



MARYLAND MILITARY COALITION

Serving Veterans through Legislative Advocacy

February 13, 2023

Honorable Melony Griffith
Chairman, Senate Finance Committee
Maryland Senate
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

SB 213 - Health Occupations - Clinical Nurse Specialists - **Request a FAVORABLE Report with Amendment**

Dear Chairwoman Griffith and Honorable Members of the Senate Finance Committee.

Maryland is experiencing its worst shortage in healthcare providers ever. The [2022 State of Maryland's Health Care Workforce Report](#), released by the Maryland Hospital Association (MHA), found that there is a workforce crisis in Maryland's healthcare sector. The report detailed that one in four hospital nursing positions are vacant, and also cited high staff turnover and an insufficient nursing pipeline.

Similarly, the [Maryland Hospital Association](#) found that overall **Maryland is 16 percent below** the national average for number of physicians available for clinical practice. **The most severe problems occur in rural parts of the state** and will get much worse by 2015, based on the study's results. The biggest statewide gaps occur in **Primary Care, Emergency Medicine**, Anesthesiology, Hematology/Oncology, Thoracic Surgery and Vascular Surgery, Psychiatry, and Dermatology. The study also found Maryland has only a borderline supply of orthopedic surgeons.

The situation in **Southern Maryland, Western Maryland, and the Eastern Shore** is the most troubling. All three regions fall significantly below national levels in active practicing physicians. Southern Maryland already has critical shortages in 25 of the 30 physician categories (83.3%), Western Maryland 20 of 30 (66.7%), and the Eastern Shore 18 of 30 (60.0%)

SB 213 authorizes a "clinical nurse specialist" (CNS) to "practice as a clinical nurse specialist" for the purpose of prescribing drugs and durable medical equipment (DME), among other things. The bill designates a CNS as an "authorized prescriber" under the Maryland Pharmacy Act. Practice as a CNS is governed by rules and regulations adopted by the State Board of Nursing (BON) and that concern additional acts in the practice of registered nursing. The bill specifies that an advanced practice registered nurse (APRN) with prescriptive authority working with a physician in the same office setting is not prohibited from prescribing specified drugs.

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As a Clinical Nurse Specialist, I completed a 4-year Bachelor's degree in nursing and a 3-year Master's degree in Community Health. After several years of experience doing clinical nurse practice, I sat for the American Academy of Nursing's clinical nurse specialist exam in Community Health, a rigorous testing of both clinical practice and the science behind the practice. Some Advance Practice Nurses have completed a DNP, a Doctorate in Nursing Practice which makes them eligible to function as an advance provider, without physician oversight. ***Any nurse who has completed such an academic and practical endeavor should be able to practice independently***, especially when it comes to providing prescriptions needed for medications as well as durable equipment and entry into home care and hospice. I would have made the same statement years ago, however, in this time of shortage, I wholeheartedly support such a move to empower nurses who have the appropriate training and have passed their certification exams to practice within the full range of their scope of practice – we need them!

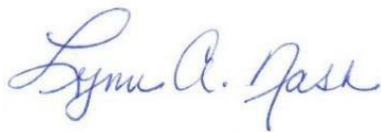
This bill however, limits an Advance Practice Nurse from practicing within the full range. I respectfully request that paragraph (c) (2) (iv) 2. be removed. The bill currently reads “[A nurse practitioner who is authorized to practice under 29 Title 8, Subtitle 3] **AN ADVANCED PRACTICE REGISTERED NURSE WITH PRESCRIPTIVE AUTHORITY UNDER § 8-508 OR § 8-514** of this article ***and is working with the physician in the same office setting***; A nurse who is trained and licensed to practice independently does not “need to be working with a physician in the same office”. The nurse is trained to work independently, and should be allowed (and encouraged) to do so.

Maryland is home to approximately 390,000 veterans, 30,000 active-duty service members and 18,000 reservists/national guard members. In addition, there are 130,000 veteran households with children and another 60,000 reserve/national guard/active-duty dependents. They deserve access to care. Amending this bill as suggested would accomplish that.

The Maryland Military Coalition, is a voluntary, non-partisan organization representing 19 veteran service organizations who, in turn, serve over 150,000 Maryland uniformed services men and women and their families. The Coalition ***strongly supports*** Senate Bill 213 and asks for your **favorable report with amendment**.

Thank you to Senator Ellis for sponsoring this important legislation.


Yours Respectfully,

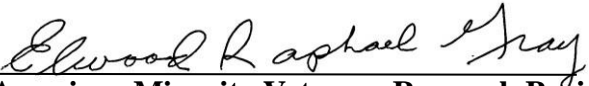


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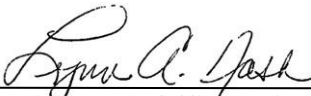
Member Organizations, Maryland Military Coalition


Air Force Sergeants Association

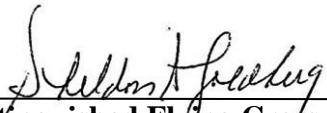

American Military Society

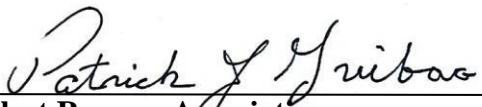

American Minority Veterans Research Project


Association of the United States Navy



Commissioned Officers Association of the
US Public Health Service



Disabled American Veterans



Distinguished Flying Cross Association


Fleet Reserve Association


Jewish War Veterans of the USA


Maryland Air National Guard Retirees'
Association


Military Officers Association of America



Military Order of the Purple Heart

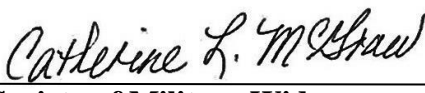

Montford Point Marines of America


National Association for Black Veterans


Naval Enlisted Reserve Association


NOAA Association of Commissioned Officers


Reserve Organization of America


Society of Military Widows


Veterans of Foreign Wars