LOS SB 213 CNS Prescribing NPAM 2023.pdf
Uploaded by: Beverly Lang
Position: FAV

"Advocating for NPs in Maryland since 1992"

February 13, 2023

Re: SB 214/HB 278 Health Occupations – Clinical Nurse Specialists

Position: Support

Dear Chair, Vice Chair, and Members of the Committee:

On behalf of the over 800 members of the Nurse Practitioner Association of Maryland, Inc. (NPAM), and the over 8,000 Nurse Practitioners licensed to practice in Maryland, I am writing in support of **SB 214/HB 278 Health Occupations – Clinical Nurse Specialists.**

This bill would define and clarify the practice of the Clinical Nurse Specialist (CNS) and authorizes them to prescribe drugs and durable medical equipment under regulations adopted by the State Board of Nursing.

CNSs are advanced practice registered nurses (APRNs) who practice at an advanced level of nursing and are an integral part of the health care team. This practice is enhanced through well-grounded knowledge and understanding of advanced pharmacologic principles. In 2010 the Institute of Medicine released the landmark report, "The Future of Nursing". A key recommendation of that report was to remove legislative and regulatory barriers for all APRNs to allow them to practice to the fullest extent of their education and training and enable them to efficiently provide the care their patients need.

The Nurse Practitioner Association of Maryland is in full support of **SB 214/HB 278 Health Occupations – Clinical Nurse Specialists** and we ask that the Committee vote in favor of this bill. Should you have any questions, please feel free to contact me.

Beverly Lang MScN, RN, ANP-BC, FAANP
Executive Director,
Nurse Practitioner Association of Maryland Inc.
Office: 443-367-0277
Fax: 410-772-7915
NPAMexdir@npedu.com

LOS SB213.HB278 CNS Prescribing NPAM.pdf
Uploaded by: Beverly Lang
Position: FAV

"Advocating for NPs in Maryland since 1992"

February 13, 2023

Re: SB 213/HB 278 Health Occupations – Clinical Nurse Specialists

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The Nurse Practitioner Association of Maryland is in full support of **SB 213/HB 278 Health Occupations – Clinical Nurse Specialists** and we ask that the Committee vote in favor of this bill. Should you have any questions, please feel free to contact me.

Beverly Lang MScN, RN, ANP-BC, FAANP
Executive Director,
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Written Testimony SB 213 CNS Prescribing.pdf

Uploaded by: Claudia Tilley

Position: FAV

SUPPORT
SB 213 Health Occupations – Clinical Nurse Specialists – Prescribing

February 9, 2023

I support the passage of SB 213 Health Occupations – Clinical Nurse Specialists – Prescribing - sponsored by Senator Ellis.

I am a Clinical Nurse Specialist with 27 years of experience in nursing and the Patient Education Specialist and diabetes educator for UM Shore Regional health which provides healthcare to five counties on Maryland's eastern shore. As the diabetes educator I am consulted for hospitalized patients who have uncontrolled diabetes or hospitalized with an insulin pump.

Diabetes is a growing problem in our state. According to the Maryland Department of Health, 10.5 percent of adults in Maryland have diabetes and 34 percent have prediabetes. Maryland is consistently one of the 25 states with the highest diabetes prevalence rates and is the sixth leading cause of death in our state. In Maryland, diabetes disproportionately impacts specific populations based on income and education level, race and ethnicity, geographic location and access to healthcare. This is no different on the eastern shore.

There are times when a hospitalist (advanced practice provider or physician) will ask for an endocrinology provider consult for medication management or other recommendations for hospitalized patients whose blood sugar is difficult to control or have complicating issues. UM SRH currently has only two endocrinology physicians and one nurse practitioner who serve the entire five county region and see patients in the outpatient setting. An inpatient hospital consult requires one of the endocrinology providers, who have scheduled outpatient appointments, to make time to review the hospitalized patient's chart and provide recommendations via secure messaging or via electronic medical record or take time away from clinic to provide an in-person consult. Occasionally this takes time to complete which delays care or discharge and may elevate healthcare cost due to extended length of stay. As a Clinical Nurse Specialist with prescribing authority, I could fill this gap in care.

In addition, anytime a patient is admitted to the hospital with an insulin pump, the diabetes educator is consulted. An insulin pump provides insulin through a small catheter in the patient's skin. Research has found patients who continue to use an insulin pump while hospitalized have better management of blood sugar and better outcomes than when the pump is removed. Hospital policy allows patients who wear insulin pumps to continue this therapy if they can safely self-manage their pump, however, they need an order by a provider for this. The order for use of the insulin pump is in lieu of other forms of insulin. Hospitalists, like nurses, are stretched thin. They often are challenged to see a large volume of patients daily. I have encountered times where the insulin pump orders are not entered in a timely fashion on admission, but other orders for insulin coverage via subcutaneous route have been written. This is a huge safety issue because it increases the risk that the patient could receive extra insulin which may cause a dangerous and rapid drop in blood sugar. As a Clinical Nurse Specialist with prescribing authority, I am already following these patients and could write the necessary orders to be sure that our hospitalized patients with insulin pumps have safe and appropriate care.

There are 310 CNSs in Maryland and there are 39 other states, including those surrounding Maryland, plus Washington D.C. who have granted CNS prescribing. Allowing prescribing authority for clinical nurse specialists through the passage of SB 213 will expand the availability of expert providers in the healthcare system which will fill gaps in care, improve outcomes and provide cost savings to the healthcare system as well as the patients we serve. I urge you to please vote in favor of this bill to improve access to care for all Marylanders including the rural and under-served area of the eastern shore where I live and work.

Sincerely,
Claudia Tilley MSN, RN, APRN-CNS, AGCNS-BC
9020 Fox Meadow Lane Easton MD 21601

CNS Prescribing- Fact sheet HB0278SB0213.pdf
Uploaded by: Gena Stanek
Position: FAV

CNS Prescribing- Fact sheet HB0278/SB0213

Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists

What is a CNS?

A Clinical Nurse Specialist (CNS) is a Master or Doctorate prepared Advanced Practice Registered Nurse (APRN) whose role is to improve outcomes in patient care. The CNS is an expert in clinical practice, patient education, research, evidence-based practice, consultation, and influences the three spheres of impact: patient care, nursing, and systems.

What is included in a CNS's ability to prescribe?

Prescribing is the ability to order medicines, imaging, blood-work, physical therapy, occupational therapy, home care, home health supplies, hospice care, and more.

Why do Marylanders need CNS to prescribe/order healthcare?

- Expanded Access to Care - especially for vulnerable populations
  - Close the gaps that the COVID pandemic has exposed in our healthcare system
  - Address Health Equity - equal access to high-quality care for underserved populations
- Create cost savings for hospital, patients, insurance companies and communities
- Improve patient safety - prevent delay in needed care
  - Improve health care delivery by assisting with transitions from hospital to home care

There is a Disconnect between Federal and Maryland Law

- CNSs have authority to prescribe buprenorphine (Suboxone/Subutex) through the SUPPORT Act.
- CNSs are permanently authorized by the CARES Act to order home care, home health supplies, hospice care, and can be reimbursed for services.

Maryland is at risk for losing CNSs

Pennsylvania, Virginia, Delaware, D.C. and 36 other states have CNS prescriptive authority.

Support prescriptive authority for Clinical Nurse Specialists and build a better healthcare system for Maryland

Scan for more information & real-world stories. Questions?
MD.CNS.RX@gmail.com
https://cbanacns.enpnetwork.com

MAAPC proudly supports our CNS Colleagues!
TheMAAPC@gmail.com
https://maapconline.enpnetwork.com

Stanek_Testimony_SB-213_2-13-23_final.pdf
Uploaded by: Gena Stanek
Position: FAV

Gena Stiver Stanek MS, RN, APRN-CNS, CNS-BC

Bill No. SB 213 **Committee:** Senate Finance Committee
Title: Health Occupations – Clinical Nurse Specialists – Prescribing **Position:** Favorable
Email: gstanek@umm.edu, gstanek1@verizon.net **Mobile:** 410-404-7586

February 13, 2023

I am writing in support of Senate Bill – 213. I am an Advanced Practice Registered Nurse (APRN), Clinical Nurse Specialist (CNS). I've been a CNS for almost 38 years. I served in this role at the Shock Trauma Center for 27 years and at the organizational level for almost 9 years. I currently work in the Clinical Practice Professional Development Department at the University Of Maryland Medical Center.

I am writing as a board member at large of The Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists (CBANACNS) | ENP Network.

A clinical nurse specialist is an advanced practice registered nurse who is prepared at either the Masters level or Doctorate level. We are experts in clinical practice, patient education, improving practice to be in line with the latest research, etc.. Our graduate education has the same pharmacology and prescriptive components as our Nurse Practitioner (NP) colleagues. The Board of Nursing regulates our practice and we are required to have 25 contact hours of pharmacy continuing education to renew our national certification.

While I function a bit differently than a Nurse Practitioner or other APRN's (Certified Registered Nurse Anesthetist, etc.), we all have the same graduate education around prescribing medicines, durable medical equipment, etc., and we all impact nursing practice and patient care quality. The main difference is that the CNS's primary role is to continually work to improve nursing care of patients and their outcomes. This could be done on a nursing unit supporting frontline nurses, for specific population of patients or within an organization, hospital system or outpatient environment.

There have been many times when prescriptive authority would have been helpful in expediting care. For example, when I work with the frontline nursing team and a patient has a skin problem, wound care need or a special bed to prevent skin problems I must go to another advanced practice nurse (Nurse Practitioner) or a physician to write that order.

Similarly, if a patient needs a walker to go home or another piece of medical equipment or a device I might need to interrupt a busy surgeon who may be in the operating room to obtain the prescription when I have the education, skill and knowledge to prescribe it efficiently. This can delay a discharge and tied up a bed preventing an ER patient from getting moved to an inpatient bed. Coordination of care and expertise are needed to give our patients the best possible care and is essential now more than ever.

Allowing Advanced Practice Registered nurses to practice to the full extent of their education and preparation is critical to meeting the Institute of Medicine's 2020 Future of Nursing Recommendations to remove barriers to practice and care.

We are looking to this committee to pass this bill which will help improve patient outcomes and care coordination. We need to give CNSs the tools they need to work effectively for the people of Maryland.

I plan to attach the below:

- A CNS fact sheet with the importance of the Clinical Nurse Specialist Role related to prescriptive authority
    - Note: QR Code in left lower corner of the fact sheet takes you to pertinent supporting documents and real stories told by Maryland CNSs.

Thank you in advance for your support and interest in healthcare improvements.

Sincerely,
Gena Stiver Stanek, MS, RN, APRN-CNS, CNS-BC
Board Member at Large CBANACNS

SB 213- Health Occupations- Clinical Nurse Special

Uploaded by: Jane Krienke

Position: FAV

Maryland
Hospital Association

February 14, 2023

To: The Honorable Melony G. Griffith, Chair, Senate Finance Committee

Re: Letter of Support - Senate Bill 213- Health Occupations - Clinical Nurse Specialists - Prescribing

Dear Chair Griffith:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to support Senate Bill 213.

Maryland hospitals are facing the most critical staffing shortage in recent memory. A 2022 GlobalData report estimates a statewide shortage of 5,000 full-time registered nurses and 4,000 licensed practical nurses. Without intervention, shortages could double or even triple by 2035. 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. Two recommendation focus areas include retaining the health care workforce and leveraging talent with new care models. SB 213 supports both of these focus areas by allowing clinical nurse specialists (CNS) to practice at the top of their license in alignment with other advanced practice registered nurses.

Clinical nurse specialists (CNS) play an important role in patient care delivery within hospitals and serve as clinical leaders focusing on improving systems and patient outcomes.[1] These important health care providers are educators, researchers, and case managers whooften lead interdisciplinary teams and support patients and families in inpatient and outpatient settings.[2] SB 213 would authorize a CNS to have prescriptive authority, which is on par with other advanced practice registered nurses licesend in the state. This legislation would also ensure the state has similar prescriptive authority as our border states. Delaware, West Virginia, and Washington, DC allow CNS' to have prescriptive authority.[3] SB 213 would support our current and future health care workforce and potentially help recruit more clinical nurse specialists to the state.

For these reasons, we request a ***favorable*** report on SB 213.

For more information, please contact:
Jane Krienke, Senior Legislative Analyst, Government Affairs
Jkrienke@mhaonline.org

[1] Johns Hopkins School of Nursing. (n.d.). "NP and CNS Role Comparison,".
[2] Johns Hopkins School of Nursing (September 6, 2019). "What Is a Clinical Nurse Specialist?".
[3] National Council of State Boards of Nursing. (September 7, 2022). "CNS Independent Prescribing Map,".

LorraineCNS SB213.2.14.23writtentestimony.pdf

Uploaded by: Lorraine Diana

Position: FAV

SUPPORT
SB 0213-- Health Occupations Clinical Nurse Specialists Prescribing

Good afternoon, Madame Chairman Griffith, Vice Chairman Klausmeier and Finance Committee members. Thank you, Senator Ellis, for sponsoring this bill. Thank you for the opportunity to present testimony to you today.

My name is Lorraine Diana. I am a certified family nurse practitioner and have practiced for 41 years in Maryland.

There are 3 healthcare crises in Maryland concerning all of us. Though Covid has finally left center stage, the opioid crisis has not. The critical nursing shortage, however, looms large, and requires innovative action to present both short term and long-term solutions. Giving CNSs prescribing authority is an immediate solution to part of the crisis caused by shortages.

Clinical nurse specialists are advanced practice registered nurses with advanced clinical expertise in a specialized area of nursing practice. The work of the CNS includes, but is not limited to, diagnosis and treatment of acute or chronic illness in an identified population with emphasis on specialist care for at-risk patients and/or populations. CNS practice extends from wellness to illness and from acute to primary care.

Clinical nurse specialists are leaders in health care.

The clinical nurse specialist has been a part of the health care industrial complex in the United States for more than 60 years. Through the decades, the role has become widely accepted in the health care system and one that significantly impacts the nation's economy by providing safe, low-cost, and effective evidence-based health care services.

You heard from my colleagues today and how they must rely upon other providers to obtain necessary and sometimes lifesaving prescriptions and therapies, delaying much needed care, and causing patient safety concerns.

60% or 188 of our CNSs are certified as psyche mental health providers and are located throughout Maryland.

Under the Federal SUPPORT ACT of 2018, CNSs were authorized to prescribe medications to treat opioid use disorder, but Maryland law prohibits CNSs from prescribing. Since 1991, under COMAR, psyche mental health CNSs manage therapies including medications for their patients without the ability to ***prescribe*** those medications.

Only 2 Maryland counties are not partial or full Mental Health provider shortage areas.

This causes a gap for patients with opioid use disorder and disproportionately affects the poor and minorities especially in Baltimore City and rural Maryland, who would benefit from treatment with suboxone prescribed monthly, rather than methadone dispensed daily.

Adding the ability to prescribe suboxone for CNSs will allow 310 ***more*** providers to address the Maryland opioid crisis.

CNSs are highly educated and nationally certified. They must recertify in their specialties every 5 years just like nurse practitioners and must complete 25 hours of continuing education in Pharmacology every 5 years to remain certified.

40 states including DC, VA, DE, WVA and the VA Medical System have granted CNSs prescribing authority. It's time to close the gap in Maryland and allow our CNSs to practice to the full extent of their training and education!

Thank you. I ask for a favorable report on SB 0213.
Thank you, Senator Ellis, for sponsoring this bill.

Respectfully,

Lorraine Diana, MS, RN, CRNP
Legislative Co-Chair, The Maryland Academy of Advanced Practice Clinicians
Co-Chair, The Prescription Drug Affordability Stakeholders Council
3152 Eutaw Forest Dr
Waldorf, MD 20603
LDianaart@aol.com
(301) 980-8004

2023.02.13 Ltr to Senator Melony Griffith (re Supp

Uploaded by: Marianne Hiles

Position: FAV

Frederick Health

Frederick Health
400 West Seventh Street
Frederick, MD 21701
240-566-3300

February 13, 2023

Senator Melony Griffith
Chair, Finance Committee
3 East Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Re: SB 213: Health Occupations - Clinical Nurse Specialists – Prescribing

Dear Madame Chair,

As an organization whose mission is to positively impact the well-being of every individual in our community, I am writing to express our support for Senator Arthur Ellis' SB 213: Health Occupations - Clinical Nurse Specialists – Prescribing.

Frederick Health is committed to evidence-based care in our hospital and in our community. It is our team of health professionals, especially our Clinical Nurse Specialist team, who have expertise in the delivery of high-quality healthcare that impacts outcomes for the patients we serve. As care has transitioned out of the hospital and into the community, gaps in care have emerged especially in remote areas with limited access to qualified health care providers. Care provided in the community to avoid hospital readmission has become a priority. Outpatient clinics can care for patients until they can see their provider and keep patients out of the hospital, improving their health and well-being. These clinics could be run by Clinical Nurse Specialists, however at this time, they cannot adjust medications, order durable medical equipment, home health care or other necessary therapies to support patients at home.

In order to continue our mission to positively impact the well-being of every individual in our community, we fully support the Senate Bill 213 granting prescriptive authority to Clinical Nurse Specialists.

Sincerely,

Cheryl Cioffi, DNP, RN, NEA-BC, FACHE
Senior VP, Chief Operating Officer

Marianne Hiles-SUPPORT SB213 Health Occupations -

Uploaded by: Marianne Hiles

Position: FAV

Support

SB 213: Health Occupations - Clinical Nurse Specialists – Prescribing

February 13, 2023
Improving outcomes in pregnancy

As a perinatal CNS, I care for pregnant and postpartum patients and their newborns with a particular interest in those impacted by opioid use disorder (OUD) and neonatal abstinence syndrome (NAS). Pregnancy is a critical time point in a woman's life. Pregnant women do not wake up and decide they are going use drugs. Women with OUD become pregnant. They have a chronic relapsing disease that impacts not only the woman but her newborn. Women with OUD know this and are motivated to change during pregnancy. We need more providers to help them.

While providers in Maryland who can prescribe buprenorphine for OUD are increasing, most providers are not educated in the needs of pregnant patients and the impact of neonatal abstinence syndrome on the newborn. Our wonderful OB providers are experts in the care of pregnant women, but often not in the treatment of OUD. Additionally, MANY do not have the necessary waiver training to prescribe buprenorphine. This is particularly challenging when pregnant patients come to the hospital in withdrawal from heroin, fentanyl, and other opiates. There is often no one able to start our pregnant patients on medications for OUD, to manage their withdrawal or their complex medical needs related to OUD.

It is I, as a CNS, who advise the OB providers on the proper care and medications to support the patient while in the hospital. It has been my job to develop polices, order-sets, and procedures for pregnant women with OUD when they come to the birthing unit and through their postpartum stay.

It is evident there is a gap in care in both the hospital and community for pregnant patients with OUD.

Federally, the SUPPORT ACT of 2018, granted CNSs the ability to prescribe buprenorphine to patients, but in the state of MD, I cannot without prescriptive authority.

One of the main reasons I became a CNS was to improve outcomes for women and newborns impacted by OUD, including prescribing treatment for this chronic relapsing disease. Integrating OUD into provider practices is much needed in our communities, but there is still a gap in this care to pregnant women. Having prescriptive authority would fill this gap by allowing me and other CNSs to provide buprenorphine therapy to pregnant women and support our OB providers in the care of this high-risk population.

I need prescriptive authority to impact the outcomes of pregnant and parenting patients in Frederick County and the state of Maryland and to improve the outcomes in newborns and families impacted by OUD

Most Sincerely,
Marianne Hiles, MSN, RN, APRN-CNS, ACNS-BC, RNC-LRN, C-EFM, FCNS
APRN-Clinical Nurse Specialist

Home Address:
22239 Trentworth Way
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mlhiles@earthlink.net

Work Address:
Frederick Health Hospital
400 West 7th Street
Frederick, MD 21701

NACNS letter of SUPPORT. Maryland.SB 213.pdf

Uploaded by: Marianne Hiles

Position: FAV

Letter of Support

Title: SB 213: Health Occupations - Clinical Nurse Specialists – Prescribing
Bill Sponsor: Senator Arthur Ellis
Chair: Senator Melony Griffith

February 8, 2023

The National Association of Clinical Nurse Specialists (NACNS) **SUPPORTS:**
Title: SB 213: Health Occupations - Clinical Nurse Specialists – Prescribing
Title: HB 278: Health Occupations - Clinical Nurse Specialists – Prescribing.

Clinical Nurse Specialists (CNSs) are advanced practice registered nurses (APRNs) who practice at an advanced level of nursing. This practice is enhanced through well-grounded knowledge and understanding of advanced pharmacologic principles (NACNS, 2021). NACNS (2019) supports autonomous prescribing of "medications, therapeutics, diagnostic studies, equipment, and procedures to manage the health issues of patients." (pg. 26).

"The CNS provides advanced direct care to complex and vulnerable populations in a variety of health care settings" (NACNS, 2021). CNSs need prescriptive authority in order to provide comprehensive and safe patient care. NACNS endorses prescribing and ordering privileges be granted by State Boards of Nursing and/or health care systems for CNS practice (NACNS, 2021).

As the national organization for Clinical Nurse Specialists, we urge you to vote favorably on SB 213.

Sincerely,

Phyllis Whitehead, PhD, APRN/CNS, ACHPN, PMGT-BC, FNAP, FAAN
President, NACNS
11130 Sunrise Valley Dr. #350
Reston, VA 20191
Office: 703-436-0092
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https://nacns.org

References:
National Association of Clinical Nurse Specialists. (2019). *Statement on Clinical Nurse Specialist Practice and Education* (3rd ed.). Author.
National Association of Clinical Nurse Specialists. (2021). *2021 National Association of Clinical Nurse Specialists' Position Statement on Prescribing for the Clinical Nurse Specialist*. https://nacns.org/advocacy-policy/position-statements/national-association-of-clinical-nurse-specialists-position-statement-on-prescriptive-privilege-for-the-clinical-nurse-specialist/

2022 ACNM SB 213 Senate Side FAV.pdf

Uploaded by: Michael Paddy

Position: FAV

Committee: **Senate Finance Committee**

Bill: **Senate Bill 213 - Clinical Nurse Specialists - Prescribing Authority**

Hearing Date: **February 14, 2023**

Position: **Support**

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 213 – Clinical Nurse Specialists – Prescribing Authority.* Certified nurse-midwives (CNMs) work alongside clinical nurse specialists (CNSs) in many settings including clinical programs that support individuals throughout pregnancy and during the postpartum period. CNSs have the clinical education and training to prescribe to their patients. Since CNSs do not have prescriptive authority under Maryland law, CNSs must turn to other providers to write prescriptions for patients. This needlessly disrupts the care of patients, and can delay the patient getting prescriptions. If Maryland's health care system is to function effectively and efficiently, we need to ensure practitioners are able to provide all the services for which they are qualified. Therefore, we ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

2022 MNA SB 213 Senate Side FAV.docx.pdf

Uploaded by: Michael Paddy

Position: FAV

Committee: **Senate Finance Committee**

Bill: **Senate Bill 213 – Clinical Nurse Specialists - Prescribing Authority**

Hearing Date: **February 13, 2022**

Position: **Support**

The Maryland Nurses Association (MNA) supports *Senate Bill 213 – Clinical Nurse Specialists – Prescribing Authority.* The bill authorizes clinical nurse specialists (CNSs) to prescribe medications to their patients.

MNA supports this legislation because of the importance of the role of CNSs. Just as with other advanced practice registered nurses (APRNs), CNSs have the education and experience to diagnose and treat patients in a wide range of settings. In today's health care environment, CNSs are particularly important, as they also focus on assessing and making recommendations for health systems changes to support best practices. With Maryland's Total Cost of Care Model and increased focus on the integration of different health care settings, Maryland should be supporting the work of CNSs.

We ask for a favorable report. If we can provide additional information, please contact Robyn Elliott at relliott@policypartners.net.

NCSBN_SB213_FinalSupport.pdf
Uploaded by: Nicole Livanos
Position: FAV

NCSBN
Leading Regulatory Excellence

111 E. Wacker Drive, Suite 2900 · Chicago, IL 60601-4277

Support of: Senate Bill 213 Health Occupations – Clinical Nurse Specialists - Prescribing

Dear Chair Griffith, Vice Chair Klausmeier, and Distinguished Members of the Finance Committee:

On behalf of the National Council of State Boards of Nursing, I am writing to express our support for Senate Bill 213, a bill to provide for prescriptive authority for the advanced practice registered nurse (APRN) role of clinical nurse specialist (CNS). As an independent, not-for-profit organization representing the board of nursing from each state, including Maryland, and author along with 40 other organizations of the 2008 Consensus Model for APRN Regulation (Consensus Model), we are supportive of the enactment of Senate Bill 213 to further align Maryland with the national standards for practice and regulation of the CNS role.

Clinical Nurse Specialists are one of four APRN roles and are expert clinicians who are educated and trained to diagnose and treat illness, manage disease, and prevent illness and risk behaviors among individuals, groups and communities. Clinical nurse specialists are educated at a master's level or higher in their role and population foci, have completed courses in advanced pharmacology, advanced physiology, and advanced physical assessment, and obtain and maintain national certification. This is identical to those standards met by their clinical nurse practitioner colleagues in Maryland who are valued and safe prescribers.

Decades of research demonstrate APRNs are safe practitioners with quality patient outcomes. Evidence of this safe and quality care can be witnessed today across Maryland, where patients enjoy safe and independent care provided by all four APRN roles. Granting prescriptive authority for CNS' will increase access to care, allow CNS' to practice to the full extent of their education and certification, all while maintaining safe practice. Thank you for your time.

Nicole Livanos, JD, MPP
Director, State Affairs, NCSBN
nlivanos@ncsbn.org

Testimony for Senate Bill 213 - Senator Ellis (002

Uploaded by: Nova Coston

Position: FAV

Testimony for Senate Bill 213

Health Occupations – Clinical Nurse Specialists – Prescribing

Senate Finance Committee

February 14, 2023

Madame Chair Griffith and members of the Senate Finance Committee:

Thank you for the opportunity to present **Senate Bill 213 – Health Occupations – Clinical Nurse Specialists – Prescribing**. Senate Bill 213 would simply put Clinical Nurse Specialists on equal footing with all other Advance Practice Registered Nurses (APRNs) in Maryland who already have prescriptive authority. It would also add Maryland to the 39 other states and the District of Columbia where Clinical Nurse Specialists are already authorized to prescribe.

Clinical Nurse Specialists (CNS) are one of four classes of APRNs, the others being nurse practitioners, Nurse midwives, and nurse anesthetists. Clinical nurse specialists are experts in clinical practice, patient education, research, evidence-based practice, consultation, and have a role in the coordination of patient care, nursing, and health care systems. Providing clinical nurse specialists with prescribing authority will expand access to care, both in understaffed hospitals and rural areas lacking sufficient access to care.

A clinical nurse specialist frequently helps bridge the gaps in care, which include making sure the patients have the appropriate medications. Their focus on patient outcomes can assure successful transition out of acute health situations and decrease the chances of re-occurrence, thus saving patients, hospitals, and communities not just money, but also a sense of being cared for. With this bill, I am asking you to allow Clinical Nurse Specialists to be able to practice here in Maryland to full extent of their education and training.

Senate Bill 213 was introduced last year as Senate Bill 513, which passed the full Senate 38-9. Although the bill did not ultimately make it through the House, I am confident this bill will receive favorable consideration by the House this year. It's important that we reinforce our chamber's support for this long overdue bill.

Thank you for your consideration of Senate Bill 213 and I respectfully request a favorable report.

CNS Prescribing- Fact sheet HB0278SB0213.pdf

Uploaded by: Pamela Moss
Position: FAV

CNS Prescribing- Fact sheet HB0278/SB0213

Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists

What is a CNS?

A Clinical Nurse Specialist (CNS) is a Master or Doctorate prepared Advanced Practice Registered Nurse (APRN) whose role is to improve outcomes in patient care. The CNS is an expert in clinical practice, patient education, research, evidence-based practice, consultation, and influences the three spheres of impact: patient care, nursing, and systems.

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  - Close the gaps that the COVID pandemic has exposed in our healthcare system
  - Address Health Equity - equal access to high-quality care for under-served populations
- Create cost savings for hospital, patients, insurance companies and communities
- Improve patient safety - prevent delay in access to needed care
  - Improve health care delivery by assisting with transitions from hospital to home care

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- CNSs have authority to prescribe buprenorphine (Suboxone/Subutex) through the SUPPORT Act.
- CNSs are permanently authorized by the CARES Act to order home care, home health supplies, hospice care, and can be reimbursed for services.

Maryland is at risk for losing CNSs

Virginia, West Virgina, Delaware, D.C. and 35 other states have CNS prescriptive authority.

Support prescriptive authority for Clinical Nurse Specialists and build a better healthcare system for Maryland

Scan for more information & real-world stories. Questions?
MD.CNS.RX@gmail.com
https://cbanacns.enpnetwork.com

MAAPC proudly supports our CNS Colleagues!
TheMAAPC@gmail.com
https://maapconline.enpnetwork.com

PMoss SB0213 verbal testimony.pdf
Uploaded by: Pamela Moss
Position: FAV

Support
SB 213
Titled: Clinical Nurse Specialists - Prescribing

Thank you Senator Ellis for your generous sponsorship and thank you Chair Griffith, Vice-Chair Klausmeier, and committee members for allowing time to hear our testimony in support of SB 213.

I am Pamela Moss and I'm a clinical nurse specialist in cardiac surgery and critical care with 13 years of experience as a nurse and 7 as a CNS. I am the current president of the Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists and have volunteered on several national level committees to update specialty certification exam standards and maintain current scope and standards for CNS practice across the US.

A CNS is one of the four advanced practice registered nurse roles and has been part of the US health care system for more than 60 years. Providing clinical expertise to a complex, specialty population throughout the care continuum is at very foundation of the CNS role. Everything we do stems from our ability to provide direct patient care. But a CNS approaches patient care in holistic manner that enables us to address quality of patient care, mentor nursing staff at the bedside, and work within interdisciplinary teams to promote and drive evidence and research-based care that provide safe, low cost, optimal patient outcomes.

We are all educated at the graduate level and have completed training in advanced physiology, pharmacology, and physical assessment in addition to our area of specialty. Forty states and the US Dept of Veteran Affairs have granted CNSs prescriptive authority.

Prescribing is complex but it involves so much more than just ordering medications. Prescriptive authority would allow the CNS to follow through on their patient care plans, order patient referrals, lab work, diagnostic tests, and even specialty equipment such as a walker, wheelchair, or wound care supplies – allowing us to promote quality care of even the most vulnerable and complex patients.

As a CNS, being able to prescribe is part of my training and well within my ability, however without legislative approval, without your approval, my ability to practice at the full scope of my education and practice is hindered, limiting the care that I can provide for the community that surrounds me. I would ask this committee to please vote favorably, and grant Maryland CNSs prescriptive authority.

I am asking you for a favorable report on SB 213. Thank you!

PMoss SB0213 written testimony.pdf

Uploaded by: Pamela Moss

Position: FAV

Support
SB 213
Titled: Clinical Nurse Specialists - Prescribing

Thank you Senator Ellis for your generous sponsorship and thank you Chair Griffith, Vice-Chair Klausmeier, and committee members for allowing time to hear our testimony in support of SB 213.

I am Pamela Moss and I'm a clinical nurse specialist in cardiac surgery and critical care with 13 years of experience as a nurse and 7 years as an advanced practice registered nurse. I am the current president of the Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists and have volunteered on several national level committees to create and update specialty certification exam standards and maintain current scope and standards for CNS practice across the US.

A clinical nurse specialist, or CNS, is one of the four advanced practice registered nurse roles and has been part of the US health care system for more than 60 years. Providing clinical expertise to a complex, specialty population throughout the care continuum is at very foundation of the CNS role. Everything we do stems from our ability to provide direct patient care. But a CNS approaches patient care in holistic manner that enables us to address quality of patient care, mentor nursing staff at the bedside, and work within interdisciplinary teams to promote and drive evidence and research-based care that provide safe, low cost, optimal patient outcomes.

We are all educated at the graduate level and have completed training in advanced physiology, pharmacology, and physical assessment in addition to our area of specialty. In 40 states, CNSs have prescriptive authority and can practice at the full scope of their license.

An example from my own work comes from identifying outdated and overtly strict sternal precautions for our post-op cardiac surgery patients. Knowing that our current practice led to an increase in patient anxiety about discharging home, I worked with our lead physical therapist to present the most up-to-date research on sternal precautions to our medical director and chair of cardiac surgery. With approval to change our current practice, I was the APRN that led updating all order sets for inpatient, outpatient, and cardiac rehab use. I worked with the skilled nursing facilities and rehab centers to create a new order set for use within a 29-county region. I was also the person that brought this new practice to all members of the healthcare team. However, at the end of the day, I still had to ask my APRN colleagues to sign the orders that I created to improve our patient care. As a CNS, being able to prescribe is part of my training and well within my ability, however without legislative approval, without your approval, my ability to practice at the full scope of my education and practice is hindered, limiting the care that I can provide for the community that surrounds me. As someone who participated in the task force that wrote the CNS scope and standards for the US, I would ask this committee to please allow Maryland to join the other 40 states that allow CNSs to practice at the full scope of their license.

Thank you for your time. I hope you will favorably support this bill.

Respectfully,

Pamela Moss, MPH, MSN, APRN-CNS, ACCNS-AG, CCRN-CSC
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Statement support for SB0213-HB0278 - Educational

Uploaded by: Paul Thurman

Position: FAV

Statement of Program of Study for Clinical Nurse Specialist programs

I am an assistant professor in the Adult-Gerontology Acute Care Nurse Practitioner / Adult-Gerontology Clinical Nurse Specialist doctorate of nursing degree program at the University of Maryland School of Nursing. I am also a graduate of the program when it was a Trauma/Critical Care and Emergency Nursing: A Blended Clinical Nurse Specialist and Acute Care Nurse Practitioner Program with a master's of science degree. I practiced as a clinical nurse specialist from 2007-2019 as a clinical nurse specialist at the R Adams Cowley Shock Trauma Center, University of Maryland Medical Center in Baltimore, MD.

A Clinical Nurse Specialist (CNS) is a licensed registered nurse that has completed a graduate level educational program (Masters or Doctoral) from an accredited educational institution and has passed a national certification examination.

The core educational elements of all advanced Practice Registered nurse (APRN) are **1] advanced physiology and pathophysiology, 2] advanced health assessment across the life span, and 3] clinical pharmacology and therapeutics across the life span**. These combined courses comprise the "3 -P's" fulfilling national requirements for APRN programs. Additional course requirements to support CNS clinical practice in the healthcare environment include research and evidenced-based practice, Information and technology systems, health promotion within populations, over 1000 hours of clinical, in addition to diagnosis and management courses.

This is an example of the University of Maryland School of Nursing Adult-Gerontology Acute Care Nurse Practitioner -Adult-Gerontology Clinical Nurse Specialist Program plan of study. This is considered a blended program, meaning students completing the required courses and clinical hours are eligible to take board examinations for a nurse practitioner (NP) and CNS. While the educational requirements are equivalent, within the State of Maryland, many graduates pursue NP practice due to the limited scope of practice of the CNS. The CNS is not able to practice to the full extent of their education and training due to lack of prescriptive authority, unlike the NP.

The State of Maryland has two universities that offer the CNS specialty, Johns Hopkins, and University of Maryland, both program curricula are provided. **The 3-P's are in Bold.** CNS's in the state of Oklahoma have full prescriptive authority and I am including their curriculum.

University of Maryland, Baltimore
School of Nursing

DNP: Adult-Gerontology Acute Care Nurse Practitioner / Adult-Gerontology Clinical Nurse Specialist

Semester and Course Number/Title	Credit/Clinical Hours
Fall Year 1	
1] NPHY 612: Advanced Physiology and Pathophysiology	**3 credits**
2] NURS 723: Clinical Pharmacology and Therapeutics Across the Life Span	**3 credits**
3] NDNP 819: Advanced Health Assessment Across the Life Span	**4 credits**
NRSG 785: Professional Writing	1 credit
Total:	**11 credits**
Spring Year 1	
NRSG 790: Methods for Research and Evidence-Based Practice	3 credits
NRSG 795: Biostatistics for Evidence-Based Practice	3 credits
NDNP 820: Diagnosis and Management 1: Intro to Diagnostic Reasoning	2 credits
NDNP 821: Diagnosis and Management 1: Intro to Diagnostic Reasoning Clinical	2 credits (90 Hours)
Total:	**10 credits**
Summer Year 1	
NRSG 782: Health Systems & Health Policy: Leadership & Quality Improvement	3 credits
NDNP 804: Theory for Evidence-Based Practice	3 credits
NPHY 620: Pathological Alteration in the Critically Ill	2 credits
Total:	**8 credits**
Fall Year 2	
NDNP 814: Practice Leadership within Complex Health Care Systems	3 credits
NDNP 817: Practice Leadership within Complex Health Care Systems Clinical Practicum	2 credits (90 hours)
NDNP 822: Diagnosis and Management 2: Common Health Conditions, Episodic and Chronic	4 credits
NDNP 823: Diagnosis and Management 2: Common Health Conditions, Episodic and Chronic Clinical Practicum Seminar	3 credits (135 Hours)
Total:	**12 Credits**
Spring Year 2	

Semester and Course Number/Title	Credit/Clinical Hours
NDNP 807: Information Systems and Technology Improvement/Transformation Heath Care	2 credits
NDNP 808: Information Systems and Technology Improvement/Transformation Health Care Practicum	1 credit (45 Hours)
NDNP 810: DNP Project Identification	1 credit
NDNP 824: Diagnosis and Management 3: Acute and Chronic Complex Conditions	4 credits
NDNP 825: Diagnosis and Management 3: Acute and Chronic Complex Conditions Clinical Practicum/Seminar	3 credits (135 Hours)
Total:	**11 credits**
Summer Year 2	
NURS 834: Translating Evidence to Practice	3 credits
NDNP 826: Diagnosis and Management 4: Integration of Multiple Health Problems and Complex Clinical Syndromes	2 credits
NDNP 827: Diagnosis and Management 4: Integration of Multiple Health Problems and Complex Clinical Syndromes: Clinical Practicum/ Seminar	2 credits (90 Hours)
NDNP 811: DNP Project Development	1 credit
Total:	**8 credits**
Fall Year 3	
NRSG 780: Health Promotion and Population Health	3 credits
NDNP 812: DNP Project Implementation	1 credit (45 hours)
NDNP 828: Diagnosis and Management 5: Advanced Practice/Clinical Nurse Specialist Roles in Health Care Delivery Systems-Clinical	4 credits (180 hours)
NDNP 891: Advanced Practice/Clinical Nurse Specialist Roles in Health Care Delivery Systems	3 credits
Total:	**11 credits**
Spring Year 3	
NDNP 813: DNP Project Evaluation/Dissemination	1 credit (45 hours)
NURS 810: Evidence-Based Health Policy	3 credits
NDNP 829: Diagnosis and Management 6: Integration of Practice and Leadership: Clinical Practicum/Seminar	5 credits (225 hours)
Total:	**9 credits**
Total: 80 Credits (56 Didactic/24 Clinical Credits [1,080 Clinical Hours])	

https://www.nursing.umaryland.edu/academics/doctoral/dnp/agnp-cns/

Johns Hopkins University School of Nursing Adult-Gerontological Acute Care Nurse Practitioner
PLAN OF STUDY - 4 YEAR PLAN

Fall I (5 Credits)
Biostatistics for Evidence-Based Practice (3) Health Finance (2)

Spring I (7 Credits)
The Research Process and Its Application to Evidence-Based Practice (3)
1] Advanced Pathophysiology/Physiology (4)

Summer I (6 Credits)
Health Promotion and Risk Reduction Across the Lifespan (2)
2] Clinical Pharmacology (4)

Fall II (8 Credits)
Context of Healthcare for Advanced Nursing Practice (3)
3] Advanced Health Assessment and Measurement (3)
Health Information Systems and Patient Care Technology (2)

Spring II (7 Credits)
Philosophical, Theoretical & Ethical Basis of ANP (3) Diagnostics Skills and Procedures for APN (2) Advanced Nursing Health Policy (2)

Summer II (6 Credits, 112 Clinical Hours)
Intro to Acute Care (4, 56 Clinical Hours) Problem Discovery (2, 56 Clinical Hours)

Fall III (9 Credits. 168 Clinical Hours)
Acute Care I (6, 168 Clinical Hours) Nursing Inquiry for EBP (3)

Spring III (9 Credits, 224 Clinical Hours)
Translating Evidence into Practice (3) Acute Care II (4, 168 Clinical Hours)
Project Advancement (2, 56 Clinical Hours)

Summer III (7 Credits, 168 Clinical Hours)
Analysis and Evaluation of Individuals and Populations (3) Acute Care III (4, 168 Clinical Hours)

Fall IV (8 Credits, 280 Clinical Hours)
Acute Care IV (6, 224 Clinical Hours) Project Application (2, 56 Clinical Hours)

Spring IV (6 Credits, 56 Clinical Hours)
Organizational and Systems Leadership (2) Clinical Data Management and Analyses (2)
Project Evaluation and Dissemination (2, 56 Clinical Hours)

* Curriculum, credit hours, and sequencing are subject to change.
** Up to 16 credits can be applied from the JHSON MSN (Entry into Nursing) Program to the DNP Advanced Practice Track.
***A minimum of 1000 practice hours is required for DNP.

Johns Hopkins School of Nursing Adult-Gerontological Health & Adult Critical Care **Clinical Nurse Specialist** PLAN OF STUDY - 4 YEAR PLAN

Fall I (8 Credits)
Biostatistics for Evidence-Based Practice (3)
Context of Healthcare for Advanced Nursing Practice (3) Health Finance (2)

Spring I (7 Credits)
The Research Process and Its Application to Evidence-Based Practice (3)
1] Advanced Pathophysiology/Physiology (4)

Summer I (6 Credits)
Health Promotion and Risk Reduction Across the Lifespan (2)
2] Clinical Pharmacology (4)

Fall II (6 Credits) *** - Required Immersion, Dates TBD, Onsite or Online
Philosophical, Theoretical & Ethical Basis of ANP (3)
3] Advanced Health Assessment and Measurement (3) Human Growth and Development (1) ***
Spring II (6 Credits)
Organization and Systems Leadership (2) Advanced Nursing Health Policy (2)
Health Information Systems and Patient Care Technology (2)

Summer II (5 Credits, 56 Clinical Hours)
Clinical Judgement I (3) Problem Discovery (2, 56 Clinical Hours)

Fall III (9 Credits, 168 Clinical Hours)
Nursing Inquiry for EBP (3) Clinical Judgement II (3) Clinical Practicum I (3, 168 Clinical Hours)

Spring III (9 Credits, 280 Clinical Hours) - Required Onsite Immersion, Dates TBD
Translating Evidence into Practice (3) Clinical Practicum II (4, 224cl) Project Advancement (2, 56 Clinical Hours)

Summer III (9 Credits, 168 Clinical Hours)
Analysis and Evaluation of Individual & Population Health (3) Clinical Judgement III (3)
Clinical Practicum III (3, 168 Clinical Hours)

Fall IV (6 Credits, 280 Clinical Hours)
Clinical Practicum IV (4, 224 Clinical Hours)
Project Application (2, 56 Clinical Hours)

Spring IV (4 Credits, 112 Clinical Hours) - Required Immersion, Dates TBD, Onsite or Online
Clinical Data Management (2) Project Evaluation and Dissemination (2, 56 Clinical Hours)

* Curriculum, credit hours, and sequencing are subject to change.
** Up to 16 credits can be applied from the JHSON MSN (Entry into Nursing) Program to the DNP Advanced Practice Track.
*** Human Development Across the Lifespan is a required course for CNS Pediatric Critical Care students only.
**** A minimum of 1000 practice hours is required for DNP.

BSN-DNP Adult-Gerontology Clinical Nurse Specialist Pathway Full-Time Degree Plan

Summer 1	SCH/ Clinical & Practicum hours	Fall 1	SCH/ Clinical & Practicum hours	Spring 1	SCH/ Clinical & Practicum hours
NURS 8003 Background & Scientific Underpinnings for Advanced Practice	3	NURS 8443 Organizational and Systems Leadership in Nursing	3	NURS 8423 Evidence-Based Practice and Scholarship in Nursing	3
		NURS 7153 Advanced Physical/Health Assessment & Diagnostic Reasoning	3	NURS 7043 Pharmacology for Advanced Practice Nurses	3
		PATH 5503 Principles of Pathophysiology	3	NURS 8313 Economics and Finance in Healthcare for Advanced Practice Nurses	3
		NURS 8123 Information Systems & Technology Healthcare Transformation	3		
Credit Hours	3	Credit Hours	12	Credit Hours	9
Summer 2		**Fall 2**		**Spring 2**	
BSMC 5102 Fundamentals of Scientific Writing	2	BSE 5163 Biostatistical Methods	3	BSE 5113 Principles of Epidemiology	3
		NURS 8113 Research Methods	3	NURS 7113 Advanced Concepts I	3
		NURS 7103 Systems for the CNS	3/106	NURS 7123 Advanced Practicum I	3/192
				NURS 8712 Roles, Innovations and Opportunities of the DNP	2
Credit Hours	2	Credit Hours	9	Credit Hours	11
Summer 3		**Fall 3**		**Spring 3**	
NURS 8730 Practice Inquiry I (64 Practicum Hours)	1/64	NURS 8740 Practice Inquiry II (128 Practicum Hours)	2/128	NURS 8800 Practice Inquiry III (128 Practicum Hours)	2/128
NURS 8333 Healthcare Quality for Improved Outcomes	3	NURS 7133 Advanced Concepts II	3	NURS 7154 Synthesis for the CNS (192 clinical hours)	4/192
		NURS 7143 Advanced Practicum II	3/192	NURS 8323 Health Policy Local to Global	3
Credit Hours	4	Credit Hours	8	Credit Hours	9
Total Credit Hours 67					
CNS Clinical Hours 682					
DNP Practicum Hours 320					
Total Clinical/Practicum HR 1002					

CNS Prescribing- Fact sheet HB0278_SB0213 (1).pdf

Uploaded by: Sabrina Sepulveda

Position: FAV

CNS Prescribing- Fact sheet HB0278/SB0213

Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists

What is a CNS?

A Clinical Nurse Specialist (CNS) is a Master or Doctorate prepared Advanced Practice Registered Nurse (APRN) whose role is to improve outcomes in patient care. The CNS is an expert in clinical practice, patient education, research, evidence-based practice, consultation, and influences the three spheres of impact: patient care, nursing, and systems.

What is included in a CNS's ability to prescribe?

Prescribing is the ability to order medicines, imaging, blood-work, physical therapy, occupational therapy, home care, home health supplies, hospice care, and more.

Why do Marylanders need CNS to prescribe/order healthcare?

- Expanded Access to Care - especially for vulnerable populations
  - Close the gaps that the COVID pandemic has exposed in our healthcare system
  - Address Health Equity - equal access to high-quality care for underserved populations
- Create cost savings for hospital, patients, insurance companies and communities
- Improve patient safety - prevent delay in needed care
  - Improve health care delivery by assisting with transitions from hospital to home care

There is a Disconnect between Federal and Maryland Law

- CNSs have authority to prescribe buprenorphine (Suboxone/Subutex) through the SUPPORT Act.
- CNSs are permanently authorized by the CARES Act to order home care, home health supplies, hospice care, and can be reimbursed for services.

Maryland is at risk for losing CNSs

Pennsylvania, Virginia, Delaware, D.C. and 36 other states have CNS prescriptive authority.

Support prescriptive authority for Clinical Nurse Specialists and build a better healthcare system for Maryland

Scan for more information & real-world stories. Questions?
MD.CNS.RX@gmail.com
https://cbanacns.enpnetwork.com

MAAPC proudly supports our CNS Colleagues!
TheMAAPC@gmail.com
https://maapconline.enpnetwork.com

Testimony Senate SB213 02.13.2023.pdf

Uploaded by: Sabrina Sepulveda

Position: FAV

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Please support:
SB 513: HEALTH OCCUPATIONS – CLINICAL NURSE SPECIALISTS – PRESCRIBING AUTHORITY.

February 14, 2023

As a Psychiatric Nurse Practitioner in private practice, I provide care in a rural area disproportionately affected by both primary care and mental health care provider shortages. There have been historic rises in demand for mental health services with acute provider shortages especially specialty areas such as child and adolescent psychiatric providers. In my community, there have been several high-profile suicides with individuals jumping from the Thomas Johnson Bridge which connects St. Mary's and Calvert Counties in Southern Maryland in the past year. There can be significant delays to be evaluated by a psychiatrist or Psychiatric Nurse Practitioner in many areas across the state, acutely so in St. Mary's County, where I practice. Current providers caseloads are overly full, resulting in long wait lists or not accepting new patients. For example, the Veteran's Affairs local branch in Charlotte Hall, MD publicized on 2/11/2023 that the wait time for a new patient psychiatrist appointment was 95 days. We must capture all help seeking behaviors in mental health urgently or the consequences can be fatal. We need help. We need the experienced licensed, educated, and trained Psychiatric Mental Health Clinical Nurse Specialist (PMH CNS) to be able to fulfil their scope of practice.

Psychiatric Mental Health Clinical Nurse Specialist (PMH CNS) have had independent practice since 1990, which included authority to manage psychopharmacological medications, but not prescribe them. This effectively stimies the course of treatment of patients under the care of PMH CNS. My colleagues will often have to refer a patient to my practice for evaluation and medication management, while maintaining the patient under their care for psychobiological interventions. In fact, the scope of practice for PMH CNS includes the ability to evaluate and manage psychobiological interventions independently and autonomously. COMAR 10.27.12.02.B.(08) defines "Psychobiological interventions" as interventions which integrate physiological and psychological dimensions of care and include a range of therapies from diet/nutrition regulation, hypnosis, and relaxation techniques to the use of pharmacologic agents." By authorizing CNS to have prescriptive authority, patients under the care of a CNS will have improved outcomes and timely treatment.

In 2020, there were 2,799 drug overdose deaths in Maryland, an increase of over 17%. Howard Haft, MD, Senior Medical Advisor for the Maryland Department of Health, calls on all Maryland primary care providers to help address the overdose crisis. PMH CNS have the education, training, and experience to provide lifesaving access to buprenorphine for the treatment of opiate use disorder. Through the SUPPORT Act, the federal government expanded health care providers authorized to prescribe buprenorphine to including the Clinical Nurse Specialist.

There are 188 PMH CNS currently licensed in the State of Maryland. By supporting CNS prescribing authority, this single initiative could increase the number of psychiatric prescribers more than any other this year to increase the healthcare workforce. I urge you increase access to mental health care and increase the number of available buprenorphine providers for Maryland residents.

I urge you to support SB 213, allowing clinical nurse specialist prescribing authority.

Respectfully,

Sabrina Sepulveda, CRNP-PMH Owner, Harborside Behavioral Health, LLC

Final oral testimony SB213.sy.2023.pdf
Uploaded by: Samantha Young
Position: FAV

Samantha Young, MS, APRN-CNS, CRNP-AC, CCNS, ACNPC, CCRN -Johns Hopkins Hospital Clinical Nurse Specialist and Nurse Practitioner.

Oral Testimony

SB213

Titled: Clinical Nurse Specialists - Prescribing

Thank you, Senator Ellis, for sponsoring this bill and thank you Madame Chairs and committee members for allowing time to hear my testimony in support of **SB213 -Clinical Nurse Specialist - Prescribing.** My name is Samantha Young, I am a nationally certified and Maryland licensed Clinical Nurse Specialist (CNS) and Nurse Practitioner (NP).

I function in my roles as a CNS and NP on different days of the week because these roles may be similar but are very unique in practice. As an NP, I manage a specific cohort of patients by prescribing medications and tests, performing physical exams, and completing patient education.

When working in my role as a CNS I oversee an Intensive Care Unit (ICU) to provides safe, effective, and efficient patient care. I am the clinical expert on best practice. I consult with the healthcare team and am a resource to answer both clinical and policy questions as they relate to nursing practice, patient safety and patient outcomes.

My CNS expertise, skills and education prepares me to assess individual patients, or specialized groups of patients and identify the gaps in health care delivery. A barrier to me providing comprehensive care is the current Maryland law does not allow me the ability to prescribe medication and order durable medical equipment. I assess patients identifying need for Wound Care, Physical therapy, or need for a specialized bed to prevent bed sores for example, yet cannot prescribe these treatments. I must interrupt a physician or NP, to cosign my order, taking them away from their patients to sign an order that I have the education, and expertise but under current Maryland law, cannot order.

The CNS is not a duplicate role to the other Advanced Practice roles. Our foundational education is the same, but each advanced practice nurse provides a unique expertise to the practice of nursing. If I could prescribe as a CNS I could provide efficient, safe, evidence-based quality care without delay. I stand in strong support of this bill and am asking you to vote favorably in support of **SB213**

Thank you.

Clinical Story in Support of SB 213.2.13.2023.pdf

Uploaded by: Sharon Allan

Position: FAV

Clinical Story in Support of SB 213 – Clinical Nurse Specialist Prescribing

Delay in access to care is a current reality for patients managed and cared for by the Clinical Nurse Specialist (CNS) working in the few states where CNS prescribing authority is denied. Maryland is one of those states denying prescriptive authority to the CNS. The advanced practice CNS manages patients across the health care system (inpatient, outpatient, transitions of care from the intensive care unit to the step-down unit to home, in both rural and urban settings). Prescribing will allow the CNS to improve patient outcomes, improve patient and health care provider satisfaction, improve the efficiency, effectiveness and efficacy of care delivered.

Clinical Story

As a CNS at a large Academic Medical Center managing post-operative cardiac surgery patients transitioning to discharge to home, prescribing authority is essential to safe continuity of care and promoting positive patient outcomes. The CNS is key in the management of patients until they are able to be transitioned to care by their cardiologist or primary care physician, **appointments of which take 6-8 weeks following patient discharge from the hospital.** The CNS is able to fill this "gap" in care through safe and quality patient management with smooth transition to community-based care.

During this "transition period" the CNS manages patient symptoms, determines if additional lab testing is needed, interprets lab test results, communicates their plan of care with other members of the health care team. Management of this population of patients includes identifying the need for changes in a patient's medication regimen to manage fluid status and avoid episodes of congestive heart failure, dehydration, altered heart rate, rhythm and maintain a stable blood pressure. All important to improving patient outcomes, decreasing emergency department visits and decreasing readmissions to the hospital. The CNS is educated, trained and certified to manage this population of patients but in Maryland are not allowed to prescribe medications, order the lab tests, order durable medical equipment (walker, wheelchair, bedside commode etc.) or order an interdisciplinary medical care consult (PT, OT, Speech, home care).

The advanced practice CNS manages a set of patients yet they must stop their workflow to reach out to another provider of equal training and education, unfamiliar with the patient, taking them away from their task at hand (in the operating room, managing a patient in the ICU, seeing patients in the clinic), to sign an order the CNS has placed in a patient's electronic medical record. This process results in a delay in access to needed care, a breakdown in the continuity of care provided and added workload to the medical care team.

Delay in treatment is a patient safety hazard involving a provider not as familiar with the patient entering a medication, lab or medical equipment order on a patient they are not managing……..All because Maryland has not yet authorized the CNS prescribing authority. Thirty-nine (39) states and the District of Columbia allow CNS prescribing. The CNS is trained, educated and within their scope of practice to prescribe. There is justification and a huge need for the CNS who manages this vulnerable population of patients along the cardiac surgery service line to have prescribing authority. **Please support SB 213 Clinical Nurse Specialist Prescribing.**

Dr. Sharon H. Allan DNP, ACNS-BC
187 Rock Ridge Road
Millersville, MD 21108

devaris 2023 testimony.pdf
Uploaded by: Shirley Devaris
Position: FAV

Bill No. SB 213 **Committee:** Senate Finance Committee
Title: <u>Health Occupations – Clinical Nurse Specialists – Prescribing</u>
Hearing Date: February 14, 2023 **Position:** Favorable
Witness: Shirley Devaris, RN, BSAD, MSA, JD (shirleydevaris@yahoo.com)

Good afternoon, Madame Chair, Vice Chair, and members of the committee.

My name is Shirley Devaris, and I am offering testimony in support of this bill based on my 19 years of experience with regulating nursing practice, first as staff to the former House Environmental Matters Committee, and then as Director of Legislative Affairs for the Board of Nursing before retiring in 2019. I am asking for a favorable vote on this bill.

In 2010 the Institute of Medicine released the landmark report, "The Future of Nursing". A key recommendation of that report was to remove legislative and regulatory barriers for Advanced Practice Registered Nurses (APRN) to allow them to practice to the full extent of their education and training and enable them to efficiently provide the care their patients need. That same recommendation has been repeated in every subsequent report on "The Future of Nursing". Today we are again faced with another crisis in nursing and now, more than ever, need our APRNs to be able to practice to the full extent of their education and training. This bill furthers that important recommendation from the Institute of Medicine by granting prescriptive authority to Clinical Nurse Specialists.

Clinical Nurse Specialists are APRNs and have been a part of the health care system in the United States for more than 60 years. They have always been independent practitioners in Maryland. Thirty-nine states have prescriptive authority for Clinical Nurse Specialists. Qualifications for certification as a Clinical Nurse Specialist require the successful completion of an approved CNS graduate program at the master's level or higher and certification by a national certifying body in addition to their nursing degree. Their education incudes courses in Pharmacology and they are required to have 25 pharmacy contact hours for renewal of their national certification.

A Clinical Nurse Specialist provides advanced direct and indirect care to complex and vulnerable populations in a variety of health care settings. As change agents, Clinical Nurse Specialists design evidence-based interventions to meet patient, nurse, and organizational needs. To provide comprehensive and safe patient care to specialty populations, the Clinical Nurse Specialist must assess, use differential diagnoses, and create plans of care that are tailored to the individual. The plans of care include activities of prescribing as well as

consultative, rehabilitation, and supportive services. We have 310 CNSs in Maryland and most work in underserved areas. 24.5% work in rural settings.

Maryland has regulated Clinical Nurse Specialists since 1990 when regulations (COMAR 10.27.12) were adopted for Nurse Psychotherapists in Independent Practice - Clinical Nurse Specialists (PMH/APRN). These regulations, since 1990, have authorized PMH/APRNs to utilize pharmacologic agents in their practice but do not provide authority to prescribe pharmacologic agents. The result is that a PMH/APRN has to refer to a patient to another health care provider with prescriptive authority who must first establish a client relationship with the patient before they can prescribe the medications that the PMH/APRN recommends. Not only is this costly and time consuming but adds a barrier to efficient care. All clinical nurse specialists have authority under federal regulations to prescribe and administer Suboxone, without physician oversight, for the treatment of Opioid Use Disorder (OUD). Allowing them to prescribe will improve access to treatment for OUD. There are 188 Clinical Nurse Specialists in Maryland certified as nurse psychotherapists who are capable of prescribing to fulfil a treatment plan.

Clinical Nurse Specialists who are not PMH/APRNs are regulated under COMAR 10.27.27. Their practice is similarly adversely impacted by not having prescriptive authority. They develop elaborate care plans for complicated cases and then must wait for someone else to write the necessary orders to implement the care plans. Additionally, those plans often include home health care that has to be ordered by someone with prescriptive authority. Under federal law, reimbursement is authorized for home health care and durable medical equipment when ordered by a Clinical Nurse Specialist. Federal regulations allow Clinical Nurse Specialists to renew orders for hospice care. The US Department of Veterans Affairs granted full prescriptive authority to Clinical Nurse Specialists in 2016. A Clinical Nurse Specialist can prescribe in any state when working in a VA hospital.

Prescriptive authority for all APRNS will prepare Maryland for the APRN compact. The National Council of State Boards of Nursing supports full practice authority for Clinical Nurse Specialists as does the National Association for Clinical Nurse Specialists. Scope of practice bills like this have become a tug of war between competing professional interests and often result in curtailing access to health care for our citizens. We cannot afford to keep any fully qualified health care provider from giving all the care that they can give.

Please support our Clinical Nurse Specialists by giving them the tools they need to do their jobs, improve their work experience, and keep them from relocating to other states where they can practice without barriers. Thank you.

SB 213 Clinical Nurse Specialists Prescribing Auth

Uploaded by: Tammy Bresnahan
Position: FAV

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SB 213 Health Occupations - Clinical Nurse Specialists - Prescribing Authority
FAVORABLE
Senate Finance Committee
February 14, 2023

Good Afternoon Chair Griffith and members of the Senate Finance Committee. I am Tammy Bresnahan, Director of Advocacy for AARP Maryland. AARP MD has over 850,000 members in Maryland. AARP Maryland and its members supports **SB 213 Health Occupations - Clinical Nurse Specialists - Prescribing Authority**. AARP MD thanks Senator Ellis for bringing this important legislation to the Maryland General Assembly.

SB 213 defines "clinical nurse specialist" and "practice as a clinical nurse specialist" for the purpose of authorizing clinical nurse specialists to prescribe drugs and durable medical equipment under regulations adopted by the State Board of Nursing. Further SB 213 alters the definition of "authorized prescriber" for purposes of the Maryland Pharmacy Act to include clinical nurse specialists; and authorizing a licensed physician to personally prepare and dispense a prescription written by a clinical nurse specialist.

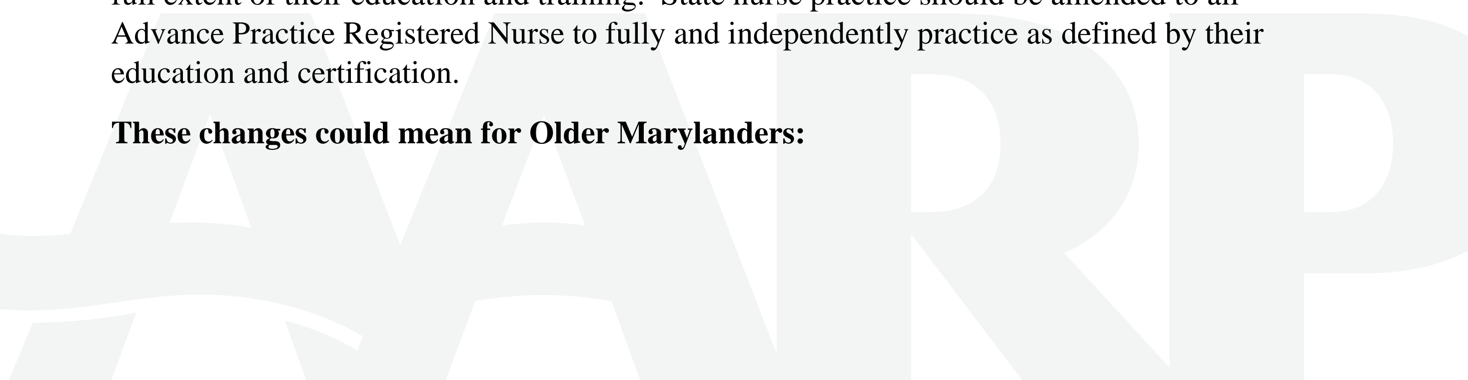
Nurses do remarkable things for the people they serve. For many family caregivers, nurses are lifesavers, providing care for their older loved ones at home — often after a hospitalization or while treating a serious medical condition. They are one of the reasons many older Americans are able to continue to live at home, where they want to be — and not in costly institutions such as nursing homes.

Clinical nurses have completed additional education and training at the master's or doctoral level. This means they're qualified to diagnose and treat patients, order and evaluate diagnostic tests, prescribe medications and more. They should be able to practice to the full extent of their training.

Every American deserves a highly skilled nurse when and where nursing skills are needed. A richly skilled, effectively integrated nursing workforce — with enough professionals to meet the need — is essential to delivering high-quality health care.

AARP believes that high-quality; patient-centered health care for all will require remodeling many aspects of the health care system, especially nursing. Nurses should be able to practice to full extent of their education and training. State nurse practice should be amended to all Advance Practice Registered Nurse to fully and independently practice as defined by their education and certification.

These changes could mean for Older Marylanders:



- Less travel to medical offices for a family caregiver to organize, instead allowing a nurse practitioner to prescribe certain prescriptions at a patient's home.
- Removal of outdated barriers that prohibit nurse practitioners from providing care to their patients to the full extent of their education and training.
- Additional opportunities for patients to get routine health care in a variety of settings close to home, like medical offices, community health centers, in the workplace and at home.
- Medical or nursing tasks may be delegated to a trained home-care worker instead of falling on the family caregiver.

As part of our caregiving campaign, AARP has been working across the states to give nurses more authority to heal, and already, progress has been made. AARP members are watching for policy solutions and legislation that would fully realize nurses' potential contribution to a patient-centered, transformed health care system in the following areas:

- **Removing Barriers to Practice and Care**: Modernize outdated policies (public and private) and change state and federal laws and regulations to allow nurses to practice to the full extent of their education and training.
- **Patient-Centered Transformed Health Care System**: Advances and contributions to the research, advocacy and communications strategies through the national network of professional and health care related stakeholders.

For these reasons AARP respectfully request a favorable report on SB 213. For questions or additional information, please feel free to contact Tammy Bresnahan, Senior Director of Advocacy at tbresnahan@aarp.org or by calling 410-302-8451.

MANA SB 213 Favorable CNS.pdf
Uploaded by: William Kress
Position: FAV

Maryland Association of Nurse Anesthetists

SB 213 – Health Occupations – Clinical Nurse Specialists – Prescribing Authority

Before Senate Finance Committee

Position – Favorable

February 13, 2023

Chair Griffith and members of the committee, it is my pleasure to submit the following testimony on behalf of the Maryland Association of Nurse Anesthetists in support of SB 213. SB 213 would allow Clinical Nurse Specialists (CNS) to prescribe drugs and durable medical equipment to their patients. The scope of their prescriptive authority will be appropriately determined by The Maryland Board of Nursing (BON) through their regulatory authority.

SB 213 will allow CNS to provide care and treatment to the full level of their training and education. As you may know, CNS are advance practice nurses and are highly trained and educated. To become a CNS, the candidate must; 1) obtain a Bachelor of Science in nursing; 2) obtain a license as a registered nurse; 3) achieve a minimum of 500 supervised clinical hours in a specialty; 4) obtain a Master of Science in nursing or a Doctor of Nursing Practice; and finally, 5) obtain certification from the American Nurses Credentialing Center or the American Association of Critical-care Nurses.

CNS serve a vital role in ensuring access to care and serve in many practice areas including Pediatrics, Women's health Geriatrics, Psychiatric health Rehabilitation services, Wound care, Pain management, Oncology Critical care and Emergency room service. SB 213 would create efficiencies in care and would result not only in improved patient care, but reduced costs over the entire healthcare system.

I respectfully request a favorable report from the committee on SB 213.

Kaia Finney, CRNA DNP
President, MANA

SB213_CNS Prescribing_Nash_FWA

Uploaded by: Lynn Nash, PhD, RN, PHCNS-BC, FAAN

Position: FWA

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.

1101 Mercantile Lane, Suite 260 • Largo, Maryland 20774
(301) 583-8687 • (800) 808-4517

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!

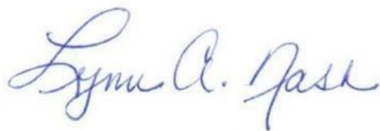
This bill however, limits an Advance Practice Nurse from practicing within the full range. I respectfully request that paragraph (c) (2) (iv) 2. be removed. The bill currently reads "**[**A nurse practitioner who is authorized to practice under 29 Title 8, Subtitle 3**]** **AN ADVANCED PRACTICE REGISTERED 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.

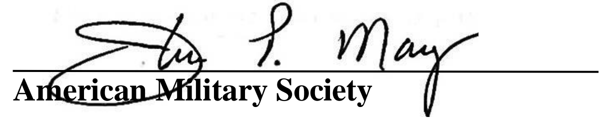
Yours Respectfully,



Lynn A. Nash, PhD, RN, PHCNS-BC, FAAN
CAPTAIN (Ret)., U.S. Public Health Service
Communications Director

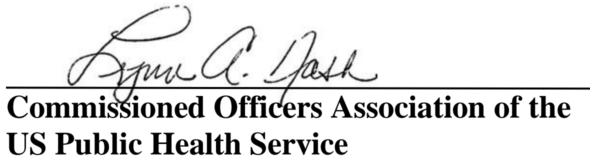
Member Organizations, Maryland Military Coalition

Air Force Sergeants Association


American Military Society

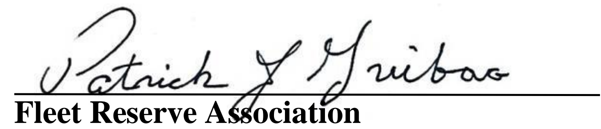
American Minority Veterans Research Project

Association of the United States Navy

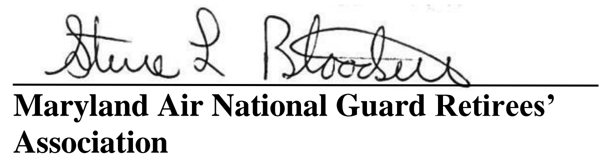

Commissioned Officers Association of the US Public Health Service

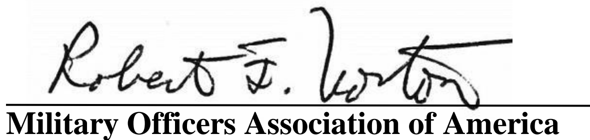
Disabled American Veterans

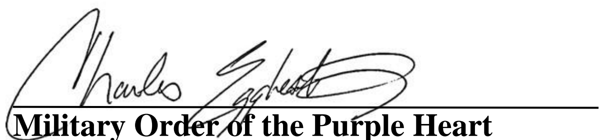
Distinguished Flying Cross Association

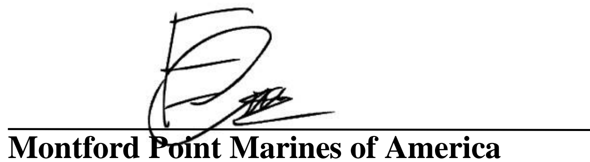

Fleet Reserve Association

Jewish War Veterans of the USA


Maryland Air National Guard Retirees' Association


Military Officers Association of America

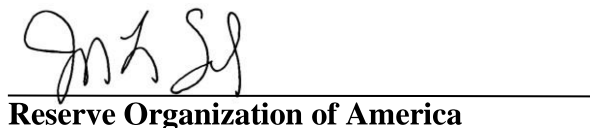

Military Order of the Purple Heart

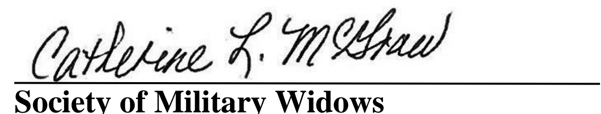

Montford Point Marines of America

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

1 - SB 213 - FIN - MBON - LOSWA.docx.pdf

Uploaded by: State of Maryland (MD)

Position: FWA

Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Acting Secretary

February 14, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 213 – Health Occupations – Clinical Nurse Specialists – Prescribing – Letter of Support with Amendments

Dear Chair Griffith and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of support with amendments for Senate Bill 213 – Health Occupations – Clinical Nurse Specialists – Prescribing. This bill defines "clinical nurse specialist" and "practice as a clinical nurse specialist" for the purpose of authorizing clinical nurse specialists to prescribe drugs and durable medical equipment; alters the definition of "authorized prescriber" for the purposes of the Maryland Pharmacy Act to include clinical nurse specialists; and authorizes a licensed physician to personally prepare and dispense a prescription written by a clinical nurse specialist.

Clinical Nurse Specialists (CNS) are advanced practice registered nurses who use their expertise to assess, diagnose, treat, and manage patients of all health complexities. CNSs must be licensed registered nurses with graduate preparation from an accredited clinical nurse specialist program. The current standards of practice allow CNSs the flexibility to serve the pediatric, geriatric, and women's health populations; to practice in emergency or critical care room settings; to assess psychiatric evaluations or rehabilitation; and to treat pain, wounds, and stress–related illnesses.

According to the National Council of State Boards of Nursing (NCSBN), forty (40) states currently allow independent prescribing practices for the CNS[1]. A clinical nurse specialist must complete, at a minimum, three (3) separate comprehensive graduate–level courses to exercise prescribing and ordering responsibilities. These courses must include advanced health and physical assessment, advanced physiology and pathophysiology, and advanced pharmacology. Additional research into the independent practice of the CNS demonstrates the following outcomes: reduced hospital costs and length of stay, reduced frequency of emergency room visits, improved pain management practices, increased patient satisfaction with nursing care, and reduced medical complications in hospitalized patients[2].

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[1] CNS Independent Prescribing Map. National Council of State Boards of Nursing (NCSBN). 2022.
[2] Impact of the Clinical Nurse Specialist Role on the Costs and Quality of Health Care. National Association of Clinical Nurse Specialists (NACNS).

The federal public health emergency has brought many challenges into the healthcare setting, particularly for Marylanders in rural and underserved communities. There have been incredible limitations for healthcare practitioners in being able to provide adequate and expeditious care. The Board believes it is essential to authorize CNSs to practice to the full extent of their education and training. Allowing CNSs the ability to practice independently and autonomously would provide an additional avenue to increase access to healthcare services for all Marylanders.

The Board respectfully submits the following amendments to clarify current references made to the Nurse Practice Act. Health Occupations Article Title 8 currently authorizes prescriptive authority for certified registered nurse practitioners and certified nurse midwives. SB 213's current reference to § 8–508 and § 8–514 would limit the authority afforded to current providers. An additional amendment would allow nurses who hold a multistate license to practice registered nursing under the Nurse Licensure Compact, of which Maryland is an enrolled party state.

On Page 2. Add After Line 18:

(II) LICENSED TO PRACTICE REGISTERED NURSING UNDER THE NURSE LICENSURE COMPACT; AND

[(II)] (III) CERTIFIED BY THE BOARD TO PRACTICE AS A CLINICAL NURSE SPECIALIST [; AND].

On Page 2. Remove lines 21 – 22.

[(III) AUTHORIZED TO PRESCRIBE DRUGS AND DURABLE MEDICAL EQUIPMENT UNDER REGULATIONS ADOPTED BY THE BOARD.]

On Page 3. Amend Lines 11 – 12.

3. PRESCRIBING DRUGS AND DURABLE MEDICAL EQUIPMENT AS PROVIDED UNDER [PARAGRAPH (2)(III) OF THIS SUBSECTION] REGULATIONS ADOPTED BY THE BOARD;

On page 3. Section 12 – 101. Amend Lines 20 – 24.

"…advanced practice **REGISTERED** nurse with prescriptive authority under [**§ 8–508 OR § 8–514] TITLE 8** of this article…"

On page 4. Section 12 – 102. Amend Lines 1 – 2.

"…**PRESCRIPTIVE AUTHORITY UNDER [§ 8–508 OR § 8–514] TITLE 8** of this article…"

For the reasons discussed above, the Maryland Board of Nursing respectfully submits this letter of support with amendments for SB 213.

I hope this information is useful. For more information, please contact Ms. Iman Farid, Health Planning and Development Administrator, at iman.farid@maryland.gov or Ms. Rhonda Scott, Deputy Director, at (410) 585 – 1953 (rhonda.scott2@maryland.gov).

Sincerely,

Gary N. Hicks
Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

2023 SB213 Written Testimony.pdf

Uploaded by: Deborah Brocato

Position: UNF

Opposition Statement SB213
Health Occupations - Clinical Nurse Specialists - Prescribing
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We oppose SB213

On behalf of our 200,000 followers across the state, we respectfully object to SB213. The 2022 session of the Maryland General Assembly significantly lowered the standard of care for women and girls with The Abortion Care Access Act by removing the physician requirement for medical and surgical abortions. This bill further erodes the standard of medical care for all Marylanders by allowing another health occupation to prescribe medications including lethal chemical abortion drugs. The education for a Clinical Nurse Specialist requires a different focus and a different course of study than that of a Nurse Practitioner. The education is far less than that of a physician and does not require the specialized courses required for a pharmacist. While all of these occupations have value for the delivery of healthcare, they are not interchangeable. Each has its own perspective for care and a course of study to meet that perspective. The courses of study are different and not interchangeable. For example, coursework requirements for a pharmacist include physics, biopharmacy, medicinal chemistry and pharmacology. Graduate education for a physician includes 4 years medical school, 3-4 years residency and possible fellowships. We also oppose the tax dollars that would be directed to reimbursing this new prescriber with regard to abortion services. Women and girls in the state of Maryland deserve the highest standard of professional medical care available and this bill erodes that care.

Patients before Profits: Broadening the scope of practice for health occupations places profits over patients. Maryland Right to Life (MDRTL) opposes the introduction or passage of any bill expanding the scope of practice of any healthcare professional without language excluding abortion. Medical and surgical abortions carry serious risk of injury up to and including death. For the abortion industry, increasing the number of people who can provide abortion increases the number of abortions thereby increasing income. Thus, the strategy of the abortion industry is to expand scope of practice which allows more individuals to provide medical and surgical abortions. This strategy increases the number of unborn children being killed and puts more women and girls at risk of injury and death.

The medical scarcity in abortion is a matter of medical ethics not provider scarcity, as 9 out of 10 OB/Gyns refuse to commit abortions because they recognize the scientific truth that a human fetus is a living human being. The abortion industry's response to this shortage of willing physicians is to seek authorization for lower-skilled workers and non-physicians to perform abortion, and authorization for abortionists to remotely prescribe abortion pills across state lines.

Opposition Statement SB213 , page 2 of 2
Health Occupations - Clinical Nurse Specialists - Prescribing
Deborah Brocato, Legislative Consultant
Maryland Right to Life

D-I-Y Abortions: While the Supreme Court imposed legal abortion on the states in their 1973 decisions Roe v. Wade and Doe v. Bolton, the promise was that abortion would be safe, legal and rare. But in 2016 the Court's decision in *Whole Woman's Health v. Hellerstedt* prioritized "mere access" to abortion facilities and abortion industry profitability over women's health and safety.

The abortion industry itself has referred to the use of abortion pills as "Do-It-Yourself" abortions, claiming that the method is safe and easy. Chemical abortions are 4 (four) times more dangerous than surgical abortions, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 250%. The FDA has removed safeguards that prohibited the remote sale of chemical abortion bills leaving pregnant women and girls exposed to the predatory tele-abortion practices of the abortion industry.

In addition to the physical harm of these D-I-Y abortions, consider the psychological harm of chemical abortion. After taking the mifepristone and misoprostol and the contractions begin, the woman or girl is told to expel the baby and placenta into the toilet. This is a very bloody event and the woman and girl will see the remains of their baby in the toilet. If hemorrhaging occurs, the woman or girl will need to get herself to an emergency room.

Women and girls in Maryland deserve the best possible standard of medical care and this bill lowers that standard.

For these reasons, we respectfully ask you to oppose **SB213.**

420 Chinquapin Round Road / Suite 2-I / Annapolis, MD 21401 / 410-269-6397 / 301-858-8304 / www.mdrtl.org

SB 213 - Oppose - MPS WPS.pdf

Uploaded by: Thomas Tompsett

Position: UNF

February 12, 2023

The Honorable Melony Griffith
Senate Finance Committee
3 East - Miller Senate Office Building
Annapolis, MD 21401

RE: Oppose – SB 213: Health Occupations - Clinical Nurse Specialists - Prescribing

Dear Chair Griffith and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPW/WPS urge you to oppose Senate Bill 213: Health Occupations - Clinical Nurse Specialists - Prescribing Authority (SB 213), which would authorize clinical nurse specialists (CNSs) to prescribe controlled substances, including opioids, without explicitly requiring a physician's involvement. While CNSs are valuable members of the health care team, Maryland simply should not authorize them to prescribe without physician involvement. From MPS/WPS's perspective, SB 219 will compromise the safety of some patients.

Medicare patient safety requirements[1], for example, require CNSs to work in collaboration with a physician; in the absence of a state law about collaboration, CNSs must still work in collaboration with a physician to be reimbursed. In addition, SB 213 does not make sense for Maryland patients since our laws only require advanced practice nurses to collaborate with physicians for the first eighteen months of their practice. If Medicare, one of the largest payers in our nation, requires CNSs to work in collaboration with physicians at all times, Maryland law should specify this relationship as well and not delegate that decision to the Board of Nursing.

Maryland patients are best served when medications are prescribed with physician involvement. Regarding psychiatric medications, specifically, these powerful drugs do not stop at the patient's brain; they affect many systems of the body, such as the heart, lungs, stomach, and kidneys. Seriously disabling or deadly side effects can occur if psychiatric medications are

[1] 42 C.F.R. § 410.76

prescribed and managed improperly. Furthermore, patients needing more than one drug at a time for comorbid physical conditions, such as heart disease or diabetes and mental illness, are at risk for potentially serious drug interactions. More than half of all patients with a mental disorder also have one or more physical ailments. While CNSs are highly knowledgeable about medication management and have the clinical skills to make recommendations about medication use, they do not have the same level of education and training as physicians in pharmacology and other related areas. Again, for patient safety purposes, CNSs working in a health care team in a collaborative care setting that includes a physician is imperative.

Finally, SB 213 does not limit the type of medications a CNS could prescribe, which means they would be authorized to prescribe opioids and narcotics. Maryland is already facing an opioid epidemic[2], and confronting this epidemic includes making sure opioids are not overprescribed. Adding additional healthcare providers to those who may prescribe without physician involvement is not the answer to combat overprescribing.

For all the reasons above, MPS/WPS urges this honorable committee to give an unfavorable report to SB 213. MPS/WPS would welcome the opportunity to work with the sponsor, committee, and proponents to facilitate evidence-based, proven programs such as Collaborative Care or telehealth that can assist Maryland patients experiencing mental illness or substance use disorders.

If you have any questions concerning this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

[2] In the 12 months ending in August 2022, Maryland saw 8,849 opioid-related hospital emergency department visits and 2,160 opioid-related fatal overdoses. See OOCC Opioid Dashboard.