

SUPPORT HB1300 - Maryland Commission for Women - A

Uploaded by: Ariana Kelly

Position: FAV

Maryland Commission for Women

51 Monroe Street, Suite. 1034 Rockville, Maryland 20850



www.marylandwomen.org

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Ariana Kelly
Executive Director

HB 1300 *Maryland Commission for Women - Alterations*

SPONSOR: Delegate Hill

POSITION: FAVORABLE

Dear Chair Feldman, Vice Chair Kagan and Members of the Senate Education Energy and the Environment Committee,

The Maryland Commission for Women urges a Favorable report on HB1300. This legislation aligns the statute with current Commission practices. This will ensure the statute more clearly reflects the ongoing work of the Commission.

The Maryland Commission for Women is a 60 year old state agency dedicated to advancing policy solutions to improve the lives of Maryland women. We have a small staff of four employees, three interns and 25 volunteer Commissioners who are appointed by the Governor and confirmed by the Senate. 12 of these Commissioners are representatives of women's organizations across the state. 13 are individuals.

The Commission prioritizes advancing women's rights through facilitating research, policy development and implementation, communications, and outreach and engagement with the state's women's rights organizations. We also advise the legislature and the executive branch on women's rights issues.

HB1300 updates our statute by:

- Removing outdated language related to women.
- Requiring the Commission to work with the 17 local Commissions for Women that have been established across Maryland
- Updating the responsibilities of the Commission to include partnerships with statewide women's organizations in alignment with our appointments structure.
- Clarifying confusing language around the Executive Director's employment classification.

These changes reflect our current practices. In our 60th Anniversary year, modernizing the language in our statute to reflect our research, policy development, public education, and partnerships is welcome.

The Maryland Commission for Women urges a favorable report. Please contact Executive Director Ariana Kelly with any questions at Ariana.kelly@maryland.gov or 240-338-0591.

HB1300 crossover bill - FAV - Maryland Commission

Uploaded by: Richard KAP Kaplowitz

Position: FAV

HB1300_RichardKaplowitz_FAV
03/26/2026
Richard Keith Kaplowitz
Frederick, MD 21703

TESTIMONY ON HB#1300 - FAVORABLE
Maryland Commission for Women – Alterations

TO: Chair Feldman, Vice Chair Kagan, and members of the Education, Energy, and the Environment Committee

FROM: Richard Keith Kaplowitz

My name is Richard K. Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of HB#1300, **Maryland Commission for Women – Alterations**

Under the provisions of this bill the executive director of the Commission is not considered a special appointee. The duties of the Commission will be defined as:

- strengthen the conditions for women in and out of the home by directing attention to critical problems confronting women as wives, mothers, homemakers, and workers
- recommend methods of overcoming discrimination against women in public and private employment
- encourage women to become candidates for public office
- promote more effective methods for enabling women to develop skills, continue education, and be retrained
- conduct studies and assist with programs, seminars, and conferences to raise public awareness about issues impacting women
- support policies and programs that promote the well-being of women
- provide publicity for a wide range of issues affecting women, including personal growth and development, life transitions, and career-related issues
- promote and assist local volunteer programs focused on improving conditions for women
- advocate for legislation supporting wage equality, economic and cultural development, fostering social inclusion and human relations, and other policies that promote the equality and flourishing of all people
- encourage and empower women to compete for leadership roles and provide networking opportunities for women throughout their careers
- offer programs on career development, financial wellness, and violence prevention
- act as a clearinghouse for activities to avoid duplication of effort
- make surveys and appoint advisory committees in ALL fields affecting the lives of women in the state, including education, social services, labor laws and employment policies, law enforcement, health and safety, new and expanded services, legal rights, family relations, human relations, and volunteer services

Through the Secretary, the Commission shall submit an annual report including recommendations based on the Commission's studies to the Governor and to the General Assembly. The bill will do all this by repealing the authority of the Secretary of Human Services to appoint the Executive Director of the Maryland Commission for Women; providing that the Executive Director of the Commission is not a special appointee; and altering the duties of the Commission.

I respectfully urge this committee to return a favorable report on HB#1300.

HB1300 Women's Comm Testimony Senate (Sponsor).pdf

Uploaded by: Terri Hill

Position: FAV

HOUSE BILL 598

J2
HB 1199/25 – HGO

6lr0946
CF SB 380

By: **Delegates Hill, Bagnall, Feldmark, Guzzone, Lehman, Smith, and Wu**
Introduced and read first time: January 28, 2026
Assigned to: Health

A BILL ENTITLED

1 AN ACT concerning

2 **Physicians – Licensing – Internationally Trained Physicians**

3 FOR the purpose of authorizing the State Board of Physicians to issue a certain license to
4 practice medicine to an internationally trained physician under certain
5 circumstances; and generally relating to the licensure of internationally trained
6 physicians.

BY repealing

Article - Health Occupations
Section 14-308
Annotated Code of Maryland
(2021 Replacement Volume and 2025 Supplement)

BY repealing and reenacting, with amendments,

Article - Health Occupations
Section 14-302(2)(iii)4., 14-306(g)(1)(iii)1.B., and 14-307(d)(2)(i)
Annotated Code of Maryland
(2021 Replacement Volume and 2025 Supplement)

7 BY adding to

8 Article – Health Occupations
9 Section ~~14-321~~ 14-308
10 Annotated Code of Maryland
11 (2021 Replacement Volume and 2025 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That Section(s)
14-308 of Article – Health Occupations of the Annotated Code of Maryland be repealed.

12 SECTION ~~2~~ 2. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
13 That the Laws of Maryland read as follows:

14 **Article – Health Occupations**

15 ~~14-321.~~

14-302.

Subject to the rules, regulations, and orders of the Board, the following
individuals may practice medicine without a license:

(2) A physician licensed by and residing in another jurisdiction, if
the physician:

(iii) Is engaged in clinical training or participates in training
or teaching of a skill or procedure in a hospital if:

4. The visiting physician:

A. [has] HAS no history of any medical disciplinary action
in any other state, territory, nation, or any branch of the uniformed services or
the U.S. Department of Veterans Affairs, UNLESS THE DISCIPLINARY ACTION HAS BEEN
SATISFIED AND THE BOARD CONSIDERS THAT THE BEHAVIOR FOR WHICH THE DISCIPLINARY

ACTION WAS IMPOSED HAS BEEN SUFFICIENTLY CORRECTED; and

B. [has] HAS no significant detrimental malpractice history:

14-306.

(g) (1) (iii) “Supervised medical graduate” means an individual who:

1. Has a degree of:

B. Doctor of osteopathy from a school of osteopathy in the United States, its territories or possessions, [Puerto Rico.] or Canada that has standards for graduation equivalent to those established by the American Osteopathic Association; and

14-307.

(d) Except as provided in § 14-308 of this subtitle, the applicant shall:

(2) (i) Have a degree of doctor of osteopathy from a school of osteopathy in the United States, its territories or possessions, [Puerto Rico.] or Canada that has standards for graduation equivalent to those established by the American Osteopathic Association; and

14-308.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “FACILITY” MEANS:

(I) A HEALTH CARE FACILITY, AS DEFINED IN § 19-114 OF THE HEALTH – GENERAL ARTICLE;

(II) A SCHOOL OF MEDICINE; OR

(III) THE NATIONAL INSTITUTES FOR HEALTH.

(IV) FEDERALLY-QUALIFIED HEALTH CENTER,

(V) A HEALTH SYSTEM, HOSPITAL, HOSPITAL-BASED FACILITY, FREESTANDING EMERGENCY FACILITY, OR URGENT CARE CLINIC THAT

A. HAS AN ACGME OR AOA RESIDENCY PROGRAM, OR

B. IS ACGME OR AOA-AFFILIATED.

(3) “FOREIGN COUNTRY” MEANS A COUNTRY OTHER THAN THE UNITED STATES, ITS TERRITORIES OR POSSESSIONS, OR CANADA.

(4) “SOLO PRACTICE” MEANS PRIVATE, INDEPENDENT PRACTICE IN WHICH A PHYSICIAN OPERATES WITHOUT PARTNERS OR EMPLOYMENT AFFILIATIONS WITH OTHER ORGANIZATIONS.

(5) “STATE STANDARD OF CARE ASSESSMENT” MEANS AN EXAM APPROVED BY THE BOARD TO ASSESS CLINICAL JUDGMENT, MANAGEMENT OF COMPLICATIONS, UNDERSTANDING OF APPROPRIATE COLLABORATION AND REFERRAL PRACTICES, AND ETHICAL STANDARDS, AND DEMONSTRATING THE ABILITY TO CONSTRUCT AND EXECUTE SAFE, APPROPRIATE TREATMENT PLANS, INCLUDING ORAL THEORY AND PRACTICE SESSIONS COVERING:

(I) UNEXPECTED CLINICAL SCENARIOS; AND

(II) ONCE ANNUAL REVIEW OF A SUBSET OF THE LICENSEE’S ACTUAL CASES BY AN EXAMINER APPROVED BY THE BOARD.

(B) THIS SECTION DOES NOT APPLY TO:

(1) A PHYSICIAN WHO HAS COMPLETED:

(I) ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION ACCREDITED RESIDENCY TRAINING IN THE UNITED STATES; OR

(II) AMERICAN OSTEOPATHIC ASSOCIATION RESIDENCY TRAINING OR ROYAL COLLEGE OF PHYSICIANS TRAINING IN CANADA; OR

(2) A PHYSICIAN WHO HAS PREVIOUSLY RESIDED IN OR HELD A MEDICAL LICENSE FROM THE UNITED STATES, ITS TERRITORIES OR POSSESSIONS, OR CANADA.

16 ~~(A)~~ (C) (1) BEGINNING ~~OCTOBER~~ JANUARY 1, 2028, THE BOARD MAY ISSUE A LIMITED
LICENSE

17 TO PRACTICE MEDICINE TO A PHYSICIAN LICENSED IN A COUNTRY OTHER THAN THE
18 UNITED STATES, ITS TERRITORIES OR POSSESSIONS, PUERTO RICO, OR CANADA

19 WHO MEETS THE REQUIREMENTS OF THIS SECTION.

20 (2) THE TERM OF A LIMITED LICENSE ISSUED BY THE BOARD UNDER THIS
21 SECTION MAY NOT EXCEED 3 YEARS.

22 (3) A LIMITED LICENSE ISSUED BY THE BOARD UNDER THIS SECTION MAY NOT
23 BE RENEWED.

1 ~~(B) AN APPLICANT SHALL SUBMIT EVIDENCE ACCEPTABLE TO THE BOARD~~
 2 ~~THAT THE APPLICANT:~~

(D) TO BE ELIGIBLE FOR A LIMITED LICENSE, AN APPLICANT SHALL:

1. COMPLETED AT LEAST 2 YEARS OF TRAINING IN A RESIDENCY PROGRAM:

A. ACCREDITED BY ACGME-I;

B. IN A COUNTRY WHOSE GME ACCREDITING AGENCY HAS BEEN RECOGNIZED BY THE WFME; OR

C. ACCREDITED BY ANOTHER ACCREDITATION AUTHORITY APPROVED BY THE BOARD; AND

2. BEEN LICENSED OR OTHERWISE AUTHORIZED TO PRACTICE MEDICINE IN A COUNTRY OTHER THAN THE UNITED STATES FOR AT LEAST THREE (3) YEARS WITH A MEDICAL LICENSE IN GOOD STANDING, OR AN ALTERNATIVE TIME PERIOD OF MEDICAL PRACTICE APPROVED BY THE BOARD ON A CASE-BY-CASE BASIS; OR

1. HAS PRACTICED MEDICINE IN A COUNTRY OTHER THAN THE UNITED STATES FOR AT LEAST 5 OUT OF THE 10 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A LIMITED LICENSE, OR AN ALTERNATIVE TIME PERIOD OF MEDICAL PRACTICE APPROVED BY THE BOARD ON A CASE-BY-CASE BASIS;

3 (1) ~~HAS HAVE~~ RECEIVED A DEGREE OF DOCTOR OF MEDICINE OR ITS
 4 EQUIVALENT FROM A ~~LEGALLY CHARTERED~~ MEDICAL SCHOOL OUTSIDE THE
 5 UNITED STATES, ITS TERRITORIES OR POSSESSIONS, ~~PUERTO RICO,~~ OR CANADA
 6 ~~THAT IS RECOGNIZED BY THE WORLD HEALTH ORGANIZATION WITH RECOGNIZED ACCREDITATION STATUS FROM~~
THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES;

7 ~~(2) HAS COMPLETED AT LEAST 2 YEARS OF POSTGRADUATE~~
 8 ~~TRAINING IN THE COUNTRY IN WHICH THE APPLICANT IS LICENSED THAT IS~~
 9 ~~EQUIVALENT TO A POSTGRADUATE RESIDENCY PROGRAM ACCREDITED BY THE~~
 10 ~~ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION;~~

11 ~~(3) HAS BEEN LICENSED OR OTHERWISE AUTHORIZED TO PRACTICE~~
 12 ~~MEDICINE IN A COUNTRY OTHER THAN THE UNITED STATES, ITS TERRITORIES OR~~
 13 ~~POSSESSIONS, PUERTO RICO, OR CANADA, AND HAS PRACTICED MEDICINE FOR AT~~
 14 ~~LEAST 5 OF THE 7 YEARS IMMEDIATELY PRECEDING THE DATE OF APPLICATION;~~

(2) HAVE:

(i) COMPLETED AT LEAST 2 YEARS OF TRAINING IN A RESIDENCY PROGRAM ACCREDITED BY:

1. THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION-I;

2. IN A COUNTRY WHOSE GRADUATE MEDICAL EDUCATION ACCREDITING AGENCY HAS BEEN RECOGNIZED BY THE WORLD FEDERAL FOR MEDICAL EDUCATION[,] OR THE COUNTRY'S GRADUATE MEDICAL EDUCATION ACCREDITING AGENCY; OR

3. ACCREDITED BY ANOTHER ACCREDITATION AUTHORITY APPROVED BY THE BOARD; AND

(ii) BEEN LICENSED OR OTHERWISE AUTHORIZED TO PRACTICE MEDICINE IN A FOREIGN COUNTRY FOR AT LEAST 3 YEARS WITH A MEDICAL LICENSE IN GOOD STANDING;

(3) PRACTICED MEDICINE IN A FOREIGN COUNTRY:

(i) FOR AT LEAST 3 OUT OF THE 10 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A LIMITED LICENSE AFTER COMPLETION OF A POST-GRADUATE INTERNSHIP OR RESIDENCY; OR

(ii) FOR A PERIOD OF TIME DETERMINED BY THE BOARD ON A CASE-BY-CASE BASIS;

15 ~~(4) IS IN GOOD STANDING WITH THE MEDICAL LICENSING OR-~~

16 ~~REGULATORY AUTHORITY IN THE COUNTRY OTHER THAN THE UNITED STATES, ITS~~
17 ~~TERRITORIES OR POSSESSIONS, PUERTO RICO, OR CANADA WITH WHICH THE~~
18 ~~BOARD, THE FEDERATION OF STATE MEDICAL BOARDS, OR ANOTHER NATIONALLY~~
19 ~~RECOGNIZED MEDICAL STANDARDS OVERSIGHT ENTITY IS ABLE TO VERIFY THE~~
20 ~~PHYSICIAN'S DISCIPLINE AND CRIMINAL BACKGROUND HISTORY;~~

(4) (i) HAVE BEEN IN GOOD STANDING WITH THE MEDICAL LICENSING OR
REGULATORY AUTHORITY OF THE FOREIGN COUNTRY AT THE TIME OF DEPARTURE; OR

(ii) WHEN REASONABLE EFFORTS TO SHOW GOOD STANDING UNDER ITEM (i)
OF THIS ITEM HAVE BEEN UNSUCCESSFUL, AS APPROVED BY THE BOARD ON A CASE-BY-CASE
BASIS;

(5) HAVE A VALID CERTIFICATE ISSUED BY THE EDUCATIONAL COMMISSION FOR
FOREIGN MEDICAL GRADUATES;

21 ~~(5)~~ (6) HAS HAVE NO PENDING DISCIPLINARY MATTERS BEFORE ANY
22 LICENSING OR REGULATORY BODY;

23 ~~(6) HAS A VALID CERTIFICATE ISSUED BY THE EDUCATIONAL~~
24 ~~COMMISSION FOR FOREIGN MEDICAL GRADUATES;~~

25 ~~(7) HAS ACHIEVED A PASSING SCORE ON STEP 1, STEP 2 (CLINICAL~~
26 ~~KNOWLEDGE), AND STEP 3 OF THE UNITED STATES MEDICAL LICENSING~~
27 ~~EXAMINATION;~~

28 ~~(8) IS DOMICILED IN THE STATE;~~

29 ~~(9) DEMONSTRATES ORAL AND WRITTEN COMPETENCY IN THE~~
30 ~~ENGLISH LANGUAGE;~~

31 ~~(10)~~ (7) IS BE OF GOOD MORAL CHARACTER;

3 REPRINT OF HOUSE BILL 598 as amended by HB0598/183828/1 03/17/26 at 2:45 PM

1 ~~(11)~~ ~~MEETS THE REQUIREMENTS UNDER §§ 14-309 AND 14-313 OF~~
 2 ~~THIS SUBTITLE; AND~~

(8) (i) 1. HAVE ACHIEVED A PASSING SCORE ON STEP 1, STEP 2,
AND STEP 3 OF THE UNITED STATES MEDICAL LICENSING EXAMINATION; AND

2. PASSED A STATE STANDARD OF CARE ASSESSMENT APPROVED BY
THE BOARD WHICH INCLUDES COMPONENTS TESTING PATIENT SAFETY, STATE STANDARDS OF
PRACTICE, AND ENGLISH LANGUAGE PROFICIENCY; OR

(ii) 1. HAVE AN OFFER OF EMPLOYMENT FROM A FACILITY APPROVED BY THE BOARD THAT WILL
A. EVALUATE THE PHYSICIAN'S NONCLINICAL SKILLS AND FAMILIARITY WITH STANDARDS
APPROPRIATE FOR MEDICAL PRACTICE IN THE STATE;
B. PROVIDE DIRECT CLINICAL OVERSIGHT FOR AN INITIAL PERIOD, FOLLOWED BY PROGRESSIVE
AUTONOMY BASED ON DEMONSTRATED COMPETENCE;
C. CONDUCT REGULAR CASE REVIEWS, CHART AUDITS, AND DIRECT OBSERVATION;
D. SUBMIT BIENNIAL COMPETENCY EVALUATIONS TO THE BOARD;
E. PROVIDE STRUCTURED SUPPORT TO ACCLIMATE THE INTERNATIONALLY TRAINED PHYSICIAN
TO U.S. MEDICAL-LEGAL STANDARDS, DOCUMENTATION PRACTICES, QUALITY METRICS, AND
PATIENT-COMMUNICATION NORMS; AND
F. REPORT ANY COMPETENCE OR PROFESSIONALISM CONCERNS TO THE BOARD IMMEDIATELY,
AND

2. SUBMIT A STATEMENT TO THE BOARD THAT THE APPLICANT AGREES

TO:

A. ENTER A FULL-TIME EMPLOYMENT RELATIONSHIP WITH THE
FACILITY THAT HAS MADE THE OFFER OF EMPLOYMENT UNDER ITEM 1. OF THIS ITEM; AND

B. PRACTICE MEDICINE SOLELY AT FACILITIES OPERATED BY
THE FACILITY AS AUTHORIZED BY THE LIMITED LICENSE ISSUED BY THE BOARD FOR THE
DURATION OF THE LIMITED LICENSE; AND

3 ~~(12)~~ (9) ~~HAS SATISFIED~~ SATISFIES ANY OTHER CRITERIA ESTABLISHED BY THE
 4 BOARD FOR ISSUANCE OF A LIMITED LICENSE UNDER THIS SECTION.

5 ~~(E)~~ (E) THE BOARD MAY DETERMINE AN APPLICANT INELIGIBLE FOR
 6 LICENSURE IF THE APPLICANT ~~HAD~~:

7 (1) ~~A HAD A PREVIOUS DISCIPLINARY ACTION; OR~~

8 (2) ~~DISCIPLINE HAD DISCIPLINE~~ OR COMPETENCY ISSUES DURING THE APPLICANT'S
 9 POSTGRADUATE TRAINING; OR

(3) DOES NOT SUBMIT EVIDENCE ACCEPTABLE TO THE BOARD THAT THE APPLICANT MEETS
THE REQUIREMENTS FOR A LIMITED LICENSE UNDER SUBSECTION (D) OF THIS SECTION.

10 ~~(F)~~ (F) THE BOARD MAY REVOKE A LIMITED LICENSE ISSUED UNDER THIS SECTION IF:

11 (1) THE LICENSEE HAS PRACTICED OUTSIDE THE LIMITED SCOPE OF THE LIMITED
 12 LICENSE;

13 (2) THE LICENSEE'S EMPLOYMENT IS TERMINATED;

(3) THE LICENSEE PRACTICES MEDICINE OUTSIDE THE STATE, UNLESS LICENSED
BY THE OTHER STATE;

14 ~~(3)~~ (4) THE LICENSEE HAS BEEN THE SUBJECT OF A DISCIPLINARY
 15 ACTION BY THE HEALTHCARE FACILITY OR THE BOARD; OR

16 ~~(4)~~ (5) THE LICENSEE IS NO LONGER ELIGIBLE FOR THE LIMITED LICENSE.

17 ~~(E) THE BOARD SHALL ADOPT REGULATIONS:~~

18 ~~(1) TO ESTABLISH MINIMUM QUALIFICATIONS AND APPLICATION~~
19 ~~FEES FOR A LICENSE ISSUED UNDER THIS SECTION;~~

20 ~~(2) TO ESTABLISH CONDITIONS APPLICABLE TO A LICENSEE;~~

21 ~~(3) TO PROVIDE A PATHWAY TO FULL LICENSURE AFTER THE~~
22 ~~LICENSEE SUCCESSFULLY SATISFIES ANY LICENSE CONDITIONS ESTABLISHED BY~~
23 ~~THE BOARD UNDER ITEM (2) OF THIS SUBSECTION; AND~~

24 ~~(4) NECESSARY FOR THE IMPLEMENTATION, ADMINISTRATION, AND~~
25 ~~ENFORCEMENT OF THIS SECTION.~~

(G) [A HOLDER OF A LIMITED LICENSE WHO MEETS THE CRITERIA DESCRIBED UNDER SUBSECTION (D)(8)(II) OF THIS SECTION MAY, SUBJECT TO AUTHORIZATION AND ANY APPLICABLE POLICIES OF THE FACILITY, SUPERVISE PHYSICIAN ASSISTANTS, RESIDENTS, OR MEDICAL STUDENTS.]

(H) A HOLDER OF A LIMITED LICENSE WHO MEETS THE CRITERIA DESCRIBED UNDER SUBSECTION (D)(8)(I) OF THIS SECTION

(1) MAY NOT ENGAGE IN SOLO PRACTICE;

(2) MUST PRACTICE IN AFFILIATION WITH A BOARD APPROVED COMMUNITY SPONSOR

(I) ELIGIBLE COMMUNITY SPONSORS MAY INCLUDE:

A. FEDERALLY QUALIFIED HEALTH CENTERS;

B. RURAL HEALTH CLINICS;

C. COMMUNITY HEALTH CENTERS;

D. GROUP PRACTICES WITH AT LEAST TWO MARYLAND-LICENSED PHYSICIANS IN GOOD STANDING;

E. LOCAL HEALTH DEPARTMENTS; AND

F. NONPROFIT CLINICS SERVING UNDERSERVED POPULATIONS.

(ii) AN APPROVED COMMUNITY SPONSOR SHALL

A. SUBMIT A SUPERVISION AND INTEGRATION PLAN SATISFACTORY TO THE BOARD DEMONSTRATING CAPACITY TO PROVIDE:

1. STRUCTURED CLINICAL OVERSIGHT;

2. ACCESS TO ELECTRONIC HEALTH RECORDS AND QUALITY-ASSURANCE SYSTEMS;

3. TRAINING ON U.S. STANDARDS OF CARE, RISK MANAGEMENT, AND REGULATORY COMPLIANCE;

AND

4. OPPORTUNITIES FOR SKILL DEVELOPMENT AND PEER REVIEW, AND

B. PROVIDE DIRECT CLINICAL OVERSIGHT FOR AN INITIAL PERIOD, FOLLOWED BY PROGRESSIVE AUTONOMY BASED ON DEMONSTRATED COMPETENCE;

C. CONDUCT REGULAR CASE REVIEWS, CHART AUDITS, AND DIRECT OBSERVATION;

D. SUBMIT BIENNIAL COMPETENCY EVALUATIONS TO THE BOARD;

E. PROVIDE STRUCTURED SUPPORT TO ACCLIMATE THE HOLDER OF A LIMITED LICENSE TO U.S. MEDICAL-LEGAL STANDARDS, DOCUMENTATION PRACTICES, QUALITY METRICS, AND PATIENT-COMMUNICATION NORMS; AND

F. REPORT ANY COMPETENCE OR PROFESSIONALISM CONCERNS TO THE BOARD IMMEDIATELY..

(i) A HOLDER OF A LIMITED LICENSE MAY APPLY FOR A LICENSE UNDER § 14-309 OF THIS SUBTITLE IF THE LIMITED LICENSEE SUBMITS TO THE BOARD:

(1) FOR A HOLDER OF A LIMITED LICENSE WHO MEETS THE CRITERIA DESCRIBED UNDER SUBSECTION (D)(8)(I) OF THIS SECTION, ENDORSEMENTS BY TWO PHYSICIANS LICENSED IN THE STATE, [AT LEAST] ONE OF WHOM

A. IS NOT IN PRACTICE WITH THE HOLDER OF THE LIMITED LICENSE, AND

B. HAS KNOWLEDGE OF THE HOLDER OF THE LIMITED LICENSE'S PROFESSIONAL CLINICAL AND ETHICAL COMPETENCY ; OR

(2) FOR A HOLDER OF A LIMITED LICENSE WHO MEETS THE CRITERIA DESCRIBED UNDER SUBSECTION (D)(8)(II) OF THIS SECTION, PROOF OF:

(I) SUCCESSFUL COMPLETION OF THE FACILITY'S EVALUATION, WITH AN ATTESTATION FROM THE FACILITY'S CHIEF MEDICAL OFFICER OR A PHYSICIAN IN AN EQUIVALENT POSITION, THAT THE LIMITED LICENSEE IS COMPETENT TO PRACTICE INDEPENDENTLY; AND

(II) 1. ACHIEVEMENT OF A PASSING SCORE ON STEP 3 OF THE UNITED STATES MEDICAL LICENSING EXAMINATION; OR

2. PASSING THE STATE STANDARD OF CARE ASSESSMENT DESCRIBED UNDER SUBSECTION (D)(8)(I)2 OF THIS SECTION.

(J) THE BOARD MAY

(I) ADOPT REGULATIONS NECESSARY FOR THE IMPLEMENTATION, ADMINISTRATION, AND ENFORCEMENT OF THIS SECTION;

(II) CONDUCT SITE VISITS OR AUDITS OF SPONSORING ENTITIES; AND

(III) REQUIRE REMEDIATION OR MODIFY SUPERVISION IF DEFICIENCIES ARE IDENTIFIED.

SECTION 3. AND BE IT FURTHER ENACTED, That, on or before December 1, 2027 the State Board of Physicians shall report to the Senate Finance Committee and the House Health Committee, in accordance with § 2-1257 of the State Government Article, on:

(a) the status of the Board's preparations to begin accepting applications for a limited license under § 14-308 of the Health Occupations Article, as enacted by Section 2 of this Act; and

(b) if the Board is unable to meet the January 1, 2028 deadline to begin accepting applications, the reason it is unable to comply with the deadline and the projected date when it will begin accepting applications.

SECTION 4. AND BE IT FURTHER ENACTED, That it is the intent of the General Assembly that the State Board of Physicians shall consult with MedChi, the Maryland State Medical Society, on the development of policies and regulations implementing Section 1 of this Act.

26 SECTION 5. AND BE IT FURTHER ENACTED, That this Act shall take effect
27 October 1, 2026.

HB1300_Testimony_Cross.pdf

Uploaded by: Dr Cashenna A Cross

Position: FWA

TESTIMONY IN SUPPORT WITH AMENDMENTS House Bill 1300 – Maryland Commission for Women – Alterations

Good evening Chair, Vice Chair, and members of the Committee,

My name is The Honorable Dr. Cashenna A. Cross, Councilmember At-Large for the City of Glenarden and former Mayor. I respectfully submit this testimony in support of House Bill 1300 with amendments.

House Bill 1300 strengthens the Maryland Commission for Women by transitioning the Executive Director to a merit-based position within the State Personnel Management System. This change promotes continuity, professionalism, and accountability in leadership.

The bill also modernizes the duties of the Commission, emphasizing research, identification of disparities, workforce development, and public awareness. These updates reflect the evolving needs of women across Maryland.

To strengthen implementation and long-term impact, I respectfully recommend the following amendments:

First, establish performance metrics and reporting requirements tied to measurable outcomes, including reductions in disparities and improvements in workforce participation.

Second, require coordination with local governments and community-based organizations to ensure alignment between State initiatives and local implementation.

Third, expand workforce and economic pathways, including STEM access, financial literacy, and re-entry support.

Fourth, include intersectional data collection to ensure equitable outcomes across populations.

Fifth, consider a stakeholder advisory structure that includes municipalities, nonprofits, and youth voices.

With these enhancements, House Bill 1300 will strengthen both structure and impact.

I respectfully urge a favorable report with amendments.

Respectfully submitted, The Honorable Dr. Cashenna A. Cross, DHumLitt Councilmember At-Large, City of Glenarden