

Provisions of Maryland Law related to Board Certification of Physicians

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1	July 10, 2018	Original published version
2	July 17, 2018	Added Health Occupations section 14-101.1
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Article Health Occupations

This article of the Maryland Code relates to the licensing and regulation of physicians by the Maryland Board of Physicians.

§14–101. Re: definitions for title 14, Physicians

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

(c) *Board Certified* -- “Board certified” means the physician is certified by a public or private board, including a multidisciplinary board, and the certifying board:

(1) Is:

- (i) A member of the American Board of Medical Specialties;
- (ii) An American Osteopathic Association certifying board;
- (iii) The Royal College of Physicians and Surgeons of Canada; or
- (iv) The College of Family Physicians of Canada;

(2) Has been approved by the Board under § 14–101.1 of this subtitle; or

(3) Requires that, in order to be certified, the physician:

(i) Complete a postgraduate training program that:

1. Provides complete training in the specialty or subspecialty; and
2. Is accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association; and

(ii) Be certified by:

1. The member board of the American Board of Medical Specialties;
2. The American Osteopathic Association in the training field;
3. The Royal College of Physicians and Surgeons of Canada; or
4. The College of Family Physicians of Canada.

§14–101.1. Re: allowing Board of Physicians to approve other certifying boards

The Board may approve a public or private board including a multidisciplinary board as a certifying board only if the certifying board requires that, in order to be certified, a physician:

(1) Complete a postgraduate training program that:

- (i) Provides complete training in the specialty or subspecialty being certified; and
- (ii) Is accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association; and

(2) Be certified by the American Board of Medical Specialties or the American Osteopathic Association in the same training field.

Note: Added by Acts 2013, c. 582, § 2, eff. May 16, 2013; Acts 2013, c. 583, § 2, eff. May 16, 2013.

§14–307(g)(3) re: requirements for license for physicians

(g) An otherwise qualified applicant who passes the examination after having failed the examination or any part of the examination 3 or more times may qualify for a license only if the applicant:

- (1) Has successfully completed 2 or more years of a residency or fellowship accredited by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association;
- (2) (i) Has a minimum of 5 years of clinical practice of medicine:
 1. In the United States or in Canada;
 2. With at least 3 of the 5 years having occurred within 5 years of the date of the application; and
 3. That occurred under a full unrestricted license to practice medicine; and
- (ii) Has no disciplinary action pending and has had no disciplinary action taken against the applicant that would be grounds for discipline under § 14-404 of this title; or
- (3) Is board certified.

§14-401.1. Re: Disciplinary Action

(e) (1) In accordance with subsection (f) of this section, the Board shall enter into a written contract with an entity or individual for confidential physician peer review of allegations based on § 14-404(a)(22) of this subtitle.

(2) A peer reviewer shall:

- (i) Be board certified;
- (ii) Have special qualifications to judge the matter at hand;
- (iii) Have received a specified amount of medical experience and training;
- (iv) Have no formal actions against the peer reviewer's own license; (v) Receive training in peer review;
- (vi) Have a standard format for peer review reports; and
- (vii) To the extent practicable, be licensed and engaged in the practice of medicine in the State.

(3) The Board may consult with the appropriate specialty health care provider societies in the State to obtain a list of physicians qualified to provide peer review services.

(4) For purposes of peer review, the Board may use sole source procurement under § 13-107 of the State Finance and Procurement Article.

(5) The hearing of charges may not be stayed or challenged because of the selection of peer reviewers under this subsection before the filing of charges.

§14-411.1(b). Re: Licensee public profiles

(6) As reported to the Board by the licensee, education and practice information about the licensee including:

- (i) The name of any medical school that the licensee attended and the date on which the licensee graduated from the school;
- (ii) A description of any internship and residency training;
- (iii) A description of any specialty board certification by a recognized board of the American Board of Medical Specialties or the American Osteopathic Association;
- (iv) The name of any hospital where the licensee has medical privileges;
- (v) The location of the licensee's primary practice setting;
- (vi) Whether the licensee participates in the Maryland Medical Assistance Program; and
- (vii) Whether the licensee maintains medical professional liability insurance.

§14-503. Re: Representation to the Public

(a) A physician may not represent to the public that the physician is board certified unless:

- (1) The physician is board certified; and
 - (2) The physician discloses the full name of the board from which the physician is certified and the name of the specialty or subspecialty in which the physician is certified.
- (b) A physician may advertise only as permitted by the rules and regulations of the Board and subject to subsection (a) of this section.

[§14–3A–01. Re: Interstate Compact for Medical licensure](#)

Note: the provisions below are just part of the compact.

SECTION 3. ELIGIBILITY

(A) (1) A PHYSICIAN MUST MEET THE ELIGIBILITY REQUIREMENTS AS DEFINED IN SECTION 2(K) IN ORDER TO RECEIVE AN INITIAL EXPEDITED LICENSE UNDER THE TERMS AND PROVISIONS OF THE COMPACT, A PHYSICIAN MUST:

- (I) MEET THE ELIGIBILITY REQUIREMENTS AS DEFINED IN SECTION 2(K); AND
- (II) HOLD SPECIALTY CERTIFICATION OR A TIME–UNLIMITED SPECIALTY CERTIFICATE RECOGNIZED BY THE AMERICAN BOARD OF MEDICAL SPECIALTIES OR THE AMERICAN OSTEOPATHIC ASSOCIATION’S BUREAU OF OSTEOPATHIC SPECIALISTS.

(2) A PHYSICIAN IS NOT REQUIRED TO MAINTAIN SPECIALTY CERTIFICATION DESCRIBED UNDER PARAGRAPH (1)(II) OF THIS SUBSECTION IN ORDER TO RENEW AN EXPEDITED LICENSE UNDER SECTION 6.

SECTION 24. BINDING EFFECT OF COMPACT AND OTHER LAWS

(A) NOTHING HEREIN PREVENTS THE ENFORCEMENT OF ANY OTHER LAW OF A MEMBER STATE THAT IS NOT INCONSISTENT WITH THE COMPACT.

(B) ALL LAWS IN A MEMBER STATE IN CONFLICT WITH THE COMPACT ARE SUPERSEDED TO THE EXTENT OF THE CONFLICT.

(C) ALL LAWFUL ACTIONS OF THE INTERSTATE COMMISSION, INCLUDING ALL RULES AND BYLAWS PROMULGATED BY THE COMMISSION, ARE BINDING ON THE MEMBER STATES.

(D) ALL AGREEMENTS BETWEEN THE INTERSTATE COMMISSION AND THE MEMBER STATES ARE BINDING IN ACCORDANCE WITH THEIR TERMS.

(E) IN THE EVENT ANY PROVISION OF THE COMPACT EXCEEDS THE CONSTITUTIONAL LIMITS IMPOSED ON THE LEGISLATURE OF ANY MEMBER STATE, SUCH PROVISION SHALL BE INEFFECTIVE TO THE EXTENT OF THE CONFLICT WITH THE CONSTITUTIONAL PROVISION IN QUESTION IN THAT MEMBER STATE.

[§14–5C–06\(a\). Re: Polysomnography Professional Standards Committee Membership](#)

(a) The Committee consists of seven members appointed by the Board as follows:

- (1) (i) On or before September 30, 2009, three registered polysomnographic technologists; or
(ii) On or after October 1, 2009, three licensed polysomnographic technologists;
- (2) Three physicians who are board certified in sleep medicine:
 - (i) One of whom is a specialist in psychiatry or internal medicine;
 - (ii) One of whom is a specialist in pulmonary medicine; and

- (iii) One of whom is a specialist in neurology; and
- (3) One consumer member.

Occurrences of the term “Board Certified” in other articles of Maryland Code with relate to physicians

This list is limited to instances of the term “board certified” that relate to physicians. None of the following articles appear to define the term “Board certified”. Note that this list may be incomplete.

Article—Health General

§5–305. Re: Postmortem Examiners Commission

“(b) (1) The Chief Medical Examiner and deputy chief medical examiners shall be board certified in anatomic and forensic pathology by the American Board of Pathology. “Board Certified” re: eligibility criteria for chief medical examiner and deputy medical examiner”

§5–804(a) *Re: Mortality and Quality Review Committee*

One member must be a licensed board certified physician in an appropriate specialty.

§19–705.8 re: qualification for quality assurance medical director for HMO quality assurance unit in MDH.

The director must be board certified

§19–710.1(a)(8) re: HMO payment for out of network services.

“Board certified” is included in the definition of “similarly licensed provider”

§21–2A–07(c) re: technical advisory committee membership for the state PDMP program.

Two members must be a board certified physicians (one an anesthesiologist).

Note

The term “Board Certified” does not appear to be defined in Health-General

Article—Insurance

§14–201(r) re: definitions for subtitle relating to preferred provider organizations.

(r) “Similarly licensed provider” means:

(1) for a physician:

(i) a physician who is board certified or eligible in the same practice specialty; or

(ii) a group physician practice that contains board certified or eligible physicians in the same practice specialty; or

(2) for a health care provider who is not a physician, a health care provider who holds the same type of license or certification.

§15-123(f) re: emerging medical and surgical treatments

(f) The process established or subscribed to or contracted for by a carrier under subsection (e) of this section shall include:

(1) a comprehensive review of medical literature and data evaluation; and

- (2) input from physicians and other recognized experts:
- (i) who are not employees of the carrier; and
 - (ii) who:
 - 1. are currently treating patients for the disease or condition being evaluated;
 - 2. are board certified in the pertinent specialty or subspecialty area of the disease or condition being evaluated;
 - 3. are generally recognized by their peers to be authoritative resources in the clinical area being evaluated as evidenced by:
 - A. faculty appointments;
 - B. authorship of a significant body of peer-reviewed clinical literature in the pertinent specialty or subspecialty area; or
 - C. a demonstrated history of leadership in local, State, or national professional associations and nonprofit patient and community advocacy organizations that address the disease or condition and the specialty or subspecialty area in question; or
 - 4. have a demonstrated history of substantial experience and practical knowledge in the specialty or subspecialty area in question.

15-10B-07(a)—re: requirements for utilization review decisions by private review agents

(a) (1) Except as provided in paragraphs (2) and (3) of this subsection, all adverse decisions shall be made by a physician, or a panel of other appropriate health care service reviewers with at least one physician on the panel who is board certified or eligible in the same specialty as the treatment under review.

(2) When the health care service under review is a mental health or substance abuse service, the adverse decision shall be made by a physician, or a panel of other appropriate health care service reviewers with at least one physician, selected by the private review agent who:

- (i) is board certified or eligible in the same specialty as the treatment under review; or
- (ii) is actively practicing or has demonstrated expertise in the substance abuse or mental health service or treatment under review.

§15-10B-09.1. re: Private Review Agents

A grievance decision shall be made based on the professional judgment of:

- (1) (i) a physician who is board certified or eligible in the same specialty as the treatment under review; or
- (ii) a panel of other appropriate health care service reviewers with at least one physician on the panel who is board certified or eligible in the same specialty as the treatment under review;
- (2) when the grievance decision involves a dental service, a licensed dentist, or a panel of appropriate health care service reviewers with at least one dentist on the panel who is a licensed dentist, who shall consult with a dentist who is board certified or eligible in the same specialty as the service under review; or
- (3) when the grievance decision involves a mental health or substance abuse service:
 - (i) a licensed physician who:
 - 1. is board certified or eligible in the same specialty as the treatment under review; or
 - 2. is actively practicing or has demonstrated expertise in the substance abuse or mental health service or treatment under review; or
 - (ii) a panel of other appropriate health care service reviewers with at least one physician, selected by the private review agent who:

1. is board certified or eligible in the same specialty as the treatment under review; or
2. is actively practicing or has demonstrated expertise in the substance abuse or mental health service or treatment under review.

§15–10C–03. Re: Medical Directors

- (a) To be certified as a medical director under this subtitle, an applicant shall:
- (1) submit an application to the Commissioner on the form required by the Commissioner; and
 - (2) pay to the Commissioner an application fee of no more than \$100 established by the Commissioner by regulation.
- (b) The application shall include:
- (1) a description of the applicant’s professional qualifications, including medical education information and, if appropriate, board certifications and licensure status;
 - (2) the utilization management procedures and policies to be used by the health maintenance organization; and
 - (3) certification by the medical director that the utilization management procedures and policies are:
 - (i) objective;
 - (ii) clinically valid;
 - (iii) compatible with established principles of health care; and
 - (iv) flexible enough to allow deviations from the norms when justified on a case by case basis.
- (c) The delegation by a medical director of any of the medical director’s responsibilities under this subtitle to an associate medical director or an assistant medical director does not prevent the medical director, regardless of the delegation, from being held responsible for any violation of this subtitle.

Article Courts and Judicial Proceedings

§3–2A–02(c)(2)(ii)(1)(B) & §3–2A–02(c)(2)(ii)(2)(A) regarding health care malpractice claims use the term “board certified” with respect to doctors, but without definition.