

HOUSE BILL 598

J2
HB 1199/25 – HGO

6lr0946
CF SB 380

By: Delegates Hill, Bagnall, Feldmark, Guzzone, Lehman, Smith, ~~and Wu Wu,~~
Alston, Cullison, Kaufman, Lopez, Martinez, Rosenberg, Ross,
White Holland, and Woorman

Introduced and read first time: January 28, 2026
Assigned to: Health

Committee Report: Favorable with amendments
House action: Adopted
Read second time: March 9, 2026

CHAPTER _____

1 AN ACT concerning

2 **Physicians – Licensing – Internationally Trained Physicians and Licensed**
3 **Physicians Residing in Other Jurisdictions**

4 FOR the purpose of authorizing the State Board of Physicians to issue a certain license to
5 practice medicine to an internationally trained physician under certain
6 circumstances; altering the circumstances under which a physician licensed by and
7 residing in another jurisdiction may practice medicine in the State without a license;
8 and generally relating to the licensure of ~~internationally trained~~ physicians.

9 BY repealing

10 Article – Health Occupations
11 Section 14–308
12 Annotated Code of Maryland
13 (2021 Replacement Volume and 2025 Supplement)

14 BY repealing and reenacting, with amendments,

15 Article – Health Occupations
16 Section 14–302(2)(iii)4., 14–306(g)(1)(iii)1.B., and 14–307(d)(2)(i)
17 Annotated Code of Maryland
18 (2021 Replacement Volume and 2025 Supplement)

19 BY adding to

20 Article – Health Occupations

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 Section ~~14-321~~ 14-308
 2 Annotated Code of Maryland
 3 (2021 Replacement Volume and 2025 Supplement)

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 6 be repealed.

7 SECTION 2. AND BE IT FURTHER ENACTED BY THE GENERAL ASSEMBLY
 8 OF MARYLAND, That the Laws of Maryland read as follows:

9 **Article – Health Occupations**

10 ~~14-321.~~

11 14-302.

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

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

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

18 4. The visiting physician [has]:

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

25 B. HAS no significant detrimental malpractice history;

26 14-306.

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

28 1. Has a degree of:

29 B. Doctor of osteopathy from a school of osteopathy in the
 30 United States, its territories or possessions, [Puerto Rico,] or Canada that has standards

1 for graduation equivalent to those established by the American Osteopathic Association;
2 and

3 14-307.

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

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

9 14-308.

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

12 (2) “COMMUNITY SPONSOR” MAY INCLUDE:

13 (I) A FEDERALLY QUALIFIED HEALTH CENTER;

14 (II) A RURAL HEALTH CLINIC;

15 (III) A COMMUNITY HEALTH CENTER;

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

18 (V) A LOCAL HEALTH DEPARTMENT; AND

19 (VI) A NONPROFIT CLINIC SERVING UNDERSERVED
20 POPULATIONS.

21 (3) “FACILITY” MEANS:

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

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

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

1 **(II) A SCHOOL OF MEDICINE;**

2 **(III) THE NATIONAL INSTITUTES FOR HEALTH; OR**

3 **(IV) A FEDERALLY QUALIFIED HEALTH CENTER.**

4 **(4) "FOREIGN COUNTRY" MEANS A COUNTRY OTHER THAN THE**
 5 **UNITED STATES, ITS TERRITORIES OR POSSESSIONS, OR CANADA.**

6 **(5) "SOLO PRACTICE" MEANS PRIVATE, INDEPENDENT PRACTICE IN**
 7 **WHICH A PHYSICIAN OPERATES WITHOUT PARTNERS OR EMPLOYMENT**
 8 **AFFILIATIONS WITH OTHER ORGANIZATIONS.**

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

15 **(I) UNEXPECTED CLINICAL SCENARIOS; AND**

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

18 **(B) THIS SECTION DOES NOT APPLY TO:**

19 **(1) A PHYSICIAN WHO HAS COMPLETED:**

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

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

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

27 ~~(A)~~ **(C) (1) BEGINNING ~~OCTOBER~~ JANUARY 1, 2028, THE BOARD MAY**
 28 **ISSUE A LIMITED LICENSE TO PRACTICE MEDICINE TO A PHYSICIAN LICENSED IN A**
 29 **COUNTRY OTHER THAN THE UNITED STATES, ITS TERRITORIES OR POSSESSIONS,**
 30 **~~PUERTO RICO,~~ OR CANADA WHO MEETS THE REQUIREMENTS OF THIS SECTION.**

1 (2) THE TERM OF A LIMITED LICENSE ISSUED BY THE BOARD UNDER
2 THIS SECTION MAY NOT EXCEED 3 YEARS.

3 (3) A LIMITED LICENSE ISSUED BY THE BOARD UNDER THIS SECTION
4 MAY NOT BE RENEWED.

5 ~~(B) AN APPLICANT SHALL SUBMIT EVIDENCE ACCEPTABLE TO THE BOARD~~
6 ~~THAT THE APPLICANT:~~

7 (D) TO BE ELIGIBLE FOR A LIMITED LICENSE, AN APPLICANT MUST:

8 (1) ~~HAS~~ HAVE RECEIVED A DEGREE OF DOCTOR OF MEDICINE OR ITS
9 EQUIVALENT FROM A ~~LEGALLY CHARTERED~~ MEDICAL SCHOOL OUTSIDE THE
10 UNITED STATES, ITS TERRITORIES OR POSSESSIONS, ~~PUERTO RICO,~~ OR CANADA
11 ~~THAT IS RECOGNIZED BY THE WORLD HEALTH ORGANIZATION~~ WITH RECOGNIZED
12 ACCREDITATION STATUS FROM THE EDUCATIONAL COMMISSION FOR FOREIGN
13 MEDICAL GRADUATES;

14 ~~(2) HAS COMPLETED AT LEAST 2 YEARS OF POSTGRADUATE~~
15 ~~TRAINING IN THE COUNTRY IN WHICH THE APPLICANT IS LICENSED THAT IS~~
16 ~~EQUIVALENT TO A POSTGRADUATE RESIDENCY PROGRAM ACCREDITED BY THE~~
17 ~~ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION;~~

18 ~~(3) HAS BEEN LICENSED OR OTHERWISE AUTHORIZED TO PRACTICE~~
19 ~~MEDICINE IN A COUNTRY OTHER THAN THE UNITED STATES, ITS TERRITORIES OR~~
20 ~~POSSESSIONS, PUERTO RICO, OR CANADA, AND HAS PRACTICED MEDICINE FOR AT~~
21 ~~LEAST 5 OF THE 7 YEARS IMMEDIATELY PRECEDING THE DATE OF APPLICATION;~~

22 (2) HAVE:

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

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

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

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

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

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

6 (3) HAVE PRACTICED MEDICINE IN A FOREIGN COUNTRY:

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

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

12 ~~(4) IS IN GOOD STANDING WITH THE MEDICAL LICENSING OR~~
13 ~~REGULATORY AUTHORITY IN THE COUNTRY OTHER THAN THE UNITED STATES, ITS~~
14 ~~TERRITORIES OR POSSESSIONS, PUERTO RICO, OR CANADA WITH WHICH THE~~
15 ~~BOARD, THE FEDERATION OF STATE MEDICAL BOARDS, OR ANOTHER NATIONALLY~~
16 ~~RECOGNIZED MEDICAL STANDARDS OVERSIGHT ENTITY IS ABLE TO VERIFY THE~~
17 ~~PHYSICIAN'S DISCIPLINE AND CRIMINAL BACKGROUND HISTORY;~~

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

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

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

26 ~~(5) (6)~~ HAS HAVE NO PENDING DISCIPLINARY MATTERS BEFORE
27 ANY LICENSING OR REGULATORY BODY;

28 ~~(6) HAS A VALID CERTIFICATE ISSUED BY THE EDUCATIONAL~~
29 ~~COMMISSION FOR FOREIGN MEDICAL GRADUATES;~~

30 ~~(7) HAS ACHIEVED A PASSING SCORE ON STEP 1, STEP 2 (CLINICAL~~
31 ~~KNOWLEDGE), AND STEP 3 OF THE UNITED STATES MEDICAL LICENSING~~
32 ~~EXAMINATION;~~

1 ~~(8) IS DOMICILED IN THE STATE;~~

2 ~~(9) DEMONSTRATES ORAL AND WRITTEN COMPETENCY IN THE~~
3 ~~ENGLISH LANGUAGE;~~

4 ~~(10) (7) IS BE OF GOOD MORAL CHARACTER;~~

5 ~~(11) MEETS THE REQUIREMENTS UNDER §§ 14 309 AND 14 313 OF~~
6 ~~THIS SUBTITLE; AND~~

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

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

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

13 A. EVALUATE THE PHYSICIAN'S NONCLINICAL SKILLS
14 AND FAMILIARITY WITH STANDARDS APPROPRIATE FOR MEDICAL PRACTICE IN THE
15 STATE;

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

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

21 D. SUBMIT BIANNUAL COMPETENCY EVALUATIONS TO
22 THE BOARD;

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

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

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

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

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

7 ~~(12)~~ (9) ~~HAS SATISFIED~~ SATISFY ANY OTHER CRITERIA
 8 ESTABLISHED BY THE BOARD FOR ISSUANCE OF A LIMITED LICENSE UNDER THIS
 9 SECTION.

10 ~~(e)~~ (E) THE BOARD MAY DETERMINE AN APPLICANT INELIGIBLE FOR
 11 LICENSURE IF THE APPLICANT ~~HAD~~:

12 (1) ~~A~~ HAD A PREVIOUS DISCIPLINARY ACTION; OR

13 (2) ~~DISCIPLINE~~ HAD DISCIPLINE OR COMPETENCY ISSUES DURING
 14 THE APPLICANT'S POSTGRADUATE TRAINING; OR

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

18 ~~(D)~~ (F) THE BOARD MAY REVOKE A LIMITED LICENSE ISSUED UNDER
 19 THIS SECTION IF:

20 (1) THE LICENSEE HAS PRACTICED OUTSIDE THE SCOPE OF THE
 21 LIMITED LICENSE;

22 (2) THE LICENSEE'S EMPLOYMENT IS TERMINATED;

23 (3) THE LICENSEE PRACTICES MEDICINE OUTSIDE THE STATE,
 24 UNLESS LICENSED BY THE OTHER STATE;

25 ~~(3)~~ (4) THE LICENSEE HAS BEEN THE SUBJECT OF A DISCIPLINARY
 26 ACTION BY THE HEALTH CARE FACILITY OR THE BOARD; OR

27 ~~(4)~~ (5) THE LICENSEE IS NO LONGER ELIGIBLE FOR THE LIMITED
 28 LICENSE.

29 ~~(E) THE BOARD SHALL ADOPT REGULATIONS;~~

1 ~~(1) TO ESTABLISH MINIMUM QUALIFICATIONS AND APPLICATION~~
2 ~~FEES FOR A LICENSE ISSUED UNDER THIS SECTION;~~

3 ~~(2) TO ESTABLISH CONDITIONS APPLICABLE TO A LICENSEE;~~

4 ~~(3) TO PROVIDE A PATHWAY TO FULL LICENSURE AFTER THE~~
5 ~~LICENSEE SUCCESSFULLY SATISFIES ANY LICENSE CONDITIONS ESTABLISHED BY~~
6 ~~THE BOARD UNDER ITEM (2) OF THIS SUBSECTION; AND~~

7 ~~(4) NECESSARY FOR THE IMPLEMENTATION, ADMINISTRATION, AND~~
8 ~~ENFORCEMENT OF THIS SECTION.~~

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

11 (1) MAY NOT ENGAGE IN SOLO PRACTICE;

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

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

16 1. STRUCTURED CLINICAL OVERSIGHT;

17 2. ACCESS TO ELECTRONIC HEALTH RECORDS AND
18 QUALITY ASSURANCE SYSTEMS;

19 3. TRAINING ON U.S. STANDARDS OF CARE, RISK
20 MANAGEMENT, AND REGULATORY COMPLIANCE; AND

21 4. OPPORTUNITIES FOR SKILL DEVELOPMENT AND
22 PEER REVIEW;

23 (ii) PROVIDE DIRECT CLINICAL OVERSIGHT FOR AN INITIAL
24 PERIOD FOLLOWED BY PROGRESSIVE AUTONOMY BASED ON DEMONSTRATED
25 COMPETENCE;

26 (iii) CONDUCT REGULAR CASE REVIEWS, CHART AUDITS, AND
27 DIRECT OBSERVATION;

28 (iv) SUBMIT BIENNIAL COMPETENCY EVALUATIONS TO THE
29 BOARD;

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

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

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

9 (H) A HOLDER OF A LIMITED LICENSE MAY APPLY FOR A LICENSE UNDER §
10 14-309 OF THIS SUBTITLE IF THE HOLDER OF THE LIMITED LICENSE SUBMITS TO
11 THE BOARD:

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

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

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

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

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

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

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

29 (I) THE BOARD MAY:

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

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

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

4 SECTION 3. AND BE IT FURTHER ENACTED, That, on or before December 1,
5 2027, the State Board of Physicians shall report to the Senate Finance Committee and the
6 House Health Committee, in accordance with § 2-1257 of the State Government Article,
7 on:

8 (1) the status of the Board's preparations to begin accepting applications
9 for a limited license under § 14-308 of the Health Occupations Article, as enacted by Section
10 2 of this Act; and

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

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

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

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

28 (3) the State Board of Physicians shall consult with MedChi, the Maryland
29 State Medical Society, on the development of policies and regulations implementing Section
30 1 of this Act.

31 SECTION ~~2~~ 5. AND BE IT FURTHER ENACTED, That this Act shall take effect
32 October 1, 2026.