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Health Occupations and Long Term Care  
Public Health and Minority  
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THE MARYLAND HOUSE OF DELEGATES  
ANNAPOLIS, MARYLAND 21401

## **Testimony in support of HB757**

### **State Board of Physicians - Supervised Medical Graduates and Cardiovascular Invasive Specialists (Bridge to Medical Residency Act)**

Hearing date: March 19, 2024

Thank you Chair Beidle, Vice Chair Klausmeier, and members of the Finance Committee. I am Delegate Robbyn Lewis testifying on behalf of HB757, which will help tackle the physician workforce shortage in our state. Last year I introduced a similar bill (HB507 of 2023) which passed the House; however, this Committee urged me to go back to the drawing board. I did so, working closely with stakeholders, getting suggestions from Committee members. The result of that effort is the bill before you.

HB757 improves on last year's bill by: 1) ensuring that unmatched medical graduates are distinct from other front-line cadres; 2) refining the definition of direct supervision for unmatched medical graduates; and, as an added bonus 3) extending the sunset on the registration process for Cardiovascular Invasive Specialists, as per recommendations issued by the Maryland Health Care Commission (MHCC),

This committee is familiar with the healthcare workforce shortage. All cadres are affected, this bill emphasizes one aspect of the physician supply pipeline: medical school graduates.

Nationwide, there are not enough practicing physicians. In 2021, the Association of American Medical Colleges (AAMC) projected a nationwide physician shortage between 54,100 and 139,000 by 2033.

There is a physician shortage in Maryland as well and folks experience it directly. Many Marylanders wait longer to see a medical doctor than they used to, and in some parts of our state, waits are longer than others.

Of the approximately 26,000 actively practicing physicians in Maryland, most work in the central, most populous part of the state. Less populous regions, like Western Maryland, Southern Maryland and the Eastern Shore, are suffering even more acutely from a shortage of medical doctors. According to a 2007 report by MedChi entitled the "Maryland Physician Workforce

Study” these three regions have numbers of practicing physicians significantly below the national level.

The physician shortage is driven by demand and supply. Changing demographics are a key demand driver. For example, according to the 2021 AAMC report, the population of older adults is growing rapidly, which increases demand for physician services.

On the supply side, physicians are aging too! Moreover, they are retiring at a faster rate than that at which new doctors are created.

That is why this bill focuses on the physician supply pipeline. Every year in Maryland, about 430 allopathic medical school graduates. (There are no osteopathic medical schools in Maryland). Some of these medical school graduates remain in Maryland for their training; they apply for and are granted residencies in one of our many great hospitals. Other newly minted medical graduates of Maryland medical schools leave our state to pursue their training elsewhere. Unsurprisingly, graduates of medical schools in other states are avidly drawn to train here in Maryland. Last year, all but four of the available residency openings in Maryland were filled (696 positions out of 700 available, in all specialties).

But sometimes, graduates of Maryland medical school do not secure a residency training position; these graduates are referred to as “unmatched.” Nationally about 5% of allopathic medical school graduates do not receive a residency match offer anywhere. This is a waste of medical school training and human potential.

Given the physician workforce shortage, and the immense cost to society for producing a single medical school graduate, we cannot leave these unmatched medical graduates behind. It behooves the state of Maryland to use all reasonable means to ensure a meaningful return. Given the shortage of and the growing need for physicians, we must find a way to ensure these graduates complete their training and go on to practice medicine.

HB757 will build a bridge to licensure for graduates of allopathic medical schools. Over the interim, I worked with the Maryland Board of Physicians, MedChi and the Maryland Hospital Association to ensure this bill achieves its objective. We are committed to finding a solution for this small yet crucial group of trained health professionals.

The bill also removes the sunset on Registered Cardiovascular Invasive Specialists (RCIS) licensure exception which this committee passed five years ago, allowing physicians to delegate certain duties to a RCIS. These licensed individuals work in hospitals with cardiac catheterization labs where they assist cardiologists with fluoroscopy. This bill will allow this cadre to continue their critical work in hospitals given the shortage of radiologic technologists.

With that I respectfully request a favorable report on HB757.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Lewis', with a long horizontal stroke extending to the right.

Delegate Robbyn Lewis