



Maryland Chapter AMERICAN COLLEGE OF EMERGENCY PHYSICIANS



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- TO: The Honorable Shane E. Pendergrass, Chair Members, House Health and Government Operations Committee The Hogan-Rutherford Administration
- FROM: J. Steven Wise Pamela Metz Kasemeyer Danna L. Kauffman Christine K. Krone
- DATE: February 10, 2022
- RE: **SUPPORT WITH AMENDMENT** House Bill 407 Health Occupations Health Care Staffing Shortage Emergency – Declaration and Licensing and Practice Requirements (Health Care Heroes Act of 2022)

On behalf of the Maryland State Medical Society (MedChi), the Maryland Chapter of the American College of Emergency Physicians (MDACEP), and the Maryland/District of Columbia Society for Respiratory Care (MD/DC Society), we submit this letter of **support with amendment** for House Bill 407.

House Bill 407 would give the Secretary of Health the power to declare a health care staffing shortage emergency in the State if certain conditions are met. The fundamental purpose of the bill is to relax licensure standards, but only under certain conditions and only for a limited period, up to 180 days.

To be clear, the above-named organizations stand strongly in favor of requiring that health professionals become licensed in Maryland to practice here. House Bill 407 preserves the importance of licensure but recognizes that in times of an emergency, licensure standards may need to be relaxed, if only for a fixed and limited duration. As the omicron variant of the COVID-19 virus laid bare, our health care workforce can be quickly deteriorated by exhaustion, sickness among health care workers, and economics – staffing agencies paying once in a lifetime wages to health care workers and luring them to other jurisdictions.

Having to rely on the Governor to declare a public health emergency under Title 14 of the Public Safety Article has proven somewhat clumsy over the last 2 years. The statute contains a broad, sweeping grant of power, but partly because of that it is limited to 30-day periods, making it difficult for health facilities and practitioners alike to make work-related decisions. House Bill 407 creates another tool with proper guardrails that is more efficient and predictable.

MedChi, MDACEP, and MD/DC Society supports the creation of this power but would suggest

that the mechanism for implementing it be simplified. Rather than the prescriptive method contained in the bill, as introduced, made applicable to all boards, the Administration's amendments allow the health occupation boards more discretion in how to expedite licenses. We believe that is the appropriate way to implement this, and we know that the Board of Physicians, for example, did this extremely efficiently.

In the end, full licensure is the only means by which professionals should be permitted to practice in our State. But as we have learned, this principle must be flexible in extreme situations. We think House Bill 407 strikes the proper balance in this regard. For these reasons, we support House Bill 407 with amendments.

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