

**Department of Legislative Services**  
Maryland General Assembly  
2025 Session

**FISCAL AND POLICY NOTE**  
**Enrolled - Revised**

House Bill 19

(Chair, Health and Government Operations  
Committee)(By Request - Departmental - Health)

Health and Government Operations

Finance

**Health Occupations - Nursing - Loan Repayment, Education, and Sunset  
Extension (Building Opportunities for Nurses Act of 2025)**

This departmental bill extends the termination date for the State Board of Nursing (MBON) by five years to July 1, 2030. The Secretary of Health continues to have authority over MBON infrastructure operations, but MBON special funds may be used to cover those costs. The bill expands eligibility to additional nurses and nursing support staff under the Maryland Loan Assistance Repayment Program (MLARP) for Nurses and Nursing Support Staff. The bill alters education requirements for licensure, adds an exception for licensure by endorsement, and repeals provisions regarding nursing assistant training programs. The bill delays the date by which (1) a certified nursing assistant (CNA) must obtain certification as a CNA-I or CNA-II to April 1, 2026, and (2) MBON must notify individuals of the licensure requirements and update regulations to January 1, 2026; it also conforms related definitions. The termination dates for specified preceptorship income tax credit programs are extended to June 30, 2030. **The bill generally takes effect June 1, 2025.**

**Fiscal Summary**

**State Effect:** MBON special fund expenditures increase by approximately \$440,000 in FY 2025, as discussed below. General fund revenues decrease by as much as \$100,000 annually from FY 2027 through 2030, while the Maryland Department of Health (MDH) special fund revenues and expenditures increase by, at most, \$100,000 in FY 2026 and \$300,000 annually thereafter through FY 2030 for extension of specified preceptorship income tax credit programs, as discussed below.

| (\$ in millions) | FY 2025 | FY 2026 | FY 2027 | FY 2028 | FY 2029 |
|------------------|---------|---------|---------|---------|---------|
| GF Revenue       | \$0     | \$0     | (\$0.1) | (\$0.1) | (\$0.1) |
| SF Revenue       | \$0     | \$0.1   | \$0.3   | \$0.3   | \$0.3   |
| GF Expenditure   | \$0     | \$0.1   | \$0.1   | \$0.1   | \$0.1   |
| SF Expenditure   | \$0.4   | \$0.1   | \$0.3   | \$0.3   | \$0.3   |
| Net Effect       | (\$0.4) | (\$0.1) | (\$0.2) | (\$0.2) | (\$0.2) |

*Note: () = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** None.

**Small Business Effect:** MDH has determined that this bill has minimal or no impact on small business (attached). The Department of Legislative Services (DLS) concurs with this assessment. (The attached assessment does not reflect amendments to the bill.)

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## Analysis

### Bill Summary/Current Law:

#### *Authority Over Infrastructure Operations*

Chapters 222 and 223 of 2023 extended the termination date for MBON to July 1, 2025, and granted the Secretary of Health authority over the infrastructure operations of MBON through June 30, 2025. The Secretary may employ staff for the board in accordance with the State budget, define the duties of its staff, and designate a staff member who is a registered nurse (RN) as the board's executive director. Chapter 855 of 2024 repeals the requirement that the executive director be an RN, effective July 1, 2025, or the date on which Chapters 222 and 223 terminate.

Pursuant to Chapters 222 and 223, the Secretary may set the compensation of a board employee whose position is unique to the board, requires specific skills or experience to perform the duties of the position, and does not require the employee to perform functions that are comparable to functions performed in other units of the Executive Branch. The Secretary of Budget and Management, in consultation with the Secretary of Health, must determine the positions for which the Secretary may set compensation. Special funds from the Board of Nursing Fund may not be used to pay for infrastructure operations while the Secretary retains authority.

Under the bill, the Secretary's authority over MBON infrastructure operations (including the authority to designate a staff member who is an RN as the board's executive director) is extended by five years through June 30, 2030, after which authority reverts to MBON (concurrent with the termination date for the board under the bill). The bill repeals the prohibition on the Board of Nursing Fund being used to pay for infrastructure operations while the Secretary retains authority.

#### *Registered Nurse Licensure Requirements*

Under current law, an individual must be licensed by MBON to practice registered nursing in the State, with specified exceptions.

Under the bill, an applicant for an RN license must satisfactorily complete and meet all requirements for a diploma or degree from (1) an *entry-level* registered nursing education program approved by MBON or (2) an *entry-level registered nursing* program in any other state or country that the board finds substantially equivalent to the education program in the State at the time of the applicant's graduation. "Entry-level registered nursing education program" means an RN program that is the initial entry point for formal RN education that, on successful completion, qualifies an individual with no prior registered nursing education to obtain an RN license. "Entry-level registered nursing education program" does not include degree completion programs, as specified.

### *Licensure by Endorsement*

Under current law, MBON may issue a license by endorsement and waive any appropriate examination requirement for an applicant who has an active unencumbered RN or licensed practical nurse (LPN) license in any other state or country if the applicant meets specified requirements. An applicant must provide adequate evidence that, at the time the applicant graduated from a nursing education program approved in the other state or country, the applicant met the educational qualifications required by the laws of Maryland.

Under the bill, the applicant must provide evidence that, at the time the applicant graduated, the *program was substantially equivalent* to the education program approved in Maryland. If an applicant for licensure as an RN by endorsement cannot provide this evidence, the applicant may still qualify for licensure by endorsement if the applicant has:

- completed satisfactorily and met all requirements for an associate or a baccalaureate degree in registered nursing from a college or university that, at the time of the applicant's graduation, is (1) accredited by a national or regional nursing accreditation agency recognized by the Secretary of the U.S. Department of Education or the Council for Higher Education Accreditation and (2) approved by MBON or an applicable state regulator in the state in which the program is located; and
- completed a minimum number of direct patient care practice hours as required by regulations adopted by MBON.

### *Certified Nursing Assistants*

Chapters 818 and 819 of 2024 require a CNA to obtain certification as a CNA-I or CNA-II. An individual who has met the requirements for a CNA credential by October 1, 2025, must be certified as a CNA-I. Beginning October 1, 2025, a CNA-II may be certified as a CNA-I by submitting an application to MBON and providing satisfactory evidence of (1) successful completion of an approved nursing assistant training program and (2) passing a nursing assistant competency evaluation.

The bill delays the date by which a CNA must be certified as a CNA-I or CNA-II to April 1, 2026.

Chapters 818 and 819 require, by June 1, 2025, MBON to (1) notify individuals with a nursing assistant certification of the licensure requirements and (2) update regulations in consultation with the Office of Health Care Quality.

The bill delays these requirements to January 1, 2026.

The bill also alters the definition of (1) CNA-I to include a CNA who was certified as a geriatric nursing assistant on March 31, 2026 (rather than September 30, 2025), and (2) CNA-II to mean, among other things, a CNA who, on March 31, 2026 (rather than September 30, 2025), was certified as a CNA and was not authorized to practice in a nursing facility or skilled nursing facility.

#### *Certified Nursing Assistant Training Programs*

Under current law, a nursing assistant training program may continue to operate during the MBON approval process. The curriculum content for an approved nursing assistant training program must include, among other things, content that meets all specified federal requirements and all basic skills required of a nursing assistant, regardless of the setting of the practice. MBON, in conjunction with the Maryland Higher Education Commission, must approve each nursing assistant training program prior to its implementation and periodically survey all programs in the State.

The bill removes the requirement that MBON approve the use of a nursing assistant training site by a nursing assistant training program within 45 days after the training program applies for approval if the training program has previously been approved to use the training site by the board. The bill also repeals the authorization for a nursing assistant training program to operate during the approval process, effective April 1, 2026 (or the date on which Chapters 818 and 819 take effect).

#### *Maryland Loan Assistance Repayment Program*

Chapter 314 of 2022 established MLARP for Nurses and Nursing Support Staff and the associated MLARP for Nurses and Nursing Support Staff Fund to assist in the repayment of education loans owed by a nurse or nursing support staff who (1) practices in an eligible field of employment or (2) meets any other requirements established by MDH. The Act also required MDH to convene a stakeholder workgroup to examine how the State can implement a program to further incentivize nursing and nursing support staff students to practice in professional shortage areas and medically underserved areas in the State.

Under the bill, “eligible field of employment” is expanded to include, in addition to specified employment by a nonprofit entity, *for-profit employment in an area of the State identified by MDH as having a health care workforce shortage or public health need.*

Subject to the availability of money in the fund, the bill authorizes MDH to assist in the repayment of an education loan owed by a nurse or nursing support staff who (1) practices a medical specialty that has been identified by MDH as being in shortage in the geographic area of the State where the nurse practices and (2) commits to practicing in the area for a period of time determined by MDH. MDH must prioritize funding for the repayment of education loans in the following order: (1) nurses or nursing support staff practicing in an eligible field of employment; (2) nurses or nursing support staff practicing in primary care in a geographic area where MDH has identified a shortage of nurses or nursing support staff; and (3) nurses or nursing support staff practicing in a medical specialty other than primary care in a geographic area where MDH has identified a shortage of that specialty.

#### *Preceptorship Income Tax Credits*

*Nurse Practitioner Preceptorship Income Tax Credit:* Chapters 385 and 386 of 2016 established the nurse practitioner preceptorship tax credit. A \$15 fee for the renewal of an advanced practice registered nurse (APRN) certificate must be distributed to the Nurse Practitioner Preceptorship Tax Credit Fund, which is intended to offset the costs of the tax credit. To qualify for the tax credit, a licensed nurse practitioner must serve without compensation as a preceptor in a preceptorship program approved by MBON and work (1) at least three rotations with each rotation consisting of 100 hours of community-based clinical training and (2) in an area identified as having a health care workforce shortage. MDH must issue a credit certificate of \$1,000 for each eligible student rotation for which the applicant served as a nurse practitioner preceptor without compensation, not to exceed \$10,000 per applicant. Tax credit applications are approved on a first-come, first-served basis until the maximum limit is reached; each year, MDH may issue the lesser of \$100,000 in tax credit certificates or the total amount of money in the fund. If the aggregate amount of tax credit certificates issued in a year is less than \$100,000, the excess amount may be issued in the next taxable year. The credit terminates June 30, 2026.

*Licensed Physician Preceptorship Income Tax Credit:* Chapters 385 and 386 also established the licensed physician preceptorship tax credit. In each year, up to \$100,000 in unspent Health Personnel Shortage Incentive Grant (HPSIG) funds may be transferred or reverted to the general fund to offset the costs of the physician preceptorship tax credit. To qualify for the tax credit, a licensed physician must serve without compensation as a preceptor in a preceptorship program authorized by an accredited medical school in the State and work (1) at least three rotations with each rotation consisting of at least 100 hours of community-based clinical training and (2) in an area identified as having a health care workforce shortage. MDH must issue a credit certificate of \$1,000 for each eligible student

rotation for which the applicant served as a physician preceptor without compensation, not to exceed \$10,000 per applicant. Tax credit applications are approved on a first-come, first-served basis until the maximum limit is reached; each year, MDH may issue up to \$100,000 in physician preceptorship credits. If the aggregate amount of tax credit certificates issued in a year is less than \$100,000, the excess amount may be issued in the next taxable year. The credit terminates June 30, 2026.

*Physician Assistant Preceptor Income Tax Credit:* Chapters 153 and 154 of 2021 established the physician assistant preceptorship tax credit. A \$15 fee for the renewal of a physician assistant license must be distributed to the Physician Assistant Preceptorship Tax Credit Fund, which is intended to offset the costs of the tax credit. To qualify for the tax credit, a licensed physician, physician assistant, or nurse practitioner must serve without compensation as a physician assistant preceptor in a preceptorship program approved by MDH and work (1) at least three rotations with each rotation consisting of 100 hours of community-based clinical training and (2) in an area identified as having a health care workforce shortage. MDH must issue a credit certificate of \$1,000 for each eligible student rotation for which the applicant served as a physician assistant preceptor without compensation, not to exceed \$10,000 per applicant. Tax credit applications are approved on a first-come, first-served basis until the maximum limit is reached; each year, MDH may issue the lesser of \$100,000 in tax credit certificates or the total amount of money in the Physician Assistant Preceptorship Tax Credit Fund. If the aggregate amount of tax credit certificates issued in a year is less than \$100,000, the excess amount may be issued in the next taxable year. The credit terminates June 30, 2026.

The bill extends the termination date of the nurse practitioner, physician, and physician assistant preceptorship income tax credit programs by four years to June 30, 2030. The bill also reduces the number of required hours for each rotation in one preceptorship income tax credit program (for nurse practitioners) from 100 to 90.

*Licensed Practical Nurse and Registered Nurse Preceptorship Income Tax Credit:* Chapter 675 of 2022 established an LPN and RN preceptorship income tax credit and fund. The fund consists of specified federal COVID-19 pandemic relief funding, money appropriated in the State budget to the fund, and any other money accepted for the benefit of the fund. To qualify for the tax credit, an LPN, APRN, or RN must serve without compensation as a preceptor in a preceptorship program approved by MBON and work (1) at least three rotations with each rotation consisting of 100 hours of community-based clinical training and (2) in an area identified as having a health care workforce shortage. MDH must issue a credit certificate of \$1,000 for each eligible student rotation for which the applicant served as a preceptor without compensation, not to exceed \$10,000 per applicant for any taxable year. Tax credit applications are approved on a first-come, first-served basis until the maximum authorized credits are awarded; each year, MDH may issue the lesser of \$100,000 in tax credit certificates or the total amount of money in the

fund. If the aggregate amount of tax credit certificates issued in a year is less than \$100,000, the excess amount may be issued in the next taxable year. The LPN and RN preceptorship income tax credit is applicable for tax years 2022 through 2024 and terminates June 30, 2025.

The bill extends the credit by five years, with a termination date of June 30, 2030, making the credit applicable to tax years 2025 through 2029. It also reduces the number of required hours for each rotation in the preceptorship income tax credit program from 100 to 90.

## **Background:**

### *Registered Nursing Licensure Requirements*

The bill authorizes an applicant for an RN license to satisfactorily complete and meet all requirements for a diploma or degree from specified entry-level registered nursing education programs. MDH advises that this authorization conforms with the directive to address the nursing workforce shortage in the State and removes barriers to RN licensure.

### *Certified Nursing Assistant Training Programs*

MDH advises that current statutory requirements for the approval of a nursing assistant training site are inconsistent with MBON's current reapproval process. Additionally, MDH advises that current law may conflict with federal regulations ([42 CFR 481.151\(e\)](#)) that prohibit a state from approving a nurse aide training and competency evaluation program for a period longer than two years. Thus, removing the requirement to approve the use of a nursing assistant training site if the training program has previously been approved by the board and authorization for a nursing assistant training program to operate during the approval process removes any such conflicts.

MDH advises that delaying the dates by which a CNA must obtain certification as a CNA-I or CNA-II and MBON must notify individuals of the licensure requirements and update regulations better aligns with the current timeline for completing CNA training programs.

### *Maryland Loan Assistance Repayment Program for Nurses and Nursing Support Staff*

MDH advises that the bill's expansion of program eligibility for nurses and nursing support staff with for-profit employment and those practicing medical specialties in an area of the State identified as having a health care workforce shortage or public health need eliminates a barrier that excludes nursing professionals who serve similar populations in public or nonprofit counterparts and those practicing medical specialties other than primary care from the program. According to MDH, these changes better align the program with State priorities.

## *Maryland Program Evaluation Act*

MBON is 1 of approximately 60 regulatory entities and activities subject to termination unless reauthorized periodically through statute. Under the Maryland Program Evaluation Act, these entities may also be subject to an evaluation by the Office of Program Evaluation and Government Accountability (OPEGA) within DLS prior to their termination. However, OPEGA may conduct an evaluation only if directed by specified entities or by legislation. On January 3, 2023, the Executive Director of DLS directed OPEGA to conduct a [performance evaluation](#) of MBON.

**State Fiscal Effect:** With the reauthorization, MBON special fund revenues and expenditures are maintained through fiscal 2030. However, certain provisions have fiscal impacts, as discussed below.

### *Authority Over Infrastructure Operations*

MBON is special funded; accordingly, typically, all board operations are paid with special funds generated through fee revenues. However, under current law, costs associated with MBON infrastructure operations shifted to MDH in fiscal 2023, with that shift continuing through the entirety of fiscal 2025 (June 30, 2025). More specifically, personnel expenditures related to MBON's Executive, Operations (including information technology, fiscal, and human resources), and Legal divisions transferred to the Secretary's control and are general funded through fiscal 2025. MDH also assumed payment of fixed infrastructure costs, including rent, utilities, office supplies, and printing. Expenditures related to MBON's Accountability (complaints, investigations, discipline, and compliance), Exams and Education, and Licensure and Certification divisions have remained under the board's control and continue to be special funded.

This cost shift has benefitted the board. In fiscal 2022, the MBON fund balance was projected to be completely depleted by the end of fiscal 2024. However, as infrastructure operations have been funded by MDH general funds since fiscal 2023, MBON's closing fund balance at the end of fiscal 2024 was rebuilt to approximately \$1.8 million.

Under the bill, while authority over infrastructure operations is retained by the Secretary for another five years, the *costs* associated with infrastructure operations return to MBON beginning June 1, 2025 (the final month in fiscal 2025).

In fiscal 2024, MDH reimbursed approximately \$5.2 million to MBON for infrastructure operations costs, and the fiscal 2025 working appropriation is \$8.0 million. However, MDH estimates that infrastructure operations costs total approximately \$5.3 million annually beginning in fiscal 2026. Therefore, since the bill requires MBON to resume responsibility for its infrastructure operations costs beginning June 1, 2025, MBON special



fund expenditures increase by approximately \$440,000 for one month in fiscal 2025. Annually thereafter, the \$5.3 million in infrastructure operations costs are covered by special funds, as they would be under current law (assuming reauthorization of the board).

#### *Maryland Loan Assistance Repayment Program for Nurses and Nursing Support Staff*

The fiscal 2026 budget as passed by the General Assembly includes \$1.0 million for the MLARP for Nurses and Nursing Support Staff Fund. MDH advises that existing staff resources are sufficient to meet the program eligibility as expanded under the bill.

#### *Preceptorship Income Tax Credits*

The bill allows the nurse income tax credit to be claimed for tax years 2025 through 2029; it also allows the nurse practitioner, physician, and physician assistant preceptorship income tax credits to be claimed for tax years 2026 through 2029. Moreover, it may expand eligibility for two of the income tax credits by reducing the required hours for each rotation.

Each year, MDH may issue the lesser of \$100,000 in tax credit certificates or the total amount of money in the Nurse Practitioner Preceptorship Tax Credit Fund, the LPN and RN Preceptorship Tax Credit Fund, and the Physician Assistant Preceptorship Tax Credit Fund. Additionally, each year, MDH may issue up to \$100,000 in physician preceptorship credits.

*Nurse Preceptorship:* Although discretionary, this analysis assumes funding is provided for the LPN and RN Preceptorship Tax Credit Fund for each year of the extension under the bill. Therefore, MDH general fund expenditures increase by, *at most*, \$100,000 annually to capitalize the LPN and RN Preceptorship Tax Credit Fund from fiscal 2026 through 2030, with corresponding increases in revenues to and expenditures from that special fund.

*Nurse Practitioner, Physician Assistant, and Physician Preceptorships:* As all three of the other tax credit extensions apply beginning in fiscal 2027, this analysis assumes that any use of them in fiscal 2026 is not due to this bill – despite the possible expansion due to reduced hours for nurse practitioner rotations.

Instead, the \$15 fees assessed at APRN renewal and at physician assistant renewal are assumed to provide as much as \$100,000 in ongoing funding for both the Nurse Practitioner Preceptorship Tax Credit Fund and the Physician Assistant Preceptorship Tax Credit Fund from fiscal 2027 through 2030. Accordingly, special fund revenues and expenditures for each of the two funds are assumed to increase by as much as \$100,000 annually from fiscal 2027 through 2030. DLS notes that, given the number of physician assistant licenses renewed each year, it is unlikely that the fee revenue is sufficient to provide that level of

funding for tax credit certificates for physician assistant preceptorships. Nevertheless, as MDH may only issue the *lesser* of \$100,000 in tax credit certificates or the total amount of money in the Physician Assistant Preceptorship Tax Credit Fund, there is no general fund capitalization to make up the difference.

Finally, general fund revenues decrease by as much as \$100,000 annually from fiscal 2026 through 2030 due to the extension of the tax credit for physician preceptorships. The impact on the general fund is reduced to the extent that HPSIG is used to offset the costs of these tax credits.

The Comptroller's Office reports that the tax credit extensions can be implemented with existing budgeted resources.

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### **Additional Information**

**Recent Prior Introductions:** Similar legislation has not been introduced within the last three years.

**Designated Cross File:** SB 216 (Chair, Finance Committee)(By Request - Departmental - Health) - Finance.

**Information Source(s):** Comptroller's Office; Maryland Higher Education Commission; Maryland Department of Health; Department of Legislative Services

**Fiscal Note History:** km/jc      First Reader - January 27, 2025  
Revised - Other - March 13, 2025  
Revised - Correction - March 13, 2025  
Third Reader - March 20, 2025  
Revised - Amendment(s) - March 20, 2025  
Revised - Other - March 20, 2025  
Enrolled - April 25, 2025  
Revised - Amendment(s) - April 25, 2025  
Revised - Budget Information - April 25, 2025  
Revised - Other - April 25, 2025  
Revised - Correction - December 2, 2025

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Analysis by: Amberly E. Holcomb

Direct Inquiries to:  
(410) 946-5510  
(301) 970-5510

## ANALYSIS OF ECONOMIC IMPACT ON SMALL BUSINESSES

TITLE OF BILL: Health Occupations - Nursing - Loan Repayment, Education, and Sunset Extension (Building Opportunities for Nurses Act of 2025)

BILL NUMBER: HB 19

PREPARED BY: Maryland Department of Health/Health Occupations Boards

### PART A. ECONOMIC IMPACT RATING

This agency estimates that the proposed bill:

X WILL HAVE MINIMAL OR NO ECONOMIC IMPACT ON MARYLAND SMALL BUSINESS

**OR**

       WILL HAVE MEANINGFUL ECONOMIC IMPACT ON MARYLAND SMALL BUSINESSES

### PART B. ECONOMIC IMPACT ANALYSIS

The proposal has no economic impact.