



NURSE PRACTITIONER  
Association of Maryland

January 22, 2020

*“Advocating for NPs since 1992”*

Maryland Board of Nursing  
4140 Patterson Avenue  
Baltimore, MD 21215

**RE: NPAM 2020 Legislative Initiatives**

I am Beverly Lang a Nurse Practitioner and the Executive Director of the Nurse Practitioner Association of Maryland (NPAM). We come before you today on behalf of the Nurse Practitioner Association of Maryland (NPAM), and more than 800 association members, and the more than 5,300 Nurse Practitioners in Maryland. With me today is Bill Pitcher, Legislative Consultant for NPAM, Marg Hammersla PhD, CRNP-A, Assistant Professor and Senior Director of the DNP Program at the University of Maryland School of Nursing, and Kamala Via DNP, PMHNP.

We would like to inform the Board of Nursing today of the 2020 Legislative initiatives and to seek your support.

Since July, 2016 NPAM has been actively communicating and meeting with the BON regarding the inability of NPs in Maryland to delegate to Medical Assistants (MAs). A summary of those meetings and communications will be forwarded if requested.

Historically, registered nurses (RNs) have been able to delegate tasks to a variety of individuals such as nursing assistants, medicine aids and other unlicensed individuals, such as medical assistant. As more Advance Practice Registered Nurses (APRNs), specifically, Nurse Practitioners (NPs) are working in primary care settings such as family practice and specialty care, they are needing to delegate tasks such as taking vital signs, administering vaccinations, and so on to both certified providers such as a nursing assistants and more often in the primary care setting, a trained medical assistant. These are nursing tasks that these individuals have been trained in during their educational programs of study and which have been safely performed by this workforce.

Current regulations clearly state that a RN and LPN can delegate these tasks. However, even though an advanced practice registered nurse holds an RN license, the regulations do not specify that APRNs can delegate these tasks. This lack of clarity in language has resulted in inconsistent interpretation as to the ability of an APRN to delegate nursing tasks to Medical Assistants. The inability to delegate these nursing tasks results in barriers to care for the public. If an APRN needs to complete these tasks (rather than delegate to a medical assistant) it will reduce the number of patients that can be seen in a day. Additionally, those APRNs who own medical practices are not able to hire Medical Assistants to assist with the day to day care of patients, making it difficult to survive economically.

NPAM offers the following suggestions to the Board of Nursing:

1. That the BON promulgate similar regulations to what the Maryland Board of Physicians have had in place since 1995 that are specific to advance practice registered nurses<sup>1</sup>; or
2. That the BON submit legislation in 2020 altering Maryland Annotated Code – Health Occupations §8-6A-02(c) to include and specify advance practice registered nurses for the delegation of a nursing task to an unlicensed individual.<sup>2</sup> After passage of this technical piece of legislation, further regulations could be developed, if needed.

This change is critical for advance practice nurses in Maryland because these professionals are certified as advance providers and follow the laws applicable to their highest certification or license. In this instance, the certification by the Board of Nursing as an advance practice registered nurse, and not as a registered nurse to which the state currently applies.

NPAM is prepared to propose legislation that adds the language, “ADVANCED PRACTICE REGISTERED NURSE” as a health care professional with the authority to delegate nursing tasks with the same rules and restrictions that currently exist for registered nurses and licensed practical nurses to avoid confusion and provide consistent and equitable application of the regulations.

The second bill that NPAM will introduce this legislative session will allow Psychiatric Mental Health Nurse Practitioners (PMHNP) to testify at administrative hearings for patients under their care and will enable PMHNPs to perform the initial history and physical exam for involuntarily committed patients. COMAR currently requires a patient to be evaluated by a psychiatrist within 24 hours of an involuntary psychiatric admission. PMHNPs currently complete the same initial evaluations on voluntary patients.

PMHNPs are not allowed to testify to the treatment they have provided for a patient during administrative law hearings even if they have been the sole care provider for an involuntary admitted patient. Only a psychiatrist (who may have never personally cared for the patient) can do so in the current iteration of COMAR. The provider who cared for the patient is in the best position to provide insight into the patient’s status and propensity for danger if released at hearing. Consequently, Public Defenders have successfully argued for the release of psychiatrically unstable patients during hearings due to this technicality

Involuntary patients may be held in the ED due to lack of available psychiatrists working on inpatient units. Boarding patients in the ED results in the loss of an available bed for other emergency patients arriving to the hospital. Forty-two percent (42%) of behavioral health patients

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<sup>1</sup> *COMAR 10.32.12 - Title 10 Maryland Department of Health, Subtitle 32 BOARD OF PHYSICIANS, Chapter 12 Delegation of Acts by a Licensed Physician to an Assistant Not Otherwise Authorized under the Health Occupations Article or the Education Article.*

<sup>2</sup> *Md. Code Ann., Health Occs §8-6A-02(c)* stating: Nothing in this section shall preclude a registered nurse or licensed practical nurse from delegating a nursing task to an unlicensed individual provided that acceptance of delegated nursing tasks does not become a routine part of the unlicensed individual’s job duties.

in the emergency department experience a delay which yields negative impacts for all patients in need of an emergency evaluation. PMHNPs are qualified by education and training to conduct the involuntary admission evaluation and to attest at administrative law hearings. This legislation is being drafted, and NPAM will supply a copy to the BON and interested parties as soon as possible, and look forward to your support..

On behalf of all NPs in Maryland, thank you for the opportunity to present today. The Nurse Practitioner Association of Maryland is committed to improving the health of Maryland citizens through professional representation and advocacy for nurse practitioners across the state. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact the NPAM Executive Director, Beverly Lang, at 410-404-1747 or [NPAMExDir@npedu.com](mailto:NPAMExDir@npedu.com).

Beverly Lang, MScN, RN, ANP-BC, FAANP  
Executive Director, NPAM  
[NPAMExDir@npedu.com](mailto:NPAMExDir@npedu.com)  
410-404-1747 (mobile)  
CC: Bill Pitcher, NPAM Legislative Consultant