

SUPPORT

HB 278-- Health Occupations Clinical Nurse Specialists Prescribing

Good afternoon, Madame Chair, Madame Vice Chair, Delegate Rosenberg and HGO Committee members. Thank you, Delegate Cullison, 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 HB 278.
Thank you, Delegate Cullison, for sponsoring this bill.

Respectfully,

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