

**M00B0104**  
**Health Professional Boards and Commissions**  
**Maryland Department of Health**

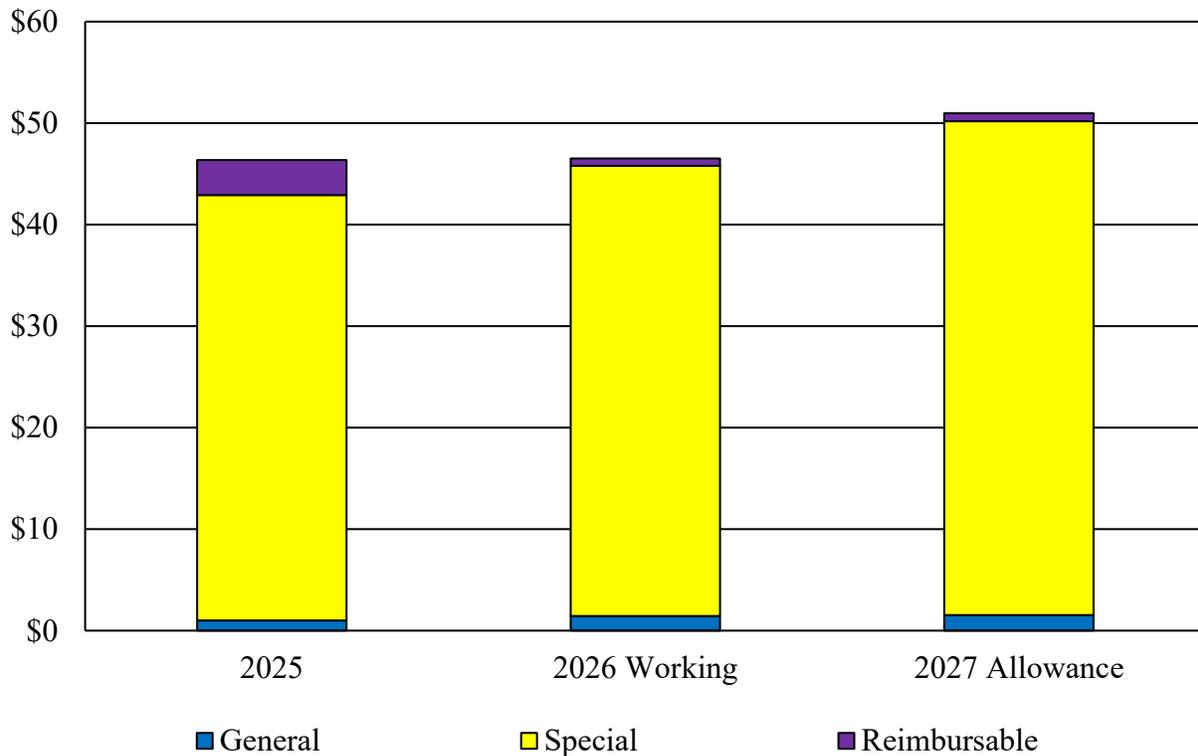
**Program Description**

The Health Professional Boards and Commissions (HPBC) within the Maryland Department of Health (MDH) is comprised of 20 health professional boards and one commission. Their purpose is to certify, license, resolve consumer complaints, and assist in establishing parameters for various providers through regulations. The boards share the same goals of (1) protecting the public by ensuring that practicing health professionals are properly credentialed and licensed to provide high-quality services and (2) receiving, investigating, and resolving complaints in a timely manner.

***Operating Budget Summary***

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**Fiscal 2027 Budget Increases \$4.4 Million, or 9.5%, to \$51.0 Million**  
**(\$ in Millions)**



Note: The fiscal 2027 statewide salary adjustments are centrally budgeted in the Department of Budget and Management and are not included in this agency’s budget.

For further information contact: Victoria Martinez

victoria.martinez@mga.maryland.gov

## *M00B0104 – MDH – Health Professional Boards and Commissions*

- HPBC are primarily funded by special funds generated through licensing fees. There are three boards that are fully funded by general funds in the fiscal 2027 allowance: the State Board of Environmental Health Specialists; the State Board of Long-Term Care Administrators; and the State Board of Residential Child Care.

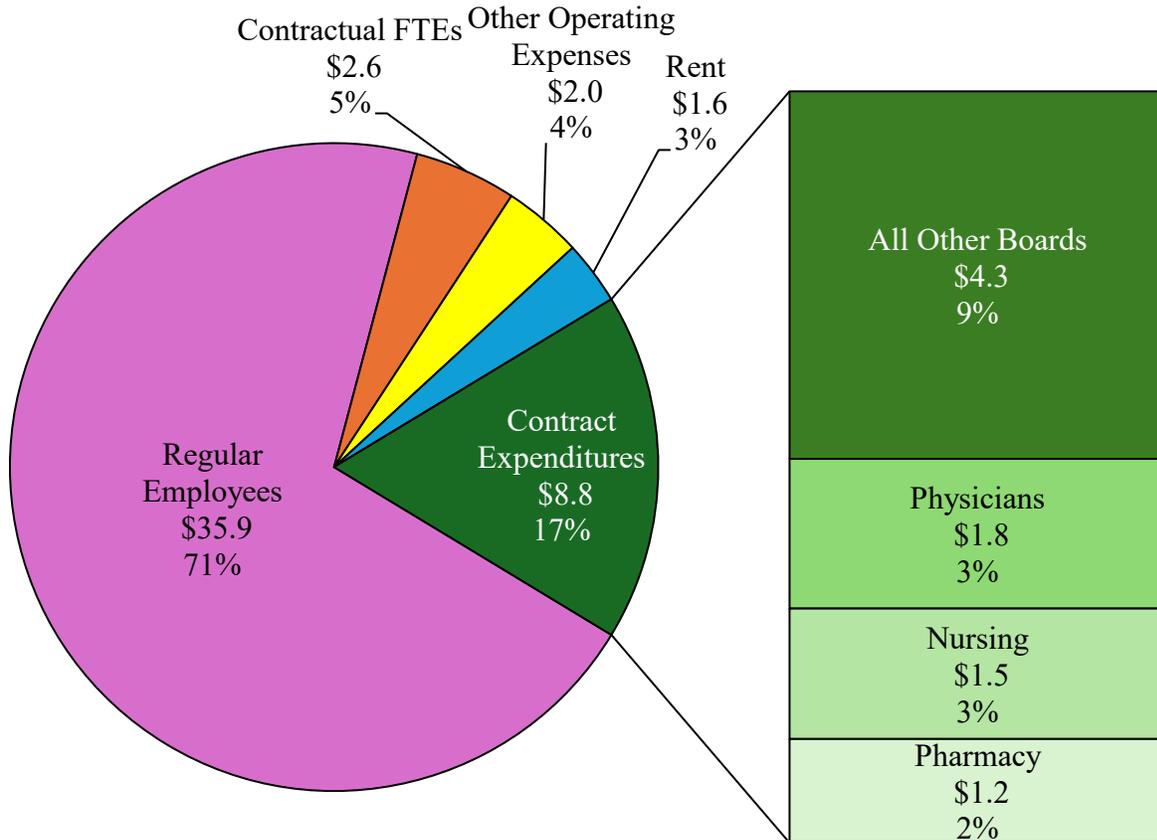
### **Fiscal 2025**

The HPBC fiscal 2025 closeout included a total of \$6.2 million in canceled funds. Canceled funds included \$912,973 of special funds due to less spending than anticipated in the State Board of Dental Examiners, State Board of Physical Therapy Examiners, and State Board of Examiners of Psychologists. The largest portion of canceled funds was \$5.3 million in reimbursable funds in the State Board of Nursing (BON) to align eligible expenditures with the general fund appropriation budgeted in the MDH Office of the Secretary. Chapters 222 and 223 of 2023 granted the Secretary of Health authority over the infrastructure operations of BON. Chapter 416 of 2025 extended the Secretary's authority over infrastructure operations by five years through June 30, 2030, after which authority reverts to BON. Additionally, the Act repealed the prohibition on the Board of Nursing Fund being used to pay for the infrastructure operations while the Secretary retains authority. The fiscal 2026 working appropriation and fiscal 2027 allowance include special funds from the board for this purpose.

### **Fiscal 2027 Overview of Agency Spending**

The fiscal 2027 allowance for HPBC totals \$51.0 million. The boards are largely administrative in nature, as their primary functions involve issuing certifications and licenses. As shown in **Exhibit 1**, 71% of the fiscal 2027 allowance is dedicated to personnel costs for 280.1 regular positions, and 5% of the budget supports contractual personnel costs for 23.24 full-time equivalent (FTE) positions. Expenditures for contracts account for an additional 17% of the budget, with more than one-third occurring within the State Board of Physicians and BON (each accounting for 3% of the total fiscal 2027 allowance). An additional 2% of the total fiscal 2027 allowance for contract expenditures is for the State Board of Pharmacy.

**Exhibit 1  
Overview of Agency Spending  
Fiscal 2027 Allowance  
(\$ in Millions)**



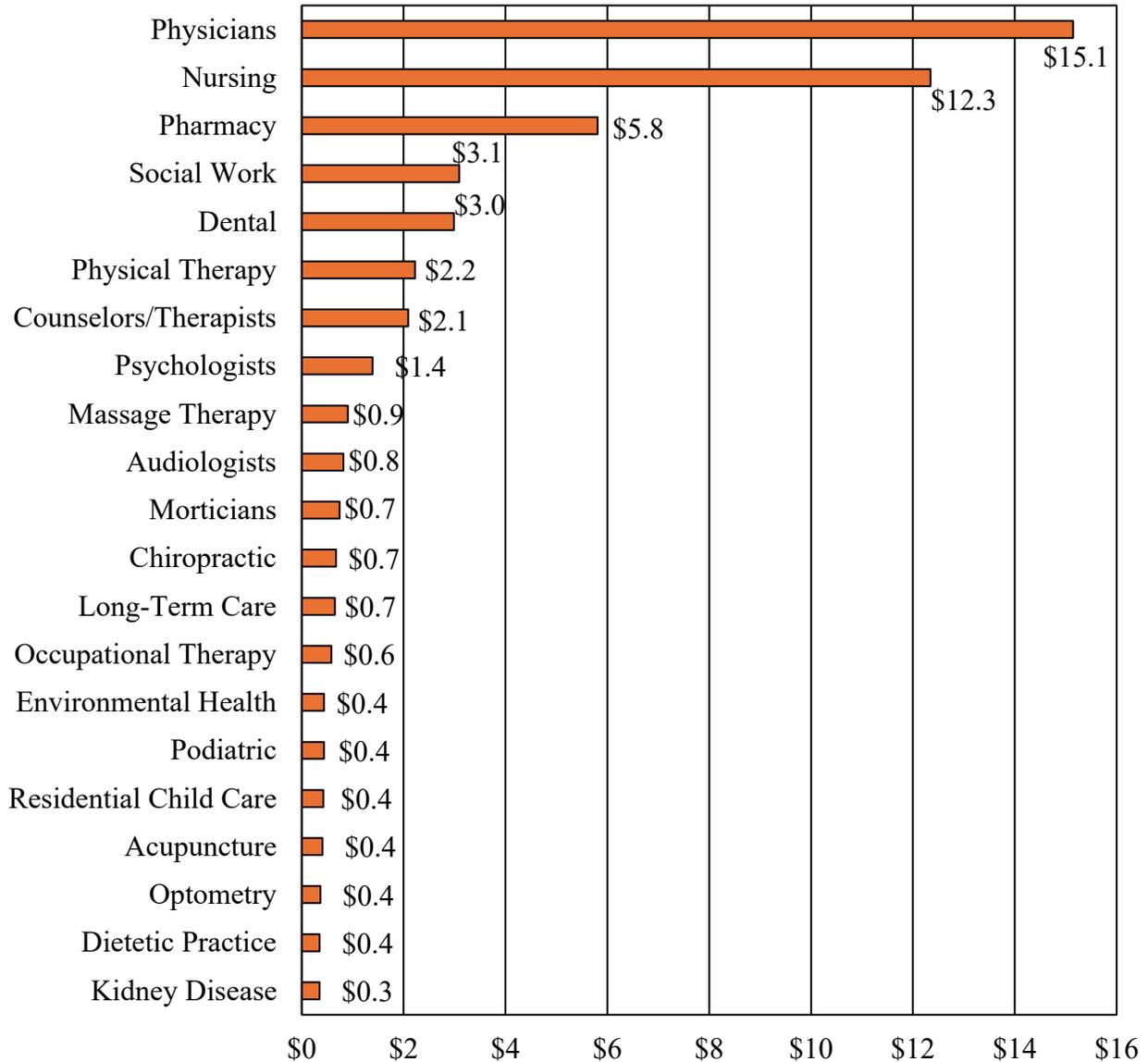
FTE: full-time equivalent

Note: The fiscal 2027 statewide salary adjustments are centrally budgeted in the Department of Budget and Management and are not included in this agency’s budget.

Source: Department of Budget and Management

**Exhibit 2** provides a breakdown of the fiscal 2027 allowance by board, illustrating that the health occupation boards vary significantly in size and expenditure. Across the boards, the fiscal 2027 allowance ranges from \$13.1 million budgeted under the State Board of Physicians to \$348,069 for the State Commission on Kidney Disease, which is the only commission within HPBC. The relative size and expenditure of each board is partially reflective of the number of licenses issued by each board.

**Exhibit 2**  
**Fiscal 2027 Allowance by Board**  
**(\$ in Millions)**



Source: Department of Budget and Management

## Proposed Budget Change

As shown in **Exhibit 3**, the HPBC fiscal 2027 budget increases by \$4.4 million from the fiscal 2026 working appropriation. The fiscal 2027 spending growth is largely attributed to personnel expenses, which increase by a net \$3.6 million, which includes \$303,148 to support 1.60 new positions. Personnel expenses also reflect a \$1.2 million increase in employee and retiree health insurance costs. The fiscal 2027 allowance includes several changes across boards due to software-related expenses, particularly for computer licensing software services used for licensing activities. Various changes in the budget are due to adjustments to reflect actual spending in fiscal 2025 compared to estimated spending in the fiscal 2026 working appropriation, including an increase for online licensing application system and software contracts in BON and for peer review services in the Board of Physicians.

**Exhibit 3**  
**Proposed Budget**  
**Maryland Department of Health – Health Professional Boards and Commissions**  
**(\$ in Thousands)**

<b>How Much It Grows:</b>	<b>General <u>Fund</u></b>	<b>Special <u>Fund</u></b>	<b>Federal <u>Fund</u></b>	<b>Reimb. <u>Fund</u></b>	<b><u>Total</u></b>
Fiscal 2025 Actual	\$1,006	\$41,895	\$0	\$3,466	\$46,366
Fiscal 2026 Working	1,442	44,364	0	726	46,532
Fiscal 2027 Allowance	1,524	48,676	0	771	50,972
Fiscal 2026-2027 \$ Change	\$83	\$4,312	\$0	\$45	\$4,440
Fiscal 2026-2027 % Change	5.72%	9.72%	n/a	6.20%	9.54%

<b>Where It Goes:</b>	<b><u>Change</u></b>
<b>Personnel Expenses</b>	
Salary increases and associated fringe benefits .....	\$1,251
Employee and retiree health insurance .....	1,227
Turnover rate decreases from 6.5% to 5.3%.....	377
Cost for salaries and fringe benefits associated with 1.60 new positions.....	303
Additional assistance updated to reflect prior year actuals .....	254
Other fringe benefit adjustments .....	146
<b>State Board of Physicians</b>	
Peer review services/expert witness services to align with prior year actuals ..	341
Additional funding for audio-visual equipment system repair for board meeting room .....	300
Contract to scan microfiche licensure files to scanned images .....	150
Data processing equipment.....	110

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<b>Where It Goes:</b>	<b><u>Change</u></b>
Annual maintenance contract for software that encrypts Social Security number fields in the internal licensure and disciplinary database to help address security measures identified by OLA IT audit.....	62
Bank charges for lockbox processing.....	-10
Document conversion and optical scanning services for practitioner licensure records maintained by the board.....	-87
<b>State Board of Nursing</b>	
Expenses related to increase of 1.46 contractual staff.....	154
Postage.....	19
Telecommunications costs adjustment to align with prior year actuals.....	-121
<b>Licensing Software-related Expenses</b>	
Licensing software costs for maintenance of legacy licensing software, primarily in the State Board of Dental Examiners.....	554
Online licensing application system and software renewal contract in the State Board of Nursing increase to align with prior year actuals .....	384
Software system that provides licensing, compliance, and case management reporting services for State Board of Physical Therapy Examiners .....	100
Computer licensing and imaging system for the Board of Psychologists .....	50
<b>Practitioner Rehabilitation Services</b>	
State Board of Pharmacy Pharmacist Rehabilitation and Educational Services contract for mental and substance abuse monitoring, referral and reporting for licensed individuals referred by the Board or self-referred for treatment .....	75
State Board of Dental Examiners Dental Hygienist’s Well-Being Committee Operations to provide rehabilitation services for Dentists and Dental Hygienists .....	5
Funding mistakenly omitted for State Board of Physicians Practitioner Rehabilitation Services to provide licensees treatment for alcoholism; chemical dependency; or other physical, emotional, and mental conditions.....	-613
<b>Other Boards</b>	
Association dues in the State Board of Pharmacy .....	28
Motor vehicle operation and maintenance for the State Board of Pharmacy .....	-21
Application testing services for the State Board of Residential Child Care for the University of Maryland to host and maintain the online training modules and final testing features for their website .....	-11
Law courses for State Board of Physical Therapy Examiners licensees, for use as continuing education credits.....	-25
Subscription costs in the State Board of Social Work Examiners .....	-27

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<b>Where It Goes:</b>	<b><u>Change</u></b>
<b>Shared Fees and Operating Costs</b>	
Credit card processing fees for billing for credit card merchant services .....	68
In-state and out-of-state routine operations and conferences .....	51
State cost allocations.....	47
Rent.....	-23
Office supplies and equipment .....	-30
Share of Attorney General personnel costs.....	-69
Maryland Department of Health indirect costs.....	-226
Contractual personnel costs reflecting 10 contractual conversions .....	-339
Other .....	-11
<b>Total</b>	<b>\$4,440</b>

OLA: Office of Legislative Audits  
IT: information technology

Note: Numbers may not sum to total due to rounding. The fiscal 2027 statewide salary adjustments are centrally budgeted in the Department of Budget and Management and are not included in this agency’s budget.

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The fiscal 2027 allowance also includes a decrease of \$612,500 for funding mistakenly omitted from the budget for the State Board of Physicians Practitioner Rehabilitation Services, which provides services to licensees who are directed by the board to receive treatment for alcoholism, chemical dependency, or other conditions. MDH reported that it would work with the Department of Budget and Management (DBM) to bring this item back into the budget.

### **Budget Reconciliation and Financing Act**

The Budget Reconciliation and Financing Act (BRFA) of 2026 as introduced would expand the allowable uses of two health occupation board funds to authorize transfers of fund balance totaling \$2.5 million to other offices within MDH. The provisions in the BRFA include expanding allowable uses of two funds for fiscal 2027 only, including:

- \$2.0 million from the Board of Physicians Fund to the MDH Office of Population Improvement to support the Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants; and
- \$500,000 from the Board of Professional Counselors and Therapists (BOPCT) Fund to support the MDH Behavioral Health Administration (BHA) Community Services program. The transfer will offset the costs of provider reimbursements for behavioral health services for uninsured or underinsured individuals.

Generally, MDH recommends that each board maintain a fund balance of 20% of annual expenditures for boards with budgets over \$1.0 million. Fund balances assist the boards in meeting unanticipated expenses and/or maintaining operations through periods of revenue instability. The BRFA of 2025 included a provision authorizing the transfer of \$2.8 million from BOPCT and \$1.6 million from the State Board of Physicians as well as other transfers from HPBC fund balances in fiscal 2026. **Exhibit 4** shows the estimated fiscal 2027 fund balances of the boards and the share of the fund balance as a percentage of expenditures before and after the proposed fiscal 2027 transfers in the BRFA of 2026. The fiscal 2027 closing fund balance is estimated to be \$1.0 million for BOPCT and \$5.7 million for the State Board of Physicians, after accounting for estimated revenues, expenditures, and transfers authorized in the BRFA of 2025. As shown, the estimated fiscal 2027 closing fund balance without the BRFA transfers is 50% of the allowance for BOPCT and 44% of the allowance for the State Board of Physicians. The estimated fiscal 2027 closing fund balance following the proposed BRFA transfers would decrease to 26% of the allowance for BOPCT and 28% of the State Board of Physicians. Based on the recommended fund balance level of 20%, both boards are left with sufficient funding after the proposed BRFA transfers.

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**Exhibit 4**  
**Special Fund Balances as a Share of Projected Expenditures**  
**Fiscal 2027 Allowance**  
**(\$ in Thousands)**

	<u>Allowance</u>	<u>Estimated Closing Fund Balance</u>	<u>Balance as % of Allowance</u>	<u>Fund Balance Transfers in BRFA as Introduced</u>	<u>Adjusted Fund Balance from BRFA as Introduced</u>	<u>Adjusted Balance as % of Allowance</u>
Counselors/ Therapists	\$2,092	\$1,044	50%	\$500	\$544	26%
Physicians	\$13,118	\$5,734	44%	\$2,000	\$3,734	28%

BRFA: Budget Reconciliation and Financing Act

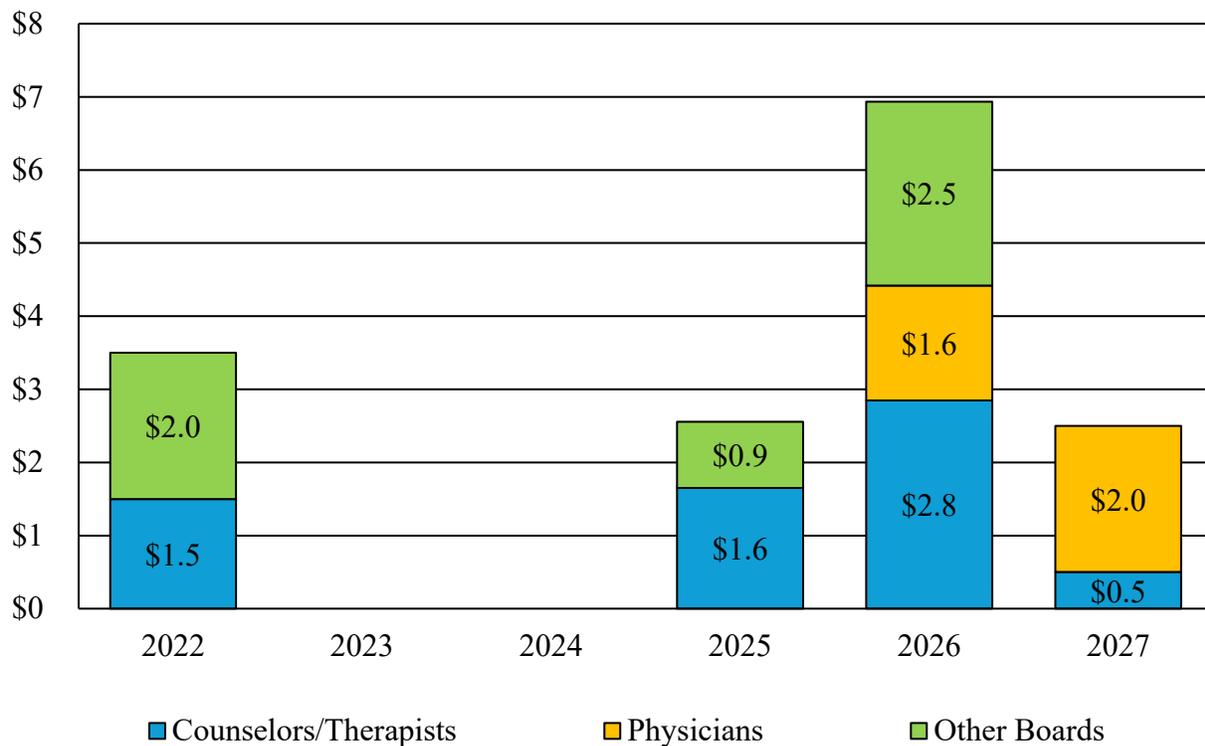
Source: Maryland Department of Health; Department of Legislative Services

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**Exhibit 5** shows transfers from the health occupation boards that have been authorized through the BRFA from fiscal 2022 through the current BRFA as introduced for fiscal 2027. As shown, including the proposed BRFA transfer for fiscal 2027, there are a total of \$15.5 million in transfers from the health occupation boards. In addition to the proposed transfer of \$2.5 million for fiscal 2027, \$13.0 million has been transferred through BRFA provisions in the past five years from fiscal 2022 to 2026. There was no BRFA for fiscal 2023, and the BRFA for fiscal 2024 did not include any transfers from the health occupation boards. Including the proposed transfer for

fiscal 2027, BRFA transfers from BOPCT would constitute 42% (\$6.5 million) of all health occupation board transfers during fiscal 2022 to 2027. The State Board of Physicians would account for an additional 23% (\$3.6 million) of all transfers, while the remaining 35% of all transfers from fiscal 2022 to 2027 is split among various other boards. The BRFA for fiscal 2022, 2025, and 2026 transferred special funds from the boards to provide general fund relief in BHA. Similarly, the BRFA for fiscal 2027 provides general fund relief to both BHA and the MDH Office of Population Improvement.

**Exhibit 5  
BRFA Board Transfers  
Fiscal 2022-2027  
(\$ in Millions)**



BRFA: Budget Reconciliation and Financing Act

Note: There was no BRFA for fiscal 2023. The BRFA of fiscal 2024 did not include any transfers from the health occupation boards.

Source: Department of Budget and Management; Department of Legislative Services

## ***Personnel Data***

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	<b>FY 25</b>	<b>FY 26</b>	<b>FY 27</b>	<b>FY 26-27</b>
	<b><u>Actual</u></b>	<b><u>Working</u></b>	<b><u>Allowance</u></b>	<b><u>Change</u></b>
Regular Positions	277.50	278.50	280.10	1.60
Contractual FTEs	<u>44.12</u>	<u>21.91</u>	<u>23.24</u>	<u>1.33</u>
<b>Total Personnel</b>	<b>321.62</b>	<b>300.41</b>	<b>303.34</b>	<b>2.93</b>

### ***Vacancy Data: Regular Positions***

Turnover and Necessary Vacancies, Excluding New Positions	14.78	5.31%
Positions and Percentage Vacant as of 12/31/2025	25.00	8.92%
Vacancies Above Turnover	10.22	

- On October 22, 2025, the Board of Public Works approved the abolition of 502.7 positions statewide, including 170.7 vacant positions and 332.0 positions associated with the Voluntary Separation Program (VSP). In HPBC, 2 administrative specialist positions were abolished through the VSP.
- The fiscal 2027 allowance provides an increase of 1.6 regular positions and 1.33 contractual FTE positions. New regular positions include 1 position in BOPCT for an administrative specialist and 0.6 position in the State Board of Examiners of Psychologists for a database specialist.

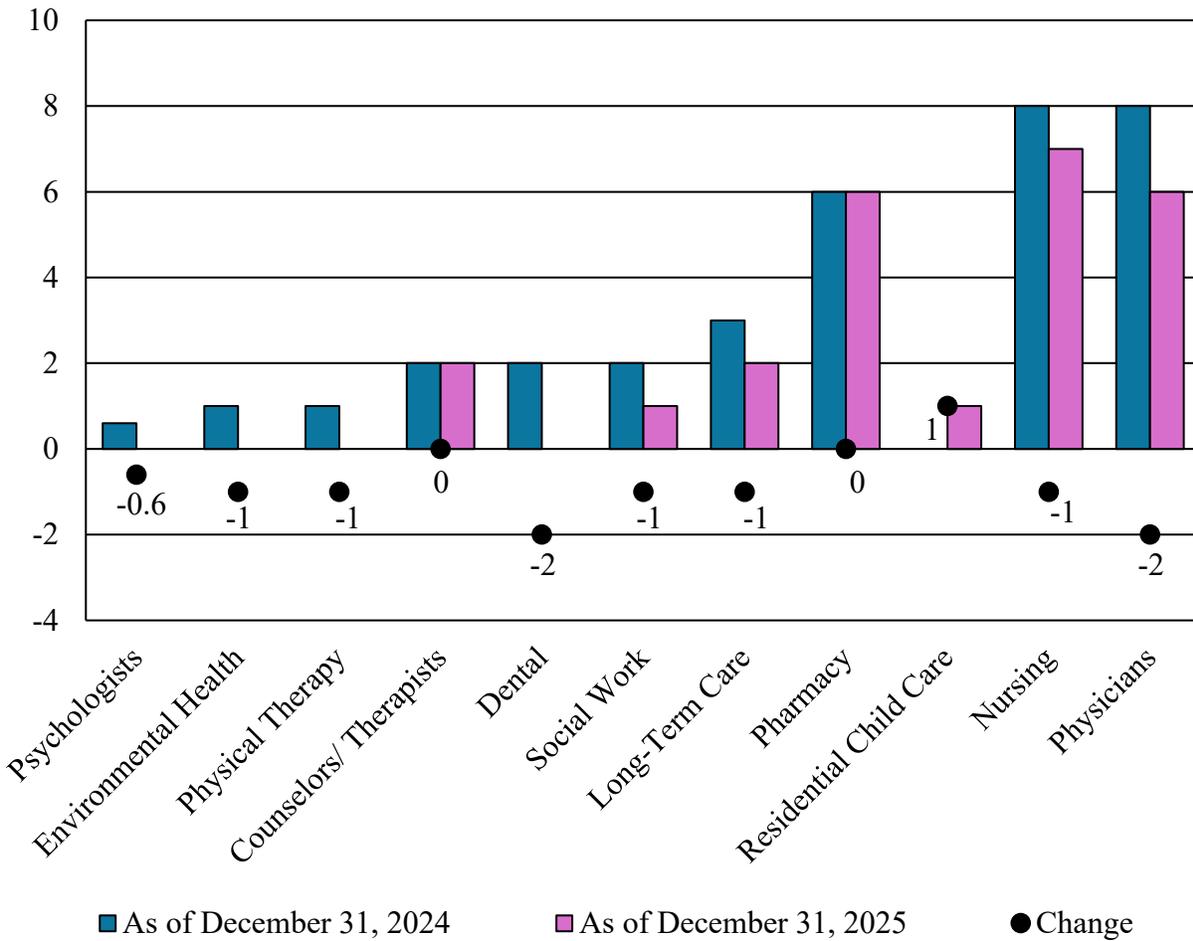
## **Improvement in Filling Vacant Positions**

As of December 31, 2025, HPBC had a vacancy rate of 8.9% with 25 vacant positions. Most of the vacant positions are administrative in nature, with 15 administrative specialists, administrative officers, fiscal services, compensation analysts, and other office services positions. In addition to these administrative positions, there were 4 vacant nursing program administrator roles in BON and 2 vacant licensure analyst roles in the State Board of Physicians. Vacant positions also included 3 health occupations investigator positions and 1 lab scientist surveyor role across various other boards.

HPBC made significant progress in filling vacant positions in calendar 2025, filling 26% of vacant positions last year. HPBC filled 8.6 positions to reduce the vacancy rate from 12.11% as of December 31, 2024, to 8.9% as of December 31, 2025. The decrease in the vacancy rate reflects a decrease from 33.6 vacant positions in 2024 to 25 vacant positions in 2025. **Exhibit 6** provides a comparison of vacant positions as of December 31, 2024, and December 31, 2025, by board and the change in the number of vacant positions between years. As shown, 8 of the 11 boards reduced

the number of vacant positions, with 4 boards filling all of their vacancies. Two boards, BOPCT and the State Board of Pharmacy, did not fill any vacant positions. The decreases in vacant positions across the boards were partially offset by an increase in one vacant position in the State Board of Residential Child Care, which was the only board that reported an increase in vacant positions.

**Exhibit 6**  
**Vacant Positions by Board**  
 As of December 31, 2024, and December 31, 2025



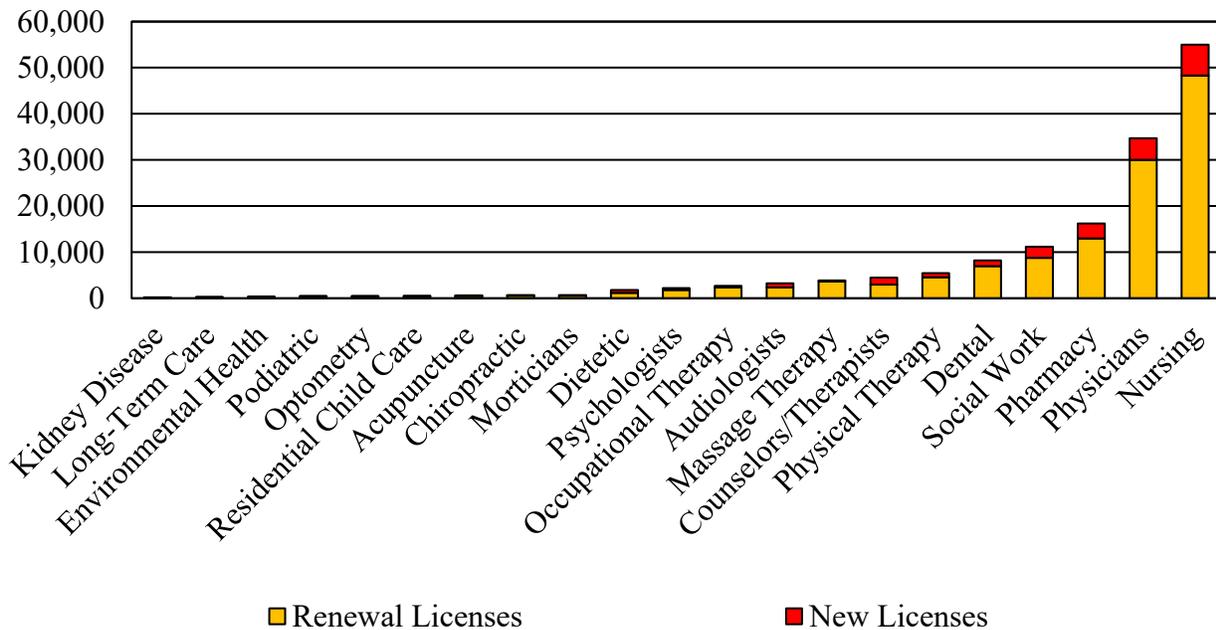
Source: Department of Budget and Management

## Key Observations

### 1. Licensing Activities and Complaint Investigations

HPBC aim to ensure the delivery of quality health care and protection of the public through the licensing of providers in the State. **Exhibit 7** shows the vast difference in the number of licenses processed by each board. The number of initial and renewal licenses issued by board and commission varies widely, with the State Commission of Kidney Disease processing 1 initial license and 142 renewal licenses in fiscal 2025, while BON processed 6,647 initial licenses and 48,330 renewal licenses in fiscal 2025.

**Exhibit 7**  
**New and Renewal Licenses Issued by Board**  
**Fiscal 2025**



Source: Department of Budget and Management

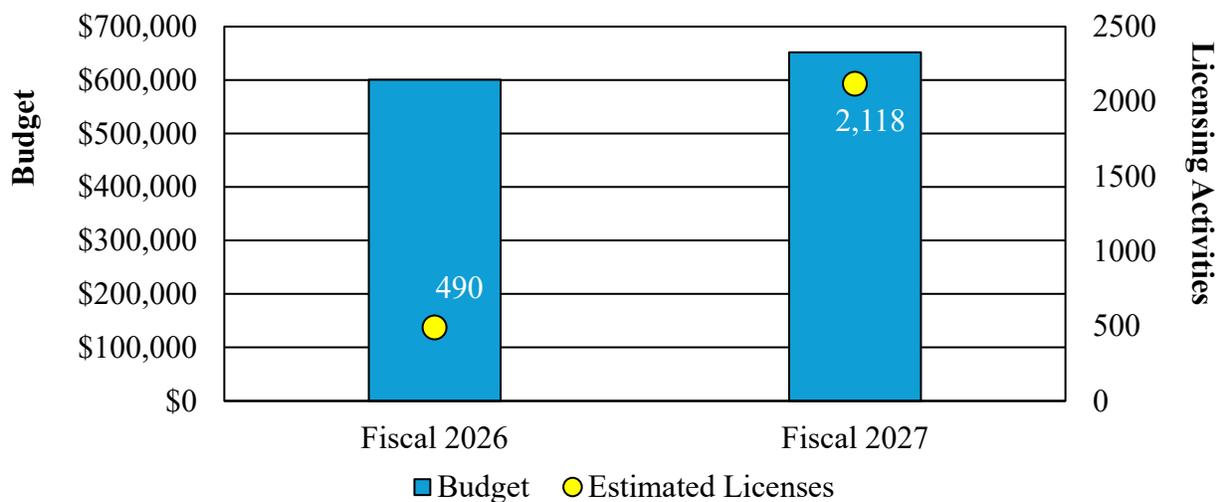
### Implementation of Licensing Requirements for Assisted Living Managers

Chapter 690 of 2022 requires that an individual be licensed by the State Board of Long-Term Care Administrators to practice as an assisted living manager in the State beginning October 1, 2024. Chapter 786 of 2024 extended the implementation date to July 1, 2026.

Individuals who have been employed in the State as an assisted living manager and worked at a program with five or more beds as of September 30, 2022, are deemed to have satisfied the qualifications for licensure. An assisted living manager employed by an assisted living program that is licensed for four or fewer beds must comply with specified manager training course requirements by June 30, 2026, and may not be found in violation of such requirements before July 1, 2026. Beginning in fiscal 2027, the board’s estimates for total licenses issued are intended to increase significantly to reflect the board becoming the new licensing authority for approximately 1,628 new assisted living managers.

Considering the significant increase in estimated licenses, it is unclear whether the fiscal 2027 allowance sufficiently provides the resources that the board needs to address the increased licensing activities. **Exhibit 8** shows the State Board of Long-Term Care Administrators’ total budget and estimated licenses. The number of licenses issued by the board is anticipated to increase by 332%, from 490 total licenses estimated for fiscal 2026 to 2,118 total licenses estimated in fiscal 2027. The board’s budget also increases but at a more modest rate of 9% (\$51,484) from \$600,443 in the fiscal 2026 working appropriation to \$651,927 in the fiscal 2027 allowance. The board has 5.0 regular positions in fiscal 2027, which is the same number of positions in the fiscal 2026 working appropriation. **The State Board of Long-Term Care Administrators should provide any updated estimates of the number of licenses for assisted living managers in fiscal 2027, a description of the board’s implementation plan for addressing the increase in licenses, the positions needed to address the increase in licensing activities, and a discussion of whether the fiscal 2027 allowance provides adequate resources to implement the expansion of licensing activities.**

**Exhibit 8**  
**State Board of Long-Term Care Administrators Budget and Licenses**  
**Fiscal 2026-2027**

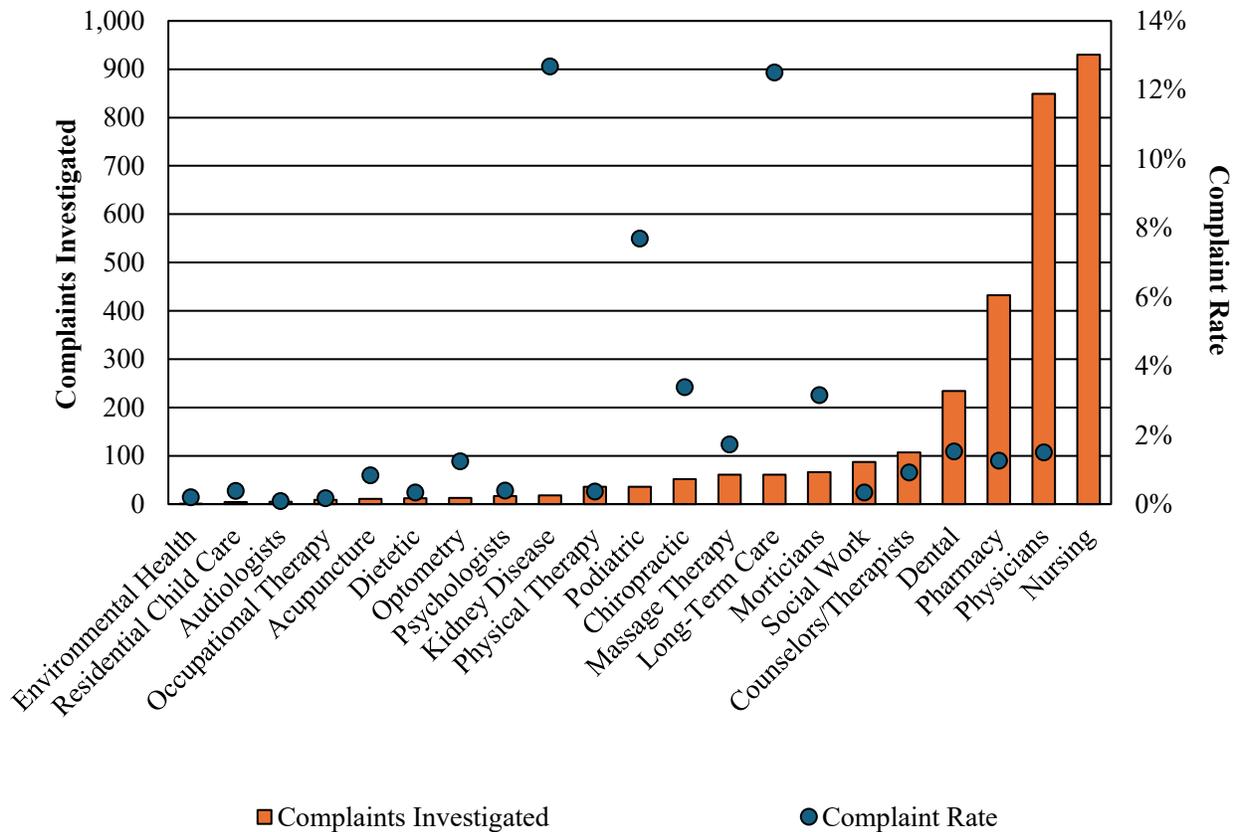


Source: Department of Budget and Management

## Complaint Investigation Activities

In addition to issuing new and renewal licenses, the boards are responsible for receiving and investigating complaints in a timely manner. The number of complaint investigations completed varies by board based on the extent of their licensing activities and the number of complaints received. **Exhibit 9** shows the number of complaint investigations completed and the complaint rate by board. Most boards had a low complaint rate under 2%. However, the two boards with the highest complaint rate, the State Commission of Kidney Disease and the State Board of Long-Term Care Administrators, had complaint rates of over 12%. The State Commission of Kidney Disease, the smallest of the HPBC, received and investigated 18 complaints and has a total of 142 active licenses, while the State Board of Long-Term Care Administrators received and investigated 61 complaints and has a total of 488 total licenses.

**Exhibit 9**  
**Complaints Investigated and Complaint Rate by Board**  
**Fiscal 2025**



Source: Department of Budget and Management

The boards with the highest number of complaints received and investigated were BON with 930 complaints and the State Board of Physicians with 860 complaints. These boards are also the largest boards both in terms of budget and licensing activities. Despite having the highest number of complaint investigations, the State Board of Physicians had a relatively low complaint rate of 1.5% when considering the total 55,209 active licenses in fiscal 2025. The complaint rate and total number of licenses for BON was not reported in the fiscal 2027 Managing for Results (MFR) submission. **Considering BON received and conducted the highest number of complaint investigations but the MFR data did not report the complaint rate, the Department of Legislative Services (DLS) recommends adopting committee narrative to request that MDH include the total licenses and complaint rate for BON in the annual MFR submission.**

## **2. Boards' Status in Meeting MFR Goals**

### **Performance Measures Require Timely Processing of Applications and Investigations**

DLS analyzes MFR performance data that tracks licensing, renewal processes, and timeliness of investigations into providers to determine efficiency and effectiveness of the boards. In recent years, the boards have struggled to meet various MFR goals. The boards have the following goals relating to key performance measures:

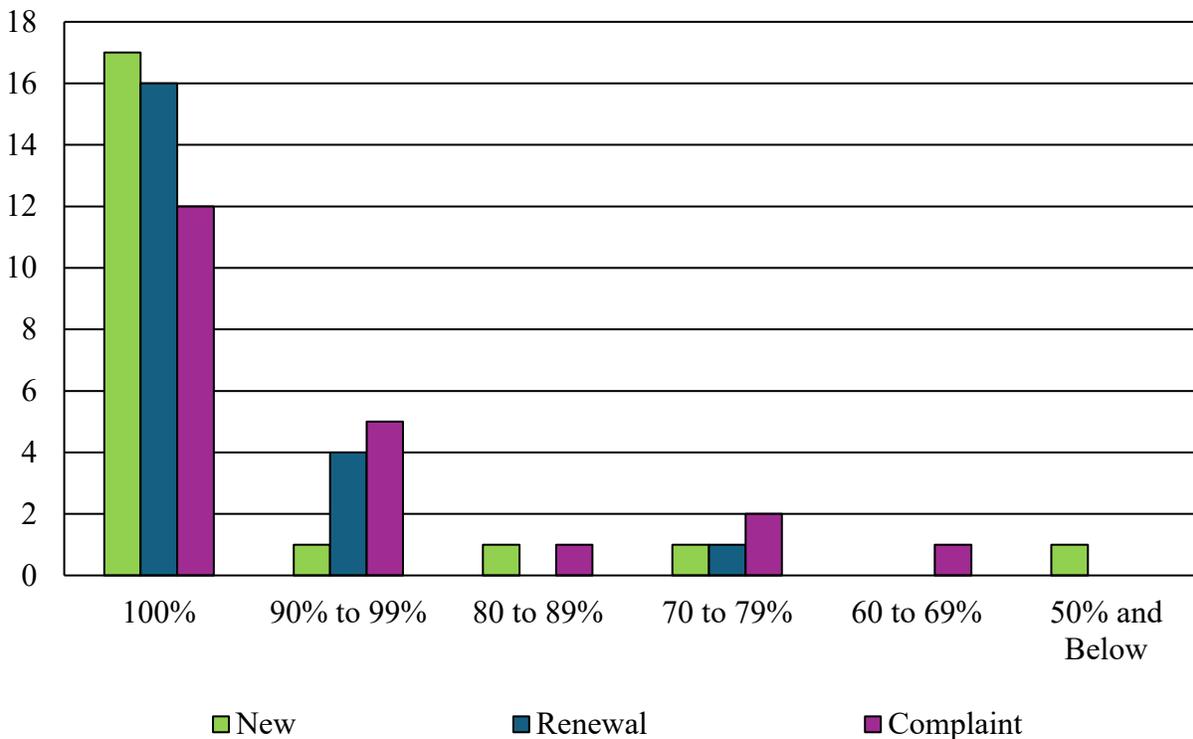
- ***Initial Licenses:*** All boards are expected to issue 95% of initial licenses within 10 days of the receipt of the last qualifying document.
- ***Renewal Licenses:*** HPBC will annually issue renewal licenses to 90% of qualified BON applicants and 95% of all other boards within 10 days of receipt of the last qualifying document or to improve on that timeliness standard if met. This goal represents a modification in the fiscal 2026 MFR submission, which provides a longer processing timeframe compared to prior complaint investigation goals of 90% of qualified BON applicants and 95% of all other boards completed within 5 days.
- ***Preliminary Investigations:*** The Board of Physicians will resolve 95% of preliminary investigations within 150 days.
- ***Complaint Investigation:*** HPBC will annually improve the percentage of complaint investigations completed by the Board of Physicians and BON to 90% within 540 days and by all other boards and commissions to 90% within 270 days.

### **Most Boards Meet or Exceed Performance Goals**

**Exhibit 10** shows the boards' performance in meeting their new, renewal, and complaint goals in fiscal 2025. As shown, most boards met their new, renewal, and complaint goals of

reviewing 100% of license applications and complaint investigations in a timely manner. There were also various boards that met the timeliness goals with slightly lower timeliness, between 90% and 99% timely completion. Performance under 90% timely completion for all three goals reflects that the board did not meet their MFR goals. For the boards that did not meet their MFR goals for timely completion, most were close to achieving the goal, with timely completion ranging from 70% to 89%. However, two boards were significantly under the timely completion goals, with the State Board of Morticians completing only 64% of complaint investigations in a timely manner and the State Board of Pharmacy processing only 50% of new licenses within a timely manner. Although the number of boards that did not meet timely completion goals was low compared to the number of boards meeting and exceeding performance goals, all boards should aim to meet the timely completion goals.

**Exhibit 10**  
**Performance in Meeting Managing for Results Goals**  
**Fiscal 2025**

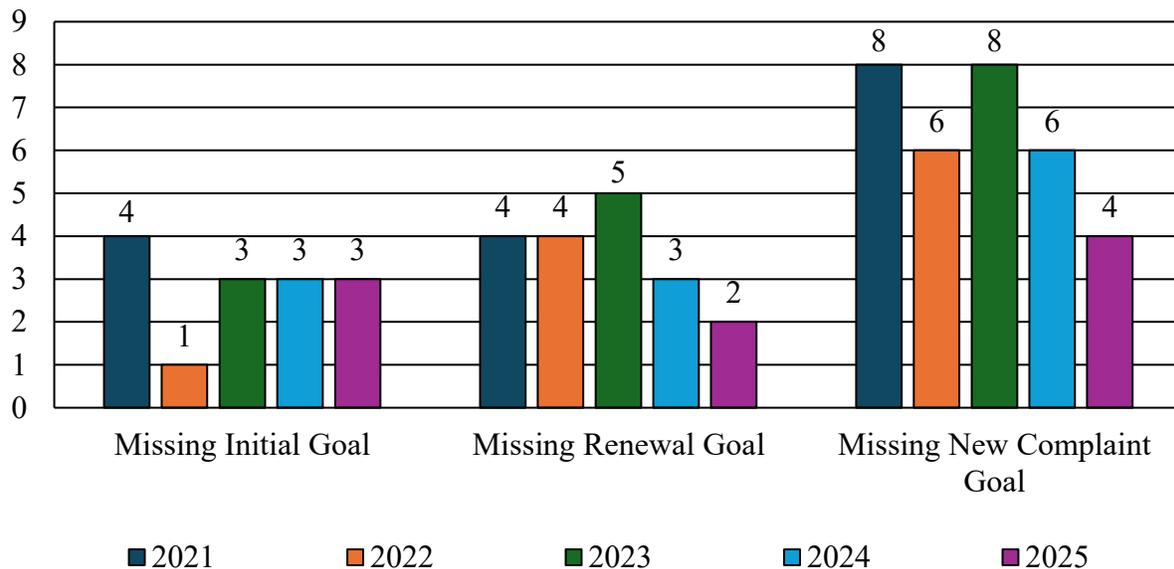


Source: Department of Budget and Management

## Improvement in the Number of Boards Meeting Goals

**Exhibit 11** shows the number of boards that missed each of the MFR goals from fiscal 2021 through 2025. In fiscal 2025, out of a total of 21 boards, 3 missed the initial license goal, 2 missed the renewal license goal, and 4 missed the complaint goal. The boards that missed the initial license goal of 95% timely completion include BOPCT (86% timely completion), the State Board of Social Work (78% timely completion), and the State Board of Pharmacy (50% timely completion). The boards that missed the renewal license goal of 95% timely completion for all boards other than BON include the State Board of Examiners in Optometry (75% timely completion) and the State Board of Pharmacy (90% timely completion). Although the State Board of Pharmacy did not meet the initial license or renewal license goal, they did meet the complaint investigation goal in fiscal 2025. Although various boards continued to miss their goals relating to issuing initial licenses, renewal licenses, and complaint investigations, there has generally been improvement in the number of boards meeting the performance goals in fiscal 2025 compared to prior years.

**Exhibit 11**  
**Boards with Missed Managing for Results Goals**  
**Fiscal 2021-2025**



Source: Department of Budget and Management

## Missed Complaint Investigation Goal

Although several boards continue to miss their complaint investigation goal, there has been improvement in the number of boards meeting this goal and generally improvement in increasing

timely investigations for the boards that missed the goal. As shown in **Exhibit 12**, the number of boards missing the complaint investigation goal decreased from six boards missing this goal in fiscal 2024 to four boards missing this goal in fiscal 2025. Of the four boards that missed their complaint investigation goal, three showed substantial improvement in meeting the goal, while one board’s performance worsened in fiscal 2025. From fiscal 2024 to 2025, most boards increased the percentage of timely complaint investigations, including an increase from 48% to 71% for the State Board of Dental Examiners, from 12% to 88% for BON, and from 58% to 79% for the State Board of Social Work Examiners.

**Exhibit 12**  
**Missed Complaint Investigation Goals**  
**Fiscal 2021-2025**

	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>
Acupuncture	100%	<b>83%</b>	90%	100%	91%
Audiologists	<b>89%</b>	95%	<b>85%</b>	<b>75%</b>	100%
Chiropractic	97%	89%	100%	<b>85%</b>	92%
Dental	<b>29%</b>	<b>43%</b>	<b>46%</b>	<b>48%</b>	<b>71%</b>
Dietetic	100%	100%	100%	100%	100%
Environmental Health	100%	100%	<b>17%</b>	100%	100%
Kidney Disease	100%	100%	100%	100%	100%
Massage Therapy	94%	93%	<b>81%</b>	96%	90%
Morticians	100%	100%	100%	100%	<b>64%</b>
Nursing	<b>68%</b>	100%	<b>51%</b>	<b>12%</b>	<b>88%</b>
Long-term Care	<b>16%</b>	100%	100%	100%	100%
Occupational Therapy	<b>76%</b>	96%	92%	100%	100%
Optometry	100%	<b>87%</b>	100%	100%	92%
Pharmacy	<b>88%</b>	<b>41%</b>	<b>42%</b>	93%	90%
Physical Therapy	<b>50%</b>	97%	100%	100%	100%
Physicians	100%	100%	100%	100%	100%
Podiatric	100%	100%	100%	100%	100%
Counselors/Therapists	<b>50%</b>	<b>52%</b>	<b>21%</b>	<b>24%</b>	100%
Psychologists	100%	100%	100%	100%	100%
Residential Child Care	100%	100%	100%	100%	100%
Social Work	92%	<b>47%</b>	<b>67%</b>	<b>58%</b>	<b>79%</b>
<b>Total Boards that Missed Goal</b>	<b>8</b>	<b>6</b>	<b>8</b>	<b>6</b>	<b>4</b>

Note: Timeliness goals are measured as 90% of complaint investigations completed within specified timeframes. Bolded percentages indicate missed goals experienced by each board per year.

Source: Department of Budget and Management

## **Board of Morticians Backlog Resolved**

Of the boards that missed the complaint investigation goal in fiscal 2025, the State Board of Morticians was the only board reporting a performance decrease in fiscal 2025 from 100% to 64%. In January 2025, the Governor directed an audit and operational review of the board. The board reported staffing challenges that contributed to a backlog, including having only 1 investigator to conduct all routine inspections and complaint investigations across the State during the time of audit. The board reported a significant backlog of approximately 300 funeral establishments as of February 2025. Since then, the board has reported implementing several administrative improvements, including transitioning licensing to fully online systems, automating complaints, implementing better communication networks with local departments of health, and more frequent complaint committee meetings. The board reported that it fully resolved the inspection backlog by November 2025.

### **3. BOPCT Evaluation**

BOPCT regulates the practice of counseling and therapy, including five practice areas: (1) professional counseling; (2) alcohol and drug counseling; (3) behavior analysis; (4) marriage and family therapy; and (5) art therapy. In September 2025, the Office of Program Evaluation and Government Accountability (OPEGA) published an evaluation of BOPCT, assessing the board's operations over calendar 2020 to 2024. Additionally, the Office of Legislative Audits (OLA) also published a fiscal compliance audit of HPBC in April 2025, including findings relating to BOPCT. The OPEGA evaluation included several findings relating to management and staffing, budget, enforcement of prelicensed professionals, and operational independence, including:

- **Management and Staffing:** The board has had nine executive directors or acting executive directors since 2020, with the median tenure being seven months.
- **Budget:** The board's revenue exceeds its operating expenses, with special fund revenues increasing during calendar 2020 through 2024, based mainly on increases in applications received. Although the board has an independent source of revenue from user fees, MDH and DBM determine much of how the board spends its money.
- **Enforcement of Prelicensed Professionals:** Counselors working in Maryland sometimes advertise as "Pre-Licensed Professionals", but State law requires an individual to have a board credential to practice in Maryland. Board members and compliance staff do not have the resources to go after "Pre-Licensed Professionals" improperly practicing.
- **Operational Independence:** The board has independence in regulating professionals but depends on MDH to approve many operational and administrative decisions.

## **OPEGA Evaluation Highlights Insufficient Tracking of Licensing Applications**

OPEGA's evaluation also highlighted findings relating to licensing and workload. OPEGA reported that the number of active credentials is currently at its highest level ever, as the number of initial applications approved each year has quadrupled since 2010. The board's workload has increased by 36% during the review period, reflective of the increased number of applications to be processed. Despite the increased number of applications, OPEGA found that initial applications are still paper based and that the board has no consistent, unified system to track initial applications through its review process. Although the board's MFR submission indicated that 86% of initial applications in fiscal 2025 were processed within 10 days of receipt of the last qualifying document, OPEGA found that the average time to approve initial applications was 96 days. OPEGA found that the steps in the review process for initial applications are as follows:

- **Step 1:** applicant sends initial application;
- **Step 2:** board staff review application for completeness and request any missing components;
- **Step 3:** board staff determine that all required components are received and begin the review of the application;
- **Step 4:** board staff finish their review and notify applicant that the initial application is approved and ready for issuance, contingent on the applicant paying licensure fee;
- **Step 5:** applicant sends paper check or money order for licensure fee; and
- **Step 6:** staff issue credential.

Although the application process begins at step 1 with the applicant's initial application, OPEGA reported that the MFR measure tracks the number of days from licensure fee payment in step 5 to credential issuance in step 6 since the receipt of the licensure fee is considered the last qualifying document. Thus, the MFR performance measure does not reflect the entire processing time for the applicant, as the measure tracks timely completion once the review process has already been finalized. **MDH should discuss whether other boards consider the receipt of the licensure fee as the last qualifying document for measuring timeliness of application processing from receipt of the last qualifying document, as reported in annual MFR submissions.**

Although applicants sometimes send incomplete initial applications which lengthen processing times, the board does not systematically track the information that most often gets omitted and how that contributes to the review process timeline. OPEGA recommended that the board attempt to reduce the number of initial applications with missing components by various steps, including (1) providing upfront checklists; (2) simplifying the applications and instructions

and testing them on new applicants; (3) accepting online payments only; and (4) moving the initial application submission to an online web portal system, rather than paper applications.

### **Timeliness of Complaint Investigations Not Properly Documented**

OLA's audit found that numerous complaints across HPBC were not investigated within the required timeframes, including 3,051 that have remained open for at least two years. OLA found that BOPCT could not document their monitoring of complaint investigations to ensure they were timely. As of February 2024, the board had a total of 290 open complaints, of which 200 were open beyond MDH's investigation timeframe of six months, and 83 were open for more than two years. Similar conditions regarding insufficient oversight were noted for BOPCT in two preceding audit reports dating back to April 2017.

### **Recommendations to Improve BOPCT's Operations**

Based on findings from the evaluation, OPEGA provided seven recommendations to improve operations at BOPCT. Most recommendations require action from MDH and BOPCT, although one requires action from the General Assembly of Maryland (GAM). The recommendations are as follows.

- **Recommendation 1:** GAM should consider making the Governor's appointments to this board subject to advice and consent of the Senate.
- **Recommendation 2:** MDH should consider developing and implementing a formal orientation and training program for new executive directors. Additionally, MDH should consider implementing an executive director mentorship program.
- **Recommendation 3:** The smaller HPBC should consider hiring a dedicated human resources liaison, shared amongst BOPCT and the other smaller HPBC.
- **Recommendation 4:** Consider increasing the number of merit positions within BOPCT by converting contractual positions to merit positions or by transferring vacant merit positions from other HPBC to BOPCT.
- **Recommendation 5:** BOPCT board members should regularly review Intranet Quorum service records with BOPCT's executive director to monitor customer satisfaction and proactively address issues.
- **Recommendation 6:** BOPCT should attempt to reduce the number of initial applications with missing components.

- **Recommendation 7:** BOPCT should implement one comprehensive, standardized internal tracking system for all initial applications and reengineer its process for reviewing initial applications.

In the written response to the evaluation, BOPCT either supported or agreed with all recommendations and noted that it is working toward implementing steps in alignment with the recommendations. **MDH and BOPCT should provide an update to the committee on activities and a timeline for implementing OPEGA’s recommendations. To continue monitoring progress in improving the board’s operations, DLS recommends adopting committee narrative to request that MDH, in collaboration with BOPCT, submit a report with an update on activities to implement the recommendations in the OPEGA evaluation.**

## Operating Budget Recommended Actions

1. **Managing for Results (MFR) Measures for Total Licenses and Complaint Rate of Board of Nursing (BON):** The Health Professional Boards and Commissions (HPBC) annual MFR submission includes performance measures relating to initial licenses, renewal licenses, and complaint investigations. In addition to reporting on the timely completion rate of complaint investigations, the MFR data includes the total number of licenses and complaint rate for the various boards. However, the fiscal 2027 MFR measures did not include the total number of licenses and complaint rate for BON, despite the board completing the most complaint investigations out of all the boards. The committees request that HPBC include the total number of licenses and complaint rate for BON in the MFR submission with the fiscal 2028 budget.

Information Request	Author	Due Date
MFR measure for the total licenses and complaint rate for BON	HPBC	With submission of the fiscal 2028 budget

2. **Update on State Board of Professional Counselors and Therapists (BOPCT) Recommended Activities:** The Department of Legislative Services Office of Program Evaluation and Government Accountability (OPEGA) published an evaluation of BOPCT in September 2025. OPEGA’s evaluation included various findings for the board relating to licensing, compliance, management, and staffing. Of the seven recommendations from the evaluation, six are directed toward the Maryland Department of Health (MDH) to consider and BOPCT to implement. BOPCT agreed with all recommendations. To continue tracking BOPCT’s progress in implementing recommendations, the committees request that MDH, in collaboration with BOPCT, submit a report with an update on activities conducted in alignment with the following six recommendations from OPEGA’s evaluation that require action from MDH and BOPCT.

- **Recommendation 2:** MDH should consider developing and implementing a formal orientation and training program for new executive directors. Additionally, MDH should consider implementing an executive director mentorship program.
- **Recommendation 3:** The smaller Health Professional Boards and Commissions (HPBC) should consider hiring a dedicated human resources liaison, shared amongst BOPCT and the other smaller HPBC.

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- **Recommendation 4:** Consider increasing the number of merit positions within BOPCT by converting contractual positions to merit positions or by transferring vacant merit positions from other HPBC to BOPCT.
- **Recommendation 5:** BOPCT board members should regularly review Intranet Quorum service records with BOPCT’s executive director to monitor customer satisfaction and proactively address issues.
- **Recommendation 6:** BOPCT should attempt to reduce the number of initial applications with missing components.
- **Recommendation 7:** BOPCT should implement one comprehensive, standardized internal tracking system for all initial applications and reengineer its process for reviewing initial applications.

<b>Information Request</b>	<b>Author</b>	<b>Due Date</b>
BOPCT evaluation recommendation updates	MDH	September 1, 2026

**Appendix 1  
Audit Findings**

Audit Period for Last Audit	September 25, 2019 – July 31, 2023
Issue Date	April 2025
Number of Findings	4
Number of Repeat Findings	2
% of Repeat Findings	50%
Rating: (if applicable)	n/a

Note: This audit included a review of the Office of Health Care Quality and HPBC. Of the five findings that were not redacted, four pertained to HPBC. This summary is limited to those findings but references the finding numbers in the audit. OLA also noted four redacted cybersecurity-related findings.

**Finding 1:** BON could not document that it investigated and took appropriate action for 259 individuals who may have obtained a nursing license in Maryland using fraudulent credentials, including at least 131 who were employed in a Maryland medical facility as of December 2023.

**Finding 2:** **HPBC did not ensure that complaints against licensees were investigated timely. Our review disclosed that numerous complaints were not investigated within the required timeframes, including 3,051 open for at least two years.**

**Finding 4:** **Controls over collections received and deposited by certain HPBC were not adequate, and duties related to cash receipts and licensing were not properly segregated.**

**Finding 5:** Ten HPBC did not require criminal background checks when an individual applied to become a licensed health professional and/or obtain subsequent alerts of criminal activity. As a result, several active licensees convicted of crimes of moral turpitude were not identified.

\*Bold denotes item repeated in full or part from preceding audit report.

**Appendix 2**  
**Maryland Department of Health**  
**Enterprise Licensing and Regulatory Management Solution Project**  
**Major Information Technology Project**  
**Maryland Health Professional Boards and Commissions**

Funding allocated in M00A01.08.

<b>New/Ongoing:</b> Ongoing					
<b>Start Date:</b> March 2019			<b>Est. Completion Date:</b> 2029		
<b>Implementation Strategy:</b> Agile					
<b>(\$ in Millions)</b>	<b>Prior Year</b>	<b>2026</b>	<b>2027</b>	<b>Remainder</b>	<b>Total</b>
<b>GF</b>	\$5.453	\$1.714	\$0.763	\$2.394-\$12.394	\$7.930
<b>SF</b>	0.438	0.000	0.000	0.000	0.438
<b>Total</b>	<b>\$5.892</b>	<b>\$1.714</b>	<b>\$0.763</b>	<b>\$2.394-\$12.394</b>	<b>\$10.000-\$20.000</b>

- **Project Summary:** The project aims to develop an enterprise licensing and regulatory management solution to manage all aspects of provider licensing. The goal of the program is to advance and protect the public’s health and welfare through proper credentialing, permitting, licensing, examination, inspection, and discipline of health providers, distributors, and facilities. Stakeholders include the boards, licensing applicants, licensees, public facilities, and the public.
- **Need:** HPBC utilize different licensing systems to provide services, with many of these being outdated or insufficient for the level of service required. This project ensures that all boards are using the same updated system to provide services to their customers.
- **Observations and Milestones:** The project finalized procurement in October 2025 and submitted a project management plan and schedule for review by the vendor.
- **Changes:** The project includes a schedule change order to the contract, which is being initiated two months into the implementation phase to extend the duration of the solution development to add architecture and design elements that will make the system extensible to other HPBC. In addition to these architecture and design elements, the project’s scope also changes to adapt to solution requirements to accommodate requirements and service descriptions for Certified Nursing Assistants. The anticipated schedule and scope change are likely to increase the project’s estimated cost at completion.
- **Concerns:** A primary concern is that there is a high risk that the cloud-based solution for BON may not be scalable for use as the foundation for the remaining 20 HPBC. Another concern is regarding the delayed project schedule, resulting from 6 positions that remain vacant after the vendor started work. Additional challenges include current risk of delays due to difficulty granting timely access to current systems needed for data migration and

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potential for extended timelines to procure supporting technology. There is also a risk that the project team may not fully capture the requirements for the new solution due to inefficiencies present in the current system.

**Appendix 3**  
**Object/Fund Difference Report**  
**Maryland Department of Health – Health Professional Boards and Commissions**

<u>Object/Fund</u>	<u>FY 25 Actual</u>	<u>FY 26 Work Approp.</u>	<u>FY 27 Allowance</u>	<u>FY 26 - 27 \$ Change</u>	<u>% Change</u>
<b>Positions</b>					
01 Regular	277.50	278.50	280.10	1.60	0.6%
02 Contractual	44.12	21.91	23.24	1.33	6.1%
<b>Total Positions</b>	<b>321.62</b>	<b>300.41</b>	<b>303.34</b>	<b>2.93</b>	<b>1.0%</b>
<b>Objects</b>					
01 Salaries, Wages, and Fringe Benefits	\$31,551,645	\$32,359,135	\$35,915,870	\$3,556,735	11.0%
02 Technical and Special Fees	4,051,674	2,782,156	2,591,750	-190,406	-6.8%
03 Communications	507,242	516,008	422,758	-93,250	-18.1%
04 Travel	184,482	524,166	574,714	50,548	9.6%
07 Motor Vehicle Operation and Maintenance	19,135	41,980	20,489	-21,491	-51.2%
08 Contractual Services	7,720,940	8,055,764	8,835,435	779,671	9.7%
09 Supplies and Materials	279,371	276,433	281,787	5,354	1.9%
10 Equipment – Replacement	92,621	86,233	485,185	398,952	462.6%
11 Equipment – Additional	8,251	35,995	11,332	-24,663	-68.5%
13 Fixed Charges	1,950,494	1,853,972	1,832,520	-21,452	-1.2%
<b>Total Objects</b>	<b>\$46,365,855</b>	<b>\$46,531,842</b>	<b>\$50,971,840</b>	<b>\$4,439,998</b>	<b>9.5%</b>
<b>Funds</b>					
01 General Funds	\$1,005,659	\$1,441,541	\$1,524,064	\$82,523	5.7%
03 Special Funds	41,894,623	44,363,954	48,676,425	4,312,471	9.7%
09 Reimbursable Funds	3,465,573	726,347	771,351	45,004	6.2%
<b>Total Funds</b>	<b>\$46,365,855</b>	<b>\$46,531,842</b>	<b>\$50,971,840</b>	<b>\$4,439,998</b>	<b>9.5%</b>

Note: The fiscal 2027 allowance does not include statewide salary adjustments budgeted within the Department of Budget and Management.