

HB757 Sponsor Testimony - Senate.pdf

Uploaded by: Delegate Robbyn Lewis

Position: FAV

ROBBYN LEWIS
Legislative District 46
Baltimore City

Health and Government Operations
Committee

Subcommittees

Health Occupations and Long Term Care
Public Health and Minority
Health Disparities

House Chair

Joint Committee on Program Open Space
and Agricultural Land Preservation



The Maryland House of Delegates
6 Bladen Street, Room 424
Annapolis, Maryland 21401
410-841-3772 · 301-858-3772
800-492-7122 Ext. 3772
Robbyn.Lewis@house.state.md.us

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Testimony in support of HB757

State Board of Physicians - Supervised Medical Graduates and Cardiovascular Invasive Specialists (Bridge to Medical Residency Act)

Hearing date: March 19, 2024

Thank you Chair Beidle, Vice Chair Klausmeier, and members of the Finance Committee. I am Delegate Robbyn Lewis testifying on behalf of HB757, which will help tackle the physician workforce shortage in our state. Last year I introduced a similar bill (HB507 of 2023) which passed the House; however, this Committee urged me to go back to the drawing board. I did so, working closely with stakeholders, getting suggestions from Committee members. The result of that effort is the bill before you.

HB757 improves on last year's bill by: 1) ensuring that unmatched medical graduates are distinct from other front-line cadres; 2) refining the definition of direct supervision for unmatched medical graduates; and, as an added bonus 3) extending the sunset on the registration process for Cardiovascular Invasive Specialists, as per recommendations issued by the Maryland Health Care Commission (MHCC),

This committee is familiar with the healthcare workforce shortage. All cadres are affected, this bill emphasizes one aspect of the physician supply pipeline: medical school graduates.

Nationwide, there are not enough practicing physicians. In 2021, the Association of American Medical Colleges (AAMC) projected a nationwide physician shortage between 54,100 and 139,000 by 2033.

There is a physician shortage in Maryland as well and folks experience it directly. Many Marylanders wait longer to see a medical doctor than they used to, and in some parts of our state, waits are longer than others.

Of the approximately 26,000 actively practicing physicians in Maryland, most work in the central, most populous part of the state. Less populous regions, like Western Maryland, Southern Maryland and the Eastern Shore, are suffering even more acutely from a shortage of medical doctors. According to a 2007 report by MedChi entitled the "Maryland Physician Workforce

Study” these three regions have numbers of practicing physicians significantly below the national level.

The physician shortage is driven by demand and supply. Changing demographics are a key demand driver. For example, according to the 2021 AAMC report, the population of older adults is growing rapidly, which increases demand for physician services.

On the supply side, physicians are aging too! Moreover, they are retiring at a faster rate than that at which new doctors are created.

That is why this bill focuses on the physician supply pipeline. Every year in Maryland, about 430 allopathic medical school graduates. (There are no osteopathic medical schools in Maryland). Some of these medical school graduates remain in Maryland for their training; they apply for and are granted residencies in one of our many great hospitals. Other newly minted medical graduates of Maryland medical schools leave our state to pursue their training elsewhere. Unsurprisingly, graduates of medical schools in other states are avidly drawn to train here in Maryland. Last year, all but four of the available residency openings in Maryland were filled (696 positions out of 700 available, in all specialties).

But sometimes, graduates of Maryland medical school do not secure a residency training position; these graduates are referred to as “unmatched.” Nationally about 5% of allopathic medical school graduates do not receive a residency match offer anywhere. This is a waste of medical school training and human potential.

Given the physician workforce shortage, and the immense cost to society for producing a single medical school graduate, we cannot leave these unmatched medical graduates behind. It behooves the state of Maryland to use all reasonable means to ensure a meaningful return. Given the shortage of and the growing need for physicians, we must find a way to ensure these graduates complete their training and go on to practice medicine.

HB757 will build a bridge to licensure for graduates of allopathic medical schools. Over the interim, I worked with the Maryland Board of Physicians, MedChi and the Maryland Hospital Association to ensure this bill achieves its objective. We are committed to finding a solution for this small yet crucial group of trained health professionals.

The bill also removes the sunset on Registered Cardiovascular Invasive Specialists (RCIS) licensure exception which this committee passed five years ago, allowing physicians to delegate certain duties to a RCIS. These licensed individuals work in hospitals with cardiac catheterization labs where they assist cardiologists with fluoroscopy. This bill will allow this cadre to continue their critical work in hospitals given the shortage of radiologic technologists.

With that I respectfully request a favorable report on HB757.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robbyn Lewis', with a stylized, cursive script.

Delegate Robbyn Lewis

Crossover Testimony_HB 757- Bridge to Medical Resi

Uploaded by: Jane Krienke

Position: FAV



Maryland
Hospital Association

**House Bill 757- State Board of Physicians - Supervised Medical Graduates and
Cardiovascular Invasive Specialists (Bridge to Medical Residency Act)**

Position: *Support as Amended in the House*

March 19, 2024

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of House Bill 757.

Maryland hospitals continue to face a staffing shortage, including physician shortages in anesthesia, cardiology, gastroenterology, primary care, psychiatry, and radiology. MHA's [2022 State of Maryland's Health Care Workforce report](#) outlines a roadmap to ensure Maryland has the health care workforce it needs now and into the future.

HB 757 would support the roadmap's goals by creating opportunities for medical school graduates through a regulatory framework developed by the Maryland Board of Physicians. Medical school graduates who are not placed in a medical residency would qualify. This would allow them to work under the supervision of a licensed physician.

The second way this bill supports Maryland's health care workforce is by removing the sunset on the licensure exception for registered cardiovascular invasive specialists (RCIS) to allow these professionals to work under the direct supervision of a licensed physician. This exemption has been in place for three years. During the interim, pursuant to HB0924/CH0445, 2019 - State Board of Physicians – Registered Cardiovascular Invasive Specialists, the Maryland Health Care Commission issued a [study](#) showing:

- There were no radiation injuries in cardiac catheterization laboratories in Maryland hospitals between Oct. 1, 2016 and Sept. 1, 2022
- The Maryland Board of Physicians reported that it imposed no civil penalties on Maryland hospitals pursuant to § 14-306(f)(3) of the Health Occupations Article since Oct. 1, 2019
- The total number of RCIS utilized statewide in Maryland hospitals, for the fiscal years analyzed, ranged from 37 to 46. The median RCIS usage was one RCIS per hospital. RCIS usage increased slightly from FY 2020 to FY 2023, from 1.59 RCIS per hospital in FY 2020 to 1.97 RCIS per hospital in FY 2023.

This bill would strengthen Maryland's health care workforce. Hospitals are at a critical juncture—facing the most significant staffing shortage in recent memory. We need to leverage

every available resource, including medical school graduates, to support our health care workforce.

For these reasons, we ask for a *favorable* report on HB 757 as amended in the House.

For more information, please contact:

Jane Krienke, Senior Legislative Analyst, Government Affairs

Jkrienke@mhaonline.org

House Bill 757- Senate testimony State Board of Ph

Uploaded by: Jennifer Witten

Position: FAV



Date: March 19, 2024

To: FINANCE COMMITTEE

Reference: House Bill 757- State Board of Physicians - Supervised Medical Graduates and Cardiovascular Invasive Specialists (Bridge to Medical Residency Act)

Position: Support

Dear Chair Beidle and Committee Members,

On behalf of LifeBridge Health, we appreciate the opportunity to provide our thoughts and support for House Bill 757. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Hebrew Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County; Grace Medical Center (formerly Bon Secours Hospital), a freestanding medical facility in West Baltimore; and Center for Hope a center of excellence focused on provided hope and services for trauma survivors in Baltimore City.

LifeBridge Health and our colleagues across the state continue to struggle with staffing shortages, including physician shortages in anesthesia, cardiology, gastroenterology, primary care, psychiatry, radiology, and many of our allied health professional including radiology technologist. MHA's [2022 State of Maryland's Health Care Workforce report](#) outlines a roadmap to ensure Maryland has the health care workforce it needs now and into the future.

This bill would support the goals in the roadmap in two ways. The first, by creating opportunities for medical school graduates through a regulatory framework developed by the Maryland Board of Physicians. Medical school graduates who are not placed in a medical residency would qualify. This would allow them to work under the supervision of a licensed physician.

The second way this bill supports Maryland's health care workforce is by removing the sunset on the licensure exemption for registered cardiovascular invasive specialists to allow these professionals to work under the direct supervision of a licensed physician. This exemption has been in place for three years. During the interim, pursuant to HB0924/CH0445, 2019 - State Board of Physicians – Registered Cardiovascular Invasive Specialists, the Maryland Health Care Commission issued a [study](#) showing the following findings:

- There were no radiation injuries in cardiac catheterization laboratories in Maryland hospitals during the period from October 1, 2016, through September 1, 2022, both inclusive.
- The Maryland Board of Physicians reported that it imposed no civil penalties on Maryland hospitals pursuant to § 14-306(f)(3) of the Health Occupations Article since October 1, 2019.

CARE BRAVELY

- The total number of RCIS staff utilized statewide in Maryland hospitals, for the fiscal years analyzed, ranged from 37 to 46. The median RCIS usage was one RCIS per hospital. RCIS usage increased slightly from FY 2020 to FY 2023, from 1.59 RCIS per hospital in FY 2020 to 1.97 RCIS per hospital in FY 2023.

This bill strengthens the health care workforce on multiple fronts. Maryland hospitals are at a critical juncture—facing the most significant staffing shortage in recent memory. As such, we need to leverage every available resource, including medical school graduates, to support our health care workforce.

For all the above stated reasons, we request a favorable report HB757.

For more information, please contact:

Jennifer Witten, M.B.A.

Vice President, Government Relations & Community Development

jwitten2@lifebridgedhealth.org

Mobile: 505-688-3495

Testimony - UMMS - FIN - HB757 3-19-24 FINAL.pdf

Uploaded by: Kristin Bryce

Position: FAV



TO: Chair Beidle and Members, Senate Finance Committee

FROM: Kristin J. Bryce, Chief External Affairs Officer
University of Maryland Medical System

DATE: March 19, 2024

RE: Testimony – HB757, *State Board of Physicians - Supervised Medical Graduates and Cardiovascular Invasive Specialists*

POSITION: FAVORABLE
March 19, 2024

Please accept these comments in support of **HB757 *State Board of Physicians - Supervised Medical Graduates and Cardiovascular Invasive Specialists***.

Introduction:

University of Maryland Medical System (UMMS) supports House Bill 757, which addresses the critical issue of staffing shortages in Cardiac Catheterization Labs (CCLs) across Maryland. Timely access to care is paramount, particularly in emergency situations such as heart attacks, where every moment counts. This bill aims to repeal the termination of certain provisions of law related to the delegation of duties by licensed physicians to registered cardiovascular invasive specialists (RCIS), ensuring that CCLs are adequately staffed with trained personnel at all times.

Background:

In recent years, Maryland, like many other states, has faced challenges in recruiting and retaining Radiologic Technologists (RTs) for CCL positions. To address this gap, RCISs have been enlisted to assist cardiologists with fluoroscopy during coronary angiography procedures. RCIS possess specialized training in assisting with cardiac catheterization procedures, making them valuable assets in filling the void left by RT vacancies.

Previous Legislation and MHCC Study:

Five years ago, recognizing the urgency of the situation, the General Assembly passed legislation that provided for an exception allowing RCIS to assist with fluoroscopy in Maryland hospital-based CCLs. This exception was a crucial step in allowing RCIS to practice at the top of their training and ensure timely care for patients. A recent study conducted by the Maryland Health Care Commission (MHCC) found that since passage of the legislation, RCIS have been utilized in 21 hospital-based CCLs from FY 2020 to 2023 without any reported radiation injuries or civil penalties. Furthermore, the study highlighted a significant increase in the RT vacancy rate, underscoring the continued need for RCIS to address staffing shortages in CCLs.

Recommendation:

UMMS strongly supports HB 757 as it plays a vital role in ensuring the efficient operation of CCLs across Maryland. Prior to the legislation allowing RCIS to assist with fluoroscopy, physicians were burdened with performing these duties in the absence of RTs. The expansion of the RCIS role has proven to be integral to CCL workflows, allowing physicians to focus on critical tasks while ensuring uninterrupted patient care. As staffing challenges persist in the aftermath of the COVID-19 pandemic, the renewal of this legislation is essential to prevent disruptions in CCL workflows and safeguard patient outcomes.

UMMS appreciates the opportunity to provide comments for the Committee's consideration and urges a **FAVORABLE** report on HB757.

HB 757 - FIN- BOP - LOS .docx.pdf

Uploaded by: State of Maryland (MD)

Position: FAV



Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Harbhajan Ajrawat, M.D., Chair

2024 SESSION POSITION PAPER

BILL NO.: **HB 757 State Board of Physicians – Supervised Medical Graduates and Cardiovascular Invasive Specialists (Bridge to Medical Residency Act)**
COMMITTEE: **Finance**
POSITION: **Letter of Support**

BILL ANALYSIS:

House Bill (HB) 757 proposes that the Maryland Board of Physicians (the Board) authorize Supervised Medical Graduates to perform delegated duties under direct supervision and in accordance with regulations adopted by the State Board of Physicians.

POSITION AND RATIONALE:

The Maryland Board of Physicians (the Board) is submitting this Letter of Support for House Bill (HB) 757 State Board of Physicians – Supervised Medical Graduates and Cardiovascular Invasive Specialists (Bridge to Medical Residency Act). The Board supports initiatives that aim to integrate qualified individuals into the struggling healthcare workforce in a scope that benefits their education and training.

HB 757 has similar aims to the current statute and regulation (Health Occupations § 14-306 and COMAR 10.32.12), where licensed physicians are permitted to delegate specific medical acts to unlicensed individuals. These unlicensed individuals include Assistants and Registered Cardiovascular Invasive Specialists (RCIS), who are currently able to perform technical acts that align with national medical standards and site-specific policies and procedures in specific categories. The Board supports implementing similar regulations for Supervised Medical Graduates to align with this practice.

The Board has been unable to calculate how many medical graduates in Maryland would be affected by this legislation. However, data has shown that in 2023, there were 14 unfilled residency positions in Maryland. Since there may be a relatively small number of medical graduates affected by this bill, regulations are the most cost-effective and streamlined method of addressing Supervised Medical Graduates, and the Board supports addressing the practice of Supervised Medical Graduates in regulations as proposed in HB 757.

The Board would like to note that in its current form, HB 757 is listed as an emergency bill set to take effect on the date of its enactment. HB 757 will require the Board to develop and promulgate regulations, which requires stakeholder input and substantial time and resources. Therefore, if HB 757 passes as emergency legislation, the Board would appreciate guidance regarding an appropriate timeline for developing these regulations.

Thank you for your consideration. For more information, please contact Matthew Dudzic, Manager of Policy and Legislation, 410-764-5042, or Madeline DelGreco, Health Policy Analyst, 443-591-9082.

Sincerely,

A handwritten signature in cursive script that reads "Harbhajan Ajrawat".

Harbhajan Ajrawat, M.D.
Chair, Maryland Board of Physicians

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

HB0757 (Senate)_FAV_MedChi_BOP - Supervised Med. G

Uploaded by: Steve Wise

Position: FAV

MedChi

The Maryland State Medical Society

1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915

1.800.492.1056

www.medchi.org

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Robbyn Lewis

FROM: J. Steven Wise
Pamela Metz Kasemeyer
Danna L. Kauffman
Andrew G. Vetter
Christine K. Krone
410-244-7000

DATE: March 19, 2024

RE: **SUPPORT** – House Bill 757 – *State Board of Physicians – Supervised Medical Graduates and Cardiovascular Invasive Specialists (Bridge to Medical Residency Act)*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports** House Bill 757.

This legislation will permit a medical school graduate that has completed their medical education but has not matched for a medical residency the opportunity to continue their training under the supervision of a licensed physician while they wait to match for a residency. A medical residency is a period of intense training that all medical school graduates must undergo in order to become a licensed physician, and it is one of the most important distinctions between physicians and every other health occupation.

House Bill 757 does not excuse the requirement of completing a medical residency. Students who serve as a supervised medical graduate would still have to complete a residency, but this legislation provides them with the opportunity to care for patients while they await that portion of their training.

MedChi supports House Bill 757.