

Bill No. SB 154 Committee: Senate Education, Health, and Environmental Affairs
Title: Advanced Practice Registered Nurse Compact
Hearing Date: February 10, 2022 **Position:** Favorable
Witness: Shirley Devaris, RN, BSAD, MSA, JD (shirleydevaris@yahoo.com)

Good afternoon, Mr. Chairman, Madam Vice Chair, and Members of the Committee.

My name is Shirley Devaris, and I am offering testimony in support of this bill based on my 19 years of experience with regulating nursing practice, first as staff to the former House Environmental Matters Committee, and then with the Board of Nursing as Director of Legislative Affairs until I retired.

Navigating the various state licensing requirements, rules, regulations and fee structures can present significant barriers for nurses who relocate or practice in other states. Getting additional licenses and certifications from other states is time consuming, cumbersome, inefficient, and expensive.

Maryland led the effort to ease the burden of having to get a license in every state where a nurse practiced by passing the first interstate compact in 1999 for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). That was the “Nurse Multistate Licensure Compact” (NMLC). It has withstood the challenge of time and has been used as a model for other health occupations seeking multistate licensure. It was revised to add some uniform requirements such as criminal background checks for applicants and core requirements for licensing. Maryland passed the revised “Nurse Licensure Compact” (NLC) in 2017 and since then 39 jurisdictions have joined it making interstate practice a reality for RNs and LPNs in most of the country. Six more states introduced legislation this year to join the NLC.

Because an advanced practice registered nurse (APRN) still needs to get certified to practice as an APRN in every state where they practice as an APRN, the National Council of State Boards of Nursing (NCSBN) introduced this Advanced Practice Registered Nurse Compact. It will increase access to care while maintaining public protection at the state level. Under the APRN compact an APRN will be able to practice in other states that belong to the compact without having to obtain an additional certification. An APRN will have one multistate certification allowing them to practice in their home state and any other member compact state.

The Covid-19 pandemic has created enormous challenges for interstate practice. Nearly all states and the federal government approved unprecedented flexibility in licensing rules to allow more interstate mobility for health care professionals. This was an enormous help to burdened health care systems. Telehealth became essential for delivery of care and in

its expanded role is here to stay. Most of these temporary waivers are expiring making it necessary to address a permanent solution for portability of APRN certification.

In September 2021, CMS confirmed its recognition of non-physician compacts, such as the NLC and PSYPACT, which do not require providers to apply independently to each state for separate licenses as is required by the Interstate Medical Licensure Compact (IMLC) for physicians.

States and professions have increasingly turned to interstate licensure compacts to ensure flexible practice between states. To date, over 40 states and territories have adopted occupational licensure compacts for nurses, physicians, physical therapists, emergency medical responders, and psychologists.

You might hear some objections to the compact requirement that an APRN have a year of experience before the Board can issue a compact certificate and that APRNs cannot prescribe CNSs under the compact. The objection to the required year of experience is understandable since we have worked so hard to obtain independent practice for our APRNs. However, this is not a requirement for supervised practice. It is what we think will be needed to have other states join. This requirement will not limit an APRNs ability to get certified in another state. The compact has not blocked the ability to prescribe CDSs. It is silent on that issue because CDS prescribing is controlled by federal law that covers all prescribers.

The Board of Nursing and professional organizations have been working diligently since 2008 to ensure that Maryland nursing practice is in step with the Consensus model for APRNs proposed by NCSBN. With the passage of the two APRN bills being heard today we will be eligible to join this compact.

We are ready. We need it. Please give this bill your favorable consideration. Thank you.