Support SB 407 Ltr Jafari.pdf
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Position: FAV

NURSE PRACTITIONER
Association of Maryland

"Advocating for Nurse Practitioners since 1992"

January 30, 2025

State Board of Nursing – Advanced Practice Nursing Licensure and Specialty Certification – Reciprocity Discussions (Maryland Border States Advanced Practice Nursing Act)

Position: **SUPPORT**

Dear Chair Beidle, Vice Chair Hayes, and Members of the Committee:

On behalf of the over 850 members, the Nurse Practitioner Association of Maryland, Inc. (NPAM), and the over 10,000 Nurse Practitioners licensed to practice in Marland, I am writing to support SB 407.

My name is Dale Jafari and I have been a Nurse Practitioner in the State of Maryland for more than 25 years. I serve the five mid-shore communities of Talbot, Dorchester, Caroline, Queen Anne's, and Kent County. This is a rural area with multiple communities of medically underserved populations. The healthcare workforce shortage is negatively impacting access to care. SB 407 will address this issue by enabling the Maryland Board of Nursing (MBON) to negotiate individually with our neighboring states in the development of agreements for Advanced Practice Registered Nurses (APRNs) to practice in those states. The result should be:

1. Flexibility in agreement to terms for each individual State
2. Respect for each state's autonomy in their Nurse Practice Act
3. Increased MBON revenue through reciprocal licensure fees
4. Increased APRNs in the workforce as Maryland has the desired full practice authority and some of our surrounding states do not
5. Immediate implementation upon agreement between Maryland and the border state entering into the agreement.

We have seen the success for the Maryland Board of Physicians (MBOP) in their reciprocity agreements with Washington, D.C. and Virginia. We believe that the MBON will find an equally successful implementation of reciprocity in our nearby states.

The Nurse Practitioner Association of Maryland is in full support of SB 407. It is our hope that the Bill is given a favorable report so that our patients may have increased access to care for their healthcare needs across urban and rural areas and inclusive of the medically underserved.
Should you have any questions, please feel free to contact me or our government relations consultant, Sarah Peters, at speters@hbstrategies.us.
Sincerely,

S. Dale G Jafari

S. Dale G. Jafari
S. Dale G. Jafari, DNP, FNP-BC, FAANP
dalegjafari@gmail.com
Nurse Practitioner Association of Maryland, Inc.

2025 MdAPA SB 423 Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

The Maryland Academy of Physician Assistants

mdapa

To: **Senate Finance Committee**

Bill: **Senate Bill 423 – Maryland Medical Practice Act and Maryland Physicians Act - Revisions**

Date: **February 4, 2025**

Position: **Favorable**

The Maryland Academy of Physician Assistants supports *Senate Bill 423 – Maryland Medical Practice Act and Maryland Physicians Act – Revisions*. The Board of Physicians licenses and regulates physcians, physician assistants, and a wide range of allied health professions. The legislation provides for stautory consistency across all the professions.

The Maryland Academy of Physicians Assistants has reviewed the legislation's provisions reguarding physician assistants, and we have found the legislation to be technical and clarifying in nature. We appreciate the Board's outreach and collaboration with us as they prepared this legislation.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

2025 MNDA SB 423 Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

Maryland Naturopathic Doctors Association
info@marylandnd.org
Annapolis, MD

To: **Senate Finance Committee**

Bill: **Senate Bill 423 – Maryland Medical Practice Act and Maryland Physicians Act - Revisions**

Date: **February 4, 2025**

Position: **Favorable**

The Maryland Association of Naturopathic Doctors (MNDA) supports *Senate Bill 423 – Maryland Medical Practice Act and Maryland Physicians Act – Revisions*. The legislation proposes statutory changes to provide for consistency across all professions that are regulated by the Board.

MNDA has reviewed the legislation, and we have found the proposed changes for naturopathic doctors to be consistent with other professions under the Board. We appreciate the Board's outreach to us ahead of the bill being introduced.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

SB 423 - BOP - FIN - LOS.pdf
Uploaded by: State of Maryland (MD)
Position: FAV

Maryland
DEPARTMENT OF HEALTH

Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Harbhajan Ajrawat, M.D., Chair

2025 SESSION
POSITION PAPER

BILL NO.:	**SB 423 - Maryland Medical Practice Act and Maryland Physician Assistants Act- Revisions**
COMMITTEE:	**Finance**
POSITION:	**Letter of Support**

TITLE: **SB 423 - Maryland Medical Practice Act and Maryland Physician Assistants Act - Revisions**

POSITION & RATIONALE:

The Maryland Board of Physicians (the Board) is submitting this Letter of Support for Senate Bill (SB) 423 - Maryland Medical Practice Act and Maryland Physician Assistants Act- Revisions. SB 423 would revise the Maryland Medical Practice Act and the Maryland Physician Assistants Act (the Acts) to correct errors, codify existing Board practices, standardize language, and eliminate inconsistent or redundant terms.

SB 423 originates from 2020 Sunset recommendations. During the 2020 legislative session, HB 560 and SB 395 (State Board of Physicians and Allied Health Advisory Committees – Sunset Extension and Program Evaluation) passed as emergency bills and were enacted on May 8, 2020. Section 5 of this legislation required that the Board submit to the legislature a report with recommendations for improving consistency of language between practitioners regulated and eliminating redundant language in the Acts. The revisions in this bill proposal aim to address those recommendations.

In addition, the bill proposes to make a number of substantive and non-substantive changes, which are detailed in **Attachment 1 - Proposed Changes and Rationale**.

The Board anticipates that this bill will positively impact the accessibility of the Acts for Board staff, regulated health practitioners, and legislators alike. It will also bring the Board into compliance with some of the 2020 Sunset recommendations. Thank you for your consideration, and we look forward to continuing to work with stakeholders on this legislation. For more information, please contact Madeline DelGreco, Health Policy Analyst, at 410-764-5053.

Sincerely,

Harbhajan Ajrawat, M.D.
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.

4201 Patterson Avenue – Baltimore, Maryland 21215
410-764-4777 – Toll Free 1-800-492-6836 – Deaf and Hard of Hearing Use Relay
Web Site: www.mbp.state.md.us

Attachment 1 - Proposed Changes and Rationale

Statute	Change(s)/Rationale
14-101	● (a-1) - Adds a definition of "advisory committee" for clarity and standardization. ● (a-2) - Adds "5G" as the statute was not updated to include Genetic Counselors when they were added to the Title. ● (a-3) - Adds a definition for "alternative health system" for clarity. This definition refers to one that already exists in 1-401. ● (a-4) - Adds a definition for "applicant", a term used throughout the Title, for clarity. ● (c) (2) - Removes a citation to 14-101.1, which is no longer accurate as 14-101.1 is now removed. ● (g) - Adds "allied health profession" for accuracy. ● (i) - Makes minor language changes for better flow. ● (n) - Replaces "physician rehabilitation program" (see (q) of this list) with a definition for "physician assistant", a term used throughout the Title, for clarity. ● (p) - Adds "in a hospital" to the definition of a registered cardiovascular invasive specialist for accuracy and clarity. ● (q) - Removes "physician" from "physician rehabilitation program" for accuracy as the rehabilitation program is available for all licensees. Definitions are alphabetical, so this required re-lettering them.
14-101.1	Removes the Board's ability to approve a certification board. 14-101 (c) (1) defines board certification and includes a list of certifying boards, such as the American Board of Medical Specialities, the American Osteopathic Association, the Royal College of Physicians and Surgeons of Canada, and the College of Family Physicians of Canada. Board certification is not required for licensure or renewals and is more relevant for employment and insurance purposes.
14-205	● (b)(2) - Adds Title 15, which was missing erroneously. ● (b)(3)(i) - Adds 14-5G-18 as the statute was not updated to include Genetic Counselors when they were added to the Title. ● (c)(1)(i) - Adds "verification of license status" for accuracy. ● (c)(1)(ii) - Adds "pending" for accuracy. ● (2) - Replaces "physician" with "licensee" throughout for accuracy. ● (d) - Prohibits the Board from releasing a list of applicants for licensure, previously in 14-309. ● (e) - Adds the authority for the Board to adopt regulations for advisory committees to codify existing Board practices.

14-206	• (d)(1) - Adds Title 15, which is missing erroneously. • (d)(1)(i) - Replaces "licensed physician" with "licensee" for accuracy. • (d)(3) - Increases the fee if a person refuses the Board entry to a licensee's place of business or a public premise if entry is required for an investigation from $100 to $1,000 to be an effective consequence and/or deterrent. • (e)(1) - Adds "or with an unauthorized person" for accuracy and clarity. • (e)(2) - Adds "Genetic Counseling" / "14-5G-24" as the statute was not updated to include Genetic Counselors when they were added to the Title. • (3)(i) - Adds the statutes for the allied health professions for accuracy.
14-207	• (b)(1) - Adds "provided to applicants or licensees" for clarity. • (b)(2) - Adds language regarding how fees are charged to codify existing Board practices. • (b)(4) - Adds language regarding how fees are charged to codify existing Board practices. • (d)(1),(2), and (3) - Makes corrections for accuracy and clarity regarding the Maryland Loan Assistant Repayment Program. • (f)(1) - Removes the word physician in "physician rehabilitation program" for accuracy and consistency. • (f)(2) - Removes language to codify existing Board practices as the Fund to the Physician Rehabilitation Program does not exist anymore.
14-208	Adds administrative penalties for certain administrative errors. It allows the Board to encourage compliance without disciplinary sanction.
14-302	• (2) (iii) (4.) - Corrects "Veterans Administration" with "U.S. Department of Veterans Affairs". • (3) - Inserts standardized language for licensure exemption for individuals working for the federal government.
14-306	Authorizes individuals who have passed part 1 and part 2 of the Comprehensive Osteopathic Medical Licensing Examination to qualify to practice as a supervised medical graduate. This is the examination typically taken by D.O.s and was left out erroneously.
14-307	• (e) - Replaces "pass an examination required by the Board" with "meets any education, certification, training, or examination established by the Board" for accuracy and to codify existing Board practices. • (h)(1), (2), (4) - Adds written competency in the English language as a requirement to codify existing Board practices.
14-308	Replaces outdated language "foreign" with "international" throughout.

14-309	Removes the requirement that the Board may not release a list of applicants for licensure, which was moved to 14-205.
14-315	Inserts standardized language regarding license renewals.
14-316	• (a)(3) - Inserts standardized language regarding license renewals. • (b)(1) - Removes the requirement for the Board to provide a blank datasheet during renewals to codify Board practices, as this form no longer exists. • (c)(1)(iv)(2) - Adds "or competency" for clarity. • (c)(1)(v) - Adds requirement for licensees to meet any additional requirements established by the Board. For example, the legislature often requires new continuing medical education courses such as implicit bias. This change allows the Board the flexibility to adjust requirements accordingly but does not require updating the statute for temporary or time-limited requirements. • (f)(1) - Changes the timeframe to notify the Board of a name or address change from 60 to 10 days. The notification process has been expedited substantially due to technology changes. Ten days is consistent with other state agencies, such as the Maryland Department of Housing and Community Development. In addition, the Maryland Motor Vehicle Administration and Maryland Department of Assessments and Taxations have timeframes that are under 60 days. • (f)(2) - Removes reference to the secretary of the Board, a position that no longer exists, and makes other minor language changes for better flow.
14-317	• (2) - Established the requirement for licensees to submit a reinstatement application that the Board requires to codify existing Board practices. • (5) - Adds requirement for licensees to meet any additional requirements established by the Board. This change allows the Board the flexibility to adjust requirements accordingly but does not require updating the statute for temporary or time-limited requirements.
14-401.1	• (a) - Updates the process so a complaint will be returned to the original disciplinary panel if delegation to the Office of Administrative Hearings is rescinded. The current statute incorrectly returns a complaint to the opposite disciplinary panel with no background on the complaint. • (f) - Changes the timeframes regarding peer reviews to codify Board practices, as these are the timeframes in current contracts with peer reviewers.
14-402	• (a) - Adds Title 15, which was left out erroneously. • (c) - Replaces "licensed individual" with "licensee or applicant" for accuracy and clarity.

	• (d) - Authorizes the Board to pay the cost of an examination for a licensee or applicant not previously licensed by the Board and requires an applicant for reinstatement to pay the cost of any required examination. It should not be the Board's responsibility to pay for an examination if the individual was already licensed or allowed their license to lapse. • (e) - This section requires the Board to appoint the members of the Physician Rehabilitation Program. This requirement is outdated and no longer occurs. It was removed to codify current Board practices. • (f) - Replaces "physician rehabilitation program" with "rehabilitation program" for accuracy and consistency
14-403	Makes minor language changes for clarity.
14-404	• (4) - Separates the ground for professional, physical, or mental incompetence so that the practitioner can be charged with the appropriate ground based on the situation. • (19) - Adds "establishes a pattern of" for clarity and to better express what was meant by "gross" overutilization. • (25) - Changes "knowingly" to "willfully" for consistency. • (37) and (38) - Removes "by corrupt means" as this is unclear in intent and purpose. • (46) - Adds a disciplinary ground for lying to a disciplinary panel.
14-405	Adds "5G" as the statute was not updated to include Genetic Counselors when they were added to the Title.
14-409	Replaces "the Board" with "a disciplinary panel". This change was a sunset recommendation.
14-411	• Replaces "physician" with "licensee" throughout for accuracy. • (c) - Makes minor language changes for better flow. • (e) - Removes a section that only applies on or before 2013 and is now outdated.
14-411.1	• Replaces "internet site" with "website" throughout to update outdated language • (c)(1) - clarifies that the Board will disclose the filing to the public if an initial license is denied to codify Board practices. • (4)(i) - Increases the medical malpractice settlement amount from $150,000 to $1,000,000 to be reported to individuals if requested. It has been 22 years since the amount was changed (SB 500, 2003), and the Board now rarely sees any malpractice claims under $1,000,000.
14-413	Inserts standardized language for hospital reporting requirements.

14-414	Removes previous duplicative language with 14-413 now that the standard language is being used. Replaces language with standard language prohibiting the employment of an individual without a license.
14-5A-01	Replaces “professional standards” with “advisory” for standardization.
14-5A-05	Replaces “professional standards” with “advisory” for standardization.
14-5A-06	Inserts standardized language for terms of advisory committees, including: (1) replacing “professional standards” with “advisory” for standardization, (2) establishing a quorum for consistency, (3) clarifying that physician and practitioner members must be in good standing and licensed in the State, (4) clarifies that each committee member must be a resident of Maryland.
14-5A-07	Inserts standardized language for the role and responsibilities of all advisory committees.
14-5A-08	Inserts the standardized language for the exemption from licensure for individuals employed by the federal government.
14-5A-14	Changes the timeframe to notify the Board of a name or address change from 60 to 10 days. The notification process has been expedited substantially due to technology changes. Ten days is consistent with other state agencies, such as the Maryland Department of Housing and Community Development. In addition, the Maryland Motor Vehicle Administration and Maryland Department of Assessments and Taxations have timeframes that are under 60 days.
14-5A-17	• (a)(3) - Separates the ground for immoral or unprofessional conduct so that the practitioner can be charged with the appropriate ground based on the situation. • (a)(4) - Separates the ground for professional, physical, or mental incompetence, so that the practitioner can be charged with the appropriate ground based on the situation.
14-5A-18	• (c)(1) and (2) - Establishes a 15-day timeframe for practitioners to notify employers of their decision to enter into a treatment program, and 15 days for employers to notify the Board if the practitioner fails to provide the required notice. Previously there was no timeframe which made the requirement unclear. • (g)(1) - Increases the fee from $1,000 to $5,000 for failure to report in order to be an effective consequence and/or deterrent.
14-5A-22.1	Increases the fee from $1,000 to $5,000 for the employment of a practitioner without a license in order to be an effective consequence and/or deterrent.
14-5A-23	Removes 14-5A-22.1, which is erroneously included.

14-5B-05	Inserts standardized language for advisory committees, including: (1) establishes a quorum for consistency, (2) clarifies that physician and practitioner members must be in good standing and licensed in the State, (3) clarifies that each committee member must be a resident of Maryland.
14-5B-06	Inserts standardized language regarding the roles and responsibilities of allied health committees.
14-5B-08	Inserts standardized language for the exemption from licensure for individuals employed by the federal government.
14-5B-11	Inserts "in the State" throughout for clarity.
14-5B-12.1	Changes the timeframe to notify the Board of a name or address change from 60 to 10 days. The notification process has been expedited substantially due to technology changes. Tendays is consistent with other state agencies, such as the Maryland Department of Housing and Community Development. In addition, the Maryland Motor Vehicle Administration and Maryland Department of Assessments and Taxations have timeframes that are under 60 days.
14-5B-14	• (a)(3) - Separates the ground for immoral or unprofessional conduct so that the practitioner can be charged with the appropriate ground based on the situation. • (a)(4) - Separates the ground for professional, physical, or mental incompetence, so that the practitioner can be charged with the appropriate ground based on the situation. • (14), (15), (19), and (21) - Changes "knowingly" to "willfully" for consistency.
14-5B-15	• (c)(1) and (2) - Establishes a 15-day timeframe for practitioners to notify employers of their decision to enter into a treatment program, and 15 days for employers to notify the Board if the practitioner fails to provide the required notice. Previously there was no timeframe which made the requirement unclear. • (g)(1) - Increases the fee from $1,000 to $5,000 for failure to report in order to be an effective consequence and/or deterrent.
14-5B-18.1	Increases the fee from $1,000 to $5,000 for the employment of a practitioner without a license in order to be an effective consequence and/or deterrent.
14-5B-19	Removes 14-5B-18.1, which is erroneously included.
14-5C-01	Replaces "professional standards" with "advisory" for standardization.
14-5C-05	Replaces "professional standards" with "advisory" for standardization.
14-5C-06	Inserts standardized language for terms of advisory committees, including: (1) replacing "professional standards" with "advisory" for standardization, (2)

	establishing a quorum for consistency, (3) clarifying that physician and practitioner members must be in good standing and licensed in the State, (4) clarifies that each committee member must be a resident of Maryland.
14-5C-07	Inserts standardized language for the role and responsibilities of all advisory committees.
14-5C-08	Inserts standardized language for the exemption from licensure for individuals employed by the federal government.
14-5C-10	Removes an exemption to the education requirement that expired in 2023 and is outdated.
14-5C-14.1	Changes the timeframe to notify the Board of a name or address change from 60 to 10 days. The notification process has been expedited substantially due to technology changes. Ten days is consistent with other state agencies, such as the Maryland Department of Housing and Community Development. In addition, the Maryland Motor Vehicle Administration and Maryland Department of Assessments and Taxations have timeframes that are under 60 days.
14-5C-17	● (a)(3) - Separates the ground for immoral or unprofessional conduct so that the practitioner can be charged with the appropriate ground based on the situation. ● (a)(4) - Separates the ground for professional, physical, or mental incompetence, so that the practitioner can be charged with the appropriate ground based on the situation. ● (14), (15), (16), (19), and (21) - Changes “knowingly” to “willfully” for consistency.
14-5C-18	● (c)(1) and (2) - Established a 15-day timeframe for practitioners to notify employers of their decision to enter into a treatment program, and 15 days for employers to notify the Board if the practitioner fails to provide the required notice. Previously there was no timeframe which made the requirement unclear. ● (g)(1) - Increases the fee from $1,000 to $5,000 for failure to report in order to be an effective consequence and/or deterrent.
14-5C-23	Removes 14-5C-22.1 which is erroneously included.
14-5D-05	Inserts standardized language for terms of advisory committee members including: (1) establishing a quorum for consistency, (2) clarifying that physician and practitioner members must be in good standing and licensed in the State, (3) clarifying that each committee member must be a resident of Maryland.
14-5D-06	Inserts standardized language for the role and responsibilities of all advisory committees.

14-5D-07	Inserts standardized language for the exemption from licensure for individuals employed by the federal government.
14-5D-10	Adds “in the State” for clarity.
14-5D-11.1	Increases the fee from $1,000 to $5,000 for supervising or employing an individual without a license as an athletic trainer in order to be an effective deterrent.
14-5D-11.2	Inserts standardized language for hospital reporting requirements for practitioners in drug/alcohol treatment which was previously missing erroneously.
14-5D-12.1	Changes the timeframe to notify the Board of a name or address change from 60 to 10 days. The notification process has been expedited substantially due to technology changes. Ten days is consistent with other state agencies, such as the Maryland Department of Housing and Community Development. In addition, the Maryland Motor Vehicle Administration and Maryland Department of Assessments and Taxations have timeframes that are under 60 days.
14-5D-14	• (a)(3) - Separates the ground for immoral or unprofessional conduct so that the practitioner can be charged with the appropriate ground based on the situation. • (a)(4) - Separates the ground for professional, physical, or mental incompetence, so that the practitioner can be charged with the appropriate ground based on the situation.
14-5E-06	Inserts standardized language for terms of advisory committees, including: (1) establishes a quorum for consistency, (2) clarifies that physician and practitioner members must be in good standing and licensed in the State, (3) clarifies that each committee member must be a resident of Maryland.
14-5E-07	Inserts standardized language for the role and responsibilities of all advisory committees.
14-5E-08	Inserts standardized language for the exemption from licensure for individuals employed by the federal government.
14-5E-14	Changes the timeframe to notify the Board of a name or address change from 60 to 10 days. The notification process has been expedited substantially due to technology changes. Ten days is consistent with other state agencies, such as the Maryland Department of Housing and Community Development. In addition, the Maryland Motor Vehicle Administration and Maryland Department of Assessments and Taxations have timeframes that are under 60 days.

14-5E-16	• (a)(3) - Separates the ground for immoral or unprofessional conduct so that the practitioner can be charged with the appropriate ground based on the situation. • (a)(4) - Separates the ground for professional, physical, or mental incompetence, so that the practitioner can be charged with the appropriate ground based on the situation. • (14), (15), (16), (19), and (21) - Changes "knowingly" to "willfully" for consistency.
14-5E-18	• (c)(1) and (2) - Establishes a 15- day timeframe for practitioners to notify employers of their decision to enter into a treatment program, and 15 days for employers to notify the Board if the practitioner fails to provide the required notice. Previously there was no timeframe which made the requirement unclear. • (g)(1) - Increases the fee from $1,000 to $5,000 for failure to report in order to be an effective consequence and/or deterrent.
14-5E-22.1	Inserts standardized language prohibiting employing a practitioner who is not licensed which was previously missing erroneously.
14-5F-07	Inserts standardized language for terms of advisory committees, including: (1) establishing a quorum for consistency, (2) clarifying that physician and practitioner members must be in good standing and licensed in the State, (3) clarifying that each committee member must be a resident of Maryland.
14-5F-08	Inserts standardized language for the role and responsibilities of all advisory committees.
14-5F-10	Inserts standardized language for the exemption from licensure for individuals employed by the federal government.
14-5F-12	Removed language regarding collaboration and consultation agreements. This language has been moved to 14-5F-12.1.
14-5F-12.1	Inserts language clarifying that a naturopathic doctor must continuously maintain a collaboration and consultation agreement to practice as a naturopathic doctor. This was the original intent for the requirement.
14-5F-12.2	Inserts language clarifying the requirements for terminating a collaboration and consultation agreement.
14-5F-15.1	Changes the timeframe to notify the Board of a name or address change from 60 to 10 days. The notification process has been expedited substantially due to technology changes. Ten days is consistent with other state agencies, such as the Maryland Department of Housing and Community Development. In addition, the Maryland Motor Vehicle Administration and Maryland Department of Assessments and Taxations have timeframes that are under 60 days.

14-5F-18	• (a)(2) - Separates the ground for professional, physical, or mental incompetence, so that the practitioner can be charged with the appropriate ground based on the situation. • (a)(19) - Separates the ground for immoral or unprofessional conduct so that the practitioner can be charged with the appropriate ground based on the situation. • (a)(21) - Changes "knowingly" to "willfully" for consistency.
14-5F-19	Inserts standardized language for hospital reporting requirements for practitioners in drug/alcohol treatment.
14-5F-20	Removes the previous language that is duplicative of 14-206 and inserts standardized language for internet profiles for licensees. This language is present in all other allied health sections and was erroneously missing in this section.
14-5F-21	Removes (f) which requires naturopathic doctors to pay the costs of a hearing for a violation of a disciplinary ground. This is inconsistent with all other allied health practitioners who do not have this requirement.
14-5F-25	Inserts standardized language prohibiting the employment of an individual who is not licensed or does not have a collaboration and consultation agreement which was previously missing erroneously.
14-5G-06	Inserts standardized language for terms of advisory committees, including: (1) establishing a quorum for consistency, (2) clarifying that physician and practitioner members must be in good standing and licensed in the State, (3) clarifying that each committee member must be a resident of Maryland.
14-5G-07	Inserts standardized language for the role and responsibilities of all advisory committees.
14-5G-08	Inserts standardized language for the exemption from licensure of individuals employed by the federal government which was previously missing erroneously.
14-5G-10	Removes an outdated exemption to certification that expired in December, 2024.
14-5G-15	Changes the timeframe to notify the Board of a name or address change from 60 to 10 days. The notification process has been expedited substantially due to technology changes. Ten days is consistent with other state agencies, such as the Maryland Department of Housing and Community Development. In addition, the Maryland Motor Vehicle Administration and Maryland Department of Assessments and Taxations have timeframes that are under 60 days.

14-5G-18	• (a)(3) - Inserts standardized language for internet profiles for licensees. This language is present in all other allied health sections and was previously missing in this section erroneously. • (a)(4) - Separates the ground for professional, physical, or mental incompetence, so that the practitioner can be charged with the appropriate ground based on the situation. • (a)(14), (15), (16), (21), and (23) - Changes "knowingly" to "willfully" for consistency. • (a)(17) - Adds "establishes a pattern of" for clarity and to better express what was meant by "gross" overutilization
14-5G-20	• (c)(1) and (2) - Establishes a 15-day timeframe for practitioners to notify employers of their decision to enter into a treatment program, and 15 days for employers to notify the Board if the practitioner fails to provide the required notice. Previously there was no timeframe which made the requirement unclear. • (g)(1) - increases the fee from $1,000 to $5,000 for failure to report in order to be an effective consequence and/or deterrent.
14-5G-26	Increases the fee from $1,000 to $5,000 for the employment of a practitioner without a license in order to be an effective consequence and/or deterrent.
14-5G-27	Removes 14-5G-26 which is erroneously included.
14-602	Inserts standardized language for the exemption from licensure of individuals employed by the federal government.
14-606	Makes minor language changes for better flow.
15-103	• (b)(3) - Removes the requirement to notify the Board of the termination of a relationship in the collaboration agreement. This requirement was removed in consultation with MdAPA. • (e)(1) and (2) - Establishes a 15-day timeframe for practitioners to notify employers of their decision to enter into a treatment program, and 15 days for employers to notify the Board if the practitioner fails to provide the required notice. Previously there was no timeframe which made the requirement unclear. • (i)(1) - Increases the fee from $1,000 to $5,000 for failure to report in order to be an effective consequence and/or deterrent.
15-202	Inserts standardized language for terms of advisory committees, including: (1) establishes a quorum for consistency, (2) clarifies that physician and practitioner members must be in good standing and licensed in the State, (3) clarifies that each committee member must be a resident of Maryland.
15-205	Inserts standardized language for the role and responsibilities of all advisory committees.

15-206	Inserts language regarding the Maryland Loan Assistance Repayment Program that was previously missing erroneously.
15-301	Inserts standardized language for the exemption from licensure of individuals employed by the federal government.
15-302	Removes the requirement to list each patient care physician to codify current Board practice. This requirement was removed in consultation with MdAPA.
15-302.1	Revises the requirement to notify the delegating patient care team physician rather than each patient care team physician. The requirement was removed in consultation with MdAPA.
15-302.2	● (a) - Replaces the outdated term "primary supervising physician" with the correct term "patient care team physician". ● (d) - Removes the requirement to notify the Board if a physician removes the delegation of prescriptive authority. This was removed in consultation with MdAPA.
15-303	Removes (5)(ii) and replaces it with "the Accreditation Review Commission on Education for the Physician Assistants or its predecessor". (5)(ii) specifically names the predecessors. This change does not alter the authority of the statute and streamlines the language.
15-309	Changes the timeframe to notify the Board of a name or address change from 60 to 10 days. The notification process has been expedited substantially due to technology changes. Ten days is consistent with other state agencies, such as the Maryland Department of Housing and Community Development. In addition, the Maryland Motor Vehicle Administration and Maryland Department of Assessments and Taxations have timeframes that are under 60 days.
15-314	● (a)(4) - Separates the ground for professional, physical, or mental incompetence, so that the practitioner can be charged with the appropriate ground based on the situation. ● (a)(25) - Changes "knowingly" to "willfully" for consistency. ● (a)(19) - Adds "establishes a pattern of" for clarity and to better express what was meant by "gross" overutilization ● (a)(47) - Adds a disciplinary ground for lying to a disciplinary panel ● (37) and (38) - Removes "by corrupt means" as this is unclear in intent and purpose.
15-402.1	Increases the fee from $1,000 to $5,000 for the employment of a practitioner without a license in order to be an effective consequence and/or deterrent.

SB 423 Maryland Medical Practice Act - SWA.pdf
Uploaded by: Jane Krienke
Position: FWA

Maryland
Hospital Association

Senate Bill 423- Maryland Medical Practice Act and Maryland Physician Assistants Act - Revisions

Position: ***Support with Amendments***
February 4, 2025
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support with amendments of Senate Bill 423.

The Maryland Board of Physicians is an essential partner in supporting the physician and allied health workforce. We support the changes included in SB 423, many of which are clarifying.

We have concerns with the 10-day mandatory reporting section (14-413) of the bill on page 27 beginning on line 16. We have concerns with including the word "employer" and maintaining "hospital" and "alternative health system" since this could result in duplicative reporting.

We know this is a complicated section of the bill. We are willing to meet with the Board of Physicians to address this concern.

For these reasons, we request a favorable report on SB 423 with amendments.

For more information, please contact:
Jane Krienke, Director, Government Affairs & Policy
Jkrienke@mhaonline.org

2025 SB423 Opp MD Medical Practice Act.pdf
Uploaded by: Deborah Brocato
Position: UNF

Opposition Statement SB423
Maryland Medical Practice Act and
Maryland Physician Assistants Act - Revisions
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Strongly Oppose SB423.

On behalf of our Board of Directors and members across the state, we respectfully yet strongly oppose to SB423. Maryland Right to Life strongly objects to the appropriation and use of any public funds for the purposes of abortion violence. This legislation explicitly lists abortion, "ending of a human pregnancy" (p. 6, line 10), in the designations for "practice medicine." Maryland Right to Life supports policy that recognizes the equal value of each human being regardless of the circumstances of their conception and reminds policymakers that abortion i not a medical treatment and is never medically necessary – and therefore, does not deserve public funding.

Last session, the General Assembly passed the Physician Assistant Modernization Act of 2024 (HB806/SB167) without excluding abortion purposes. This bill expands that legislation and now explicitly names abortion as one of the treatments given by physician assistants (PA). In addition, this legislation can be exploited for additional funding for abortion training with the use of the Board of Physicians Fund. As the bill states, the fees collected are to be paid to the Comptroller of the State who will then use the monies for the Maryland Loan Assistance Repayment Program for physicians and physician assistants. The Abortion Care Access Act of 2022 already provides for abortion training. This bill should not be used to extract more monies from fees for abortion training.

In addition, the explicit designation of abortion as a treatment offered by physician assistants threatens conscience protections. A physician assistant's license and performance evaluations could be adversely affected if the PA does not provide abortion services.

Since the 1970's there has been bipartisan agreement that women eligible for Medicaid solely due to pregnancy do not qualify for Medicaid-funded abortions. We oppose any effort to include pregnancy as a qualifying reason to extend Medicaid funding for abortion to pregnant women who otherwise would not qualify for Medicaid. Doing so would reduce the department of Health to a funnel system for abortion violence.

Americans say No to Public Funding: Maryland is one of only 4 states that forces taxpayers to fund abortions. Regardless of how one feels about the legality of abortion, there is longstanding bi-partisan unity on prohibiting the use of taxpayer funding for abortion. 57% of those surveyed in a January 2025 Marist poll say they oppose taxpayer funding of abortion. 67% of Americans in that same poll support legal limits on abortion, particularly after the first trimester.

Maryland Taxpayers pay for abortion: The *Maryland Medical Assistance Program* and the *Maryland Children's Health Program* (MCHP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland.

Medical Assistance Expenditures on Abortion Language attached to the Medicaid budget since 1979 authorizes the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must certify that, based on his or her professional opinion, the procedure is necessary. Similar language has been attached to the

appropriation for **MCHP** since its advent in fiscal 1999. However, this provision is regularly abused by abortionists for reasons other than the medical necessity and include abortion for any reason including convenience.

According to the Maryland Department of Legislative Services in their Analysis of the FY2024 Maryland Executive Budget, 2023 Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for elective abortions. In 2023, we spent at least **$7.9 million for 12,727 abortions, less than 11 of those abortions were due to rape, incest or to save the life of the mother (see attachment).**

An additional $12 million with annual increases in public funding is spent each year to train a substandard abortion workforce under the Abortion Care Access Act of 2022, which removed the statutory safeguard that only physicians can perform abortions.

MDH is Failing Pregnant Women: The Maryland Department of Health has consistently failed to meet the needs of pregnant women and families in Maryland and appropriations should be withheld until the Department provides the annual report to the Centers for Disease Control to measure the number of abortions committed each year in Maryland, abortion reasons, funding sources and related health complications or injuries.

Invest in Life: 82% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be diverted from but prioritized for health and family planning services which have the objective of saving the lives of both mothers and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

Funding Restrictions are Constitutional: The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions --- noting that "no other procedure involves the purposeful termination of a potential life", and held that there is "no limitation on the authority of a State to make a value judgement favoring childbirth over abortion, and to implement that judgment by the allocation of public fund."

Abortion is Black Genocide: Abortion has reached epidemic proportions among people of color with half of all pregnancies of Black women ending in abortion. It is believed that nearly half of all pregnancies ending in abortion. It is believed that nearly half of all pregnancies of Black women end in abortion. As a result, Black Americans are no longer the leading minority population, dropping second to the Hispanic population. People of color have long been targeted for elimination through sterilization and abortion by eugenicists like Planned Parenthood founder Margaret Sanger. Even today, 78% of abortion clinics are located in Minority communities. As a result abortion has become the leading killer of Black lives. Abortion is the greatest human and civil rights abuse of our time and as a civilized people we cannot continue to justify or subsidize this genocide. For more information, please see www.BlackGenocide.org.

Marylanders deserve better. The women and girls of Maryland deserve better. Maryland Right to Life urges you to vote against any and all measures to allocate public funds to abortion providers, services, education, training or promotion. Therefore, we ask for an unfavorable report on **SB423.**

Abortion Funding Under Medicaid FY2024 Analysis.pd
Uploaded by: Deborah Brocato
Position: UNF

Updates

1. Medicaid Expenditures on Abortion

Language attached to the Medicaid budget from fiscal 1979 to 2022 authorized the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must have certified that, based on his or her professional opinion, the procedure is necessary. Similar language has been attached to the appropriation for MCHP since its advent in fiscal 1999 through 2022.

The General Assembly amended the language regarding abortion services funded under Medicaid and MCHP in the fiscal 2023 Budget Bill to refer to any qualified provider of abortion services, as defined in Section 20-203 of the Health – General Article, and for the restrictive language to remain in effect for the first six months of fiscal 2023, contingent on enactment of Chapter 56 (the Abortion Care Access Act). Women eligible for Medicaid solely due to a pregnancy do not currently qualify for a State-funded abortion. **Exhibit 18** provides a summary of the number and cost of abortions by service provider in fiscal 2020 through 2022.

Exhibit 18
Abortion Funding under Medicaid
Fiscal 2020-2022

	Performed under 2020 State and Federal Budget Language	Performed under 2021 State and Federal Budget Language	Performed under 2022 State and Federal Budget Language
Abortions	9,909	10,997	11,567
Total Cost ($ in Millions)	**$6.6**	**$7.2**	**$7.6**
Average Payment Per Abortion	$663	$652	$659
Abortions in Clinics	7,572	8,289	8,981
Average Payment	$467	$465	$458
Abortions in Physicians' Offices	1,915	2,353	2,101
Average Payment	$989	$940	$954
Hospital Abortions – Outpatient	*	355	*
Average Payment	$2,691	$3,107	$3,062

	Performed under 2020 State and Federal Budget Language	Performed under 2021 State and Federal Budget Language	Performed under 2022 State and Federal Budget Language
Hospital Abortions – Inpatient	*	0	*
Average Payment	$10,931	$0	$19,968
Abortions Eligible for Joint Federal/State	0	0	0

*Indicates a dataset of less than 10 cases.

Note: Data for fiscal 2020 and 2021 includes all Medicaid-funded abortions performed during the fiscal year, while data for fiscal 2022 includes all abortions for which a Medicaid claim was filed through November 2022. Providers have up to 12 months after the date of service to submit fee-for-service claims; therefore, Medicaid may receive additional claims for abortions performed during fiscal 2022. For example, in fiscal 2022, 834 additional claims from fiscal 2021 were paid after November 2021. This explains differences in the fiscal 2021 data reported in this analysis compared to prior Medicaid budget analyses.

Source: Maryland Department of Health

Exhibit 19 indicates the reasons abortions were performed in fiscal 2022, according to the restrictions in the federal budget and State budget bill. Beginning on January 1, 2023, the amended budget language regarding abortion services authorized Medicaid and MCHP funds to cover abortion care services with restrictions that are consistent with Title 20, Subtitle 2 of the Health – General Article, also contingent on Chapter 56. The fiscal 2024 allowance as introduced includes language attached to the Medicaid and MCHP budgets that returns to the phrasing included in fiscal 1979 to 2022 budget bills, authorizing the use of State funds to pay for abortions under specific circumstances.

Exhibit 19
Abortion Services by Reason
Fiscal 2022

I. Abortion Services Eligible for Federal Financial Participation
(Based on restrictions contained in the federal budget.)

Reason		Number
1.	Life of the woman endangered.	0
	Total Received	**0**

II. Abortion Services Eligible for State-only Funding
(Based on restrictions contained in the fiscal 2021 State budget.)

1.	Likely to result in the death of the woman.	0
2.	Substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.	453
3.	Medical evidence that continuation of the pregnancy is creating a serious effect on the woman's mental health and, if carried to term, there is a substantial risk of a serious or long-lasting effect on the woman's future mental health.	11,091
4.	Within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality.	*
5.	Victim of rape, sexual offense, or incest.	*
Total Fiscal 2022 Claims Received Through November 2022		**11,567**

*Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health