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Testimony in Support of HB 619
Interstate Podiatric Medical Licensure Compact

Good afternoon, Chair Bagnall, and honorable members of the House Health Committee. Thank you for this opportunity to present **HB 619, Interstate Podiatric Medical Licensure Compact.** This licensure compact seeks to increase accessibility to podiatric services by establishing a voluntary, expedited pathway for podiatrists who are licensed in one member state to have their licensure recognized in another compact state. Importantly, it does this without altering the existing Podiatric Medical Practice Act or the authority of their respective state board. It is an agreement among a minimum of four states, and it affirms that podiatry is practiced where the patient is located, ensuring that podiatrists treating Maryland patients remain under the jurisdiction of Maryland regulators. Simply put, HB619 addresses Maryland's growing need for podiatrists by modernizing podiatric licensure while preserving full state authority.

In my tenure in the House, we have considered several compacts, some that better met our standards and needs than others. As of late 2025, Maryland participates in several major health professional interstate compacts designed to increase mobility and streamline licensing, including Physician Licensure, Nursing (eNLC), Psychology (PSYPACT), Physical Therapy, Occupational Therapy, Audiology/Speech-Language Pathology, and Counseling. This body always carefully examines each potential compact to ensure that our standards of health care will be maintained. I am confident that the Interstate Podiatric Medical Licensure Compact (IPMLC) completely meets all our requirements.

The Board of Podiatric Medical Examiners' is opposing the adoption of this Compact. I would like to address their concerns here; I suspect many of them are based on misunderstandings and are inconsistent with Maryland's long-standing experience under the Physician Licensure Compact and other interstate health licensure compacts.

No Superboard

First, let's be clear, HB619 does not create a "superboard," in the form of the Compact Commission. It does not replace or supersede the Maryland Board. It does not diminish Maryland authority, does not weaken licensure standards, and does not override Maryland disciplinary law.

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.

No Diminution of Maryland Standards of Practice

No applicant who does not qualify for licensure under the requirements for a Maryland license will be given a license. This means that every compact license is a Maryland license and is governed by our state laws.

The only difference is that the licensing process is expedited for applicants from other states. In order to participate in this process, that podiatrist applicant must already hold an unrestricted license in good standing, meet rigorous education and examination requirements, and have 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 not been preempted.

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.

By handling the administration of the renewal process, the Compact reduces burden for both licensees and boards by standardizing eligibility verification.

Financial Concerns and Fiscal Impact

Concerns regarding unknown or excessive costs are unfounded and discounted by the evidence provided by our experience with other compacts. There is minimal administrative compact on the state board.

Participation in a compact is absolutely voluntary, and the Compact fees are borne primarily by participating licensees who choose to use the expedited pathway.
There is no requirement in the Compact that State subsidize the compact financially in any way. If the Board is experiencing fiscal challenges, these are not caused by interstate licensure models.

Ultimately, participation by the State in the compact is voluntary, and Maryland retains the ability to withdraw from the compact if participation ever proves unworkable.

Workforce and Job Availability Claims

The Board's claim that the compact will not increase licensees or employment opportunities misunderstands the purpose of HB 619. 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.

Information Sharing, Investigations, and Discipline

The compact's information-sharing provision strengthens 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.

Now is the time to Pass the IPMLC

HB619 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. For these reasons, and given the information above, the opposition outlined in the Board's letter does not accurately reflect the operation or impact of HB 619. I hope that you will consider that bill is modeled directly on a proven, successful framework already operating in Maryland and provide a favorable report.

ADDENDUM

Response to Issues Raised in Maryland State Board of Podiatric Medical Examiners
Letter of Concern

This response addresses the concerns raised by the Maryland Board of Podiatric Medical Examiners regarding HB619 by reference to the Interstate Podiatric Medical Licensure Compact Model Law. The Compact is structured to preserve state authority, enhance public protection, and provide an additional licensure pathway without altering existing state podiatry practice acts.

I. State Authority and Alleged "Superboard" Concerns

Concern: The Interstate Commission functions as a "superboard" that supersedes state authority and board autonomy.

Response:

The Compact expressly preserves state sovereignty over licensure, regulation, discipline, and scope of practice. Each member state continues to issue its own full and unrestricted license under its own podiatry practice act. There is no multistate or compact license, and the Interstate Commission does not license podiatrists or regulate the practice of podiatry.

The authority of the Interstate Commission is limited to administration and implementation of the Compact. Any rule that exceeds the scope of the Compact or intrudes into areas reserved to the states is invalid and has no force or effect. This structure mirrors long established interstate licensure compacts and does not diminish the autonomy of state boards.

II. Eligibility Standards and State Discretion

Concern: Maryland does not retain autonomy or discretion to consider good moral character, practice history, education qualifications, criminal record checks with rap back alerts, or additional requirements under Maryland licensure regulations for podiatrists licensed through the Compact.

Response:

The Compact does not transfer Maryland's licensing authority to the Interstate Commission or require Maryland to issue a license outside of Maryland law. Any license

issued through the Compact is a Maryland license, governed by Maryland's podiatry practice act and fully subject to Maryland's investigative, disciplinary, and enforcement authority. The Compact's eligibility criteria function solely as a uniform **threshold for** access to the expedited licensure pathway and are intended to reduce duplicative front-end verification. They do not limit Maryland's authority to investigate complaints, evaluate practice history, impose conditions, restrict practice, or discipline a podiatrist licensed through the Compact in the same manner as any other Maryland licensee.

The Compact requires a fingerprint based federal criminal background check conducted by the state of principal license and excludes podiatrists with criminal convictions, disciplinary history, or active investigations from expedited licensure. These eligibility standards closely mirror those used by the Interstate Medical Licensure Compact, which has experienced an

exceptionally low rate of disciplinary actions among physicians licensed through that compact. The Interstate Podiatric Medical Licensure Compact reflects this proven public protection framework while preserving Maryland's full discretion to enforce its laws and protect patients after licensure.

III. Renewal Process and Role of the Interstate Commission

Concern: Renewal through the Interstate Commission creates an additional gatekeeper and removes state control over renewals.

Response:

The Compact does not remove state authority over license renewal. All continuing education requirements, renewal timelines, and state specific obligations remain governed by the issuing state's laws. The Interstate Commission's role in renewal is administrative only, limited to collecting fees and distributing information to member boards. The authority to renew or deny renewal remains exclusively with the state board that issued the license.

IV. Fees, Fiscal Impact, and Financial Risk

Concern: Unknown costs, mandatory assessments, and financial risk to a fiscally constrained board.

Response:

The Model Law authorizes the Interstate Commission to levy assessments only if necessary and does not impose any automatic or mandatory fees on participating states. Experience from the Interstate Medical Licensure Compact Commission demonstrates

that operations have been sustained primarily through applicant fees rather than state assessments.

States continue to receive their full licensure and renewal fees. When a state serves as the state of principal license, it receives a portion of the Compact application fee to offset administrative costs. The Compact further prohibits the Interstate Commission from incurring obligations without secured funding and from pledging the credit of any member state.

V. Information Sharing, Investigations, Subpoenas, and Confidentiality

Concern: Mandatory sharing of complaint and investigative information exceeds Maryland disclosure statutes and increases regulatory burden.

Response:

The Compact strengthens public protection by expressly authorizing interstate information sharing, coordinated investigations, and reciprocal recognition of disciplinary actions. All information shared through the Compact is confidential, filed under seal, and used solely for investigatory or disciplinary purposes, consistent with public protection objectives.

Importantly, the Compact explicitly authorizes joint investigations and provides that a subpoena issued by a member state as part of a joint investigation is enforceable in any other member state. This provision ensures that investigations are not impeded by state borders and prevents regulatory gaps when podiatrists practice in multiple states. These authorities

expand, rather than restrict, a state's ability to investigate and discipline podiatrists when patient safety is at issue.

VI. Coordinated Information System and Technology Costs

Concern: The Compact would require a parallel information technology platform with significant startup and maintenance costs.

Response:

States are not required to create or maintain separate licensure databases for Compact licensees. Licenses continue to be issued and managed within existing state licensing systems. The coordinated information system exists solely to facilitate interstate data sharing among member boards.

The expectation is that the Interstate Podiatric Medical Licensure Compact will leverage the existing coordinated information system used by the Interstate Medical Licensure Compact Commission. Many states are already familiar with this **infrastructure, and in** some cases already have data interfaces in place. As a result, startup costs for the coordinated information system are not anticipated.

VII. Governance, Representation, and Legal Oversight

Concern: A small number of states could control the Commission, with unclear legal oversight and nonbinding advisory opinions.

Response:

Each member state has equal representation and one vote on the Interstate Commission. No state may unilaterally control Commission actions. Rulemaking must follow a transparent administrative process modeled on the Model State Administrative Procedure Act, and all rules are subject to judicial review in federal court.

The Compact includes detailed provisions addressing liability, defense, and indemnification of Commissioners and staff, and contemplates involvement of appropriate legal counsel. Advisory opinions issued by the Commission provide interpretive guidance but do not supplant judicial authority, consistent with standard administrative law practice.

VIII. Workforce and Licensure Volume

Concern: No assurance of increased licensure volume or workforce benefit.

Response:

Experience from the Interstate Medical Licensure Compact demonstrates consistent increases in licensure volume of approximately ten to fifteen percent in participating states. These increases reflect improved access and reduced administrative barriers rather than changes in eligibility standards. Similar outcomes are reasonably anticipated under the podiatry compact, particularly for border states and underserved areas.

Conclusion

The Model Law makes clear that the Interstate Podiatric Medical Licensure Compact preserves state authority, enhances public protection, avoids unfunded mandates, and leverages existing interstate infrastructure. The Compact does not create a superboard, does not override Maryland law,

does not impose startup technology costs, and strengthens investigatory authority by allowing subpoenas issued in one member state to be enforceable in any other member state. SB 333 represents a carefully bounded, proven licensure framework modeled on a successful interstate compact already used across medicine.