

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

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

House Bill 619  
Health

(Delegate Cullison)

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**Interstate Podiatric Medical Licensure Compact**

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This bill enters Maryland into the Interstate Podiatric Medical Licensure Compact. The bill establishes (1) specified procedures and requirements for a podiatrist to practice under an “expedited license” in a member state; (2) the composition, powers, and responsibilities of the Interstate Podiatric Medical Licensure Compact Commission; and (3) requirements related to the oversight, enforcement, dispute resolution, defaulting, withdrawal, and dissolution of the compact. The bill is contingent on similar legislation being enacted in four other states.

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**Fiscal Summary**

**State Effect:** Special fund revenues and expenditures for the State Board of Podiatric Medical Examiners (BPME) likely increase by an indeterminate amount upon entry into the compact, as discussed below.

**Local Effect:** The bill does not directly affect local government operations or finances.

**Small Business Effect:** Minimal.

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**Analysis**

**Bill Summary:** Generally, the purpose of the compact is to create a streamlined licensure process that allows podiatrists to become licensed in multiple states, thereby enhancing the portability of a podiatric medical license and ensuring patient safety.

The compact adopts the prevailing standard for licensure and requires that a podiatrist is licensed under the jurisdiction of the State podiatric medical board where a patient is located at the time of the patient's encounter with a podiatrist.

"Practice of podiatric medicine" means that clinical prevention, diagnosis, or treatment of human disease, injury, or condition requiring a podiatrist to obtain and maintain a license in compliance with the laws of a member state.

### *Expedited Licensure Privilege*

"Expedited license" means a full unrestricted podiatric medical license granted by a member state to an eligible podiatrist through the process set forth in the compact. To be eligible for an expedited license, a podiatrist must:

- graduate from a podiatric medical school accredited by the Council of Podiatric Medical Education;
- pass parts I, II, and III (PMLexis) of the National Board of Podiatric Medical Examiners (NBPME)/American Podiatric Medical Licensing Examination (APMLE), or their NBPME/APMLE recognized replacement examinations;
- successfully complete a podiatric residency program approved by the Council on Podiatric Medical Education;
- hold specialty certification from a specialty board recognized by the Council on Podiatric Medical Education;
- possess a full and unrestricted license to engage in the practice of podiatric medicine issued by a member board;
- have never been convicted, received adjudication/deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;
- have never held a podiatric medicine license subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction (excluding non-payment of fees);
- have never had a controlled substance license or permit suspended or revoked by a state or the U.S. Drug Enforcement Administration (DEA) or voluntarily surrendered such license; and
- not be under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

A podiatrist seeking an expedited license must file an application with the member board of the state selected by the podiatrist as the state of principal license. The member board must evaluate the podiatrist's eligibility and issue a letter of qualification to the commission, verifying or denying eligibility.

The member board of the state of principal licensure must perform a criminal background check, including the use of biometric data checks compliant with requirements of the Federal Bureau of Investigation (FBI). Communication between a member board and the commission (and between member boards) may not include information received from the FBI related to a criminal records check.

Appeal of the determination of eligibility must be made to the member state where the application was filed and is subject to that state's law.

Upon verification of eligibility, to receive an expedited license, an eligible podiatrist must complete the registration process established by the commission, including paying any applicable fees. An expedited license is valid for a period consistent with the licensure period in the member state. An expedited license obtained through the compact must be terminated if a podiatrist fails to maintain a license in the state of principal licensure for a non-disciplinary reason, without redesignation of a new state of principal licensure.

A member state issuing an expedited license may impose a fee for a license issued or renewed through the compact.

### *License Renewals*

A podiatrist seeking to renew an expedited license must complete a renewal process with the commission if the podiatrist (1) maintains a full and unrestricted license in a state of principal licensure; (2) has not been convicted, received adjudication/deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction; (3) has not had a podiatric medical license subject to discipline or voluntarily surrendered (except for non-payment of fees); and (4) has not had a controlled substance license or permit suspended or revoked by a state or the DEA or voluntarily surrendered such license or permit.

Podiatrists must comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a member state.

The commission must collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board. Upon receipt of any renewal fees, a member board must renew the podiatrist's license. Podiatrist information collected by the commission during renewal must be distributed to all member boards.

### *Interstate Podiatric Medical Licensure Compact Commission*

The member states of the compact create the Interstate Podiatric Medical Licensure Compact Commission to administer the compact. It must be a body corporate and joint

agency of the member states with the responsibilities, powers, and duties assigned by the compact, as well as additional powers that can be conferred onto it by the respective legislatures of member states.

The commission must have one voting representative appointed by each member state who serves as a commissioner. A commissioner must be (1) a podiatrist appointed to a member board; (2) an executive director, executive secretary, or similar executive of a member board; or (3) a member of the public appointed to a member board.

The commission must meet at least once each year, and the chairperson may call additional meetings (including on request of the majority of member states). In the absence of its commissioner, a member state may delegate voting authority for a specific meeting to another person from that state who meets the requirements to serve as a commissioner.

The powers and duties of the commission consist of, among other things:

- overseeing and maintaining the administration of the compact;
- promulgating binding rules for the compact;
- upon request of a member state or board, issuing advisory opinions concerning the meeting or interpretation of the compact and its bylaws;
- enforcing compliance with compact provisions, commission rules, and bylaws, including through the judicial process;
- establishing and appointing committees;
- paying for expenses related to the commission;
- establishing and maintaining one or more offices;
- borrowing, accepting, hiring, or contracting for personnel;
- purchasing and maintaining insurance and bonds;
- employing an executive director;
- establishing personnel policies and programs;
- establishing a budget and making expenditures;
- adopting a seal and commission bylaws; and
- reporting annually to the legislatures and governors of the member states concerning commission activities.

The commission additionally may levy and collect an annual assessment from each member state to cover the cost of operations, activities, and staff. The total assessment must be sufficient to cover the annual budget approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount must be allocated by a formula to be determined by the commission. The commission may not pledge the credit of any member state, except by and with the authority of the member state. The commission

must maintain financial records, including profit and loss statements and balance sheet reports, which must be included in the commission's annual report.

The commission must, by majority vote, adopt bylaws to govern its conduct within 12 months of the first commission meeting. The commission must annually elect or appoint a chair, vice-chair, and treasurer. Officers must serve without remuneration. Officers and employees of the commission as well as member states must generally be immune from suit and liability for acts within the scope of their employment.

### *Coordinated Information System*

The commission must establish a database of all licensed podiatrists and applicants for licensure under the compact. Member boards must report to the commission (1) any public action or complaints against a podiatrist who applied for or received an expedited license through the compact and (2) disciplinary or investigatory information, as specified.

Member boards must share complaint or disciplinary information about a podiatrist upon request of another member board. All information provided to the commission or distributed by member boards must be confidential, filed under seal, and used only for investigatory or disciplinary matters.

### *Investigations and Disciplinary Actions*

A member board may participate with other member boards in joint investigations of podiatrists licensed by the member boards. Member boards may share any investigative, litigation, or compliance materials in furtherance of any investigation initiated under the compact. Any member state may investigate actual or alleged violations of the statutes authorizing the practice of podiatric medicine in any other member state in which a podiatrist holds a license to practice podiatric medicine.

Boards that participate in the compact retain jurisdiction to impose an adverse action against a license issued through the compact procedures to practice podiatric medicine in that State.

Any disciplinary action taken by any member board against a podiatrist licensed through the compact must be deemed unprofessional conduct, which may be subject to discipline by other member boards, in addition to any violations in that state.

If a license granted by a member board in the state of principal licensure is revoked, surrendered, relinquished, or suspended, then all licenses issued to that podiatrist by member boards must automatically be placed on the same status. If the member board of the state of principal license subsequently reinstates the podiatrist's license, a license issued

by any other member board must remain encumbered until that respective board takes action to reinstate the license. If a license granted by any member board is revoked, surrendered, relinquished, or suspended, then all licenses issued to that podiatrist by other member boards must be automatically suspended for 90 days.

If disciplinary action is taken against a podiatrist by a member board *not* in the state of principal licensure, any other member board may deem the action conclusive and (1) impose the same or lesser sanctions or (2) pursue separate disciplinary action in accordance with the laws of that state, regardless of the action taken in other member states.

### *Oversight and Enforcement of the Compact*

Each member state must enforce the compact. If the commission determines that a member state has defaulted in the performance of its obligations or responsibilities under the compact, the commission must (1) provide a written notice to the defaulting state and other member states that describes the default, proposed means of curing the default, and any other action that the commission may take and (2) offer training and specific technical assistance regarding the default. If a member state fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of member states.

The commission must attempt to resolve disputes that arise between member states and member boards upon request, and must promulgate rules providing for mediation and dispute resolution as appropriate.

### *Withdrawal and Dissolution*

Once effective, a member state may withdraw from the compact by repealing the statute that enacted the compact into law. Withdrawal may not take effect until one year after the effective date of entrance into the compact and until written notice is given by the withdrawing state to the governor of each other member state. The withdrawing state must also notify the chairperson of the commission in writing upon introduction of repealing legislation in the state. Reinstatement following withdrawal may occur if the withdrawing state reenacts the compact.

The compact must be dissolved upon the date of the withdrawal or default of a member state that reduces the membership of the compact to one member state.

### *Construction and Severability*

The provisions of the compact must be severable. If any part of the compact is deemed unenforceable, the remaining provisions must be enforceable. Nothing in the compact may

be construed to prohibit the applicability of other interstate compacts in member states. If the compact is held to be contrary to the constitution of any member state, the compact must remain in full force and effect as to the remaining member states and in full force and effect as to the member state affect for all severable matters.

**Current Law:** An individual must be licensed by BPME before the individual may practice podiatry in this State. “Practice podiatry” means to diagnose or surgically, medically, or mechanically treat the human foot or ankle, the anatomical structures that attach to the human foot, or the soft tissue below the mid-calf.

To qualify for a license to practice podiatry, among other requirements, an applicant must be at least 18 years old, be of good moral character, be a graduate of a school or college of podiatry that is accredited by the Council on Education of the American Podiatric Medical Association and that is approved by the board, and pass examinations given by the National Board of Podiatric Examiners and BPME.

For more information on existing medical licensure compacts and their membership, see **Appendix – Interstate Licensure Compacts.**

**State Fiscal Effect:** BPME advises that certain functions of the interstate compact commission likely result in increased expenditures for the board, including the bill’s requirement of a coordinated information system between member states and the commission’s ability to collect an annual assessment fee from each member state. Additionally, BPME may receive increased applications for licensure under the contract, creating additional administrative expenses. Thus, there is an indeterminate increase in BPME special fund expenditures upon entry into the compact.

As the bill authorizes the commission to develop rules regarding fees for an expedited license, BPME special fund revenues also likely increase by an indeterminate amount if and when the board issues expedited licenses.

BPME advises that its special funds are limited and solely derived from licensing fees, so it may not have sufficient resources to support the requirements of the compact. Additionally, the board advises that many of the compact’s requirements are duplicative of BPME’s existing responsibilities related to licensure.

Other licensure compacts have generally not had a significant impact on revenues or expenditures for other health occupations boards in the State.

**Additional Comments:** Enactment of the bill is contingent on similar legislation being enacted in at least four other states. The Department of Legislative Services advises that,

as of February 5, 2026, similar legislation has not been enacted in any jurisdiction, but has been introduced in Arizona, Iowa, Florida, and Maryland.

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### **Additional Information**

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

**Designated Cross File:** SB 333 (Senator Kramer) - Finance.

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

**Fiscal Note History:** First Reader - February 8, 2026  
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## Appendix – Interstate Licensure Compacts

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Licensing compacts are legally binding agreements between two or more states that allow health care providers licensed in one state to practice in another state without an additional license. A compact establishes a formal, legal relationship among states. State entrance into a compact requires enactment of model legislation containing specific compact language. The authorizing language in each state's compact legislation must be the same for the compact to be enforceable. Compacts may require a certain threshold of member states to be operational. Compacts are governed across states by an administrative entity (such as an interstate commission) as authorized by member states through the terms of the compact. As of November 2025, Maryland has entered eight health occupations licensing compacts:

- the Audiology and Speech-Language Pathology Interstate Compact;
- the Nurse Licensure Compact;
- the Interstate Occupational Therapy Licensure Compact;
- the Interstate Physical Therapy Licensure Compact;
- the Interstate Medical Licensure Compact;
- the Counseling Compact;
- the Psychology Interjurisdictional Compact; and
- the Social Work Licensure Compact.

Nationally, there are 11 additional compacts relating to 10 health fields (including 2 competing compacts for dentists and dental hygienists) that Maryland has not joined. Two such compacts deal with professionals regulated by the Maryland State Department of Education (school psychologists) and the Maryland Institute for Emergency Medical Services Board, rather than by the health occupations boards.

**Exhibit 1** lists all health occupations licensing compacts and their associated member states. There are currently no interstate compacts impacting the State boards of Acupuncture, Chiropractic Examiners, Environmental Health Specialists, Long-Term Care Administrators, Morticians and Funeral Directors, Optometry, Pharmacy, or Residential Child Care Program Professionals.

**Exhibit 1**  
**Health Occupations Interstate Licensure Compacts**

<b><u>Maryland Board/Entity</u></b>	<b><u>Compact</u></b>	<b><u>Practitioners Included</u></b>	<b><u>Member States</u></b>	<b><u>Maryland Authorizing Legislation</u></b>
Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists, and Music Therapists	<b>Audiology and Speech-Language Pathology Interstate Compact</b>	Audiologists and Speech-Language Pathologists	AL, AK, AR, AZ, CO, DE, FL, GA, ID, IN, IA, KS, KT, LA, ME, <b>MD</b> , MN, MI, MO, MT, NB, NV, NH, NC, OH, OK, RI, SC, TN, UT, VT, VA, VI, WA, WV, WI, WY	Chapter 158 of 2021
Dental Examiners	Dentists and Dental Hygienists Compact	Dentists and Dental Hygienists	AR, CO, IA, KS, ME, MN, NB, OH, TN, VA, WA, WI	n/a
	Interstate Dental and Dental Hygiene Licensure Compact	Dentists and Dental Hygienists	LA	n/a
Dietetic Practice	Dietitian Licensure Compact	Dietician-nutritionists	AL, AR, IA, KS, MS, MT, NB, ND, OH, OK, RI, SD, TN, UT, WI	n/a
Massage Therapy Examiners	Interstate Massage Compact	Massage Therapists	AR, MT, NV, OH, VA	n/a
Nursing	<b>Nurse Licensure Compact</b>	Registered Nurses and Licensed Practical Nurses	AL, AZ, AR, CO, CT, DE, FL, GA, GU, ID, IN, IA, KS, KT, LA, ME, <b>MD</b> , MA, MS, MO, MT, NB, NH, NJ, NM, NC, ND, OH, OK, PA, RI, SC, SD, TN, TX, UT, VT, VA, VI, WA, WV, WI, WY	Chapter 186 of 1999; Chapter 669 of 2017
	Advanced Practice Registered Nurse Compact	Nurse Anesthetists, Nurse Midwives, Nurse Practitioners, and Clinical Nurse Specialists	DE, ND, SD, UT	n/a

<b><u>Maryland Board/Entity</u></b>	<b><u>Compact</u></b>	<b><u>Practitioners Included</u></b>	<b><u>Member States</u></b>	<b><u>Maryland Authorizing Legislation</u></b>
Occupational Therapy Practice	<b>Interstate Occupational Therapy Licensure Compact</b>	Occupational Therapists and Occupational Therapy Assistants	AL, AZ, AR, CO, DE, GA, IN, IA, KT, LA, ME, <b>MD</b> , MN, MS, MO, MT, NB, NH, NC, ND, OH, RI, SC, SD, TN, UT, VT, VI, WA, WV, WI, WY	Chapter 93 of 2021
Physical Therapy Examiners	<b>Interstate Physical Therapy Licensure Compact</b>	Physical Therapists and Physical Therapy Assistants	AL, AZ, AR, CO, DE, GA, IN, IA, KT, LA, <b>MD</b> , MS, MO, MT, NB, NH, NJ, NC, ND, OH, OK, OR, SC, SD, TN	Chapter 374 of 2019
Physicians	<b>Interstate Medical Licensure Compact</b>	Physicians	AL, AZ, AR, CO, DE, DC, FL, GA, GU, ID, IL, IN, IA, KS, KT, LA, ME, <b>MD</b> , MI, MN, MS, MO, MT, NB, NV, NH, NJ, ND, OH, OK, OR, RI, SD, TN, TX, UT, WA, WV, WI, WY CT, HI, PA, VT <sup>1</sup>	Chapter 470 of 2018
	Physician Assistant Licensure Compact	Physician Assistants	AR, CO, CT, DE, IA, KS, ME, MN, MT, NB, NC, OH, OK, TN, UT, VA, WA, WV, WI	n/a
	Athletic Trainer Interstate Compact	Athletic Trainers	None	n/a
	Respiratory Care Interstate Compact	Respiratory Care Practitioners	AL, IA, MT, WA	n/a

<b><u>Maryland Board/Entity</u></b>	<b><u>Compact</u></b>	<b><u>Practitioners Included</u></b>	<b><u>Member States</u></b>	<b><u>Maryland Authorizing Legislation</u></b>
Podiatric Medical Examiners	Interstate Podiatric Medical Licensure Compact	Podiatrists	None	n/a
Professional Counselors and Therapists	<b>Counseling Compact</b>	Clinical Professional Counselors	AL, AZ, AR, CO, CT, DE, DC, FL, GA, IN, IA, KS, KT, LA, ME, MN, <b>MD</b> , MS, MO, MT, NB, NH, NJ, NC, ND, OH, OK, RI, SC, SD, TN, UT, VT, VA, WA, WV, WI, WY	Chapters 134 and 135 of 2021
Examiners of Psychologists	<b>Psychology Interjurisdictional Compact</b>	Psychologists	AL, AZ, AR, CO, CT, DE, DC, FL, GA, ID, IL, IN, KS, KT, ME, <b>MD</b> , MI, MN, MS, MO, MT, NB, NV, NH, NJ, NC, ND, MP, OH, OK, PA, RI, SC, SD, TN, TX, UT, VT, VI, WA, WV, WI, WY	Chapter 329 of 2021
Social Work Examiners	<b>Social Work Licensure Compact</b>	Bachelor, Graduate, Certified, and Certified Social Workers – Clinical	AL, AZ, AR, CO, CT, GA, IO, KS, KT, LA, ME, <b>MD</b> , MN, MS, MO, NB, NH, NJ, NC, ND, OH, OK, RI, SD, TN, UT, VT, VA, WA	Chapters 9 and 10 of 2025
Maryland State Department of Education	School Psychologist Interstate Licensure Compact	School Psychologists	AL, CO, GA, KS, NB, WV	n/a
Emergency Medical Services Board	Emergency Medical Services Compact	Emergency Medical Services Clinicians	AL, AR, CO, DE, GA, ID, IN, IA, KS, LA, MS, MO, NB, NV, ND, OK, PA, SC, SD, TN, TX, UT, VI, WV, WY	n/a

<sup>1</sup> Connecticut, Hawaii, Pennsylvania, and Vermont are not “states of principal licensure” in the Interstate Medical Licensure Compact; thus, physicians cannot use those states as their state of primary licensure when applying for the compact.

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