



## DEPARTMENT OF HEALTH

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### 2026 SESSION POSITION PAPER

**BILL NO:** HB 1527  
**COMMITTEE:** Health  
**POSITION:** Opposition

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**TITLE:** Complementary and Alternative Health Care – Practice Authorized  
(Complementary and Alternative Health Care Practice Act)

**BILL ANALYSIS:** This bill:

1. Authorizes an individual to practice complementary or alternative health care in the State without obtaining a license, certification, or authorization;
2. Creates certain requirements and limitations regarding the practice of complementary or alternative health care; and
3. Preserves certain claims for relief.

**POSITION AND RATIONALE:** The Maryland Boards of Acupuncture, Chiropractic Examiners, Long-Term Care Administrators, Massage Therapy Examiners, Occupational Therapists, Optometry, Physical Therapy Examiners, and Podiatric Medical Examiners, (the “Boards”) respectfully submit joint opposition regarding HB 1527.

While the Boards recognize the value that complementary and alternative health care modalities can bring to Maryland’s health care ecosystem, HB 1527, as drafted, raises significant regulatory and public protection concerns. The integration of non-traditional, yet evidence-informed services, can enhance patient choice and reflect the diversity of our State. However, the bill’s approach – authorizing individuals to practice complementary or alternative health care without licensure, certification, or other credentialing – undermines long-standing public protection frameworks established by the Maryland General Assembly.

First, HB 1527 effectively alters the scope of practice (e.g., § 22–201 OF THIS ARTICLE.”) for multiple regulated professions by removing credentialing requirements for services that are

currently subject to oversight. This represents a substantial policy shift executed without consultation with the affected educational institutions, regulatory boards, and other significant stakeholders that comprise Maryland's health care delivery system. Historically, the General Assembly has relied upon a deliberate, data-driven process to determine whether a health occupation should be regulated, modified, or expanded. Circumventing this established process risks setting a precedent for the arbitrary deregulation of health professions and does not ensure that Maryland attracts and retains qualified, competent practitioners.

Next, eliminating credentialing requirements for currently regulated practices significantly impairs the Boards' statutory authority to protect the public. The institution of licensure/certification/registration provides a legal foundation for administrative oversight, enforcement of professional standards, investigation of complaints, and in some instances disciplinary action. The removal of credentialing requirements erodes established standards of practice and quality of care while creating an environment in which unqualified individuals may present themselves as health care practitioners. The absence of minimum education, training, and accountability standards overall increases the risk of fraud, exploitation, and other unlawful activity. Without a credentialing structure, Boards would be unable to respond effectively to allegations of misconduct, incompetence, or unethical conduct – thereby diminishing consumer protections for Maryland residents. Protections such as the ability to verify practitioners' identities and credentials. This is integral to public health choice, complaint submission, and general accountability and transparency. This increases Maryland residents' exposure to potential harm and undermines the integrity of the State's health care regulatory framework.

Finally, the bill's language regarding what is included within the phrase "complementary or alternative health care" is so vague that it raises significant constitutional due-process concerns. This bill does not define "complementary or alternative health care." Instead, the bill sets forth 26 practices that are also undefined and would not require a license in Maryland. Maryland courts have been clear that "[d]ue process commands that persons of ordinary intelligence and experience be afforded a reasonable opportunity to know what is prohibited, so that they may govern their behavior accordingly." *Finucan v. Maryland Bd. of Physician Quality Assur.*, 380 Md. 577, 591–92 (2004), quoting *Bowers v. State*, 283 Md. 115, 120–21 (1978). Here, the use of vague, undefined terms, particularly terms like "folk practices," "culturally traditional healing practices," "mind-body healing practices," and "healing touch," would potentially leave a member of the public unable to discern what practices require a license and which do not. The Boards have highlighted these particular terms because a bad actor could potentially justify any health intervention as a "folk practice" or a "mind-body healing practice." Even if this bill were to survive a constitutional challenge for vagueness, the lack of definition around the bill's terminology still puts Maryland citizens at risk.

Overall, the bill's language obscures complementary and alternative health care practitioners' obligation to engage with our existing health care ecosystem. The proposed language is confusing (e.g., "OR § 22–201 OF THIS ARTICLE."), seemingly absolving them of the responsibilities inherent to health regulation while simultaneously inserting them into regulatory boards' purviews. Amending the health occupation boards' public protection mission focused statutes in this way will be the source of multiple, albeit unintended, negative outcomes.

In conclusion, the health occupation boards respectfully oppose HB 1527 as drafted and urge an unfavorable vote and encourage careful reconsideration of its impact on public safety, regulatory consistency, and consumer protection.

If you require further information, the Boards can be reached through the Legislative and Regulatory Liaison, Lillian Reese at (410) 764-5978 or [Lillian.Reese@maryland.gov](mailto:Lillian.Reese@maryland.gov).

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