

SCHWARTZ, METZ & WISE, P.A.

ATTORNEYS

20 WEST STREET
ANNAPOLIS, MARYLAND 21401

TEL: 410-244-7000

FAX: 410-269-5443

MDAAP 2021 General Assembly Final Report

The Maryland General Assembly began its 442nd Session at noon on Wednesday, January 10th and concluded its legislative work at midnight on Monday, April 12th. As expected, this was a unique Session, conducted entirely virtually via YouTube and Zoom due to the COVID-19 pandemic. This format created many challenges but also provided opportunities. The main challenge was the lack of face-to-face discussions with legislators and colleagues to ascertain bill status and work through issues, which one legislator aptly described as “the lack of curbside chats.” The main opportunity was the ability to watch all committee voting sessions, which typically have been closed door meetings.

Despite the pandemic, the number of bills introduced was higher than in previous sessions. For example, this Session, the General Assembly considered 2,788 bills and resolutions. As a comparison, the General Assembly considered approximately 2,499 bills and resolutions during the 2019 Session. Another stark difference this Session was that approximately 783 bills were pre-filed and introduced on the first day of Session, a record-breaking number. Even with the changes to process and the challenges these posed, MDAAP achieved very good results, as set out below.

Fiscal Year 2022 Budget

This was an extraordinary budget year. Due to strong advocacy efforts by MedChi, and the balance of the physician community including MDAAP, the Governor included an unprecedented increase of \$92 million for E&M codes, which is greater than the combined amount received in the last four years. With the current budget forecast, the physician community will continue to strongly advocate for full parity between Medicaid and Medicare for E&M codes.

Also due to strong advocacy efforts, an additional \$3.2 million for FY2022 was secured to fund the extension of Medicaid coverage for pregnant women from 60 days postpartum to 12 months postpartum as discussed under the maternal child health section below.

Emergency Bills

Due to the pandemic, legislators filed more bills this Session under “emergency status” than in prior sessions. Emergency bills need a 3/5 vote in the General Assembly and take effect immediately upon enactment by the Governor.

Senate Bill 741/House Bill 836: COVID-19 Testing, Contact Tracing, and Vaccination Act of 2021 (passed) requires the Maryland Department of Health (MDH), in collaboration with local health departments, to adopt and implement a two-year plan to respond to COVID-19 by June 1, 2021 that includes testing, contact tracing, and vaccination protocols. As it relates to the COVID-19 pandemic, the FY2022 budget contains \$572 million of federal funding for testing, contract tracing, and vaccinations.

House Bill 34/Senate Bill 278: State Department of Education and Maryland Department of Health – Maryland School-Based Health Center Standards – Telehealth (passed) addresses the current outdated

framework for the provision of telehealth services by school-based health centers. The legislation is consistent with the findings and recommendations of the Council for the Advancement of School-Based Health Centers and aligns with the provisions of the broader telehealth legislation discussed later in this report.

House Bill 463/Senate Bill 172: Maryland Health Equity Resource Act (passed) establishes a framework for the establishment of Health Equity Resource Communities (HERC) in areas of the State with demonstrated health inequities and disparities. The legislation as enacted is no longer funded by an alcohol tax (as was originally proposed) and the program will be administered by the Community Health Resources Commission (CHRC). The General Assembly allocated \$14 million dollars from the separate Relief Fund legislation to the Commission to administer short term grants related to health equity priorities for two years. During that two-year period, an Advisory Committee appointed by the Governor, President of the Senate, Speaker of the House, and lead by the Chairman of the CHRC is charged with the development of a framework for a permanent HERC program, including the identification of a permanent funding source.

Several bills were introduced this Session related to essential workers and the COVID-19 pandemic. However, in the end, only one bill passed and was heavily amended. As introduced, ***House Bill 581: Labor and Employment – Employment Standards During and Emergency (Maryland Essential Workers’ Protection Act) (passed)*** would have required, among other provisions, for employers to pay essential workers \$3/hour hazard pay; 14 days paid sick leave; and any unreimbursed health care costs, including travel to medical appointments under an “emergency.” The term “emergency” was broadly defined and could have encompassed a weather event, such as a snowstorm or a flood. The bill would also have allowed workers to leave a work site if the worker believed that the site was unsafe and would have required an employer to evacuate and sanitize a work site if a worker contracted an infectious disease. After many weeks of debate, the bill was amended to limit an emergency to a proclamation by the Governor of a catastrophic health emergency caused by a communicable disease. The bill also removes the requirement for hazard pay, requires paid sick leave to be granted only if State or federal funds are available to the employer to cover the costs, and requires the employer to only pay for the cost of testing if it is not covered by insurance or obtained free of charge. The bill also clarifies that Maryland Occupational Safety and Health Division standards apply for when a worker can leave work for an unsafe working condition and eliminates the requirement for evacuation of a work site if a worker tests positive.

Telehealth

House Bill 123/Senate Bill 3: Preserve Telehealth Access Act of 2021 (passed) was a bill that came about due to the pandemic. In 2020, the General Assembly adopted Chapter 15 expanding the use of telehealth. However, the 2020 legislation did not define telehealth to include audio-only calls with patients. It quickly became apparent in the months that followed that audio-only calls would be critical to connecting with older patients and those who do not have internet access during the pandemic. Medicare and Medicaid acted quickly at the federal level to allow reimbursement for audio-only under those programs, and by Executive Order 20-04-01-01, Governor Hogan did the same.

Still, the need existed to codify this practice and legislation was put forward to do so. As passed, the legislation codifies audio-only as telehealth and requires payment parity between in-person and telehealth visits. It also extends the protections to Medicaid but provides flexibility to implement in regulations. The bill’s provisions are effective between July 1, 2021 through June 30, 2023. During that time, the Maryland Health Care Commission (MHCC) is required to study the impact of providing telehealth services in accordance with the bill’s requirements and issue a report with recommendations to the General

Assembly on or before December 1, 2022. This timeline provides the General Assembly the opportunity to make permanent changes to the law during the 2023 Session (prior to the termination of the provisions on June 30, 2023).

House Bill 732/Senate Bill 568: Health Care Practitioners – Telehealth – Out-of-State Health Care Practitioners (failed), which was opposed by MDAAP, would have authorized an “out-of-state health care practitioner” to provide telehealth services to a patient in Maryland failed.

Health Insurance

Unlike in past years, there were very few bills introduced related to health insurance. Two bills passed regarding the State’s health information exchange. ***House Bill 1022/Senate Bill 748: Public Health – State Designated Exchange – Clinical Information (passed)*** requires an electronic health network to provide administrative electronic health care transactions to the State’s designated health information exchange (i.e., CRISP) for the purposes of a State health improvement program, mitigation of a public health emergency, and improvement of patient safety free of charge to a health care provider, payor, or the State designated exchange. ***House Bill 1375: Health Information Exchanges – Electronic Health Information – Sharing and Disclosure (passed)***, which requires MHCC to adopt regulations that require CRISP (as the State’s designated health information exchange) to develop and maintain a consent management application for patients to be able to “opt-out” of the system based on regulations adopted by the MHCC. In addition, the bill requires that MHCC, in consultation with stakeholders, make a recommendation on an updated statutory definition of health information exchange and report its recommendation to the General Assembly by December 1, 2021.

Prior to the bill hearing, ***House Bill 1021/Senate Bill 758: Health Insurance – Incentive Arrangements – Authorization (failed)*** was withdrawn at the request of MedChi, MHA, and CareFirst. The bill was sought by CareFirst and would have authorized health insurers to enter into downstream risk arrangements with physicians and other entities, an arrangement which is currently prohibited under Maryland law. Given the complexity of this issue and the concerns raised by MedChi members, the sponsors agreed to withdraw the bill but requested that the three groups work over the interim to develop legislation for the 2022 Session that will both allow for these arrangements but provide physicians and others with necessary protections. MedChi is forming a Physician Advisory Group for this issue and MDAAP has members that have volunteered to serve on the Advisory Group.

Maternal Child Health

Addressing health disparities and inequities, including improving maternal child health outcomes, has been a primary focus of the General Assembly this Session. Two specific initiatives related to addressing health disparities and improving maternal child health outcomes passed both Houses with strong bipartisan support. These issues were included in the recommendations of the President of the Senate’s Advisory Workgroup on Equity and Inclusion as well as the Maternal Child Health Task Force’s final report.

First and foremost is the passage of ***Senate Bill 923: Maryland Medical Assistance Program – Eligibility (passed)***, which extends Medicaid coverage, including dental coverage, for pregnant women from 60 days postpartum to 12 months postpartum. Extension of Medicaid to 12 months postpartum is a national priority for several professional and consumer advocacy organizations. Passage of this legislation recognizes the compelling scientific evidence that both maternal mortality and morbidity often occurs beyond 60 days postpartum. Maryland law already defines maternal mortality as a death that occurs within one year postpartum. Passage of this legislation will not only improve health outcomes but also

reduce unnecessary health care costs. Federal policy has also acknowledged the benefit of 12-month postpartum coverage and has provided a pathway for States to receive federal matching funds through a State plan amendment. Finally, as noted previously, to ensure sufficient State funding for the expanded coverage, the Governor included \$3.2 million in the Supplemental Budget for FY2022. The expanded coverage is effective January 1, 2022.

Also enacted was ***House Bill 1349/Senate Bill 777: Public Health – Maryland Prenatal and Infant Care Grant Program Fund (passed)***, which expands the current Prenatal and Infant Care Grant Program to include grant funding for the provision of prenatal care services to low-income residents, including undocumented immigrants who do not otherwise have access to Medicaid or other health care services. The legislation provides a well-defined framework for the new grant provisions and mandatory funding (\$1 million in FY2023, \$2 million in FY2024, and \$3 million in FY2025, and every year thereafter). Its passage will provide access to needed prenatal care for uninsured women and a framework for evaluating how to further expand access based on the findings and outcomes of the grant program.

In addition to the above noted legislation, ***House Bill 589/Senate Bill 493: Budget Reconciliation and Financing Act of 2021 (BRFA) (passed)*** as amended creates a Maternal and Child Health Population Health Improvement Fund to invest in maternal and child population health improvements through the Medical Care Programs Administration and the Prevention and Health Promotion Administration, which is to be funded through a uniform, broad-based assessment of a reasonable amount in hospital rates in order to invest in maternal and child population health improvements under the State Integrated Health Improvement Strategy approved by the Center for Medicare and Medicaid Innovation as a quality measures component of the Maryland Total Cost of Care contract administered by the Health Services Cost Review Commission. The money is to be used solely for expenses associated with maternal child health population health improvements through December 31, 2025.

Health Disparities and Inequities

House Bill 28/Senate Bill 5: Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities (passed) expands the data reporting requirements of the Office of Minority Health and Health Disparities to include racial and ethnic data in their annual “Health Care Disparities Policy Report Card”, post the information on their website, and update the data every six months. The legislation also requires all licensed and certified health care professionals to complete an implicit bias training course approved by the Cultural and Linguistic Health Care Professional Competency Program, in conjunction with the Office of Minority Health and Health Disparities, that is recognized by a health occupations board or accredited by the Accreditation Council for Continuing Medical Education. A health care provider must attest to the completion of an implicit bias training course on the provider’s first application for licensure renewal after April 1, 2022.

House Bill 78/Senate Bill 52: Public Health – Maryland Commission on Health Equity (The Shirley Nathan-Pulliam Health Equity Act of 2021) (passed) creates a *Maryland Commission on Health Equity* that is charged with developing a “health equity framework” to examine ways for state and local government agencies to collaborate and implement policies that will positively impact the health of residents of the state. The Commission is to assess the impact of a comprehensive list of factors on the health of residents, including but not limited to access to safe and affordable housing, educational attainment, opportunities for employment, economic stability, access to transportation, food insecurity, and social justice. The legislation defines a “health equity framework” as a public health framework through which policymakers and stakeholders in the public and private sectors use a collaborative

approach to improve health outcomes and reduce health inequities in the State by incorporating health considerations into decision making across all sectors and policy areas.

House Bill 309/Senate Bill 565: Public Health – Data – Race and Ethnicity Information (passed) requires the Office of Minority Health and Health Disparities (“Office”) to collaborate with MHCC and professional licensing boards to publish the annual “Health Care Disparities Policy Report Card”, which is to include data on the ethnic and racial composition of the health care provider community. It also requires the professional licensing boards to include in their licensing applications a request for information on race and ethnicity and the boards are required to urge the professionals they oversee to provide the information. By January 1, 2022, the Office, in coordination with MHCC and MDH, will establish and implement a plan for improving the collection of health data that includes race and ethnicity information; ensure that the Office has access to up-to-date health data that includes race and ethnicity information; and to the extent authorized under federal and State privacy laws, post health data that includes race and ethnicity information on the Office’s website.

Pharmacists/Prescribing

House Bill 1040/Senate Bill 736: Health Occupations – Pharmacists – Administration of Children's Vaccines – Study and Temporary Authority (passed) as amended, extends to July 1, 2023, the authorization of pharmacists to administer vaccines to children 3 years old and older. This authorization was originally granted by the Federal Health and Human Services Agency as a result of the public health emergency and was therefore incorporated into State authorization. During the two-year period defined in the amended legislation, MDH is to do a comprehensive study on vaccine access, impact on well-child visits, the effectiveness and accuracy of Immunet, and a broad range of other factors related to vaccine administration for children and adolescents. MDH is to report its findings and recommendations regarding the continued authorization for pharmacists to administer vaccines and under what conditions. If the federal order is rescinded prior to January 1, 2022, the provisions of the bill will sunset on April 30, 2022, with no further action.

Senate Bill 828: HIV Prevention Drugs – Dispensing by Pharmacists and Insurance Requirements (failed) would have authorized pharmacists to dispense certain HIV prevention drugs to a patient without a prescription. While stakeholders appreciated the intent of the legislation, which was to facilitate access to both pre- and post-exposure prophylaxis HIV medications to enhance HIV prevention, there were several concerns with the legislation as proposed, some of which may have had unintended consequences and therefore would undermine the presumed objectives of the legislation. Senator Lam is the sponsor of the legislation and will undoubtedly continue to engage stakeholders during the interim with the goal of crafting legislation for 2022.

House Bill 810/Senate Bill 706: Health Occupations – Pharmacists – Laboratory Tests (failed), which was withdrawn by the sponsor, was legislation introduced at the request of a commercial laboratory that would have required the Board of Pharmacy to adopt regulations authorizing any pharmacist to order and administer laboratory tests without any prescription from an authorized prescriber. The pharmacists would have been broadly authorized to order tests related to “health awareness, including screening and early disease detection.”

Behavioral Health

Several bills seeking to better address behavioral health did pass this year. Given the COVID-19 pandemic, it is anticipated that behavioral health issues will remain on the forefront in future sessions.

Senate Bill 286/House Bill 108: Behavioral Health Crisis Response Services – Modifications (passed) alters the requirements for grant proposals and for awarding grants under the Behavioral Health Crisis Response Grant Program. Under the changes, an application must be able to serve all members of the immediate community with cultural competency and appropriate language access, commit to gathering feedback from the community on an ongoing basis and improving service delivery continually based on this feedback. The applicant must also demonstrate strong partnerships with community services that include family member and consumer advocacy organizations and regional stakeholders and show a plan linking individuals in crisis to peer support and family support services after stabilization. The House amendments agreed to by the Senate removed the requirement that each grant had to have a component for “minimizing law enforcement interaction” and level funded the Program at \$5 million for the next few years.

Senate Bill 41/House Bill 132: Health – Mental and Emotional Disorders – Consent (Mental Health Access Initiative) (passed) lowers the age from 16 to 12 for when a youth can seek mental health treatment without consent from a parent or guardian. The health care provider retains the authority to determine if the minor is mature and capable of giving informed consent. The current provisions of law, which do not allow a minor to refuse consultation, diagnosis, or treatment for a mental or emotional disorder for which a parent, guardian, or custodian of the minor has given consent, remains unchanged. The bill does not authorize a minor, younger than age 16, to consent to the use of prescription medications to treat a mental or emotional disorder. The bill also authorizes a health care provider to provide information to a parent, guardian, or custodian of a minor without the minor’s consent, unless the health care provider believes that the disclosure will lead to harm to the minor or deter the minor from seeking care.

House Bill 598/Senate Bill 469: Maryland Medical Assistance Program – Applied Behavior Analysis Services – Reimbursement (passed) prohibits MDH from conditioning reimbursement of applied behavior analysis (ABA) services provided to Medicaid recipients under the Early and Periodic Screening, Diagnosis, and Treatment benefit on the presence or availability of the parent or caregiver in the setting where the ABA services are provided. The bill’s prohibition does not prevent Medicaid from establishing reasonable standards for the involvement of a parent or caregiver, as specified.

House Bill 1243/Senate Bill 520: Behavioral Health Services and Voluntary Placement Agreements – Children and Young Adults – Report Modifications (passed) modifies and expands the required contents of the Director of the Behavioral Health Administration’s annual report on behavioral health services for children and young adults in the State. The bill also requires that additional specified information be included in the Social Services Administration’s (SSA) annual report on voluntary placement agreements for children and young adults in the State.

The following behavioral health bills of interest failed. ***House Bill 29: Health – Standards for Involuntary Admissions and Petitions for Emergency Evaluation – Substance Use Disorder (failed)*** would have added substance use disorder (currently only uses mental disorder) to the conditions for granting a certification for involuntary admission of an individual for admittance to a VA hospital or other facility under certain circumstances. ***House Bill 537/Senate Bill 398: Mental Health Law – Petitions for Emergency Evaluation – Procedures (failed)*** would have allowed health care practitioners to bring an evaluatee under emergency petition to a health care facility rather than a peace officer. Legislators expressed concern for the safety of hospital employees if a peace officer was not present. ***Senate Bill 168/House Bill 209: Public Health – Maryland Suicide Fatality Review Committee*** and ***House Bill 93/Senate Bill 406: Public Safety – Local Youth Violence Review Committees (failed)*** sought to address areas of legitimate public concern with the objective of developing policies and interventions to address

these issues. MDAAP supported the proposed concepts but urged the Committees to carefully assess the composition of the review programs to ensure appropriate clinical representation and as more important to coordinate their efforts with current child fatality review programs to prevent duplication of effort and to maximize the achievement of the program's objectives.

Adverse Childhood Experiences and Trauma Informed Care

House Bill 548/Senate Bill 299: Human Services – Trauma-Informed Care – Commission and Training (Healing Maryland's Trauma Act) (passed) establishes the Commission on Trauma-Informed Care as an independent Commission in the Department of Human Services (DHS) to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that affect children, youth, families, and older adults. The Commission must also study and implement an Adverse Childhood Experiences (ACEs) Aware program. The legislation includes annual reporting requirements of the Commission's findings and recommendations generally and with respect to the ACE's Aware program.

House Bill 771/Senate Bill 548: Public Schools – Centers for Disease Control and Prevention Surveys – Revisions (passed) requires the Maryland State Department of Education (MSDE), in coordination with MDH, to include at least five questions from the Centers for Disease Control and Prevention Youth Risk Behavior Survey on ACEs or positive childhood experiences in the Youth Risk Behavior Surveillance System survey that is given to middle and high school students. By May 31, 2023, and every even-numbered fiscal year thereafter, MDH must publish a data summary and trends report with State and county-level data.

House Bill 783/Senate Bill 425: Workgroup on Screening Related to Adverse Childhood Experiences (failed) would have created a Workgroup on Screening related to ACEs. The bill passed the Senate with several amendments but was not acted upon by the House in large part based on various concerns/questions about the charges of the Workgroup and the appropriate use of ACEs for policy development.

Child Maltreatment

Relative to child maltreatment reporting, ***House Bill 9: Family Law – Mandatory Reporter Training (passed)*** requires DHS to post on its website a free online course on the identification, prevention and reporting of child abuse. A similar bill, ***House Bill 701: Child Abuse and Neglect – Training of Health Care Professionals (failed)***, which has been considered in prior years, would have required MDH to provide professional boards with a list of courses related to the identification and reporting of child abuse and the boards would have been required to post the information on their website and/or advertise the information to the professionals they regulate.

Relative to the statute of limitations, ***House Bill 263/Senate Bill 134: Civil Actions – Child Sexual Abuse – Definition and Statute of Limitations (failed)*** would have established that an action for damages arising out of an alleged incident or incidents of "sexual abuse," as defined under the bill, that occurred while the victim was a minor may be filed at any time.

House Bill 277/Senate Bill 505: Criminal Law – First-Degree Child Abuse – Continuing Course of Conduct (passed) establishes that it is a violation of the State's prohibition on first-degree child abuse to engage in a continuing course of conduct that includes three or more acts of second-degree child abuse. Violators are subject to the existing penalties for first-degree child abuse.

Child Welfare

House Bill 216/Senate Bill 155: Higher Education – Tuition Exemption for Foster Care Recipients and Homeless Youth – Alterations and Reports (passed) expands the definition of “homeless youth” who are eligible to receive a tuition waiver at a public institution of higher education by removing the requirements that the youth be “unaccompanied” qualify as an independent student under federal law. In addition, a foster care recipient or homeless youth who receives a tuition waiver must receive priority consideration for on-campus housing.

House Bill 854: Maryland Longitudinal Data System Center – Inclusion of Child Welfare Data and Governing Board (passed) adds child welfare data, consisting of out-of-home placement data, family preservation services data, and child protective services data, to the data collected, analyzed, and reported on by the Maryland Longitudinal Data System (MLDS) Center. The bill adds the SSA within DHS to the entities required to provide data sets to MLDS and adds the Secretary of Human Services to the membership of the Governing Board of the MLDS Center. The center must develop a clear and easy-to-understand graphic data dashboard that is published annually on its website with information, disaggregated by county, on the experience of children who were provided with out-of-home placement and how out-of-home placement affected their participation in higher education, as specified. The bill also changes the method by which the center must annually, by December 15th, provide dual enrollment information from a report to a graphic data dashboard.

House Bill 258/Senate Bill 592: State Child Welfare System – Reporting (passed) enacts a number of changes to reporting requirements for both DHS and MSDE related to child welfare. Under the bill, DHS must include in its current reporting requirements the (1) incidences of abuse or neglect of a child who, in the immediately preceding 24 months, was not removed from their home following an investigation that found indicated or unsubstantiated abuse or neglect; (2) number of children in the custody of a local department or child placement agency who have a sibling in the custody of a different local department of child placement agency; (3) health and mental health care provided, as designated; (4) number of children not enrolled in school for more than one week immediately following a change in placement; and (5) number of children in an institution of postsecondary education, apprenticeship, or adult education program. The bill removes the requirement that DHS report the number of foster youth receiving in-home services. Regarding children and foster youth in the State child welfare system, MSDE must report the (1) stability of school placements; (2) number of children with individualized education plans; (3) number of children with a plan under § 504 of the Federal Rehabilitation Act for students with disabilities; (4) number of children who have been retained a grade; (5) number of children who graduate from high school; (6) dropout rates; (7) number of children who are truant students; (8) rates of absenteeism; (9) rates of suspension; (10) rates of expulsion; and (11) number of school-based arrests. MSDE is required to publish each annual report on its website and maintain the confidentiality of children and foster youth, ensuring that no personally identifiable information is disclosed. MSDE must disaggregate the information by county, age, gender, race, and ethnicity.

Juvenile Justice

Two bills were considered that emanated from the Juvenile Justice Reform Council. ***House Bill 1187: Juvenile Law – Juvenile Justice (passed)*** was significantly amended by the Senate and passed late in the evening on Sine Die when the House agreed to concur on the Senate amendments. As enacted, the bill extends the termination date for the Juvenile Justice Reform Council and mandates a subsequent report by the Council by October 1, 2021. The substantive recommendations for reform that were reflected in

the original bill were not enacted but will be the subject of further consideration by the Council. The bill also requires the Governor to include at least \$2 million for a grant to Roca Baltimore, LLC in the annual budget. ***House Bill 1121/Senate Bill 905: Juvenile Services – Workgroup to Develop Evidence-Based, Research-Based, and Culturally Competent Practices (failed)*** was passed by the House but not taken up by the Senate. It is expected this initiative will also be a matter of further consideration as the Council continues its deliberations.

House Bill 315/Senate Bill 136: Juvenile Law – Juvenile Interrogation Protection Act (failed) would have strengthened a number of legal protections and provisions regarding juvenile interrogation. The bill was passed by the House but was not acted upon by the Senate.

House Bill 180: Juveniles – Sexting (passed) establishes special procedures for juveniles who commit certain offenses involving or arising out of “sexting.” The bill establishes that, in juvenile court proceedings for violations of specified obscenity and child pornography laws, it is a mitigating factor that the violation involved or arose out of sexting; prohibits the juvenile court from making certain dispositions for these violations; authorizes the juvenile court to order a child to participate in an educational program on the risks and consequences of sexting; and establishes that a child who violates a provision of Title 11, Subtitle 2 of the Criminal Law Article (Obscene Matter) is not subject to sex offender registration.

School Health

House Bill 1148/Senate Bill 830: Secretary of Health – School-Based Health Centers – Guidelines and Administration of Grants (passed) transitions authority for various regulatory requirements and grant administration from MSDE to MDH.

House Bill 401/Senate Bill 438: Public Schools – Pregnant and Parenting Students – Policies and Reports (passed) requires MSDE to develop a model policy to support the educational and parenting goals and improve the educational outcomes of pregnant and parenting students. Each local board of education must establish a local policy based on the model policy. In addition, the bill requires each local board of education to excuse any parenting-related absence from a class due to the use of a lactation space to nurse or express breast milk.

House Bill 205/Senate Bill 427: Public Schools – Provision of Menstrual Hygiene Products – Requirement (passed) requires local boards of education to ensure that each public school provide, at no charge to the students, menstrual hygiene products via dispensers in the restrooms at the school. A public middle or high school must install menstrual hygiene product dispensers in at least two restrooms on or before October 1, 2021, and in specified restrooms on or before August 1, 2025. A public elementary school must install menstrual hygiene product dispensers in at least one restroom on or before October 1, 2021. The legislation requires the State to reimburse the local jurisdictions for the cost of installation of the dispensers.

Various initiatives to address health issues in the schools failed to be enacted. It continues to be a challenge to legislate health care practices within the schools given implementation concerns raised by the local jurisdictions and in many cases school nurses and other personnel. ***House Bill 237/Senate Bill 126: State Department of Education – Early Literacy and Dyslexia Practices – Guidance and Assistance (failed)*** was a follow-up to the Ready to Read bill, requiring MSDE to establish a stakeholder advisory group charged with developing a reading and dyslexia handbook. The legislation passed the House but was not taken up by the Senate, given objections by the local jurisdictions. ***House Bill 370/Senate Bill 225: Education – Public and Nonpublic Schools – Seizure Action Plans (Brynleigh's***

Act) (failed) would have required public and non-public schools to address health issues of students who suffer from a seizure disorder to ensure the schools are able to appropriately respond. This bill is a reintroduction of legislation considered in 2020. Concern has been expressed by both the school nurses and the school system on the requirements of this legislation. ***House Bill 609: Public and Nonpublic Schools – Bronchodilator Availability and Use – Policy (Bronchodilator Rescue Inhaler Law) (failed)*** would have required each local board of education to establish a policy for public schools within its jurisdiction to authorize the school nurse and other “designated school personnel” to administer a bronchodilator, if available, to a student who is determined to have asthma, is experiencing asthma-related symptoms, or is perceived to be in respiratory distress,

House Bill 716/Senate Bill 371: Special Education – Individualized Education Programs – Educational Evaluations (passed) authorizes a parent to request an independent educational evaluation regarding a child’s individualized family service plan, individualized education program, or special education services at public expense if the parent submits to the local school system a written request for an educational evaluation conducted by the local school system, and the local school system (1) does not respond within 30 days of receiving the request; or (2) approves the request but the educational evaluation meeting does not occur, through no fault of the parent, within 60 days after receiving the request.

House Bill 724/Senate Bill 209: Special Education – Education and Vocational Services – Prolonged School Closure (failed) would have required a local board of education to offer and provide special education students whose school is subject to a prolonged school closure the option to continue attending school or receiving education services after the student’s anticipated graduation date, regardless of whether the student has completed all high school graduation requirements. The bill failed largely due to the fiscal note associated with extending school attendance for potentially all special education students.

Miscellaneous Legislation

House Bill 134/Senate Bill 177: Business Regulation – Flavored Tobacco Products – Prohibition (failed) would have prohibited the sale of flavored tobacco products in the State with the intent of reducing tobacco use, especially among young people. ***House Bill 1011: Cigarettes, Other Tobacco Products, and Electronic Smoking Devices – Local Law Authorization (failed)*** was an effort to authorize local government to restrict access to tobacco products. These initiatives were strongly opposed by the Vape shops and the tobacco industry.

House Bill 636/Senate Bill 546: School Buildings – Drinking Water Outlets – Elevated Level of Lead (Safe School Drinking Water Act) (passed) strengthens the testing thresholds and requirements for school drinking water outlets that were enacted through legislation passed in 2019. The bill amends the current threshold for a determination of an elevated lead level in a drinking water outlet for the Environmental Protection Agency recommended standard that is not defined to a specific standard of 5 parts per billion.

House Bill 49: Landlord and Tenant – Repossession for Failure to Pay Rent – Lead Risk Reduction Compliance (failed) required landlords to show certification of lead compliance before a case could proceed in rent court and required a court to adjourn for up to 10 days to gather evidence regarding lead compliance. Also, the bill required the judge to dismiss or postpone the case if there is no proof of compliance.

House Bill 990/Senate Bill 658: Maryland Department of Emergency Management – Establishment and Transfer of Maryland 9-1-1 Board (passed) creates a Maryland Department of

Emergency Management and transfers the Maryland 9-1-1 Board to the Department. MDAAP requested an amendment to this legislation to address the need to create a specific program for pediatric disaster planning and emergency management and/or charge the relevant State agencies to work over the interim to develop a framework for ensuring the pediatric emergency management and disaster preparedness is a specifically defined priority for the State. The bill's sponsor requested that the bill not be amended out of concern it could slow its passage. The sponsors committed to working with MDAAP over the interim to address the need to incorporate pediatric disaster planning and emergency management into Maryland's disaster preparedness framework. A work in progress.

House Bill 200/Senate Bill 479: Public Safety – Access to Firearms – Storage Requirements (Jaelynn's Law) (failed) would have addressed gun storage requirements to minimize the likelihood of unintended access to firearms by minors. The focus on police reform this Session precluded time to address gun regulation issues. No action was taken on the bill in either Chamber.

House Bill 242/Senate Bill 173: Family Law – Emancipation of a Minor and Authorization to Marry (failed) would amend Maryland's current law, which allows for a minor 16 and older to marry if the minor has parental consent or is pregnant. This legislation would only enable minors 17 years and older to marry and only if they were declared emancipated by a Court. Parental consent would no longer be a basis for allowing a minor to marry. The bill was passed by the House but not acted upon by the Senate.

House Bill 375/Senate Bill 211: Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2021) (failed) would have established a Family and Medical Leave Insurance for Marylanders. It would have provided employees up to 12-weeks paid leave to care for new children, family members with serious health conditions or disabilities, or themselves.

House Bill 392: Family Child Care Homes, Large Family Child Care Homes, and Child Care Centers – Early Childhood Screening and Assistance (failed) would have required MSDE, by January 1, 2022, to establish guidelines for early childhood developmental screenings for children younger than age three to (1) assess a child's progress through foundational early childhood development milestones; and (2) screen for potential disabilities. Beginning July 1, 2022, each childcare center that is required to be licensed or to hold a letter of compliance and family childcare home (including a large family childcare home) would have been required to offer to the parent or guardian of each child younger than age three who enters care at the home or center a screening of the child using the developed guidelines. The bill was passed by the House but was not acted upon by the Senate.

House Bill 718: State Coordinator for Autism Strategy and Advisory Stakeholder Group on Autism-Related Needs – Location and Funding (passed), a companion bill to legislation passed in 2020 and supported by MDAAP, which established a State Coordinator for Autism Strategy in the Department of Disabilities as well as an Advisory Stakeholder Group on Autism-Related Needs. However, despite the passage of the legislation in 2020, funding was not provided for the State Coordinator position and, therefore, the work reflected in the 2020 legislation has not moved forward. This bill requires that the position of State Coordinator be filled.

House Bill 891/Senate Bill 767: Higher Education – Hunger-Free Campus Grant Program – Established (passed) establishes the Hunger-Free Campus Grant Program for public institutions of higher education administered by the Maryland Higher Education Commission (MHEC). MHEC must allocate grant funding to any public institution or regional higher education center that pledges a matching contribution to be used to implement the goals of the program and is designated as a hunger-free campus,

according to the standards set in the bill. Beginning in FY2023, the Governor must include \$150,000 annually in the budget for the program. MHEC must incorporate a plan for addressing any basic needs insecurity of higher education students into the 2026-2030 State Plan for Higher Education. Within two years after establishing the program, MHEC must report on the implementation of the bill.

Senate Bill 712: Vehicle Laws – Protective Headgear Requirement for Motorcycle Riders – Exception (failed) would have weakened Maryland’s motorcycle helmet law. Previously this legislation had been easily defeated but in 2020 was narrowly defeated in the Senate by a 6-5 vote. This year the Committee never acted on the legislation after the bill hearing.