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DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

January 30, 2024

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 218 - Physicians and Allied Health Professions - Reorganization and Revisions

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support for Senate Bill 232 Physicians and Allied Health Professions - Reorganization and Revisions. This bill will restructure the Board of Physicians' (Board) statute to remove inconsistent and redundant language. These changes are the result of the HB 560/SB 395 (2020) legislation which required the Board to submit recommendations to improve consistency in the Board's statute. The Department appreciates the hard work the Board has done on this legislation and supports this reorganization to make their statute more efficient.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov or (410) 260-3190.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary

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Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Harbhajan Ajrawat, M.D., Chair

2024 SESSION POSITION PAPER

BILL NO.: SB 218 - Physicians and Allied Health Professions - Reorganization and Revisions
COMMITTEE: Finance
POSITION: Letter of Support

TITLE: Physicians and Allied Health Professions – Reorganization and Revisions

POSITION & RATIONALE:

The Maryland Board of Physicians (the Board) is submitting this letter of support for Senate Bill (SB) 218 - Physicians and Allied Health Professions - Reorganization and Revisions. SB 218 would restructure the Maryland Medical Practice Act (the Act) to create a general provisions section for provisions that apply to all licensees regulated by the Board and would eliminate inconsistent or redundant language.

The Board currently regulates 13 health occupations, each of which has its own unique standards and requirements. However, many provisions remain consistent across every provider type regulated by the Board. For example, every single health occupation regulated by the Board has the same reporting requirements for change of address. As a result, there is a significant amount of redundant or duplicative language within the Act.

During the 2020 legislative session, HB 560 and SB 395 (State Board of Physicians and Allied Health Advisory Committees – Sunset Extension and Program Evaluation) passed as emergency bills and were enacted on May 8, 2020. Section 5 of this legislation required that the Board submit to the legislature a report with recommendations for improving consistency of language between practitioners regulated and eliminating redundant language in the Act. The Board submitted the report in June 2021.

As recommended in the report, SB 218 consolidates provisions that apply to all Board licensees but that are currently repeated into several locations within the Act. Language for provisions such as reporting change of address, criminal history record check requirements and terms of licensure are relocated to one new “General Provisions” section to apply to all licensees. In addition, SB 218 standardizes the language used throughout the Act to improve consistency.

SB 218 is solely a restructuring bill and does not alter any licensing requirements or standards, nor does it alter current Board practices or operations. All current policies and procedures will remain the same. Instead, SB 218 ensures that common provisions are easily accessible in a centralized location within the statute, and eliminates inconsistent, repetitive or redundant language. The end result is a cleaner, more easily accessible Medical Practice Act.

Thank you for your consideration. For more information, please contact Matthew Dudzic, Manager of Policy and Legislation, 410-764-5042 or Madeline DelGreco, Health Policy Analyst, 443-591-9082.

Sincerely,

A handwritten signature in cursive script that reads "Harbhajan Ajrawat".

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.

2024 SB218 Opposition Written Testimony.pdf

Uploaded by: Deborah Brocato

Position: UNF



Opposition Statement SB218
Physicians and Allied Health Professions -
Reorganization and Revisions
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Strongly Oppose SB218

On behalf of our 200,000 followers across the state, we respectfully yet strongly object to **SB218**. First and foremost, abortion is explicitly included in this bill on Page 9, line 20 as an inclusion for “practice medicine.” Secondly, funding for abortion training is included in this bill on pages 14 and 15. With “ending of a human pregnancy” specifically named in this bill, the appropriations laid out from the fees collected by the Board of Physicians Fund. At least \$1,400,000 of those fees could be used cover the cost of abortion training. In addition, this bill threatens the health and safety of Maryland patients with the lowering of licensing standards and the expansion of scope of practice as seen on many pages of this bill. The language on page 6, lines 22-28 provides a shield from liability thus making it harder for patients and their families who have been injured or killed by bad medical practice to seek recompense.

Abortion is not healthcare. Pregnancy is not a disease. Maryland Right to Life will continue to object to state-sponsored abortion. The fact that 85% of OB/Gyn’s in a representative national survey do not perform abortions reveals that abortion is not an essential part of women’s healthcare. Abortion is the opposite of healthcare, especially for the black community where half of all pregnancies to black women in Baltimore City end by abortion.

Funding restrictions are constitutional. The Abortion Care Access Act already provided a non-lapsing \$3.5 million training fund. There is no reason to add to that funding. In *Harris v. McRae*, the Supreme Court affirmed that abortion is not a government funding entitlement. The Court held that government may distinguish between abortion and other procedures in funding decisions and that there is “no limitation on the authority of the State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.” The 2023 Marist poll once again showed that 60% of Americans, both pro-life and pro-abortion, oppose tax-payer funded abortion.

Put patients before profits. On page 39, there is language that reduces the standards for license renewal. The bill allows “uncompensated voluntary medical services” to count for “up to 5 continuing education credits” without condition. The bill also states that, “The Board may not establish or enforce these requirements if they would so reduce the number of physicians in a community as to jeopardize the availability of adequate medical care in that community.” The abortion industry is asking the state to authorize them to put profits over patients.



Opposition Statement SB218, page 2 of 2
Physicians and Allied Health Professions -
Reorganization and Revisions
Deborah Brocato, Legislative Consultant
Maryland Right to Life

The medical scarcity in abortion practice is a matter of medical ethics not provider scarcity, as 9 out of 10 OB/Gyn's refuse to commit abortions because they recognize the scientific fact that a human fetus is a living human being. The abortion industry's solution is two-fold: (1) authorize lower-skilled workers and non-physicians to perform abortion, and (2) authorize abortionists to remotely prescribe abortion pills across state lines.

Safety standards will further deteriorate with a reduction in reporting requirements. Language on page 6, lines 18-28 removes certain reporting requirements. Maryland already does not require abortion reporting. Decreasing other reporting requirements further reduces the ability to monitor medical practice to protect patients and provides a shield for liability.

The women and girls of Maryland deserve better than lowered medical standards of care. Maryland Right to Life strongly urges an unfavorable report for SB218.