The University of Maryland, Baltimore is a tremendous resource for the people of Maryland. Our role as a public university is most apparent every January as the Maryland General Assembly convenes its legislative session. But our status manifests itself in two ways: on the one hand, through the legislative process, UMB receives a considerable amount of state funding. On the other, our faculty experts, administrative leaders – and even our students – provide information and conduct advocacy on key bills, influencing law and public policy.

This report captures both those aspects of our public role. It begins with an overview of actions by the legislature on our operating and capital budgets. The second half outlines key bills and shares excerpts of testimony provided by university faculty and staff, to show how their advocacy framed some of the most important issues the General Assembly considered.

I. State Funding

a. USM Operating Budget

The Governor put forward a budget for the University System of Maryland, with increases to the state general fund and the Higher Education Investment Fund (HEIF), of just over $92 million in FY15, proposing a total USM state funding level of approximately $1.25 billion. This is an increase of 8% over FY14. Most of this increase was directed to salary and fringe benefit increases. This Governor’s budget did not include any additional enhancement funds for new initiatives.

Confronted with statewide budget deficiencies from FY14 and less than robust projected state revenues, the General Assembly was faced with making a series of drastic reductions to the proposed FY15 state budget. In its analysis of the USM budget, the Maryland Department of Legislative Services recommended cuts of $7.7 million to the Governor’s proposed USM budget. The House and Senate chambers proposed even larger cuts – a $17 million general fund cut in the Senate and a $12.6 million cut in the House.

After a series of advocacy efforts by the Chancellor, USM presidents and members of the Board of Regents, the General Assembly adopted a general fund cut to the Governor’s proposed USM budget of approximately $6.2 million, including “back-of-the-budget” personnel reductions. In addition, the General Assembly increased a pre-negotiated $25.8 million fund balance transfer from USM to the general fund by $5.2 million to $31 million.

At the end of the day, this series of actions supported an overall increase for support of USM by just over $76 million in FY15, to approximately $1.246 billion – an increase of 6.5% over FY14. This funding increase will allow the USM institutions to move forward with planned salary increases (2.5% merit increase on July 1, 2014 and 2% COLA on January 1, 2015), and hold undergraduate tuition increases at 3%.
b. **UMB Operating Budget**

Throughout this process, university leadership, faculty, staff and students were active in Annapolis, meeting individually with legislators and testifying before committees to stress the importance of state funding to our mission. In mid-February, Dr. Jay Perman testified on the University's FY15 budget in front of the Senate Budget and Taxation Committee's Subcommittee on Education, Business and Administration and the House Appropriation’s Subcommittee on Education and Economic Development. Dr. Perman discussed how investing in UMB is an investment in Maryland. “We want to work with the governor and state legislature to support your efforts so that we can continue to produce a talented workforce, attain new research grants and contracts, commercialize our research into treatments and cures for our citizens and provide the momentum to enable Maryland to achieve a robust economic recovery,” he said.

He expressed support of University System of Maryland (USM) Chancellor William E. Kirwan's budget request and Maryland Governor Martin O'Malley's budget and stated that reductions to USM’s allowance would be a direct budget reduction to all USM institutions. Dr. Perman stated that any sort of reduction, “would be a severe additional burden at a time when we are already struggling to continue to provide access and critical support to students and to continue to grow research as an economic engine for the state.” Not only the future of Maryland higher education, but the health of Marylanders is at stake, Perman told the subcommittee. "Any cut to the budget means having to cut back from programs just as they are coming to fruition for the state."

The FY15 governor’s allowance for UMB includes $218M in General Funds and Higher Education Investment Funds, an increase of $16M from our FY14 appropriation. The allowance also includes tuition and fee income of about $121.4M, an increase of $3.3M over the previous year. This allowance will fund compensation increases for the faculty and staff, increases in fringe benefits, financial aid and a very modest increase in funding for facilities renewal. The FY15 allowance maintains funding for new initiatives through MPowering the State established in the FY14 budget. The presidents and leadership of USM institutions are currently exploring how the governor’s allowance for each institution will be modified given the cut by the General Assembly.
c. Other Operating Funding

- **$12.4 million for the University of Maryland Cancer Research Program** - Funding of this program through the Cigarette Restitution Fund (CRF) has allowed us to protect, preserve, and grow the Greenebaum Cancer Center (UMGCC) as a leader in cancer prevention and treatment in the nation. In 2000, the General Assembly created the CRF program with funding from the 1998 Master Tobacco Settlement Agreement with the tobacco industry. The goal of the program is to implement strategies to reduce the burden of tobacco-related disease in Maryland, emphasizing tobacco use prevention and cessation, and cancer prevention, early detection, and treatment.

  - $11,250,000 for the UM Cancer Research Grant (slight increase from FY14)
  - $1,223,000 for the Baltimore City Public Health Grant (flat funded).

- **$285,250 Grant for the Governor’s Wellmobile Program** - The FY15 budget continues $285,250 funding for this grant, run by the University of Maryland School of Nursing, in the Maryland Higher Education Commission (MHEC) budget.

- **$150,000 for Foster Child Reunification Study** – Language within the Budget Bill restricts $150,000 in funds from the General Administration of the Social Services Administration to fund a study at the University of Maryland School of Social Work to research and report on the prevalence of unsuccessful reunifications and a series of other items related to foster child reunification.

- **$5.0 million – Maryland Innovation Initiative** – Provides, through MD Technology Development Corporation (TEDCO), funding to promote and accelerate the rate of commercializing research conducted in five Maryland research universities (Hopkins, Morgan, UMCP, UMB, and UMBC).

- **$10.4 million - Maryland Stem Cell Research Fund** – Provides funding through TEDCO to support stem cell research and development grants for Maryland research institutions and private companies.

- **$3.2 million - Technology Commercialization Fund** – TEDCO awards seed funding to early-state companies that partner with universities or federal labs in Maryland or to companies that are tenants in technology incubators.

- **Up to $1,000,000 for the Maryland Behavioral Health in Pediatric Primary Care Program** – Budget language that expresses legislative intent that the program should be supported in fiscal 2015 through any savings realized from lower than budgeted residential treatment center services. Center services shall be used to support the Maryland Behavioral Health in Pediatric Primary Care Program. The Maryland Behavioral Health in Pediatric
Primary Care Program is a partnership of the University of Maryland, Baltimore School of Medicine, the Johns Hopkins University School of Public Health, and Salisbury University. Funded through an expiring federal grant, the program provides free phone consultation to primary care providers from mental health specialists, the provision of continuing education, assistance with local referral and resources, and co-location of social workers in primary care practices.

d. Capital Funding

- **$49 million for Health Sciences Research Facility III** - Provides $49 million in capital funds to continue construction of a new $284 million research facility for the Schools of Medicine, Pharmacy and Dentistry. The University is committed to funding $65 million of the total cost or nearly 23%. Approximately one-third of the building will be used for functions currently in the Medical School Teaching Facility (MSTF). The remaining two-thirds of the facility will address critically needed research space. Capital Budget bill includes pre-authorizations to complete construction of HSF III at future sessions as follows: 2015- $81.5 million; 2016- $70.5 million; and 2017- $2.0 million.

- **$2.67 million for UMB Facilities Renewal** - $2.67 million in capital funding for electrical distribution system upgrades, fire alarm system upgrades and replacements, mechanical HVAC upgrades, and mechanical infrastructure upgrades.

- **$283,000 for Handicapped Accessibility Modifications** - $283,000 for miscellaneous capital projects at the University of Maryland, Baltimore supporting handicapped accessibility modifications that are budgeted under the Department of Disabilities.

- **$5 million for University of Maryland Sports Performance and Academic Research Building** - Budget language adds a pre-authorization of $5 million for the 2015 session to start design of a new University of Maryland Sports Performance and Academic Research facility on the University of Maryland, College Park (UMCP) campus. This multi-purpose sports performance and academic research center is intended to build on efforts between the UMCP and the University of Maryland, Baltimore under the M-Power initiative. Planning would provide for a sports training facility that incorporates an academic program and a joint orthopedic medicine program and facility with the University of Maryland, Baltimore Medical School and the University of Maryland Medical System.
II.  Key Bills of 2014

This section of the 2014 Session Impact Report focuses on bills of particular interest to UMB and its faculty experts. For a look at all of the major bills affecting higher education in general, we recommend the excellent USM 2014 Legislative Session Report prepared by our colleagues at the Office of Government Relations of the University System of Maryland.

a. Economic Development

On January 24, the Democratic leaders of the Maryland General Assembly announced their first ever joint legislative agenda aimed at improving Maryland’s business climate by leveraging the resources of its great universities. Through a mix of tax credits, tax cuts and spending, three bills sought to attract top researchers to the state’s universities, expand commercialization of inventions and lure businesses to invest in neighborhoods surrounding higher education institutions. Dr. Jay Perman joined with bill sponsors, Chancellor Kirwan, and University of Maryland, College Park President Wallace Loh to offer testimony in support of these bills.

**Business and Economic Development - Maryland E-Nnovation Initiative Program** *(HB 741/SB 601)*
UMB Position: Support
Final Status: Passed
This bill establishes the Maryland E-Nnovation Initiative Fund, using State funds to leverage private donations targeted to establishing research endowments in cutting edge fields including life and neurosciences, regulatory science, health science and environmental science. Endowment funds can be used to attract new professors and support research staff. And the focus on the program is on collaboration and commercialization as researchers funded through these endowments must hold joint appointments with other institutions in the state or work in support of entrepreneurial activities with companies in the State.

**Regional Institution Strategic Enterprise Zone Program** *(HB 742/SB 600)*
UMB Position: Support
Final Status: Passed
This bill establishes the Regional Institution Strategic Enterprise (RISE) Zone Program. Through the RISE Zone program, higher education institutions with a strong and demonstrated history of commitment to economic development and revitalization in their communities, can seek to designate their surrounding areas as RISE zones. Businesses that locate in the area would have the opportunity to receive various tax credits and incentives, and the use of a business and community development concierge from the Department of Business and Economic Development to assist businesses in accessing business development programs in the State.
Maryland Estate Tax - Unified Credit (HB 739/SB 602)
UMB Position: Support
Final Status: Passed

These bills conform the Maryland estate tax to the value of the unified credit under the federal estate tax. The increase in the amount that can be excluded for Maryland estate tax purposes will increase over four years to $4.0 million by 2018. It is anticipated that these bills will help encourage high net worth individuals to maintain their property in Maryland and invest in Maryland institutions.

“World class innovation takes three things – it takes buildings; it takes equipment; and most of all, it takes people. Investment in new research faculty can be substantial . . . but they have a multiplier effect . . . The significant up-front investments needed to attract and retain faculty are not going to be paid by federal research grants. Given our shared commitment to limiting graduate student indebtedness, these investments cannot be funded through student tuition. Your E-Nnovation bill is important because these types of incentives – through the carrot of matching funds to establish endowments – can encourage private philanthropy and corporate gifts to meet this pressing need. I urge the passage of these three important pieces of legislation.”
Written and Oral Testimony in support of all three bills, excerpt focusing on HB 741/SB 601
By President Jay A. Perman, MD

b. Academic and Research Policy

Public Higher Education – Use of Funds – Prohibition (HB 998/SB 647)
UMB Position: Oppose
Final Status: Held in Committee: Budget Narrative Adopted

This legislation would have prohibited public universities from using any funds—general funds, tuition and fees, or institutional funds—for membership, meeting attendance, or for any other costs to participate with associations that publicly support a boycott of any country's higher education institutions. The USM Presidents believed that this legislation would only serve to undermine academic freedom further and would set a troubling precedent.

Chancellor Kirwan, President Perman and every other USM president joined in a letter opposing both HB 998 and SB 647, and to condemn the actions of the American Studies Association (ASA) in announcing a boycott of Israeli academic institutions as “inconsistent with the tenents of academic freedom and open scholarly inquiry.” The presidents argued that “Institutions of higher education—especially public colleges and universities—have an obligation to protect the free flow of people and ideas, to promote debate and scholarship that examines complex issues, and to respect the First Amendment rights to freedom of association and speech of faculty, staff, and students. Academic freedom is the cornerstone upon which higher education is built.”
The USM leaders argued that the membership prohibition at the heart of this legislation would have a counterproductive effect, restricting the impact of USM faculty who might effectively and persuasively speak out against actions such as the ASA boycott and perhaps reverse them.

As a compromise, the General Assembly added language to the operating budget.

The General Assembly finds that:

1. Intellectual and academic freedom are essential to democracy, human rights, human enlightenment, and human progress;
2. Academic boycotts against institutions of higher education and their faculty are anathema to free societies and free minds; and
3. Official state control of intellectual inquiry and activity is a mark of authoritarian Societies and is strongly disfavored in a pluralistic democratic culture.

The General Assembly declares that it is the policy of the State to:

1. Reaffirm our Declaration of Cooperation with the State of Israel that has resulted in the successful exchange of commerce, culture, technology, tourism, trade, economic development, scholarly inquiry, and academic cooperation for well over two decades;
2. Oppose Maryland public institutions' support of the movement known as Boycott, Divestment and Sanctions, designed to delegitimize the democratic State of Israel;
3. Condemn the American Studies Association's boycott against institutions of higher education in Israel;
4. Affirm intellectual and academic freedom in Maryland and our reputation as a leader in intellectual inquiry and dialogue; and
5. Strongly encourage that all colleges, universities, faculty, staff, and students protect and advance the open flow of public discourse, debate, and academic freedom.

Animal Welfare - Research Facilities - Dogs and Cats (HB 1347/SB 862)
UMB Position: Oppose
Final Status: Unfavorable Report by Committee

These bills would have required medical or scientific research facilities in the State in which dogs or cats are used for research purposes to be licensed by the State Board of Veterinary Medical Examiners. It would have required the Board to perform quarterly inspections of each facility receiving a license. It would have permitted the Board to allow animal welfare organizations, a local animal control agency, or a similar entity to conduct the inspections on the Board’s behalf.
Although UMB does not use dogs or cats in research, it expressed concern regarding the additional burden posed by the inspections anticipated in the bill, and the potential of the Board to delegate its inspection authority to non-veterinarians. Existing federal regulations require unscheduled, unannounced inspections at least annually by Veterinary Medical Officers employed by the USDA.

“[T]his proposed legislation is redundant with existing federal regulations – all research facilities using dogs and cats are legally required to be registered with the federal government (USDA/APHIS),” and to either employ full-time veterinarians or to have a written Program of Veterinary Care on file, explaining veterinary coverage for their animal care and use program. Our institution, by way of example, employs 10 full-time veterinarians. . . . [T]he proposed legislation does not add safeguards or improve animal welfare in the State of Maryland. It would increase costs to taxpayers and single out a small subset of the veterinary community in Maryland to oversight which is redundant and unnecessarily onerous.”
Letter of Opposition
By Dean E. Albert Reece, MD, PhD, MBA

Health Occupations – Child Abuse and Neglect – Training (SB 607)
UMB Position: School of Nursing Opposes
Final Status: Unfavorable Report by Committee

This bill would have required the health occupation boards to require before the issuance of a license and every four years thereafter for applicants or licensees to take at least 90 minutes of training on the identification and reporting of abuse and neglect. This requirement would include students who are interacting with or treating children in a clinical education setting. Dean Kirschling wrote a letter in opposition on behalf of the School of Nursing.

“While I believe health professionals should receive education on the identification and reporting of all types of abuse - child, elder, domestic partner and other close relatives - I believe it is not wise to legislatively mandate the education of health professionals by individual topic, duration, and placement in the curriculum. . . . Identification and reporting of all types of abuse, as an educational topic, is already part of a student nurse's education. Such education comes at the appropriate time and in the context of appropriate courses, e.g. child abuse in pediatric nursing, elder abuse in gerontological nursing. Nursing education would not benefit from assigning a complex topic such as child abuse to the earliest stage of a student's pre-clinical education. In fact the learning of and knowledge retained about child abuse may actually be diminished as a result of the topic's inappropriate placement in the curriculum.”
Letter of Opposition
By Dean Jane M. Kirschling, PhD, RN
c. Student Policy

Ruth M. Kirk Public Social Work Scholarship (HB 1222)
UMB Position: Support
Final Status: Passed

This bill establishes the Ruth M. Kirk Public Social Work Scholarship within the existing Workforce Shortage Student Assistance Grants administered by the Maryland Higher Education Commission (MHEC). Workforce Shortage Student Assistance Grants provide financial aid to students who agree to work in Maryland in designated critical shortage fields upon completion of their studies. The program requires grant recipients to work for one year in Maryland in workforce shortage fields for each year that they receive the grants.

“This is an important proposal to increase support available to social work students who, by the time they graduate from a master’s program in social work, typically have a debt in excess of $50,000. . . . The benefits of this program will extend well beyond reducing the debt burden for individuals. The Affordable Care Act, the growing number of veterans with complicated behavioral health concerns, and the expansion of federally qualified health and behavioral health programs all call for an expanding number of social workers to provide preventative and intervention mental health, substance above, aging and employment assistance services on behalf of the people of Maryland. Recent estimates from the Health Services and Resources Administration suggest that the nation may be short 15,000 social workers in the next decade. Marylanders will need their share.”

Letter and Oral Testimony of Support
by Dean Richard P. Barth, PhD

Maryland Second Chance Act of 2014 (HB 1166/SB 804 and SB 1056)
UMB Position: Support with Amendments
Final Status: HB 1166 in House, requests Senate recede; SB 804 Unfavorable Report by Committee; SB 1056 Held in Committee

These bills authorize a person to petition a court to shield the court records and police records relating to certain “shieldable convictions” in limited court records. “Shield” means to render a court record or police record inaccessible to members of the public. “Shieldable conviction” means a conviction of 1 of a list of 14 specified crimes. While the bill explicitly exempted health occupation boards and criminal justice units, thereby requiring students to disclose even shielded convictions in the licensing process, the bill would have prohibited higher education institutions from requiring applicants to disclose a shielded conviction. UMB institutions, which award almost 60% of the professional practice degrees in the state, supported the bill, but expressed concern that the law would inhibit schools’ ability to effectively counsel and support students with convictions through licensing. UMB institutions sought a narrow amendment to
exempt academic programs offering degrees required by licensing bodies already exempted by the bill.

“We support a favorable report of this bill by the Committee, but respectfully request a narrow amendment to address some special issues concerning professional practice degree programs that are required by law and health licensing bodies. As part of our charge to prepare the next generation of law, health and social work professionals, our schools work to support students from admission through the licensing process. While criminal convictions are not often a bar to admission to our schools, they are always a subject of consideration by licensing bodies. Without complete knowledge of a student’s criminal record, the schools will not be able to provide counseling and support to students, helping them to plan and work through how they can most successfully present this information to licensing bodies. No other entity currently plays this support role.”

Written and Oral Testimony of Support with Amendments
By Office of Government Affairs on behalf of UMB

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d. Regulation of the Professions

Dentists with Permits to Dispense Dental Products - Exclusion from Maryland Pharmacy Act (HB 301/SB 413)
UMB Position: Dental School Supports
Final Status: Passed

These bills specify that a licensed dentist who obtains a permit from the State Board of Dental Examiners may dispense prescription-strength home fluoride products, dentin/enamel remineralizing products, and antimicrobial rinses without being subject to certain dispensing permit requirements. The product or rinse must be dispensed to a patient of the dentist. The dentist must record in the patient’s chart that the product or rinse was dispensed. The dentist must also affix a label on the product or rinse that includes the name of the patient; the expiration date of the product or rinse, if necessary; and instructions for using the product or rinse. The bill clarifies that a dentist who obtains a limited permit does not need to obtain a general dispensing permit from the board.

“[This bill] will make it more likely that dentists continue to dispense these useful agents in their offices, thus improving patients’ health and reducing barriers to compliance. . . . SB 413 will enhance the use and affordability of important preventive medications, thereby improving oral health and access to preventive services for Marylanders. It represents another step in the State’s successful oral health access initiatives that incorporates evidence-based and cost-effective care.”

Written and Oral Testimony
By Dean Mark A. Reynolds, DDS, PhD and Professor Norman Tinanoff, DDS, MS
Licensed Dentists Who Dispense Antibiotics - Exclusion from Maryland Pharmacy Act (HB 303/SB 412)
UMB Position: Dental School Supports
Final Status: Passed

This bill authorizes a licensed dentist to dispense a full course of antibiotics to a patient for infection control without a dispensing permit, provided the patient is receiving pro bono care and there is no charge to the patient for the antibiotics. The dentist must enter an appropriate record of the treatment in the patient’s chart and affix a label on the antibiotic container that includes the name of the patient and, if necessary, the expiration date and the instructions for taking the antibiotic.

“As a dentist, I find that patients often fail to fill prescriptions. Unfortunately, the inability or the unwillingness of a patient to go to a pharmacy to have an antibiotic prescription filled can have detrimental consequences on the patient’s recovery and health. I believe that anytime we can give the patient the benefit of receiving antibiotics for infections of dental origin at the dentist’s office, we reduce barriers to patient compliance and promote oral health.”
Letter of Support
By Dean Mark A. Reynolds, DDS, PhD

Maryland Law Enforcement Trust Act (HB 29/SB 554)
Position: Carey School of Law Faculty Experts in Support
Final Status: Unfavorable report from Committee; Withdrawn

These bills sought to clarify the parameters of local participation in federal immigration enforcement efforts. These bills would have established that when an individual who becomes eligible for release from State or local custody, law enforcement or any other government official may not continue to detain the individual on the basis of an immigration detainer. The bills provided that a detainee could not be denied bail solely because of an immigration detainer. The bills prohibited a law enforcement official from stopping, arresting, searching, or detaining an individual for the purpose of investigating a suspected immigration violation or based on an administrative warrant in the National Crime Information Center database. The bills would have provided that a law enforcement official could not inquire into the immigration status or place of birth of an arrestee or victim of a crime. It also provided that a law enforcement agency may not make an inmate available for an interview by a federal immigration agent except under limited circumstances.

While immigration is controlled by federal law, the U.S. Department of Homeland Security (DHS) and the U.S. Immigration, Customs, and Enforcement Division (ICE) have begun to look to state and local law enforcement agencies as allies and as additional resources. Such
collaboration can, however, undermine the trust of local communities of their local law enforcement officials and undermine the ability of communities and police to work together on serious local problems. UMB Carey Law faculty experts wrote in support of the bills as a proper effort to balance these two needs.

“The Trust Act would build public confidence in law enforcement by clarifying limits that distinguish clearly between state and local law enforcement on the one hand and federal immigration enforcement on the other. It would improve law enforcement in our state because it would allow community members to rely on and collaborate with local authorities without fear of unrelated and devastating repercussions for themselves or their family members. A number of state and local governments around the country have enacted policies and legislation similar to the Trust Act, and the State of Maryland should do likewise.”

Letter of Support
By Professor Maureen Sweeney, JD and other members of the Carey School of Law Faculty

Table Games and Video Lottery Terminals - Individual under the Age of 21 Years
(HB 29 / SB 481)
Position: School of Medicine Faculty Expert Supports with Amendments
Final Status: Passed

These bills prohibit an individual younger than age 21 from (1) playing a table game or video lottery terminal (VLT) in a video lottery facility or (2) entering or remaining in an area within a video lottery facility that is designated for table game or terminal video lottery activities. An infraction is a code violation and a civil offense, which subjects an adult violator (1) to the issuance of a citation and a maximum fine of $100 for a first violation; (2) a $500 maximum fine for a second violation; (3) and a $1,000 maximum fine and mandatory participation in gambling addiction treatment for a third or subsequent violation. A minor who violates the prohibition on underage playing of table games or VLTs is subject to juvenile court procedures and dispositions.

The Maryland Center of Excellence on Problem Gambling at the School of Medicine supported this bill out of a sense that, absent such legislation, young people would continue to believe they could sneak into area casinos without recourse. They cited statistics demonstrating that youth rates of problem gambling are 2 to 3 times higher than adults.

“According to the American Psychiatric Association, 10 to 15% of young people have significant gambling problems, and 6% of the teens who have tried gambling have become pathological gamblers. We submit that, by approving this proposed legislation, you undoubtedly will assist the casinos in their efforts in restricting access to the gaming floor to adults only. The legislation will additionally assist the regulators in their efforts of ensuring
that casinos abide by the statutory and regulatory provisions governing underage gamblers, and will assist the problem gambling community in our efforts of reducing the number of youth gamblers who without the proper gambling education, assessment, and treatment ultimately become pathological gamblers.”
Letter of Support
By Christopher Welsh, MD on behalf of the Maryland Center of Excellence on Problem Gambling

Rental Units, Condominiums, and Homeowners Associations – Smoking Restrictions (HB 664)
Position: Carey School of Law Legal Resource Center for Health Policy Monitor
Final Status: Unfavorable Report by Committee

This bill would have allowed written residential leases to include a restriction or prohibition on smoking tobacco products within the dwelling unit or elsewhere. The bill further allowed the bylaws or rules of a condominium to contain a restriction or prohibition on smoking tobacco products within the units or in the common elements. It provided that a homeowners association (HOA) may include in its declarations, bylaws, rules, or recorded covenants and restrictions a restriction or prohibition of smoking or tobacco products within multi-unit dwellings or in common areas.

The Legal Resource Center for Public Health Policy at the Carey School of Law provided a letter of information to the House Environmental Matters Committee outlining existing law on condominium smoking bans.

“The Maryland Clean Indoor Air Act (CIA) restricts smoking statewide in bars, restaurants, government buildings and other indoor areas open to the public, including the common areas of any multiunit dwelling. This means that smoking is currently prohibited in the lobby, stairwell, elevator, laundry room or any other indoor common area of an apartment or condominium building. Similarly, the Real Property Article of the Maryland Code grants owners/management agencies and condominium associations the authority to regulate the use of individual units. Furthermore, the Office of the Attorney General has advised that condominium associations may regulate smoking in individual units.
Letter of Information
By William Tilburg, JD on behalf of the Maryland Legal Resource Center for Public Health Policy

Maryland Perfusion Act Revisions (HB 692)
Maryland Perfusion Act Applicability (HB 1555)
Position: School of Medicine Faculty Expert in Support with Amendment
Final Status: HB 692 Passed without Amendment; HB 1555 Held in Committee
HB 692 makes a range of revisions to the Maryland Perfusion Act including the constitution of its Perfusion Advisory Committee and certain licensing term requirements. HB 1555 would have exempted certain persons – chiefly those who preserve human organs procured under a federally designated organ procurement program or are working under certain other federal exemptions – from the requirements of the Maryland Perfusion Act.

Stephen T. Bartlett, MD, on behalf of the University of Maryland Medical System asked the Senate Committee considering HB 692 to adopt an amendment that would have exempted persons involved in transplants when organs are recovered from a human body and are simply being preserved prior to transplant. This amendment was in response to a recent opinion by the Maryland Perfusion Advisory Committee that licensed Perfusionists should be used in this context. Although the Committee did not adopt the amendment, this principle became the central focus of HB 1555, which was late filed and not able to be acted upon before the close of the 2014 Session.

“The University of Maryland Medical Center has been a recognized transplant center in the State for decades with an excellent record. We have never utilized the services of a perfusionist in this context and do not believe that requiring one would in any way enhance the already very safe and heavily regulated transplant process. To be clear, we do utilize perfusionists when performing heart bypass and other procedures where there is a living patient. However, we do not believe that the perfusion law was intended to apply to the preservation of organs intended for transplant where there is no immediate threat to patient safety, and no living patient involved.”
Letter in Support of HB 1555
Professor Steven T. Bartlett, MD

Community Health Worker Task Force (HB 856 / SB 1065)
Position: School of Nursing Faculty Expert in Support with Amendments
Final Status: Passed

These bills require the Department of Health and Mental Hygiene to establish a stakeholder workgroup which will conduct a study and make recommendations to the General Assembly regarding the training and credentialing required for community health workers to be certified as nonclinical health care providers and reimbursement and payment policies for community health workers through the Maryland Medical Assistance Program and private insurers.

“Community health workers can help bridge the health care team into communities to assist people to achieve better health. They can understand, advocate for and intervene with individuals, but their scope of work is very different from a licensed professional. Taking the time to study, plan and develop recommendations for the best ways for Maryland to make use of community health workers will save money and will result in the development of a sustainable new workforce to improve health outcomes in our communities. This approach
will also protect the health of a very fragile, highly complex patient population, already suffering from many health disparities, for whom we presently incur high costs.”
Letter of Support
By Professor Pat McLaine, DrPH, MPH, RN

Newborn Screening Program - Lysosomal Storage Disorders (HB 111 / SB 433)
UMB Position: Oppose
Final Status: HB 111 Unfavorable Report in Committee; SB 433 Held in Committee

These bills would have required the Department of Health and Mental Hygiene’s (DHMH) Newborn Screening Program to include screening for the following lysosomal storage disorders: Krabbe leukodystrophy; Pompe disease; Gaucher disease; Neimann-Pick disease; Fabry disease; and Hurler syndrome.

Miriam Blitzer, PhD, on behalf of the State Advisory Council on Hereditary and Congenital Disorders, opposed these bills citing the role of the Advisory Council in determining for which conditions Maryland newborns should be screened. HB 111 was held in Committee. SB 433 was heavily amended to remove any mandate for testing regarding specific conditions and, instead, establish a fund to support newborn screening of this type. Ultimately, SB 433 failed final passage in the final hours of the Session.

“SB 433 bypasses [established State Advisory Council review processes] required by the State of Maryland to add new medical conditions to newborn screening. [The existing] process includes rigorous review of published medical literature pertaining to potential treatment and health outcomes of the conditions under consideration for screening, as well as thorough discussion among active clinician and lay members of the Advisory Council . . . . We strongly advise against using legislation to add conditions to the newborn blood spot screening panel in a rapidly evolving field with unpredictable advances in diagnosis and treatment.”
Letter of Opposition
Professor Miriam G. Blitzer, PhD, FACMG

Nursing Homes and Health Care Facilities - Workplace Safety Assessment and Safety Program (HB 710 / SB 483)
Position: School of Nursing Faculty Expert in Support
Final Status: Passed

These bills require nursing homes that are licensed for 45 or more beds to assign to an appropriate committee the task of conducting an annual assessment of “workplace safety” issues and making recommendations to the nursing home for reducing workplace injuries. Likewise, a health care facility must establish a workplace safety committee, which must establish and administer a workplace safety program that is appropriate for the size and complexity of the
health care facility. A workplace safety program established by a health care facility under the bill must include (1) a written policy describing how the health care facility provides for the safety of health care workers; (2) an annual assessment to identify hazards, conditions, operations, and situations that could lead to workplace injuries and be used to develop recommendations to reduce the risk of workplace injuries; (3) a process for reporting, responding to, and tracking incidences of workplace injuries; and (4) regular workplace safety training for health care workers.

“Workplace violence represents a significant threat to the wellbeing of healthcare workers, patient care, and institutional productivity. It also threatens to diminish the overall strength of Maryland’s healthcare system at a time of rapid expansion and change – a time when trained, empowered healthcare professionals are more important than ever. The intent of SB 483 is to create formal mechanisms that will allow management and employees to discuss workplace violence incidents in real-time and create solutions in line with a patient’s care plan. At least nine other states have passed laws that mandate workplace violence prevention programs in health care facilities. Maryland should do the same to protect our health care workforce.”

Testimony in Support
By Professor Jane Lipscomb, PhD, RN

Food Service Facilities - Meals for Children (HB 1255 / SB 750)
Support: UMB in Support
Final Status: Unfavorable Report in Committee

These bills prohibit a food service facility from including any beverage other than bottled water or low-fat milk as the included beverage in a fixed-price children’s menu or meal. These facilities may offer other lawful, nonalcoholic beverages to minors for a charge. On behalf of UMB and in keeping with University initiatives to prevent childhood obesity, Dr. Perman submitted a letter of support. Ultimately, the bill received unfavorable reports in Committee.

“These bills will require food service facilities that offer children’s menus to serve only healthy beverage items (water and low fat milk) as part of the bundled kids’ meal price. Parents may still separately purchase a sugar sweetened beverage upon request. By making the healthy option the default option, it is much more likely that Maryland will be able to increase the consumption of healthy beverages among children who eat the kids’ meal. This bill will be a significant step in the fight in Maryland to reduce childhood obesity and provide children with another healthy option so they may be able to grow up healthy and become healthy adults for Maryland’s future.”

By President Jay A. Perman, MD
Office of the Public Defender – Eligibility for Services (HB 985)
Criminal Procedure – Pretrial Confinement and Release (HB 1232 / SB 973)
Criminal Procedure – Initial Appearance and Representation by the Office of the Public Defender (SB 1114)

Final Status: HB 985 Held in Committee; HB 1232 Held in Committee; SB 973 Third Reading Passed in Senate; SB 1114 Held in Committee

One of the most significant issues facing the General Assembly this session was the implementation of the Maryland Court of Appeals decision in *DeWolfe v. Richmond* which held that no bail determination may be made by a District Court commissioner concerning an indigent defendant without the presence of counsel, unless waived. A number of bills were introduced to try to structure a cost-effective system to preserve the defendant’s right to counsel at bail hearings, when his or her liberty is at stake.

Douglas Colbert, JD, who had worked on the Richmond case for many years, testified on his own behalf as a faculty expert regarding many of the bills introduced as inadequate to the constitutional protections defendants are afforded when their liberty is at stake. He testified in support of HB 1232 citing its objective risk assessment recommendations as creating both cost efficiency and enhanced fairness. The bills introduced did not pass the General Assembly.

“Currently, judicial officers make the all-important freedom or jail decision for people charged with crime without the benefit of an objective evaluation whether that person represents a significant flight or safety risk, if released. Absent an objective risk recommendation, judicial officers tend to make decisions intuitively and rely extensively on financial bond for the more than 50% of criminal defendants not released on recognizance... Low-income and poor defendants, disproportionately of color and often charged with non-violent crimes, remain in jail for lengthy periods because they cannot afford the bail amount. Taxpayers pay the expense for detainees whose less serious charges are often dismissed or not prosecuted”

Letter in Support of HB 1232
By Professor Douglas Colbert, JD

Energy Drinks - Sale to and Possession by Minors Prohibited (HB 1273 / SB 986)

Position: School of Medicine Faculty Expert in Support

Final Status: HB 1273 Unfavorable Committee Report; SB 986 Held in Committee

These bills would prohibit a person from (1) distributing, selling, furnishing, giving away or offering to sell, furnish, or give away an “energy drink” to a minor; (2) selling or offering for sale an energy drink by means of a vending machine or any other automatic device; (3) providing free samples of energy drinks or coupons for free or discounted energy drinks to minors; and (4) possessing an energy drink, if the person is younger than age 18. The bills define an “energy drink” as a beverage, an energy shot, or a powdered drink mix that contains (1) 71 milligrams
(mg) or more of caffeine per 12-ounce serving from any source or combination of sources and (2) taurine, guarana, panax ginseng, inositol, or L-Carnitine in any amount.

Stephen N. Davis, MBBS, offered a letter in support of the bills citing the ways it would protect vulnerable patient populations with heart disease, ADHD and asthma. SB 986 was held in committee and HB 1273 received an unfavorable report.

“Maryland has outstanding medical care and an incident case of energy drink consumption associated with death. Maryland should be the first to educate and protect its children and vulnerable populations; and should demand increased responsibility for transparency in food and nutritional products. Parents need to be aware of a real threat to children. Children and those with connective tissue diseases, those requiring the use of stimulants, and those with structural heart disease are vulnerable members of our society and make up a significant percent of our population. These individuals need the protection that this Legislation will provide."
Letter of Support
By Professor Stephen N. Davis, MD

Maryland Second Chance Act of 2014 (HB 1166 / SB 804 and SB 1056)
UMB Position: Support with Amendments
Final Status: HB 1166 in House, requests Senate Recede; SB 804 Unfavorable Report by Committee; SB 1056 Held in Committee

These bills authorize a person to petition a court to shield the court records and police records relating to certain “shieldable convictions” in limited court records. “Shield” means to render a court record or police record inaccessible to members of the public. “Shieldable conviction” means a conviction of 1 of a list of 14 specified crimes. While the bills explicitly exempted health occupation boards and criminal justice units, thereby requiring students to disclose even shielded convictions in the licensing process, the bills would have prohibited higher education institutions from requiring applicants to disclose a shielded conviction. UMB institutions, which award almost 60% of the professional practice degrees in the state, supported the bills, but expressed concern that the law would inhibit schools’ ability to effectively counsel and support students with convictions through licensing.

Students from the Carey Law School Reentry Clinic offered testimony in support of the bill.

“SB 1056 would benefit those individuals who have taken concrete, proactive and determined steps to move past their interactions with the criminal justice system and improve their lives. The waiting periods contained in the bill, the requirement that individuals have no convictions during those waiting periods and the court process detailed in the bill ensure that only those individuals who are dedicated to contributing productively to their families and communities would be able to have a Court order their nonviolent misdemeanor convictions to be shielded.”
Written and Oral Testimony in Support
By Emily Bolyard, Nicole Burnette, Jillian Chavis, Nigali Mughal, and Benjamin Smith
Student Attorneys of the Carey School of Law ReEntry Clinic

A student from the School of Social Work submitted testimony in support of the bill.

“Both my practice experience working with men (a majority of whom are African American) at a local detention facility and research show how vitally important a job is to individual familial, communal and societal stability and success . . . . [A 2010 study] found that college students (acting as employers) held a significant bias against hiring the hypothetical applicants with a criminal charge compared to the hypothetical applicants with no criminal charges, regardless of race . . . . [T]he great state of Maryland should do all that it can to remove any impediments to career opportunities and promote full employment for all people.”
By Branden A. McLeod, MSW, LGSW

Task Force to Study Access to Pharmacy Services (SB 257)
Position: School of Pharmacy in Support
Final Status: Passed

This bill establishes a Task Force to Study Access to Pharmacy Services in Maryland. The study will consider the availability of pharmacy services for patients when they are discharged from the hospital, barriers or obstacles facing patients when they are discharged, compile information on best practices, programs and community pharmacists services, explore transition of care and care coordination, consider geographic differences and recommend strategies to reduce disparities in pharmacy services. Dean Eddington provided written support on behalf of the School of Pharmacy.

“The information obtained [through this study] has the potential to help improve coordination of care post-discharge and reduce delay in access to pharmacy services. This information can also reduce emergency room visits, hospital readmission, and overall healthcare cost within the State. The University of Maryland School of Pharmacy has extensive expertise in conducting studies such as the one proposed in this bill. We are energized by the potential this new information can bring to the people of Maryland. We stand ready to support and assist in any way we can to ensure the success of the efforts of the task force.”
Letter of Support
By Dean Natalie D. Eddington, PhD
III Other Activities

a. Legislative Briefings

Briefing on Cancer Prevention and Treatment
Before the House Health and Government Operations Committee

Kevin Cullen, MD, Director of the Marlene and Stewart Greenebaum Cancer Center was one of several academic and medical experts who briefed the General Assembly on the state of cancer treatment and prevention in Maryland at the outset of the session. He explained how the Cigarette Restitution Fund, created in 2000 by the General Assembly with funds derived from the 1998 Master Tobacco Settlement Agreement, supports important research, making the Greenebaum Center one of the top cancer centers in the nation six years in a row. You can read more about the briefing here.

Briefing on Oral Health
Before the House Health and Government Operations Committee

Norman Tinanoff, DDS, MS, Director of the School of Dentistry Division of Pediatric Dentistry, reported with other experts on the state of oral health in Maryland. The panel reported that while Maryland’s access to dental health was last in the US in the mid-1990s, it has now risen above the national average. Dr. Tinanoff, who sits on the board of the Maryland Dental Action Coalition, urged legislators to raise Medicaid reimbursement fees to foster better practice, stating it is “less than a break-even situation when Maryland dentists are providing care to children with Medicaid.” Read more about the briefing here.

Briefing on the Pharmacologic and Clinical Effects of Cannabinoids (Medical Marijuana)
Before the House Marijuana Workgroup

Mary Lynn McPherson, Pharm.D., Professor and Vice Chair in the department of Pharmacy Practice and Science at the School of Pharmacy briefed a work group on marijuana established by Speaker of the House Michael Busch. The work group heard testimony from various sources concerning medical marijuana, decriminalization and legalization. Dr. McPherson spoke to the group about medical marijuana and its clinical effects. The General Assembly passed medical marijuana legislation in the 2013 session, but it has yet to have been fully implemented. Read more about Dr. McPherson’s work here.
Briefing on the Agriculture Law Education Initiative
Before the General Assembly Rural Delegation

Teresa LaMaster, JD, Executive Director, MPowering the State, was joined by Professor Michael Pappas, JD, of the Carey School of Law, Dean Cheng-I Wei, PhD of the University of Maryland College of Agriculture and Natural Resources and others on the project team to brief the rural delegation on the progress of the Agriculture Law Education Initiative, a project of MPowering the State. The team reported on the myriad of workshops and publications it has produced over the last fiscal year, and upcoming plans for a directory of Maryland agriculture lawyers and a survey of Maryland farmers on their legal needs. You can read more about the Initiative at www.umaglaw.org.

b. Advocacy Days

Each year UMB Schools recruit students to a lively “Advocacy Day in Annapolis” to better understand the legislative process and to help legislators understand the importance of UMB to our students. Although this winter’s snow storms foiled some of the Advocacy Day plans, nearly 90 UMB students, led by their Deans and joined by faculty members, visited Annapolis to shadow legislators or attend small group meetings. They shared information about the cost of graduate professional education, student debt, and the value they found in their UMB education. Members of the General Assembly report that the students were compelling advocates and did much to tell the story of our mission. You can read more about these Advocacy Days below:

- School of Medicine
- School of Law
- School of Social Work
- School of Nursing
Testimony, advocacy events, and briefings at the 2014 Session of the Maryland General Assembly of interest to the University of Maryland, Baltimore community.

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| 1/15 | Health and Government Operations | Briefing on Cancer and Oral Health | ✤ Norman Tinanoff, DDS, Professor, University of Maryland Dental School (UMDS) and Maryland Dental Action Coalition  
       ✤ Kevin Cullen, MD, Professor, University of Maryland School of Medicine (UMSOM) and Director, University of Maryland Greenebaum Cancer Center, UMMC |
| 1/23 | Members of the Maryland General Assembly | University of Maryland School of Medicine Legislative Day | ✤ E. Albert Reece, MD, PhD, MBA, Dean, University of Maryland School of Medicine (UMSOM)  
       ✤ Students, Faculty, and Alumni of the University of Maryland School of Medicine (UMSOM) |
| 1/29 | Finance | SB 257 Task Force to Study Access to Pharmacy Services in Maryland | ✤ Natalie D. Eddington, PhD, Dean, University of Maryland School of Pharmacy (UMSOP)-Letter of Information |
| 1/30 | Members of the Maryland General Assembly | University of Maryland Francis King Carey School of Law Legislative Day | ✤ Phoebe Haddon, JD, LLM, Dean, University of Maryland Carey School of Law (UMCSOL)  
       ✤ Students, Faculty, and Alumni of the University of Maryland Carey School of Law (UMCSOL) |
<p>| 1/30 | Health and Government Operations | HB 301 Health Occupations - Dentists With Permits to Dispense Dental Products - Exclusion From Maryland Pharmacy Act | ✤ Norman Tinanoff, UMDS-Support |
| 2/3  | Budget and Taxation Education, Business and Administration | SB 170 USM Operating Budget | ✤ William Kirwan, Chancellor, University System of Maryland (USM)-Support |</p>
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Jill Haak Bohnenkamp, National Center for School Mental Health, University of Maryland School of Medicine (UMSOM)-Support |
<p>| 2/5  | Education, Health and Environmental Affairs | SB 412 Health Occupations - Licensed Dentists Who Dispense Antibiotics - Exclusion From Maryland Pharmacy Act | Mark Reynolds, DDS, PhD, Professor and Interim Dean, University of Maryland School of Dentistry (UMSOD)-Support |
| 2/5  | Education, Health and Environmental Affairs | SB 413 Health Occupations - Dentists With Permits to Prepare and Dispense Dental Products - Exclusion From Maryland Pharmacy Act | Mark Reynolds, Interim Dean, (UMSOD)-Support |
| 2/6  | Finance | SB 433 Public Health - Newborn Screening Program - Lysosomal Storage Disorders | Mimi Blitzer, PhD, Professor and Chief of Human Genetics - Pediatrics, University of Maryland School of Medicine (UMSOM), Representing State Advisory Council on Hereditary and Congenital Disorders-Oppose |</p>
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Special Thanks

Special thanks to Teresa K. LaMaster, Esq. for her invaluable assistance and presence in Annapolis on special assignment for the 2014 Session.

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School of Social Work
Ashley Lyles

School of Medicine
Nizar Dowla
Brandon Smith

School of Pharmacy
Andrew Grogg
Nkem Nonyel

School of Nursing
Jennifer Bistrack