

venile services. The Board also participates in interpreting the objectives of the Administration to the public as well as in planning for the development and use of all available resources for the promotion of the needs of the Juvenile Services Administration (Code 1957, Art. 52A, sec. 3).

COMMISSION ON KIDNEY DISEASE

Chairperson: James B. Zachary, M.D., 1984

Vice-Chairperson: Jean Dockhorn, 1981

James P. G. Flynn, M.D., 1981; G. Melville Williams, 1981; Lee Beenhardt, 1982; Robert M. Lentz, 1982; Ira N. Tublin, 1982; Georgia Payne, 1983; Nancy B. Price, 1983; David Bowers, 1983; Fuad Dagher, M.D., 1984; William D. Hills, M.D., 1984.

Executive Director: Edwin B. Green

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The Commission on Kidney Disease, created by Chapter 492, Acts of 1971, establishes a program of State assistance for persons with chronic renal disease throughout the State.

The Commission consists of twelve members, six of whom are appointed at the discretion of the Governor. The remaining six members are appointed from candidate listings containing at least three names each submitted by the Kidney Foundation of Maryland, the Regional Medical Programs of Maryland, the Maryland Health Planning and Development Agency, the medical faculties of the University of Maryland and The Johns Hopkins University, and the Medical and Chirurgical Faculty of Maryland. Of the members appointed at the Governor's discretion, four must be lay members to the field of medicine while two represent the medical insurance industry. No member may serve more than two consecutive four-year terms. The Commission selects its own officers and appoints its executive director.

The Commission aids in the gathering and dissemination of information on the treatment of chronic renal disease in the State. It also sets physical and medical standards for the operation of dialysis and renal transplantation centers, and sets standards for the acceptance of a patient into the treatment phase of the program. The Commission institutes and supervises educational programs on the subject of kidney disease and its treatment and prevention for the public and providers of health services. Patients accepted into

the treatment phase of the program will be eligible for State medical assistance. The Commission may utilize existing programs and groups for its informational purposes, whether or not such programs and groups are governmental. The Commission is to evaluate the entire kidney disease program annually and report such evaluation to the Governor (Code 1957, Art. 43, secs. 781-790).

COMMISSION ON MEDICAL DISCIPLINE

Chairperson: John E. Adams, M.D., 1983

Vincent J. Fiocco, Jr., M.D., 1981; J. Roy Guyther, M.D., 1981; Eli M. Lippman, M.D., 1981; Karl F. Mech, M.D., 1981; Frank M. Shipley, M.D., 1981; Chris Papadopoulos, M.D., 1982; Alexander Williams, Jr., 1982; Virginia M. Kennedy, 1983; Hilary T. O'Herlihy, M.D., 1983; Robert L. Young, Jr., M.D., 1983.

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The Commission on Medical Discipline was created by Chapter 469, Acts of 1968, which became effective on July 1, 1969. The Commission consists of eleven members appointed for three-year terms. Of the eleven members, one must be the president of the Medical and Chirurgical Faculty of Maryland. Two must be physicians appointed by the Secretary of Health and Mental Hygiene. One must be the chairperson of the Council of the Medical and Chirurgical Faculty. Three members must be appointed by the Board of Medical Examiners. Two must be appointed by the Secretary of Health and Mental Hygiene from lists submitted by the Medical and Chirurgical Faculty of the State of Maryland. Two are consumer members appointed by the Governor upon the recommendation of the Secretary of the Department of Health and Mental Hygiene with the advice and consent of the Senate, who cannot have been trained in medicine or have financial interests in a related field (Code 1957, Art. 43, sec. 145).

The Commission refers any cases coming to its attention to the appropriate local county society or committee of the Medical and Chirurgical Faculty of the State of Maryland for investigation and report. The report must be acted upon within ninety days unless there is a time extension granted by the Commission. The report must contain such recommendations as the investigation reveals might be necessary for adequate disciplinary procedures. The recommendations are then considered by the Commission.