



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 278 – Health Occupations – Clinical Nurse Specialists – Prescribing – Letter of Support with Amendments

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of support with amendments for House Bill (HB) 278 – Health Occupations – Clinical Nurse Specialists – Prescribing. This bill defines “clinical nurse specialist” and “practice as a clinical nurse specialist” for the purpose of authorizing clinical nurse specialists to prescribe drugs and durable medical equipment; alters the definition of “authorized prescriber” for the purposes of the Maryland Pharmacy Act to include clinical nurse specialists; and authorizes a licensed physician to personally prepare and dispense a prescription written by a clinical nurse specialist.

Clinical Nurse Specialists (CNS) are advanced practice registered nurses who use their expertise to assess, diagnose, treat, and manage patients of all health complexities. CNSs must be licensed registered nurses with graduate preparation from an accredited clinical nurse specialist program. The current standards of practice allow CNSs the flexibility to serve the pediatric, geriatric, and women’s health populations; to practice in emergency or critical care room settings; to assess psychiatric evaluations or rehabilitation; and to treat pain, wounds, and stress-related illnesses.

According to the National Council of State Boards of Nursing (NCSBN), twenty three (23) states currently allow independent prescribing practices for the CNS.¹ A clinical nurse specialist must complete, at a minimum, three (3) separate comprehensive graduate-level courses to exercise prescribing and ordering responsibilities. These courses must include advanced health and physical assessment, advanced physiology and pathophysiology, and advanced pharmacology. Additional research into the independent practice of the CNS demonstrates the following outcomes: reduced hospital costs and length of stay, reduced frequency of emergency room visits, improved pain management practices, increased patient satisfaction with nursing care, and reduced medical complications in hospitalized patients.²

¹ CNS Independent Prescribing Map. National Council of State Boards of Nursing (NCSBN). 2022.

² Impact of the Clinical Nurse Specialist Role on the Costs and Quality of Health Care. National Association of Clinical Nurse Specialists (NACNS).

The federal public health emergency has brought many challenges into the healthcare setting, particularly for Marylanders in rural and underserved communities. There have been incredible limitations for healthcare practitioners in being able to provide adequate and expeditious care. The Board believes it is essential to authorize CNSs to practice to the full extent of their education and training. Allowing CNSs the ability to practice independently and autonomously would provide an additional avenue to increase access to healthcare services for all Marylanders.

The Board respectfully submits the following amendments to clarify current references made to the Nurse Practice Act. Health Occupations Article Title 8 currently authorizes prescriptive authority for certified registered nurse practitioners and certified nurse midwives. HB 278's current reference to § 8-508 and § 8-514 would limit the authority afforded to current providers. An additional amendment would allow nurses who hold a multistate license to practice registered nursing under the Nurse Licensure Compact, of which Maryland is an enrolled party state.

On Page 2. Add After Line 18:

[(II) LICENSED TO PRACTICE REGISTERED NURSING UNDER THE NURSE LICENSURE COMPACT; AND

[(II)] [(III) CERTIFIED BY THE BOARD TO PRACTICE AS A CLINICAL NURSE SPECIALIST [; AND].

On Page 2. Remove lines 21 – 22.

[(III) AUTHORIZED TO PRESCRIBE DRUGS AND DURABLE MEDICAL EQUIPMENT UNDER REGULATIONS ADOPTED BY THE BOARD.]

On Page 3. Amend Lines 11 – 12.

3. PRESCRIBING DRUGS AND DURABLE MEDICAL EQUIPMENT AS PROVIDED UNDER [PARAGRAPH (2)(III) OF THIS SUBSECTION] REGULATIONS ADOPTED BY THE BOARD;

On page 3. Section 12 – 101. Amend Lines 20 – 24.

“...advanced practice REGISTERED nurse with prescriptive authority under [§ 8-508 OR § 8-514] TITLE 8 of this article...”

On page 4. Section 12 – 102. Amend Lines 1 – 2.

“...PRESCRIPTIVE AUTHORITY UNDER [§ 8-508 OR § 8-514] TITLE 8 of this article...”

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).

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.