

# **HB1372\_Solomon\_FAV**

Uploaded by: Delegate Solomon

Position: FAV

**JARED SOLOMON**  
*Legislative District 18*  
Montgomery County

Government, Labor, and  
Elections Committee

*Chair*

Oversight Committee on Personnel

*House Chair*

Joint Audit and Evaluation  
Committee



The Maryland House of Delegates  
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Annapolis, Maryland 21401  
410-841-3130  
800-492-7122 Ext. 3130  
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**THE MARYLAND HOUSE OF DELEGATES**  
ANNAPOLIS, MARYLAND 21401

**HB 1372 Testimony – Senate Finance Committee**  
**Office of Health Care Quality Information & Maryland Health Centralization Commission**  
**March 31, 2026**

Chair Beidle, Vice Chair Hayes, and Colleagues,

Thank you for the opportunity to present on HB 1372, Public Health - Office of Health Care Quality Information and Maryland Department of Health (MDH) Centralization Commission. This legislation creates a commission to provide ongoing advice and recommendations to the General Assembly on improving the relationship between MDH and the 22 Health Professional Boards and Commissions (HPBCs) with a focus on achieving greater efficiency, transparency, and accountability.

Recent audits have highlighted issues with the HPBCs in several areas including investigations around fraudulent nursing licenses/complaints against licensees and timely inspections of nursing homes and other long-term care facilities. There were also issues related to outdated and inefficient systems including financial systems and procedures around collections, and cybersecurity/IT systems.

The Commission would examine ways to help HPBCs establish better policies and procedures for all investigations, improve licensee application processing time, and how to best integrate the various systems that the 22 HPBCs use, including licensing, finance, HR, and IT systems.

Additional areas of exploration and recommendation include:

- The potential consolidation of systems, such as establishing a comprehensive licensure system across Boards;
- Integrating the various administrative systems the Boards use including email, finance, and human resources, and exploring the use of existing State systems where possible; and
- Increasing transparency by growing public awareness and usage of the Maryland Healthcare Commission's Quality Reporting website.

The MHCC website has key information and ratings for healthcare facilities such as nursing homes, assisted living, and hospice care. Under the bill, more data will be published to the website, including the most recent inspection date of these facilities, whether inspections were conducted on time, late, or were not done, and any associated data from inspections that can assist State residents with selecting the appropriate healthcare setting for family members.

The Commission is structured as follows:

- The Commission is chaired jointly by one member each from the House and Senate;
- Members include:
  - The MDH Secretary, and Deputy Secretary for Public Health Services;
  - The Executive Directors of the four largest Boards: (Nursing, Physicians, Pharmacy, and Social Work);
  - Three Executive Directors (or their designees) from the remaining Boards, jointly selected by the remaining Boards;
  - Any additional members deemed necessary by the Chairs (in consultation with the Boards);
- Each Board will designate a representative to work with the Commission; and
- DLS will staff the Commission.

### **Reporting and Cybersecurity**

- Under the bill, the Commission is required to report its findings, recommendations, and any draft legislation to the JAEC, the House Health and Senate Finance Committees, and the Governor by December 1 each year.
- Additionally, each of the Boards must certify to DoIT that its IT systems meet the State's minimum cybersecurity requirements, by July 1 each year.

Overall, this legislation will address recent audit findings, provide a way to explore options for consolidation and integration of services where it makes sense, and improve outcomes across all Boards for licensees, care recipients, and the Boards themselves. The most recent amendments reflected in this summary were also done in conjunction with substantial input from the Boards, the bill is a priority of the Joint Audit and Evaluation Committee, and passed the House 129-1.

**Thank you for your consideration and I urge a favorable report for HB 1372.**

**HB 1372 - FIN - Various boards - SAA.docx (2).pdf**

Uploaded by: Maryland State of

Position: FAV



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

**Maryland Health Occupations Boards**  
4201 Patterson Avenue  
Baltimore, Maryland 21215

**Maryland Board of Dental Examiners**  
Spring Grove Hospital Center, Rush Bldg.  
55 Wade Avenue/Tulip Drive  
Catonsville, Maryland 21228

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### 2026 SESSION POSITION PAPER

**BILL NO:** HB 1372  
**COMMITTEE:** Finance  
**POSITION:** Support as Amended

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**TITLE:** Public Health – Office of Health Care Quality Information and Maryland Health Centralization Commission

**BILL ANALYSIS:** The 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 the Commission’s Maryland Quality Reporting website; establishing the Maryland Health Centralization Commission to provide certain advise and recommendations relating to the relationship between the Department and the health occupations boards. The bill further requires the Secretary of Information Technology to ensure that all health occupations boards adhere to State cybersecurity standards and to develop a process to identify, share for inspection, and publish certain information on a website.

**POSITION AND RATIONALE:** The Maryland Boards of Acupuncture, Chiropractic Examiners, Dental Examiners, Environmental Health Specialists, Long-Term Care Administrators, Massage Therapy Examiners, Morticians & Funeral Directors, Physical Therapy Examiners, Podiatric Medical Examiners, Professional Counselors & Therapists, and Social Work Examiners (the “Boards”) support HB 1372 as amended.

Maryland’s health occupations boards are intentionally structured as semi-independent, peer-regulated bodies accountable to the Secretary and the General Assembly. This structure demonstrates the State’s commitment to public protection in healthcare by pairing subject-matter

experts and State representatives to set professional standards and develop enforcement mechanisms. This commitment is demonstrated by:

- Consistent submission of Managing for Results (MFR) data with full knowledge that the information is publicly reported;
- Submission of data secondary to the 2024 Maryland Government Transparency Act (2024), including the update of information on our websites about application submission processing timelines;
- Active participation in the Commission to Study the Health Care Workforce Crisis, including the State Efficiencies and Cooperation Advisory Workgroup;
- Ongoing collaboration with the Department to modernize performance standards and improve efficiency; and
- Timely responses to transparency-related requirements, including Public Information Act requests, IQ system inquiries, reasonable accommodation reports, and other Departmental oversight mechanisms.

Ongoing, meaningful consultation with the Boards throughout the Commission's work will support a thorough and well-informed assessment of existing strengths, areas that require support for improvement, and identification of initiatives already underway, demonstrating the Boards' commitment to accountability and transparent public service.

The amended language significantly strengthens the bill by expanding the Commission's scope to include both self-funded and general-funded statutorily independent Boards of varying sizes, as well as stakeholders and agencies beyond the Maryland Department of Health. It authorizes the Commission to review past and ongoing work from the Boards and stakeholders, analyze data, and examine audit findings without duplicating efforts. Together, these provisions enable the Commission to achieve its goals through mutually beneficial collaboration and develop informed, consensus-driven recommendations.

For these reasons, the Boards submit this letter of support for HB 1372 as amended. For more information, please contact Lillian Reese, Legislative Liaison for the Health Occupations Boards at 443-794-4757 or [lillian.reese@maryland.gov](mailto:lillian.reese@maryland.gov).

*The opinion of the Boards expressed in this document do not necessarily reflect that of the Department of Health or the Administration.*

**HB 1372 - X - FAV - FIN - ALZ Association.pdf**

Uploaded by: Megan Peters

Position: FAV



**Bill:** HB 1372 - Public Health - Office of Health Care Quality Information and Maryland Department of Health Centralization Commission

**Committee:** Senate Finance Committee

**Position:** Favorable

**Date:** March 31, 2026

On behalf of the 127,200 Marylanders living with Alzheimer's disease and their 247,000 caregivers, the Alzheimer's Association supports *HB 1372 - Public Health - Office of Health Care Quality Information and Maryland Department of Health Centralization Commission*. HB 1372 strengthens transparency by requiring the Maryland Health Care Commission and the Office of Health Care Quality to publish timely, accessible inspection information on the [Maryland Quality Reporting website](#).<sup>1</sup> This website currently provides information on the quality and performance of nursing homes, hospitals, hospice, assisted living facilities, and more, and HB 1372 will build upon that foundation.

For families navigating a dementia diagnosis, clear and reliable information about long-term care options is essential. Transparent data helps caregivers make informed decisions, and families often rely on inspection findings to understand whether a facility is meeting standards, especially when a loved one can no longer advocate for themselves. However, this information is often scattered or difficult to find. By standardizing the posting of inspection dates and ratings, HB 1372 gives caregivers a clearer view of the quality and safety of potential care settings.

More broadly, strong data transparency benefits the entire long-term care system. Public access to inspection information improves accountability, highlights trends in facility performance, and supports statewide efforts to strengthen oversight. Everyone, from families to policymakers, benefits when essential quality information is easy to access and understand.

For these reasons, the Alzheimer's Association respectfully urges a favorable report on HB 1372. Please contact Megan Peters, Director of Government Affairs at [mrpeters@alz.org](mailto:mrpeters@alz.org) with any questions.

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<sup>1</sup> <https://healthcarequality.mhcc.maryland.gov/>

**HB 1372 - X - FAV.pdf**

Uploaded by: Megan Peters

Position: FAV



# *Maryland Senior Citizens Action Network*

## **MSCAN**

*AARP Maryland*

*Baltimore Jewish  
Council*

*Catholic Charities of  
Baltimore*

*Central Maryland  
Ecumenical Council*

*Church of the Brethren*

*Episcopal Diocese of  
Maryland*

*Housing Opportunities  
Commission of  
Montgomery County*

*Lutheran Office on  
Public Policy in  
Maryland*

*Maryland Association of  
Area Agencies on Aging*

*Maryland Catholic  
Conference*

*Mental Health  
Association of Maryland*

*Mid-Atlantic LifeSpan*

*National Association of  
Social Workers,  
Maryland Chapter*

*Presbytery of Baltimore*

*The Coordinating  
Center*

*MSCAN Co-Chairs:  
Carol Lienhard  
Megan Peters  
410-921-9005*

The Maryland Senior Citizens Action Network (MSCAN) is a statewide coalition of advocacy groups, service providers, faith-based and mission-driven organizations that support policies that meet the housing, health, and quality of care needs of Maryland's low and moderate-income seniors.

**MSCAN supports HB 1372.** As Maryland's population ages, more families are navigating complex decisions about nursing homes, assisted living facilities, and other long-term supports. Transparent inspection information is essential to those decisions. Families often rely on inspection findings to understand whether a facility is safe, well-staffed, and meeting state standards, yet this information is scattered or difficult to locate. HB 1372 addresses this challenge by standardizing the posting of inspection dates and ratings or other quality metrics, giving Marylanders a clearer view of the quality and safety of potential care settings.

Better transparency is not only critical for families, but it also strengthens the long-term care system. Public access to accurate inspection data improves accountability, helps identify trends in facility performance, and supports statewide efforts to elevate quality and protect vulnerable older adults. Publicly accessible data allows policymakers, advocates, and providers to better understand where resources and interventions are most needed.

For these reasons, MSCAN respectfully urges a favorable report on HB 1372. Ensuring that information is easy to find and easy to understand will help older adults and their families make informed, confident decisions—and help build a safer, more transparent long-term care system for all Marylanders.

# **HB1372 - crossover bill - FAV - Office of Health C**

Uploaded by: Richard KAP Kaplowitz

Position: FAV

**HB1372 Crossover Bill RichardKaplowitz FAV**

03/31/2026

Richard Keith Kaplowitz

Frederick, MD 21703

**TESTIMONY ON CROSSOVER BILL HB#1372- POSITION: FAVORABLE**

**Public Health - Office of Health Care Quality Information and Maryland Department of Health Centralization Commission**

**TO:** Chair Beidle, Vice Chair Hayes, and members of the Finance Committee

**FROM:** Richard Keith Kaplowitz

My name is Richard Keith Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of crossover bill HB#1372, **Public Health - Office of Health Care Quality Information and Maryland Department of Health Centralization Commission**

There is a Maryland Department of Health Centralization Commission. The purpose of the commission is to provide ongoing advice and recommendations to the general assembly on how best to improve the relationship between the department and the health occupations boards to achieve greater efficiency, transparency, and accountability.

In collaboration with the office of health care quality, this bill states the HCC develop a process to receive the following information and publish it on the commission's Maryland quality reporting website for each applicable facility:

- the date of the office's most recent inspection
- any associated ratings or other quality metrics calculated by the office based on the most recent inspection
- the date of the next scheduled inspection
- if applicable, a statement that the facility has not been inspected during the time frame required by statute or regulation.

This bill will require 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 the Commission's Maryland Quality Reporting website; establish the Maryland Department of Health Centralization Commission to provide certain advice and recommendations relating to the relationship between the Department and the health occupations boards; etc.

This bill will define the membership and control and command structure of the bodies and outline their responsibilities.

**I respectfully urge this committee to return a favorable report on crossover bill HB#1372.**

# **HB 1372 - Public Health - OHCQ Information and MDH**

Uploaded by: Sara Westrick

Position: FAV



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**HB 1372 - Public Health - Office of Health Care Quality Information and Maryland  
Department of Health Centralization Commission  
Senate Finance Committee  
March 31, 2026  
FAVORABLE**

Good afternoon, Chair Beidle, Vice Chair Hayes, and members of the Committee. Thank you for the opportunity to testify in support of House Bill 944. We appreciate Delegate Solomon and the Joint Audit and Evaluation Committee for sponsoring this important legislation.

My name is Sara Westrick, Advocacy Director for AARP Maryland, representing approximately 850,000 members. AARP brings the lived experiences and priorities of older Marylanders to the policymaking process, ensuring that decisions reflect the needs of adults age 50 and over.

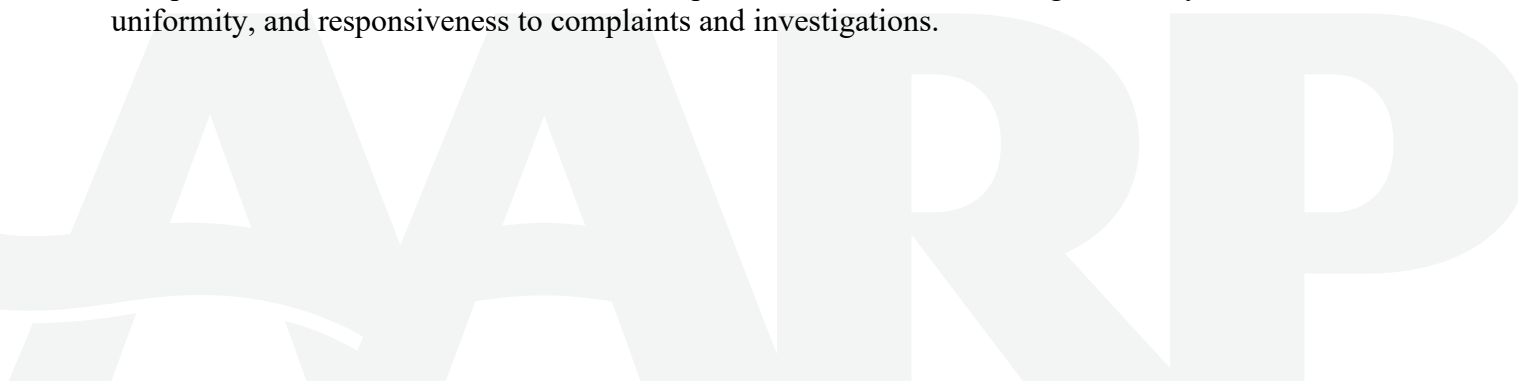
For the families of residents in nursing homes and assisted living facilities, information is protection. Yet today, it is far too difficult for loved ones to understand when a facility was last inspected, what inspectors found, or whether a home is overdue for the evaluation required by law.

HB 1372 directly responds to this longstanding concern by requiring the Maryland Health Care Commission, working with the Office of Health Care Quality, to publish clear, timely, and accessible inspection information online. This includes the date of the most recent inspection, any quality ratings or metrics from that inspection, the next scheduled inspection, and a statement if a facility has not been inspected within the required timeframe.

For families making life-altering decisions about nursing home placement, this is not just transparency; it is empowerment. When inspection reports are hidden or outdated, the consequences fall hardest on residents who cannot speak up for themselves.

### **The Importance of Consistent Oversight**

Maryland's health occupations boards play vital roles in ensuring safe care delivery across the state. But recurring audit findings and inconsistent administrative processes have repeatedly created risks. HB 1372 creates the Maryland Health Centralization Commission, giving the General Assembly a structured, ongoing body to examine and improve oversight of the health occupations boards, coordination with the Department of Health, licensing efficiency and uniformity, and responsiveness to complaints and investigations.



For older adults and nursing home residents, timely investigations, reliable licensure oversight, and consistent enforcement are essential safeguards. Fragmented systems leave too much room for failures that directly affect resident safety.

Making inspection data public helps those without professional connections or insider knowledge, particularly those navigating the long-term care system for the first time.

### **Conclusion**

Older Marylanders deserve care that is safe, transparent, and accountable. Their families deserve straightforward information when evaluating care options. For these reasons, AARP Maryland respectfully urges a favorable report on House Bill 1372.

Thank you for your consideration and your commitment to Maryland's older adults.

If you have any questions, please contact Sara Westrick at [swestrick@aar.org](mailto:swestrick@aar.org) or 410-310-0374.

# **HB 1372 Public Health - Office of Health Care Qual**

Uploaded by: Jane Krienke

Position: FWA



Maryland  
Hospital Association

**House Bill 1372 - Public Health - Office of Health Care Quality Information and Maryland  
Health Centralization Commission**

**Position: *Support with Amendments***

March 31, 2026

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 House Bill 1372.

The [Maryland Quality Reporting website](#) includes an abundance of information on hospital quality metrics and outcomes including infection rates, patient safety metrics, patient reviews and national ratings. This information provides transparency and information to consumers as they make decisions about where to access their health care.

We support the goals of this legislation, but have concerns with the provision that links the associated ratings and quality metrics posted on the website with the most recent inspection. It's unclear which ratings and metrics this refers to. We are concerned that without clarity, this information could be taken out of context. For example, if an identified problem is resolved, there is concern that the agency will not be able to make the appropriate updates on the website in a timely manner. To clarify and remain consistent with the information already available on the website for hospitals, we request the committee consider the following amendment:

Amendment No. 1

On page 3, in line 8-9 strike "by the office based on the most recent inspection."

~~(II) ANY ASSOCIATED RATINGS OR OTHER QUALITY METRIC CALCULATED BY THE OFFICE BASED ON THE MOST RECENT INSPECTION; AND~~

For these reasons, we request a favorable with amendments report on HB 1372.

For more information, please contact:

Jane Krienke, Assistant Vice President, Government Affairs & Policy

[Jkrienke@mhaonline.org](mailto:Jkrienke@mhaonline.org)

**HB 1372 - FIN- MBON - LOI.docx (1).pdf**

Uploaded by: State of Maryland

Position: INFO



# Board of Nursing

*Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary*

March 31, 2026

The Honorable Pamela Beidle  
Chair, Finance Committee  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401

**RE: HB 1372 – Public Health - Office of Health Care Quality Information and Maryland Department of Health Centralization Commission - Letter of Information**

Dear Chair Beidle and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of information for HB 1372 Public Health - Office of Health Care Quality Information and Maryland Department of Health Centralization Commission. This bill would create a Health Centralization Commission within the Department of Health (the Department) with the goal of unifying the administrative and licensing work of the health occupations boards. Though intentionally structured as a semi-independent, peer-regulated body, the Board enjoys a close and unique relationship with the Department. This model protects the public by ensuring that professional standards are developed and enforced by subject matter experts while remaining accountable to both the Secretary and the General Assembly. The Board takes very seriously the goals of efficiency and accountability to its constituents; however, given the disparate functions of the various boards, and informed by the recent successes of the Board to achieve those goals, the Board wishes to highlight some aspects of the bill for the Committee.

1. The premise of the bill seems to be the Office of Legislative Audits (OLA) report that assessed the Boards from September 25, 2019, through July 31, 2023. During these assessments the Department of Health saw extraordinary disruptions and setbacks including a cyber-attack, high employee vacancy rates, and a backlog of unaddressed complaints that resulted from these unique and structural issues. Since the publishing of the report, the Board has worked diligently to address these issues, and it has cleared more than 2000 complaints from the backlog mentioned in the report, with 1296 outstanding in the Board's annual report of July 2025, down from the 3307 noted just two years before. Should a Commission be formed, it is essential that they use the most up-to-date information to inform their decisions.

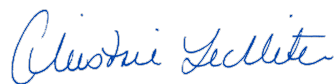
2. Utilizing the Board's special funds to fund a department-wide licensure system contradicts statutory requirements regarding funding acquisition and use. The Board's special fund is acquired through licensure fees and those fees are statutorily required to cover only the cost of effective regulation of nurses and the other allied professions under the Board's specific jurisdiction (Health Occupations, 8-206(b)(2), Annotated Code of Maryland). If the funds are mandated to be allocated to this additional expense, there is concern that it will result in

increased licensure fees on a constituency that would receive no increase or improvement in service.

3. The Board currently has a strong relationship with both the other boards and the Department. Since 2023, the Department has had authority over the Board's infrastructure operations, a relationship that has been extremely beneficial for the Board, allowing resources to go to the essential services on which our constituents depend. It is important that any commission formed by the bill takes into consideration the unique relationship between the Board and the Department.

The Board is supportive of further collaboration with the other boards, and looks forward to working with the sponsor and the General Assembly in creating a more efficient system for Marylanders. The Board hopes the information provided is useful in assessing HB 1372 and thanks the Committee for its time. For more information, please contact Ms. Mitzi Fishman, Director of Legislative Affairs, at 410-585-2049 or [mitzi.fishman@maryland.gov](mailto:mitzi.fishman@maryland.gov), or Ms. Rhonda Scott, Executive Director, at 410-585-1953 or [rhonda.scott2@maryland.gov](mailto:rhonda.scott2@maryland.gov).

Sincerely,



Christine Lechliter  
Board President

**The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.**

**HB 1372 - BOP- FIN- LOI.docx (4).pdf**

Uploaded by: State of Maryland (MD)

Position: INFO



# Board of Physicians

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

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## 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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### **POSITION:**

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](mailto:Madeline.DelGreco@maryland.gov).

Sincerely,

A handwritten signature in cursive script that reads "Singh Ajrawat".

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"> <li>● The OLA Audit ended in <b>2023</b>.</li> <li>● Given improvements that have occurred since the end of the audit, the formation of the Commission is not an emergency.</li> <li>● The audit period was from September 25, 2019, to July 31, 2023.</li> <li>● During the audit period, MDH experienced a cyberattack that impacted the HO Boards.</li> <li>● OLA stated in the audit report that: <ul style="list-style-type: none"> <li>○ “During the audit period, <b>the HPBCs and OHCQ had significant vacancy rates</b>, which may have contributed, at least in part, to the findings in this report.”</li> </ul> </li> </ul>
<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"> <li>● The legislature formed the Commission to Study the Health Care Workforce Crisis, which still has a <a href="#">website</a> containing all documents, meetings, recommendations, etc.</li> <li>● Four representatives from the legislature participated: <ul style="list-style-type: none"> <li>○ Senator Pamela G. Beidle, District 32, Anne Arundel County</li> <li>○ Senator Clarence K. Lam, M.D., District 12, Baltimore County &amp; Howard County</li> <li>○ Delegate Ariana B. Kelly, Vice Chair, Health and Government Operations Committee, District 16, Montgomery County</li> <li>○ Delegate Kenneth P. Kerr, Ed.D., District 3B, Frederick County</li> </ul> </li> <li>● The final <a href="#">Report from the Commission to Study the Health Care Workforce Crisis (SB440/CH708 2022 Session)</a>, did not recommend a change in the relationship between the HO Boards and the Secretary.</li> <li>● The study included a State Efficiencies and Cooperation Advisory Group that <u>examined the relationship between the health occupations boards and the Secretary</u>.</li> <li>● The Commission’s Final Report 12/31/2023, stated: <ul style="list-style-type: none"> <li>○ 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.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ 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.</li> </ul>
<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"> <li>● The HO Boards are a “unit” within MDH and semi-independent.</li> <li>● The Secretary provides supervision of the Boards through the regulations process.</li> <li>● Statute (<a href="#">H.O. §1-217</a>) requires that the Secretary shall confirm the appointment of each administrator or executive director to each board.</li> <li>● The Secretary is required to monitor the timeliness of complaint resolution by the Boards (<a href="#">H.O. §1-608</a>)</li> <li>● Fiscal and Legislative Audits for the Boards are reported under the Office of the Secretary.</li> </ul> <p><u>Legislature Oversight of HO Boards</u></p> <ol style="list-style-type: none"> <li>(1) Sunset evaluations,</li> <li>(2) Audits,</li> <li>(3) Joint Chairman reports,</li> <li>(4) Budget hearings,</li> <li>(5) Budget restrictions, and,</li> <li>(5) HO Boards annual reports.</li> </ol>
<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 <a href="#">IAC/S</a> Unit addresses audit findings. The MDH IAC/S Unit is responsible for:</p> <ul style="list-style-type: none"> <li>● <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.</li> <li>● <u>Audit Liaison</u> facilitates communication between MDH leadership and outside auditors, and all other external audit organizations. In this role,</li> </ul>

	<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"> <li>● On February 5, 2026, the <a href="#">Governor has directed that all Cabinet Secretaries</a> review and address audit findings and resolution procedures.</li> <li>● <a href="#">SB858</a> introduced during the 2026 session, as requested by the JAEC, establishes additional responsibilities for the <a href="#">Audit and Finance Compliance Unit (AFCU) in the Department of Budget and Management (DBM)</a> 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"> <li>○ This bill authorizes JAEC to request AFCU to assist agencies.</li> <li>○ 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.</li> <li>○ AFCU must maintain a dashboard on current and repeat audit findings on its website, which must be fully operational by October 1, 2027.</li> </ul> </li> </ul>
<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 CENTRAL REPOSITORY AFTER THE DATE OF AN INITIAL CRIMINAL HISTORY RECORDS CHECK;</p>	<ul style="list-style-type: none"> <li>● 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.</li> <li>● Under H.O. <a href="#">§1-608</a> Timeliness of complaint resolution, the MDH Secretary is required to monitor complaint resolutions for each HO board.</li> <li>● 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.</li> <li>● The Board of Physicians has a statutory timeliness requirement (<a href="#">H.O. §14-401.1(j)(1)</a>), 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.</li> <li>● The 2026 session <a href="#">DLS Operating Budget Analysis</a> examined the performance of the HO Boards and reported “there has generally <b>been</b></li> </ul>

	<p><b>improvement in the number of boards meeting the performance goals in fiscal 2025 compared to prior years.”</b></p> <ul style="list-style-type: none"> <li>● The Board of Physicians has required Criminal History Record Checks (CHRCs) since 2016.</li> <li>● The Boards currently without CHRCs have pending legislation (<a href="#">SB806 and HB1420</a>) this session to implement CHRCs. <ul style="list-style-type: none"> <li>○ 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.</li> </ul> </li> </ul>
<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"> <li>● The Board of Physicians successfully applies policies for the collection of fees and accounting of financial activities.</li> <li>● Fees for violations are imposed in accordance with the Sanctioning Guidelines in regulation.</li> </ul>
<p>22 6. TAKING APPROPRIATE ACTIONS FOR LICENSE 23 APPLICATION FRAUD, INCLUDING THE ASSESSMENT OF FINES; AND</p>	<ul style="list-style-type: none"> <li>● Each Board has sanctioning guidelines and regulations regarding disciplinary grounds and the assessment of fines.</li> </ul>
<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"> <li>● An analysis by DoIT of the requirements and cost for a unified system was completed as a result of previous legislation.</li> <li>● See January 12, 2022 Report from DoIT RE: Common Platform. <b>Cost \$48,772,708.</b></li> </ul>
<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"> <li>● This is premature. There is not one IT system that has been implemented.</li> <li>● There is an IT system in development specific to the Board of Nursing.</li> </ul>
<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"> <li>● The Boards use MDH Resources for HR, Budget, General Accounting, Procurement, and other administrative functions.</li> <li>● The Boards are overseen by DoIT for IT-related purchases, contracts, and services.</li> <li>● The Boards are assessed a cost for these shared services as “Indirect Cost.”</li> </ul>

<p>7 RESOURCES SERVICES ACROSS ALL HEALTH OCCUPATIONS BOARDS; AND</p>	<ul style="list-style-type: none"> <li>• In addition, the Boards fund positions at the Office of the Attorney General.</li> <li>• 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.</li> <li>• The Boards are also assessed a “DBM Efficiency” cost.</li> </ul>
<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"> <li>• The Board of Physicians has this resource posted on its <a href="#">website</a> under Consumer Resources.</li> </ul>
<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>	