



## DEPARTMENT OF HEALTH

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### 2026 SESSION POSITION PAPER

**BILL NO:** HB 1372  
**COMMITTEE:** Health  
**POSITION:** Opposition

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

**BILL ANALYSIS:** The bill requires the Maryland Health Care Commission and the Office of Health Care Quality within the Maryland Department of Health to establish the Maryland Department of Health Centralization Commission to make recommendations on the oversight 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 following Maryland health occupations boards (the “Boards”) and the Maryland Commission on Kidney Disease respectfully oppose HB 1372: The Board of Acupuncture, the Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech Language Pathologists, and Music Therapists, the Board of Chiropractic Examiners, the Board of Dental Examiners, the Board of Dietetic Practice, the Board of Environmental Health Specialists, the Board of Long-Term Care Administrators, the Board of Massage Therapy Examiners, the Board of Morticians and Funeral Directors, the Board of Examiners in Optometry, the Board of Podiatric Medical Examiners, the Board of Professional Counselors and Therapists, Board of Examiners of Psychologists, and the Board of Social Work Examiners.

While well intended, the bill proposes structural changes that do not recognize the Boards’ demonstrated resilience and continued public protection during extraordinary disruptions including the COVID-19 pandemic; a December 4, 2021 Department-wide cyber incident; the substantial corrective actions and operational improvements implemented since the most recent audit period; or the findings and recommendation of the 2022 legislatively created Workforce Commission that specifically examined the relationship between the Department and the Boards.

## **Commitment to Accountability and Transparency**

The Boards fully support operational accountability, efficiency, and transparency in government operations. 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.

## **The Bill Relies on Outdated Audit Findings**

HB 1372 is premised on findings from the Office of Legislative Audits (OLA) report covering the period **September 25, 2019, through July 31, 2023**, and the subsequent presentation at a hearing for the Joint Audit and Review Committee. The audit covered an operational period marked by a significant cyber-attack on the Department, the COVID-19 pandemic, and elevated vacancy rates across the Department and the Boards.

It is important to note:

- Not all Boards had deficiencies or repeat findings.
- Multiple Boards were cited for only two or three findings, many of which have since been resolved.
- Findings related to criminal background checks were cited against Boards that lacked statutory authority to conduct such checks at the time. In response, those Boards introduced corrective legislation during the 2026 Session (SB 806/HB 1420)
- The audit report alludes to all Boards being deficient in completing timely investigations, although accompanying data demonstrated that not all Boards were cited for this issue.
- The audit report noted that high vacancy rates “may have contributed” to certain findings
- In 2024, the Boards submitted a Request For Proposals (“RFP”) to begin the process of acquiring a new management information system, and the former Secretary put on hold its progress in favor of the Department’s current development process with the Board of Nursing.
- The Boards initiated discussions with the Department’s Budget Office to examine the relevance and modernization of existing MFRs metrics to bring them current with today’s performance expectations.
- The vast majority of the Boards have online application and payment submission.
- HB 1372 is designated as an emergency bill, giving the impression that all the Boards are operationally at risk of not having the capacity or resources to perform, and thus require intervention to maintain continuity of operations.

Since the audit’s conclusion in 2023, corrective actions have been implemented, staffing levels have improved, and operational enhancements continue. Creating a new centralization commission represents a disproportionate response, given that oversight mechanisms are already in place and functioning.

### **The 2022 Workforce Commission Already Studied This Issue**

In 2022, the General Assembly enacted SB 440 (Chapter 708), establishing the Commission to Study the Health Care Workforce Crisis (the “Commission”). The Commission’s **State Efficiencies and Cooperation Advisory Workgroup** examined the relationship between the Secretary of the Department (the “Secretary”) and the Boards. The Commission’s December 2023 Final Report concluded:

- The Boards serve a **vital public protection role** in regulating Maryland’s healthcare workforce.
- The Boards possess statutory fiscal independence while remaining answerable to the Secretary.
- The Department expressed commitment to collaborative administrative support to ensure operational success; and
- Continued exploration of cooperative efficiencies was encouraged.

Notably, the Commission did **not** recommend centralizing authority, restructuring Board governance, or expanding Department control over Board operations.

### **Oversight Mechanisms Already Exist: Secretary and Legislative Oversight**

The Boards are already units of the Maryland Department of Health and are subject to the authority of the Secretary pursuant to Md. Code Ann., Health Occ. (“HO”) § 1-203. Oversight tools include: confirmation of executive directors, pursuant to HO § 1-217; approval of regulations; monitoring the timeliness of complaint resolution, pursuant to HO § 1-608; Departmental budget, fiscal & procurement processes; oversight by the Department’s Office of Internal Controls, Audit Compliance & Information Security; Sunset evaluations; review by the Office of Legislative Audits; and annual Department of Legislative Services (DLS) budget analysis and reporting requirements; and since 1985, the Boards’ and Commission’s regulations are reviewed every 8 years as a requirement of the State Regulatory Review and Evaluation Act.

These mechanisms already provide accountability and transparency without creating a new commission or restructuring governance.

Additionally, if enacted, SB 858/HB 1369 will establish a Department of Budget and Management, Audit and Finance Compliance Unit, adding yet another layer of oversight.

### **Boards Are Meeting Performance Metrics**

The Department of Legislative Services’ Budget Analysis for the 2026 legislative session indicates that Boards are meeting their **Managing For Results (MFR)** goals, including:

- Timeliness of initial and renewal application processing; and
- Timeliness of complaint resolution/investigative performance

These metrics are reviewed annually during budget hearings, where corrective follow-up is required if deficiencies are identified. Performance trends do not demonstrate systematic failure warranting restructuring.

### **Proposed Centralization is Premature and Costly**

HB 1372 calls for recommendations regarding a single comprehensive licensure system. However, a January 12, 2022, Department of Information Technology (“DoIT”) report estimated implementation costs of approximately \$48.7 million with a minimum four-year implementation timeline. Given this projected cost, the Boards initiated a Request for Proposals (RFP) to identify a more sustainable system. That effort was put on hold by the former Secretary in favor of the Department’s development process with the Board of Nursing.

Most Boards are specially funded. Any large-scale system implementation must be evaluated carefully to protect fiscal autonomy and avoid compromising fee stability, especially in light of BRFA reallocations. Boards are already assessed indirect costs and other statewide assessments for administrative services. As such, authorizing an allocation of the Boards’ regulatory fees to fund a system that does not yet exist is concerning.

### **Maryland’s Regulatory Model is Functioning**

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.

The available evidence demonstrates:

- Audit findings were limited, demonstrating progressive improvement toward resolution.
- A recently legislatively created Commission examined the Board-Department relationship and did not recommend centralization.
- Oversight mechanisms are already substantial and multi-layered.
- The Boards are not experiencing systemic failure and are meeting performance goals.

### **Conclusion**

HB 1372 is based on audit findings marked by an extraordinary operational period and is not a reflection of performance improvements, ongoing efforts, or the findings of the 2022 Commission.

For these reasons, the Boards and Kidney Commission respectfully request an unfavorable report on HB 1372. Maryland’s current regulatory framework is functioning, accountable, and improving.

The Boards and Kidney Commission welcome further dialogue and may be contacted through our Legislative and Regulatory Liaison Lillian Reese at (443) 794-4757 or [Lillian.Reese@maryland.gov](mailto:Lillian.Reese@maryland.gov).

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