

**HB 475 – Advanced Practice Registered Nurse Compact**

Before House HGO Committee

**Position – Favorable**

February 22, 2023

Chair Pena-Melnyk 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 HB 475. Modern health care delivery requires that safe and quality care provided by advanced practice registered nurses (APRNs) be dynamic and fluid across state boundaries. The 100-year-old model of nursing licensure is not flexible, enough to best meet this need.

HB 475 increases access to care, protects patient safety and reduces costs while supporting state-of-the-art health care delivery. The APRN Compact allows for APRNs with 2,080 hours or more of practice to have one multistate license in their home state, with the privilege to practice in other APRN Compact party states without obtaining additional licenses. To join the APRN Compact, states need to enact the APRN Compact model legislation and implement a federal criminal background check for APRN licensure.

HB 475 facilitates the protection of public health and safety by codifying uniform licensure requirements mirroring the national APRN Consensus Model to ensure applicants meet licensure standards for participation. States will exchange information regarding APRN regulation and investigation whenever an issue arises. Each state that is a party to the compact will have the authority hold the APRN to meeting the individual state's statutory requirements. HB 475 removes redundancies in applying for and maintaining multiple state APRN licenses.

HB 475 increases access to care by APRNs which is essential for the health of many rural and underserved communities. Access to care is also increased by ability to

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deliver care through telehealth platforms. This is particularly important when the country faces disasters and pandemics like COVID. APRNs will be able to cross state borders and practice without the need for an emergency declaration from the government.

HB 475 will provide a more cost-efficient licensure framework for APRNs because there will be no need obtain additional nursing licenses. The APRN Compact also removes a burdensome expense to hospitals and other healthcare facilities who would otherwise reimburse for the cost of APRNs maintaining multiple state licenses.

For the above reasons, I respectfully request a favorable report from the committee on HB 475.

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President, MANA