

# **SB 333\_Commerce\_Support.pdf**

Uploaded by: Jennifer LaHatte

Position: FAV



Wes Moore | Governor  
Aruna Miller | Lt. Governor  
Harry Coker, Jr. | Secretary of Commerce

**DATE:** February 10, 2026  
**BILL NO:** Senate Bill 333  
**BILL TITLE:** Interstate Podiatric Medical Licensure Compact  
**COMMITTEE:** Senate Finance  
**POSITION:** Support

The Maryland Department of Commerce (Commerce) supports Senate Bill 333 - Interstate Podiatric Medical Licensure Compact.

**Bill Summary:**

Senate Bill 333 improves license portability for podiatric medical licenses by establishing the Interstate Podiatric Medical Licensure Compact. The Compact would require member states to share necessary information with each other, to establish a process for applicants to obtain a home state license, and to grant equivalent licenses to licensees with home state licenses from other member states. The bill would also establish the Interstate Podiatric Medical Licensure Compact Commission to maintain the Compact, provide ways for member states to oversee the Compact and resolve disputes, and provide ways to amend or withdraw from the Compact.

**Background:**

The Interstate Podiatric Medical Licensure Compact (IPMLC) is a joint initiative that started in 2023. Applicants from other states must hold a full, unrestricted license in a "state of principal license," have graduated from an accredited podiatric school, completed a residency, passed national boards, and have no significant disciplinary history. These requirements are already in line with Maryland's standards and thus would make it easy for Maryland to join the Compact.

As of 2025 there are 18 medical specialty licensure compacts in existence with more in development including the IPMLC. Maryland is currently one of four states with proposed legislation to participate in the IPMLC.

**Rationale:**

Passage of this bill will improve access to licensure and license portability for podiatric physicians. The Compact will be an addition to several existing compacts improving license portability across several occupations. License portability is very important to the military community and may affect future Department of Defense (DoD) basing decisions. In FY 2021, Maryland's military installations contributed \$61.4B to our economy in payroll and expenditures. With 72% of military families living off-base in our communities, this bill will ease the employment of military families and contribute to the overall quality of life for all Marylanders by increasing access to licensed podiatric physicians.

In addition to license portability, DoD strongly encourages states to adopt interstate compacts for occupational licensure. Passage of SB 333 will keep Maryland competitive as a military family-friendly state and generally for license portability.

Commerce respectfully requests a favorable report on Senate Bill 333.

# **DVMF SB333 Support.pdf**

Uploaded by: Morgan Murphy

Position: FAV



**Maryland Department of Veterans and Military Families  
Office of the Secretary**

**WES MOORE**  
*GOVERNOR*

**ARUNA MILLER**  
*LT. GOVERNOR*

**ED ROTHSTEIN**  
*ACTING SECRETARY*

**Senate Bill 333 - Interstate Podiatric Medical Licensure Compact  
SUPPORT**

February 10, 2026

The Honorable Pamela Beidle  
Finance Committee  
3 East Miller Senate Office Building  
Annapolis, MD 21401

Dear Chair Beidle, Vice Chair Hayes, and Committee Members,

The Maryland Department of Veterans and Military Families (DVMF) is committed to leading veterans and their families through life's transitions, making Maryland the best state for military-connected communities. Our department supports Senate Bill 333 -Interstate Podiatric Medical Licensure Compact.

Senate Bill 333 would add Maryland to the Podiatric Medical Licensure Compact, enabling licensed podiatrists to continue practicing their skills here in Maryland, allowing military spouses to seamlessly integrate into our Maryland communities and minimize disruptions to their professional lives between moves. According to the national non-profit Blue Star Families, military spouse unemployment stands at 21%, an unacceptable level that has been static for too many years. 600,000 military and veteran families move around the nation and the world every year, uprooting their lives in service of our country. Many move to Maryland with skills and talents that we should be harnessing.

Military families, like all families, increasingly need to be two-income households to thrive and achieve the American Dream. Thriving military families are essential to retaining veterans to continue living here in Maryland. SB 333 goes some way toward making that goal possible. There is no fiscal impact associated with this bill. Thank you for your time, and I respectfully ask the committee for a favorable report.

Sincerely,

A handwritten signature in black ink that reads "Edward C. Rothstein". The signature is written in a cursive, flowing style.

Ed Rothstein  
Acting Secretary

**APMA MD\_IPMLC\_Support Letter v1.pdf**

Uploaded by: Richard Bloch

Position: FAV



February 6, 2026

Senator Pamela Beidle, Chair, Senate Finance Committee  
Maryland General Assembly  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401

**RE: APMA Endorsement of Maryland's Bid to Join the Interstate Podiatric Medical Licensure Compact**

Dear Chair, Vice Chair, and Members of the Committee:

On behalf of the American Podiatric Medical Association (APMA), which represents the vast majority of the more than 15,000 licensed Doctors of Podiatric Medicine (DPMs), also known as podiatrists or podiatric physicians and surgeons, across the United States, I write to express our strong support for Senate Bill 333 and to affirm our partnership with the Maryland Podiatric Medical Association (MPMA) in advancing Maryland's participation in the Interstate Podiatric Licensure Compact (IPMLC, or "Compact").

Health care settings increasingly require the skills of podiatrists because of their critical role in treating lower extremity complications related to diabetes, obesity, and other chronic conditions. Take diabetes as an example: the early-warning signs of diabetes are often found in the manifestation of complications in the lower extremity. As such, podiatrists are frequently the first health care provider to detect, treat, and therefore significantly prevent or reduce complications, such as lower limb amputations.

The IPMLC is a framework designed to expand access to the necessary foot and ankle care that podiatric physicians provide, while enhancing patient safety and streamlining licensure for qualified podiatric physicians. It provides a voluntary pathway that allows podiatric physicians to obtain expedited licenses in multiple states through a single application, while preserving full state authority over licensure, practice acts, and regulation.

APMA strongly believes the Compact aligns with our national priority to build a sustainable and responsive podiatric workforce and improve patient access to care. For Maryland specifically, participation in the Compact would:

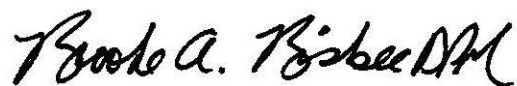
- Ensure patients in rural areas and communities with workforce shortages have access to high-quality foot and ankle care by allowing qualified physicians from neighboring states to more readily serve Maryland patients,
- Support telehealth and digital care delivery, enabling podiatric physicians to serve patients across state lines without unnecessary administrative burdens
- facilitate mobility for military personnel and their spouses, who often face repeated licensure disruptions due to relocation; and
- allow for rapid deployment of podiatric specialists during public health emergencies and natural disasters.

Maryland has already demonstrated leadership by joining other health professional licensure compacts, including the Interstate Medical Licensure Compact and the Psychology Interjurisdictional Compact (PSYPACT). Importantly, the Compact maintains similar rigorous standards and strong public protections that these other

compacts do. Only well-qualified, licensed podiatric physicians are eligible to participate, and the Maryland Board of Podiatric Medical Examiners retains full oversight of practice within the state. Maryland's participation in the IPMLC is a natural and consistent next step that extends these same benefits to patients who depend on foot and ankle care provided by podiatrists.

APMA is proud to endorse the Maryland Podiatric Medical Association's efforts on this legislation and respectfully urges the Committee to support Senate Bill 333. Please contact APMA Health Policy and Practice Director, Gail M. Reese, JD, at 301-581-9230 or [greese@apma.org](mailto:greese@apma.org).

Sincerely,

A handwritten signature in black ink that reads "Brooke A. Bisbee DPM". The signature is written in a cursive, flowing style.

Brooke A. Bisbee, DPM  
President

# **Maryland IPMLC One Pager (2).pdf**

Uploaded by: Richard Bloch

Position: FAV



# INTERSTATE PODIATRIC MEDICAL LICENSURE COMPACT

Expanding Care to Keep America On Its Feet



The Interstate Podiatric Medical Licensure Compact (IPMLC) expands access to podiatric medical care, safeguards the public, and streamlines licensure for podiatrists and licensing boards. Through one application, podiatrists can obtain expedited licensure in multiple states, making it easier to serve patients across the country. States become members of the compact by passing legislation that adopts the model compact language. **MARYLAND can be next!**

## The Compact Benefits

### PATIENTS

- **Expanded Access to Care:** Increases availability of podiatric services, especially in rural and underserved areas, through cross-state in-person and telemedicine options.
- **Specialized Care Continuity:** Supports access to coordinated, high-level care for patients with complex conditions, close to home.
- **Emergency Readiness:** Enables swift deployment of podiatric clinicians during public health crises.
- **Assured Patient Safety:** Guarantees care from podiatrists who meet high licensing standards.

### PODIATRISTS

- **Streamlined Licensure:** Cuts the burden, time, and cost of securing and maintaining multiple licenses.
- **Broader Practice & Job Access:** Enables cross-state in-person and telemedicine care, expanding reach to new patients and markets.
- **Military Mobility Support:** Eases license transitions for relocating service members and spouses.

### MARYLAND

- **Preserves State Authority:** Upholds individual state podiatric practice acts and full regulatory oversight.
- **Improves Operational Efficiency:** Streamlines licensure processes through shared technology and centralized data systems and reduces costs.
- **Ensures Accountability:** Compact-licensed podiatrists must comply fully with all laws and regulations in each state where they practice.

### LOCAL HOSPITALS

- **Stronger Workforce & Recruitment:** Reduces gaps by expanding access to qualified podiatrists across compact states.
- **Trusted Quality Standards:** Compact podiatrists meet strict benchmarks, ensuring high-quality care.

### About

The IPMLC is not yet operational. It will be activated once four states adopt the model legislation, and historically, licensure compacts can take up to 24 months to become fully operational after activation.

For more information about the IPMLC, please visit [ipmlc.org](http://ipmlc.org).

Or contact us at  
[contact@ipmlc.org](mailto:contact@ipmlc.org)  
516-874-7652 | 516-US-IPMLC



The Health Resources and Services Administration, Department of Health and Human Services is providing 5 years of financial support for this Licensure Portability Grant Program project (Grant Number: 1 H1MTH53168-01-00). The contents are those of the author. They may not reflect the policies of the Department of Health and Human Services or the U.S. government.

# **MPMA SB333 Compact.pdf**

Uploaded by: Richard Bloch

Position: FAV



## **MARYLAND PODIATRIC MEDICAL ASSOCIATION**

The Adams Building, Suite 301  
600 Baltimore Avenue  
Towson, Maryland 21204

Telephone: (410) 332-0736

Facsimile: (410) 332-0885

February 6, 2026

Chair Pamela Beidle  
Vice Chair Antonio Hayes  
Senate Finance Committee  
Annapolis, Maryland 21401

### **SB333: Podiatry Interstate Compact**

#### **Position: Support**

Dear Chair, Vice Chair, and Members of the Committee:

On behalf of the Maryland Podiatric Medical Association (MPMA), representing over 230 podiatrists licensed in Maryland and the practice of podiatry, I write to support SB 333, which would allow Maryland to join the Interstate Podiatric Medical Licensure Compact (IPMLC, or "Compact") and improve patient access to timely foot and ankle care.

Podiatrists play a critical role in Maryland's health care system. They diagnose and treat conditions of the foot and ankle and are often the first providers to identify and manage complications related to diabetes, vascular disease, arthritis, and other chronic conditions. Early foot and ankle care provided by podiatrists helps prevent infections, hospitalizations, and lower limb amputations while reducing overall health care costs.

The Compact would create a voluntary, expedited pathway for qualified podiatrists to become licensed in multiple states, while fully preserving Maryland's authority over licensure, scope of practice, and regulation. The Compact maintains high standards for patient safety and ensures that only well-qualified podiatrists may participate.

Joining the Compact is particularly important given Maryland's workforce realities. Maryland currently has only one in-state podiatric residency program, and many communities, especially rural and border areas, face challenges accessing specialized foot and ankle care. The Compact would allow qualified podiatrists from neighboring states to more easily serve Maryland patients when and where they are needed most. Participation would also support telehealth, reduce administrative burdens that take time away from patient care, and improve licensure mobility for military families and relocating providers. Maryland has already successfully joined other health professional licensure compacts, including the Interstate Medical Licensure Compact and Psychology Interjurisdictional Compact (PSYPACT). Extending this approach to podiatric medicine is a logical next step to strengthen our health care workforce.

For these reasons, we respectfully request a favorable vote on SB 276. Should you have any questions, please feel free to contact Richard Bloch, MPMA Executive Director, at [Richard@SBHPA.com](mailto:Richard@SBHPA.com) or (410) 332-0736.

Sincerely,



Priya Parthasarathy, D.P.M., MPMA President

Cc: Adam Lowy, D.P.M., Immediate Past-President and Legislative Chair  
Sarah Peters, Lobbyist, HBS Maryland  
Richard Bloch, J.D., Executive Director

# **SB333\_SenKramerResponseLtr**

Uploaded by: Senator Kramer

Position: FAV

**BENJAMIN F. KRAMER**  
*Legislative District 19*  
Montgomery County

Finance Committee



Miller Senate Office Building  
11 Bladen Street, Room 401  
Annapolis, Maryland 21401  
410-841-3151 • 301-858-3151  
800-492-7122 Ext. 3151  
Fax 410-841-3740 • 301-858-3740  
Ben.Kramer@senate.state.md.us

*The Senate of Maryland*  
ANNAPOLIS, MARYLAND 21401

February 10, 2026

The Honorable Pamela Beidle  
Chair, Finance Committee  
3 East Senate Miller Office Building  
11 Bladen Street  
Annapolis, Maryland 21401-1991

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

**SB333 - FIN - Podiatry Bd - LOC.docx.pdf**

Uploaded by: State of Maryland (MD)

Position: UNF



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

### Board of Podiatric Medical Examiners

4201 Patterson Avenue

Baltimore, MD 21215

February 10, 2026

The Honorable Pamela Beidle  
Chair, Finance Committee  
3 East Senate Miller Office Building  
11 Bladen Street  
Annapolis, MD 21401-1991

### **RE: SB 333 – Interstate Podiatric Medical Licensure Compact – Letter of Concern**

Dear Chair Beidle and Committee Members:

The Board of Podiatric Medical Examiners (the “Board”) respectfully submits this Letter of Concern addressing SB 333. This Bill creates a Commission which would establish fees and oversight in a format mimicking a “Superboard”. The proposed structure will affect the autonomy of the Board and would subject a member Board to state laws being superseded by those of the rules and bylaws that have yet to be written by the Commission. The cost to each state member Board and licensees is unknown, however, it is likely that the start-up and maintenance of administrative expenses of the Commission would be significant for participants.

With so many unwritten, vague and to-be-defined rules, bylaws and processes, it is difficult to accept that this process modernizes and streamlines the licensing process, which is different in many important respects to Maryland's licensure and disciplinary processes, especially that it would require a parallel IT Platform and software system for licensure. Further, if Maryland law is in conflict with the Compact law, the Maryland disciplinary laws would be superseded concerning Compact licensees, an outcome that would be incompatible with the goal of creating a portable license when the eligibility requirements are inconsistent with Maryland. The Board has concerns that were this Bill to pass, it would seriously delay many processes and increase overall expenses. The Board is presently in a fiscal deficit status. Most importantly, the Board cannot be assured of an increase in new additional licensees, in addition to the 20-28, per year, which has been a consistent number for 35 years.

Another concerning issue is that there is no history of an increase in job availability, therefore, the fiscal situation would become even more arduous to support. The Board, according to this legislation, would be obligated to build and eventually fiscally support the Commission, without being able to extricate themselves. The oversight of the Commission

would be a duplicative function over a Board that is autonomous and functions as a Special Funded Board solely supported by licensees' licensing fees and the license renewal fees.

### **I. Licensure under proposed COMPACT Laws**

- A. A major concern is that licensure through the Compact would make it possible for an applicant who does not qualify for licensure in Maryland to obtain a Maryland license if the applicant meets Compact qualifications. As an example, if the Board becomes a member board and is not the designated state of principal license by the podiatrist, the Board will be required to issue a Maryland license to the applicant based on meeting Compact qualifications. Maryland does not retain the autonomy or discretion to consider good moral character, practice history, education qualifications, criminal record checks with rap back alerts, or additional requirements that currently exist in Maryland licensure regulations.
- B. The Interstate Commission will hold authority to develop the rules regarding the fees for an expedited license (6B). Therefore, the Board still questions the profitability and lack of total authority concerning disciplinary actions, versus expense of joining the Compact.

### **II. Renewal of the Expedited License**

- C. A license must be renewed through the Commission - not the state of principal license. Therefore, the Commission would function as a middleman and an additional gatekeeper in the renewal process. A licensee must have a full and unrestricted license in that state, cannot have been convicted or have had a deferred disposition (e.g. Probation before judgment) for certain crimes, and cannot have had licensure discipline or have had a DEA or CDS registration certificate suspended or revoked in order to renew.
- D. It is unclear what information would be requested on the renewal application, whether there would be similar character and fitness (attestation) questions as on the Maryland renewal application, or what would be required for "YES" answers to these questions.
- E. The Interstate Commission again holds the authority to develop rules addressing renewals (Section 7f).

### **III. Administration, Board Representation and Finances Concerns**

- F. The Compact requires four (4) states to be legislated as Compact states, thus be governed by the Interstate Podiatric Medical Licensure Compact Commission, which would be comprised of one (1) representative from each member Board. Therefore, it is of major concern to the Board of Podiatry that four (4) members can develop and rule over all the decisions with so many unwritten, vague and to-be-defined rules, bylaws and processes that are binding on all member states as stated in SB 333.
- G. The Commission can promulgate rules, adopt bylaws, issue advisory opinions, maintain offices, hire employees, rent or purchase property and collect an annual assessment fee from each state, however, no funding source or amount is set forth in the proposal.
- H. Although the Commission can issue opinions interpreting the Compact, they are not binding on courts, so courts in different states could issue conflicting opinions or orders.
- I. There is no definitive statement outlining the provision of legal advice to the Commission, or whether the Office of the Attorney General in each state is involved. Although Section

14 (D)(3) addresses defense somewhat regarding lawsuits and liability, it is unclear.

#### **IV. Information Disclosure, Investigations and Discipline**

- J. Unlike Health Occ. Section 14-411(j), which allows Maryland to disclose complaints and investigative information to other state boards only if certain conditions are met, the Compact requires such sharing of this information with other member states and the Commission.
- K. The bill provides for a "coordinated information system", including a database of all podiatrists licensed through the Compact. The Commission will develop rules for mandated and discretionary sharing of information without an explanation of how this would work. Cost is likely to be incurred in the development and maintenance of such a system.
- L. The Compact permits joint investigations by member states and allows a member state to investigate in another member state. A subpoena issued in one member state is enforceable in any other.

For all of the reasons stated above, the Podiatry Board requests an unfavorable report on SB 333. If you would like to discuss this further, please do not hesitate to contact me at [Eva.Schwartz@maryland.gov](mailto:Eva.Schwartz@maryland.gov) or 410-764-4784; or Lillian Reese, Legislative Liaison, at [lillian.reese@maryland.gov](mailto:lillian.reese@maryland.gov), or (443) 794-4757.

Sincerely,



Eva Schwartz MS, MT, SBB (ASCP)  
Executive Director  
Board of Podiatric Medical Examiners

*The opinion of the Board expressed in this letter of concern does not necessarily reflect that of the Department of Health or the Administration.*

**MD SB 333 2026.pdf**

Uploaded by: Joana da Silva-Gonzalez

Position: INFO



February 6<sup>th</sup>, 2026  
Senate Finance Committee

Dear Chair Beidle, Vice Chair Hayes and all distinguished members of the Senate Finance Committee:

I appreciate the opportunity to comment on SB 333, regarding the interstate podiatric licensure compact. My name is Alicia Plemmons, PhD, and I am an assistant professor and director of health in the Knee Regulatory Research Center at West Virginia University. This comment is not submitted on behalf of any party or interest group.

My research studies patient outcomes in terms of safety, quality, cost, and access under different practice agreements. Compacts are a unique solution to workforce mobility problems, and in fact my team has found evidence of beneficial outcomes for compacts, such as the interstate medical licensure compact for the physicians<sup>1</sup> and the enhanced nurse licensure compact for nurses<sup>2</sup>.

While beneficial, piecemeal solutions through compacts have led to several logistical problems when attempting to modernize healthcare legislation, develop continuing education programs, and while developing differential licensure management systems for each profession.

An alternative, which has found great success in attracting skilled workers, is **universal licensing recognition**<sup>3</sup>, where all licenses in good standing within other states are recognized. The states which have chosen to address all professions at once, instead of through piecemeal legislation, have been more flexible and responsive, bolstering their state workforce and access to safe, high quality, cost effective medical care.

In summary, while this compact does have potential benefits, the research suggests there is a more efficient pathway to beneficial economic outcomes through universal licensing recognition. Instead of continually extending separate compacts repeatedly, Maryland may wish to explore this alternative option used by over half of states.

Best regards,

---

<sup>1</sup> [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=4755497](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4755497)

<sup>2</sup> <https://link.springer.com/article/10.1007/s12122-022-09333-2>

<sup>3</sup> <https://www.sciencedirect.com/science/article/abs/pii/S0165176522002920>

**Dr. Alicia Plemmons**, Assistant Professor of General Business  
Director of Health, Knee Regulatory Research Center  
Reynolds Hall 6306, [Alicia.Plemmons@mail.wvu.edu](mailto:Alicia.Plemmons@mail.wvu.edu)