

HB0598/183828/1

BY: Health Committee

AMENDMENTS TO HOUSE BILL 598
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “**and Wu**” and substitute “**Wu, Alston, Cullison, Kaufman, Lopez, Martinez, Rosenberg, Ross, White Holland, and Woorman**”; in line 2, after the second “**Physicians**” insert “**and Licensed Physicians Residing in Other Jurisdictions**”; in line 5, after “circumstances,” insert “altering the circumstances under which a physician licensed by and residing in another jurisdiction may practice medicine in the State without a license;”; in the same line, strike “internationally trained”; after line 6, insert:

“BY repealing

Article – Health Occupations

Section 14–308

Annotated Code of Maryland

(2021 Replacement Volume and 2025 Supplement)”

BY repealing and reenacting, with amendments,

Article – Health Occupations

Section 14–302(2)(iii)4., 14–306(g)(1)(iii)1.B., and 14–307(d)(2)(i)

Annotated Code of Maryland

(2021 Replacement Volume and 2025 Supplement)”;

in line 9, strike “14–321” and substitute “14–308”; after line 11, insert:

“SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That Section(s) 14–308 of Article – Health Occupations of the Annotated Code of Maryland be repealed.”;

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in line 12, strike “1.” and substitute “2. AND”; in the same line, after “IT” insert “FURTHER”; and in the same line, strike “BY THE GENERAL ASSEMBLY OF MARYLAND”.

AMENDMENT NO. 2

On page 1, strike line 15 in its entirety and substitute:

“14-302.

Subject to the rules, regulations, and orders of the Board, the following individuals may practice medicine without a license:

(2) A physician licensed by and residing in another jurisdiction, if the physician:

(iii) Is engaged in clinical training or participates in training or teaching of a skill or procedure in a hospital if:

4. The visiting physician [has]:

A. HAS no history of any medical disciplinary action in any other state, territory, nation, or any branch of the uniformed services or the U.S. Department of Veterans Affairs, UNLESS THE DISCIPLINARY ACTION HAS BEEN SATISFIED AND THE BOARD CONSIDERS THAT THE BEHAVIOR FOR WHICH THE DISCIPLINARY ACTION WAS IMPOSED HAS BEEN SUFFICIENTLY CORRECTED; and [has]

B. HAS no significant detrimental malpractice history;

14-306.

(g) (1) (iii) “Supervised medical graduate” means an individual who:

1. Has a degree of:

 B. Doctor of osteopathy from a school of osteopathy in the United States, its territories or possessions, [Puerto Rico,] or Canada that has standards for graduation equivalent to those established by the American Osteopathic Association; and

14-307.

(d) Except as provided in § 14-308 of this subtitle, the applicant shall:

 (2) (i) Have a degree of doctor of osteopathy from a school of osteopathy in the United States, its territories or possessions, [Puerto Rico,] or Canada that has standards for graduation equivalent to those established by the American Osteopathic Association; and

14-308.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “COMMUNITY SPONSOR” MAY INCLUDE:

(I) A FEDERALLY QUALIFIED HEALTH CENTER;

(II) A RURAL HEALTH CLINIC;

(III) A COMMUNITY HEALTH CENTER;

(Over)

(IV) A GROUP PRACTICE WITH AT LEAST TWO LICENSED PHYSICIANS IN GOOD STANDING WITH THE BOARD;

(V) A LOCAL HEALTH DEPARTMENT; AND

(VI) A NONPROFIT CLINIC SERVING UNDERSERVED POPULATIONS.

(3) "FACILITY" MEANS:

(I) A HEALTH SYSTEM, HOSPITAL, HOSPITAL-BASED FACILITY, FREESTANDING EMERGENCY FACILITY, OR URGENT CARE CLINIC THAT:

1. HAS AN ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION OR AMERICAN OSTEOPATHIC ASSOCIATION RESIDENCY PROGRAM; OR

2. IS AFFILIATED WITH THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION OR THE AMERICAN OSTEOPATHIC ASSOCIATION;

(II) A SCHOOL OF MEDICINE;

(III) THE NATIONAL INSTITUTES FOR HEALTH; OR

(IV) A FEDERALLY QUALIFIED HEALTH CENTER.

(4) “FOREIGN COUNTRY” MEANS A COUNTRY OTHER THAN THE UNITED STATES, ITS TERRITORIES OR POSSESSIONS, OR CANADA.

(5) “SOLO PRACTICE” MEANS PRIVATE, INDEPENDENT PRACTICE IN WHICH A PHYSICIAN OPERATES WITHOUT PARTNERS OR EMPLOYMENT AFFILIATIONS WITH OTHER ORGANIZATIONS.

(6) “STATE STANDARD OF CARE ASSESSMENT” MEANS AN EXAM APPROVED BY THE BOARD TO ASSESS CLINICAL JUDGMENT, MANAGEMENT OF COMPLICATIONS, UNDERSTANDING OF APPROPRIATE COLLABORATION AND REFERRAL PRACTICES, AND ETHICAL STANDARDS, AND DEMONSTRATING THE ABILITY TO CONSTRUCT AND EXECUTE SAFE, APPROPRIATE TREATMENT PLANS, INCLUDING ORAL THEORY AND PRACTICE SESSIONS COVERING:

(I) UNEXPECTED CLINICAL SCENARIOS; AND

(II) ONCE ANNUAL REVIEW OF A SUBSET OF THE LICENSEE’S ACTUAL CASES BY AN EXAMINER APPROVED BY THE BOARD.

(B) THIS SECTION DOES NOT APPLY TO:

(1) A PHYSICIAN WHO HAS COMPLETED:

(I) ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION ACCREDITED RESIDENCY TRAINING IN THE UNITED STATES; OR

(II) AMERICAN OSTEOPATHIC ASSOCIATION RESIDENCY TRAINING OR ROYAL COLLEGE OF PHYSICIANS TRAINING IN CANADA; OR

(2) A PHYSICIAN WHO HAS PREVIOUSLY RESIDED IN OR HELD A MEDICAL LICENSE FROM THE UNITED STATES, ITS TERRITORIES OR POSSESSIONS, OR CANADA.”;

in line 16, strike “(A)” and substitute “(C)”;

in the same line, strike “OCTOBER” and substitute “JANUARY”;

in the same line, after the second “A” insert “LIMITED”;

in line 18, strike “PUERTO RICO,”;

in line 20, after “A” insert “LIMITED”;

and in line 22, after “A” insert “LIMITED”.

On page 2, strike in their entirety lines 1 and 2 and substitute:

“(D) TO BE ELIGIBLE FOR A LIMITED LICENSE, AN APPLICANT MUST:”;

in line 3, strike “HAS” and substitute “HAVE”;

in line 4, strike “LEGALLY CHARTERED”;

in line 5, strike “PUERTO RICO,”;

in line 6, strike “THAT IS RECOGNIZED BY THE WORLD HEALTH ORGANIZATION” and substitute “WITH RECOGNIZED ACCREDITATION STATUS FROM THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES”;

strike in their entirety lines 7 through 14, inclusive, and substitute:

“(2) HAVE:

(1) COMPLETED AT LEAST 2 YEARS OF TRAINING IN A RESIDENCY PROGRAM:

1. ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION-I;

2. IN A COUNTRY WHOSE GRADUATE MEDICAL EDUCATION ACCREDITING AGENCY HAS BEEN RECOGNIZED BY THE WORLD FEDERATION FOR MEDICAL EDUCATION;

3. ACCREDITED BY THE COUNTRY'S GRADUATE MEDICAL EDUCATION ACCREDITING AGENCY; OR

4. ACCREDITED BY ANOTHER ACCREDITATION AUTHORITY APPROVED BY THE BOARD; AND

(II) BEEN LICENSED OR OTHERWISE AUTHORIZED TO PRACTICE MEDICINE IN A FOREIGN COUNTRY FOR AT LEAST 3 YEARS WITH A MEDICAL LICENSE IN GOOD STANDING;

(3) HAVE PRACTICED MEDICINE IN A FOREIGN COUNTRY:

(I) FOR AT LEAST 3 OUT OF THE 10 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A LIMITED LICENSE AFTER COMPLETION OF A POST-GRADUATE INTERNSHIP OR RESIDENCY; OR

(II) FOR A PERIOD OF TIME DETERMINED BY THE BOARD ON A CASE-BY-CASE BASIS;”;

strike in their entirety lines 15 through 20, inclusive, and substitute:

“(4) (I) HAVE BEEN IN GOOD STANDING WITH THE MEDICAL LICENSING OR REGULATORY AUTHORITY OF THE FOREIGN COUNTRY AT THE TIME OF DEPARTURE; OR

(Over)

(II) WHEN REASONABLE EFFORTS TO SHOW GOOD STANDING UNDER ITEM (I) OF THIS ITEM HAVE BEEN UNSUCCESSFUL, BE APPROVED BY THE BOARD ON A CASE-BY-CASE BASIS;

(5) HAVE A VALID CERTIFICATE ISSUED BY THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES;”;

in lines 21 and 31, strike “(5)” and “(10)”, respectively, and substitute “(6)” and “(7)”, respectively; in the same lines, strike “HAS” and “IS”, respectively, and substitute “HAVE” and “BE”, respectively; and strike in their entirety lines 23 through 30, inclusive.

On page 3, strike in their entirety lines 1 and 2 and substitute:

“(8) (I) 1. HAVE ACHIEVED A PASSING SCORE ON STEP 1, STEP 2, AND STEP 3 OF THE UNITED STATES MEDICAL LICENSING EXAMINATION; AND

2. SUBMIT EVIDENCE OF HAVING PASSED PART 1 OF THE STATE STANDARDS OF CARE ASSESSMENT; OR

(II) 1. HAVE AN OFFER OF EMPLOYMENT FROM A FACILITY APPROVED BY THE BOARD THAT WILL:

A. EVALUATE THE PHYSICIAN’S NONCLINICAL SKILLS AND FAMILIARITY WITH STANDARDS APPROPRIATE FOR MEDICAL PRACTICE IN THE STATE;

B. PROVIDE DIRECT CLINICAL OVERSIGHT FOR AN INITIAL PERIOD FOLLOWED BY PROGRESSIVE AUTONOMY BASED ON DEMONSTRATED COMPETENCE;

C. CONDUCT REGULAR CASE REVIEWS, CHART AUDITS, AND DIRECT OBSERVATION;

D. SUBMIT BIENNIAL COMPETENCY EVALUATIONS TO THE BOARD;

E. PROVIDE STRUCTURED SUPPORT TO ACCLIMATE THE INTERNATIONALLY TRAINED PHYSICIAN TO U.S. MEDICAL LEGAL STANDARDS, DOCUMENTATION PRACTICES, QUALITY METRICS, AND PATIENT COMMUNICATION NORMS; AND

F. IMMEDIATELY REPORT ANY COMPETENCE OR PROFESSIONALISM CONCERNS TO THE BOARD; AND

3. SUBMIT A STATEMENT TO THE BOARD THAT THE APPLICANT AGREES TO:

A. ENTER A FULL-TIME EMPLOYMENT RELATIONSHIP WITH THE FACILITY THAT HAS MADE THE OFFER OF EMPLOYMENT UNDER ITEM 1 OF THIS ITEM; AND

B. PRACTICE MEDICINE SOLELY AT FACILITIES OPERATED BY THE FACILITY AS AUTHORIZED BY THE LIMITED LICENSE ISSUED BY THE BOARD FOR THE DURATION OF THE LIMITED LICENSE; AND”;

in line 3, strike “(12)” and substitute “(9)”; in the same line, strike “HAS SATISFIED” and substitute “SATISFY”; in lines 4 and 10, in each instance, after “A” insert “LIMITED”; in line 5, strike “(C)” and substitute “(E)”; in line 6, strike “HAD”; in line 7, strike “A” and substitute “HAD A”; in the same line, strike “OR”; in line 8, strike “DISCIPLINE” and substitute “HAD DISCIPLINE”; in line 9, after “TRAINING” insert “; OR”

(3) DOES NOT SUBMIT EVIDENCE ACCEPTABLE TO THE BOARD THAT THE APPLICANT MEETS THE REQUIREMENTS FOR A LIMITED LICENSE UNDER SUBSECTION (D) OF THIS SECTION;

in line 10, strike “(D)” and substitute “(F)”; in lines 11 and 16, in each instance, after “THE” insert “LIMITED”; after line 13, insert:

“(3) THE LICENSEE PRACTICES MEDICINE OUTSIDE THE STATE, UNLESS LICENSED BY THE OTHER STATE;”;

in lines 14 and 16, strike “(3)” and “(4)”, respectively, and substitute “(4)” and “(5)”, respectively; in line 15, after “ACTION” insert “BY THE HEALTH CARE FACILITY OR THE BOARD”; strike in their entirety lines 17 through 25, inclusive, and substitute:

“(G) A HOLDER OF A LIMITED LICENSE WHO MEETS THE CRITERIA DESCRIBED UNDER SUBSECTION (D)(8)(I) OF THIS SECTION:

(1) MAY NOT ENGAGE IN SOLO PRACTICE;

(2) SHALL PRACTICE IN AFFILIATION WITH A COMMUNITY SPONSOR APPROVED BY THE BOARD THAT HAS AGREED TO:

(I) SUBMIT A SUPERVISION AND INTEGRATION PLAN APPROVED BY THE BOARD DEMONSTRATING CAPACITY TO PROVIDE:

- 1. STRUCTURED CLINICAL OVERSIGHT;**
- 2. ACCESS TO ELECTRONIC HEALTH RECORDS AND QUALITY ASSURANCE SYSTEMS;**
- 3. TRAINING ON U.S. STANDARDS OF CARE, RISK MANAGEMENT, AND REGULATORY COMPLIANCE; AND**
- 4. OPPORTUNITIES FOR SKILL DEVELOPMENT AND PEER REVIEW;**

(II) PROVIDE DIRECT CLINICAL OVERSIGHT FOR AN INITIAL PERIOD FOLLOWED BY PROGRESSIVE AUTONOMY BASED ON DEMONSTRATED COMPETENCE;

(III) CONDUCT REGULAR CASE REVIEWS, CHART AUDITS, AND DIRECT OBSERVATION;

(IV) SUBMIT BIENNIAL COMPETENCY EVALUATIONS TO THE BOARD;

(V) PROVIDE STRUCTURED SUPPORT TO ACCLIMATE THE INTERNATIONALLY TRAINED PHYSICIAN TO U.S. MEDICAL LEGAL STANDARDS, DOCUMENTATION PRACTICES, QUALITY METRICS, AND PATIENT COMMUNICATION NORMS; AND

(Over)

(VI) IMMEDIATELY REPORT ANY COMPETENCE OR PROFESSIONALISM CONCERNS TO THE BOARD; AND

(3) MAY NOT SUPERVISE PHYSICIAN ASSISTANTS, RESIDENTS, OR MEDICAL STUDENTS.

(H) A HOLDER OF A LIMITED LICENSE MAY APPLY FOR A LICENSE UNDER § 14-309 OF THIS SUBTITLE IF THE HOLDER OF THE LIMITED LICENSE SUBMITS TO THE BOARD:

(1) FOR A HOLDER OF A LIMITED LICENSE WHO MEETS THE CRITERIA DESCRIBED UNDER SUBSECTION (D)(8)(I) OF THIS SECTION:

(I) ENDORSEMENTS BY TWO PHYSICIANS LICENSED IN THE STATE, AT LEAST ONE OF WHOM IS NOT IN PRACTICE WITH THE HOLDER OF THE LIMITED LICENSE; AND

(II) EVIDENCE OF HAVING PASSED PART 2 OF THE STATE STANDARD OF CARE ASSESSMENT; OR

(2) FOR A HOLDER OF A LIMITED LICENSE WHO MEETS THE CRITERIA DESCRIBED UNDER SUBSECTION (D)(8)(II) OF THIS SECTION, EVIDENCE OF:

(I) SUCCESSFUL COMPLETION OF THE FACILITY'S EVALUATION, WITH AN ATTESTATION FROM THE FACILITY'S CHIEF MEDICAL OFFICER OR A PHYSICIAN IN AN EQUIVALENT POSITION THAT THE HOLDER OF THE LIMITED LICENSE IS COMPETENT TO PRACTICE INDEPENDENTLY; AND

(II) 1. ACHIEVEMENT OF A PASSING SCORE ON STEP 3 OF THE UNITED STATES MEDICAL LICENSING EXAMINATION; OR

2. HAVING PASSED PARTS 1 AND 2 OF THE STATE STANDARD OF CARE ASSESSMENT.

(I) THE BOARD MAY:

(1) ADOPT REGULATIONS NECESSARY FOR THE IMPLEMENTATION, ADMINISTRATION, AND ENFORCEMENT OF THIS SECTION;

(2) CONDUCT SITE VISITS OR AUDITS OF COMMUNITY SPONSORS;
AND

(3) REQUIRE REMEDIATION OR MODIFY SUPERVISION REQUIRED UNDER THIS SECTION IF DEFICIENCIES ARE IDENTIFIED.

SECTION 3. AND BE IT FURTHER ENACTED, That, on or before December 1, 2027, the State Board of Physicians shall report to the Senate Finance Committee and the House Health Committee, in accordance with § 2-1257 of the State Government Article, on:

(1) the status of the Board's preparations to begin accepting applications for a limited license under § 14-308 of the Health Occupations Article, as enacted by Section 2 of this Act; and

(2) if the Board is unable to meet the January 1, 2028, deadline to begin accepting applications, the reason it is unable to comply with the deadline and the projected date when it will begin accepting applications.

SECTION 4. AND BE IT FURTHER ENACTED, That it is the intent of the General Assembly that:

(1) on or before July 1, 2027, Johns Hopkins University School of Medicine, the University of Maryland School of Medicine, and the Meritus School of Osteopathic Medicine, in collaboration with other facilities, as defined under § 14–308(a)(2) of the Health Occupations Article, as enacted under Section 2 of this Act, shall develop the State standard of care assessment described in § 14–308(a)(5) of the Health Occupations Article, as enacted under Section 2 of this Act, for review by the State Board of Physicians and to be administered by the facilities, including a method for examiners to notify the Board if a candidate’s exam performance indicates that the candidate is practicing in a manner that may put patients at risk or should otherwise prompt an investigation by the Board;

(2) the entities described in item (1) of this section shall establish an entity to serve as the examiner described in § 14–308(a)(5)(ii) of the Health Occupations Article, as enacted under Section 2 of this Act; and

(3) the State Board of Physicians shall consult with MedChi, the Maryland State Medical Society, on the development of policies and regulations implementing Section 1 of this Act.”;

and in line 26, strike “2.” and substitute “5.”.