



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

March 11, 2026

The Honorable Melissa Wells
Chair, Government, Labor and Elections Committee
145 Lowe House Office Building
Annapolis, Maryland 21401-1991

Re: HB 1079 Office of Regulatory Management and State Government Authorizations – Letter of Information

Dear Chair Wells and Committee Members:

The following Maryland health occupations boards (the “Boards”) respectfully submit this Letter of Information for HB 1079: The Board of Acupuncture, the Board of Chiropractic Examiners, the Board of Environmental Health Specialists, the Board of Massage Therapy Examiners, the Board of Physicians, the Board of Examiners of Psychologists, and the Board of Social Work Examiners. The bill establishes a new Office of Regulatory Management (“ORM”) that, in collaboration with the Department of Information Technology, would collect regulatory certification, license, permit, and registration (credentialing) data from all applicable State entities; and would take action to implement online application access and/or a process simplification strategy where possible.

The Boards appreciate and support the perceived value of the action items in the bill, which would:

1. Centralize statewide regulatory reporting;
2. Establish one presentation and performance standard for all State entities providing regulated credentialing services accessed by the public; and
3. Make implementing an efficiency strategy a crucial part of the process.

This project will potentially have a significant impact on the Boards’ operations and, as such, thought it prudent to share information with the Government, Labor, and Elections Committee (the “Committee”) as it deliberates.

Simplification of requirements and the reduction of time from *application to approval to practice* are process themes that the Boards are consistently asked to examine and justify. Such considerations are standards we measure our performance against daily to achieve a balance between optimal operational efficiency and responsible regulatory benchmarks. The best balance results in the Boards having outputs characterized by both quality and quantity: providing credentials to qualified practitioners and doing so efficiently, which positively impacts the number of practitioners in the healthcare workforce. Essential to achieving balance is not imposing overly burdensome or voluminous credentialing requirements, adjusting operation processes as the environment (e.g., legislation, national standards, etc.) changes, and always remembering that our mission is to *protect the public*. See Md. Code Ann., Health Occ. § 1-102(a). In the last three to five years, the Boards have modified processes to ease English proficiency and social security number requirements, and to recognize and fast-track applications from military families, especially those already licensed to practice in other states. The bill does not include examination of past initiatives that have already resulted in trimmed regulatory requirements. The pursuit of streamlined efficiency, without such an evaluation, could have unintended negative impacts on public health. The Boards want to highlight the role of safety in health occupation credentialing and the unanticipated consequences that may result with a “25% REDUCTION IN REGULATORY REQUIREMENTS”.

One outcome of reporting systems is performance transparency. This is another process theme for which the Boards are actively engaged. In response to the Governor’s Transparent Government Act (2024), the Boards have been required to share data, at least annually, that includes but is not limited to the information points identified in the bill. Furthermore, the Boards have additionally been required to include some of the same information points (e.g., time needed to complete an application, time needed to assess application completeness, and time needed to make an application decision) on their websites. Additional tools that provide transparent insight into the Boards’ operations include:

- Managing for Results (MFR) reporting to the Department of Health (the “Department”), published on the Department of Budget and Management’s website. This report details information points such as the number of applications processed and the timeliness of processing.
- Proposed Regulation (additions and changes) and Regulatory Review (comprehensive evaluation) processes that include licensees, the Department, the Governor’s Office, the AELR Committee, the public and other stakeholders.
- Follow-up audit and other evaluative related responses to the Department’s Office of Internal Controls, Audit, Compliance, and Information Security.
- Evaluation analysis and reports compiled by the Office of Legislative Audits and the Department of Legislative Services.
- Participation in the Commission to Study the Health Care Workforce Crisis, and the subsequent advisory groups (e.g., State Efficiencies and Cooperation).
- Public facing access to the Boards’ statutes and regulations.
- Timely responses to inquiries of all kinds about the Boards’ mission, scope, and processes made directly to the Board and from other sources such as the Department’s IQ system and professional associations.

Additionally, the Boards were invited to participate in the development of Maryland One Stop. Unfortunately, this project was never completed, resulting in the Boards being underrepresented in this presentation to the public.

The aforementioned existing systems promote transparency in the regulatory process of health occupations and have collected, studied, and published much of the information points cited in the bill. Hopefully, this information will serve as a resource and help minimize duplication of efforts in pursuit of efficiency and standardization.

The tone of the bill alludes to the new ORM Director's ability to make sweeping changes to achieve the bill's goals in a short time, yet it does not make space for any of the credentialing entities to have a voice in the process. The Boards, like the practices they regulate, are not identical operationally and additionally differ from some of the other State's credentialing entities. As the majority of boards are special-funded entities that are required to fund all operational activities from the fees collected, it is desired that the Boards not simply serve as a source of data but rather subject matter experts with valuable insights into the credentialing processes. It is additionally desired that the idea of creating a unified process and system considers the context of all credentialing processes in the development process. For the Boards, such consideration is a matter of public safety.

If you would like to discuss this further, please contact Tiffany L. Smith Williams, Executive Director for the Board of Acupuncture at (410)764-5925 or tiffany.smith-williams@maryland.gov; or Lillian Reese, the Legislative & Regulatory Liaison for the boards at 443-794-4757 or at lillian.reese@maryland.gov.

Sincerely,



Tiffany L. Smith-Williams, MHS CPM
Executive Director
Board of Acupuncture

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