a patient’s primary residence, the hospital may maintain the right to defend its legal position as a secured creditor with

respect to other creditors to whom the patient may owe a debt. Any changes to the hospital's financial assistance and debt collection policies require the approval of the hospital's board of directors, and the board must review and approve the policies every two years.

HB 1017 / SB 700 - Health Insurance - Child Wellness Benefits

These bills require insurers and nonprofit health service plans to provide, in their child wellness services, all visits for obesity evaluation and management and all visits for and costs of developmental screening as recommended by the American Academy of Pediatrics. The bill applies to all policies and plans issued, delivered, or renewed in the State on or after October 1, 2010.

HB 1302 / SB 719 - Health Occupations - Dental Hygienists - Practice in Long-Term Care Facilities

These bills authorize a licensed dental hygienist to practice in a long-term care facility under the general supervision of a dentist. A "long-term care facility" is considered a nursing home or an assisted living program. A dental hygienist and a supervising dentist must each hold an active license as well as a current certificate evidencing health provider level C proficiency, or its equivalent, in cardiopulmonary resuscitation (CPR), and have at least two years of active clinical practice in direct patient care. Prior to providing services in a long-term care facility, a dental hygienist must ensure that the long-term care facility has a written medical emergency plan and specified equipment for the appropriate delivery of dental hygiene services. Further, a dental hygienist must have a written agreement with the supervising dentist that sets forth the terms and conditions under which the dental hygienist may practice, including a statement that the dental hygienist may provide dental hygiene services without the supervising dentist on the facility's premises. A dental hygienist may perform subsequent authorized dental hygiene services without the supervising dentist on the premises, if the supervising dentist examines the patient and authorizes a prescription of specific treatment, services are provided within seven months of the examination performed by the supervising dentist, and upon the expiration of a prescribed treatment, the supervising dentist is responsible for future treatment of the patient. The Department of Health and Mental Hygiene (DHMH) must evaluate the use, effectiveness and impact of the provisions of the bill and report by December 31, 2013. These bills take effect July 1, 2010, and terminate June 30, 2014.

HB 1370 / SB 979 - Public-Private Partnerships – Oversight

These bills define a "public-private partnership" (P3) and establish a framework of P3 reporting requirements and oversight procedures for State entities. A "public-private partnership" means a sale or lease agreement between a unit of State government and a private entity under which: (1) the private entity assumes control of the operation and maintenance of an existing State facility; or (2) the private entity constructs, reconstructs, finances, or operates a State facility or a facility for State use and will collect fees, charges, rents, or tolls for the use of the facility. A "public-private partnership" does not include: (1) a short-term operating space lease entered into in the ordinary course of business by a unit of State government in accordance with provisions concerning the transfer of State real or personal property in the State Finance and Procurement Article; (2) a procurement governed by specified general procurement provisions in the State Finance and Procurement Article; or (3) public private partnership agreements entered into by the University System of Maryland, where no state funds are used to fund or finance any portion of a capital project. Under the legislation, a "reporting agency" specifically includes the University System of Maryland.

The bills establish a Joint Legislative and Executive Commission on Oversight of Public-Private Partnerships, which includes the Chancellor or designee from the University System of Maryland. The Commission must assess P3 oversight, best practices, and approval processes in other states and make recommendations relating to specified issues. Reporting agencies must submit a report concerning a proposed P3 to the State Treasurer and specified legislative committees, for their review and comment, at least 45 days prior to issuing a public notice of solicitation for a P3. By January 1 annually, each reporting agency must submit a report concerning each P3 under consideration and a status report concerning each existing P3 in which the reporting agency is involved. Also by January 1 annually, each unit of State government that provides conduit financing for a P3 must submit a report concerning each P3 for which the unit is providing conduit financing.

The bills require the State Treasurer to analyze the impact of each proposed P3 agreement on the State's capital debt affordability limits and submit the analysis within a specified time period to specified legislative committees for their review and comment. The Board of Public Works (BPW) is prohibited from approving specified P3 agreements until after specified legislative committees have had 30 days to review and comment on the State Treasurer's analysis of the proposed agreement.

The newly created commission must study and report on best practices and approval process and submit a final report by December 1, 2011. The bills take effect June 1, 2010, and provisions concerning the commission terminate June 30, 2012.

HB 1564 - Maryland Health Insurance Plan - Administration of National High Risk Pool Program

This emergency departmental bill authorizes the Board of Directors for the Maryland Health Insurance Plan (MHIP) to elect for MHIP to administer a national temporary high-risk pool program for the State. The board may limit enrollment based on the amount of federal funding available to the program and establish a separate benefit package delivery system and premium rate for enrollees according to standards for benefit packages and premium rates established under federal law for the program. In addition, the bill requires MHIP to monitor federal and State legislation and notify the Department of Legislative Services of the enactment of legislation ending the national or State program. The bill terminates on the earlier of the date that the national high-risk pool program ends or MHIP ends its administration of the national high-risk pool program for the State.

SB 248 - Civil Cases – Maryland Legal Services Corporation Fund

This bill increases the surcharge on civil cases filed in circuit court from a maximum of \$25 to a maximum of \$55. In the District Court, the maximum authorized surcharge increases from \$5 to \$8 for summary ejectment cases; and from \$10 to \$18 for all other civil cases. Money from the surcharge is deposited into the Maryland Legal Services Corporation (MLSC) Fund, which is used to finance civil legal services to indigent clients. The bill requires MLSC to prepare and submit an annual informational budget with line item expenditure detail for personnel, operating expenses and grants; narrative for all revenue and spending changes; performance measure data on the use of funds; and reserve fund policies and balance. The bill takes effect June 1, 2010 and terminates June 30, 2013.

SB 279 - Maryland False Health Claims Act of 2010

This Administration bill (1) prohibits a person from making a false or fraudulent claim for payment under a State health plan or program; (2) authorizes the State to file a civil action against a person who makes a false health claim; (3) establishes civil penalties for making a false health claim; (4) permits a private citizen to file a civil action on behalf of the State; (5) requires the court to award a certain percentage of the proceeds of the action to the private citizen initiating the action; and (6) prohibits retaliatory actions by a person against an employee, contractor, or grantee for disclosing a false claim or engaging in other specified false claims-related activities.

Under the bill, a “State health plan” is the State Medicaid program or a private health insurer, health maintenance organization (HMO), managed care organization, or health care cooperative or alliance that provides or contracts to provide health care services that are wholly or partly reimbursed by or are a required benefit of a health plan established under the federal Social Security Act or by the State. A “State health program” is Medicaid, the Cigarette Restitution Fund Program, the Mental Hygiene Administration, the Developmental Disabilities Administration, the Alcohol and Drug Abuse Administration, the Family Health Administration, the Infectious Disease and Environmental Health Administration, or any other unit of DHMH that pays a provider for a service rendered or claimed to have been rendered to a recipient. “Knowing” or “knowingly” is defined to mean, with respect to information and without requiring proof of specific intent to defraud, that a person (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information. “Knowing” or “knowingly” does not mean, with respect to information, that a person acts in a manner that constitutes mistake or negligence.

A person who violates the bill’s prohibitions is liable to the State for a civil penalty of up to \$10,000 and up to triple the State’s damages resulting from the violation. These penalties are in addition to any criminal, civil, or administrative penalties provided under any other State or federal law. When determining the appropriate amount of civil penalties and damage a court must consider the following factors: (1) the number, nature, and severity of the person’s current and past false claims violations; (2) the degree of loss suffered by the State; (3) the person’s history of billing compliance; (4) the extent to which the person has taken steps to address and correct violations; (5) the extent to which the violation caused harm or detriment to patients or consumers; (6) funds previously returned to the State in compliance with federal overpayment requirements; (7) whether the person self-reported the violation and cooperation; and (8) any other factor as justice requires. When weighing these factors, the court must give special consideration, where appropriate, to the extent to which the person’s size, operations, or financial condition may have affected each of the specified factors and the extent to which these attributes may affect the person’s ability to provide care and continue operations after payment of damages and fines.

The bill authorizes a private party to bring an action on behalf of the State in which the private party may seek the civil penalties and damages, as well as court costs and attorney’s fees. If the State intervenes and proceeds with an action and prevails, the court must award the private party not less than 15% and not more than 25% of the proceeds, and in certain cases not more than 10% of the proceeds, proportional to the amount of time and effort that the party contributed to the final resolution of the action.

If a civil action is initiated by a person on behalf of the State, the person must serve on the State a copy of the complaint and a written disclosure of substantially all material and information that the person possesses in accordance with the Maryland Rules. A complaint is to be filed *in camera* (closed and kept private) and must remain under seal for at least 60 days or until the court orders the complaint to be served on the defendant. During the period in which the complaint is under seal, the State must notify the

defendant as soon as practicable of an ongoing alleged violation, unless notification would compromise the investigation.

If the State decides to intervene, the State may elect to withdraw from the case at any time. If the State declines to intervene or decides to withdraw from a case, the court must dismiss the case. If the State elects to proceed, it has primary responsibility and is not bound by any act of the person who initiated the action. If the court determines after a hearing that a proposed settlement is fair, adequate, and reasonable, the State may settle a civil action, regardless of the objections of the person who initiated the action.

The bill permits the State to pursue alternative administrative remedies including civil momentary penalties. The person who initiated the civil action is afforded the same rights as the person would have had, if the State had continued the action.

The statute of limitations for any action brought under the bill is 6 years from the date of the violation or 3 years after the date when material facts were known or reasonably should have been known, but not more than 10 years after the date on which the violation is committed. A civil action may be filed for activity that occurred prior to October 1, 2010, if the limitations period has not lapsed. In any action, the State or the initiating complainant must prove all essential elements of the case by a preponderance of the evidence. Beginning October 1, 2010, DHMH and the Office of the Attorney General must report annually on the number of actions filed, the number of judgments, and the number of claims settled.

SB 314 - Health Insurance - Assignment of Benefits and Reimbursement of Nonpreferred Providers

The bill provides that under preferred provider (PPO) policies, an insurer must honor an “assignment of benefits” for an “on-call physician” or “hospital-based physician” who is a non-preferred provider, where the physician agrees to accept certain specified levels of payment and not to balance bill. The bill also requires for PPO policies, that the coinsurance percentage applicable for nonpreferred providers may not be greater than 20 percentage points over the coinsurance percentage for preferred providers. Specific details follow.

A “hospital-based physician” means a physician who is under contract to provide health care services to patients at a hospital or a group physician practice under contract to provide health care services to patients at a hospital. For a covered service rendered by a hospital-based physician who is not a preferred-provider, and who agrees to accept an assignment of benefits, the insured shall pay the physician within 30 days after receipt of the claim and shall pay no less than the greater of: (a) 140% of the average rate paid for the 12-month period that ends on January 1 of the previous year in the same geographic area, as defined by the Centers for Medicare and Medicaid Services, to similarly licensed providers who are hospital-based physicians, under written contract with the insurer; or (b) the final allowed amount of the insured for the same covered service for the 12-month period that ended on January 1, 2010, inflated by the change in the Medicare Economic Index, to the hospital-based physicians billing under the same federal tax identification number the hospital-based physician used in calendar year 2009. The physician may not balance bill.

“On-call physician” means a physician who has privileges at a hospital, is required to respond with an agreed upon time period to provide health care services for unassigned patients at the request of a hospital, or a hospital emergency department, and is not a hospital-based physician. For a covered service rendered by an on-call physician who is not a preferred provider, and who agrees to accept an assignment of benefits, the insured shall pay the physician within 30 days after receipt of the claim, and pay no less than the greater of: (a) 140% of the average rate paid for the 12-month period that end on January 1 of the previous year in the same geographic area, as defined by the Centers for Medicare and Medicaid Services,

to similarly licensed providers who are hospital-based physicians, under written contract with the insurer; or (b) the average rate the insured paid for the 12-month period that ended on January 1, 2010, in the same geographic area, as defined by the Centers for Medicare and Medicaid Services, to similarly licensed providers not under written contract with the insurer, inflated by the change in the Medicare Economic Index. The physician may not balance bill.

For other non-preferred providers (not on-call or hospital-based physicians as described above), where the physician seeks an assignment of benefits from an insured, the physician must, prior to rendering a health care service, disclose to the insured that the physician is a nonparticipating provider; that the insured will be responsible for payments that exceed the amount that the insurer will pay for services rendered; a good faith estimate of the amount of the billed charges; payment terms; and whether any interest will apply.

Lastly, the bill requires MHCC in consultation with the Maryland Insurance Administration (MIA) and Office of Attorney general (OAG) to study the impact of the bill on carrier network adequacy, physician reimbursement and access, and balance billing. MHCC must submit a final report by October 1, 2014. By December 1, 2010, MIA is to report its recommendations and methodology for determining the final allowed amount to be paid, and MIA must report on complaints filed by consumers regarding balance billing by December 1, 2011. The bill's provisions take effect and apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after July 1, 2011. The bill sunsets on September 30, 2015.

SB 793 - State Retirement and Pension System - Investments - Qualified Information Technology, Green Technology, Medical Device Technology, or Bioscience Businesses – Reporting

This bill requires the Board of Trustees of the State Retirement and Pension System (SRPS) to submit an annual report to designated committees of the General Assembly regarding its investments in venture capital funds. The report must list the names of and total amount invested in each venture capital fund that focuses on information technology, green technology, medical device technology, or bioscience. It must also provide the aggregate amount of SRPS assets invested by venture capital funds in companies headquartered in Maryland as well as businesses in each of the four industries listed above. The bill takes effect July 1, 2010, and terminates June 30, 2015.

SB 1124 - Public Senior Higher Education Institutions - Audits - Communicating Preliminary Findings

This bill requires the Legislative Auditor to send a copy of the discussion notes of an examination relating to any preliminary findings of substantial fiscal impropriety of a public senior higher education institution to select individuals and the appropriate governing board of the institution. For the University System of Maryland, the information is to be sent to the Chancellor and the USM Board of Regents Audit Committee. Similar provisions apply for Morgan State University and St. Mary's College of Maryland.

**PART III – MAJOR BILLS OF INTEREST TO THE UNIVERSITY OR MARYLAND,
BALTIMORE WHICH DID NOT PASS DURING THE 2010 SESSION**

HB 324 / SB 672	Patient Referrals – Imaging and Radiation Therapy Services – Accreditation
HB 348/ SB 334	Public Institutions of Higher Education – New Design and Substantial Exterior Modification – Notice and Consultation
HB 371	Stem Cell Research Fund – Sickle Cell Disease – Funding
HB 622 / SB 769	Health Care Malpractice – Noneconomic Damages
HB 640	Maryland Loan Assistance Repayment Program for Physicians – Prince George’s County Primary Care Physicians- Eligibility PG 403-10
HB 649	Environment – Pharmaceutical Disposal Act
HB 703	Maryland Lawyer Loan Assistance Repayment Program
HB 712 / SB 627	Public Health – Medical Marijuana
HB 721 / SB 844*	State Procurement – Use of Federal E-Verify Program to Prevent Employment of Unauthorized Alien Workers *Note – Referred to Interim Study
HB 782	Department of Information Technology – Security of Computer Systems
HB 1089*	Health Occupations – Pharmacists – Laboratory Tests *Note: Regulations issued or pending
HB 1102	Bookstores Purchasing Used Textbooks
HB 1125*	Storm Water Management – Development Projects – Requirements *Note: Regulations issued or pending
HB 1166	Health Care Malpractice – Awards and Judgments – Periodic Payments
HB 1301	State Government – Access to Public Records – Electronic Documents
HB 1351	Insurance – Use of Genetic Information and Genetic Tests
HB 1369	Task Force to Study Standardizing and Accountability of Introductory Courses in Higher Education in Maryland
HB 1410 / SB 1005	Health Services Cost Review Commission – Podiatric Medical Examiners Residency Program
HB 1488	State Board of Dental Examiners – Written Notification of Risk of Trigeminal Neuralgia

SB 191	Weapon-Free Higher Education Zones
SB 228	Environment – Incinerator Permits – Conditions for Issuance
SB 628	Maryland Stem Cell Research Fund – Annual Report - Requirements
SB 631	State Board of Dental Examiners – Dentists – Use of Dental Amalgam, Mercury, and Amalgam Alloy
SB 674	Robert Kittleman Scholarship Reform Act
SB 702	Tuition Cap and College Opportunity Act of 2010
SB 708	Maryland Higher Education Business Coalition and Fund
SB 1066	Health Occupations – Facilities for Dental Radiology
SB 1084	Maryland Higher Education Commission – Review of Program Proposals



University System of Maryland
William E. Kirwan, Chancellor

Board of Regents

Clifford M. Kendall, Chairman
Orlan M. Johnson, Vice Chairman
Gary L. Attman
Norman R. Augustine
Patricia S. Florestano
Linda R. Gooden
Barry P. Gossett
The Hon. Francis X. Kelly, Jr.
The Hon. C. Thomas McMillen
Louise M. Gonzales
A. Dwight Pettit
Dr. Frank M. Reid III
James L. Shea
Thomas G. Slater
Dr. John L. Young
Sarah Elfreth, Student Regent

Ex-officio

The Hon. Earl F. Hance

University of Maryland Baltimore
Foundation, Inc.

Board of Trustees

Janet S. Owens, Chair
Edward J. Brody
Don-N. Brotman
Harold E. Chappellear
Charles W. Cole, Jr.
Anna M. Dopkin
James D'Orta
James A. Earl
Morton P. Fisher, Jr.
Joseph R. Hardiman
David Hillman
Richard J. Himelfarb
Wallace J. Hoff
Kempton M. Ingersol
Donald M. Kirson
Harry C. Knipp
Kyle P. Legg
Sally Michel
Milton H. Miller, Sr.
Thomas P. O'Neill
Theo C. Rodgers
Donald E. Roland
The Hon. Devy Patterson Russell
Robert G. Sabelhaus, Sr.
Pauline A. Schneider
Alan S. Silverstone
Frederick G. Smith
C. William Struever
Richard L. Taylor
John C. Weiss, III
Garland O. Williamson
William T. Wood

Ex-officio

E. Albert Reece, Acting President, UMB
T. Sue Gladhill, President/CEO, UMBF, Inc.
Judith S. Blackburn
Treasurer/CFO, UMBF, Inc.