



Board of Nursing

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

February 22, 2023

The Honorable Joseline A. Peña-Melnyk
Chair, House Health and Government Operations Committee
Room 241 House Office Building
Annapolis, MD 21401-1991

RE: HB 475 – Advanced Practice Registered Nurse Compact – Letter of Support

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of support for House Bill (HB) 475 – Advanced Practice Registered Nurse Compact. This bill enters into the Advanced Practice Registered Nurse (APRN) Compact; establishes criteria for participating states; authorizes an advanced practice registered nurse to practice in a party state under certain scope of practice rules; establishes the Interstate Commission of APRN Compact Administrators and its duties and powers; requires the Compact Administrator of the State to make certain recommendations on the formation of the Commission; and provides for the amendment and withdrawal from the Compact.

The Advanced Practice Registered Nurse (APRN) Compact, adopted on August 12, 2020, allows an advanced practice registered nurse to hold one multistate license with the privilege to practice in all participating member states. The goals of the Compact are to: (1) increase access to care by allowing APRNs to practice seamlessly across member states; (2) provide more choice for patients and APRNs; (3) eliminate redundant regulatory processes and duplicative fees; (4) facilitate APRN education by providing flexibility for students to have educational experiences across state lines; (5) improve response during disasters or other times of great need for qualified advanced practice nursing services; (6) support APRNs practicing to the full extent of their education and training to optimize the provision of care; (7) benefit military spouses with APRN licenses who often relocate every two years; (8) ensure public protection by granting authority of information sharing between regulatory bodies that regulate APRNs; and (9) maintain public protection at the state level by allowing states to retain autonomy and the authority to enforce the state nurse practice act.

During the 2022 interim, the Board, in collaboration with the National Council of State Boards of Nursing (NCSBN), conducted an online survey of all advanced practice registered nurses and registered nurses licensed in Maryland to determine their interest in adopting the revised Advanced Practice Registered Nurse Compact. The study represented a state-wide survey of 6,289 nurses. The results of the survey indicated that 94% of the APRN participants were in favor of Maryland adopting and implementing the provisions of the Compact.

There have been concerns related to how the APRN Compact will affect the Board and its current operational challenges. The Board believes the Compact would lessen the number of endorsement applications submitted by APRNs who have an interest in providing telehealth or direct care to patients residing in the state and resulting in fewer manual reviews and verifications performed by Board staff. The Board would be able to reassign staff members to perform other administrative duties with various operational units instead.

The Board is hopeful that the APRN Compact will promote the introduction of companion bills that would further fortify the advanced practice registered nursing profession.

HB 475, page 9, lines 8 – 9. The issuance of an APRN multistate license shall include prescriptive authority for non – controlled prescription drugs.

Currently, Title 8 of the Maryland Health Occupations Article, Md. Code Ann., does not authorize Certified Registered Nurse Anesthetists (CRNA), Clinical Nurse Specialists (CNS), and Certified Nurse Midwives (CNM) to prescribe non–controlled prescription medications. The Board is aware of legislation being introduced during the 2023 legislative session that would authorize CNSs to prescribe drugs and durable medical equipment¹. House Bill 55 and Senate Bill 312, introduced during the 2022 legislative session, authorized CRNAs to prescribe drugs only in an amount that did not exceed a ten (10) – day supply. The Board believes the CRNA, CNS, and CNM disciplines should be afforded full prescriptive authority in accordance with their education and training to further strengthen the provisions of the APRN Compact.

HB 475, page 9, lines 13 – 17. An APRN issued a multistate license is authorized to assume responsibility and accountability for patient care independent of any supervisory or collaborative relationship.

Md. Code Ann., Health Occ. § 8 – 513 and COMAR 10.27.06.06 require that a certified registered nurse anesthetist collaborate with an anesthesiologist, licensed physician, or dentist²³. House Bill 55 and Senate Bill 312 were unable to remove the current collaborative relationship requirement. The Board strongly believes CRNAs should be permitted to assume responsibility for patient care independently to further support the implementation of the APRN Compact.

For the reasons discussed above, the Maryland Board of Nursing respectfully submits this letter of support with amendments for HB 278.

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).

¹ House Bill 278 CF Senate Bill 513. Health Occupations – Clinical Nurse Specialists Prescribing.

² Title 8 – Nurses. Subtitle 5 – Miscellaneous Provisions. Section 8-513 – Nurse Anesthetist

³ COMAR 10.27.06.06 – Standards of Practice.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Hicks", with a stylized flourish at the end.

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.