

.06 Opening the Polls When Using the AVC Advantage Voting Machine.

A. At least $\frac{1}{2}$ hour before the opening of the polls at least two judges of election, not professing the same affiliation, shall:

(1) — (4) (proposed text unchanged)

(5) Open the back door with the door key and remove the operator panel from its location in the back of the machine and hang it on either side of the machine, [[which ever]] whichever side is most convenient;

(6) — (12) (proposed text unchanged)

(13) Ensure that the official zero proof report from the [[onboard]] on-board printer remains attached to the printer;

(14) — (17) (proposed text unchanged)

.07 Voting Procedures During Voting Hours.

A. — C. (proposed text unchanged)

D. Activating the Voting Machine.

(1) As the voter approaches the voting machine, the judge of election stationed at the machine shall accept the voter authority [[care]] card and allow the voter to enter the unoccupied privacy booth.

(2) — (4) (proposed text unchanged)

.08 Closing the Polls.

A. — B. (proposed text unchanged)

C. The judges of election shall insert the polls key into the polls switch, turn the poll key a quarter turn to the right, and remove the poll key. The voting machine will automatically begin printing the official election results report to the on-board printer.

D. — K. (proposed text unchanged)

GENE M. RAYNOR,
Administrator

State Administrative Board of Election Laws

Title 15 DEPARTMENT OF AGRICULTURE

Subtitle 14 BOARD OF VETERINARY MEDICAL EXAMINERS

15.14.01 Standards of Practice and Code of Ethics for the Practice of Veterinary Medicine in the State

Authority: Agriculture Article, §§2-103, 2-304, 2-308, and 2-310,
Annotated Code of Maryland

Notice of Final Action

[97-018-F]

On March 5, 1997, the Secretary of Agriculture adopted amendments to Regulation .11 under COMAR 15.14.01 Standards of Practice and Code of Ethics for the Practice of Veterinary Medicine in the State. This ac-

tion, which was proposed for adoption in 24:2 Md. R. 130 (January 17, 1997), has been adopted as proposed.

Effective Date: March 24, 1997.

LEWIS R. RILEY
Secretary of Agriculture

Title 30 MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEMS (MIEMSS)

Subtitle 08 DESIGNATION OF TRAUMA AND SPECIALTY REFERRAL CENTERS

Authority: Education Article, §13-509,
Annotated Code of Maryland

Notice of Final Action

[97-007-F]

On February 18, 1997, the State Emergency Medical Services Board adopted new Regulations .01 — .04 under a new chapter, COMAR 30.08.01 General Provisions; new Regulations .01 — 10 under a new chapter, COMAR 30.08.02 Designation of Trauma and Specialty Referral Centers; new Regulations .01 — .03 under a new chapter, COMAR 30.08.03 Requirements for Designated Trauma or Specialty Referral Centers; new Regulations .01 — .06 under a new chapter, COMAR 30.08.04 Data Collection and Quality Management; new Regulations, .01 — .19 under a new chapter, COMAR 30.08.05 Trauma Center Standards; new Regulations .01 — .17 under a new chapter, COMAR 30.08.06 Burn Center Standards; new Regulations .01 — .16 under a new chapter, COMAR 30.08.12 Perinatal and Neonatal Referral Center Standards; and new Regulations .01 — .06 under a new chapter, COMAR 30.08.13 Disciplinary Action for Violation of Subtitle. This action, which was proposed for adoption in 24:1 Md. R. 47 — 80 (January 3, 1997), has been adopted with the nonsubstantive changes shown below.

Effective Date: March 24, 1997.

Attorney General's Certification

In accordance with State Government Article, §10-113, Annotated Code of Maryland, the Attorney General certifies that the following changes do not differ substantively from the proposed text. The nature of each change and the basis for this conclusion are as follows:

The terms "specialty care center" and "specialty center" are changed throughout to "specialty referral center" to be consistent with the statutory language in Education Article, §13-509, Annotated Code of Maryland. These changes respond to comments received by MIEMSS and does not add any burden on parties subject to the regulations.

Additionally, the terms "perinatal center" and "neonatal center" are changed throughout to "perinatal referral center" and "neonatal referral center" to be consistent with the modification described in the preceding paragraph.

COMAR 30.08.02.02D(2)(d): The number "16" was mistakenly included and, consistent with the parallel citation

in COMAR 30.08.03.01B, is changed to "15". This change does not add any burden to those regulated by it.

COMAR 30.08.05.12F(2): The time period "every 2 years" is added to this provision. This clarifies an otherwise ambiguous criteria. This time period for nurses' continuing education requirements is consistent with the time period concerning the continuing education requirements for other personnel, which is provided for in the previous subsection. This amendment would not add any burden to those regulated by it, who could have reasonably anticipated such a time period for continuing education.

COMAR 30.08.05.13A(11): The reference to Regulation .11 is a mistaken reference. The correct reference, Regulation .03G of the same chapter, can reasonably be inferred from the text of the subsection. This change does not add any burden to those regulated by it.

COMAR 30.08.05.18A: The introductory phrase and its first subordinate clause are both codified as §A. The "A." before the introductory phrase is deleted.

COMAR 30.08.12.11D: The term "intravascular" is misspelled and is corrected.

COMAR 30.08.13.06F(8)(a)(iii): The word "agreement" was mistakenly included and, consistent with the parallel appeal process provision set forth at COMAR 30.08.13.06H(2)(f)(ii), is changed to "argument." This change does not add any burden to those regulated by it.

30.08.01 General Provisions

.01 Purpose.

This subtitle establishes:

A. Procedures for designating a hospital as a trauma or specialty referral center;

B. (proposed text unchanged)

C. Procedures for disciplinary action to be taken if a trauma or specialty referral center fails to comply with this subtitle; and

D. (proposed text unchanged)

.02 Definitions.

A. (proposed text unchanged)

B. Terms Defined.

(1) — (16) (proposed text unchanged)

(17) "Bypass" means a request by a trauma or specialty referral center to an emergency medical service that a patient be directed to another hospital, usually due to a shortage or unavailability of beds, equipment, personnel, or other resources.

(18) — (25) (proposed text unchanged)

(26) Emergency Medical Services.

(a) (proposed text unchanged)

(b) "Emergency medical services (EMS)" includes:

(i) — (vi) (proposed text unchanged)

(vii) Cooperating facilities including hospitals, trauma centers, and specialty referral centers;

(viii) — (ix) (proposed text unchanged)

(27) — (45) (proposed text unchanged)

(46) "Level III perinatal referral center" means a hospital that:

(a) Meets the Level III perinatal referral center standards in COMAR 30.08.12; and

(b) (proposed text unchanged)

(47) "Level III+ perinatal referral center" means a hospital that:

(a) Meets the Level III+ perinatal referral center standards in COMAR 30.08.12;

(b) Is geographically near a Level IV perinatal referral center; and

(c) (proposed text unchanged)

(48) (proposed text unchanged)

(49) "Level IV perinatal referral center" means a hospital that:

(a) Meets the Level IV perinatal referral center standards in COMAR 30.08.12; and

(b) (proposed text unchanged)

(50) — (53) (proposed text unchanged)

(54) "Multidisciplinary committee" means a group of health care professionals from two or more professional disciplines within a trauma or specialty referral center that reflects the multidisciplinary nature of trauma or specialty care.

(55) (proposed text unchanged)

(56) "Neonatal referral center" means an out-of-State facility that has entered into an agreement with the Institute to accept transfers in order to provide neonatal care.

(57) — (70) (proposed text unchanged)

(71) "Perinatal referral center" means:

(a) — (b) (proposed text unchanged)

(72) — (83) (proposed text unchanged)

(84) "Reverification" means the process by which the Institute renews a trauma or specialty referral center's designation status.

(85) (proposed text unchanged)

(86) "Specialty referral center" means:

(a) — (b) (proposed text unchanged)

(87) — (101) (proposed text unchanged)

.03 System Administration.

A. (proposed text unchanged)

B. The Institute shall:

(1) With the approval of the EMS Board, designate and verify hospitals to be trauma or specialty referral centers;

(2) — (5) (proposed text unchanged)

(6) With the consultation and advice of appropriate persons, develop and periodically review:

(a) Prehospital trauma and specialty referral center triage criteria guidelines,

(b) (proposed text unchanged)

(c) Trauma and specialty referral center standards, and

(d) Trauma registry and specialty referral center data;

(7) — (12) (proposed text unchanged)

(13) As necessary, verify compliance with trauma and specialty care standards by:

(a) Reviewing, inspecting, evaluating, and auditing trauma and specialty care patient records, trauma and specialty care quality improvement committee minutes, and any other documents relevant to trauma and specialty care in any trauma or specialty referral center, and

(b) (proposed text unchanged)

C. (proposed text unchanged)

30.08.02 Designation of Trauma and Specialty Referral Centers

.01 Trauma Care Levels and Specialty [[Care]] Referral Centers.

A. The Institute shall designate a hospital by level of care capability as set forth for:

(1) (proposed text unchanged)

(2) Specialty [[care]] referral centers, in the appropriate specialty care standards within COMAR 30.08.06 — 30.08.12.

B. (proposed text unchanged)

C. The specialty [[care]] referral centers are:

(1) — (6) (proposed text unchanged)

(7) Perinatal and neonatal referral centers; and

(8) Such other specialty referral centers as the EMS Board determines are necessary.

.02 Criteria for Designation.

A. The EMS Board shall:

(1) Establish criteria for the number and level of trauma and specialty [[care]] referral centers to be designated; and

(2) For specialty referral centers that require a certificate of need from the Health Resources Planning Commission, establish the criteria for the number of specialty referral centers in coordination with the Health Resources Planning Commission.

B. — C. (proposed text unchanged)

D. To be eligible for consideration by the EMS Board as a designated trauma or specialty referral center, a hospital shall meet the following standards:

(1) (proposed text unchanged)

(2) For burn centers:

(a) — (c) (proposed text unchanged)

(d) Have pediatric intensive care capabilities or transfer children younger than [[16]] 15 years old [[and younger]] who require critical care to a pediatric trauma center, and

(e) (proposed text unchanged)

(3) (proposed text unchanged)

.03 Initial Application Process.

A. A hospital that is currently functioning as a trauma or specialty referral center may continue to function as a trauma or specialty referral center until the Institute has completed the designation process under this subtitle with respect to that hospital, if the hospital makes application for designation. The application must be received complete within 6 months of the publication date of the initial solicitation in the Maryland Register in accordance with §B of this regulation.

B. The Institute shall solicit applications for trauma and specialty referral center designation from any interested hospital, including all current trauma and specialty referral centers, by publication of the solicitation in the Maryland Register.

C. The Institute may periodically solicit applications for trauma and specialty referral center designation, as needed, by publication of the solicitation in the Maryland Register.

D. The Institute shall provide the applicant with an appropriate application packet for trauma or specialty referral center designation.

E. An applicant for trauma or specialty referral center designation shall submit an application to the Office of Hospital Programs in a form specified by the Institute, which shall include, but not be limited to, submitting evidence of the applicant's financial capability to provide this care.

F. — I. (proposed text unchanged)

.06 On-Site Review for Initial Specialty Referral Center Designation.

A. At the Institute's discretion, the Institute may accept verification of a specialty referral center by a nationally recognized medical specialty organization, without conducting an on-site review.

B. The on-site review process for initial designation of specialty referral centers shall be conducted in accordance with Regulation .05 of this chapter, with the following exceptions:

(1) (proposed text unchanged)

(2) The Executive Director may appoint additional staff from other State agencies to the on-site review team when those agencies have shared regulatory oversight in the specialty referral center;

(3) (proposed text unchanged)

(4) The on-site review team members shall:

(a) (proposed text unchanged)

(b) Verify the hospital's ability to meet the:

(i) Responsibilities of, and the resources, equipment, and performance standards for, the type of specialty [[care]] referral center designation sought, and

(ii) (proposed text unchanged)

(c) — (i) (proposed text unchanged)

.07 Designation Decision by Institute.

A. (proposed text unchanged)

B. The Institute may:

(1) Approve a hospital's designation as a trauma or specialty referral center as proposed by the applicant;

(2) — (3) (proposed text unchanged)

(4) Deny designation as a trauma center at any level or as a specialty referral center.

C. Provisional or Full Designation.

(1) The Institute may initially designate a trauma or specialty referral center as provisional for a term not to exceed 1 year.

(2) The Institute shall require each provisional trauma or specialty referral center to:

(a) — (b) (proposed text unchanged)

(3) At the end of the provisional period, the Institute may:

(a) Grant full designation to the trauma or specialty referral center; or

(b) Deny the trauma or specialty referral center's designation under §D of this regulation.

(4) (proposed text unchanged)

D. Denial of Designation. The Institute may deny a hospital's designation as a trauma or specialty referral center if it finds that the hospital:

(1) — (5) (proposed text unchanged)

E. (proposed text unchanged)

F. If the Institute approves a hospital's designation as a trauma or specialty referral center as proposed by the applicant, the Institute shall require the hospital to accept or decline the proposed designation within 30 business days from the date the hospital receives the notice

G. (proposed text unchanged)

H. If the EMS Board overturns the Institute's decision, the Institute shall designate the hospital as a trauma or specialty referral center as directed by the EMS Board.

I. (proposed text unchanged)

.09 Change in Designation Status of Trauma or Specialty Referral Center.

A. A designated trauma or specialty referral center:

(1) Has the right to relinquish its designation as a trauma or specialty referral center or to request a designation lower than its current level of designation; and

(2) (proposed text unchanged)

B. (proposed text unchanged)

C. Temporary Inability to Comply with Standards.

(1) A designated trauma or specialty referral center shall notify the Office of Hospital Programs within 5 busi-

ness days if it is temporarily unable to comply with the requirements for designated trauma or specialty centers as set forth in COMAR 30.08.03.

(2) — (3) (proposed text unchanged)

.10 Reverification of Trauma or Specialty Referral Center Designation

A. A designated trauma or special referral center shall repeat the designation process, as set forth in this chapter, every 5 years.

B. If a designated trauma or specialty referral center is in good standing, the:

(1) Institute shall send written notice to the chief executive officer of the trauma or specialty referral center requesting that the trauma or specialty referral center submit, within 60 calendar days, a request for reverification of its designation status; and

(2) Designated trauma or specialty referral center shall retain its current designation status until the reverification process is completed.

C. At the time of the reverification process, the Institute shall publish a notice in the Maryland Register that:

(1) Lists the trauma and specialty referral centers that have requested reverification of their designation status;

(2) Requests a person with knowledge of any reason why a designated trauma or specialty referral center should not have its designation status reverified to submit a written statement of the reason to the Institute within 20 business days following publication of the notice; and

(3) Requests that a hospital not designated that wishes to be considered for designation as a trauma or specialty referral center submit a written application to the Office of Hospital Programs in accordance with Regulation .03 of this chapter within 60 calendar days following publication of the notice.

30.08.03 Requirements for Designated Trauma or Specialty Referral Centers

.01 Requirements for Trauma or Specialty Referral Centers.

A. A hospital designated as a trauma or specialty referral center shall:

(1) — (5) (proposed text unchanged)

B. (proposed text unchanged)

C. Emergency Standards.

(1) The Institute may impose additional requirements on a trauma or specialty referral center if it determines that the requirements are necessary for the immediate protection of trauma or specialty patients.

(2) The Institute shall provide the designated trauma or specialty referral center with advance written notice of an additional emergency standard.

(3) The designated trauma or specialty referral center shall have reasonable time to comply with the emergency standard.

.02 Prehospital Triage and Transport

A. (proposed text unchanged)

B. In the absence of extenuating circumstances, a health care provider shall transport a patient to the closest appropriate trauma or specialty [[care]] referral center, consistent with the triage protocols.

.03 Prohibited Acts.

A. A hospital may not represent itself to be a trauma or specialty referral center unless it is so designated by the Institute.

B. A designated trauma or specialty referral center may not advertise services or capabilities for the treatment of patients above the trauma care level or specialty for which it has been designated.

30.08.04 Data Collection and Quality Management

.03 Trauma and Specialty Care Quality Management Programs

A. A designated trauma or specialty [[care]] referral center shall have a hospital-wide quality management plan to reflect and demonstrate continuous quality improvement in the delivery of trauma and specialty care.

B. The quality management program includes, but is not limited to, the requirements for trauma and specialty [[care]] referral centers in COMAR 30.08.03.

C. A designated trauma and specialty [[care]] referral center shall have a system for continuous monitoring and trend analysis of trauma patient bypass to alternative trauma or specialty referral centers.

D. Designated trauma and specialty [[care]] referral centers shall participate in State trauma and specialty care quality management activities sponsored by the Institute.

.04 Use of State Trauma Registry and Specialty Care Data.

The Institute may use State trauma registry and specialty care data to:

A. (proposed text unchanged)

B. Assess compliance of EMS providers, designated trauma and specialty referral centers, and other hospitals with the trauma and specialty care standards, regulations, and protocols;

C. — E. (proposed text unchanged)

.05 Responsibilities of Emergency Medical Services Providers.

A. Prehospital services shall provide prehospital MAIS run sheets that include trauma or specialty care patient data about:

(1) — (3) (proposed text unchanged)

(4) Patients transported to specialty referral centers.

B. — C. (proposed text unchanged)

30.08.05 Trauma Center Designation and Verification Standards

.12 Nursing Services.

A. — E. (proposed text unchanged)

F. After completion of the introductory education required in §E of this regulation, continuing education shall be required that meets the following criteria: (Standard codes — proposed text unchanged)

(1) (proposed text unchanged)

(2) 8 hours of trauma-related education every 2 years for nurses who care for trauma patients and are from other clinical areas.

.13 Facility or Unit Capabilities.

A. Emergency Department. Emergency department requirements are as follows:

(1) — (10) (proposed text unchanged)

(11) Policies and protocols for trauma team response and roles in ED trauma resuscitation in accordance with Regulation[[.11]] .03G of this chapter. (Standard code — proposed text unchanged)

- (12) — (13) (proposed text unchanged)
 B. — J. (proposed text unchanged)

.18 Continuing Education Programs.

[[A.]] A hospital shall have:

- A. — C. (proposed text unchanged).

30.08.12 Perinatal/Neonatal Referral Center Standards

.02 Types of Perinatal Referral Centers.

- A. "III" is a Level III perinatal referral center.
 B. "III+" is a Level III+ perinatal referral center.
 C. "IV" is a Level IV perinatal referral center.

.03 Organization.

A. A hospital's board of directors, administration, and medical and nursing staffs shall demonstrate commitment to the hospital's specific level of perinatal referral center designation and to the care of perinatal patients by:

- (1) — (4) (proposed text unchanged)
 B. — G. (proposed text unchanged)

.11 Equipment.

The hospital shall have:

- A. — C. (proposed text unchanged)
 D. [[Intravascular]] Intravascular blood pressure monitors for neonates; (Standard codes — proposed text unchanged)
 E. — G. (proposed text unchanged)

30.08.13 Disciplinary Action for Violation of Subtitle

.01 Grounds for Disciplinary Action.

The Institute may take disciplinary action against a designated trauma or specialty referral center if the trauma or specialty referral center:

- A. — E. (proposed text unchanged)
 F. Uses false, fraudulent, or misleading advertising, or makes any public claims regarding the center's ability to care for nontrauma or nonspecialty care patients based on its trauma or specialty referral center designation status; or
 G. (proposed text unchanged)

.02 Preliminary and Further Investigations.

A. Receipt of Information.

(1) The Institute shall initiate a preliminary investigation if it receives information that might form the basis for action against a trauma or specialty referral center.

- (2) — (3) (proposed text unchanged)

B. (proposed text unchanged)

C. Not later than 10 business days after the Institute decides to begin an investigation, the Institute shall give written notice of the investigation to the trauma or specialty referral center being investigated, unless extenuating circumstances exist that would reasonably preclude notification.

D. At the conclusion of the Institute's investigation, the Institute shall report its findings, in writing, to the chief executive officer of the trauma or specialty referral center, including requirements for corrective action, if the Institute determines that corrective action is appropriate.

.03 Confidentiality of Records of Investigation.

- A. (proposed text unchanged)
 B. The Institute shall maintain a record for each designated trauma and specialty referral center in Maryland.
 C. If the Institute begins an investigation, it shall create a confidential record containing the investigatory material, which:

- (1) (proposed text unchanged)

(2) Shall be placed in the designated trauma or specialty referral center's official record.

- D. (proposed text unchanged)

.04 Finding of Violation.

If the Institute finds that a trauma or specialty referral center has violated this subtitle, the Institute may:

- A. Require a trauma or specialty referral center to submit a plan of corrective action;
 B. Place a designated trauma or specialty referral center on probation;
 C. (proposed text unchanged)
 D. Suspend a trauma or specialty referral center's designation; or
 E. Revoke a trauma or specialty referral center's designation.

.05 Plan of Corrective Action.

A. If the Institute requires a trauma or specialty referral center to submit a plan of corrective action, the notice required by Regulation .02D of this chapter shall include a deadline for submission of the plan of corrective action by the trauma or specialty referral center.

B. The plan shall include:

- (1) Steps that the trauma or specialty referral center intends to take to correct deficiencies; and
 (2) (proposed text unchanged)
 C. Not later than 15 business days after it receives the plan, the Institute shall:

- (1) (proposed text unchanged)

(2) Provide written notice of its decision to the trauma or specialty referral center.

D. If the Institute disapproves the plan, not later than 15 business days from the date of disapproval, the trauma or specialty referral center may request an informal meeting in accordance with Regulation .06D of this chapter.

E. If the Institute approves the plan of correction, the trauma or specialty referral center shall:

- (1) — (2) (proposed text unchanged)

F. Review of Compliance with Plan.

(1) The Institute may conduct an on-site review to determine whether the trauma or specialty referral center has complied with the plan of correction.

(2) If the Institute determines that the trauma or specialty referral center has satisfactorily complied with the plan, the trauma or specialty referral center shall retain its designation status.

(3) If the Institute determines that the trauma or specialty referral center has not satisfactorily complied with the plan, the Institute may take further disciplinary action against the trauma or specialty referral center under Regulation .06 of this chapter.

.06 Procedures for Disciplinary Actions.

A. The Institute shall initiate an action to place a trauma or specialty referral center on probation or to lower, suspend, or revoke a trauma or specialty referral center's designation if the Institute:

- (1) (proposed text unchanged)

(2) Has required a plan of corrective action, and the:

- (a) Trauma or specialty referral center fails to submit a plan within the time set by the Institute, or

(b) Institute determines that the trauma or specialty referral center has not satisfactorily complied with the plan.

B. Notice of Action.

(1) The Institute shall notify a trauma or specialty referral center of the disciplinary action by issuing a written

notice of suspension, revocation, lowered level of designation, or probation to the chief executive officer of the hospital.

(2) — (3) (proposed text unchanged)

C. (proposed text unchanged)

D. Informal Meeting.

(1) Not later than 15 business days from the date a trauma or specialty referral center receives a notice of suspension, revocation, lowered level of designation, or probation, the trauma or specialty referral center may request, in writing, an informal meeting with the Institute to discuss the Institute's action.

(2) (proposed text unchanged)

(3) If the trauma or specialty referral center does not timely request an informal meeting, the Institute's notice of suspension, revocation, lowered level of designation, or probation is the final agency decision.

E. Request for Hearing.

(1) (proposed text unchanged)

(2) If the trauma or specialty referral center is not satisfied with the result of the informal meeting, not later than 15 business days from the date of the meeting, it may request a hearing by sending a written request for a hearing by certified mail, return receipt requested, addressed to the MIEMSS Office of Hospital Programs in Baltimore, Maryland.

(3) — (5) (proposed text unchanged)

(6) If the trauma or specialty referral center does not request a hearing in a timely manner, the Institute's notice of suspension, revocation, lowered level of designation, or probation is the final agency decision.

F. Emergency Revocation or Suspension.

(1) If the Institute determines that grounds exist that require immediate suspension or revocation of designation for the public's protection, the Institute may issue a notice of immediate suspension or revocation of designation to the chief executive officer of the trauma or specialty referral center.

(2) (proposed text unchanged)

(3) Request for Hearing.

(a) Not later than 15 business days after service of the notice of immediate suspension or revocation of designation, the trauma or specialty referral center may request a hearing

by sending a written request for a hearing by certified mail, return receipt requested, addressed to the MIEMSS Office of Hospital Programs in Baltimore, Maryland.

(b) (proposed text unchanged)

(c) If the trauma or specialty referral center does not request a hearing in a timely manner, the Institute's notice of immediate suspension or revocation of designation is the final agency decision.

(4) (proposed text unchanged)

(5) OAH shall conduct the hearing within 10 business days of the date it receives the hearing request, except that the time period may be extended by:

(a) (proposed text unchanged)

(b) Agreement of the trauma or specialty referral center and the Institute.

(6) (proposed text unchanged)

(7) Not later than 10 business days after the close of the hearing record, OAH shall issue a proposed decision that includes proposed findings of fact and conclusions of law and a proposed order, except that the time period may be extended by:

(a) (proposed text unchanged)

(b) Agreement of the trauma or specialty referral center and the Institute.

(8) Appeal to the EMS Board.

(a) Filing of Exceptions.

(i) — (ii) (proposed text unchanged)

(iii) A party filing exceptions may request an oral [[agreement]] argument and shall submit the request with the exceptions.

(iv) — (v) (proposed text unchanged)

(b) — (f) (proposed text unchanged)

(9) (proposed text unchanged)

G. — I. (proposed text unchanged)

ROBERT R. BASS, M.D.
Executive Director
MIEMSS

Withdrawal Of Regulations

Title 15 DEPARTMENT OF AGRICULTURE

Subtitle 05 PESTICIDE USE CONTROL

15.05.01 Use and Sale of Pesticides, Certification of Pesticide Applicators and Pest Control Consultants, and Licensing of Pesticide Businesses

Authority: Agriculture Article, §§2-103, 5-204, and 5-210.2,
Annotated Code of Maryland

Notice of Withdrawal

[97-008-W]

The Secretary of Agriculture is withdrawing proposed new Regulation .17-1 under COMAR 15.05.01 Use and

Sale of Pesticides, Certification of Pesticide Applicators and Pest Control Consultants, and Licensing of Pesticide Businesses, which appeared in 24:1 Md. R. 44 — 47 (January 3, 1997).

LEWIS R. RILEY
Secretary of Agriculture