



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

Board of Physical Therapy Examiners
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**2021 SESSION
POSITION PAPER**

BILL NO: HB 732

COMMITTEE: Health and Government Affairs

POSITION: Support with amendments

TITLE: Health Care Practitioners – Telehealth – Out-of-State Health Care Practitioners

BILL ANALYSIS: This bill authorizes out-of-state health care practitioners to provide telehealth services to patients located in Maryland, provided the health care practitioner is licensed and in good standing in another state and registers with the appropriate health occupations board in Maryland. The bill further sets forth the requirements an out-of-state practitioner must meet in order to register with the relevant board, including completion of an application, completion of a criminal history records check, and payment of a fee. The bill establishes that an out-of-state health care practitioner must practice in accordance with the laws, rules, regulations, scope of practice, and standard of practice set forth by the appropriate board; provides a mechanism for potential discipline of an out-of-state practitioner registered to practice telehealth in Maryland; and requires each board to publish information regarding out-of-state practitioners registered with the board.

POSITION AND RATIONALE:

The Maryland Board of Physical Therapy Examiners (the “Board”) supports the underlying purpose of HB 732 – to increase access to care, particularly telehealth services, for patients in Maryland. The Board knows that lack of access to affordable, quality health care is a significant issue throughout the country, especially during the ongoing pandemic. The Board, however, already has multiple mechanisms in place to allow out-of-state physical therapists and physical therapist assistants to practice in Maryland, mechanisms that increase access to physical therapy services throughout the State and are proven to protect the public.

First, pursuant to Md. Code Ann., Health Occ. § 13-307(a), the Board “may waive any examination requirement for an applicant who is licensed or otherwise is authorized to practice physical therapy or limited physical therapy in another state” in certain circumstances. Examination waivers allow physical therapists and physical therapist assistants licensed in other

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states with qualifications substantially the same as those required by the Board to become licensed in Maryland under a significantly abbreviated process.

In addition, the Board is already participating in the Interstate Physical Therapy Licensure Compact (the “Compact”), effective October 1, 2019 (Chapter 374, Acts of 2019). The Compact allows physical therapists and physical therapist assistants licensed in a participating state to practice on a “compact privilege” in another participating state under an extremely abbreviated process. The Board is concerned that HB 732 is duplicative of the Compact and actually complicates the Board’s ability to allow practice by out-of-state practitioner. The Board will begin issuing compact privileges upon the regulatory sign-off by the Department of Health.

Accordingly, although it supports the intent and aims of HB 732, the Board respectfully requests two amendments to the bill, both of which clarify that it does not apply to physical therapists or physical therapist assistants.

Amendment Number 1:

On page 6, in line 12, after “1996,” insert:

“(8) THIS SECTION DOES NOT APPLY TO PHYSICAL THERAPISTS OR PHYSICAL THERAPIST ASSISTANTS IN ACCORDANCE WITH TITLE 13 OF THIS ARTICLE.”

Amendment Number 2:

On page 12, strike lines 6 through 22, beginning with “13-301” and ending with “TELEHEALTH.”

Thank you for your consideration of this testimony. The Board respectfully requests a favorable report on HB 732 including the aforementioned proposed amendments. If you have any additional questions, please contact the Board’s Executive Director, Laurie Kendall-Ellis, at laurie.kendall-ellis@maryland.gov or (443) 610-8047.

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration