

Appendix U

Maryland Laws & Regulations

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The following articles are referenced below in this manner:

- Md. Ann. Code Article 16A – “Art. 16A”
- Md. Ann. Code Article 41 – “Art. 41”
- Md. Code Ann., Health-General – “HG”
- Md. Code Ann., Environment – “Environment”
- Md. Code Ann., State Government – “SG”

In addition, uncodified sections of Chapter 1 from the Maryland General Assembly Acts of 2002, Catastrophic Health Emergencies-Powers of the Governor and the Secretary of Health and Mental Hygiene (Senate Bill 234), which involved the enactment of Art. 41, Title 2, Subtitle 2 and HG Title 18, Subtitle 9, are cited by section number, chapter, and Acts 2002.

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1. Track and contain disease through case investigation and implementation of control measures

-- HG §18-101 – The Secretary shall investigate causes of disease.

-- HG §18-102 – The Secretary shall:

a. Adopt regulations to prevent the introduction into and spread of an infectious or contagious disease or other disease that endangers the public health in this State;

b. Investigate a suspected infectious or contagious disease or other disease that endangers the public health and act properly to prevent its spread; and

c. Act properly to prevent the spread of and may enter private property to determine the presence, cause, and source of an infectious or contagious disease.

-- HG §18-103 – Secretary shall obtain accurate and complete reports on communicable diseases in this State, determine the prevalence of each communicable disease, and devise means to control communicable diseases.

-- HG §18-201 – A physician with reason to suspect that a patient under the physician’s care has an infectious or contagious disease except HIV or AIDS that endangers public health shall submit immediately a report to the health officer for the county where the physician cares for that patient.

-- HG §18-201.1 – A physician who has diagnosed a patient under the physician’s care with AIDS shall submit immediately a report to the health officer for the county where the physician cares for that patient.

-- HG §18-202 – When the administrative head of an institution has reason to believe that an individual on the institution’s premises has an infectious or contagious disease except HIV or AIDS, the administrative head immediately shall submit a report to the health officer for the county where the institution is located.

-- HG §18-205

a. The director of a medical laboratory shall submit a report to the health officer for the county where the laboratory is located within 48 hours after an examination of a specimen from a human body shows evidence of any of 62 enumerated diseases.

b. A health officer shall inform the Secretary of each laboratory examination report received under HG §18-205.

-- HG §18-207 – HIV test results are used to compile an HIV/AIDS case report.

-- HG §18-208

a. When a health officer has reason to believe that a disease that endangers public health exists within the county, the health officer shall report immediately to the appropriate county board of health and with the approval of the board, investigate the suspected disease and act properly to prevent the spread of the disease.

b. When a health officer is notified of an infectious or contagious disease within the county, the health officer shall act immediately to prevent the spread of the disease; within 24 hours of notice of a disease, report the disease to the Secretary; and cooperate with the Secretary to prevent the spread of the disease.

c. When a health officer knows of any unusual disease or mortality in the county or a contiguous county, the health officer promptly shall give the Secretary notice of the disease or mortality.

d. If a health officer is unsure whether a disease is infectious or contagious, the health officer shall notify the Secretary.

-- HG §18-209 – When a health officer receives notice of an infectious or contagious disease that affects or is likely to endanger the health of school

children within the county, the health officer immediately shall give written notice to the county board of education.

-- HG §18-902 – The Secretary may continuously evaluate and modify existing disease surveillance procedures to detect a catastrophic health emergency; investigate actual or potential exposures to a deadly agent; and treat, prevent, or reduce the spread of the disease or outbreak believed to have been caused by the exposure to a deadly agent.

-- HG §18-904 – The Secretary may:

a. Require a health care provider or other person to report information to the Secretary or other public official on the presence of an individual or group of individuals with specified illnesses or symptoms, diagnostic and laboratory findings relating to diseases caused by deadly agents, statistical or utilization trends relating to potential disease outbreaks; information needed to conduct contact tracing for exposed individuals, and other data deemed by the Secretary to have epidemiological significance in detecting possible catastrophic health emergencies;

b. Obtain access to information in the possession of a health care provider;

c. Require or authorize a health care provider to disclose information to an agency of the federal, State, or local government or another health care provider;

d. Require a health care provider or other person to submit reports to the Department containing information detailing the presence and use of deadly agents;

e. Obtain access to premises to secure environmental samples and otherwise investigate actual potential exposures to deadly agents; and

f. Require a veterinarian or other person to report data relating to specified illnesses or symptoms in animal populations.

-- HG §18-905

a. In investigating actual or potential exposures to a deadly agent, the Secretary:

i. May issue an order requiring individuals whom the Secretary has reason to believe have been exposed to a deadly agent to seek appropriate and necessary evaluation and treatment;

ii. To prevent the spread of disease caused by a deadly agent, may order individuals into isolation or quarantine until the Secretary determines the an individual no longer poses a substantial risk of transmitting the disease or condition; and

iii. May require an individual over 18 years old who refuses vaccination, medical examination, treatment, or testing under HG §18-905(a)(1) into isolation or quarantine until the Secretary determines that the individual no longer poses a substantial risk of transmitting the disease or condition to the public.

iv. May coordinate and direct the efforts of any health officer or health commissioner of any subdivision in seeking to detect or respond to threats posed by a deadly agent; and

v. May order a State or subdivision law enforcement officer to assist in the execution or enforcement of any order issued under HG Title 18, Subtitle 9.

b. The Secretary may issue an order under HG §18-905(a):

i. If, prior to a proclamation under Article 41, §2-202, the Secretary determines the disease or outbreak can be medically contained by the Department and appropriate health care providers; and

ii. As necessary to implement an order issued by the Governor under Article 41, §2-202.

-- HG §18-906 – Specifies contents of isolation and quarantine directives.

2. Share confidential information

-- HG §§4-305, 4-306, and 4-307 – These sections address disclosure of medical records in certain circumstances without the authorization of the person in interest, including to government agencies performing their lawful duties as authorized by an act of the Maryland General Assembly or the United States Congress.

-- HG §§18-201, 18-202, 18-205 – Physician, institution, and laboratory reports of disease are confidential, not open to public inspection, and subject to subpoena or discovery in a criminal or civil proceeding only pursuant to a court order sealing the court record. However, this confidentiality restriction does not apply to a disclosure by the Secretary to another governmental agency performing its lawful duties as authorized by an act of the Maryland General Assembly or the United States Congress where the Secretary determines that the agency to whom the information is disclosed will maintain the confidentiality

of the disclosure and the disclosure is necessary to protect the public health or to prevent the spread of an infectious or contagious disease.

-- HG §18-201.1 and 18-207 – HIV/AIDS reports are confidential, but the confidentiality restriction does not apply to a disclosure by the Secretary to a governmental agency performing its lawful duties pursuant to State or federal law where the Secretary determines the agency to whom the information is disclosed will maintain the confidentiality of the disclosure. However, HIV reports from a laboratory may not disclose the identity of anyone tested to the Department or a health officer.

-- HG §18-904(b)(3) – To maintain an effective disease surveillance system to detect if individuals have been exposed to a deadly agent, the Secretary may require or authorize a health care provider to disclose information to an agency of the federal, State, or local government or another health care provider.

-- HG §18-904(d) – Under any surveillance system for detecting whether individuals have been exposed to a deadly agent, any information received by the Secretary about individuals is confidential, except that it may be disclosed in certain circumstances to another health care provider or a public official if the person to whom the information is disclosed will maintain the confidentiality and the Secretary determines the disclosure is necessary to treat, prevent, or reduce the spread of the disease or outbreak believed to have been caused by the exposure to a deadly agent.

3. Establish criteria and procedures to invoke and terminate emergency health powers

-- Art. 16A, §6A – The Governor may declare a state of emergency, which shall continue until the emergency is over, but no longer than 30 days unless renewed by the Governor. The General Assembly by joint resolution may terminate a state of emergency at any time.

-- Art. 41, §2-202(a) – If the Governor determines that exposure to a deadly agent presents an imminent threat of extensive loss of life or of serious disability, the Governor may issue an executive order proclaiming the existence of a catastrophic health emergency.

-- Art. 41, §2-202(e) – A proclamation issued under Art. 41, §2-202(e), shall indicate the nature of the catastrophic health emergency, the area or areas threatened or affected, and the conditions that have brought about the catastrophic health emergency.

-- Art. 41, §2-202(f) – A proclamation by the Governor under Art. 41, §2-202 shall be rescinded by the Governor whenever the Governor determines that the catastrophic health emergency no longer exists and may be renewed by the

Governor for successive periods, each not to exceed 30 days, if the Governor determines that a catastrophic health emergency continues to exist.

4. Gain access to and control facilities and property

-- Art. 16A, §6A(c)(5) -- Under a state of emergency, the Governor may authorize the utilization of any private property, in which event the owner of the property shall be compensated for its use and for any damage to the property.

-- Art. 41, §2-2-202(b)(1) – Following the Governor’s issuing an executive order proclaiming the existence of a catastrophic health emergency, the Governor may order the Secretary of Health and Mental Hygiene or other designated official to take immediate possession of any item or material needed to respond to the medical consequences of the catastrophic health emergency and to work collaboratively, to the extent feasible, with health care providers to designate and gain access to a facility needed to respond to the catastrophic health emergency.

-- Art. 41, §2-202(b)(4)(iii) – Following the Governor’s issuing an executive order proclaiming the existence of a catastrophic health emergency, the Governor may order, when medically necessary and reasonable to treat, prevent, or reduce the spread of the disease or outbreak believed to have been caused by the exposure to a deadly agent, the Secretary of Health and Mental Hygiene or other designated official to establish places of treatment, isolation, and quarantine.

-- HG §2-104(l) -- The Secretary or an agent or employee of the Secretary may enter, at any reasonable hour, a place of business or public premises if the entry is necessary to carry out a duty under the HG Article.

-- HG §3-307 – In the performance of official duties, a health officer may enter and inspect any private house if the health officer has obtained consent to enter and inspect, has obtained a warrant, or does not have time or opportunity to obtain a warrant and an exceptional or emergency situation exists.

-- HG 18-106(d) – The Secretary may enter on and inspect private property to determine the presence, cause, and source of an infectious or contagious disease or other disease that endangers public health in this State.

-- HG §18-904(b)(5) – The Secretary may obtain access to premises in order to secure environmental samples and otherwise investigate actual or potential exposures to deadly agents.

-- HG §18-906(a) – If the Secretary orders individuals into quarantine, the order shall specify the premises subject to isolation or quarantine.

5. Enforce measures to provide for safe disposal of infectious waste

-- Art. 16A, §6A(c)(7) – Under a state of emergency, the Governor may authorize the clearance and removal of any debris and wreckage.

-- HG §18-102 – The Secretary shall adopt rules and regulations necessary to prevent the introduction of an infectious or contagious disease into this State or the spread of an infectious or contagious disease that endangers public health in this State. To carry out this mandate, in part, the Secretary has promulgated Code of Maryland Regulations (COMAR) 10.06.06—Communicable Disease Prevention-Handling, Treatment, and Disposal of Special Medical Waste. Special medical waste means waste composed of anatomical material, blood in liquid form, blood-soiled articles, contaminated material, microbiology waste, and sharps. A person who violates a provision of the regulations is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$500 for each day that a violation exists, as provided by COMAR 10.06.06.08 and HG §18-604.

-- Environment §§7-104, 7-201 et seq., 9-252, and 9-314 – These statutes allow the Secretary of the Environment to adopt regulations concerning special medical waste. To that end the Secretary of the Environment has promulgated COMAR 26.13.11—Special Medical Wastes, COMAR 26.13.12—Standards Applicable to Generators of Special Medical Waste, and Standards applicable to Transporters of Special Medical Waste. For violations of a provision of these regulations and a provision of Environment Title 7, Subtitles 1 or 2, a person is subject to the penalties set forth at Environment §§7-265--7-267.

6. Enforce measures to provide for safe disposal of corpses

While there does not appear to be statutory authority specifically addressing safe disposal of corpses, under Art. 41, §2-202(b)(7), after the Governor has issued an executive order proclaiming a catastrophic health emergency, the Governor may order actions deemed necessary to respond to the catastrophic health emergency. If the Governor orders specific requirements for the safe disposal of corpses, a person who knowingly and willfully fails to comply with a requirement is guilty of a misdemeanor and on conviction is subject to imprisonment not exceeding one year or a fine not exceeding \$5,000 or both, pursuant to the terms of Art. 41, §2-204.

In addition, the Secretary of Health and Mental Hygiene may coordinate and direct the efforts of any health officer or health commissioner of any subdivision in seeking to detect or respond to threats posed by a deadly agent and may order any law enforcement officer of the State or any subdivision to assist in the execution or enforcement of an order issued under HG Title 18, Subtitle 9. HG §18-905(a)(2) and (3). The Secretary has the authority to issue a directive concerning the safe disposal of corpses under the authority of HG §18-905(a)(2),

with enforcement pursuant to HG §18-905(a)(3). Knowing and willful violation of a directive issued under HG §18-905 is a misdemeanor with the convicted person subject to imprisonment not exceeding one year or a fine not exceeding \$3,000 or both.

Furthermore, under HG §5-309, the medical examiner is to investigate a death that occurs by violence; by suicide; by casualty; suddenly, if the deceased was in apparent good health or unattended by a physician; or in any suspicious or unusual manner. When the medical examiner is notified of a medical examiner's case, the medical examiner shall take charge of the body.

7. Control health care supplies

-- Art. 16A, §6B – An executive order or proclamation of a state of emergency shall be authority for the deployment and use of any resources to which the State and local emergency plans apply and for use or distribution of any supplies, equipment, and materials and facilities assembled, stockpiled, or arranged to be made available pursuant to any health plan made available under any statute relating to emergencies.

-- Art. 41, §2-202(b)(3) – Following the proclamation of a catastrophic health emergency, the Governor may order the Secretary of Health and Mental Hygiene or other designated official to control, restrict, or regulate the use, sale, dispensing, distribution, or transportation of any item or material needed to respond to the medical consequences of the catastrophic health emergency by rationing, the creation and distribution of stockpiles, the use of quotas, the prohibition of shipments, the setting of prices, or other appropriate means.

-- Section 5, Chapter 1, Acts 2002 – provides that “the Department of Health and Mental Hygiene shall adopt regulations for health care facilities to follow in providing for the needs of pediatric patients, related to: (1) Staff training needs; (2) Stockpiling of equipment, medication, and supplies necessary to address a catastrophic health emergency; (3) treatment and decontamination protocols; and (4) The coordination of services with other public and private entities.”

8. Seize and destroy property

-- Art. 16 A, §6A(c)(5) – Under a state of emergency, the Governor may authorize the utilization of any private property, in which event the owner of the property shall be compensated for its use and for any damage to the property.

-- HG §18-210 – To prevent the spread of an infectious or contagious disease that endangers public health, a health officer may have any article in the house disinfected or destroyed if the article has been exposed to the disease.

9. Limit movement of individuals

-- Art. 16A, §6A(c)(2)-(4) – Under a state of emergency, the Governor may direct and compel the evacuation of all or part of the population from any stricken or threatened area within the State, set evacuation routes and modes of transportation to be used during an emergency, and direct the control of ingress and egress to and from an emergency area, the movement of persons within the area, and the occupancy of premises therein.

-- Art. 41, §2-202(b)(4)(iv) – Following the Governor's issuing an executive order proclaiming the existence of a catastrophic health emergency, the Governor may order, when medically necessary and reasonable to treat, prevent, or reduce the spread of the disease or outbreak believed to have been caused by the exposure to a deadly agent, the Secretary of Health and Mental Hygiene or other designated official to require an individual to go to and remain in a place of isolation and quarantine until the Secretary or other designated official determines that the individual no longer poses a substantial risk of transmitting the disease or condition to the public.

-- Art. 41, §2-202(b)(5) – Following the Governor's issuing an executive order proclaiming the existence of a catastrophic health emergency, the Governor may order the evacuation, closing, or decontamination of any facility.

-- Art. 41, §2-202(b)(6) – Following the Governor's issuing an executive order proclaiming the existence of a catastrophic health emergency, the Governor may order individuals to remain indoors or refrain from congregating until further ordered if necessary and reasonable in order to save lives or prevent exposure to a deadly agent.

-- Art. 41, §2-202(c) – If a competent individual over the age of 18 refuses vaccination, medical examination, treatment, or testing under Art. 41, §2-202(b)(4), the Secretary may require the individual to go to and remain in a place of isolation or quarantine until the Secretary determines that the individual no longer poses a substantial risk of transmitting the disease or condition to the public.

-- HG §18-211 – A health officer may have an individual moved to a suitable place for the reception of the sick if a physician certifies that the individual has an infectious disease that endangers the public health, if the individual does not have proper housing to contain the disease, and the administrative head of the place for the reception of the sick consents to the move. A person may not

willfully disobey an order or obstruct the carrying out of an order of the health officer to move an individual.

-- HG §18-905 – The Secretary may order individuals into isolation or quarantine under certain circumstances in regard to investigating actual or potential exposures to a deadly agent.

10. Mandate medical examinations

-- Art. 41, §2-202(b)(4)(i) – Following the Governor's issuing an executive order proclaiming the existence of a catastrophic health emergency, the Governor may order, when medically necessary and reasonable to treat, prevent, or reduce the spread of the disease or outbreak believed to have been caused by the exposure to a deadly agent, the Secretary of Health and Mental Hygiene or other designated official to require an individual to submit to medical examination or treatment.

-- HG §18-324 – The Secretary or a health officer may have an individual examined, if the Secretary or the health officer knows or is notified in writing by a physician that the individual is suspected of having tuberculosis.

-- HG §18-905(a)(1)(i) – In investigating actual or potential exposures to a deadly agent, the Secretary may order individuals whom the Secretary has reason to believe have been exposed to a deadly agent to seek appropriate and necessary evaluation and treatment.

11. Isolate and quarantine

-- Art. 41, §2-202(b)(4)(iii) and (iv) – Following the Governor's issuing an executive order proclaiming the existence of a catastrophic health emergency, the Governor may order, when medically necessary and reasonable to treat, prevent, or reduce the spread of the disease or outbreak believed to have been caused by the exposure to a deadly agent, the Secretary of Health and Mental Hygiene or other designated official to establish places of treatment, isolation, and quarantine and to require an individual to go to and remain in places of isolation and quarantine until the Secretary or other designated official determines that the individual no longer poses a substantial risk of transmitting the disease or condition to the public.

-- Art. 41, §2-202(c) – If a competent individual over the age of 18 refuses vaccination, medical examination, treatment, or testing under Art. 41, §2-202(b)(4), the Secretary may require the individual to go to and remain in a place of isolation or quarantine until the Secretary determines that the individual no longer poses a substantial risk of transmitting the disease or condition to the public.

-- HG §18-324(b)(2) and (3) – If an individual fails to comply with a tuberculosis treatment order under HG §18-324(b)(1), the Secretary or a health officer may order the individual into medical quarantine to protect the public health and may order other conditions necessary to protect the health of the individual or the public health. An individual who refuses to comply with a quarantine order under HG §18-324 is guilty of a misdemeanor and on conviction shall be imprisoned in a penal institution with facilities for tuberculosis treatment until the Secretary or the Health Department of Baltimore City finds that the condition of the individual no longer endangers the health of the community or the Secretary obtains a court order that states that the individual is to be moved to a specified less restrictive setting for continuation of treatment. HG §18-325.

-- HG §18-905(a)(1)(ii) – When the Secretary determines that it is medically necessary and reasonable to prevent or reduce the spread of the disease or outbreak believed to have been caused by the exposure to a deadly agent, the Secretary may order an individual or group of individuals to go to and remain in places of isolation or quarantine until the Secretary determines that the individual no longer poses a substantial risk of transmitting the disease or condition to the public.

-- HG §18-905(a)(1)(iii) -- If a competent individual over the age of 18 refuses vaccination, medical examination, treatment, or testing under HG §18-905(a)(1), the Secretary may require the individual to go to and remain in places of isolation or quarantine until the Secretary determines that the individual no longer poses a substantial risk of transmitting the disease or condition to the public.

12. Vaccinate and treat

--Art. 41, §2-202(b)(4)(ii) – Following the Governor's issuing an executive order proclaiming the existence of a catastrophic health emergency, the Governor may order, when medically necessary and reasonable to treat, prevent, or reduce the spread of the disease or outbreak believed to have been caused by the exposure to a deadly agent, the Secretary of Health and Mental Hygiene or other designated official to require an individual to submit to vaccination or medical treatment, unless the vaccination or medical treatment will likely cause serious harm to the individual.

--HG §18-324(b) – If, after examination, the Secretary or a health officer finds that an individual has tuberculosis and that the condition of the individual endangers, or may endanger, the public health of the community, the Secretary or the health officer may order the individual to receive appropriate medical care. However, the Secretary may not require an individual to have a physical exam other than a chest X ray and to render sputum samples and may not restrict the right of an individual to select a treatment method if the individual in good faith relies on spiritual means through prayer for healing and complies with the laws,

rules, and regulations that relate to sanitation for and quarantine of infectious, contagious, and communicable diseases. HG §18-324(c).

-- HG §18-902 – The Secretary may exercise the authority granted in HG Title 18, Subtitle 9 to treat, prevent, or reduce the spread of the disease or outbreak believed to have been caused by the exposure to a deadly agent.

-- HG §18-905(a)(1)(i) – In investigating actual or potential exposures to a deadly agent, the Secretary may issue an order requiring individuals whom the Secretary has reason to believe have been exposed to a deadly agent to seek appropriate and necessary evaluation and treatment.

-- Section 4, Chapter 1, Acts 2002 – provides that “the Secretary shall adopt regulations to ensure that any individual subject to isolation or quarantine under the provisions of the Act [Art. 41, Title 2, Subtitle 2, and HG Title 18, Subtitle 9] shall receive appropriate and adequate care which may include daily monitoring of the individual’s care, and to the extent feasible, provisions for communication of information and recognition of cultural and religious beliefs.”

13. Collect and test laboratory specimens

-- HG §3-306 – A health officer may obtain samples of food and drugs for analysis.

-- HG §17-102 – A public health and clinical laboratory shall provide services in connection with any inquiry that the Department of Health and Mental Hygiene or any health officer or physician makes about a communicable disease or any other matter that the Secretary requires.

-- HG §18-904(b)(5) – The Secretary may by order obtain access to premises in order to secure environmental samples and otherwise investigate actual or potential exposures to deadly agents.

14. Access and disclose patient records

-- HG §§4-305, 4-306, and 4-307 – These sections address disclosure of medical records in certain circumstances without authorization of the person in interest, including to government agencies performing their lawful duties as authorized by an act of the Maryland General Assembly or the United States Congress.

-- HG §18-904(b)(2), (3), and (4) – To maintain an effective disease surveillance system for whether individuals have been exposed to a deadly agent, the Secretary may by order obtain access to information in the possession of a health care provider, require or authorize a health care provider to disclose information to an agency of the federal, State, or local government or another health care provider, and require a health care provider or other person to submit

reports to the Department of Health and Mental Hygiene containing information detailing the presence and use of deadly agents.

The Secretary shall limit the use of this information to the extent necessary to detect and investigate actual or potential exposures to a deadly agent. HG §18-904(c)(2). If the information is confidential by law, the Secretary or other person receiving the information may not redisclose the information except to a health care provider or public official who will maintain the confidentiality of the disclosure and the disclosure is necessary to treat, prevent, or reduce the spread of the disease or outbreak believed to have been caused by the exposure to the deadly agent. HG §18-904(d).

15. Temporarily license out-of-state health care personnel

-- Art. 16A, §6A(c)(1) – Under a state of emergency, the Governor may suspend the provisions of any statute, or of any rule or regulation of any State or local agency.

-- HG §18-903(c) – The Secretary shall develop a process to license, certify, or credential health care practitioners who may be needed to respond to a catastrophic health emergency.

16. Dissemination of information to the public

-- Art 16A, §6(b)(3) -- The Governor may authorize the institution of public information programs in advance of a State emergency.

-- Art 16A, §6A(b) – An executive order or proclamation of a state of emergency shall be disseminated promptly by means calculated to bring its contents to the attention of the general public.

-- Art. 41, §2-202(d) – During a catastrophic health emergency, if an individual or group of individuals is ordered into isolation or quarantine, the Secretary shall issue a written directive to the individual or group, before the time for the commencement of the isolation or quarantine, that specifies the identity of those subject to the isolation or quarantine, the premises subject to the isolation or quarantine, the date and time of commencement, the suspected deadly agent, the basis justifying the isolation or quarantine, and the availability of a hearing to contest the directive. If this notice is impractical because of the number of individuals or geographical areas affected, the Secretary or other designated official shall ensure that the affected individuals are fully informed of the directive using the best possible means available. If it is impractical to provide individual written copies of the directive, the written directive may be posted in a conspicuous place in the isolation or quarantine premises.

17. Access to mental health support personnel

-- HG Title 10 is the Maryland Mental Hygiene Law. Subtitle 6 of Title 10 addresses voluntary and involuntary admissions to mental health facilities and emergency evaluations. Subtitle 12 addresses core service agencies, the designated county or multicounty authorities responsible for involuntary admissions planning, managing, and monitoring publicly funded mental health services. Subtitle 14 provides for the establishment of the Maryland Mental Health Crisis Response System, if federal funding or other funding is received to implement the program, which aims to provide skilled clinical intervention to all individuals in the state in need of mental health services, 24 hours a day and seven days a week. The Crisis Response System is also to respond quickly and effectively to community crisis situations.

18. Develop plans for public health emergency response

-- Art. 16A, §4(d) – Each county and Baltimore City shall prepare an Emergency Preparedness Plan for responding to an emergency that involves hazardous materials or controlled hazardous substances as defined in the Environment Article.

-- Art. 16A, §6(b)(2) – Under the Maryland Emergency Management Agency, the Governor shall prepare and revise, as necessary, a comprehensive plan and program for the emergency management operations of Maryland.

-- Art. 16A, §6(b)(4) – The Governor may authorize such studies and surveys of the industries, resources, and facilities in this State as may be necessary or desirable to ascertain the capabilities of the State for emergency management operations and to prepare plans for the emergency management of resources in accordance with the national plan for emergency preparedness.

-- Art 16A, §6(c) – The Governor shall consider steps to prevent or reduce the harmful consequences of potential disasters. At the Governor’s direction, State agencies shall make studies of emergency prevention-related matters.

-- Section 3, Chapter 1, Acts 2002 – provides that “the Secretary of Health and Mental Hygiene shall develop a process and work collaboratively, to the extent feasible, with the Maryland Emergency Management Agency, the Maryland Institute for Emergency Medical Services Systems, healthcare providers, including the Association of Maryland Hospitals & Health Systems and the Maryland State Medical Society, and interested parties on the implementation of this Act [Art. 41, Subtitle 2 – Governor’s Emergency Powers – Catastrophic Health Emergencies, and HG Title 18, Subtitle 9 – Catastrophic Health Emergency Disease Surveillance and Response Program]. In implementing the requirements of this Act, the Secretary shall use every attempt to build on existing health and medical disaster preparedness plans.”

-- HG §18-903(a) – The Secretary may require health care facilities to develop and implement contingency plans addressing staff training needs, stockpiling of equipment, medication, and supplies necessary to address a catastrophic health emergency, treatment and decontamination protocols, the coordination of services with other public and private entities, and any other area that the Secretary determines is necessary to assist in the early detection and treatment of an individual exposed to a deadly agent.

-- SG Title 9, Subtitle 25 – This subtitle establishes the Maryland Security Council to assist the Governor in ensuring that the State maintains an adequate and coordinated strategy for detecting, preventing, preparing for, responding to, and recovering from an emergency in the State or in a portion of the State. To this end, the Council is to work with State agencies, other state governments, local governments, federal agencies, and private entities in the development of appropriate and necessary emergency management plans; periodically review and assess the adequacy of all emergency management plans developed by State agencies and, as requested, by local governments and private entities; recommend changes to and coordinate revisions to any emergency plan submitted to the Council; and ensure, to the extent possible, that all appropriate and necessary information relating to the State’s emergency management strategy is disseminated to and exchanged among appropriate entities.

19. Authorize funding for emergency public health activities

-- Art. 16A, §6(b)(3) – The Governor may authorize the procurement of supplies and equipment and the institution of training program and public health programs and other preparatory steps in advance of a State emergency.

-- Art. 16A, §6A(c)(5) – Under a state of emergency, the Governor may authorize the utilization of any private property, in which event the owner of the property shall be compensated for its use and for any damage to the property.

-- Art. 16A, §9(e) – Expenditures necessitated by emergencies will first be made by the use of funds regularly appropriated to State and local agencies. If the Governor finds that these funds are inadequate to cope with a particular emergency, the Board of Public Works may make contingency funds available, as authorized in the budget.

-- Section 2, Chapter 1, Acts 2002, provides that “after an executive order proclaiming the existence of a catastrophic health emergency [issued under Art. 41, §2-202] is rescinded, the State shall make reasonable efforts to determine the costs associated with health care providers’ compliance with the proclamation and, based on that information, include health care providers in any application for State and federal financial aid as appropriate.”

20. Address liability for death, injury, and damage, including liability for triage of victims

-- Art. 41, §2-202(g) – A health care provider acting in good faith and in accordance with a catastrophic health emergency proclamation is immune from civil or criminal liability related to those actions, unless the health care provider acts with willful misconduct.

-- HG §18-907(d) – A health care provider acting in good faith and in accordance with a catastrophic health emergency disease surveillance and response program is immune from civil or criminal liability related to those actions, unless the health care provider acts with willful misconduct.

21. Provide reasonable compensation for use of supplies and use/destruction of property

-- Art. 16A, §6A(c)(5) – Under a state of emergency, the Governor may authorize the utilization of any private property, in which event the owner of the property shall be compensated for its use and for any damage to the property.

-- Section 2, Chapter 1, Acts 2002, provides that “after an executive order proclaiming the existence of a catastrophic health emergency [issued under Art. 41, §2-202] is rescinded, the State shall make reasonable efforts to determine the costs associated with health care providers’ compliance with the proclamation and, based on that information, include health care providers in any application for State and federal financial aid as appropriate.”

-- HG §18-210 – To prevent the spread of an infectious or contagious disease that endangers public health, a health officer may have any article in a house disinfected or destroyed if the article has been exposed to the disease. The county where the house is located shall incur the expense of disinfecting the house and reasonably compensate a person who suffers damage from the disinfecting or destroying if the person is not at fault.

22. Address conflicts with federal laws/prior conflicting laws

-- Art. 16A, §2(b) – All Maryland emergency management functions are to be coordinated to the maximum extent possible with the comparable functions of the federal government.

-- Art. 16A, §4(c) – The Director of the Maryland Emergency Management Agency (MEMA) shall maintain liaison with and cooperate with emergency management agencies and organizations of other states and of the federal government.

-- Art 16A, §6(b)(1) – Under the MEMA, the Governor may cooperate with the federal government, with other states, and with private agencies in all matters pertaining to emergency management operations of Maryland and of the nation.

-- Art 16A, §6(b)(2) – The Governor may issue orders to integrate the emergency management operations plan with the federal emergency management operations plan.

-- Art. 16A, §6A(c)(1) – Under a state of emergency, the Governor may suspend the provisions of any statute, or of any rule or regulation of any State or local agency.

23. Generate reports on actions taken during a public health emergency

-- Art 16A, §6A(b) – An executive order or proclamation of a state of emergency shall be disseminated promptly by means calculated to bring its contents to the attention of the general public.

-- HG §18-908 – The Secretary of Health and Mental Hygiene shall submit a report to the Governor and the General Assembly on or before December 31, 2002, regarding plans, procedures, or protocols developed under HG Title 18, Subtitle 9, or any recommendations for additional legislation that may be necessary to respond to a catastrophic health emergency. The Secretary shall update the report every 3 years or when any plan, procedure, or protocol developed under HG Title 18, Subtitle 9, is used in order to detect a catastrophic health emergency.