

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

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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 includes 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.