

Senate Bill 0489 – Health Occupations – Physicians Trained in Medical Schools

Letter of Information

Finance Committee

University of Maryland Faculty Physicians, Inc. (“FPI”) and the University of Maryland School of Medicine (“UMSOM”) respectfully submit this letter of information. FPI provides oversight, management, and administrative support services to its affiliated physician practice groups, including the faculty practices of UMSOM. In addition to serving Baltimore, our faculty practices provide clinical services in underserved areas across the State such as the Eastern Shore and Southern Maryland, and we wish to expand to other areas including Western Maryland.

As introduced, SB0489 would require licensed physicians who are U.S. citizens but trained in international medical schools to practice medicine during their initial license term only under supervision (“SB0489”).

FPI and UMSOM support the goals of SB0489. We also urge the legislature and Board of Physicians to create a new limited license available to candidates employed by a school of medicine within the State, which will allow Maryland schools of medicine to compete with states like Virginia, Pennsylvania, and West Virginia.

The Committee may be aware that a separate bill, SB0380, addresses shortages of physicians more broadly. The limited license we propose would complement – and not conflict with or duplicate – that framework. The license proposed within SB0380 would be available to internationally-trained physicians who are already domiciled in Maryland. However, to satisfy critical gaps in care, University of Maryland School of Medicine needs to be able to proactively recruit experienced physicians abroad. Experienced physicians are unlikely to relocate to Maryland unless our licensure process is significantly more predictable and streamlined than it is today. UMSOM has lost numerous international candidates to other states’ medical schools because their state licensure pathways are more efficient and certain. Generally, vacancies stem from a constrained supply due to hyper-specific specialist needs, making recruitment across a wide area (nationally and internationally) essential to meeting our State’s specialist care needs.

In addition to not requiring an additional ACGME-accredited residency, the limited institutional license we are proposing would be most effective from a recruiting standpoint if it did not require experienced physicians to pass the United States Medical Licensing Examination (“USMLE”). These physicians have been providing high-quality care for many years since graduating medical school. Requiring deeply experienced physicians to pass the USMLE would represent an insurmountable barrier to recruitment in most cases.¹ Note that SB 0380 requires an “ECFMG certificate” which requires passage of Steps 1 and 2 of USMLE.

Our neighboring state, Virginia, offers a limited professorial license pathway that is markedly more streamlined and less restrictive than Maryland’s existing and proposed pathways. Virginia permits its

¹ Experienced physicians who have not passed the USMLE migrate to the U.S. under an O-1 visa (for “individuals with extraordinary ability or achievement in the sciences”) or an H-1B visa for “physicians of national or international renown.” Federal visa requirements require that the applicant provide detailed evidence of medical/scientific expertise and qualification.

licensing board to waive the ECFMG certificate requirement (and therefore USMLE) when the applicant provides other evidence of medical competency.² Without comparable improvements in Maryland, Virginia medical schools and their affiliated health systems will continue to have a competitive advantage over Maryland medical schools in recruiting and hiring experienced international candidates. Physician shortages and access issues will continue in Maryland (especially in underserved areas such as the Eastern Shore, Southern Maryland, and Western Maryland), and care for Maryland patients will remain impacted.

Exhibit A (UM Physician Shortage) provides additional data and background for the Committee's awareness. Exhibit B (Features of Proposed License) explains the licensure pathway features that our schools of medicine require to recruit internationally as other states' schools of medicine already do today.

This is an important issue, and FPI and SOM continue to have conversations with stakeholders to provide additional amendments for the Committee to consider.

We have appreciated the opportunity to provide this feedback.

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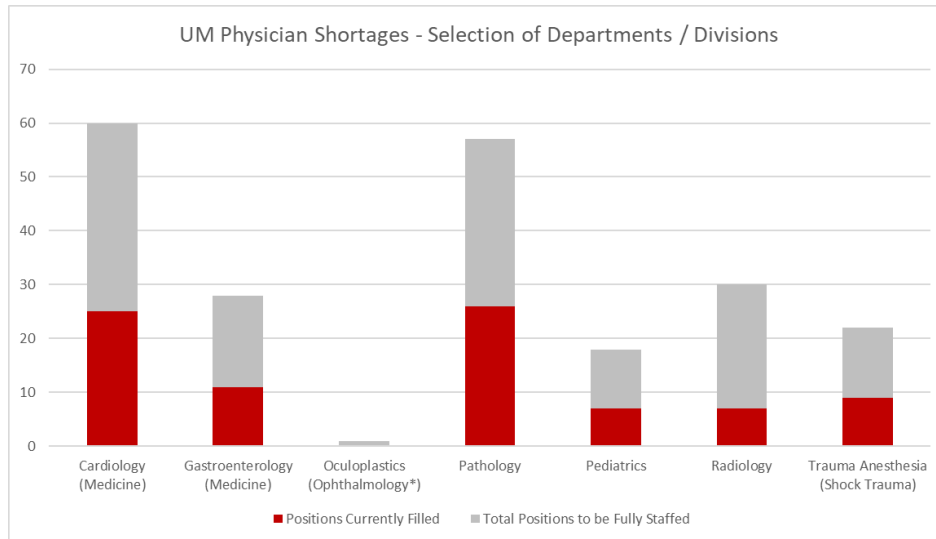
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² Compare Administrative Code of Virginia, 18VAC85-20-210 *with* Md. Code, Health Occ. § 14-319 *and* MD. CODE REGS 10.32.13.03.

Exhibit A - UM Faculty Physician Shortages



In data collected over an expedited period (February 10-12, 2026), UMSOM/FPI identified at least 46 vacant faculty physician positions. UMSOM has 20+ faculty practices providing clinical services across the State, so this figure is likely an undercount of the total number of vacancies. These openings typically arise from constraints in state/regional supply of highly specialized physicians. For example, shortages within UM Pediatrics include genetics, nephrology, interventional cardiology, and epileptology specialists. UM Radiology is in need of pediatric radiology, interventional radiology, trauma radiology, and neurodiagnostic radiology specialists.

**While Oculoplastics is included above, additional vacancies in neurophthalmology and pediatric ophthalmology across the remainder of the UM Ophthalmology department are anticipated imminently and are not reflected in this count.*

Exhibit B – Key Features of Proposed Limited Licensure Pathway

- Limited licensure pathway available to individuals who have been offered employment by a school of medicine in the State, or the National Institutes of Health only.³
- Dean of school of medicine would submit recommendation of the applicant to Board of Physicians.
- License renewable for the length of employment by the school of medicine (indefinite) upon Dean's annual recommendation.⁴
- Physician applicant licensed or otherwise authorized to practice medicine in a country other than the United States. A minimum period of licensure such as 7-10 years would be acceptable.
- Completion of at least 2 years of post-graduate training similar to an ACGME accredited residency program.
- No requirement for ECFMG certification, which requires passage of USMLE Steps 1 and 2.
- Practice locations not restricted to a specific facility. The scope of practice under the license could be limited to "within the scope of employment of the school of medicine/NIH" only. The faculty practices of UMSOM provide specialist clinical services to UM Shore Regional Health, UM Capital Region, and UM Charles Regional Health, and other hospitals across the State.
- No requirement for domicile within Maryland.
- Limited license pathway available regardless of physician residing in Canada or U.S. previously.
- No additional requirements around publication, research, original contributions, previous academic appointments, etc. as are present in Maryland's conceded eminence pathway today.⁵
- Pathway for full licensure after minimum of 5 years under the institutional licensure. Five-year minimum would serve as a retention measure for the school of medicine. The full license would ideally be optional. I.e., physician would have the option of indefinite employment by the school of medicine under the limited license upon annual recommendation by the Dean of the school of medicine.

³ NIH is currently eligible for conceded eminence pathway in Maryland. NIH is included here for consistency.

⁴ Note that federal O-1 visas for "individuals with extraordinary ability or achievement in the sciences" can be extended in 1-year increments without a limit – the license must align or physicians will be motivated to leave Maryland (to go to Virginia for example) once the limited license expires.

⁵ Conceded eminence is rarely used because the requirements are so strict. Federal visa requirements already require that the applicant provide detailed evidence of medical/scientific expertise and qualification. Experienced physicians who have not passed the USMLE migrate to the U.S. under an O-1 visa (for "individuals with extraordinary ability or achievement in the sciences") or an H-1B visa for "physicians of national or international renown."