

Memorandum

To: Commissioners

From: Bridget Zombro
Director of Administration

Date: June 20, 2013

Subject: COMAR 10.25.02 *User Fee Assessment on Health Care Practitioners* – Proposed Amendments

Overview

Attached is COMAR 10.25.02, which is presented to the Commission for final action.

Background

Senate Bill 786 – Department of Health and Mental Hygiene – Maryland Health Care Commission – Modifications and Clarifications passed during the 2001 Session of the General Assembly requires the Commission every four years to: 1) make a recommendation on the Commission’s statutory cap; 2) use a methodology that accounts for the portion of the Commission’s workload attributable to each industry assessed and place that allocation into regulation and; 3) the user fee on health practitioners, requires the Commission to consider the hourly wages of the health care practitioners and give preference to exemption those health care practitioners with an average hourly wage substantially below that of other health care practitioners.

Summary of Formal Public Comments

The *Notice of Proposed Action on Regulations* that appeared in the Maryland Register on March 22, 2013 is provided as Attachment A. The 30-day public comment period for the proposed changes ended on April 22, 2013. Three comments were received during this period (Attachment B).

Summary of Comments and Commission Staff Responses

Comments Received from the Board of Pharmacy (Separate Cover)

Comments Received from the Board of Acupuncture, Chiropractic & Massage Therapy Examiners, Dental Examiners, Dietetic Practice, Occupational Therapy Practice, Examiners of Optometry, Physical Therapy Examiners, Podiatric Medical Examiners, Professional Counselors & Therapists, Examiners of Psychologists, Social Work Examiners (General Letter, but same comments)

The MHCC fee was increased two years ago resulting in a surplus

The Commission staff increased the fee two years ago due to non collection of the entire fee from the Boards. During Fiscal Years 10 and 11, the Board collection account was short by \$164,174. The surplus the Commission has carried has not been a result of the Board fees.

The MHCC surplus may eventually be taken by the State through the Budget Reconciliation Act (BRFA), therefore, the Pharmacy practitioners and all practitioners may again be placed in a position of paying a greater share of State General taxes.

This statement is true. The Commission and all other special funded units, including the Health Occupation Boards have had surplus revenue redistributed to the General Fund in order to balance the budget. The Commission has projected that between FY 13 and FY 14, the surplus will be reduced well below the allowed 10% range of the budget, therefore, this should not be an issue.

The Board does not feel that the report provided by MHCC conclusively justifies the proposed permanent 4% increase in the user fee apportionment.

The report, "*MHCC User Fee Assessment*" required under Senate Bill 786 breaks down all Commission expenditures within our Centers and all administrative costs applicable. Fiscal staff collaborates with each Center Director and the Executive Director to attribute these costs to the appropriate industry. The report is based on these direct expenditures and does not include any special studies that the Commission prepares as these are paid for from surplus.

The Board does not feel they should continue to be responsible for collecting fees that are not intended for or related to administrative costs in regulating practitioners. They are concerned that they are tasked with collecting and defending MHCC's fees and the assessment has no obvious benefit. They would like the Commission to directly assess the user fee.

The collection process for the Commission fee is set in Health General Article 19-111-Assessment of fees which states that fees on health care practitioners are included in the licensing fee paid to the health care practitioner board. The benefit to have the Board collect the MHCC fee is that if the fee is not paid, the practitioner does not receive their license. The statute provides a sort of "lever" to assure payment to the MHCC. Secondly, two administrations under the same Department, DHMH, are not separately assessing approximately 146,000 licensees. This streamlined assessment process provides for efficiency and savings for both the MHCC and the Health Occupation Boards by not duplicating processes. Lastly, the Commission staff developed and maintains the license renewal sites for the following Boards: Acupuncture, Audiologist, Hearing Aid Dispensers and Speech Language Pathologists, Chiropractic and Massage Therapy, Dietetic Practice, Morticians and Funeral Directors (not assessed) Optometry, Physical Therapy Examiners, Physicians and Allie Health Professional sub categories, Psychology, Podiatry, Professional Counselors and Therapists, and Social Work Examiners.

The Commission's fiscal staff is happy to answer any questions regarding the MHCC user fee and have suggested to those Boards who currently are not utilizing our contact information that they add

it to their licensure renewals. In the past, we have worked with the Board of Nursing to accomplish this and they have since received a decrease in the call volume relating to the MHCC fee.

We have also suggested, in the past, providing the Boards with Commission brochures and other information for their license renewal process.

Comments Received from the Board of Physicians (Separate Cover)

- **Staff has highlighted the comments below that differed from the other Health Occupation Boards.**

Many licensees cannot afford the increase (sub categories under the Board)

The Board did not outline which sub categories they were speaking of, but the Commission assesses the following Allied Health Professionals and Sub Categories under the Board of Physicians who are licensed or certified: Physician Assistants, Nuclear Medicine Technologists, all Medical Radiation Techs/Radiologists/Oncologists/Therapists, Respiratory Care Practitioners, and Psych Assistants.

Wages (state employees) have decreased in efforts to balance the budget

Commission staff has considered this decrease when devising the annual average wage of a health care practitioner. As indicated in the "MHCC User Fee Report" the average annual wage is computed using the latest Standard Salary Schedule for all state employee classifications, and this decrease was included.

Health General Article 19-111 limits the total fee assessed by the Commission at \$12 million

The Commission has never assessed over its statutory \$12 million cap. Beginning in FY 09, the Commission began paying indirect costs to the Department of Health and Mental Hygiene (DHMH) averaging \$800K per year. These indirect costs have never been passed onto any of our payors, including the Health Occupation Boards. The total savings to our payors from Fiscal Year 2009 to-date has been \$4.1 million.

The Board will also have to increase their fee in 2015 resulting in competing fee increases.

If COMAR 10.25.02 and COMAR 10.25.03 are approved as final regulations, it will set into regulation the new apportionment to the industries; resulting in a fee increase to licensees beginning in 2014.

Staff contacted the Health Occupation Boards and requested to speak at the Board Administrators meeting held on May 6th, 2013 in an effort to clarify the increase to their assessment by presenting Commission mandates benefiting the licensees, a history of the assessment, both of increases and decreases, a history of assessed amount reduction plans totaling \$4.0 million, and a history of excluding assessment of indirect costs totaling \$4.1 million. Attached is a copy of this presentation for your reference.

Staff Recommendations

Staff recommends that the Commission adopt the proposed published regulation, COMAR 10.25.02 as final without modifications.

Staff will continue to work with the Health Occupation Boards to do the following: 1. Monitor the assessment on a year by year basis, not just once every four years; 2. Look into bringing other health care professionals into the assessment group in an effort to drive down the individual assessment; 3. Recommend to the Boards that they add MHCC contact information on their license renewal; 4. Provide the Boards with Commission brochures to share with their licensees.

Title 10
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Subtitle 25 MARYLAND HEALTH CARE COMMISSION

10.25.02 User Fee Assessment on Health Care Practitioners

Authority: Health-General Article, §19-111,
Annotated Code of Maryland

Notice of Final Action

On June 20, 2013 the Maryland Health Care Commission adopted amendments **Regulation .02**, under **COMAR 10.25.02 User Fee Assessment on Health Care Practitioners**. This action was considered by the Commission at an open meeting, notice of which was given through publication in the *Maryland Register* pursuant to State Government Article, §10-506, Annotated Code of Maryland. This action, which was proposed for adoption in *40:6 Md. R.483-484 (March 22, 2013)*, has been adopted as proposed.

Effective Date: July 22, 2013

Craig P. Tanio, M.D.
Chairman
Maryland Health Care Commission

believe that an amendment to Regulation .02F(3) is necessary. The Department will, however, change its practice so that the notice referred to in Regulation .02F(3) is provided after the Department receives the notice required by newly proposed Regulation .04D.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 W. Preston Street, Room 512, Baltimore, Maryland 21201, or call 410-767-6499 (TTY 800-735-2258), or email to dhmh.regs@maryland.gov, or fax to 410-767-6483. Comments will be accepted through April 22, 2013. A public hearing has not been scheduled.

days, advise the recipient or the attorney of the recipient and the third party, in writing, whether the recipient is:

(1) A Medicaid recipient;

(2) A member of a Medicaid Managed Care Organization (MCO); or

(3) Not a Medicaid recipient.

G. Under Regulation .06 of this chapter, the Department shall provide the amount of the claim and an itemized list of charges within 15 business days of receipt of the notice required under §A of this regulation. Nothing in this regulation shall prevent the Department from updating the amount of the claim and itemized list of charges within a reasonable time after the recipient's provider notifies the Department of additional charges.

.05—.07 (originally proposed text unchanged)

JOSHUA M. SHARFSTEIN, M.D.
Secretary of Health and Mental Hygiene

**Subtitle 25 MARYLAND HEALTH
CARE COMMISSION**

10.25.02 User Fee Assessment on Health Care Practitioners

Authority: Health-General Article, §19-111, Annotated Code of Maryland

Notice of Proposed Action

[13-088-P]

The Maryland Health Care Commission proposes to amend Regulation .02 under COMAR 10.25.02 User Fee Assessment on Health Care Practitioners. This action was considered by the Commission at an open meeting on December 20, 2012 notice of which was given through publication in the Maryland Register, pursuant to State Government Article, §10-506, Annotated Code of Maryland.

Statement of Purpose

The purpose of this action is to implement Health-General Article, §19-111, Annotated Code of Maryland, as it relates to the assessment and collection of Maryland Health Care Commission user fees from health care practitioners.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

I. Summary of Economic Impact. This user fee assessment applies to licensed health care practitioners and represents, at a maximum, 22 percent of the total user fees assessed by the Maryland Health Care Commission, as mandated by Health-General Article, §19-111, Annotated Code of Maryland.

II. Types of Economic Impact	Revenue (R+/R-)	
	Expenditure (E+/E-)	Magnitude
A. On issuing agency:	(R+)	\$3,080,000 (Maximum)
B. On other State agencies:	NONE	
C. On local governments:	NONE	

Ed. Note: Pursuant to State Government Article, §10-113, Annotated Code of Maryland, if a promulgating agency substantively alters the text of regulations that have been previously proposed in the Maryland Register, the altered text must be published in the Maryland Register as though it were initially proposed. The text of regulations appearing immediately below has been altered substantively from the initially proposed text.

Symbols: Roman type indicates existing text of regulations. *Italic* type indicates initially proposed new text. **Helvetica Bold Italic** type indicates new text that substantively alters the text as initially proposed. [Single brackets] indicate existing text proposed for repeal. [[[Triple brackets]]] indicate text proposed for deletion which substantively alters the originally proposed text.

.01—.03 (originally proposed text unchanged)

.04 Notice to the Department.

A.—C. (originally proposed text unchanged)

D. In addition to the notices required in §§A and C of this regulation, an attorney required to give notice under §A or C of this regulation shall give the Program's Division of Recoveries and Financial Services additional written notice not later than 30 calendar days after judgment, award, or settlement of the action or claim stating the amount and terms of any judgment, award, or settlement of the action or claim.

[[[D.]]] E. (originally proposed text unchanged)

[[[E. Upon receiving the notice required pursuant to §A of this regulation, the Department shall, within 3 business days, acknowledge in writing its claim to the recipient or the attorney of the recipient and to the third party. The Department shall provide the amount of the claim and an itemized list of charges within 15 business days pursuant to Regulation .06 of this chapter. Nothing herein shall prevent the Department from thereafter updating the amount of the claim and itemized list of charges within a reasonable time after the recipient's provider notifies the Department of additional charges.]]]

F. Upon receiving the notice required pursuant to §A of this regulation, the Department shall, within 3 business

Subtitle 25 MARYLAND HEALTH CARE COMMISSION

10.25.03 User Fee Assessment on Payers, Hospitals, and Nursing Homes

Authority: Health-General Article, §19-111, Annotated Code of Maryland

Notice of Proposed Action

[13-087-P]

The Maryland Health Care Commission proposes to amend Regulation .02 under COMAR 10.25.03 User Fee Assessment of Payers, Hospitals and Nursing Homes. This action was considered by the Commission at an open meeting on December 20, 2012 notice of which was given through publication in the Maryland Register, pursuant to State Government Article, §10-506, Annotated Code of Maryland.

Statement of Purpose

The purpose of this action is to implement Health-General Article, §19-111, Annotated Code of Maryland, as it relates to the assessment and collection of Maryland Health Care Commission user fees from payers, hospitals, and nursing homes.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

I. Summary of Economic Impact. This user fee assessment applies to payers, hospitals, and nursing homes and represents, at a maximum, 78 percent of the total user fees assessed by the Maryland Health Care Commission, as mandated by Health-General Article, §19-111, Annotated Code of Maryland.

II. Types of Economic Impact.	Revenue (R+/R-)	Magnitude
	Expenditure (E+/E-)	
A. On issuing agency:	(R+)	\$10,920,000 (Maximum)
B. On other State agencies:	NONE	
C. On local governments:	NONE	

	Benefit (+)	Magnitude
	Cost (-)	
D. On regulated industries or trade groups:	(-)	\$10,920,000 (Maximum)
E. On other industries or trade groups:	NONE	
F. Direct and indirect effects on public:	NONE	

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

A. and D. Health-General Article, §111, Annotated Code of Maryland, caps the total number of user fees assessed by the Maryland Health Care Commission at 12,000,000 per fiscal year. The Commission will propose to raise the user fee statutory cap in the 2014 Session of the General Assembly to 14 million. Under the law, the maximum percentage of this amount that may be assessed payers

	Benefit (+) Cost (-)	Magnitude
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D. On regulated industries or trade groups:	(-)	\$3,080,000 (Maximum)
E. On other industries or trade groups:	NONE	
F. Direct and indirect effects on public:	NONE	

III. Assumptions. (Identified by Impact Letter and Number from Section II.)

A. and D. Health-General Article, §111, Annotated Code of Maryland, caps the total number of user fees assessed by the Maryland Health Care Commission at 12,000,000 per fiscal year. The Commission will propose to raise the user fee statutory cap in the 2014 Session of the General Assembly to 14 million. Under the law, the maximum percentage of this amount that may be assessed payers is 28 percent. The maximum percentage that may be assessed hospitals is 33 percent. The maximum percentage that may be assessed nursing homes is 17 percent. Because the Commission budget is less than the cap on total assessments, the total user fees collected in practice will be less than the maximum amount, depending on the Commission's budget in any fiscal year.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Impact on Individuals with Disabilities

The proposed action has no impact on individuals with disabilities.

Opportunity for Public Comment

Comments may be sent to Bridget Zombro, Director of Administration, Maryland Health Care Commission, 4160 Patterson Avenue Baltimore, Maryland 21215, or call (410) 764-3460, or email to , or fax to (410) 358-8811. Comments will be accepted through 4:30 p.m. on April 22, 2013. A public hearing has not been scheduled.

Open Meeting

Final action on the proposal will be considered by the Commission during a public meeting to be held on May 16, 2013 @ 1:00 P.M., at 4160 Patterson Ave, Conference Rm. 100 Baltimore, Maryland 21215.

.02 Method of User Fee Assessment.

A. — B. (text unchanged)

C. The formula the Commission shall use to calculate the fee set forth in the fee schedule is [18] 22 percent of the total assessed fees per fiscal year divided by the number of health care practitioners identified pursuant to §A of this regulation.

D. (text unchanged)

CRAIG P. TANIO, M.D.
Chairman



STATE OF MARYLAND

DHMH Health Occupations Boards and Commission

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

April 22, 2013

Ms. Bridget Zombro
Director of Administration
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

RE: Proposal to amend COMAR 10.25.02 – User Fee Assessment on Health Care Practitioners

Dear Ms. Zombro:

The Maryland Board of Physicians (the Board) submits this letter of opposition to the proposed amendment to COMAR 10.25.02 (User Fee Assessment on Health Care Practitioners). The proposal seeks to increase the cap on the percentage of total assessed fees per fiscal year divided by the number of health care practitioners from 18% to 22%.

The Maryland Health Care Commission (Commission) submitted a report this past December to the legislature on the user fee assessment, and although it includes an allocation of costs, it is not clear how those expenditures are related to the practitioners assessed, specifically physicians. Our practitioners are frustrated at what seems to be a consistent, unsupported increase in this assessment. Without specifics, the Board asserts that the health care practitioners paying the fee receive little or no benefit from it. While we appreciate that the Commission has exempted some licensees and certificate holders from the assessment based on their salaries, many licensees cannot afford the increase. Additionally, while we appreciate the fact that the average annual wage being used to calculate the assessment has not been increased, we would argue that wages have in fact decreased with budget balancing measures such as furloughs, and as a result the impact is greater than considered. The Board sees no basis for the increase and urges the Commission to more specifically demonstrate the benefit received by licensees who pay this fee, as well as internal organizational requirements reflecting the need to generate additional revenue to support a user fee assessment increase, particularly since the Commission has enjoyed a budget surplus in recent years.

Additionally, Health General Article, §19-111(c) (1) limits the total fee assessed by the Commission at \$12 million dollars. With the inclusion of an FY 13 budget amendment, the Commission is projected to be appropriated more than \$12 million dollars and will exceed their statutory limit. The Commission's December 20, 2012 report to the legislature indicates that they are projected to have yet another budget surplus this year.

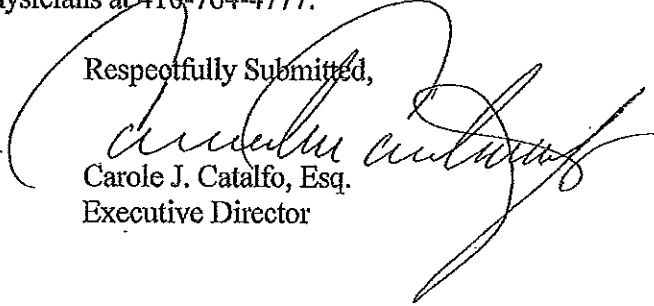
The Board is supported by fees paid by licensees and certificate holders, and although a fee increase has not been instituted for some time, a number of Boards, including the Board of Physicians, are projecting they will have to increase fees to cover costs in 2015. Hence we will

have competing fee increases. The MHCC fee increase compounded by prospective increases to licensing fees is likely to garner more opposition since licensees do not understand the difference between the two.

Lastly, because of the confusion between the fees, the Board suggests that the Commission directly assess the user fee to the licensees impacted, and not use the Board as an intermediary. When the fee was established, it was arguably easier to assess the fee through the Boards, but with changes in technology and the cooperative relationship among state agencies, the timing is appropriate for the Commission to directly assess health care practitioners. Given that the Commission has already recognized the need to submit legislation to raise the user fee statutory cap, the assessment mechanics can also be addressed in that proposal. The Board is happy to work with the Commission over the summer to resolve these problematic issues.

Thank you for your consideration of this information. If you have questions or need more information about this subject, please do not hesitate to contact Carole J. Catalfo, Executive Director, Maryland Board of Physicians at 410-764-4777.

Respectfully Submitted,



Carole J. Catalfo, Esq.
Executive Director

Board of Physicians

cc: Michele Phinney, Director, Office of Regulation and Policy Coordination, DHMH
Ben Steffen, Executive Director, MHCC

Toll Free 1-877-4MD-DHMH – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.state.md.us



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

Martin O'Malley, Governor -- Anthony G. Brown, Lt. Governor --

Joshua M. Sharfstein, M.D., Secretary

MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Michael Souranis, Board President - LaVerne G. Naesea, Executive Director

April 22, 2013

Ms. Bridget Zombro
Director of Administration
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

RE: Proposal to amend COMAR 10.25.02 -- User Fee Assessment on Health Care Practitioners

Dear Mrs. Zombro:

The Maryland Board of Pharmacy (the Board) joins the Health Occupations Boards in opposing the proposed amendment to COMAR 10.25.02 (User Fee Assessment on Health Care Practitioners) that would raise the cap for fees paid by health care practitioners from 18% to 22% of Maryland Health Care Commission (MHCC) annual budget.

The MHCC fee cap was increased two years ago resulting in a surplus. The MHCC surplus may eventually be taken by the State (BRFA) to support the State deficit. The Board does not feel that the report provided by MHCC conclusively justifies the proposed permanent 4% increase in the user fee cap. If the increase is adopted, pharmacy practitioners may again be placed in a position of paying a greater share of State general taxes than they would otherwise be required to pay.

The Board is solely supported by fees paid by licensees and does not feel it should continue to be responsible for collecting fees that are not intended for or related to administrative costs in regulating its practitioners. Many of the Board's licensees are under the impression that the MHCC fee is assessed by the Board. Thus, the Board is concerned that it is tasked with collecting and defending MHCC's fees although the assessment has no *obvious* benefit to pharmacists or their patients.

In addition to opposing the amendment to COMAR 10.25.03, the Board is in favor of MHCC directly informing health care practitioners about how the assessment is used and also notifying practitioners when user fees will be increased or assessed. The Board feels, like the other Boards, that it would be most appropriate for MHCC to directly assess the user fees, as do other agencies. State units including the Comptroller's Office and Child Support Enforcement acquire

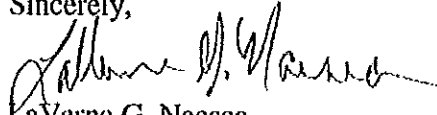
410-764-4755 • Fax 410-358-9512 • Toll Free 800-542-4964
DHMH 1-877-463-3464 • Maryland Relay Service 1-800-735-2258
Web Site: <http://dhmh.maryland.gov/pharmacy/SitePages/Home.aspx>

information from the Boards in order to directly collect fees, taxes or delinquent bills from practitioners.

The Board believes that irrespective of whether COMAR 10.25.03 is adopted; MHCC must consider revising its fee assessment process. The Board is hopeful that MHCC will work with the Boards during the summer in proposing changes to the MHCC fee assessment process before the 2014 legislative session begins.

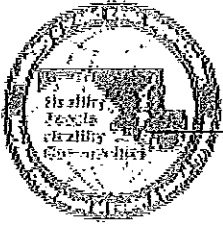
Thank you for the opportunity to comment on the proposed amendment. Please feel free to contact Anna Jeffers at (410) 764-3833 for questions or concerns regarding this correspondence.

Sincerely,



LaVerne G. Naesea
Executive Director

cc: Michele Phinney
Ben Steffen



STATE OF MARYLAND

DHMH

Health Occupations Boards and Commission

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

April 22, 2013

Ms. Bridget Zombro
Director of Administration
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

RE: Proposal to amend COMAR 10.25.02 – User Fee Assessment on Health Care Practitioners

Dear Ms. Zombro:

The Health Occupations Boards (the Boards) named herein submit this letter of opposition to the proposed amendment to COMAR 10.25.02 (User Fee Assessment on Health Care Practitioners). As you know, the proposal seeks to increase the cap on the percentage of total assessed fees per fiscal year divided by the number of health care practitioners from 18% to 22%.

The Boards are frustrated at what seems to be a consistent, unsupported increase in this assessment and assert that the health care practitioners paying the fee receive little or no benefit from it. Many of the Boards' licensees or certificate holders do not understand the purpose of the fee and what it supports. Licensees perceive it to be an excess fee imposed on them by the Boards in addition to the licensing fees they already pay. While we appreciate that the Maryland Health Care Commission (MHCC) has exempted some licensees and certificate holders from the assessment based on their salaries, many licensees who must pay the assessment cannot afford the increase. The Boards urge that prior to increasing the fee cap MHCC should demonstrate the benefit received by licensees who pay this fee as well as internal organizational requirements reflecting the need to generate additional revenue to support such requirements.

Like MHCC, the Boards are supported by fees paid by licensees and certificate holders. The Boards have not instituted fee increases for some time; however a number of Boards will have to increase fees to cover costs in 2015. Hence we have competing fee increases. The MHCC fee increase compounded by prospective increases to licensing fees is likely to garner more opposition since licensees do not understand the difference between the two.

Therefore, the Boards formally request that MHCC directly assess the user fee to the licensees impacted (similar to the way that MHCC already assesses the other shareholders – instead of doing so through the Boards as intermediaries). When the fee was established, it was arguably easier to assess the fee through the Boards, but with changes in technology and the ability to provide licensee information to other agencies, the Boards urge that the timing is appropriate for MHCC to assess its fee directly to the licensees. The Boards are happy to work with MHCC over the summer to resolve these problematic issues, as MHCC prepares legislation for the 2014 session.

Web Site: www.dhmh.state.md.us

If you have questions or need more information about this subject, please do not hesitate to contact Kristen Neville, Legislative Liaison to the Boards at (410) 764-5978.

Respectfully Submitted,

Board of Acupuncture
Board of Chiropractic & Massage Therapy
Examiners
Board of Dental Examiners
Board of Dietetic Practice
Board of Occupational Therapy Practice

Board of Examiners in Optometry
Board of Physical Therapy Examiners
Board of Podiatric Medical Examiners
Board of Professional Counselors & Therapists
Board of Examiners of Psychologists
Board of Social Work Examiners

cc: Michele Phinney, Director, Office of Regulation and Policy Coordination, DHMH
Ben Steffen, Executive Director, MHCC