

02/08/2022

To whom it concerns: Maryland Senate SB0513

First, I would like to thank chairman Pinsky, Vice chair Kagan and members of the committee.

In the State of Maryland, we are very fortunate to have two Clinical Nurse Specialist Graduate programs, specifically the University of Maryland and Johns Hopkins School of Nursing. Combined these institutions graduate an estimated 30-35 students annually that are able to “sit-for” for the national board to become certified as a clinical nurse specialist. A Clinical Nurse Specialist (CNS) is a licensed registered Nurse that has completed a graduate level program (Masters or Doctoral) from an accredited educational institution and has passed a national certification examination.

As one of the four advanced practice roles, the core educational requirements for the CNS programs have some “overlap”. Advanced Pharmacology, Advanced physiology and pathophysiology, and Advanced physical assessment are the 3-core course for all APRNS. This is in addition to prior professional practice as a registered nurse (RN), academic coursework specific for practice, and the completion of direct clinical practice often taking 3-5 years to complete. For the CNS in a Doctor of Nursing practice (DNP) (BSN to DNP) program 1080 clinical hours are required for graduation. Then a national board exam must be passed to gain certification for clinical practice. To maintain the certification and support practice, CNS must complete 150 continuing education units are required every 5 years of which 25 are pharmacology. The CNS possesses the educational knowledge, clinical reasoning, and decision-making however, they are unable to prescribe.

The cornerstone of CNS practice is collaboration. The healthcare environment requires a team-based approach, also known as “multi-disciplinary care”. The National Academies of Medicine support this as a “best practice” to achieve safe, effective, and quality patient outcomes. The unique knowledge and skill each discipline brings to the healthcare environment is respected and utilized to meet the needs of the individual. The discipline of nursing offers a holistic approach and to discount the unique value, knowledge, and strength of nursing by comparison to other disciplines is to diminish the value of them all. COVID-19 has taught us the value and power of a multi-disciplinary approach and the need to practice to the full extent of education. Granting prescriptive authority will optimize CNS practice.

In conclusion, as a dually certified CNS, NP, and assistant professor teaching in a CNS program I am aware of the practice limitations. Students expressing interest in the CNS role

acknowledge this limitation, frequently opting for the NP role. Granting prescriptive authority to CNS will help retain some of the prior mentioned CNS graduates in the State of Maryland versus losing them to practice in Delaware, West Virginia, Virginia, or the District of Columbia where CNS have been granted prescriptive authority. Support the CNS role in Maryland by helping to retain clinical nurse specialist and support their practice within the state by approval of SB0513.

Thank you for your time and attention.

Respectfully,

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