



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 Department of Health Centralization Commission
COMMITTEE: Health
POSITION: Letter of Opposition

POSITION AND RATIONALE:

The Maryland Board of Physicians (the Board) respectfully opposes House Bill (HB) 1372. 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 Department of Health Centralization Commission to provide certain advice and recommendations relating to the relationship between the Department and the health occupations boards.

While the Board supports the goal of greater efficiency and transparency, this legislation poses a significant risk to the Board's fiscal integrity and operational success. The intent of the legislation is to improve government processes. However, the Board is concerned that the bill will unintentionally impede its current operations and performance.

Board of Physicians Performance

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 already demonstrates efficiency. Specifically, there are no outstanding audit findings or violations of law, regulation, or policy by the Board. Furthermore, the Board processes applications in a timely manner and reports this data to the legislature through Managing For Results (MFR) data. On average, after the Board receives all required credentials, Board staff processes physician and allied health licensure applications within 10 business days. It also offers expedited options, such as licensure by endorsement and reciprocity, which are completed in under 7 business days.

The Board responds to complaints and conducts investigations within the rigorous timeframes set forth in Health Occupations § [14-401.1\(j\)\(1\)](#). If the Board cannot complete a complaint disposition within one year, the statute requires it to include a detailed explanation of the delay in the record.

The Board has been conducting mandatory Criminal History Records Checks (CHRCs) since 2016,

and is enrolled in the state and federal Rap Back system for automatic updates on licensees.

Finally, the Board successfully applies policies for fee collection and financial accounting, including the assessment of fines for license application fraud.

Negative Implications of a Single IT System

The Board strongly opposes the mandate in Health Occupations, §1-103(I)(2)(i)-(ii), Annotated Code of Maryland, to establish a single, comprehensive licensure system funded by board regulatory fees. A singular IT system mandate is premature. There is no system currently in place to fulfill this mandate.

Furthermore, 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 no cost and has previously offered to do so.

Depleting the Board's special funds to support a department-wide system is a misuse of licensee fees for a system the Board does not require. The Board has experienced significant fund transfers in 2025 and 2026. The [Budget Reconciliation and Financing Act of 2025](#) transferred over \$1.5 million from the Board's special fund to the General Fund, and the [Budget and Reconciliation and Financing Act of 2026](#) proposes to transfer out \$2 million. Further reallocation of the Board's special fund is problematic. The Board's special fund is acquired through licensure fees and is statutorily required to equate the cost of effective regulation of physicians and allied health professionals under the Board (Health Occupations, §[14-205\(a\)\(12\)](#)). If the funds are mandated to be allocated to this additional expense, there is concern that it will result in increased licensure fees.

Existing Oversight and Audit Accountability

HB 1372 suggests the need to grant authority to ensure remediation of audit findings and compliance with policy. However, significant oversight structures are already in place:

Secretary Oversight

- The Secretary supervises the boards through the regulatory approval process.
- Unlike other boards, the Board's executive director reports directly to the Secretary (Health Occupations, § [14-204](#)).
- The Secretary monitors the timeliness of complaint resolution for all health occupation boards (Health Occupations, § [1-608](#)).
- Fiscal and legislative audits are reported under the Office of the Secretary.

Legislative Oversight

- Sunset evaluations
- Office of Legislative Audits
- Joint Chairman reports
- Annual board reports
- Department of Legislative Services (DLS) budget analysis
- Budget restrictions

These layered oversight mechanisms already provide accountability and transparency without eroding statutory board independence.

Existing Consolidated Administrative Functions

Additionally, the proposed consolidation of administrative functions such as HR, finance, and IT is unnecessary. The Board already utilizes MDH resources for HR, budget, general accounting, and procurement. Furthermore, the Board is assessed "Indirect Costs" and "DBM Efficiency" costs for these shared services. The Commission to Study the Health Care Workforce Crisis found that the health occupations boards serve a vital, statutorily independent role in protecting Maryland citizens. Forcing further consolidation under a new Commission sidelines the Board's current success as a semi-independent unit.

Current Improvement Efforts

It is also important to note that the audit findings that predate this legislation are approximately three years old, with an audit period of September 25, 2019, to July 31, 2023. The audit period also coincides with a cybersecurity attack that impacted the health occupations boards. Given the lengthy period between the findings and HB 1372, the Board is unclear as to why emergency legislation is necessary at this time.

Since the audit period, many of the findings have been resolved and are no longer problematic or are actively improving. For example, pending legislation would require criminal history record checks for health occupations boards that do not have them.

The Office of Legislative Audits itself noted that high vacancy rates "may have contributed" to certain findings. According to the 2027 FY [DLS Budget Analysis for the Health Occupation Boards](#), there has been a notable improvement in filling vacant positions: "HPBC made significant progress in filling vacant positions in calendar 2025, filling 26% of vacant positions last year."

The Department of Legislative Services' Budget Analysis for the 2026 legislative session indicates that, for the most part, boards are meeting their MFR goals.

MFR data already tracks:

- Timeliness of application processing
- Complaint resolution timeframes
- Investigative performance

These metrics are reviewed annually during budget hearings. If systemic failures existed, they would appear in MFR reports and legislative reviews. The data does not support the conclusion that structural centralization is necessary.

Prior Studies and Recommendations

In 2022, the General Assembly enacted SB 440 ([Chapter 708](#)), establishing the Commission to Study the Health Care Workforce Crisis. That Commission included a *State Efficiencies and Cooperation Advisory Workgroup* that specifically examined the relationship between the Secretary of Health and the health occupations boards.

[The Commission's Final Report](#) (December 31, 2023) recognized:

- The health occupations boards serve a vital role in Maryland's healthcare workforce.

- As statutorily independent units within the Maryland Department of Health (MDH), boards determine licensure criteria and regulate licensees to protect the public.
- MDH expressed commitment to collaborative administrative support.
- Boards and MDH should continue exploring opportunities to streamline functions collaboratively.

Notably, the Workforce Commission did not recommend centralization of authority, restructuring of board governance, or expanded Departmental control over board operations. HB 1372 moves beyond collaboration and instead proposes structural oversight mechanisms that the Commission did not endorse.

HB 1372 is Duplicative of the Governor’s Directive and Existing Resources

Governor Moore is addressing audit findings. In a statement the Governor made on February 6, 2026, *Directive - Strengthening Maryland’s Fiscal Responsibility*, he directed all secretaries of agencies to (1) identify and monitor ongoing issues, and to implement internal process improvements, (2) review recent audit findings and identify areas that can be resolved with additional resources, and (3) assess repeat audit finding and identify where additional resources are needed, and submit resource requests to Department of Budget and Management (DBM) Audit and Finance Compliance Unit. The Governor also directed DBM to develop best practices for fiscal and programmatic oversight and to assist in recruiting highly trained individuals to improve operational practices.

[SB 858](#) - Department of Budget and Management - Audit and Finance Compliance Unit - Establishment introduced during this session, supports the Governor’s directive. The Audit and Finance Compliance Unit would be authorized to assist agencies in correcting audit findings and to provide direct assistance to agencies with 4 or more findings, or upon request from the Joint Audit and Evaluation Committee. In addition, SB 858 requires the Governor to implement systems and processes to monitor agency efforts to correct audit findings.

Finally, the [Office of Internal Controls, Audit Compliance & Information Security](#) (IAC/S), an MDH Unit, is charged with correcting and monitoring audit findings. IAC/S serves as a liaison between departmental units and the OLA, and performs audit follow-up by confirming that corrective action plans have been implemented and assessing if additional modifications are needed. IAC/S currently has the authority to perform special audits upon request from leadership.

Remaining Questions

The Board requests additional information about the Commission's required membership to better understand its objectives and expected outcomes. It specifically seeks clarification on the role of the Deputy Secretary of Public Health Services, who must be a member, and why this particular Deputy Secretary was chosen over others. The Board also requests further details about the decision to include the Executive Director or their designee of the Environmental Health Specialists, noting that this board differs from most health occupation boards. It is one of only three general-funded boards, serving just 500 licensed environmental health specialists. Additionally, the Board wants to understand the rationale behind selecting certain boards for membership in the Commission, such as why the Board of Professional Counselors and the Board of Morticians are not included.

Alternative Recommendations

The Board understands that the intent of this legislation is to improve government operations. However, for the reasons stated above, a commission may not be the most effective approach. There are other simple statutory changes that could enhance accountability and oversight and have proven effectiveness with the Board. For example, the Board's executive director is statutorily required to report directly to the Secretary, while the executive directors of other boards report directly to their board chair. In addition, the Board has statutorily mandated reporting structures and timeframes that other boards do not currently have.

The Commission's membership is also inherently political by mandating a member of the House of Delegates and a member of the Senate be included. Health occupations boards are independent to prevent favoritism toward licensees or applicants. It is problematic if legislators appear to influence licensing or disciplinary actions. The Board suggests a stakeholder workgroup may be a more appropriate and fiscally feasible way to address this issue.

If the bill proceeds as a commission, the Board requests an amendment clarifying that the Commission is not mandated to recommend that all health occupations boards use a single IT system. As currently drafted, HB 1372 implies that the Commission will make recommendations for transitioning all boards to a single system; it does not suggest the recommendations will address whether that transition is appropriate for all boards. Therefore, a clarifying amendment is necessary, along with an amendment clarifying that funds from boards that don't use the system will not be allocated to fund the initiative (*see Attachment 1*).

Conclusion

The Board currently meets or exceeds all performance metrics outlined in HB 1372, and is willing to participate in an initiative to help improve the performance of other health occupations boards. However, as drafted, this bill would impose cautionary oversight that would threaten the Board's fiscal autonomy, and potentially dismantle a licensure system that is already functioning at a high level.

Thank you for your consideration. For more information, please contact Madeline DelGreco, Manager of Policy and Legislation, at 410-764-5053.

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:
Recommended Amendments

Attachment 1 - Recommended Amendments

Recommendation 1

Page 3, lines 24 through 25:

AND RECOMMENDATIONS TO THE GENERAL ASSEMBLY ON [~~HOW BEST TO IMPROVE THE RELATIONSHIP~~] **INCREASING COLLABORATION** BETWEEN THE DEPARTMENT AND [~~THE~~] **CERTAIN** HEALTH OCCUPATIONS

Rationale:

The term “relationship” is unclear. The boards are an independent unit of the Department. There cannot be the appearance that the Department would have any influence on the due process rights of licensees and applicants, or the board's independent decision-making related to licensing and discipline.

Recommendation 2

Page 4, line 17:

THAT THE SECRETARY, **IN CONSULTATION WITH THE BOARDS**, DETERMINES TO BE NECESSARY TO ACCOMPLISH THE GOALS

Rationale:

Given that the goal of the legislation is to improve collaboration between the Department and the boards, as drafted, this provision would be inherently one-sided. The boards may have recommendations for contributions that would be of value to the Commission.

Recommendation 3

Page 4, line 26:

PRACTICABLE BUT NOT LATER THAN [~~+10~~] **15 BUSINESS** DAYS AFTER RECEIVING A REQUEST, ANY

Rationale:

10 days is unclear and may interrupt board operations. 15 business days is a reasonable timeframe.

Recommendation 4

Page 5, lines 6 through 7:

(1) PROVIDE RECOMMENDATIONS [~~REGARDING HOW BEST TO GRANT AUTHORITY TO THE DEPARTMENT~~] TO ENSURE THAT:

Rationale:

The struck language is limiting, as the recommendations may involve other stakeholders or agencies beyond the Department, such as the Department of Budget and Management. In addition, there is no established relationship between the Departments' authority and the audit findings.

Recommendation 5

Page 5, line 25

DETERMINED BY THE [SECRETARY] **COMMISSION**; AND

Rationale:

It is the Board's understanding that the Secretary and the other members of the Commission will work collaboratively to identify areas for improvement. The Secretary would retain authority as the Chair of the Commission; however, the Secretary should not make determinations independent of the Commission.

Recommendation 6

Page 5, line 26 through 28, to page 6, lines 1 through 11:

(2) PROVIDE RECOMMENDATIONS ON [~~HOW BEST TO~~]:

(I) [~~ESTABLISH~~] **ESTABLISHING** A [~~SINGLE,~~] COMPREHENSIVE LICENSURE SYSTEM

[~~TO BE~~] **THAT MAY BE** USED BY [~~ALL~~] **A** HEALTH OCCUPATIONS [~~BOARDS~~] **BOARD**;

(II) [~~AUTHORIZE~~] **AUTHORIZING** [~~THE USE OF HEALTH OCCUPATION BOARD~~

~~REGULATORY FEES TO SUPPORT THE SINGLE, COMPREHENSIVE LICENSURE~~

~~SYSTEM]~~ **A HEALTH OCCUPATIONS BOARD THAT USES THE COMPREHENSIVE**

LICENSURE SYSTEM TO USE LICENSURE FEES TO SUPPORT THE SYSTEM;

(III) [~~CONSOLIDATE~~] **CONSOLIDATING** ADMINISTRATIVE FUNCTIONS TO ESTABLISH

AND ENHANCE EFFICIENCY AND CONTROL IN ALL AREAS, INCLUDING THROUGH

THE USE OF EXISTING DEPARTMENT SYSTEMS FOR E-MAIL, FINANCE, AND HUMAN

RESOURCES SERVICES ACROSS ALL HEALTH OCCUPATIONS BOARDS; AND

(IV) [~~INCREASE~~] **INCREASING** PUBLIC AWARENESS AND USAGE OF THE MARYLAND

QUALITY REPORTING WEBSITE OF THE MARYLAND HEALTH CARE COMMISSION TO

ASSIST INDIVIDUALS WITH SELECTING APPROPRIATE HEALTH CARE SETTINGS.

Rationale:

- The Board is unclear on the intent or meaning of "how best to".
- It is the Board's understanding that the intent of the legislation is not to require boards to join a singular, comprehensive IT system if that is not in the best interest of that board. However, as currently drafted, it is implied that all boards will be mandated to do so, and the recommendations will address the best way to make that transition. The Board recommends adopting these amendments to clarify that the system will not necessarily be mandated for all boards.
- It would be inappropriate to allocate licensure fees to an IT system that the board does not use, and the possibility of such an allocation will be concerning to practitioners who pay the fees. The Board recommends clarifying that licensure fees will not be used to fund a system that the board does not use.

Recommendation 7

Page 6, lines 22 through 26:

~~[SECTION 2. AND BE IT FURTHER ENACTED, That this Act is an emergency measure, is necessary for the immediate preservation of the public health or safety, has been passed by a ye a and nay vote supported by three-fifths of all the members elected to each of the two Houses of the General Assembly, and shall take effect from the date it is enacted.]~~

Rationale:

The Board is unclear about the rationale to posture this bill as emergency legislation, given that the audit period during which the findings were identified concluded in 2023, and many of the findings are improving or have already been addressed. The improvement was noted in the FY 2027 [DLS Budget Analysis for the Health Occupation Boards](#).

Attachment 2
Responses to the Provisions of HB
1372

Attachment 2 - 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 24 AND RECOMMENDATIONS TO THE GENERAL ASSEMBLY ON HOW BEST TO IMPROVE 25 THE RELATIONSHIP BETWEEN THE DEPARTMENT AND THE HEALTH OCCUPATIONS 26 BOARDS TO ACHIEVE GREATER EFFICIENCY, TRANSPARENCY, AND 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.

	<ul style="list-style-type: none"> ● 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. ○ 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, Audit Liaison advocates on behalf of MDH while also helping to ensure MDH responds promptly to external audit recommendations. <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 <u>Audit and Finance Compliance Unit (AFCU) in the Department of Budget and Management (DBM)</u> 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.

	<ul style="list-style-type: none"> ○ 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 11 AND PROCEDURES FOR, AS APPLICABLE: 12 1. THE TIMELY PROCESSING OF APPLICATIONS; 13 2. RESPONDING TO COMPLAINTS; 14 3. CONDUCTING INVESTIGATIONS AND INSPECTIONS; 15 4. CONDUCTING CRIMINAL HISTORY RECORDS CHECKS, 16 INCLUDING THE RECEIPT OF REVISED CRIMINAL HISTORY INFORMATION FROM THE 17 CENTRAL REPOSITORY AFTER THE DATE OF AN INITIAL CRIMINAL HISTORY 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 improvement in the number of boards meeting the performance goals in fiscal 2025 compared to prior years.” ● 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 7 RESOURCES SERVICES ACROSS ALL HEALTH OCCUPATIONS BOARDS; AND</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.” ● 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.

	<ul style="list-style-type: none"> • 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>	