

Bill: SB 333/HB 619: Interstate Podiatric Medical Licensure Compact

Position: SUPPORT (FAVORABLE)

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

My name is Dr. Brandon Blanken, and I am a practicing podiatrist serving patients in rural and underserved communities of Western Maryland. I am a 3rd generation Podiatrist following my father and great grandfather. I am a part of the clinical faculty for the Baltimore VA Podiatric Medicine and Surgery Residency, the only training program in Maryland. I write today in strong support of the Interstate Podiatric Medical Licensure Compact. This legislation represents a practical, patient-centered solution to ongoing workforce shortages, and access-to-care disparities across our state. Additionally, the Compact can potentially serve as a conduit to restoring access for resident doctors to gain unique and specialized training in Maryland. I believe that the Compact is a win-win for Podiatry and for the citizens of Maryland.

Improving access to care in rural Maryland

Rural communities in Maryland continue to experience significant shortages of foot and ankle specialists. Patients often travel long distances for basic podiatric care, and delays in treatment can lead to preventable complications such as infection, ulceration, and amputation, especially among patients with diabetes or vascular disease.

In Western Maryland, I am one of four known providers that perform foot and ankle surgery in the hospital, one of two board certified podiatrists specifically. With low access to specialized care, we are only able to provide care for specific conditions such as elective reconstruction and trauma of the foot and ankle. These interventions are relatively low cost as inpatient admission and multi-disciplinary care is not traditionally needed. Where the lapse in care exists is in limb salvage and amputation prevention due to complications from peripheral arterial disease and neuropathy induced by diabetes. Western Maryland and other rural communities have a higher prevalence of diabetes compared to the state average of 12%. In Washington County and Allegany the diagnosed diabetes rates is about 12.7% and 15% respectively. With lack of access to care our citizens are unnecessarily either being transported out of state for care or are losing limbs and lowering quality of life.

Lack of access for populations at risk is not specific to western Maryland. On the Eastern Shore, there are similar gaps in specialists per capita. Statewide we are seeing a rise in diagnosis of diabetes which ultimately elevates risk for admission, infection, and amputation of the lower extremity.

The compact would create a streamlined pathway for certified podiatrists to obtain licensure across participating states. By reducing administrative barriers, the compact would make it easier

to recruit and retain podiatric physicians where they are most needed, without lowering professional or safety standards.

Leveraging regional training programs to address shortages

Maryland is geographically positioned next to several strong podiatric training centers, including programs affiliated with West Virginia University, Inova Fairfax, MedStar Washington Hospital Center/Georgetown University, Christiana Care, and UPMC. These institutions produce highly trained podiatric residents each year. Many graduates from the named programs pursue additional training in fellowship and ultimately practice in the region of their training. Maryland specifically has a problem retaining regionally trained residents within the state. Nationwide, about 600 new podiatrists are licensed, only about 2 dozen practice in our state, most of which practice in urban and metropolitan areas.

However, many of these graduates ultimately practice in other states because licensure barriers and administrative delays making it difficult to transition into Maryland practice quickly. The compact would allow Maryland to efficiently attract these skilled providers.

By drawing from these nearby programs, Maryland could:

- Fill critical coverage gaps in rural hospitals and clinics;
- Reduce patient travel times and wait lists; and
- Improve limb-salvage outcomes and preventive care access.

Enhancing training opportunities through academic collaboration

The compact would also improve educational exchanges and rotations between states. For example, residents from compact states could more easily rotate through specialized programs at the University of Maryland and its affiliated hospitals.

Up until recent years, residents were imported around the nation to rotate within the University of Maryland System under the tutelage of recognized leaders and educators within the profession. With excessive red tape in the licensing and credentialing process and with the outfall of the pandemic, this rotation has been effectively eliminated.

These rotations:

- Expand exposure to complex limb-salvage, external fixation, and reconstructive cases;
- Strengthen academic partnerships across the Mid-Atlantic region; and
- Increase the likelihood that rotating residents choose to practice in Maryland after training.

In practical terms, the compact would restore Maryland into a regional hub for advanced podiatric training, while also creating a pipeline of future practitioners for underserved communities.

Maintaining patient safety and professional standards

Importantly, the compact does not weaken licensing requirements. It applies only to podiatrists who:

- Graduate from accredited schools
- Complete accredited residencies
- Pass national board examinations
- Hold unrestricted licenses and clean disciplinary records
- Have achieved board certification by Council On Podiatric Medical Education recognized boards.

This ensures that any podiatrist entering Maryland through the compact meets the same high standards as those licensed through traditional pathways.

Conclusion

Senate Bill 333/HB 0619 is a practical, workforce-focused policy that will:

- Improve access to care in rural and underserved areas
- Attract and retain well-trained podiatrists from neighboring states
- Strengthen academic partnerships and residency training opportunities
- Maintain rigorous professional standards and patient safety

For these reasons, I respectfully urge the committee to give SB 333/HB 619 a favorable report.

Respectfully submitted,

Dr. Brandon Blanken, DPM FACFAS

Board Certified Podiatric Surgeon in Foot Surgery & Reconstructive Rearfoot/Ankle Surgery by
the American Board of Foot and Ankle Surgery

Secretary, Maryland Podiatric Medical Association