

## Chapter 78

(House Bill 319)

AN ACT concerning

### State Board of Nursing – Nurse Practitioners – Certification Requirements and Authority to Practice

FOR the purpose of altering certain requirements for certification as a nurse practitioner; requiring the State Board of Nursing to waive certain education requirements under certain circumstances; authorizing the State Board of Nursing to establish continuing education or competency requirements for the renewal of a certificate to practice as a nurse practitioner; authorizing the State Board of Nursing to waive certain requirements for applicants who are licensed or certified to practice as a nurse practitioner in another state or country; prohibiting the use of certain titles, descriptions, and abbreviations except under certain circumstances; authorizing a nurse practitioner who is certified in another state to practice in this State under certain circumstances; providing that a temporary practice letter issued to an individual authorized to practice as a certified nurse practitioner in another state authorizes the holder to practice in this State while the letter is effective; repealing language that prohibits the State Board of Nursing from issuing a temporary practice license unless it received a certain written agreement; repealing a requirement that the State Board of Physicians approve the scope of practice of a certified nurse practitioner issued a temporary practice letter; ~~altering certain requirements for the standards of quality of care that a health maintenance organization is required to provide to its members~~ repealing certain language that authorizes a member of a health maintenance organization to select a certified nurse practitioner under specified circumstances; defining certain terms; altering certain definitions; requiring the Department of Health and Mental Hygiene to repeal certain regulations by a certain date; requiring the State Board of Nursing, in consultation with the State Board of Physicians, to develop a certain plan; and generally relating to the certification and the scope of practice of nurse practitioners in the State.

BY repealing and reenacting, with amendments,  
Article – Health Occupations  
Section 8–101, 8–302, 8–315, and 8–508  
Annotated Code of Maryland  
(2009 Replacement Volume)

BY repealing and reenacting, with amendments,  
Article – Health – General  
Section 19–705.1

Annotated Code of Maryland  
(2009 Replacement Volume)

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

**Article – Health Occupations**

8–101.

(a) In this title the following words have the meanings indicated.

(b) “Board” means the State Board of Nursing.

(c) “License” means, unless the context requires otherwise, a license issued by the Board to practice:

(1) Registered nursing; or

(2) Licensed practical nursing.

(d) “Licensed practical nurse” means, unless the context requires otherwise, an individual who is licensed by the Board to practice licensed practical nursing.

**(E) “NURSE PRACTITIONER” MEANS AN INDIVIDUAL WHO:**

**(1) IS LICENSED BY THE BOARD TO PRACTICE REGISTERED NURSING; AND**

**(2) IS CERTIFIED BY THE BOARD TO PRACTICE AS A NURSE PRACTITIONER.**

**(F) “PRACTICE AS A NURSE PRACTITIONER” MEANS TO INDEPENDENTLY:**

**(1) PERFORM AN ACT UNDER SUBSECTION (H) OF THIS SECTION;**

**(2) CONDUCT A COMPREHENSIVE PHYSICAL ASSESSMENT OF AN INDIVIDUAL;**

**(3) ESTABLISH A MEDICAL DIAGNOSIS FOR COMMON CHRONIC STABLE, OR SHORT-TERM, ~~OR ACUTE~~ HEALTH PROBLEMS;**

**(4) ORDER, PERFORM, AND INTERPRET LABORATORY TESTS;**

**(5) PRESCRIBE DRUGS AS PROVIDED UNDER § 8-508 OF THIS TITLE;**

**(6) PERFORM DIAGNOSTIC, THERAPEUTIC, OR CORRECTIVE MEASURES;**

**(7) REFER AN INDIVIDUAL TO AN APPROPRIATE LICENSED PHYSICIAN OR OTHER HEALTH CARE PROVIDER; AND**

**(8) PROVIDE EMERGENCY CARE; ~~AND~~**

**~~(9) ADMIT AN INDIVIDUAL TO A HOSPITAL OR NURSING FACILITY.~~**

**[(e)] (G)** “Practice licensed practical nursing” means to perform in a team relationship an act that requires specialized knowledge, judgment, and skill based on principles of biological, physiological, behavioral, or sociological science to:

(1) Administer treatment or medication to an individual;

(2) Aid in the rehabilitation of an individual;

(3) Promote preventive measures in community health;

(4) Give counsel to an individual;

(5) Safeguard life and health;

(6) Teach or supervise; or

(7) Perform any additional acts authorized by the Board under § 8-205 of this title.

**[(f)] (H)** (1) “Practice registered nursing” means the performance of acts requiring substantial specialized knowledge, judgment, and skill based on the biological, physiological, behavioral, or sociological sciences as the basis for assessment, nursing diagnosis, planning, implementation, and evaluation of the practice of nursing in order to:

(i) Maintain health;

(ii) Prevent illness; or

(iii) Care for or rehabilitate the ill, injured, or infirm.

(2) For these purposes, “practice registered nursing” includes:

- (i) Administration;
- (ii) Teaching;
- (iii) Counseling;
- (iv) Supervision, delegation and evaluation of nursing practice;
- (v) Execution of therapeutic regimen, including the administration of medication and treatment;
- (vi) Independent nursing functions and delegated medical functions; and
- (vii) Performance of additional acts authorized by the Board under § 8–205 of this title.

**[(g)] (I)** “Registered nurse” means, unless the context requires otherwise, an individual who is licensed by the Board to practice registered nursing.

8–302.

(a) Except as otherwise provided in this title, to qualify for a license or certification, an applicant shall be an individual who submits to a criminal history records check in accordance with § 8–303 of this subtitle and meets the requirements of this section.

(b) **(1)** An applicant for certification as a certified nurse practitioner shall:

**[(1)] (I)** Be a registered nurse;

**[(2)] (II)** Complete a nurse practitioner program approved by the Board; **[and]**

**[(3)] (III)** **SUBMIT TO THE BOARD:**

**1. A COMPLETED APPLICATION FOR CERTIFICATION AS A NURSE PRACTITIONER FOR EACH AREA IN WHICH CERTIFICATION IS SOUGHT;**

**2. DOCUMENTATION OF AN ACTIVE LICENSE IN GOOD STANDING AS A REGISTERED NURSE IN THE STATE;**

**3. DOCUMENTATION THAT THE APPLICANT HAS GRADUATED FROM AN ACCREDITED PROGRAM FOR NURSE PRACTITIONERS; AND**

**4. DOCUMENTATION OF CERTIFICATION AS A NURSE PRACTITIONER BY A NATIONALLY RECOGNIZED CERTIFYING BODY APPROVED BY THE BOARD; AND**

(IV) Meet [the] ANY other requirements that the Board sets.

(2) AN INDIVIDUAL CERTIFIED BY A NATIONAL CERTIFYING BODY PRIOR TO OCTOBER 1, 2010 WHO IS CERTIFIED BY THE BOARD AND IN GOOD STANDING SHALL BE DEEMED TO MEET THE EDUCATION REQUIREMENTS UNDER SUBSECTION (B)(1)(III)3 OF THIS SECTION.

(3) IN ADDITION TO THE REQUIREMENTS FOR RENEWAL OF A LICENSE UNDER § 8-312 OF THIS SUBTITLE, THE BOARD MAY ESTABLISH CONTINUING EDUCATION OR COMPETENCY REQUIREMENTS FOR THE RENEWAL OF A CERTIFICATE UNDER THIS SUBSECTION.

(4) (I) SUBJECT TO THE PROVISIONS OF THIS SUBSECTION, THE BOARD MAY WAIVE ANY REQUIREMENT OF THIS SUBSECTION FOR AN APPLICANT WHO IS LICENSED OR CERTIFIED TO PRACTICE AS A NURSE PRACTITIONER IN ANY OTHER STATE OR COUNTRY.

(II) THE BOARD MAY GRANT A WAIVER UNDER THIS PARAGRAPH ONLY IF THE APPLICANT:

1. PAYS THE APPLICATION FEE REQUIRED BY THE BOARD UNDER § 8-304 OF THIS SUBTITLE;

2. BECAME LICENSED OR CERTIFIED IN THE OTHER STATE OR COUNTRY UNDER REQUIREMENTS SUBSTANTIALLY EQUIVALENT TO THE CERTIFICATION REQUIREMENTS OF THIS TITLE; AND

3. MEETS ANY OTHER QUALIFICATIONS ESTABLISHED BY THE BOARD.

(5) (I) A CERTIFIED NURSE PRACTITIONER MAY NOT PRACTICE IN THE STATE UNLESS THE NURSE PRACTITIONER HAS AN APPROVED ATTESTATION THAT:

1. THE NURSE PRACTITIONER HAS AN AGREEMENT FOR COLLABORATION AND CONSULTING WITH A PHYSICIAN LICENSED UNDER TITLE 14 OF THIS ARTICLE AND WILL REFER TO AND CONSULT WITH PHYSICIANS AND OTHER HEALTH CARE PROVIDERS AS NEEDED; AND

**2. THE NURSE PRACTITIONER WILL PRACTICE IN ACCORDANCE WITH THE STANDARDS OF PRACTICE OF THE AMERICAN ACADEMY OF NURSE PRACTITIONERS OR ANY OTHER NATIONAL CERTIFYING BODY RECOGNIZED BY THE BOARD.**

**(ii) THE BOARD SHALL:**

**1. MAINTAIN AN APPROVED ATTESTATION; AND**

**2. MAKE THE APPROVED ATTESTATION AVAILABLE TO THE STATE BOARD OF PHYSICIANS ON THE REQUEST OF THE STATE BOARD OF PHYSICIANS.**

**~~(5)~~ (6) UNLESS AUTHORIZED TO PRACTICE AS A NURSE PRACTITIONER UNDER THIS TITLE, A PERSON MAY NOT:**

**(i) REPRESENT TO THE PUBLIC BY TITLE OR BY DESCRIPTION OF SERVICES, METHODS, OR PROCEDURES, OR OTHERWISE, THAT THE PERSON IS AUTHORIZED TO PRACTICE AS A NURSE PRACTITIONER IN THIS STATE;**

**(ii) USE AS A TITLE OR DESCRIBE THE SERVICES THE PERSON PROVIDES BY USE OF THE WORDS “NURSE PRACTITIONER” OR “CERTIFIED REGISTERED NURSE PRACTITIONER”; OR**

**(iii) USE THE ABBREVIATION “N.P.”, “C.R.N.P.”, OR ANY OTHER WORDS, LETTERS, OR SYMBOLS WITH THE INTENT TO REPRESENT THAT THE PERSON PRACTICES AS A NURSE PRACTITIONER.**

(c) An applicant for a license to practice registered nursing shall complete satisfactorily and meet all requirements for a diploma or degree from:

(1) A registered nursing education program approved by the Board; or

(2) An education program in registered nursing in any other state or country that the Board finds substantially equivalent to the program in this State.

(d) An applicant for a license to practice licensed practical nursing shall:

(1) Meet all requirements for a high school diploma or its equivalent;  
and

(2) Complete satisfactorily and meet all requirements for a diploma  
from:

(i) A licensed practical nursing education program or its equivalent approved by the Board; or

(ii) An education program in licensed practical nursing in any other state or country that the Board finds substantially equivalent to the program in this State.

(e) Except as otherwise provided in this title, the applicant shall pass an examination approved by the Board.

(f) (1) Except as otherwise provided in this subsection, the Board shall require as part of its examination or licensing procedures that an applicant for a license to practice registered nursing or licensed practical nursing demonstrate an oral competency in the English language.

(2) Graduation from a recognized English-speaking undergraduate school after at least 3 years of enrollment, or from a recognized English-speaking professional school is acceptable as proof of proficiency in the oral communication of the English language under this section.

(3) By regulation, the Board shall develop a procedure for testing individuals who because of their speech impairment are unable to complete satisfactorily a Board approved standardized test of oral competency.

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

(5) The Board may not require that an applicant for a license to practice registered nursing or licensed practical nursing who was previously licensed in any other state to practice registered nursing or licensed practical nursing to demonstrate an oral competency in the English language as part of its examination or licensing procedures if the other state has a similar oral competency component as part of its examination or licensing procedures.

(6) (i) The Board may issue a temporary license to any applicant for a license to practice registered nursing or licensed practical nursing who was previously licensed in any other state to practice registered nursing or licensed practical nursing and who, except for the oral competency in the English language component, is otherwise qualified for a license.

(ii) A temporary license issued under this subsection is valid only until the date when the next test to demonstrate oral competency in the English language is given.

(g) An applicant for a license or certification under this section shall be of good moral character.

8–315.

(a) The Board may issue a temporary license to any applicant who:

(1) Submits to a criminal history records check in accordance with § 8–303 of this subtitle;

(2) Is licensed by any other state;

(3) Submits to the Board:

(i) An application on the form required by the Board;

(ii) Written, verified evidence that the requirement of item (1) of this subsection is being met; and

(iii) Any other document required by the Board; and

(4) Pays the fee required by the Board.

(b) (1) A temporary license issued to an individual who is authorized to practice registered nursing in another state authorizes the holder to practice registered nursing in this State while the temporary license is effective.

(2) A temporary license issued to an individual who is authorized to practice licensed practical nursing in another state authorizes the holder to practice licensed practical nursing in this State while the temporary license is effective.

(c) (1) The Board may issue a temporary practice letter to a certified nurse practitioner or certified nurse–midwife who:

(i) Has been issued a temporary license under this subsection [and has submitted a written agreement to the Board for formal approval]; **AND**

(ii) Is authorized to practice as a registered nurse [and has submitted an initial written agreement to the Board for formal approval; or

(iii) 1. Has had a written agreement approved by the Board;

2. Is changing practices or locations; and



3. Has submitted to the Board for formal approval a new written agreement for the new practice or location].

**(2) A TEMPORARY PRACTICE LETTER ISSUED TO AN INDIVIDUAL WHO IS AUTHORIZED TO PRACTICE AS A CERTIFIED NURSE PRACTITIONER IN ANOTHER STATE AUTHORIZES THE HOLDER TO PRACTICE AS A CERTIFIED NURSE PRACTITIONER IN THIS STATE WHILE THE TEMPORARY PRACTICE LETTER IS EFFECTIVE.**

[(2) The Board may not issue a temporary practice letter to a certified nurse practitioner or certified nurse–midwife under paragraph (1) of this subsection unless:

(i) The State Board of Physicians has received a written agreement submitted to the Board for formal approval of the scope of practice for which the temporary practice letter is requested; and

(ii) The State Board of Physicians has approved the issuance of the temporary practice letter.

(3) A temporary practice letter does not:

(i) Create any interest, right, or entitlement for the certified nurse practitioner, certified nurse–midwife, or collaborating physician that extends beyond the ending date of the practice letter;

(ii) Abrogate any procedures required by statute or regulation for approval of collaboration agreements; or

(iii) Establish any fact or any presumption concerning the final approval of a collaboration agreement.]

(d) (1) Except as provided in this subtitle, a temporary license and temporary practice letter may not be renewed.

(2) Unless the Board suspends or revokes a temporary license or temporary practice letter, each temporary license or temporary practice letter expires 90 days after the date of issue.

(3) A temporary license may be extended up to an additional 90 days if the applicant is awaiting the completion of criminal history record information.

(4) A temporary license or temporary practice letter may be extended every 90 days, provided that the total length of renewal does not exceed 12 months from the date the original temporary license or temporary practice letter was issued, if the applicant does not meet the practice requirement as provided for in regulation.

(e) The Board shall revoke a temporary license or temporary certificate if the criminal history record information forwarded to the Board in accordance with § 8–303 of this subtitle reveals that the applicant, certificate holder, or licensee has been convicted or pled guilty or nolo contendere to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside.

8–508.

- (a) (1) In this section the following words have the meanings indicated.
- (2) “Nurse practitioner” means a registered nurse who is:
- (i) Certified as a nurse practitioner; and
  - (ii) Authorized to prescribe drugs under regulations **[jointly]** adopted by the State Board of Nursing **[and the State Board of Physicians]**.
- (3) “Starter dosage” means an amount of drug sufficient to begin therapy:
- (i) Of short duration of 72 hours or less; or
  - (ii) Prior to obtaining a larger quantity of the drug to complete therapy.
- (4) “Personally prepare and dispense” means that a nurse practitioner:
- (i) Is physically present on the premises where the prescription is filled; and
  - (ii) Performs a final check of the prescription before it is provided to the patient.
- (b) A nurse practitioner may personally prepare and dispense a starter dosage of any drug the nurse practitioner is authorized to prescribe to a patient of the nurse practitioner if:
- (1) The starter dosage complies with the labeling requirements of § **[12–509] 12–505** of this article;
  - (2) No charge is made for the starter dosage; and
  - (3) The nurse practitioner enters an appropriate record in the patient’s medical record.

(c) In accordance with the provisions of subsection (d) of this section, a nurse practitioner may personally prepare and dispense any drug that a nurse practitioner may prescribe to the extent permitted by law in the course of treating a patient at:

- (1) A medical facility or clinic that specializes in the treatment of medical cases reimbursable through workers' compensation insurance;
- (2) A medical facility or clinic that is operated on a nonprofit basis;
- (3) A health center that operates on a campus of an institution of higher education;
- (4) A public health facility, a medical facility under contract with a State or local health department, or a facility funded with public funds; or
- (5) A nonprofit hospital or a nonprofit hospital outpatient facility as authorized under the policies established by the hospital.

(d) A nurse practitioner who personally prepares and dispenses a drug in the course of treating a patient as authorized under subsection (c) of this section shall:

- (1) Comply with the labeling requirements of § [12-509] **12-505** of this article;
- (2) Record the dispensing of the prescription drug on the patient's chart;
- (3) Allow the Division of Drug Control to enter and inspect the nurse practitioner's office at all reasonable hours; and
- (4) Except for starter dosages or samples dispensed without charge, provide the patient with a written prescription, maintain prescription files, and maintain a separate file for Schedule II prescriptions for a period of at least 5 years.

### **Article – Health – General**

19-705.1.

(a) The Secretary shall adopt regulations that set out reasonable standards of quality of care that a health maintenance organization shall provide to its members.

(b) The standards of quality of care shall include:

(1) (i) A requirement that a health maintenance organization shall provide for regular hours during which a member may receive services, including

providing for services to a member in a timely manner that takes into account the immediacy of need for services; and

(ii) Provisions for assuring that all covered services, including any services for which the health maintenance organization has contracted, are accessible to the enrollee with reasonable safeguards with respect to geographic locations;

(2) A requirement that a health maintenance organization shall have a system for providing a member with 24-hour access to a physician ~~OR NURSE PRACTITIONER~~ in cases where there is an immediate need for medical services, and for promoting timely access to and continuity of health care services for members, including:

(i) Providing 24-hour access by telephone to a person who is able to appropriately respond to calls from members and providers concerning after-hours care; and

(ii) Providing a 24-hour toll free telephone access system for use in hospital emergency departments in accordance with § 19-705.7 of this subtitle;

(3) A requirement that any nonparticipating provider shall submit to the health maintenance organization the appropriate documentation of the medical complaint of the member and the services rendered;

(4) A requirement that a health maintenance organization shall have a physician ~~OR NURSE PRACTITIONER~~ available at all times to provide diagnostic and treatment services;

(5) A requirement that a health maintenance organization shall assure that:

(i) Each member who is seen for a medical complaint is evaluated under the direction of a physician ~~OR NURSE PRACTITIONER~~; and

(ii) Each member who receives diagnostic evaluation or treatment is under the medical management of a health maintenance organization physician ~~OR NURSE PRACTITIONER~~ who provides continuing medical management;

(6) A requirement that each member shall have an opportunity to select a primary physician or a certified nurse practitioner from among those available to the health maintenance organization; and

(7) A requirement that a health maintenance organization print, in any directory of participating providers or hospitals, in a conspicuous manner, the address, telephone number, and facsimile number of the State agency that members,

enrollees, and insureds may call to discuss quality of care issues, life and health insurance complaints, and assistance in resolving billing and payment disputes with the health plan or health care provider, as follows:

(i) For quality of care issues and life and health care insurance complaints, the Maryland Insurance Administration; and

(ii) For assistance in resolving a billing or payment dispute with the health plan or a health care provider, the Health Education and Advocacy Unit of the Consumer Protection Division of the Office of the Attorney General.

**[(c) (1)** A member may select a certified nurse practitioner as the member's primary care provider if:

(i) The certified nurse practitioner provides services at the same location as the certified nurse practitioner's collaborating physician; and

(ii) The collaborating physician provides the continuing medical management required under subsection (b)(5) of this section.

(2) A member who selects a certified nurse practitioner as a primary care provider shall be provided the name and contact information of the certified nurse practitioner's collaborating physician.]

**[(3) (8)** This subsection may not be construed to require that a health maintenance organization include certified nurse practitioners on the health maintenance organization's provider panel as primary care providers.

**[(d) (C) (1)** The health maintenance organization shall make available and encourage appropriate history and baseline examinations for each member within a reasonable time of enrollment set by it.

(2) Medical problems that are a potential hazard to the person's health shall be identified and a course of action to alleviate these problems outlined.

(3) Progress notes indicating success or failure of the course of action shall be recorded.

(4) The health maintenance organization shall:

(i) Offer or arrange for preventive services that include health education and counseling, early disease detection, immunization, and hearing loss screening of newborns provided by a hospital before discharge;

(ii) Develop or arrange for periodic health education on subjects which impact on the health status of a member population; and

(iii) Notify every member in writing of the availability of these and other preventive services.

(5) The health maintenance organization shall offer services to prevent a disease if:

(i) The disease produces death or disability and exists in the member population;

(ii) The etiology of the disease is known or the disease can be detected at an early stage; and

(iii) Any elimination of factors leading to the disease or immunization has been proven to prevent its occurrence, or early disease detection followed by behavior modification, environmental modification, or medical intervention has been proven to prevent death or disability.

**[(e)] (D)** (1) To implement these standards of quality of care, a health maintenance organization shall have a written plan that is updated and reviewed at least every 3 years.

(2) The plan shall include the following information:

(i) Statistics on age, sex, and other general demographic data used to determine the health care needs of its population;

(ii) Identification of the major health problems in the member population;

(iii) Identification of any special groups of members that have unique health problems, such as the poor, the elderly, the mentally ill, and educationally disadvantaged; and

(iv) A description of community health resources and how they will be used.

(3) The health maintenance organization shall state its priorities and objectives in writing, describing how the priorities and objectives relating to the health problems and needs of the member population will be provided for.

(4) (i) The health maintenance organization shall provide at the time membership is solicited a general description of the benefits and services available to its members, including benefit limitations and exclusions, location of facilities or providers, and procedures to obtain medical services.

(ii) The health maintenance organization shall place the following statement, in bold print, on every enrollment card or application: “If you have any questions concerning the benefits and services that are provided by or excluded under this agreement, please contact a membership services representative before signing this application or card”.

(5) The plan shall contain evidence that:

(i) The programs and services offered are based on the health problems of and the community health services available to its member population;

(ii) There is an active program for preventing illness, disability, and hospitalization among its members; and

(iii) The services designed to prevent the major health problems identified among child and adult members and to improve their general health are provided by the health maintenance organization.

**[(f)] (E)** (1) The health maintenance organization shall have an internal peer review system that will evaluate the utilizational services and the quality of health care provided to its members.

(2) The review system shall:

(i) Provide for review by appropriate health professionals of the process followed in the provision of health services;

(ii) Use systematic data collection of performances and patient results;

(iii) Provide interpretation of this data to the practitioners;

(iv) Review and update continuing education programs for health professionals providing services to its members;

(v) Identify needed change and proposed modifications to implement the change; and

(vi) Maintain written records of the internal peer review process.

**[(g)] (F)** (1) Except as provided in paragraph (5) of this subsection, the Department shall conduct an annual external review of the quality of the health services of the health maintenance organization in a manner that the Department considers to be appropriate.

(2) The external review shall be conducted by:

(i) A panel of physicians and other health professionals that consists of persons who:

1. Have been approved by the Department;
2. Have substantial experience in the delivery of health care in a health maintenance organization setting, but who are not members of the health maintenance organization staff or performing professional services for the health maintenance organization; and
3. Reside outside the area serviced by the health maintenance organization;

(ii) The Department; or

(iii) A federally approved professional standards review organization.

(3) The final decision on the type of external review that is to be employed rests solely with the Secretary.

(4) The external review shall consist of a review and evaluation of:

- (i) An internal peer review system and reports;
- (ii) The program plan of the health maintenance organization to determine if it is adequate and being followed;
- (iii) The professional standards and practices of the health maintenance organization in every area of services provided;
- (iv) The grievances relating specifically to the delivery of medical care, including their final disposition;
- (v) The physical facilities and equipment; and
- (vi) A statistically representative sample of member records.

SECTION 2. AND BE IT FURTHER ENACTED, That the ~~Department of Health and Mental Hygiene shall repeal the provisions of Title 10, Subtitle 27 of the Code of Maryland Regulations requiring the implementation of a written agreement between a certified nurse practitioner and a licensed physician and establishing the Joint Committee on Nurse Practitioners on or before December 31, 2012~~ State Board of Nursing, in consultation with the State Board of Physicians, shall develop a plan for implementing the provisions of this Act. The plan shall provide for the repeal of



obsolete regulations and include a requirement that attestations made by nurse practitioners concerning agreements for collaboration and consulting with a physician identify the collaborating physician.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2010.

**Approved by the Governor, April 13, 2010.**