



March 20, 2023

The Honorable Joseline A. Peña-Melnyk
House Health & Government Operations Committee
Room 240 – House Office Building
Annapolis, MD 21401

RE: Oppose – SB 213: Health Occupations - Clinical Nurse Specialists - Prescribing

Dear Chair Peña-Melnyk and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPW/WPS urge you to oppose Senate Bill 213: Health Occupations - Clinical Nurse Specialists - Prescribing Authority (SB 213), which would authorize clinical nurse specialists (CNSs) to prescribe controlled substances, including opioids, without explicitly requiring a physician's involvement. While CNSs are valuable members of the health care team, Maryland simply should not authorize them to prescribe without physician involvement. From MPS/WPS's perspective, SB 219 will compromise the safety of some patients.

Maryland patients are best served when medications are prescribed with physician involvement. Regarding psychiatric medications, specifically, these powerful drugs do not stop at the patient's brain; they affect many systems of the body, such as the heart, lungs, stomach, and kidneys. Seriously disabling or deadly side effects can occur if psychiatric medications are prescribed and managed improperly. Furthermore, patients needing more than one drug at a time for comorbid physical conditions, such as heart disease or diabetes and mental illness, are at risk for potentially serious drug interactions. More than half of all patients with a mental disorder also have one or more physical ailments. While CNSs are highly knowledgeable about medication management and have the clinical skills to make recommendations about medication use, they do not have the same level of education and training as physicians in pharmacology and other related areas. Again, for patient safety purposes, CNSs working in a health care team in a collaborative care setting that includes a physician is imperative.



SB 213 does not limit the type of medications a CNS could prescribe, which means they would be authorized to prescribe opioids and narcotics. Maryland is already facing an opioid epidemic¹, and confronting this epidemic includes making sure opioids are not overprescribed. Adding additional healthcare providers to those who may prescribe without physician involvement is not the answer to combat overprescribing.

A 2022 study² from the National Bureau of Economic Research (NBER) found that “[nurse practitioners] use more medical resources but achieve worse patient health outcomes [compared to physicians].” NEBR used administrative health records to assess a sample of 1.1 million emergency department visits and compared the productivity differences between physicians and NPs. Cases treated by NPs had lengths of stay that were 11% longer and ED costs that were 7% higher. Also, NPs were associated with a 20% increase in 30-day preventable hospitalizations compared to physicians. Counterfactual analysis suggests a net increase in medical costs with NPs, even when accounting for NPs’ wages that are half as much as physicians’.

Finally, Medicare patient safety requirements³, for example, require CNSs to work in collaboration with a physician; in the absence of a state law about collaboration, CNSs must still work in collaboration with a physician to be reimbursed. In addition, SB 213 does not make sense for Maryland patients since our laws only require advanced practice nurses to collaborate with physicians for the first eighteen months of their practice. If Medicare, one of the largest payers in our nation, requires CNSs to work in collaboration with physicians at all times, Maryland law should specify this relationship as well and not delegate that decision to the Board of Nursing.

For all the reasons above, MPS/WPS urges this honorable committee to give an unfavorable report to SB 213. MPS/WPS would welcome the opportunity to work with the sponsor, committee, and proponents to facilitate evidence-based, proven programs such as Collaborative Care or telehealth that can assist Maryland patients experiencing mental illness or substance use disorders. If you have any questions concerning this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

¹ In the 12 months ending in August 2022, Maryland saw 8,849 opioid-related hospital emergency department visits and 2,160 opioid-related fatal overdoses. See OCCC Opioid Dashboard at <https://www.arcgis.com/apps/dashboards/a35e515d3db843b1bb07ef2b6b94824d> .

² https://www.nber.org/system/files/working_papers/w30608/w30608.pdf

³ 42 C.F.R. §410.76