

# MedChi

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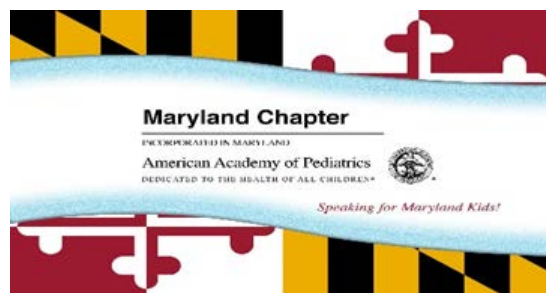


# ACOG

The American College of  
Obstetricians and Gynecologists  
Maryland Section



## Maryland Chapter AMERICAN COLLEGE OF EMERGENCY PHYSICIANS



TO: The Honorable Shane E. Pendergrass, Chair  
Members, House Health and Government Operations Committee  
Administration

FROM: J. Steven Wise  
Pamela Metz Kasemeyer  
Danna L. Kauffman

DATE: February 10, 2021

RE: **OPPOSE** – House Bill 732 – *Health Care Practitioners - Telehealth - Out-of-State Health Care Practitioners*

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We write on behalf of the Maryland State Medical Society (MedChi), the Maryland Section of the American College of Obstetricians and Gynecologists, the Maryland Chapter of the American College of Emergency Physicians, and the Maryland Chapter of the American Academy of Pediatrics, all of which **oppose** House Bill 732.

House Bill 732 establishes a registration requirement for physicians and other health care practitioners that are licensed by another state but who want to practice telehealth in Maryland. The above organizations have several concerns with this legislation.

In 2018, Maryland entered the Interstate Medical Licensure Compact (“Compact”) that allows physicians to more easily become licensed in multiple states. Under the Compact, a physician has a home state where they reside that is their principal state of licensure. The physician may then obtain expedited licensure in other member states. Approximately 25 states have entered the Compact, including neighboring West Virginia, Washington, DC and Pennsylvania, although implementation has been delayed in the latter two. The physician community supported joining the Compact in part because this was understood to be the chosen vehicle by which Maryland physicians could more easily be licensed in multiple states, and for physicians from other states to become licensed here. The process outlined in House Bill 732 does not address the dichotomy created by adopting a registration process separate from the Compact.

Related to this, the Compact has a clear process for member states to share information on and recognize the disciplinary actions taken by another state. In this way, a physician who is subjected to discipline in one state can quickly be disciplined in another state if warranted. On the other hand, House Bill 732 places the onus upon

the health care practitioner to notify Maryland of any pending disciplinary proceedings in another state. There is reason to believe that bad actors would not comply with this requirement. And, with House Bill 732 only applying to telehealth, it is easier for that practitioner to “hide” from authorities than if they were practicing in Maryland in person.

A basic tenet of the Compact is that member states must recognize practitioners from other states. House Bill 732 allows out of state practitioners to register in Maryland, but there is no requirement that Maryland practitioners receive reciprocal treatment from other states. Should the General Assembly move forward with this legislation, these groups believe that the home state of a practitioner seeking registration here in Maryland should also be required to provide the same process for Maryland practitioners seeking registration there.

Finally, the above physician groups appreciate that by bringing this legislation forward the Hogan Administration is attempting to find ways to ease the tremendous demand placed upon the healthcare workforce during the pandemic. Executive Orders waiving licensure requirements have helped address this problem. However, what is proposed here is a measure that will outlast the current pandemic, and as such needs to be considered carefully. Expanding licensing for telehealth helps address certain problems more directly like mental health access, but there was an even greater need seen during the pandemic for in-person health care professionals, like in emergency rooms, and this bill does not necessarily help address that problem.

In sum, the above organizations appreciate the Administration proposing solutions to the important problem of health care workforce shortages but suggests that the issues outlined above need to be addressed before any such legislation is adopted. For these reasons, these groups oppose House Bill 732.

**For more information call:**

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