

SENATE BILL 570

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11r0050
CF HB 737

By: **The President (By Request – Administration)**

Introduced and read first time: January 26, 2021

Assigned to: Finance

Committee Report: Favorable

Senate action: Adopted

Read second time: February 16, 2021

CHAPTER _____

1 AN ACT concerning

2 **Emergency Services – Exposure to Contagious Diseases and Viruses –**
3 **Notification and Other Requirements**

4 FOR the purpose of altering the definition of “contagious disease or virus” for the purposes
5 of certain provisions of law governing the notification of a possible exposure of certain
6 emergency services personnel to include 2019–nCoV; extending certain notification
7 requirements regarding possible exposure to a contagious disease or virus to certain
8 emergency medical services clinicians; requiring that certain emergency medical
9 services clinicians receive certain training and certain equipment; applying to
10 agencies that employ certain emergency medical services clinicians certain
11 requirements regarding the development of certain procedures; authorizing certain
12 facilities and certain physicians to enter into an agreement with the
13 State–Designated Health Information Exchange to facilitate the process for
14 providing certain notices; making conforming changes; defining certain terms;
15 altering certain definitions; and generally relating to emergency services and
16 exposure of personnel to contagious diseases and viruses.

17 BY repealing and reenacting, with amendments,
18 Article – Health – General
19 Section 18–213, 18–213.1, and 18–213.2
20 Annotated Code of Maryland
21 (2019 Replacement Volume and 2020 Supplement)

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

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



Article – Health General

18–213.

(a) (1) In this section the following words have the meanings indicated.

(2) “Contagious disease or virus” means:

(i) Human immunodeficiency virus (HIV);

(ii) Meningococcal meningitis;

(iii) Tuberculosis;

(iv) Mononucleosis;

(v) Any form of viral hepatitis, including but not limited to hepatitis A, B, C, D, E, F, and G;

(vi) Diphtheria;

(vii) Plague;

(viii) Hemorrhagic fevers; [or]

(ix) Rabies; **OR**

(X) 2019–NCoV.

(3) “Correctional institution” means a place of detention or correctional confinement operated by or for the State or a local government.

(4) (i) “Correctional officer” means a member of a correctional unit who is charged with and actually performs those duties that relate to the investigation, care, custody, control, or supervision of persons confined to places of incarceration.

(ii) “Correctional officer” includes any sheriff, warden, superintendent, or any other person having an equivalent title.

(5) “EMERGENCY MEDICAL SERVICES CLINICIAN (EMS CLINICIAN)” MEANS AN INDIVIDUAL LICENSED OR CERTIFIED BY THE STATE EMERGENCY MEDICAL SERVICES BOARD TO PROVIDE EMERGENCY MEDICAL SERVICES.

1 **[(5)] (6)** “Law enforcement officer” means any person who, in an official
2 capacity, is authorized by law to make arrests and who is a member of one of the following
3 law enforcement agencies:

4 (i) The Department of State Police;

5 (ii) The Baltimore City Police Department;

6 (iii) The police department, bureau, or force of any county;

7 (iv) The police department, bureau, or force of any incorporated city
8 or town;

9 (v) The office of the sheriff of any county;

10 (vi) The police department, bureau, or force of any bicounty agency
11 or constituent institution of the University System of Maryland, Morgan State University,
12 St. Mary’s College, or of any institution under the jurisdiction of the Maryland Higher
13 Education Commission;

14 (vii) The Maryland Transit Administration police force of the
15 Department of Transportation, the Maryland Transportation Authority Police Force, and
16 the Maryland Port Administration police force of the Department of Transportation;

17 (viii) The law enforcement officers of the Department of Natural
18 Resources;

19 (ix) The Field Enforcement Bureau of the Comptroller’s Office;

20 (x) The Crofton Police Department;

21 (xi) The Intelligence and Investigative Division of the Department of
22 Public Safety and Correctional Services; or

23 (xii) The Ocean Pines Police Department.

24 **[(6)] (7)** “Medical care facility” means a hospital as defined in § 19–301 of
25 this article or a health care facility of a correctional institution.

26 **(8) “STATE–DESIGNATED HEALTH INFORMATION EXCHANGE”**
27 **MEANS THE HEALTH INFORMATION EXCHANGE DESIGNATED FOR THE STATE UNDER**
28 **§ 19–143 OF THIS ARTICLE.**

29 (b) **(1)** While treating or transporting an ill or injured patient to a medical care
30 facility or while acting in the performance of duty, if a paid or volunteer fire fighter,
31 [emergency medical technician, or] rescue squadman, **OR EMS CLINICIAN** comes into

1 contact with a patient who is subsequently diagnosed as having a contagious disease or
2 virus, as a result of information obtained in conjunction with the services provided during
3 the visit to the facility, the attending physician, medical examiner, a designee of the medical
4 care facility who receives the patient, the Chief Medical Examiner, or the Chief Medical
5 Examiner's designee shall notify the fire fighter, [emergency medical technician, or] rescue
6 squadman, **OR EMS CLINICIAN**, and the employer or employer's designee of the
7 individual's possible exposure to the contagious disease or virus.

8 **(2) A MEDICAL CARE FACILITY MAY ENTER INTO IN AN AGREEMENT**
9 **WITH THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE TO FACILITATE**
10 **THE PROCESS OF PROVIDING THE REQUIRED NOTICE.**

11 (c) If, while treating or transporting an ill or injured patient to a medical care
12 facility or while acting in the performance of duty, a law enforcement officer comes into
13 contact with a patient who is subsequently diagnosed, as a result of information obtained
14 in conjunction with the services provided during the visit to the facility, as having a
15 contagious disease or virus, the attending physician, medical examiner, a designee of the
16 medical care facility who receives the patient, the Chief Medical Examiner or the Chief
17 Medical Examiner's designee shall notify the law enforcement officer and the officer's
18 employer or employer's designee of the officer's possible exposure to the contagious disease
19 or virus.

20 (d) If, while treating or transporting an ill or injured inmate to a medical care
21 facility or while acting in the performance of duty, a correctional officer comes into contact
22 with an inmate who is subsequently diagnosed, as a result of information obtained in
23 conjunction with the services provided during the visit to the facility, as having a contagious
24 disease or virus, the attending physician, medical examiner, a designee of the medical care
25 facility that receives the inmate, the Chief Medical Examiner, or the Chief Medical
26 Examiner's designee shall notify the correctional officer and the correctional officer's
27 correctional institution or the correctional institution's designee of the officer's possible
28 exposure to the contagious disease or virus.

29 (e) The notification required under subsection (b), (c), or (d) of this section shall:

30 (1) Be made within 48 hours, or sooner, of confirmation of the patient's
31 diagnosis;

32 (2) Include subsequent written confirmation of possible exposure to the
33 contagious disease or virus;

34 (3) Be conducted in a manner that will protect the confidentiality of the
35 patient; and

36 (4) To the extent possible, be conducted in a manner that will protect the
37 confidentiality of the fire fighter, [emergency medical technician,] rescue squadman, **EMS**
38 **CLINICIAN**, law enforcement officer, or correctional officer.

1 (f) The written confirmation required under subsection (e)(2) of this section shall
2 constitute compliance with this section.

3 (g) Each medical care facility shall develop written procedures for the
4 implementation of this section, and, upon request, make copies available to the local fire
5 authority, the local fire authority's designee, the local law enforcement authority, the local
6 law enforcement authority's designee, the correctional officer, or the correctional
7 institution's designee having jurisdiction.

8 (h) A medical care facility, physician, Chief Medical Examiner, or the Chief
9 Medical Examiner's designee acting in good faith to provide notification in accordance with
10 this section may not be liable in any cause of action related to the breach of patient
11 confidentiality.

12 (i) A medical care facility, physician, Chief Medical Examiner, or the Chief
13 Medical Examiner's designee acting in good faith to provide notification in accordance with
14 this section may not be liable in any cause of action for:

15 (1) The failure to give the required notice, if the fire fighter, [emergency
16 medical technician,] rescue squadman, **EMS CLINICIAN**, law enforcement officer, or
17 correctional officer fails to properly initiate the notification procedures developed by the
18 [health] **MEDICAL** care facility under subsection (g) of this section; or

19 (2) The failure of the employer or employer's designee to subsequently
20 notify the fire fighter, [emergency medical technician,] rescue squadman, **EMS**
21 **CLINICIAN**, law enforcement officer, or correctional officer of the possible exposure to a
22 contagious disease or virus.

23 (j) A fire fighter, [emergency medical technician,] rescue squadman, **EMS**
24 **CLINICIAN**, law enforcement officer, or correctional officer shall receive from their
25 employers or local governmental bodies, at the expense of the employer or local
26 governmental body, as part of their training, education on:

27 (1) (i) The routes of transmission of HIV and hepatitis B virus; and

28 (ii) The routes by which a fire fighter, [emergency medical
29 technician,] rescue squadman, **EMS CLINICIAN**, law enforcement officer, or correctional
30 officer may be exposed to HIV and hepatitis B virus; and

31 (2) The current Centers for Disease Control and Prevention guidelines for
32 preventing prehospital exposure to HIV and hepatitis B while rendering emergency
33 medical care.

34 (k) A fire fighter, [emergency medical technician,] rescue squadman, **EMS**
35 **CLINICIAN**, law enforcement officer, or correctional officer shall receive from their

1 employers, associations, or local governmental bodies, at the employers', associations', or
 2 local governmental bodies' expense, equipment recommended by the Centers for Disease
 3 Control and Prevention to protect a fire fighter, [emergency medical technician,] rescue
 4 squadman, **EMS CLINICIAN**, law enforcement officer, or correctional officer from exposure
 5 to HIV and hepatitis B while rendering emergency medical care.

6 (l) (1) The fire department, law enforcement agency, and all other agencies or
 7 organizations employing a fire fighter, [emergency medical technician,] rescue squadman,
 8 **EMS CLINICIAN**, law enforcement officer, or correctional officer shall develop written
 9 procedures for the implementation of this section.

10 (2) On request, copies of the procedures developed in this subsection shall
 11 be made available to employees, employee unions, volunteer associations, and the
 12 Secretary.

13 (m) A person under this section may not refuse to treat or transport an individual
 14 because the individual is HIV positive.

15 18–213.1.

16 (a) (1) In this section the following words have the meanings indicated.

17 (2) (i) “Body fluids” means:

18 1. Any fluid containing visible blood, semen, or vaginal
 19 secretions; or

20 2. Cerebral spinal fluid, synovial, or amniotic fluid.

21 (ii) “Body fluid” does not include saliva, stool, nasal secretions,
 22 sputum, tears, urine, or vomitus.

23 (3) “Contact exposure” means as between a patient and a sworn member of
 24 the State Fire Marshal’s office:

25 (i) Percutaneous contact with blood or body fluids;

26 (ii) Mucocutaneous contact with blood or body fluids;

27 (iii) Open wound, including dermatitis, exudative lesions, or chapped
 28 skin, contact with blood or body fluids for a prolonged period; or

29 (iv) Intact skin contact with large amounts of blood or body fluids for
 30 a prolonged period.

31 (4) “Contagious disease or virus” means:

- 1 (i) Human immunodeficiency virus (HIV);
- 2 (ii) Meningococcal meningitis;
- 3 (iii) Tuberculosis;
- 4 (iv) Mononucleosis;
- 5 (v) Any form of viral hepatitis, including but not limited to hepatitis
- 6 A, B, C, D, E, F, and G;
- 7 (vi) Diphtheria;
- 8 (vii) Plague;
- 9 (viii) Hemorrhagic fevers; [or]
- 10 (ix) Rabies; **OR**
- 11 **(X) 2019-NCOV.**

12 (5) “Medical care facility” means a hospital as defined in § 19–301 of this
 13 article or a health care facility of a correctional institution.

14 **(6) “STATE-DESIGNATED HEALTH INFORMATION EXCHANGE”**
 15 **MEANS THE HEALTH INFORMATION EXCHANGE DESIGNATED FOR THE STATE UNDER**
 16 **§ 19–143 OF THIS ARTICLE.**

17 (b) **(1)** If, while treating or transporting an ill or injured patient to a medical
 18 care facility or while acting in the performance of duty, a sworn member of the State Fire
 19 Marshal’s office comes into contact exposure with a patient who is subsequently diagnosed,
 20 as a result of information obtained in conjunction with the services provided during the
 21 visit to the facility, as having a contagious disease or virus, the attending physician,
 22 medical examiner, a designee of the medical care facility who receives the patient, the Chief
 23 Medical Examiner, or the Chief Medical Examiner’s designee shall notify the sworn
 24 member of the State Fire Marshal’s office and the State Fire Marshal or the State Fire
 25 Marshal’s designee of the officer’s possible contact exposure to the contagious disease or
 26 virus.

27 **(2) A MEDICAL CARE FACILITY MAY ENTER INTO IN AN AGREEMENT**
 28 **WITH THE STATE-DESIGNATED HEALTH INFORMATION EXCHANGE TO FACILITATE**
 29 **THE PROCESS OF PROVIDING THE REQUIRED NOTICE.**

30 (c) The notification required under subsection (b) of this section shall:

- 31 (1) Be made within 48 hours of confirmation of the patient’s diagnosis;

1 (2) Include subsequent written confirmation of possible contact exposure
2 to the contagious disease or virus;

3 (3) Be conducted in a manner that will protect the confidentiality of the
4 patient; and

5 (4) To the extent possible, be conducted in a manner that will protect the
6 confidentiality of the sworn member of the State Fire Marshal's office.

7 (d) The written confirmation required under subsection (c)(2) of this section shall
8 constitute compliance with this section.

9 (e) Each medical care facility shall develop written procedures for the
10 implementation of this section, and upon request, make copies available to the State Fire
11 Marshal's office.

12 (f) A medical care facility, physician, Chief Medical Examiner, or the Chief
13 Medical Examiner's designee acting in good faith to provide notification in accordance with
14 this section may not be liable in any cause of action related to the breach of patient
15 confidentiality.

16 (g) A medical care facility, physician, Chief Medical Examiner, or the Chief
17 Medical Examiner's designee acting in good faith to provide notification in accordance with
18 this section may not be liable in any cause of action for:

19 (1) The failure to give the required notice, if the sworn member of the State
20 Fire Marshal's office fails to properly initiate the notification procedures developed by the
21 health care facility under subsection (e) of this section; or

22 (2) The failure of the State Fire Marshal or the State Fire Marshal's
23 designee to subsequently notify the sworn member of the State Fire Marshal's office of the
24 possible contact exposure to a contagious disease or virus.

25 (h) A sworn member of the State Fire Marshal's office shall receive from the State
26 Fire Marshal's office, at the expense of the State Fire Marshal's office, as part of the
27 member's training, education on:

28 (1) (i) The routes of transmission of HIV and hepatitis B virus; and

29 (ii) The routes by which a sworn member of the State Fire Marshal's
30 office may be exposed to HIV and hepatitis B virus; and

31 (2) The current Centers for Disease Control and Prevention guidelines for
32 preventing prehospital exposure to HIV and hepatitis B while rendering emergency
33 medical care.

1 (i) A sworn member of the State Fire Marshal's office shall receive from the State
2 Fire Marshal's office, at the State Fire Marshal's expense, equipment recommended by the
3 Centers for Disease Control and Prevention to protect a sworn member of the State Fire
4 Marshal's office from exposure to HIV and hepatitis B while rendering emergency medical
5 care.

6 (j) (1) The State Fire Marshal's office shall develop written procedures for the
7 implementation of this section.

8 (2) On request, copies of the procedures developed under this subsection
9 shall be made available to employees, employee unions, volunteer associations, and the
10 Secretary.

11 (k) A person under this section may not refuse to treat or transport an individual
12 because the individual is HIV positive.

13 18–213.2.

14 (a) (1) In this section the following words have the meanings indicated.

15 (2) (i) "Body fluids" means:

16 1. Any fluid containing visible blood, semen, or vaginal
17 secretions; or

18 2. Cerebral spinal fluid, synovial, or amniotic fluid.

19 (ii) "Body fluids" does not include saliva, stool, nasal secretions,
20 sputum, tears, urine, or vomitus.

21 (3) "Contact exposure" means as between a decedent and a first responder:

22 (i) Percutaneous contact with blood or body fluids;

23 (ii) Mucocutaneous contact with blood or body fluids;

24 (iii) Open wound, including dermatitis, exudative lesions, or chapped
25 skin, contact with blood or body fluids for a prolonged period; or

26 (iv) Intact skin contact with large amounts of blood or body fluids for
27 a prolonged period.

28 (4) "Contagious disease or virus" means:

29 (i) Human immunodeficiency virus (HIV);

30 (ii) Meningococcal meningitis;

- 1 (iii) Tuberculosis;
- 2 (iv) Mononucleosis;
- 3 (v) Any form of viral hepatitis, including but not limited to hepatitis
4 A, B, C, D, E, F, and G;
- 5 (vi) Diphtheria;
- 6 (vii) Plague;
- 7 (viii) Hemorrhagic fevers; [or]
- 8 (ix) Rabies; **OR**
- 9 **(X) 2019-NCOV.**

10 (5) "Correctional institution" means a place of detention or correctional
11 confinement operated by or for the State or a local government.

12 (6) (i) "Correctional officer" means a member of a correctional unit who
13 is charged with and actually performs those duties that relate to the investigation, care,
14 custody, control, or supervision of individuals confined to places of incarceration.

15 (ii) "Correctional officer" includes any sheriff, warden,
16 superintendent, or other individual having the equivalent title.

17 (7) "First responder" means a:

18 (i) Firefighter;

19 [(ii) Emergency medical technician;]

20 **(II) EMERGENCY MEDICAL SERVICES CLINICIAN (EMS**
21 **CLINICIAN), AS DEFINED IN § 18-213 OF THIS SUBTITLE;**

22 (iii) Rescue squad member;

23 (iv) Law enforcement officer;

24 (v) Correctional officer; or

25 (vi) Sworn member of the State Fire Marshal's office.

1 (8) “Law enforcement officer” means any individual who, in an official
2 capacity, is authorized by law to make arrests and who is a member of one of the following
3 law enforcement agencies:

4 (i) The Department of State Police;

5 (ii) The Baltimore City Police Department;

6 (iii) The police department, bureau, or force of any county;

7 (iv) The police department, bureau, or force of any incorporated city
8 or town;

9 (v) The office of the sheriff of any county;

10 (vi) The police department, bureau, or force of any bicounty agency
11 or constituent institution of the University System of Maryland, Morgan State University,
12 St. Mary’s College, or of any institution under the jurisdiction of the Maryland Higher
13 Education Commission;

14 (vii) The Maryland Aviation Administration police force of the
15 Department of Transportation, the Maryland Transit Administration police force of the
16 Department of Transportation, the Maryland Transportation Authority police force, and
17 the Maryland Port Administration police force of the Department of Transportation;

18 (viii) The law enforcement officers of the Department of Natural
19 Resources;

20 (ix) The Field Enforcement Bureau of the Comptroller’s Office;

21 (x) The Intelligence and Investigative Division of the Department of
22 Public Safety and Correctional Services; or

23 (xi) The Maryland Capitol Police of the Department of General
24 Services.

25 (9) “Medical care facility” means a hospital, or a health care facility of a
26 correctional institution.

27 (10) “Physician performing a postmortem examination” means any of the
28 following persons who perform a postmortem examination on a decedent:

29 (i) The Chief Medical Examiner; or

30 (ii) The Chief Medical Examiner’s designee.

1 **(11) “STATE-DESIGNATED HEALTH INFORMATION EXCHANGE”**
2 **MEANS THE HEALTH INFORMATION EXCHANGE DESIGNATED FOR THE STATE UNDER**
3 **§ 19-143 OF THIS ARTICLE.**

4 (b) **(1)** If, while transporting a person to a medical care facility or while acting
5 in the performance of duty, a first responder comes into contact exposure while treating or
6 transporting a person who dies at the scene or while being transported and who is
7 subsequently determined, as a result of information obtained in conjunction with a
8 postmortem examination by the Chief Medical Examiner or a designee of the Chief Medical
9 Examiner to have had a contagious disease or virus at the time of death, the physician
10 performing the postmortem examination shall notify the first responder and the first
11 responder’s employer or the employer’s designee of the first responder’s possible contact
12 exposure to the contagious disease or virus.

13 **(2) THE PHYSICIAN MAY ENTER INTO AN AGREEMENT WITH THE**
14 **STATE-DESIGNATED HEALTH INFORMATION EXCHANGE TO FACILITATE THE**
15 **PROCESS OF PROVIDING THE REQUIRED NOTICE.**

16 (c) The notification required under subsection (b) of this section shall:

17 (1) Be made within 48 hours of confirmation of the determination that the
18 deceased person had a contagious disease or virus at the time of death;

19 (2) Include subsequent written confirmation of possible contact exposure
20 to the contagious disease or virus;

21 (3) Be conducted in a manner that will protect the confidentiality of the
22 deceased person; and

23 (4) To the extent possible, be conducted in a manner that will protect the
24 confidentiality of the first responder.

25 (d) The written confirmation required under subsection (c)(2) of this section shall
26 constitute compliance with this section.

27 (e) A medical care facility or physician performing a postmortem examination
28 acting in good faith to provide notification in accordance with this section is not liable in
29 any cause of action related to a breach of patient confidentiality.

30 (f) A medical care facility or physician performing a postmortem examination
31 acting in good faith to provide notification in accordance with this section is not liable in
32 any cause of action for:

33 (1) The failure to give the required notice if the first responder fails to
34 properly initiate the notification procedures developed by the medical care facility and the
35 Chief Medical Examiner under subsection (g) of this section; or

1 (2) The failure of the employer or the employer’s designee to subsequently
2 notify the first responder of the possible contact exposure to a contagious disease or virus.

3 (g) (1) The State Fire Marshal, the Chief Medical Examiner, and each fire
4 department, rescue squad company, medical care facility, correctional institution, and law
5 enforcement agency in the State shall develop written procedures for the implementation
6 of this section.

7 (2) On request, the State Fire Marshal and each fire department, rescue
8 squad company, medical care facility, correctional institution, and law enforcement agency
9 shall make copies of the procedures developed in this subtitle available to employees,
10 employee unions, volunteer associations, and the Secretary.

11 (h) A person covered under subsection (a)(5), (6), (7), (8), (9), and (10) of this
12 section may not refuse to treat or transport a deceased person because the deceased person
13 was HIV positive at the time of death.

14 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
15 1, 2021.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.