



**TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**

January 30, 2024

Senate Bill 221: Health Occupations Boards – Reciprocal Licensure and Certification
Written Testimony Only

POSITION: FAVORABLE

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 221. HFAM represents skilled nursing centers and assisted living communities in Maryland, as well as associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction of the state.

Senate Bill 221 authorizes certain health occupations boards to adopt regulations establishing reciprocity for individuals licensed or certified in another state or jurisdiction. Applicants for reciprocity must meet specified standards.

While twenty health occupations boards share responsibility for regulating various health professions in Maryland, only four boards currently have authority to issue a license by reciprocity. Because reciprocity agreements are negotiated independently by health occupations boards after the passage of legislation, SB 221 would give health occupations boards control when choosing to enter into a reciprocity agreement.

In Maryland and throughout the country, we are facing a shortage of healthcare workers across settings, with particularly fewer people working in skilled nursing and rehabilitation centers. Workforce recruitment and retention was a challenge before the pandemic and it has only grown more challenging. Tens of thousands of healthcare workers in Maryland have left the field over the last few years. Licensed healthcare professionals are scarce and all healthcare settings are competing for employees from the same labor pool.

This legislation will expand our labor pool by giving healthcare providers the ability to recruit and employ qualified individuals who are already licensed in other states. This will be particularly helpful in improving access to care and treatment in rural and underserved areas.

For these reasons, we request a favorable report from the Committee on Senate Bill 221.

Submitted by:

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