



DEPARTMENT OF HEALTH

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

Board of Physical Therapy Examiners
4201 Patterson Avenue, Suite 304
Baltimore, MD 21215-2299

March 11, 2026

The Honorable Heather Bagnall
Chair, Health Committee
240 Taylor House Office Building
Annapolis, MD 21401-1991

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

Dear Chair Bagnall and Committee Members:

The Board of Physical Therapy Examiners (the “Board”) respectfully opposes HB 1372. The bill would require the Maryland Health Care Commission and the Office of Health Care Quality to publish inspection information, establish an MDH Centralization Commission, and mandate minimum cybersecurity standards. While the Board supports transparency, efficiency, and strong protections, establishing an MDH Centralization Commission is not warranted, as it would create additional expenses and duplicate work already completed or currently underway.

The Office of Legislative Audits (OLA) issued a fiscal compliance audit report on April 9, 2025, and established corrective action and reporting mechanisms that are already functioning and satisfy the bill's intent through several existing oversight structures:

- Maryland Department of Health Office of Internal Controls, Audit Compliance and Information Security (IAC/S) agency response process (forwarded to OLA)
- Department of Budget and Management (DBM) Audit and Finance Compliance Unit corrective action process
- MDH Managing for Results (MFR) and Units of Measurement reporting.

They already provide formal mechanisms for accountability and performance monitoring between MDH and the Health Occupations (“HO”) Boards. Furthermore, while new legislation ([SB 858/HB 1369](#)) has been introduced to officially establish a DBM Audit and Finance Compliance Unit, this has already been implemented, and monitoring of progress on audit findings is taking place.

The audit period encompassed both the cybersecurity incident and COVID-19. The Board, in response to the cybersecurity (ransomware) 2021 incident, immediately implemented recovery strategies that ensured data integrity, full operational status, and no fiscal impact to licensing processes. Due to this response, as OLA reported, *no significant impact on the auditor's ability to obtain information necessary to meet their audit objective or reach related conclusions was seen.* With the Department of Information Technology (DoIT) collaboration on security, such as multi-factor authentication, was further enhanced. COVID-19 was referred to in the introductory letter to the audit report, which acknowledged that *significant vacancy rates during this period may have contributed, in part, to certain findings.*

The Board has actively addressed the single policy-related finding received during the OLA audit period: the recommendation that the Board obtain alerts when licensed health professionals are convicted of criminal activity. The Board, along with other HO Boards, supported this policy recommendation, with the submission of [SB 806](#) and its cross-file [HB1420](#). This proposed legislation provides the necessary statutory authority for the Board to receive notifications of revised criminal history record information, as the Board already conducts criminal history record checks.

A comprehensive review of the MDH–Board relationship has been completed. Pursuant to SB 440/Chapter 708 (2022), the General Assembly established the **Commission to Study the Health Care Workforce Crisis**. The State Efficiencies and Cooperation Advisory Group specifically examined the relationship between MDH and the HO Boards. That review did not recommend centralization, governance restructuring, or expansion of MDH's role over daily Board administration. Analysis of those recent findings, along with other data, is warranted, not a new commission.

The Health Occupations Boards submitted detailed information to the **Government Efficiency Commission**, established by the Governor's Transparent Government Act of 2024, regarding licensing, fees, fund structure, and IT systems. Additionally, the HO Boards annually complete the MDH **Managing for Results (MFR)** process, which collects key goals and performance data. The MFR methodology is currently being updated by a joint project between DBM and the HO Boards. Efficiency and performance would be well served by building upon the collected and analyzed (historic and current) data rather than duplicating work.

Finally, the HO Boards self-initiate active collaboration with an eye on technology modernization. In February 2024, the Board of Physical Therapy Examiners, on behalf of other Boards, submitted an RFP for a comprehensive Licensing and Regulatory Management System (LRMS). Although this RFP was suspended by DoIT, modernization efforts continue through the MDH Enterprise Licensing and Regulatory Management System (ELRMS) project, with Deputy Secretary Hackett coordinating with the Boards on the Salesforce/MTX solution currently being introduced to the Board of Nursing.

HO Boards are primarily funded through licensing fees collected and recognize the importance of collaboration while maintaining their statutorily established governance

structure. For the past five years, the HO Boards have met monthly to discuss security, technology, collections and licensing operational best practices, and regulatory processes, extending invitations to MDH department and unit staff and leadership to improve communication, collaboration, and prevent silos.


The Board respectfully opposes HB 1372 because it adds structural and reporting layers rather than practical solutions. The bill limits Commission members rather than modeling inclusiveness. The bill is duplicating work already completed through the Government Efficiency Commission, the Commission to Study the Health Care Workforce Crisis, DBM, OLA, and others.

As Governor Wes Moore stated during the televised Town Hall on February 15, 2026, not every issue requires a 15-year analysis, and the government must act more quickly rather than rely on lengthy, **duplicative** studies.

For these reasons, the Board respectfully opposes HB 1372 and requests an unfavorable vote.

Should you require any further information or clarification on this matter, please contact Laurie Kendall-Ellis, Executive Director for the Board of Physical Therapy Examiners, at (443) 610-8047 or at laurie.kendall-ellis@maryland.gov or Lillian Reese, Legislative Liaison, at (443) 794-4757 or lillian.reese@maryland.gov.



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Executive Director

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