

**Department of Legislative Services**  
Maryland General Assembly  
2026 Session

**FISCAL AND POLICY NOTE**  
**First Reader**

House Bill 1372

(Delegate Solomon)(By Request - Joint Audit and  
Evaluation Committee)

Health

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**Public Health - Office of Health Care Quality Information and Maryland  
Department of Health Centralization Commission**

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This emergency bill establishes the Maryland Department of Health (MDH) Centralization Commission to provide ongoing advice and recommendations to the General Assembly on how best to improve the relationship between MDH and the health occupations boards to achieve greater efficiency, transparency, and accountability. The Secretary of Information Technology must ensure that minimum cybersecurity requirements are met by all health occupations boards. By October 1, 2026, and annually thereafter, the commission must report its findings and recommendations, including any draft legislation, to the Senate Finance Committee, the House Health Committee, and the Joint Audit and Evaluation Committee. The bill also requires the Maryland Health Care Commission (MHCC), in collaboration with the Office of Health Care Quality (OHCQ), to develop a process to receive specified inspection and quality metrics information and publish it on the Maryland Quality Reporting Website for each applicable health care facility.

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**Fiscal Summary**

**State Effect:** The bill's requirements can be handled with existing budgeted resources. Revenues are not affected. This analysis does not reflect any potential fiscal impact associated with implementation of any recommendations made by the commission.

**Local Effect:** None.

**Small Business Effect:** None.

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## Analysis

### Bill Summary:

#### *Maryland Department of Health Centralization Commission*

The commission consists of one member of the Senate; one member of the House of Delegates; the Secretary of Health (or their designee); the Deputy Secretary for Public Health Services; the executive directors of the State boards of Nursing, Physicians, Pharmacy, Social Work Examiners, and Environmental Health Specialists (or their designees); and any additional members appointed by the Secretary of Health. The Secretary (or their designee) must chair the commission. MDH must staff the commission. A member of the commission may not receive compensation but is entitled to reimbursement for expenses under standard State travel regulations.

Each health occupations board must designate a representative to serve as a liaison to the commission. Each board must provide, as soon as practicable but not later than 10 days after receiving a request, any information requested by the commission.

The commission must provide recommendations:

- regarding how best to grant authority to MDH to ensure that each health occupation board remedies audit findings and violations of law, regulation, or policy, and establishes policies and procedures for, as applicable: (1) the timely processing of applications; (2) responding to complaints; (3) conducting investigations and inspections; (4) conducting criminal history records checks (CHRC), including the receipt of revised criminal history information; (5) the collection of fees and the accounting of financial activities, including the assessment of penalties; (6) taking appropriate actions for license application fraud, including the assessment of fines; (7) any other areas in which action is needed, as determined by the Secretary; and
- on how best to (1) establish a single, comprehensive licensure system to be used by all health occupations boards; (2) authorize the use of health occupation board regulatory fees to support the system; (3) consolidate administrative functions to establish and enhance efficiency and control in all areas; and (4) increase public awareness and usage of the Maryland Quality Reporting website of MHCC to assist individuals with selecting appropriate health care settings.

#### *Maryland Quality Reporting Website*

MHCC, in collaboration with OHCQ, must develop a process to receive the following information and publish it on the Maryland Quality Reporting website for each applicable facility (1) the date of OHCQ's most recent inspection; (2) any associated ratings or other

quality metrics calculated by OHCQ based on the most recent inspection; (3) the date of the next scheduled inspection; and (4) if applicable, a statement that the facility has not been inspected during the time frame required by statute or regulation.

**Current Law:**

*Health Occupations Boards*

It is policy of the State that health occupations should be regulated and controlled as provided in the Health Occupations Article to protect the health, safety, and welfare of the public. The health occupations boards are created to function as independent boards, with the intent that a peer group is best qualified to regulate, control, and otherwise discipline in a fair and unbiased manner the licensees or certificate holders who practice in the State.

Twenty health occupations boards share responsibility for regulating various health professions in Maryland. **Exhibit 1** lists the health occupations boards within MDH. With specified exceptions, an individual must be licensed, certified, registered, or permitted by the respective board before the individual may practice in the State. Licensure, certification, registration, and permit requirements vary by profession but typically require, among other things, specified education and experience, passage of a national and/or State examination, and CHRC.

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**Exhibit 1**  
**Health Occupations Boards in the Maryland Department of Health**

Acupuncture  
Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists, and Music Therapists  
Chiropractic  
Dental  
Dietetic Practice  
Environmental Health Specialists  
Long-Term Care Administrators (formerly Nursing Home Administrators)  
Massage Therapy  
Morticians and Funeral Directors  
Nursing  
Occupational Therapy  
Optometry  
Pharmacy  
Physical Therapy  
Physicians  
Podiatry  
Professional Counselors and Therapists  
Psychologists  
Residential Child Care Program Professionals  
Social Work

Source: Department of Legislative Services

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Chapters 336 and 337 of 2021 required the Department of Information Technology (DoIT), in consultation with the health occupations boards, to (1) review the information technology (IT) platforms used by each board, including the administrative functions used by each board and the cost of operating the platforms and (2) make recommendations on the feasibility and cost of developing a common and standardized platform for use by each board, as specified. DoIT's recommendations must include the cost and feasibility of:

- adopting a standardized website appearance and functionality for all boards;
- offering each board the ability to send automated notices;
- the ability to translate the website of each board into other languages, as specified;

- offering a standardized method of presenting information to regulated health care providers and the public on licensing or certification, meeting scheduling and agendas, board membership and staff, public notices, and complaint processing; and
- if possible, using existing platforms employed by the boards, if consistent with the statewide IT master plan, in developing the common platform.

On January 12, 2022, DoIT [reported](#) on the feasibility and cost of developing a common and standardized IT platform for use by each health occupations board that standardizes the websites and administrative functions of the boards and makes available accurate licensing information on health care.

### *Maryland Health Care Commission*

MHCC is an independent commission within MDH with a mission to plan for health system needs, promote informed decision making, increase accountability, and improve access in a rapidly changing health care environment by providing timely and accurate information on availability, cost, and quality of services to policymakers, purchasers, providers, and the public. MHCC oversees the Certificate of Need program, which requires review and approval of certain types of proposed health care facility and service projects, including before a person acquires a health care facility, with specified exceptions.

MHCC's [Maryland Quality Reporting](#) website is a resource for, among other things, information on the quality and performance of nursing homes, hospitals, hospice, assisted living facilities.

### *Office of Health Care Quality*

The Secretary of Health must adopt reasonable rules and regulations that set standards of services for related institutions, hospitals, and residential treatment centers in the following areas: (1) the care of patients; (2) the medical supervision of patients; (3) the physical environment; (4) disease control; (5) sanitation; (6) safety; and (7) dietary matters. To ensure compliance with these rules and regulations, OHCQ inspects each related institution, hospital, and residential treatment center. In general, OHCQ inspects facilities for which a license is sought and periodically after a license has been issued. MDH submits an annual report to the General Assembly regarding the inspections conducted during the immediately preceding year.

**Additional Comments:** In April 2025, the Office of Legislative Audits released a fiscal compliance audit on MDH Regulatory Services (including the health occupations boards and OHCQ). The audit disclosed, among other findings, that (1) the Board of Nursing could not document that it investigated and took appropriate action for individuals who may have obtained a nursing license in Maryland using fraudulent credentials; (2) several boards did

not ensure that complaints against licensees were investigated in a timely manner; (3) OHCQ had not performed annual inspections for certain facilities; (4) and several boards did not have adequate controls over collections. The audit also disclosed cybersecurity-related findings.

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### **Additional Information**

**Recent Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** None.

**Information Source(s):** Department of Information Technology; Maryland Department of Health; Department of Legislative Services

**Fiscal Note History:** First Reader - March 10, 2026  
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