



MDH ATTENDEES: Tomiloba Olaniyi-Quadri, Executive Director, State Board of Professional Counselors and Therapists
Rhonda Scott, Executive Director, Maryland Board of Nursing
Lorraine Smith, Executive Director, Board of Examiners of Psychologists

Available For Questions: Madeline Delgreco, Manager of Policy, Board of Physicians
Clint Hackett, Deputy Secretary, Operations, Maryland Department of Health

Maryland Department of Health (MDH) Health Professional Boards and Commissions
Fiscal Year 2027 Operating Budget
Response to Department of Legislative Services Analysis

House Appropriations Committee
Health and Social Services Subcommittee
Delegate Emily Shetty
February 19, 2026

Senate Budget and Taxation Committee
Health and Human Services Subcommittee
Senator Cory McCray
February 23, 2026

The Department thanks the Governor, the Department of Budget and Management (DBM), and the Budget Committees for their support. We thank the Department of Legislative Services for its insightful budget analysis.

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 (p. 13).

The estimated number of licenses to be issued by the State Board of Long-Term Care Administrators' (the "Board") to assisted living managers (ALMs) in fiscal 2027 is 1,628. This estimate is based on data from the Office of Health Care Quality's directory of assisted living

programs currently licensed in Maryland.

As a result of House Bill 874 - *State Board of Long-Term Care Administrators – Requirements for Assisted Living Managers*, the licensing requirement was extended from October 1, 2024, to July 1, 2026. As required by Chapters 785 and 786 of the Maryland Acts of 2024, the Board is required to submit reports to the House Health and Government Operations Committee and the Senate Finance Committee regarding its preparedness to license and regulate ALMs. Reports are due on or before October 1, 2024; October 1, 2025; and October 1, 2026. The required reports must address the Board's readiness to implement ALM licensure by July 1, 2026, in the following six areas:

- The dates by which the Board intends to begin receiving applications and issuing licenses to ALMs.
- The status of appointing ALM members to the Board.
- Staffing levels, including the number of personnel employed and the status of filling vacant positions necessary to implement ALM licensure requirements.
- The capability of the Board's software platform to accept applications and issue licenses, including timelines for any necessary information technology enhancements.
- The time frame and steps taken, and to be taken, to inform assisted living programs and ALMs of the new licensure requirements.
- Any additional policies the Board anticipates adopting to implement ALM licensure requirements.

The Board submitted reports on October 1, 2024, and October 1, 2025, providing updates across the six required areas. The most recent updates relevant to the anticipated increase in licensure volume are summarized below:

- **Application Processing Platform.** The Board will utilize its existing online licensure platform to process ALM applications. The initial application portal for ALMs is anticipated to go live on April 15, 2026. This platform has been used successfully for nursing home administrator licensure since September 16, 2024. The system incorporates a Smartsheet-based document upload function, supporting the Board's transition, completed in February 2025, to a fully electronic, paperless process for receiving, storing, and managing application materials.
- **Application Requirements and Processing Efficiency.** Under newly adopted regulations, the estimated 1,628 individuals who have practiced as assisted living managers in a licensed assisted living program in the State prior to July 1, 2026, will be permitted to attest within the online application to meeting all licensure requirements, qualifications, trainings, and certification standards, except for one specified requirement. This attestation process is expected to significantly expedite staff review and license issuance.
- **Notifications and Timeframes.** To promote transparency and ensure timely awareness of licensing requirements, the Board sent notifications to ALMs on October 28, 2025, and February 2, 2026, providing updates on the status of the assisted living licensing requirement. The most recent communication advised that licensing requirements would be posted on the Board's website on February 13, 2026.

- **Staffing Levels and Resources.** The Board’s fiscal 2027 budget includes five regular staff positions, which aligns with the operational demands associated with increased licensing activity resulting from the new ALM licensure requirement, effective July 1, 2026. In 2023, the previous Executive Director submitted an Over-the-Target request for three mission-critical positions in response to legislation that became effective October 1, 2022, which originally established an ALM licensure implementation date of October 1, 2024. These positions were approved in fiscal year 2025, and the associated appropriations are incorporated into the fiscal year 2026 and 2027 budgets.

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 (p. 15).

The board concurs with the DLS recommendation to include Nursing in total licenses and complaint rate data reported to DLS through the annual Managing for Results (MFR) submission.

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 (p. 20).

The Board of Physicians has online applications for most practitioner types. Applicants pay an application fee, and once the application has been approved, the applicant logs in, pays a licensure fee (by credit card only) and can download their license. As an example, from January 1, 2025 to February 16, 2026, the Board received 1832 applications for physician initial licensure. The average time from 1st payment (application fee) to approval for licensure is 10 days and the average time from 1st payment to license is 13 days, meaning the licensure fee is paid within 3 days. For the remaining paper applications and all reinstatement applications, the fee is paid at the start of the process, so the last document received is not payment.

The licensure and certification fee for the Maryland Board of Nursing (MBON) is one prerequisite for the issuance of any licensure or certification. Once the fee is paid and the application is submitted, staff must review the application to verify that all minimum requirements, including additional required documents, are satisfied.

For the rest of the health occupation boards, there are either separate application and license fees, or a combined fee. For boards that require both an application fee and a license fee, the licensure fee is the last qualifying document before issuing a license. For boards that have a combined application/licensure fee, the fee is *not* the last qualifying document before a license is issued. See table below for details.

Boards and Commission

Application Fee Only	Application and Licensure Fee
Application fee is not the last doc before license	Licensure fee is last doc before license
Acupuncture	Kidney Disease
Audiologists	Dietetic Practice
Morticians	Podiatric
Optometry	Long-Term Care
Pharmacy	Chiropractic
Physical Therapy	Massage Therapy
Psychologists	Dental
Residential Child Care	Social Work
	Environmental Health

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 (p. 22).

The Board of Professional Counselors and Therapists (BOPCT) appreciate the opportunity to respond to the findings and recommendations of the OPEGA evaluation concerning staffing structure and merit positions.

Since the issuance of the report, the Board has taken proactive steps to strengthen its workforce capacity and reduce operational strain:

1. **Active Recruitment Efforts** – The Board has worked in coordination with the Maryland Department of Health (MDH) Office of Human Resources to initiate recruitment for vacant positions and to prioritize critical roles necessary to maintain licensing, complaint processing, and compliance functions. We are still actively recruiting since some staff took advantage of the State early retirement buyout and other staff resignations.
2. **Assessment of Contractual Positions** – The Board has conducted an internal review of contractual PINs to determine feasibility for conversion to merit status. This review was guided by workload sustainability, turnover patterns, and long-term operational needs.

3. **Advocacy for Merit Conversions** – Consistent with OPEGA’s recommendation, the Board has formally supported the conversion of select contractual positions to merit positions to provide workforce stability, improve retention, and reduce disruption in essential regulatory functions. With the assistance of MDH HR department, BOPCT was able to convert contractual employees into Merit PINs for two contractual employees.

4. **Exploration of Shared HR Support** – The Board has engaged in discussions regarding shared HR liaison services to streamline recruitment timelines, reduce hiring delays, and improve onboarding efficiency. Working with our HR liaison since the evaluation has been a much smoother process.

5. **Workload Monitoring** – The Board continues to evaluate staffing levels against increasing licensing volume and investigative caseloads to ensure alignment with statutory obligations.

The BOPCT remains committed to collaborating with MDH to implement structural improvements that promote operational stability and accountability. Converting contractual positions to merit positions, where appropriate, remains a key component of strengthening the Board’s long-term capacity.

We welcome continued dialogue with MDH and DLS to identify actionable next steps and any additional documentation needed to support staffing adjustments.