



UNIVERSITY *of* MARYLAND
THE FOUNDING CAMPUS

***HIGHLIGHTS
OF THE
2013 SESSION OF THE
MARYLAND GENERAL ASSEMBLY***

April 2013

Office of Government and Community Affairs

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Office of Government and Community Affairs

www.umaryland.edu/offices/government/

April 10, 2013

Overview - The 431st session of the Maryland General Assembly convened on January 9, 2013 and adjourned “Sine Die” at midnight on Monday, April 8, 2013. This was the third regular session of the four-year (2011- 2014) term of office for the Governor and Maryland General Assembly. Of the more than 2,600 bills and resolutions introduced at the 2013 session, the Office of Government and Community Affairs tracked more than 780 bills that could impact the University of Maryland, Baltimore (UMB) community and assisted with testimony presented at more than 80 legislative meetings.

Appreciation - We greatly appreciate the expertise and time devoted by faculty, students, and staff who review legislation, provide testimony or participate in advocacy efforts ensuring that the legislature recognizes the great value of the University. It is an honor to represent so many talented individuals and showcase our extraordinary educational, research, clinical care and public service activities.

Highlights of the 2013 Session - This document is a brief overview of the State operating (HB 100) and capital budgets (HB 101), as well as the other major bills that passed and failed.

2013 End of Session Report - By early May, we will issue a more comprehensive summary of legislative actions, including pertinent reporting requirements and opportunities for participation in study groups, task forces, etc. related to the newly enacted legislation. We will meet with university leadership to discuss the major legislative outcomes and seek guidance for future initiatives. The report will be available at: www.umaryland.edu/offices/government/government/.

Bill Signings - The Governor has 30 days after presentment of bills to sign, veto or allow legislation to become law without his signature. Bill signings are held in the State House in Annapolis at the following dates and times for legislation that passed at the 2013 Session: Tuesday, April 9 at 10:30 am; Thursday, May 2 at 10:30 am; and Thursday, May 16 at 10:30 am. On the day prior to each scheduled bill signing, the Governor’s office releases the list of the bills to be signed at: www.gov.state.md.us/.

Contact Information for Government Affairs - For questions about this report or legislative matters, you may contact us at [410-269-5087](tel:410-269-5087) or by email.

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UMB Student Placements - We have been fortunate to have students from three UMB schools intern with us in Annapolis. The students learn about the importance of participating in public policy and support the University by covering bill hearings and workgroup meetings and by leading legislative events for UMB schools during the session. We are very grateful for their efforts and the professional manner in which they represent themselves and their fellow students.

- School of Social Work - Ms. Courtney Summers and Ms Heather Allen, who are pursuing their MSW degrees
- School of Pharmacy - Mr. Andrew Haines, Ms. Kasey Malotte, Ms. Jill Lowman, and Ms. Sanjana (Jyoti) Vasanani, who are pursuing their PharmD degrees
- School of Medicine - Ms. Jennifer Silber and Ms. Krupa Patel, who are pursuing their MD degrees

HIGHLIGHTS OF THE 2013 SESSION

PART I - STATE OPERATING AND CAPITAL BUDGETS

STATE OPERATING BUDGET

HB 100 - State Operating Budget Bill

HB 102 - Budget Reconciliation and Financing Act of 2013 (BRFA)

Background

The recession that began in December 2007 has been noted by economists as the longest and deepest of the post-World War II period. As a result, State revenues plummeted, causing an almost \$2 billion structural deficit by 2009. Over a several year period, the State dealt with the fiscal problems by relying on a variety of one-time solutions, including massive federal assistance to the states, extensive fund transfers, huge mid-year spending reductions, employee reductions and furloughs, no salary increases for most employees and even temporary salary reductions. In order to retain the State's coveted AAA bond rating, the Spending Affordability Committee (SAC) recommended that at the 2011 session, actions be taken to eliminate the structural deficit over a three-year period. By the close of the 2011 session, the legislature had reduced the structural deficit by a projected 46%.

At the 2012 session, the legislature committed to close the remaining estimated \$1.1 billion structural deficit by at least 50%. However, by the close of the session in April, the Senate and House differed on how to resolve the fiscal problems, and a "doomsday budget" was enacted which was to trigger reductions of more than \$430 million in the State operating budget on July 1, 2012. To avoid the devastating effects of the reductions and to resolve the structural deficit, the General Assembly returned to Annapolis for two special sessions. The first was held in May to pass "legislation to address Maryland's fiscal year 2013 budget." Two major bills were enacted:

- **SB 1301- The Budget Reconciliation and Financing Act of 2012** - Increased revenues, reduced future year general fund expenditures, and restored funding to offset the "doomsday reductions" in the State operating budget by changing mandated spending formulas, transferring special funds to the general fund, and phasing the costs of school employee pensions from the State to local school boards.
- **SB 1302 - The State and Local Revenue Financing Act of 2012** - Increased personal income tax rates, lowered personal income tax exemptions for certain taxpayers, increased the tax rate on certain tobacco products, and made other tax adjustments. The legislation generates about \$240 million annually in State revenue and about \$60 million in local revenue.

The second special session was held in August to "resolve the issue of gaming in Maryland" and provide significant additional funding for public schools, create more than 2,000 permanent jobs, and keep Maryland gaming facilities competitive with surrounding states. The legislature enacted:

- **SB 1 – Gaming Expansion – Video Lottery Terminal and Table Games – Lottery Machines - Veterans' Organizations** - Took effect on October 1, 2012, contingent on the passage of a related voter referendum question that successfully passed. Major provisions included authorization of table games at casinos, 24 hour per day operation of casinos, an increase from 15,000 to 16,500 of video lottery terminals (VLTs), a casino in Prince George's County, and a revised distribution of VLT proceeds. This legislation yields a \$60 million increase in State funds for public schools in FY14

growing to \$250 million by FY 17. General fund expenditures decrease by nearly \$60 million in FY14 growing to \$175 million by FY17.

Notwithstanding the slow economic recovery, the actions taken at the special sessions improved the overall State revenue and general fund outlook. However, the looming “federal fiscal cliff” due to sequestration, causes continuing uncertainty and a potential adverse impact on the State budget. In December 2012, the Spending Affordability Committee (SAC) recommended resolution of at least \$200 million in any remaining structural deficit gap in the enacted FY14 State Operating Budget, a \$200 million general fund ending balance, and a balance in the State’s Rainy Day Fund of at least 5% of estimated revenues.

Overview of HB 100 and HB 102

As enacted at the 2013 Session, the \$36.9 billion Operating Budget Bill (HB 100) for FY14 increases State spending by only 2.3%, excluding federal funds and Rainy Day Fund appropriations. This is well under the 3.5 to 4.5% forecasted growth in Maryland personal income for calendar 2013 and 2014. The structural gap between revenues and spending is reduced by \$209 million, with ongoing revenues now projected to cover 99% of spending. The remaining structural gap currently is projected at \$175 million. The \$290 million projected general fund balance (FY14) well exceeds the \$200 million recommended by SAC. To cushion any negative impact from federal budget reductions, the Rainy Day Fund balance is expected to exceed \$767 million and additionally \$87 million has been reserved to address programs impacted by federal sequestration. A short overview of key areas in the State Budget follows:

- **Higher Education** - State support for Maryland colleges and universities increases to \$1.3 billion or 7.4% over FY13. Public senior higher education institutions are expected to hold in-state undergraduate tuition to a 3% increase for the fourth consecutive year, following a four-year tuition freeze in effect from FY07 - FY10. Increased general fund support at these institutions is targeted to course redesign, closing achievement gaps, and increasing college completion. In addition, the supplemental budget targeted new funds to historically black institutions (HBIs) for need-based financial aid and conversion of contractual faculty to regular positions. The “strategic alliance” between University of Maryland, College Park and the University of Maryland, Baltimore receives funding to enhance research, technology transfer, and commercialization.
- **Health Care** - The FY14 budget assumes nearly \$350 million in new federal funds to provide Medicaid coverage to an additional 109,000 individuals below 138% of the Federal Poverty Level (FPL) starting January 1, 2014 under the federal Affordable Care Act. Total Medicaid spending is estimated to exceed \$7.1 billion to provide services to almost 1.1 million Marylanders. Funding is included for the Maryland Health Benefit Exchange which will provide a marketplace for individuals and small businesses to purchase affordable health coverage. It is anticipated that 180,000 Marylanders will gain health insurance through the Exchange.
- **State Employees** - The budget includes funds for a modest 3.0% cost-of-living adjustment for State employees effective January 1, 2014, and for the first time since 2009, funding for employee increments effective April 1, 2014. Salary authority for the retention of faculty and operationally critical staff continues under special provisions in HB 102.

Specific State Operating Budget (HB 100) and BRFA (HB 102) Provisions

University System of Maryland (USM)

- The Governor's original budget request for USM in HB 100 approximated \$1.2 billion from a combination of General Funds of \$1.08 billion and Higher Education Investment Funds (HEIF) of roughly \$76 million. Revenues from the HEIF are derived from a statutory 6% of corporate income tax revenues.
 - The FY14 budget request is an increase of about \$82 million or 7.7 % over FY13, which includes \$24.5 million for enhancement funding, including "MPowering," STEM and health education, commercialization, and academic transformation activities.
 - Further, funds for a 3% cost-of-living adjustment (COLA) effective January 1, 2014, are to be transferred to USM from the Department of Budget and Management's budget. The COLA totals about \$33 million, of which \$20 million is general funds. This yields a significantly higher increase over the FY13 appropriation.
 - USM will transfer \$10 million from fund balance to augment initiative and program enhancements.

The Governor's Supplemental Budget and the legislature's actions modify the FY14 budget as follows:

- Reduction - \$3.0 million - The legislature restricted \$3.0 million, requiring USM to transfer the funds to MHEC (Maryland Higher Education Commission) to increase funding for the Educational Excellence Awards or else the funds revert. (In earlier actions the House had restricted \$5 million for this purpose.) This is need-based aid for full-time students to meet 40% of financial need for 4-year students and 60% of need for community college students, up to a \$3,000 maximum award. There are 31,000 students on the "wait list." This restriction equates to a \$3 million reduction for USM. The Governor also included \$2.0 million for Educational Excellence Awards in the Supplemental Budget, which the legislature approved.
- Restriction Potential Reduction - The legislature restricted \$1.1 million from the Higher Education Investment Fund to be used only for a grant to St. Mary's College to implement a freeze in the resident undergraduate tuition rate for FY14 and to fund the DeSousa-Brent Scholars Completion Grant, contingent on enactment of SB 828/HB 831. If funds in the HEIF account are insufficient to cover this restriction, there will be an offset to the HEIF appropriation for USM.
- MPowering Restriction - The legislature added budget language: "...provided that \$6,710,095 of the appropriation for the USM institutions made for the purpose of funding MPowering and technology transfer activities may only be used for this purpose. Funds not expended for this restricted purpose may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund." Explanatory language notes that these activities are part of a new alliance between UMCP and UMB leveraging the resources of each institution to further advance transitioning research from the laboratory to commercial applications.
- Restriction - \$13.0 million - The legislature restricted \$13 million of the USM funding for program initiatives until USM, by July 1, 2013 or 45 days prior to the release of funds, submits to the budget committees a report detailing how these funds will be used and metrics to measure the progress or results of the activities funded. The budget committees have 45 days to review and

comment on the report. Pending receipt of the report, the funds may not be transferred by budget amendment or otherwise to any other purpose and shall revert if the report is not submitted. Further, it is the intent of the General Assembly that programs funded with initiative funding that meet or show progress toward meeting the submitted metrics in fiscal 2016 will continue to receive funding for an additional two years.

- Across-the-Board Reductions - Section 19 of HB 100 provides for a \$1.3 million reduction across public higher education to reflect favorable trends in health insurance costs. Section 42 authorizes certain reductions for pension systems costs to be held in reserve for transfer to the Dedicated Purpose Account of the State Reserve Fund to provide funds to support critical programs impacted by federal sequestration. If not needed for that purpose, the Governor shall transfer any excess funds to the State Retirement System Accumulated Funds account.
- Supplemental Budget – The Governor’s Supplemental included \$2.75 million for USM, primarily to provide \$2.35 million to the historically black colleges and universities (HBCUs) to convert contractual faculty to regular faculty positions and to increase institutional need-based financial aid, \$100,000 for the UMCP Harry Hughes Center for Agro-Ecology, and \$300,000 to support Towson University baseball. These items were approved by the legislature, except for the funds for Towson which were restricted for transfer to USM to be used as matching funds for an intercollegiate athletics donation incentive program for institutions competing in NCAA Division I sports to maintain compliance with Title IX.
- Major Information Technology Projects - HB 102 clarifies that a major information technology (IT) project, where a State agency contracts with a public higher education institution to plan or implement the project, is subject to the same review as other major IT projects.
- Rejected Actions - In earlier actions, the House had cut USM by \$4.0 million, and both the Senate and House had restricted USM funds to be transferred to MHEC to hire additional staff. Those actions were rejected in the legislature’s final actions on the budget. The Governor provided \$290,000 in the Supplemental Budget for additional MHEC positions, which was approved.

USM will make final budget allocations to the institutions based on the above actions.

- **Tuition Limit for Resident, Undergraduates** - The Governor’s allowance included general funds equivalent to a 3% increase in resident, undergraduate tuition rates, which was included in the appropriation. Public senior higher education institutions are expected to hold undergraduate, resident tuition increases to 3% (for the third consecutive year starting in FY 11, following a four year tuition freeze in effect from FY 07 - FY 10).
- **Reporting Requirements** - Some of the key USM reporting requirements follow:
 - Governing Board of USM (Morgan and St. Mary’s) to establish a policy limiting the monitoring of students’ social media activities
 - Faculty instructional workload (due by 12/15/13)
 - Institutional aid by expected family contribution category (due by 12/15/13)
 - Loan data by expected family contribution category (due by 12/15/13)
 - UMES audit follow-up due to repeat audit findings (due 45 days prior to release of (\$100,000)
 - Frostburg report on students receiving associate degree scholar award (due by 12/15/13)
 - Coppin special review committee report (due by 08/01/13)
 - UMBC report on proposed pilot internship program in STEM/computer science areas (due 12/15/13).

University of Maryland, Baltimore (UMB)

- **Appropriation** - The FY14 budget request of \$200.1 million (\$186.9 General Funds and \$13.2 million HEIF) will be modified by the legislature's actions shown above under USM. The FY14 budget is a 7.3% increase over the FY13 appropriation of \$186.3 million. The increased funding will support both mandatory cost increases (such as salary actions, fringe benefit costs, facility and utility costs, financial aid, etc.) and new or expanded initiatives (such as MPowering, technology transfer, academic transformation, and STEM/health and workforce activities).
- **\$285,250 Grant for the Governor's Wellmobile Program** - The FY14 budget continues funding for this grant in the Maryland Higher Education Commission (MHEC) budget.

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

- **\$12.4 million - Significant Increase of \$6.2 million over FY13**

The Governor significantly increased the budget request for FY14 and the legislature approved the following appropriations:

- **\$11,206,897 for the UM Cancer Research Grant (up from \$5 million in FY13, representing a 125% increase in funding)**
- **\$1,223,000 for the Baltimore City Public Health Grant (flat funded).**

Background - The University of Maryland Medical Group (UMMG), as specified in law for purposes of the Cigarette Restitution Funds (CRF) Program, consists of the University of Maryland Medical System, University of Maryland, Baltimore, and University of Maryland School of Medicine. FY13 was the 13th year of CRF support.

CRF support was sharply reduced, beginning in FY10 due to severe State fiscal problems. Total funding decreased from \$9.5 million (FY09) to \$2.9 million (FY10), with a significant portion of CRF diverted to offset surging Medicaid expenditures. The cuts reduced funding by more than 75% for three of the four UMMG grants. As a result, two of the grants -- the Statewide Network Grant and Tobacco-Related Diseases Research Grant -- were terminated and repealed at the request of UMMG. In FYs 10, 11 and 12, the funding remained flat for both other grants--the Cancer Research Grant and the Baltimore City Public Health Grant. Internal funding temporarily mitigated the reduction to the Cancer Research Grant.

In anticipation of the economic recovery, at the 2010 Session the legislature revised State law to require that the Cancer Research Grant be funded at \$10 million annually beginning in FY13. Although the Governor was required to include that amount in the FY 13 budget, the Governor proposed to reduce the funding level to \$2 million in the BRFA Bill (SB 150 of 2012). However, the legislature modified the action and appropriated \$5 million (FY13). The Governor included the request for the significant increase for the Cancer grant in the FY14 budget and the legislature approved the appropriation.

University of Maryland Medical System (UMMS)

- **\$3,000,000 - Shock Trauma Subsidy** - Since FY10, the Maryland Health Care Commission (MHCC) annually disburses \$3 million to the Shock Trauma Center from the Maryland Emergency System Operations Fund (MEMSOF) as an operating subsidy for standby costs and homeland security requirements. The \$200,000 grant that the Maryland Institute for Emergency Medical Services Systems (MIEMSS) had annually distributed to UMMS in support of research and educational program costs was discontinued for FY13. HB 1515 (described later in this report) increases the annual vehicle registration fee surcharge from \$13.50 to \$17.00, with the additional fees credited to MEMSOF. This will increase funding for the STC by \$200,000 in future years.
- **\$750,000 – Kernan Hospital Subsidy** - Beginning in FY09, grant funding was included in the Family Health Administration (DHMH) appropriation. As per the Education Article, §13-405, the grant is to enable UMMS to continue to provide uncompensated care and to assist with the capital financial needs in support of the former Montebello population which was transferred to UMMS under §13-402 of the Article.

Other Major State Operating Budget Provisions (HB 100/HB 102)

Board of Public Works (BPW)

- **Special Provision for Hudson Family** - HB 100 provides under the State Contingent Fund “... that it is the intent of the General Assembly that up to \$300,000 of this appropriation, if determined by the BPW to be appropriate, be expended as a grant to the Alan and Kristin Hudson family for any remaining unreimbursed legal expenses or court costs related to defending the lawsuit brought by the Waterkeeper Alliance lawsuit alleging violations of the Clean water Act. The amount of the grant, if any, shall be determined by the BPW based on documented legal expenses and court costs remaining after deducting any award of legal expenses by a federal court to the Hudson family and taking into consideration private funds raised for the purpose of paying legal expenses.”

Business & Economic Development (DBED) / MD Technology Development Corporation (TEDCO)

- **\$5.0 million – Maryland Innovation Initiative** - Provides funding to promote and accelerate the rate of commercializing research conducted in five Maryland research universities (Hopkins, Morgan, UMCP, UMB, and UMBC).
- **\$10.4 million - Maryland Stem Cell Research Fund** - Supports stem cell research and development grants for Maryland research institutions and private companies.
- **\$3.2 million - Technology Commercialization Fund** - Awards seed funding to early-state companies that partner with universities or federal labs in Maryland or to companies that are tenants in technology incubators.
- **\$10.0 million - Maryland Biotechnology Investment Tax Credit** – Funding increases by \$2 million over FY13. This is a credit against State income tax for investors as an incentive to invest in qualified biotechnology firms. A report is required on the distribution of the credits (due 12/01/13).

- **\$3 million – New Tax Credit Program - CyberMaryland Investment** - Contingent on enactment of HB 803 (which passed), it creates a credit against the State income tax for qualified investments in Maryland cybersecurity companies.

Education, Maryland State Department (MSDE)

- **\$2.2 million- New Program – Maryland Longitudinal Data System Center** - To manage and analyze education and workforce data on each individual student in the State to determine how students are performing and to what extent they are prepared for higher education and the workforce. Center data will be made available online to researchers, policy makers, parents, students, educators, and the public.
- **\$2 million – New Program - Early College Innovation Fund** - Restricts the funds until MSDE submits a report by 08/01/13 identifying the standards to be used in awarding competitive grants to support early college partnership, a list of projects proposed to receive funding in the first year, and how MSDE will evaluate the impact of those funds

Health & Mental Hygiene, Department of (DHMH)

- **Mental Hygiene Administration**
 - **\$5 million – Governor’s Supplemental Budget - Added funding to establish a New Center for Excellence on Early Intervention for Serious Mental Illness (\$1.2 million), which will support a new program at the University of Maryland School of Medicine, Department of Psychiatry.** Budget provisions prevent any of the \$1.2 million from being used to “support administrative or indirect costs but which may only be used for direct care services or research activities.”

The remaining funds expand crisis response services (\$2 million), provide crisis intervention teams (\$1.5 million) and mental health first aid. HB 100 also restricts \$2 million until DHMH submits a report on the need for crisis response services statewide as well as how the proposed funding will be used.
 - **\$509,770 Deficiency (FY13) - Core Service Agencies** - Funding to be used by core service agencies and the University of Maryland to develop and implement a statewide system of care that meets the co-occurring substance abuse and mental health needs of Maryland’s children and their families.
 - **Reporting Requirements**
 - Current capacity and unmet need for mental health crisis response services, the costs and recommendations (due by 07/01/13)
 - Mental health services for transitional age youth (due by 11/01/13)
 - Individuals with Serious Mental Illness and Aging in Place (due by 11/01/13).

- **Medicaid** - The FY14 appropriation totals \$7.2 billion, growing by only 3.5% over FY13. Major legislative actions relating to the Medicaid budget follow:
 - Enrollment growth - Was as high as 11.6% between 2010 and 2011, slowed to 6.7% between FY11 and FY12, and fell to 2.9% through mid-FY13.
 - Expansion - Effective January 1, 2014, Medicaid expands to cover those who are at or below 138% of the Federal Poverty Level (FPL). The Federal government will pick up 100% of the costs through the middle of FY17. After that time, a modest state matching requirement begins at 5%, and increasing to 10%. This means that almost 1.1 million Marylanders will receive full Medicaid benefits by the end of FY14. HB 100 appropriates about \$350 million in federal funds to cover the estimated cost of 109,000 new enrollees in Medicaid in the first six months.
 - Physician Reimbursement - Under the ACA, for calendar 2013 and 2014 only, the federal government pays 100% of the difference between the State Medicaid rates in effect on July 1, 2009, and the Medicare rates for primary care evaluation and management fees. The intent is to increase access to primary care physicians when Medicaid expands eligibility to 138% of FPL on January 1, 2014. In Maryland, this rate increase was also extended to specialty physicians.
 - New Information Systems - Funds are appropriated to continue development of a new Medicaid claims system and an information system for the new Health Benefit exchange.
 - Tiered Hospital Rates - HB 102 requires achievement of \$30 million in GF savings from tiered rates for hospital outpatient and emergency department services in FY14 or from lower than budgeted.
 - Hospital Medicaid Funding Assessment (enacted in HB 72, Laws of 2011) - HB 102 requires that, in fiscal 2013 and 2014, the Health Services Cost Review Commission (HSCRC) and DHMH must adopt policies that will provide *at least* \$389,825,000 from a combination of special fund revenues and general fund savings from reduced Medicaid hospital or other payments. For fiscal 2015 and annually thereafter, HSCRC and DHMH must adopt policies to provide *up to* \$389,825,000 in special fund revenues from hospital assessment and remittance revenue. HSCRC and DHMH may adopt policies that result in new general fund savings from reduced Medicaid hospital or other payments. Those savings may be used to offset hospital assessment and remittance revenue in the first year those policies are adopted.
 - Managed Care Organization (MCO) Rates - By 12/01/13, DHMH must submit a report on MCO rate-setting. The current MMIS limits DHMH from setting more than three payment regions for MCO rates. The new system will be operational in calendar 2015 and will offer more flexibility in rate setting for MCOs.
 - Pediatric Dental Surgery - By 09/15/13, DHMH is to submit a report on the increased utilization of pediatric dental surgery, which has resulted in a disproportionate increase in Medicaid-funded pediatric restorative dental surgeries at certain hospitals.
 - Chronic Health Homes (CHH) and Autism Initiatives - DHMH is still developing the State Plan amendment for the CHH program. Funding was part of the ACA and involves health services that encompass all the medical, behavioral health, and social support and services needed by Medicaid beneficiaries with chronic conditions. There are 100 additional slots for the autism waiver (funding is provided in the Maryland Department of Education).

- **Integration of Behavioral Health Care** - Restricted \$1 million until DHMH submits a report detailing the DHMH Secretary's final recommendation on a model for a behavioral health integrated service delivery and financing system and submit any RFP to implement a new system. Based on a 2011 study, a consultant's report concluded that the State should opt for a new system for the integration of behavioral health, due to the high prevalence of co-occurring substance abuse and mental health conditions.
- **Local Health Department (LHD) Outcomes and Funding** - By 12/01/13, DHMH must report on the challenges that LHDs are confronting with significant reductions in funding, provide data on the resulting negative outcomes focusing on family planning, maternal and child health services, and chronic disease prevention and treatment programs.
- **Breast and Cervical Cancer** - By 01/15/14 and 09/01/14, DHMH must report on actual and projected enrollment.
- **Health Care Delivery and Planning in Rural Areas** - Requires the Maryland Health Care Commission to convene stakeholders to evaluate current health planning designations, the adequacy of the workforce, barriers caused by distance, adequacy of transportation, and impact of recent hospital consolidation in rural areas, and recommendations for change with a report due by 12/01/13.

Human Resources, Department of (DHR)

- **Child Welfare Caseload Data** - Requires a report by 11/29/13 on the actual number of cases and filled positions assigned, by jurisdiction, for specified caseload types in order to ensure an adequate child welfare workforce.

Juvenile Services, Department of (DJS)

- **Restricts \$100,000 Pending DJS/ University of Maryland School of Social Work (SSW) Report** - Requires DJS, in conjunction with the Innovations Institute at the SSW, to conduct a gap identification analysis of residential and community-based gender-specific services and submits the findings to the budget committees (due by 12/01/13).
- **Multi-Disciplinary Assessment Team** – Requires a report on the operational and fiscal impact of the teams used to conduct internal mental health evaluations (due by 01/01/14).

Labor, Licensing and Regulation, Department of (DLLR)

- **\$2.5 million – New Program - Maryland EARN (Employment Advancement Right Now)** – This new program is authorized under SB 278/ HB 227. The program is to create industry-led partnerships to advance the skills of the State's workforce. Generally, the program will provide general fund grants for job-readiness training and skills training that result in a credential or an identifiable skill, workforce training programs that provide industry-valued skills, and an approved strategic industry partnership.

Maryland Higher Education Commission (MHEC)

- **Appropriations** - HB 100 includes the following for FY13, which could benefit UMB students:
 - Wellmobile - \$285,250 (also listed above under UMB)
 - Complete College Maryland - \$250,000 competitive grants for research-based college completion best practices
 - Delegates Scholarships - \$5.5 million
 - Graduate and Professional Scholarships - \$1.2 million
 - Janet Hoffman Loan Assistance Repayment Program - \$1.5 million
 - Loan Assistance Repayment for Physicians - \$1.0 million
 - Nurse Support Program II - \$15.5 million
 - Senatorial Scholarships - \$6.5 million and
 - Workforce Shortage Student Assistance Grants - \$1.3 million.

- **Reporting Requirements** - Key reporting requirements follow:
 - Revised performance-based funding framework, ensuring that the University of Maryland, Baltimore has the opportunity to benefit from the proposed model (due by 10/15/13 and testing of revised model due by 10/15/14)
 - MHEC, in consultation with DBM and the HBCUs, to conduct a study to ensure the long-term stability and success of HBCUs (preliminary due by 12/31/13 and final by 12/31/14)
 - Outcomes of students participating in access and success programs by cohort (due by 10/15/13)
 - Need-based grant award and other criteria of program changes (due by 10/15/13)
 - Improvements to Student Outcome and Achievement report (SOAR) (due by 6/30/14)
 - Students with learning disabilities (due by 12/01/13).

STATE CAPITAL BUDGET

HB 101 - Creation of a State Debt – Maryland Consolidated Capital Loan

HB 616 - Academic Facilities Bonding Authority

HB 101 authorizes \$1,080 billion in general obligation bonds to support capital projects. HB 616 authorizes \$32 million in academic revenue bonds for University System of Maryland (USM) facilities. Major capital projects authorized at the 2013 session of interest to the UMB community follow.

University of Maryland, Baltimore (UMB)

- **\$16,570,000 - Health Sciences Research Facility III/ \$5 million in NBF** - Provides capital funds to start construction of a new \$284 million research facility with 332,000 GSF (Gross Square feet) for the Schools of Medicine, Pharmacy and Dentistry. The University is committed to funding \$65 million of the total cost or nearly 23%. The facility will be located at the site presently occupied by Hayden-Harris Hall (former Dental School building). Approximately one-third of the building will be used for functions currently in the Medical School Teaching Facility (MSTF). The remaining two-thirds of the facility will address critically needed research space. The FY14 budget includes funds to complete design, preliminary site work, and the demolition of Hayden Harris Hall. It is anticipated that 3,000 jobs will be created during construction, yielding \$28 million in local and state taxes. Upon completion, 660 new permanent jobs will be created, generating \$8 million annually in state and local tax revenues.

HB 101 includes pre-authorizations to complete construction of HSF III at future sessions as follows: 2014- \$49.0 million; 2015- \$80.0 million; 2016- \$53.0 million; and 2017- \$1.0 million. The State legislature advanced planning funds at the 2011 and 2012 sessions, which totaled \$8.7 million and required \$14.0 million in NBF (Non-Budgeted Funds).

- **\$2.68 million - UMB Facilities Renewal** - For electrical distribution system upgrades, fire alarm system upgrades and replacements, mechanical HVAC upgrades, and MSTF mechanical infrastructure upgrades.
- **\$15,440 - Handicapped Accessibility Modifications** - Miscellaneous projects at the University of Maryland, Baltimore supporting handicapped accessibility modifications that are budgeted under the Department of Disabilities.

University of Maryland Medical System (UMMS)

- **\$5.0 million - Trauma, Critical Care, and Emergency Medicine Expansion** - This grant completes the State's funding for the construction of a seven-story addition to, and renovation of, the R Adams Cowley Shock Trauma Center (STC) and the Weinberg Building. The new structure houses critical care services, including emergency medicine and trauma surgery, as well as inpatient trauma and surgical intensive care units. Total project cost is estimated at \$155 million with completion in FY14.
- **\$150,000 – New State Support for Shock Trauma Center (STC) Renovation – Phase II** - For renovation of space and upgrade of capital equipment in the STC. Total cost expected at \$35 million, with State support of \$17.5 million spread over FY14 through FY18. Proposed improvements include: central heating, ventilation, and air conditioning systems; elevators; plumbing; electrical and

security systems; patient rooms and support space; helipad deck; clinical equipment; communications; and information technology.

- **\$10.0 million – New Ambulatory Care Pavilion and NICU and Labor Delivery Suite Renovation at Maryland General** – State funding for a new project (that was not in the 2013 Capital Improvement Plan) with an estimated cost of \$105 million. The legislature added budget language stating intent that the State commitment for the project will total \$50 million in the period FY14 through FY18. The project will fund the construction of the new ambulatory care pavilion and renovation of the neonatal intensive care unit (NICU) and labor and delivery suite.

Department of Health and Mental Hygiene (DHMH)

- **Spring Grove Hospital Center Consolidation** - \$400,000 with Budget Bill language:
“...to design and renovate existing structures in order to consolidate patient activity at the Spring Grove Hospital Center. Notwithstanding the provisions of Section 10-306 of the State Finance and Procurement Article and Section 10-208 of the Health-General Article, any proceeds from the sale of an existing parcel of the Spring Grove Hospital Center campus made for the purpose of consolidation shall be:
(1) applied to the renovation of existing structures in order to consolidate patient activity on the campus; and
(2) any funds remaining after the completion of renovations shall be distributed to Section 10-208 of the Health General Article.”

Other University System of Maryland (USM) Capital Projects

- **Bowie State University**
 - New Natural Science Building - Planning and Construction - \$4.5 million
 - Leonidas James Physical Education Complex - Air Conditioning - \$1.5 million
- **University of Maryland, College Park (UMCP)**
 - Remote Library Storage Facility - Planning, Construction, and Equipment - \$6.1 million. Funds restricted pending receipt of a report on the joint use of the facility with the Maryland State Archives.
 - Physical Science Complex Phase I - Equipment - \$5.3 million
 - Campus-wide Building System and Infrastructure Improvements - Construction - \$10 million, with \$5.0 million in GO Bonds and \$5.0 million in Academic Revenue Bonds
 - Edward St. John Learning and Teaching Center – Planning - \$3.4 million
 - H.J. Patterson Wing I – Planning - \$878,000
 - New Bioengineering Building – Planning - \$5.0 million
 - Note: High Performance Computing Data Center: \$12 million grant to Johns Hopkins and a pre-authorization of \$15 million at the 2014 session. Further, restricts use of funds until Hopkins develops, in consultation with UMCP, a plan to provide access to Maryland’s 4-year public and non-profit private institutions of higher education, with 45 days for Budget Committee review.

- **Towson University**
 - Campus-wide Traffic and Circulation – Construction - \$7.8 million
 - Smith Hall Addition/Renovation – Planning - \$3.2 million
 - Softball Stadium Improvements - \$500,000 and pre-authorization of \$1.5 million in FY15.

- **University of Maryland Eastern Shore**
 - Aviation Science and Engineering Building - Planning and Construction - \$22.7 million

- **Frostburg State University**
 - Center for Communication and Information Technology - Construction and Equipment - \$9.8 million

- **Coppin State University**
 - New Science and Technology Center - Construction and Equipment - \$54.4 million, with \$44.4 million in GO Bonds and \$10 million in Academic Revenue Bonds. A pre-authorization of \$6.0 million in FY15 was included.
 - Pedestrian Bridge ADA Improvements - Planning, Construction and Equipment - \$1.8 million

- **University of Baltimore**
 - Langsdale Library Renovation – Planning - \$1.0 million

- **Salisbury University**
 - New Academic Commons - Planning and Construction: \$6.6 million
 - Delmarva Public Radio - Relocation - \$900,000

- **University of Maryland, Baltimore County (UMBC)**
 - New Performing Arts and Humanities Building - Construction and Equipment - \$36.1 million
 - Campus Traffic Safety and Circulation Improvements - Planning and Construction - \$2.0 million

- **University of Maryland Center for Environmental Studies (UMCES)**
 - Environmental Sustainability Research - Planning and Construction - \$2.4 million

- **University System of Maryland Office (USMO)**
 - Universities at Shady Grove - Biomedical Science and Engineering Education Building - Planning - \$5.0 million
 - Southern Maryland Regional Higher Education Center (SMRHEC) - Planning - \$1.5 million with funds restricted pending receipt of a report assessing the educational needs of Southern Maryland. Also requires the SMRHEC, USM, and the Southern Maryland Navy Alliance to submit a formal agreement on the roles and responsibilities of each in the design and funding for construction and operating costs.

- Capital Facilities Renewal Program - Planning, Construction and Equipment - \$17.0 million in Academic Revenue Bonds

Other Hospital Capital Projects

- Prince George’s Hospital System
 - Prince George’s Hospital System Infrastructure Improvements - \$10.0 million
 - New Regional Medical System - \$20 million – Total estimated capital costs is \$646 million, including land acquisition of \$30 million, \$494 million for construction, and \$25 million for contingencies. This does not include enhancements to the existing primary care network in Prince George’s County, or the discharge of Dimension’s current liabilities. State support will be \$200 million, with remaining funds derived from the issuance of debt by the newly created corporate entity. It is expected that financing of the debt will be funded through the inclusion of debt service in hospital rates.

The following Budget Bill Language was added:

“ provided that \$5,000,000 of these funds may not be expended until a Memorandum of Understanding (MOU) has been entered into between the new Prince George’s County Regional Health System (PGHS), the University of Maryland, College Park (UMCP), and the University of Maryland, Baltimore (UMB) that, as part of the development and construction of the new regional medical system, includes preliminary agreements with any required State funding needed to align institutional assets in a manner that supports the viability of PGHS through the creation of joint educational programs, research collaborations, and advancements in the fields of health sciences. The MOU shall be planned in a manner that:

- (1) advances new and existing joint research efforts between UMCP and UMB and improves the health care status of citizens of the county through these programs at PGHS;
- (2) increases educational opportunities in the health sciences fields; and
- (3) provides the basis for increased economic development in the county.
- (4) Further provided that the budget committees shall have 45 days from the receipt of the MOU to review and comment.”

- Chester River Hospital Emergency Department - \$900,000
- Shore Health System Diagnostic Imaging Center - \$540,000
- Civista Hospital Emergency Generation - \$250,000
- Anne Arundel Medical Center Renovations - \$500,000
- Holy Cross Germantown Hospital Perinatal Unit - \$1,300,000
- Johns Hopkins Bayview Medical Center Emergency Department - \$975,000
- Kennedy Krieger Institute Pediatric Units - \$500,000
- MedStar Good Samaritan Hospital Cancer Center - \$375,000
- St. Agnes Hospital Cardiovascular Services Unit - \$674,000.

HIGHLIGHTS OF THE 2013 SESSION

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 2013 Session. The **2013 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, 2013 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://mgaleg.maryland.gov/webmga/frm1st.aspx?tab=home> and enter the bill number (i.e., HB 70). 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 job creation, education, public safety, school safety, health, and human dignity. In addition to the budget bills described in Part I, the following Administration sponsored bills passed during the 2013 session:

Job Creation

- Veterans Full Employment Act of 2013 (HB 225 / SB 273)
- Maryland Offshore Wind Energy Act of 2013 (HB 226)
- Maryland Employment Advancement Right Now (EARN) Program (HB 227 / SB 278)
- Public-Private Partnerships (HB 560)
- Transportation Infrastructure Investment Act of 2013 (HB 1515)

Education

- Creation of a State Debt - Qualified Zone Academy Bonds (HB 115)
- State Aid for Public Education - Certification of Net Taxable Income (HB 229)
- Higher Education Fair Share Act (HB 863 / SB 841)

Public Safety

- Firearm Safety Act of 2013 (SB 281)

Health

- Maryland Health Progress Act of 2013 (HB 228)

Dignity

- Death Penalty Repeal - Substitution of Life Without the Possibility of Parole (SB 276)

- Election Law - Improving Access to Voting (HB 224 / SB 279)

Health Occupations, Health Policy, and Human Services Legislation

HB 129 / SB262 Task Force to Study Implementing a Civil Right to Counsel in Maryland

These bills establish the Task Force to Study Implementing a Civil Right to Counsel in Maryland. The Maryland Access to Justice Commission must provide staff support for the task force. The task force will study the current resources available to assist in providing counsel to low-income individuals in the State compared to the depth of the unmet need, including the resulting burden on the court system and other public resources. The study will also analyze whether low-income individuals should have the right to counsel at public expense in basic human needs cases, such as those involving shelter, sustenance, safety, health, or child custody, and study how the right to counsel might be implemented in the State.

The task force must report its findings and recommendations to the Governor, the Chief Judge of the Court of Appeals, the Presiding Officers, and specified committees of the General Assembly by October 1, 2014.

HB 179 / SB 401 Pharmacists - Administration of Vaccinations - Expanded Authority and Reporting Requirements

These bills repeal the requirement that pharmacists report any influenza vaccination administered to an individual age 9 to 18 to the Maryland Immunization Registry. Instead, a pharmacist must report all vaccinations administered to ImmuNet. If the vaccination is administered in accordance with a prescription, pharmacists must document at least one effort to inform the authorized prescriber that the vaccination was administered. If the authorized prescriber is not the individual's primary care provider or the vaccination is not administered in accordance with a prescription, pharmacists must document at least one effort to inform the individual's primary care provider or other usual source of care that the vaccination was administered. Pharmacists are not required to inform an individual's primary care provider or other usual source of care about the administration of an influenza vaccination.

The bills also repeal the requirement that the boards of pharmacy, physicians, and nursing meet annually to jointly develop, adopt, and review regulations to provide for patient safety regarding vaccinations administered by pharmacists.

The Secretary of Health and Mental Hygiene is required to study the feasibility and desirability of requiring all health care providers who administer vaccinations to report the vaccinations to ImmuNet. By January 1, 2014, the Secretary must submit the findings and recommendations of the study to the Senate Education, Health, and Environmental Affairs Committee and the House Health and Government Operations Committee.

HB 228 Maryland Health Progress Act of 2013

This Administration bill modifies State law to further implement federal health care reform under the federal Patient Protection and Affordable Care Act (ACA). The bill expands Medicaid eligibility,

establishes a dedicated funding stream for the Maryland Health Benefit Exchange (MHBE) from the insurance premium tax on health insurers, provides for the transition of Maryland Health Insurance Plan (MHIP) enrollees into MHBE, authorizes MHBE to establish a State Reinsurance Program, establishes continuity-of-care requirements, addresses captive producers, and makes clarifying and administrative changes. The bill has provisions dealing with qualified health plan certification and the corresponding appeals process.

The bill contains a series of miscellaneous provisions such as authorizing the MHBE board to adopt interim policies, if necessary, pending adoption of regulations, to ensure MHBE is prepared to begin successful operation by October 1, 2013. The Insurance Commissioner may adopt regulations establishing the minimum length of time for which, and the manner in which, MHBE is required to maintain records of insurance transactions. In addition to establishing ad hoc advisory committees, the MHBE board must establish a standing advisory committee by March 15, 2014 (rather than at least two standing advisory committees as required under current law). Carriers that offer only student health plans are exempt from the requirement to offer a health plan in the exchange. Consistent with the new federal framework, the bill substitutes “connector” for “navigator” entities where appropriate. The bill also authorizes the Secretary of Health and Mental Hygiene to provide grants to the State’s designated health information exchange (HIE) for the development and effective operation of the State’s HIE.

The bill also has several uncodified reporting requirements for MHBE and the Maryland Insurance Administration must conduct four studies and report their findings and recommendations to the Governor and the General Assembly on (1) the impact of ACA’s allowance of a tobacco use rating of 1.5 to 1 and the options that may be available to the State to address any adverse consequences, due September 1, 2014; (2) the impact of federal regulations governing the manner in which pediatric dental benefits must be offered and the options that may be available to the State to address any adverse consequences, due December 1, 2014; (3) the captive producer program, due December 1, 2015; and (4) the implementation and efficacy of the bill’s continuity-of-care provisions, which must be conducted with DHMH and MHCC, and is due December 1, 2017.

The bill takes effect June 1, 2013, with the exception of the Medicaid provisions and the exemption for carriers that only offer student health plans from the requirement to offer health benefit plans in the exchange, which take effect January 1, 2014, and the continuity-of-care requirements, which take effect January 1, 2015.

HB 361 Health Insurance - Conformity with and Implementation of Federal Patient Protection and Affordable Care Act

This departmental bill alters State insurance law to conform to the federal Patient Protection and Affordable Care Act (ACA) and corresponding federal regulations adopted by the federal Centers for Medicare and Medicaid Services. The majority of the bill’s provisions take effect January 1, 2014. Provisions establishing SHOP Exchange navigator fees, specifying open enrollment period requirements, and repealing the termination date on a provision of law relating to health insurance for self-employed individuals take effect June 1, 2013.

The bill specifies that annual limitations on cost sharing, child-only plan offerings in the individual market, minimum benefit requirements for catastrophic plans, health insurance premium rates, coverage for individuals participating in approved clinical trials, and contract requirements for stand-alone dental plans sold in the exchange apply to individual health insurance coverage and health insurance coverage offered in the small group and large group markets in Maryland. The annual limit on deductibles for the employer-sponsored plans provision of ACA applies in the small group market. The bill alters the

definition of “child dependent” for purposes of required insurance coverage up to age 25 to exclude children who, under ACA, are allowed to remain covered under a parent’s policy until age 26.

HB 373 / SB 151 Hospitals - Outpatient Services - Off-Site Facility - Rate

These bills repeal the requirement that the Medicaid program pay certain hospitals rates set by the Health Services Cost Review Commission (HSCRC) for outpatient digestive disease services transferred to an off-site facility prior to January 1, 1999. These bills alter the off-site services for which a hospital may elect to have rates set by HSCRC. Outpatient digestive disease services transferred to an off-site facility may no longer be subject to rates set by HSCRC. Uncodified language requires the University of Maryland Medical System (UMMS) to track utilization of outpatient digestive disease services provided at on-site and off-site facilities within the Shore Health System before and after the sale or transfer of an off-site facility at which digestive disease services are provided and report on the changes in utilization to the Senate Finance Committee and the House Health and Government Operations Committee by January 1, 2014, and January 1, 2015.

HB 428 Child Abuse and Neglect - Reports and Records - Disclosure to Public Institutions of Higher Education

This bill authorizes the disclosure of reports or records concerning child abuse or neglect to the president of a State public institution of higher education or the Chancellor of the University System of Maryland for the purpose of carrying out appropriate personnel or administrative actions under specified circumstances. The records may be disclosed following a report of child abuse committed by (1) an employee of the institution who has on-campus contact with children or (2) a contractor, an employee of a contractor, or a volunteer of the institution who has on-campus contact with children. Effective date is October 1, 2013.

HB 624 / SB 501 State Board of Nursing - Licensure by Endorsement - Clinical Experience

These bills authorize the State Board of Nursing to waive clinical experience requirements for applicants for licensure by endorsement if the applicant has graduated from an accredited program, submitted evidence of active nursing practice, and met other licensing requirements. These bills also clarify that applicants for licensure by endorsement must have an active unencumbered license, submit an application form to the board, and submit to a criminal history records check.

These bills direct the Board of Nursing to waive clinical experience requirements, an applicant must (1) have graduated from a program accredited by a nursing accreditation agency recognized by the board; (2) submit to the board evidence of completing specified hours of active nursing practice within the preceding year; and (3) otherwise meet the requirements for licensure. If an applicant applying for licensure by endorsement has been disciplined in another state or country for an act that would be a disciplinary violation under the Maryland Nurse Practice Act, the board is authorized to deny a license to the applicant. The board must adopt regulations to implement waiver of clinical experience requirements.

These bills take effect October 1, 2013. The provisions that authorize the board to waive clinical experience requirements for applicants for licensure by endorsement terminate on September 30, 2018.

HB 687 Commission on Child Custody Decision Making

This bill establishes the Commission on Child Custody Decision Making, to be staffed by the Department of Family Administration within the Judiciary. The commission must be appointed, organized, and begin its deliberations by September 1, 2013. The commission must have one sociologist from the University of Maryland School of Social Work. The commission must also have three licensed mental health workers with varying degrees of professional experience.

Among other items, the bill tasks the commission to study the practice, principles, and process for child custody decision making in the State, study how to make the establishment and modification of child custody orders more uniform, fair, and equitable, study how to reduce litigation in child custody proceedings and study and consider the adverse effects of child custody litigation and ways the court system can minimize those effects.

The commission must submit an interim report of its findings and recommendations to the Governor and the General Assembly by December 31, 2013. A final report must be submitted to the Governor and the General Assembly by December 1, 2014. The bill takes effect July 1, 2013, and terminates December 31, 2014.

HB 690 / SB 679 Virginia I. Jones Alzheimer's Disease and Related Disorders Council

These bills establish the Virginia I. Jones Alzheimer's Disease and Related Disorders Council and specify membership for the council. The Department of Health and Mental Hygiene (DHMH) is required, with the assistance of the Maryland Department of Aging (MDoA) to staff the council and may request staffing assistance from interested public health entities. These bills provides for the appointment by the Governor of a health professional with expertise in addressing racial and ethnic health disparities, a social worker, a physician, a registered nurse, psychiatrist and psychologist with experience in working with individuals and families affected by Alzheimer's disease and end-of-life care and pain management.

Under these bills, the council is required to continue the work initiated by the Maryland Alzheimer's Disease and Related Disorders Commission, including the development and monitoring of the 2012 Maryland State Plan on Alzheimer's Disease and Related Disorders. Among other items, the council should include in the State plan strategies and actions that support prevention and early detection, address chronic disease factors contributing to health disparities, and enhance quality of care.

The bill terminates September 30, 2016.

HB 806 Health Occupations - State Board of Social Work Examiners - Revisions

This bill makes multiple revisions to the Maryland Social Work Practice Act, including requiring applicants for a license from the State Board of Social Work Examiners to submit to a criminal history records check (CHRC) and, if required by the board, a mental or physical competency examination and enhancing civil and criminal penalties for violating the Act.

The bill alters several of the grounds for disciplinary action by the board, provides for electronic licensing, establishes requirements for board membership, and specifies provisions concerning accreditation of social work programs. The bill specifies that the practice of social work does not include formulating diagnostic impressions.

The bill renames the social work associate license to the the bachelor social work license (LBSW) and prohibits an LBSW from engaging in private practice. It repeals the three-year provisional graduate social worker license and instead allows a graduate social worker to obtain a regular two-year LGSW license until the social work program the licensee attended gains accredited status from CSWE. The bill also contains provisions on the requirements for an LCSW license and an LCSW-C license.

HB 890 / SB610 Health - Overdose Response Program - Establishment

These bills establish an Overdose Response Program in the Department of Health and Mental Hygiene (DHMH) to authorize certain individuals (through the issuance of a certificate) to administer naloxone to an individual experiencing, or believed to be experiencing, opioid overdose to help prevent a fatality when medical services are not immediately available. To qualify for a certificate, an individual must (1) be 18 or older; (2) have, or reasonably expect to have, the ability to assist an individual who is experiencing an opioid overdose; and (3) successfully complete an educational training program offered by a private or public entity authorized by DHMH. A physician or nurse practitioner may prescribe and dispense naloxone to a certificate holder. The effective date is October 1, 2013.

HB 934 / SB 776 Telemedicine Task Force - Maryland Health Care Commission

These bills declare the intent of Maryland General Assembly, the Maryland Health Commission, in conjunction with the Maryland Health Quality and Cost Council, to continue to study the use of telehealth throughout the state through the Telemedicine Task Force. The task force must provide an interim report by January 1, 2014, and a final report by December 1, 2014.

The task force shall consist of three existing advisory groups: the clinical advisory group, the technology solutions and standards advisory group and the financial and business advisory group. The task force shall (1) identify opportunities to use telehealth to improve health status and health care delivery in the State; (2) assess specified factors related to telehealth; (3) identify strategies for telehealth deployment in rural areas of the State to increase access to health care; and (4) study any other topic the task force finds necessary to make recommendations regarding the use of telehealth in the State. The legislative members appointed by the Presiding Officers of the General Assembly must co-chair the task force. Staff support must be provided by MHCC.

These bills take effect July 1, 2013, and terminate June 30, 2015.

HB 1042 / SB 798 Hospitals - Credentialing and Privileging Process - Telemedicine

These bills authorize a hospital, in its credentialing and privileging process for a physician who provides medical services to patients at the hospital only by “telemedicine” from a distant-site hospital or telemedicine entity, to rely on the credentialing and privileging decisions made for the physician by the distant-site hospital or telemedicine entity, as authorized under specified federal regulations. These bills provide hospitals the option to credential by proxy, which will streamline the credentialing and privileging process, reduce costs, and eliminate delays. A hospital may do so only if (1) the physician holds a license to practice medicine in Maryland and (2) the medical staff of the hospital approves and recommends the credentialing and privileging decisions to the hospital’s governing body.

HB 1096 / SB 672 State Board of Physicians and Allied Health Advisory Committees - Sunset Extension and Program Evaluation

These emergency bills extend the termination date of the State Board of Physicians (MBP) and its six allied health advisory committees by five years to July 1, 2018. These bills implement recommendations of the Department of Legislative Services' (DLS) November 2011 full sunset evaluation of MBP and recommendations contained in the University of Maryland, Baltimore's (UMB) July 2012 report to MBP. These bills require DLS to conduct a direct full evaluation of MBP by October 30, 2016.

These bills establish two disciplinary panels, each consisting of 11 members, through which allegations of grounds for disciplinary action must be resolved. The board chair must assign each member of the board to one of the panels and select a member of each panel to serve as the chair of the panel. A quorum of a panel is seven members. To provide sufficient membership to divide the board into two disciplinary panels, total board membership is increased from 21 to 22 members by adding a second licensed physician with a full-time faculty appointment to serve as a representative of an academic medical institution in the State.

Other provisions include the authority of the MBP to seek a warrant, reporting requirements of certain entities and penalty authority, MBP duties related to allied health licensee profiles, public disclosure of filing of charges, the roles of the Allied Health Advisory Committees, and the consolidation and delineation of board powers.

Uncodified language requires MBP, by October 1, 2013, and annually thereafter through 2018, to submit a report to specified committees of the General Assembly. The report must provide an update on any changes to the board's disciplinary process and the effect of those changes on the complaint backlog and complaint resolution times as well as several other progress updates.

HB 1101 Medical Marijuana - Academic Medical Centers - Natalie M. LaPrade Medical Marijuana Commission

This bill allows for the investigational use of marijuana for medical purposes. Specifically, the bill establishes, as an independent commission within the Department of Health and Mental Hygiene (DHMH), the Natalie M. LaPrade Medical Marijuana Commission to (1) develop requests for applications for academic medical centers to operate programs in the State; (2) approve or deny initial and renewal program applications; and (3) monitor and oversee programs approved for operation. The bill also establishes the Natalie M. LaPrade Medical Marijuana Commission Fund as a special, nonlapsing fund. The Governor's Supplemental Budget added \$125,000 for startup costs for implementation of this effort.

The commission must annually issue a request for applications for academic medical centers to operate medical marijuana compassionate use programs. An "academic medical center" is a hospital that operates a medical residency program for physicians and conducts research that is overseen by the U.S. Department of Health and Human Services and involves human subjects. Both the University of Maryland Medical System (UMMS) and the Johns Hopkins University (JHU) have stated that they did not intend to participate in the program as academic medical centers due to the fact that marijuana is classified as a Schedule I controlled substance at the federal level, making distribution a federal offense. The effective date of the bill is October 1, 2013.

HB 1121 / SB 459 Health Occupations - Dental Hygienists - Provision of Services at a Community-Based Health Fair

These bills authorize a licensed dental hygienist, without the supervision of a dentist, to provide without compensation the following services at a community-based health fair: (1) a preliminary dental examination, including charting cavities, restorations, or missing teeth; (2) oral health education; (3) taking blood pressure, pulse rate, respiration rate, height, and weight; and (3) referrals to a dental home, including providing a patient with a list of clinical public health facilities. The State Board of Dental Examiners, in consultation with the Office of Oral Health, must develop a standard form to be used by a dental hygienist who performs such services. A dental hygienist who performs such services must fill out the form for each patient who received services from the dental hygienist and submit the completed form to the Office of Oral Health. These bills define “Community-based health fair” to mean a health service event that offers primary health care services to an individual for free or using a sliding fee schedule that is sponsored by the federal, the State, or a local government; a tax-exempt nonprofit organization; or a nonprofit community organization that has the stated purpose of providing health services to the disadvantaged.

HB 1343 / SB 380 Department of Health and Mental Hygiene - Workgroup on Cancer Clusters and Environmental Causes of Cancer

These bills require the Department of Health and Mental Hygiene (DHMH), in consultation with the Maryland Department of the Environment (MDE), to convene a workgroup to examine issues relating to the investigation of potential cancer clusters in the State and potential environmental causes of cancer.

The workgroup must include representatives of academic medical institutions and a manufacturing business in the State, advocates for cancer patients, legislators, scientists, environmentalists, and representatives from both urban and rural areas of the State. The group is required to examine, among others, the process that State agencies use to research and identify cancer clusters in the State and the research being conducted by academic medical institutions in the State on potential cancer clusters and how findings from this research are communicated to the appropriate agencies.

DHMH must report to the Governor and the General Assembly on the workgroup’s findings by June 30, 2014. These bills take effect July 1, 2013.

HB 1515 Transportation Infrastructure Investment Act of 2013

This Administration bill (1) imposes additional motor fuel taxes on all fuels except aviation gasoline and turbine fuel based on the retail price of gasoline and inflation; (2) places restrictions on transfers from the Transportation Trust Fund (TTF) and use of TTF monies; (3) increases the vehicle registration fee surcharge, the revenue from which is credited to the Maryland Emergency Medical System Operations Fund (MEMSOF); (4) requires the Maryland Transit Administration (MTA) to increase base fare prices beginning in fiscal 2015; (5) requires the Governor to include in the capital or operating budget specified appropriations to the State Highway Administration (SHA) for use in complying with the Watershed Implementation Plan (WIP); and (6) establishes a Local and Regional Transportation Funding Task Force and requires the Maryland Department of Transportation (MDOT) to conduct specified studies.

The bill increases the annual vehicle registration fee surcharge from \$13.50 to \$17.00, with the additional fees credited to MEMSOF. The fee is collected on a biennial basis. The bill specifies the intent of the General Assembly that the revenues from the surcharge increase be used to sustain the long-term viability of MEMSOF and enhance funding to the agencies that MEMSOF supports. The bill also specifies the intent of the General Assembly that the Governor include certain appropriations to provide enhancements to MEMSOF, including (1) the purchase of communications equipment, (2) salary enhancements for pilots and maintenance technicians and the hiring of additional pilots at the Aviation Division of the Maryland State Police; and (3) increased appropriations to the Senator William H. Amoss Fire, Rescue, and Ambulance Fund and R Adams Cowley Shock Trauma Center. Through this fee increase, Shock Trauma will receive \$200,000 more annually.

Except for specified provisions, the bill takes effect June 1, 2013.

SB 496 Maryland Medical Assistance Program - Telemedicine

This bill requires the Medicaid program, unless otherwise specifically prohibited or limited by federal or State law, to reimburse a health care provider for a specific type of health care service delivered by telemedicine in the same manner as the same health care service is reimbursed when delivered in person. The bill limits such reimbursement to only a health care service that is medically necessary and is provided for the treatment of cardiovascular disease or stroke in an emergency department setting when an appropriate specialist is not available. This bill takes effect on October 1, 2013.

Higher Education, Economic Development, and State Government Legislation

HB 48 Minority Business Enterprises - Not-for-Profit Entities

This bill enhances existing procurement preference programs for specified not-for-profit entities and requires various annual reports to, and from, the Department of General Services (DGS) on State contracting with them. Within 60 days of the enactment of the State budget, each State or State-aided or controlled entity, including the University System of Maryland (USM), Morgan State University (MSU), and St. Mary's College of Maryland (SMCM), must prepare and submit to DGS a forecast of expenditures with preferred providers for the upcoming fiscal year. The forecast must include activities planned to increase the number of contracts awarded to preferred providers. Within 90 days of the end of each fiscal year, each of the same entities must report to DGS on its actual contracting with preferred providers in the previous fiscal year, as specified in the bill.

The bill also removes not-for-profit entities that promote the interests of physically and mentally disabled individuals from the definition of minority business enterprise (MBE) and exempts specified contracts (entered into on or after July 1, 2015) with them from the calculation of MBE participation rates. The Department of Disabilities (DOD) must evaluate the bill's effect on the participation of not-for-profit entities in State procurement and issue a final report by December 1, 2016. The bill takes effect July 1, 2013, and applies only prospectively to any contract awarded after that date.

HB 225 / SB 273 Veterans Full Employment Act of 2013

These Administration bills facilitate professional licensing for active military personnel, veterans, and their spouses through the expedited issuance of specified licenses, registrations, and certificates. Occupational and professional licensing units within DLLR must issue expedited temporary licenses, registrations, or certificates to military service members, veterans, and military spouses if specified education, training, and experience conditions are met. Similarly, the State Superintendent of Schools must expedite educator certification for a service member, veteran, or military spouse and may issue a temporary educator certificate under specified conditions.

Health occupations boards within DHMH must expedite the licensure, certification, or registration of a service member, veteran, or military spouse. The boards must also assign an advisor to assist the individual with the application process and provide specified information to assist in the licensing, certification, or registration process. Each board may adopt regulations to implement these bills. These bills also require the State Emergency Medical Services (EMS) Board, DLLR, and DHMH to credit specified military training and education completed by a service member toward licensure or certification requirements.

Finally, the Maryland Higher Education Commission (MHEC), in consultation with the public institutions of higher education in the State, must develop and adopt guidelines on awarding academic credit for a student's military training, coursework, and education. The governing body of each public institution of higher education in the State must develop and implement policies in accordance with the guidelines developed by MHEC.

The affected agencies must submit a preliminary report to the Governor and General Assembly on implementation of the bill by January 1, 2014, and must submit a final report by January 1, 2015.

HB 227 / SB278 Maryland Employment Advancement Right Now (EARN) Program

These Administration bills establish the Maryland Employment Advancement Right Now (EARN) Program in the Department of Labor, Licensing, and Regulation (DLLR) to create industry-led partnerships to advance the skills of the State's workforce, grow the State's economy, and increase sustainable employment for working families. DLLR must establish and administer the program in consultation with the Department of Business and Economic Development (DBED) and the Governor's Workforce Investment Board (GWIB) to provide competitive grants for specified industry partnerships and training programs. DLLR must also develop and implement a State employment advancement strategy, in consultation with the Department of Budget and Management (DBM), and develop a "Train Maryland" website in consultation with DBED and the Department of Information Technology (DoIT).

DLLR must convene a working group of stakeholders including interested employers, nonprofits, workforce training entities, higher education institutions, community colleges, and LWIBs to advise on the initial development and implementation of the program. These bills take effect June 1, 2013

HB 331 Open Meetings Act - Violations and Penalties

This bill specifies that, if the State Open Meetings Compliance Board determines that a violation of the Maryland Open Meetings Act has occurred, (1) a member of the public body must, at the public body's next open meeting after the board has issued its opinion, announce the violation and orally summarize the

opinion and (2) a majority of the public body's members must sign (and return to the board) a copy of the opinion. The public body may not designate its counsel or another representative to provide the announcement and summary. Compliance with these provisions does not constitute an admission to a violation of the Act and may not be used as evidence in a specified proceeding. The bill also repeals a prohibition on the introduction of a written opinion of the board as evidence in a proceeding conducted before a circuit court under the Act. In addition, the bill increases the civil penalty for meeting in violation of the Act from up to \$100 to (1) up to \$250 for the first violation and (2) up to \$1,000 for each subsequent violation occurring within three years after the first violation. When determining the amount of a fine, the court must consider the financial resources of the public body. The effective date is October 1, 2013.

HB 863 / SB0841 Higher Education Fair Share Act

These Administration bills authorize an employee organization to collectively bargain with institutions of the University System of Maryland (USM), Morgan State University (MSU), St. Mary's College of Maryland (SMCM), and Baltimore City Community College (BCCC) regarding the right of the employee organization to collect service fees from nonmembers. If a fee is negotiated and collected, employees of the affected institutions whose religious beliefs preclude them from supporting collective bargaining organizations must make an equivalent payment to a charitable organization and provide written proof of the payment to (1) the president of the institution or the president's designee and (2) the employee's exclusive representative.

Most employees of USM, MSU, SMCM, and BCCC, including senior administrators, faculty members, and student employees, are not subject to collective bargaining and, therefore, are not currently in a bargaining unit. If a service fee were negotiated under, they would not have to pay it. While an exclusive representative bargains for all members of a particular bargaining unit, only a portion of these individuals pays union membership dues to the representing organization. A service fee is paid by an employee to his or her bargaining unit's exclusive representative to offset costs attributable to the collective bargaining process. Generally, this fee is less than the fee charged for union dues.

Current law authorizes the state to collectively bargain with the exclusive representative of a bargaining unit for service fees from state employees who are not members of that exclusive representative. Thus, employees who are in a bargaining unit but are not members of any employee organization must pay the service fee if a fee is successfully negotiated. Likewise, employees who are dues-paying members of an employee organization that is not the exclusive representative must also pay any negotiated service fee.

HB 942 / SB 624 Identity Fraud - Health Information and Health Care Records

These bills expand the identity fraud statute to include "health information" and health care records. Under the bill, a person may not knowingly, willfully, and with fraudulent intent possess, obtain, or help another person to possess or obtain any personal identifying information of an individual, without the consent of the individual, in order to access health information or health care in the name of the individual. A person who commits any of these prohibited acts is subject to current statutory penalties for identity fraud based on the value of the health information or health care.

These bills define "Health information" to mean any information, whether oral or recorded in any form or medium that (1) is created or received by a health care provider, a health care carrier, a public health authority, an employer, a life insurer, a school or university, or a health care clearing house; and

(2) relates to the past, present, or future physical or mental health condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual.

These bills also alter the definition of “personal identifying information” to include specified health and medical-related information, and establishes that “personal identifying information” may be derived from any of the elements specified in that definition alone or in conjunction with any other information to identify a specific natural or fictitious individual. The effective date of these bills is October 1, 2013.

SB 431 Higher Education - University System of Maryland - Quasi-Endowments

This bill authorizes the Board of Regents of the University System of Maryland (USM) to maintain and manage quasi-endowment funds; however, the board may only make a one-time transfer of no more than \$50 million from the non-State supported fund balance to the quasi-endowment fund. The board must submit an annual investment performance report on its quasi-endowments by November 1. The bill defines “quasi-endowment funds” as funds that USM retains and manages in the same manner as an endowment. The bill takes effect July 1, 2013.

A quasi-endowment is a fund or investment established by the Board of Regents with the expectation that the fund be managed to produce spendable income annually that would be used for a specific purpose, such as a program to provide incentive grants to facilitate institutional fundraising or endowment-building. Like other types of endowments, the expectation is that the original invested amount be invested and managed to last in perpetuity, with only the income used annually for the specified purpose.

Currently, state law requires all state agencies, with few exceptions, to maintain all cash and investments with the State Treasurer, who invests and manages the funds on a statewide basis. Section 12-104(e) (1)(ii) currently allows the System to separately invest gifts, and endowment funds that carry external stipulations. Enabling the establishment of an investment fund with the System’s already existing Common Trust Fund at the Board of Regents’ direction will enable the System to establish a steady and long-lived resource stream that will support the fund-raising effort without additional burden on state taxpayer dollars.

Enabling the Board of Regents to establish a quasi-endowment in the Common Trust Fund to provide funding and incentive grants for use in the next capital campaign to encourage endowment-building would provide about \$2 million per year in new and additional resources for the fund-raising operation. These funds would be administered under a program to be developed at the direction of the Board of Regents Committee on Advancement.

SB 676 Governmental Procedures - Security and Protection of Information

This bill establishes, for units of and local State government (not including legislative or judicial agencies), specified requirements with regard to the protection of an individual’s private information from unauthorized access.

A unit of State (including institutions of higher education) or local government that collects an individual’s personal information must – to protect personal information from unauthorized access, use, modification, or disclosure – implement and maintain reasonable security procedures and practices appropriate to the nature of the information collected and the nature of the unit and its operations.

Similarly, a unit that uses a nonaffiliated third party as a service provider (and discloses personal information about an individual) must require that the third party implement and maintain reasonable security procedures and practices, as specified by the bill.

If a government unit that collects computerized data containing an individual's personal information discovers (or is notified of) a breach of the security system, the unit must conduct, in good faith, a reasonable and prompt investigation to determine whether the unauthorized acquisition of personal information has resulted in (or is likely to result in) the misuse of the information – in which case the unit (or the nonaffiliated third party, if authorized under a written contract or agreement) generally must notify the individual of the breach, as specified by the bill.

A unit of State or local government is required to – in destroying an individual's records containing personal information – take reasonable steps to protect against unauthorized access to, or use of, the personal information. In doing so, the unit must take into account the sensitivity of the records, the nature of the unit and its operations, the costs and benefits of different destruction methods, and available technology.

A government unit or nonaffiliated third party that complies with specified federal laws and guidelines must be deemed to be in compliance with the bill. The bill takes effect July 1, 2014.

SB 740 College Readiness and Completion Act of 2013

This bill establishes a number of requirements aimed at increasing college readiness and completion in the State. Senate Bill 740 is a fusion of several individual higher education initiatives from across the nation rolled into a single piece of legislation.

Provisions of the bill deal with the establishment of high school curriculum and graduation requirements for all public schools by the Maryland State Board of Education (MSDE). The bill directs MSDE to develop a plan, in consultation with institutions of higher education, to improve college and career counseling that is provided to students in middle and high schools.

The bill directs the Maryland Higher Education Commission (MHEC) to coordinate institutions of higher education throughout the state to ensure the state achieves specified educational goals. It also directs MHEC, in collaboration with the public institutions of higher education, to develop and implement statewide transfer agreements and reverse transfer agreements by July 1, 2016. MHEC and each public institution of higher education must also develop and implement incentives for students to obtain an associate's degree before enrolling in a public four-year institution of higher education. The bill also directs MHEC, in collaboration with institutions of higher education, to create a statewide communication campaign to identify near completers in the state and to encourage near completers to re-enroll in an institution of higher education to earn a degree through an incentive plan.

The bill contains language regarding the development of a "degree plan" which is defined as a statement of the course of study requirements that an undergraduate student enrolled in a public four-year higher education institution must complete to graduate from the institution. Each undergraduate student enrolled in a public four-year higher education institution must file a degree plan with the institution as soon as practicable but not later than by the completion of 30 credit hours of course work. Each degree-seeking undergraduate student enrolled at a community college must file a degree plan with the institution on entering the institution. Each undergraduate student who transfers to a public four-year institution with at least 45 credit hours of course work must file a degree plan with the institution during the student's first

semester at the institution.

The bill also directs each public institution of higher education in the state to develop a pathway system whereby a degree-seeking student is automatically enrolled in courses for the first year of enrollment or is enrolled in courses concurrently with the filing of a degree plan, whichever is later.

The bill standardizes the number of credits required for a baccalaureate degree from a public four-year higher education institution to 120 credit hours. Beginning with fall 2015, the standard number of credits for an associate's degree from a public community college is 60 credit hours. The standard number of credits required for a baccalaureate degree (i.e., 120) does not apply if (1) the degree program is defined as a five-year baccalaureate degree program; (2) professional accreditation requires a higher number of credit hours or requires course work that cannot be completed in 120 credit hours; or (3) certification requirements result in a need for credit hours in excess of 120.

The standard number of credits required for an associate's degree (i.e., 60) does not apply if (1) the degree program is defined as more than a two-year associate's degree; (2) professional accreditation requires a higher number of credit hours or requires course work that cannot be completed in 60 credits; or (3) certification requirements result in a need for credit hours in excess of 60. MHEC may approve additional exceptions to the credit hour requirements.

Finally the bill contains language that directs MHEC's Segmental Advisory Council to submit a report on Maryland's academic course articulation data system and academic course transferability between institutions of higher education in the State by December 31, 2013.

HIGHLIGHTS OF THE 2013 SESSION

PART III– MAJOR BILLS WHICH DID NOT PASS AT THE 2013 SESSION

HB 26	Minority Business Enterprise Program-Former Subcontractors Transitioning to Prime Contractors
HB 87 / SB 714	Income Tax – Subtraction Modification-Student Loan Debt
HB 265 / SB 644	University of Maryland Medical System Corporation-Public Information Act
HB 508	Environment-Local Stormwater Management Charges –State Property
HB 536 / SB 738	Health Occupations-Magnetic Resonance Imaging Services-Study
HB 557 / SB 607	Institutions of Higher Education-Student Notification –Financial Information
HB 726 / SB 384	Economic Development-Sickle Cell Disease Research Program
HB 734 / SB 808	University System of Maryland - Institution Management – Admissions Requirements
HB 736 / SB 928	Health Insurance - Pharmacy Benefits Managers - Specialty Drugs ⁱ
HB 779 / SB 368	Maryland Stem Cell Research Fund-Annual Report-Government Transparency Requirements
HB 837	Family Farm - Prevailing Party - Attorney's Fees and Expenses
HB 937 / SB 494	Commission on Maryland Cybersecurity Innovation and Excellence – Duties
HB 948 / SB 708	Tobacco-Related Disease Products Research, Development, and Commercialization Program
HB 960 / SB 859	Maryland Personal Information Protection Act – Revisions
HB 1029 / SB 783	State Board of Physicians - Naturopathic Doctors
HB 1283	Prevailing Wage Enforcement Act
HB 1293 / SB 647	Higher Education and Health Occupations - Nurse Midwifery Program – Study
HB 1310 / SB 834	Health Care Malpractice Claims - Definition of "Health Care Provider"

HB 1332	Educational Institutions - Personal Electronic Account - Privacy Protections
HB 1412	Public Senior Higher Education Institutions - Mandatory Fees - Limit on Increases
HB 1464 / SB 932	Criminal Law - Deadly Weapons on the Property of an Institution of Higher Education
HB 1501 / SB 977	Task Force to Evaluate Regional Health Delivery and Health Planning in Rural Areas
SB 838	Educational Institutions - Personal Electronic Account - Privacy Protection
SB 972	Task Force to Evaluate Mental Health Care Delivery on the Eastern Shore

ⁱ Referred to interim study by Health and Government Operations



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