



Maryland
Hospital Association

February 1, 2022

To: The Honorable Paul G. Pinsky, Chair, Senate Education, Health & Environmental Affairs Committee

Re: Letter of Concern - Senate Bill 82 - Certified Nursing Assistants - Licensing Requirements

Dear Chair Pinsky:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 82. Maryland is facing a staggering health care workforce crisis, with more than 3,900 nursing vacancies in hospitals statewide—a 50% increase since August 2021. The supply of certified nursing assistants (CNAs) in the state is critical and worsening. We are concerned that, as written, SB 82 moves the goal post in the wrong direction and does not support the needs of Maryland's future health care workforce.

SB 82 would require **all** certified nursing assistants to comply with federal requirements for nurse aides working in nursing homes, including passing the National Nurse Aide Assessment Program (NNAP) exam by Oct. 1, 2023. Consolidating the CNA and Geriatric Nursing Assistant Certification (GNA) would place an unnecessary burden and potential cost on those who want to work in settings other than a nursing home or other long-term care facility. Maryland's NNAP examination requires a written test (or oral if needed) and skills test, which can cost up to \$105.¹ Maryland's initial examination and CNA certification fee is \$20.² The federal requirements for training and examination were initially established to create a minimum standard for the nursing home nurse aide workforce.³ Maryland's traditional CNA training programs already emphasize skills more useful for the post-acute setting. Hospitals often must retrain CNAs to thrive in the acute care environment.

The broad definition of a certified nursing assistant in Maryland statute is “an individual **regardless of title** who routinely performs nursing tasks delegated by a registered nurse or licensed practical nurse for compensation; and does not include a certified medication technician.”⁴ Hospitals will continue to rely on CNAs to support nursing staff until this definition is modified or there is an alternative pathway for support staff to be trained specifically for the acute care environment. SB 82 is well intentioned yet adds requirements for CNAs without adding training that is pertinent to care delivered outside of a post-acute or long-term care setting.

¹ Credentia. (October, 2021). “[Maryland Nurse Aide Handbook](#).”

² Maryland Board of Nursing. (November 28, 2019). “[Schedule of Fees](#).”

³ Office of Inspector General. (August, 2002). “[State Nurse Aide Training: Program Information And Data](#).”

⁴ §Health Occupations 8-6A-01

Maryland hospitals want to collaborate with the bill sponsor on alternatives, including a pathway for people looking to work in acute care or for those with emergency medical technician training—but without CNA certification—to support emergency department staff. MHA’s Task Force on Maryland’s Future Health Care Workforce, which includes hospital clinical and human resource leadership, will recommend state support to build a strong health care worker pipeline. The CNA workforce can grow the nursing pipeline if proper supports are in place for career advancement and administrative barriers are removed.

We appreciate the sponsor’s attention to strengthening the health care workforce and look forward to achieving sustainable solutions to support Maryland’s future health care workforce.

For more information, please contact:
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