



Maryland
Hospital Association

**House Bill 757- State Board of Physicians - Supervised Medical Graduates and
Cardiovascular Invasive Specialists (Bridge to Medical Residency Act)**

Position: *Support*

February 20, 2024

House Health & Government Operations Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of House Bill 757.

Maryland hospitals continue to face a staffing shortage, including physician shortages in anesthesia, cardiology, gastroenterology, primary care, psychiatry, and radiology. MHA's [2022 State of Maryland's Health Care Workforce report](#) outlines a roadmap to ensure Maryland has the health care workforce it needs now and into the future.

HB 757 would support the roadmap's goals by creating opportunities for medical school graduates through a regulatory framework developed by the Maryland Board of Physicians. Medical school graduates who are not placed in a medical residency would qualify. This would allow them to work under the supervision of a licensed physician.

The second way this bill supports Maryland's health care workforce is by removing the sunset on the licensure exception for registered cardiovascular invasive specialists (RCIS) to allow these professionals to work under the direct supervision of a licensed physician. This exemption has been in place for three years. During the interim, pursuant to HB0924/CH0445, 2019 - State Board of Physicians – Registered Cardiovascular Invasive Specialists, the Maryland Health Care Commission issued a [study](#) showing:

- There were no radiation injuries in cardiac catheterization laboratories in Maryland hospitals between Oct. 1, 2016 and Sept. 1, 2022
- The Maryland Board of Physicians reported that it imposed no civil penalties on Maryland hospitals pursuant to § 14-306(f)(3) of the Health Occupations Article since Oct. 1, 2019
- The total number of RCIS utilized statewide in Maryland hospitals, for the fiscal years analyzed, ranged from 37 to 46. The median RCIS usage was one RCIS per hospital. RCIS usage increased slightly from FY 2020 to FY 2023, from 1.59 RCIS per hospital in FY 2020 to 1.97 RCIS per hospital in FY 2023.

This bill would strengthen Maryland's health care workforce. Hospitals are at a critical juncture—facing the most significant staffing shortage in recent memory. We need to leverage

every available resource, including medical school graduates, to support our health care workforce.

For these reasons, we ask for a *favorable* report on HB 757.

For more information, please contact:

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