SAMUEL I. "SANDY" ROSENBERG Legislative District 41 Baltimore City

Health and Government Operations Committee

Chair Health Occupations and Long-Term Care Subcommittee

House Chair Joint Committee on Administrative, Executive, and Legislative Review



THE MARYLAND HOUSE OF DELEGATES

Annapolis, Maryland 21401

Respond to Office Indicated

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Testimony of Delegate Samuel I. Rosenberg

Before the House Health and Government Operations Committee

in Support of

House Bill 475

Advanced Practice Registered Nurse Compact

Madam Chair and Members of the Committee:

The Covid-19 pandemic exposed flaws in the licensing process for our most highly trained nurses: nurse practitioners, clinical nurse specialists, nurse midwives, and nurse anesthetists. To practice in other states, these highly skilled nurses currently need a separate license for each jurisdiction and, as a result, cannot readily cross state lines to provide services in emergencies or disasters. As the pandemic so clearly demonstrated – and other public health issues daily reveal – nurses are vital to our society. Thus, we should take whatever steps we can to ease the already heavy burdens placed on those in the profession.

House Bill 475 would represent one such step, by entering Maryland into the Advanced Practice Registered Nurse (APRN) compact. Joining the compact would allow advanced practice nurses in Maryland to hold one multi-state license and to practice in any other participating compact state, whether providing services in person or increasingly, via telehealth. This bill has a diverse and robust group of supporters representing Maryland nurses, patients, businesses, and health facilities.

The APRN Compact is modeled on the existing Nurse Licensure Compact for registered nurses and licensed practical nurses that has been in place for more than 20 years. Maryland was the first state to join that compact, in 1999.

More than 70% of advanced practice nurses in Maryland, responding to a 2022 survey, reported providing services across state lines in the past two years. The value of participating in the compact is clear – so much so, that five nursing organizations across the state – and nearly 95% of APRNs in Maryland were in favor of adopting the compact. In particular, the multi-state

license provided under the compact would benefit nurses in military families during their frequent moves to different states.

From a regulatory perspective, participating in the APRN would have no impact on the licensing or practice of nurses in Maryland – the state and the Maryland Board of Nursing would retain that authority.

In short, by lifting the burdens APRNs face when seeking to practice in other states, we would more efficiently fill nursing vacancies in Maryland, strengthen our world-renowned healthcare institutions, and be better prepared to respond to future public health emergencies.

I request a favorable report on HB 475.