



Board of Physicians

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

2026 SESSION POSITION PAPER

BILL NO.: HB 1372 - Public Health - Office of Health Care Quality Information and Maryland Health Centralization Commission
COMMITTEE: Finance
POSITION: Letter of Information

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The Maryland Board of Physicians (the Board) respectfully submits this Letter of Information for House Bill (HB) 1372 - Public Health - Office of Health Care Quality Information and Maryland Health Centralization Commission. This bill requires the Maryland Health Care Commission, in collaboration with the Office of Health Care Quality within the Maryland Department of Health, to develop a process to receive and publish certain inspection information on a certain website. Additionally, the bill establishes the Maryland Health Centralization Commission to provide certain advice and recommendations relating to the relationship between the Maryland Department of Health and the health occupation boards.

RATIONALE:

The Board appreciates the opportunity to speak with Delegate Solomon about HB 1372 and to collaborate on amendments that improve the Commission's objectivity and balance. The Board understands that there are valid concerns about the performance of certain boards and supports exploring improvement options.

The proposed Health Occupations § 1-103(I)(1) suggests a need for a Commission to ensure that boards remedy audit findings and establish specific administrative policies. These provisions are areas where the Board demonstrates efficiency. The Board had no outstanding audit findings or violations of law, regulation, or policy, but appreciates the opportunity to participate in an initiative to help improve the performance of other health occupation boards. While there is always room for improvement, the Board also recognizes that the boards with findings have already resolved or are in the process of resolving many of them.

The Board believes that the first step to transparency is the clear identification of the specific boards that need improvement and the specific areas that need attention. Each board is unique, with different strengths and weaknesses. The boards vary regarding internal procedures, staffing, and fiscal matters. While some boards would benefit from additional support, many, like the Board of Physicians, have had no performance concerns or audit findings. The findings identified do not reflect all health occupation boards. It would be most effective to approach each board individually, clearly identifying the perceived weaknesses and offering straightforward recommendations for improvement.

In addition, the Board conducted a comprehensive review of HB 1372's provisions and compiled a substantial amount of background information regarding existing services, current statutory oversight mandates, and previous studies that have already examined the relationship between the Maryland

Department of Health and the boards for the Committee's review (*see Attachment 1*). The Board believes this information is important to understand in order to effectively and holistically consider HB 1372 and any subsequent legislation.

Furthermore, the Board would like to make the Committee aware that the Board already utilizes a proprietary IT system, BPQA. In a [2022 study](#) mandated by [HB 224/SB 262](#) (2021), the Board voiced its preference to opt out of a common platform initiative, citing satisfaction with its current business processes. In the same study, the Department of Information Technology (DoIT) approximated that developing a new, common platform would cost \$48,772,708. The Board is willing to share BPQA with other boards at minimal cost and has previously offered to do so.

Thank you for your consideration. For more information, please contact Madeline DelGreco, Manager of Policy and Legislation, at the Maryland Board of Physicians, at 443-591-9082 or Madeline.DelGreco@maryland.gov.

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.

Attachment 1
Responses to the Provisions of HB
1372

Attachment 1 - Responses to the Provisions of HB 1372

BILL LANGUAGE	BACKGROUND INFORMATION & BILL REQUIREMENTS THAT HAVE BEEN PREVIOUSLY COMPLETED
EMERGENCY BILL	<ul style="list-style-type: none"> ● The OLA Audit ended in 2023. ● Given improvements that have occurred since the end of the audit, the formation of the Commission is not an emergency. ● The audit period was from September 25, 2019, to July 31, 2023. ● During the audit period, MDH experienced a cyberattack that impacted the HO Boards. ● OLA stated in the audit report that: <ul style="list-style-type: none"> ○ “During the audit period, the HPBCs and OHCQ had significant vacancy rates, which may have contributed, at least in part, to the findings in this report.”
<p>23 (C) THE PURPOSE OF THE COMMISSION IS TO PROVIDE ONGOING ADVICE</p> <p>24 AND RECOMMENDATIONS TO THE GENERAL ASSEMBLY ON HOW BEST TO IMPROVE</p> <p>25 THE RELATIONSHIP BETWEEN THE DEPARTMENT AND THE HEALTH OCCUPATIONS</p> <p>26 BOARDS TO ACHIEVE GREATER EFFICIENCY, TRANSPARENCY, AND</p> <p>27 ACCOUNTABILITY.</p>	<ul style="list-style-type: none"> ● The legislature formed the Commission to Study the Health Care Workforce Crisis, which still has a website containing all documents, meetings, recommendations, etc. ● Four representatives from the legislature participated: <ul style="list-style-type: none"> ○ Senator Pamela G. Beidle, District 32, Anne Arundel County ○ Senator Clarence K. Lam, M.D., District 12, Baltimore County & Howard County ○ Delegate Ariana B. Kelly, Vice Chair, Health and Government Operations Committee, District 16, Montgomery County ○ Delegate Kenneth P. Kerr, Ed.D., District 3B, Frederick County ● The final Report from the Commission to Study the Health Care Workforce Crisis (SB440/CH708 2022 Session), did not recommend a change in the relationship between the HO Boards and the Secretary. ● The study included a State Efficiencies and Cooperation Advisory Group that <u>examined the relationship between the health occupations boards and the Secretary</u>. ● The Commission’s Final Report 12/31/2023, stated: <ul style="list-style-type: none"> ○ The current administration at MDH has expressed its commitment to working collaboratively with the health occupations boards and to assist in providing administrative support to improve board operations.

	<ul style="list-style-type: none"> ○ MDH and the boards should continue to explore opportunities to streamline functions to reduce potential administrative barriers to licensure and to provide exceptional customer service to the citizens of Maryland.
<p>5 (I) THE COMMISSION SHALL: 6 (1) PROVIDE RECOMMENDATIONS REGARDING HOW BEST TO GRANT 7 AUTHORITY TO THE DEPARTMENT TO ENSURE THAT:</p>	<p>There is significant oversight of the Health Occupations Boards.</p> <p><u>MDH Secretary Oversight of HO Boards (H.O. §1-203)</u></p> <ul style="list-style-type: none"> ● The HO Boards are a “unit” within MDH and semi-independent. ● The Secretary provides supervision of the Boards through the regulations process. ● Statute (H.O. §1-217) requires that the Secretary shall confirm the appointment of each administrator or executive director to each board. ● The Secretary is required to monitor the timeliness of complaint resolution by the Boards (H.O. §1-608) ● Fiscal and Legislative Audits for the Boards are reported under the Office of the Secretary. <p><u>Legislature Oversight of HO Boards</u></p> <ol style="list-style-type: none"> (1) Sunset evaluations, (2) Audits, (3) Joint Chairman reports, (4) Budget hearings, (5) Budget restrictions, and, (5) HO Boards annual reports.
<p>8 (I) EACH HEALTH OCCUPATION BOARD REMEDIES AUDIT 9 FINDINGS AND VIOLATIONS OF LAW, REGULATION, OR POLICY; AND</p>	<p><u>Additional MDH oversight</u> is through the IAC/S Unit addresses audit findings. The MDH IAC/S Unit is responsible for:</p> <ul style="list-style-type: none"> ● <u>Audit Follow-Up</u> helps ensure MDH compliance with external audits conducted by the Office of Legislative Audits (OLA) and all other external auditors. MDH auditors and analysts confirm whether corrective actions have been implemented and if any modifications to policies and procedures are effective based on the external audit recommendations and MDH objectives. ● <u>Audit Liaison</u> facilitates communication between MDH leadership and outside auditors, and all other external audit organizations. In this role,

	<p>Audit Liaison advocates on behalf of MDH while also helping to ensure MDH responds promptly to external audit recommendations.</p> <p><u>Governor’s Audit Initiative</u></p> <ul style="list-style-type: none"> ● On February 5, 2026, the Governor has directed that all Cabinet Secretaries review and address audit findings and resolution procedures. ● SB858 introduced during the 2026 session, as requested by the JAEC, establishes additional responsibilities for the Audit and Finance Compliance Unit (AFCU) in the Department of Budget and Management (DBM) to monitor the efforts of Executive Branch departmental units to correct audit findings reported by the Office of Legislative Audits (OLA). <ul style="list-style-type: none"> ○ This bill authorizes JAEC to request AFCU to assist agencies. ○ AFCU must assist agencies with resolving audit findings as specified and may implement proactive steps to address and prevent audit findings through advice and support provided to agencies. ○ AFCU must maintain a dashboard on current and repeat audit findings on its website, which must be fully operational by October 1, 2027.
<p>10 (II) EACH HEALTH OCCUPATION BOARD ESTABLISHES POLICIES AND PROCEDURES FOR, AS APPLICABLE:</p> <p>12 1. THE TIMELY PROCESSING OF APPLICATIONS;</p> <p>13 2. RESPONDING TO COMPLAINTS;</p> <p>14 3. CONDUCTING INVESTIGATIONS AND INSPECTIONS;</p> <p>15 4. CONDUCTING CRIMINAL HISTORY RECORDS CHECKS, INCLUDING THE RECEIPT OF REVISED CRIMINAL HISTORY INFORMATION FROM THE</p> <p>17 CENTRAL REPOSITORY AFTER THE DATE OF AN INITIAL CRIMINAL HISTORY</p> <p>18 RECORDS CHECK;</p>	<ul style="list-style-type: none"> ● Timeliness of processing applications is already collected in the Managing For Results (MFRs) data reported to the legislature and reviewed each year in the budget process by the budget hearing as part of the DLS Review. ● Under H.O. §1-608 Timeliness of complaint resolution, the MDH Secretary is required to monitor complaint resolutions for each HO board. ● Investigation timeframes are collected in the <i>Managing For Results</i> (MFRs) data reported to the legislature and discussed at each budget hearing as part of the DLS Review. ● The Board of Physicians has a statutory timeliness requirement (H.O. §14-401.1(j)(1)), and if it is unable to complete the disposition of a complaint within 1 year, the Board is required to include a detailed explanation of the reason for the delay in the record of that complaint. ● The 2026 session DLS Operating Budget Analysis examined the performance of the HO Boards and reported “there has generally been

	<p>improvement in the number of boards meeting the performance goals in fiscal 2025 compared to prior years.”</p> <ul style="list-style-type: none"> ● The Board of Physicians has required Criminal History Record Checks (CHRCs) since 2016. ● The Boards currently without CHRCs have pending legislation (SB806 and HB1420) this session to implement CHRCs. <ul style="list-style-type: none"> ○ Note: HO Boards can enroll in the state and federal Rap Back system, so a CHRC only needs to be completed once, and the Board will receive any updates automatically for its licensees.
<p>19 5. THE COLLECTION OF FEES AND THE ACCOUNTING OF 20 FINANCIAL ACTIVITIES, INCLUDING THE ASSESSMENT OF PENALTIES FOR 21 VIOLATIONS OF THOSE POLICIES AND PROCEDURES;</p>	<ul style="list-style-type: none"> ● The Board of Physicians successfully applies policies for the collection of fees and accounting of financial activities. ● Fees for violations are imposed in accordance with the Sanctioning Guidelines in regulation.
<p>22 6. TAKING APPROPRIATE ACTIONS FOR LICENSE 23 APPLICATION FRAUD, INCLUDING THE ASSESSMENT OF FINES; AND</p>	<ul style="list-style-type: none"> ● Each Board has sanctioning guidelines and regulations regarding disciplinary grounds and the assessment of fines.
<p>24 7. ANY OTHER AREAS IN WHICH ACTION IS NEEDED, AS 25 DETERMINED BY THE SECRETARY; AND</p>	
<p>26 (2) PROVIDE RECOMMENDATIONS ON HOW BEST TO: 27 (I) ESTABLISH A SINGLE, COMPREHENSIVE LICENSURE 28 SYSTEM TO BE USED BY ALL HEALTH OCCUPATIONS BOARDS;</p>	<ul style="list-style-type: none"> ● An analysis by DoIT of the requirements and cost for a unified system was completed as a result of previous legislation. ● See January 12, 2022 Report from DoIT RE: Common Platform. Cost \$48,772,708.
<p>1 (II) AUTHORIZE THE USE OF HEALTH OCCUPATION BOARD 2 REGULATORY FEES TO SUPPORT THE SINGLE, COMPREHENSIVE LICENSURE 3 SYSTEM;</p>	<ul style="list-style-type: none"> ● This is premature. There is not one IT system that has been implemented. ● There is an IT system in development specific to the Board of Nursing.
<p>4 (III) CONSOLIDATE ADMINISTRATIVE FUNCTIONS TO ESTABLISH 5 AND ENHANCE EFFICIENCY AND CONTROL IN ALL AREAS, INCLUDING THROUGH THE 6 USE OF EXISTING DEPARTMENT SYSTEMS FOR E-MAIL, FINANCE, AND HUMAN</p>	<ul style="list-style-type: none"> ● The Boards use MDH Resources for HR, Budget, General Accounting, Procurement, and other administrative functions. ● The Boards are overseen by DoIT for IT-related purchases, contracts, and services. ● The Boards are assessed a cost for these shared services as “Indirect Cost.”

<p>7 RESOURCES SERVICES ACROSS ALL HEALTH OCCUPATIONS BOARDS; AND</p>	<ul style="list-style-type: none"> • In addition, the Boards fund positions at the Office of the Attorney General. • The Board of Physicians funds 13.5 positions at the OAG, and all related expenses. In FY25, the cost to the Board of Physicians was \$2,123,479. • The Boards are also assessed a “DBM Efficiency” cost.
<p>8 (IV) INCREASE PUBLIC AWARENESS AND USAGE OF THE 9 MARYLAND QUALITY REPORTING WEBSITE OF THE MARYLAND HEALTH CARE 10 COMMISSION TO ASSIST INDIVIDUALS WITH SELECTING APPROPRIATE HEALTH 11 CARE SETTINGS.</p>	<ul style="list-style-type: none"> • The Board of Physicians has this resource posted on its website under Consumer Resources.
<p>12 (J) ON OR BEFORE OCTOBER 1 EACH YEAR, BEGINNING IN 2026, THE 13 COMMISSION SHALL REPORT ITS FINDINGS AND RECOMMENDATIONS, INCLUDING 14 ANY DRAFT LEGISLATION, TO THE GOVERNOR AND, IN ACCORDANCE WITH § 2-1257 15 OF THE STATE GOVERNMENT ARTICLE, THE SENATE FINANCE COMMITTEE, THE 16 HOUSE HEALTH COMMITTEE, AND THE JOINT AUDIT AND EVALUATION 17 COMMITTEE.</p>	