

SB375_BOPInactiveEmeritusStatus_LOS-CF.pdf

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Maryland
Hospital Association

February 28, 2023

To: The Honorable Melony G. Griffith, Chair, Senate Finance Committee

Re: Letter of Support- Senate Bill 375- State Board of Physicians – Inactive and Emeritus Status

Dear Chair Griffith:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 375.

Maryland hospitals are at a critical juncture—facing the most significant staffing shortage in recent memory. According to the Association of Medical Colleges, the physician shortage is expected to grow nationally ranging from 37,800 to 124,000 by 2034.¹ Maryland has a shortage of primary care physicians, especially in rural and underserved parts of the state.² In 2021, hospital leaders, human resources experts, and clinicians from across Maryland joined together to focus on how to grow and diversify the hospital workforce pipeline. The Task Force released the [2022 State of Maryland's Health Care Workforce report](#), which provides a roadmap to ensure Maryland has the health care workforce it needs now and into the future

A key component of growing the pipeline is understanding how many practicing health care providers are in the state. One recommendation in MHA's report is to designate a state entity responsible for multi-agency coordination of data driven policy change and programs to ensure Maryland has the health workforce necessary for the future. The lack of a central repository for data on Maryland's health care workforce is a challenge that has been discussed in the [Commission to Study the Health Care Workforce Crisis](#).

SB 375 offers several tools to support the physician workforce. First, the bill would help track physicians who are retiring by allowing for emeritus status to be identified on their license. This can help the state with workforce planning. In addition, during a public health emergency, this would identify physicians who might be able to rejoin the workforce temporarily. This legislation would help the state plan for the workforce we need to meet the demand.

For these reasons, we request a *favorable* report on SB 375.

For more information, please contact:

Jane Krienke, Senior Legislative Analyst, Government Affairs
Jkrienke@mhaonline.org

¹Association of American Medical Colleges. (June 11, 2021). "[AAMC Report Reinforces Mounting Physician Shortage](#)."

² Education and Pathways Advisory Group for the Commission to Study the Health Care Workforce Crisis in Maryland. (November 2, 2022). "[Primary Care for the Underserved](#)."

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Position: FAV



Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Damean W.E. Freas, D.O., Chair

2023 SESSION POSITION PAPER

BILL NO.: SB 375 – State Board of Physicians – Inactive and Emeritus Status
COMMITTEE: Finance
POSITION: Letter of Support

TITLE: State Board of Physicians – Inactive and Emeritus Status

POSITION & RATIONALE:

The Maryland Board of Physicians (the Board) is submitting this letter of support for Senate Bill (SB) 375 – State Board of Physicians – Inactive and Emeritus Status. SB 375 would establish an emeritus status for retired physicians who are no longer practicing after providing healthcare to Maryland patients for at least 10 years.

Under current law, there is no way for a physician to indicate that they are retired on their license or practitioner profile. When a physician in Maryland ceases practicing, they are forced to choose between either allowing their license to lapse or continuing to renew it indefinitely. If the retired physician chooses to allow their license to lapse, they will show up on the Board’s practitioner profile as having an expired or inactive license, with no way to distinguish a retired physician with decades of service from any other practitioner who allowed their license to lapse.

Because of this, rather than allowing their license to lapse, many physicians continue to renew their license long after retirement. This makes it difficult to obtain a clear picture of the physician workforce in Maryland. For example, as part of its participation in several healthcare workforce initiatives, the Board has been asked on multiple occasions to speak to the impact of aging on the Maryland physician workforce. Unfortunately, while the Board knows that over 12% of its actively licensed physicians are over 70 years of age, and over 19% are between ages 60 and 69, the Board has no way of knowing how many of these licensees are currently practicing.

By establishing an emeritus status, SB 375 would alleviate these issues by giving retired physicians with at least a decade of service in Maryland the ability to indicate their retirement with honor on their professional license. This status would allow retired physicians to retain their professional title as an honor. Emeritus physicians would not be permitted to engage in the practice of medicine, including prescribing and dispensing medication, and would be exempt from renewal and continuing medical education requirements. Emeritus status would be entirely voluntary and any emeritus physician who wishes to return to practice would be required to reinstate their license, under the same standards as inactive physicians. This change would bring Maryland in line with other states such as California and Maine that offer similar options for retired physicians.

SB 375 would allow the physicians who have dedicated their lives to serving Maryland patients the option of retiring with grace, while also giving the Board a more robust and nuanced picture of its current healthcare workforce. The Board urges a favorable report on SB 375.

Thank you for your consideration. For more information, please contact Matthew Dudzic, Manager of Policy and Legislation, Maryland Board of Physicians, 410-764-5042.

Sincerely,



Damean W. E. Freas, D.O.
Chair, Maryland Board of Physicians

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

SB0375.LOSWA.pdf

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February 27, 2023

TO: The Honorable Melony Griffith
Chair, Senate Finance Committee

FROM: Office of the Attorney General
Health Education and Advocacy Unit

RE: SB0375 – State Board of Physicians – Inactive and Emeritus Status:
Support with Amendment

The Health Education and Advocacy Unit of the Attorney General's Office supports SB0375 with a proposed amendment. This bill makes changes to the Board's authority with regard to placing a licensee on inactive and emeritus status under certain circumstances and for reinstating an inactive or emeritus status license. The HEAU recognizes the need to remove barriers to the active practice of trained and skilled physicians due to current and projected shortages of healthcare professionals in Maryland and around the country. However, the bill as currently drafted seems to remove the requirement for a licensee seeking reinstatement to provide any evidence of meeting continuing education requirements (currently 50 hours for each 2-year renewal period). Without evidence that a licensee has kept up with best practices, poor outcomes for consumers may result.

The healthcare industry is constantly evolving, either to solve new problems, enhance existing treatments, or expedite the way care is delivered to patients. A practitioner who does not keep pace with new developments and trends could end up providing a disservice to those in their care.

Over the course of nearly 40 years between 1977 and 2015, 39 systematic reviews of continuing medical education effectiveness consistently concluded that continuing education has a positive impact on physician performance and patient health outcomes. While the best way to deliver such education has been and continues to be debated, we found no published calls for the complete elimination of continuing medical education.
https://www.accme.org/sites/default/files/652_20141104_Effectiveness_of_Continuing

[Medical Education Cervero and Gaines.pdf.](#)

Maryland's sister states all require continuing education requirements to be met before a licensee's reinstatement. In Pennsylvania, the applicant must get caught up on CME requirements for the preceding biennial licensure period (100 hours); Virginia requires an applicant to document completion of 60 continued competency hours for each two-year period for up to four years (more than four years requires an examination); and in DC a reinstatement applicant must submit proof of completion of 50 hours of continuing medical practice for each year up to five years (inactive for more than five years requires an application for a new license).

The HEAU believes the bill's proponent will offer an amendment to clarify its intent to pend continuing education requirements only for the period of inactive or emeritus status and that an applicant for return to active status must meet the continuing education requirements set by the Board for renewing members. With such an amendment, the HEAU would support a favorable report for SB0375.