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The Senate of Maryland
ANNAPOLIS, MARYLAND 21401

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The Honorable Pamela Beidle
Chair, Finance Committee
3 East Senate Miller Office Building
11 Bladen Street
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Madam Chair and Members of the Committee,

This letter responds to the Board of Podiatric Medical Examiners' opposition to SB 333, the Interstate Podiatric Medical Licensure Compact. While I respect the Board's role and expertise, many of the concerns raised are based on misunderstandings of how licensure compacts operate and are inconsistent with Maryland's long-standing experience under the Physician Licensure Compact and other interstate health licensure compacts.

SB 333 does not create a "superboard," does not diminish Maryland authority, does not weaken licensure standards, and does not override Maryland disciplinary law. The assertions to the contrary are inaccurate.

I. Allegation of a "Superboard" and Loss of State Authority

The Interstate Podiatric Medical Licensure Compact Commission is not a superboard and does not replace or supersede the Maryland Board.

- Maryland remains the sole authority that issues Maryland licenses, defines scope of practice, investigates complaints, and disciplines podiatrists practicing in Maryland.

- The Commission's role is administrative and coordinating, limited to facilitating expedited licensure across state lines—precisely the same structure Maryland has operated under for physicians since 2019.

- Commission rules and bylaws cannot override Maryland statute governing scope of practice, discipline, or professional standards. This is explicitly preserved in the compact.

Maryland has participated in the Physician Licensure Compact for over six years without any erosion of board autonomy or regulatory authority.

II. Claim That Maryland Standards Would Be Superseded

The Board's assertion that an applicant "who does not qualify for licensure in Maryland" could nonetheless receive a Maryland license is incorrect.

- Every compact license is a Maryland license, issued by Maryland, and governed by Maryland law.
- Eligibility for expedited licensure requires that a podiatrist already holds an unrestricted license in good standing, meets rigorous education and examination requirements, and has no disqualifying disciplinary history.
- Maryland retains full authority to investigate, discipline, restrict, suspend, or revoke any compact licensee practicing in Maryland.
- Compact participation does not eliminate criminal background checks, discipline reporting, or moral character requirements enforced through Maryland law and Board authority.

This structure mirrors the physician compact, under which Maryland disciplinary law has never been preempted.

III. Concerns About Renewal and “Middleman” Administration

The Board’s concern that the Commission becomes an unnecessary gatekeeper misunderstands the renewal process.

- Renewal through the compact is administrative, designed to ensure continuous eligibility across states—not to replace Maryland oversight.
- A podiatrist must maintain a full, unrestricted license and remain free of serious disciplinary or criminal disqualifications.
- Maryland retains the ability to impose additional discipline, monitoring, or license action under state law at any time.

Far from delaying processes, interstate compacts have reduced administrative burden for both licensees and boards by standardizing eligibility verification.

Concerns regarding unknown or excessive costs are speculative and unsupported by evidence.

- Other licensure compacts—including the Physician, Nurse, and Physical Therapy compacts—have demonstrated minimal administrative impact on state boards.
- Compact fees are borne primarily by participating licensees who choose to use the expedited pathway.
- States are not required to subsidize the compact from general funds.
- The Board’s current fiscal challenges pre-date SB 333 and are not caused by interstate licensure models.

Moreover, participation is voluntary, and Maryland retains the ability to withdraw from the compact if participation ever proves unworkable.

V. Workforce and Job Availability Claims

The Board’s claim that the compact will not increase licensees or employment opportunities misunderstands the purpose of SB 333.

- The compact is designed to improve access to care, particularly in underserved areas, telehealth settings, and multi-state practices.
- It does not require or predict an artificial increase in licensees.
- Workforce flexibility benefits patients, hospitals, and practices without compromising standards.

Maryland's experience under the Physician Licensure Compact demonstrates that expedited licensure improves access while maintaining stability.

VI. Information Sharing, Investigations, and Discipline

The compact's information-sharing provisions strengthen patient protection.

- Required information sharing ensures that discipline follows practitioners across state lines, preventing bad actors from evading oversight.
- Joint investigations and enforceable subpoenas enhance—not weaken—regulatory enforcement.
- Maryland retains full control over investigations occurring within the state and the discipline imposed on Maryland licenses.

This is consistent with modern best practices in health professional regulation.

Conclusion

SB 333 is modeled directly on a proven, successful framework already operating in Maryland. The concerns raised by the Board are largely speculative, inconsistent with existing compact experience, and not supported by the bill's text.

SB 333:

- Preserves Maryland authority
- Maintains high professional standards
- Strengthens information sharing and enforcement
- Improves access to care
- Imposes minimal administrative burden

For these reasons, the opposition outlined in the Board's letter does not accurately reflect the operation or impact of SB 333, and a favorable report is warranted.

Respectfully submitted,



Ben Kramer
Sponsor, SB 333