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Health and Government Operations
Committee

Subcommittees

Health Occupations and Long Term Care

Public Health and Minority
Health Disparities

House Chair

Joint Committee on Program Open Space
and Agricultural Land Preservation

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

**Testimony in Support of HB507 -
State Board of Physicians - Graduate Registered Physicians - Licensure**

February 20, 2023

Thank you Chair Peña-Melnyk, Vice Chair Kelly, and members of the Health and Government Operations Committee. I am Delegate Robbyn Lewis testifying on behalf of HB507. This bill offers a novel yet sensible approach to tackling the healthcare workforce shortage in Maryland and I hope you will support it.

As you know, every state in this country is experiencing a healthcare workforce shortage. There are not enough nurses, dentists or physicians to take care of us; the gap is especially dire in underinvested rural and urban communities. This bill focuses exclusively on the lack of physicians.

Many Marylanders have had to wait longer to see a medical doctor than they used to, for which we cannot simply blame the COVID-19 pandemic. While modern health care is delivered by teams of providers with different training and scopes of practice, the physician shortage bodes ill for public health outcomes overall.

In 2021, the Association of American Medical Colleges (AAMC) projected a total physician shortage between 54,100 and 139,000 by 2033. This includes a significant lack of primary care physicians who carry a heavy and important workload.

Maryland's physician shortage goes back decades, well before the COVID-19 pandemic. There are about 26,000 actively practicing physicians in Maryland, most of whom are based in the central, most populous region. Western and Southern Maryland and the Eastern Shore suffer critical shortages; according to a 2007 MedChi report entitled the Maryland Physician Workforce Study" these three regions have levels of active practicing physicians significantly below the national level.

The physician shortage is due to many factors. Demand- and supply-side forces are both in play. According to that AAMC report, demand-side factors include our growing and aging population. On the supply side, forces such as the aging of the physician workforce.

Our state also produces about 430 allopathic medical school graduates each year. (There are no osteopathic medical schools in Maryland.) Some of them seek residencies in-state, and others choose to go elsewhere. Graduates of other states also choose to do their training in Maryland. There were about 700 residency slots in Maryland last year, of which 696 were filled.

Overall, nationally about 5% of allopathic medical school graduates do not receive a residency match offer anywhere at all. There are many reasons for a failure to match, including the same forces of bias, racism, sexism that plague other hiring decisions, forces that are beyond the scope of this bill. The most important thing to keep in mind, however, is that the cost to society of producing a single medical school graduate is so great that it behooves us to do everything we can to ensure a meaningful return. Given the shortage of and the growing need for physicians, we must find a way to ensure these graduates complete their training and go on to practice medicine.

HB507 aims to construct a bridge to licensure for those graduates of allopathic medical schools. The original language of the bill describes creation of a new type of license and a supervisory process under which the graduate can provide health care services. However, over the past few weeks, in conversation with the Maryland Board of Physicians, MedChi and the Maryland Hospital Association, a few amendments have been worked out and I consider these as friendly amendments.

With that I respectfully request a favorable report on HB507.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robbyn Lewis', with a long horizontal flourish extending to the right.

Delegate Robbyn Lewis

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