

**SB 154\_APRN Compact\_Support.pdf**

Uploaded by: Allison Taylor

Position: FAV



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc  
2101 East Jefferson Street  
Rockville, Maryland 20852

February 10, 2022

The Honorable Paul G. Pinsky  
Senate Education, Health, and  
Environmental Affairs Committee  
2 West, Miller Senate Office Building  
11 Bladen Street  
Annapolis, Maryland 21401

**RE: SB 154 – Support**

Dear Chair Pinsky and Members of the Committee:

Kaiser Permanente is pleased to support SB 154, “Advanced Practice Registered Nurse Compact.”

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.<sup>1</sup> Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for approximately 800,000 members. In Maryland, we deliver care to over 460,000 members.

The APRN Compact, developed by state nursing boards in 2020, allows an advanced practice registered nurse to hold one multistate license with a privilege to practice in other compact states. The APRN Compact will be implemented when 7 states have enacted the legislation. North Dakota and Delaware have already enacted APRN Compact legislation, and legislation is currently pending in Maryland and Utah.

Kaiser Permanente employs advance practice registered nurses in Maryland, DC, and northern Virginia, and we require these nurses to be licensed in all three jurisdictions. The Compact offers a mechanism to streamline the licensure process, allowing our health system to operate more efficiently for our Maryland members. As health systems increasingly offer telehealth to augment other health services, a simplified process for advanced practice registered nurses to be licensed in multiple states has become more relevant and beneficial. For these reasons, we urge a favorable report for SB 154.

Thank you for the opportunity to comment. Please feel free to contact me at [Allison.W.Taylor@kp.org](mailto:Allison.W.Taylor@kp.org) or (202) 924-7496 with questions.

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<sup>1</sup> Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation’s largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente’s members.

Kaiser Permanente  
Comments on SB 154  
February 10, 2022

Sincerely,

A handwritten signature in cursive script that reads "Allison Taylor".

Allison Taylor  
Director of Government Relations  
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.

# **Alliance for Connected Care Support Letter - MD SB**

Uploaded by: Casey Osgood

Position: FAV



February 8, 2022

The Honorable Paul G. Pinsky  
Maryland General Assembly  
Chair, Senate Education, Health, and Environmental Affairs Committee  
2 West  
Miller Senate Office Building  
Annapolis, MD 21401

**Re: Senate Bill 154 - Support**

Dear Chair Pinsky:

The Alliance for Connected Care (the Alliance) is an advocacy organization dedicated to facilitating the delivery of high-quality care using connected care technology. Our members are leading health care and technology companies from across the health care spectrum, representing insurers, health systems and technology innovators, and our Advisory Board includes more than 40 patient and provider groups.

We are writing to express our support for Senate Bill 154, which would adopt the Advanced Practice Registered Nurse Compact. Under this compact, Advanced Practice Registered Nurses (APRNs) licensed in a Compact member state may practice in another Compact member state, allowing APRNs to have one multistate license with the ability to practice in all Compact states without having to obtain additional licenses.

As a telehealth advocacy organization, the Alliance believes APRNs are an essential component to expanding access to care through the use of telehealth, especially for patients who live in rural and underserved communities who may not have access to services they need where they reside. APRNs have also been critical to expanding access to care throughout the pandemic, particularly in areas experiencing workforce shortages. One of the biggest barriers to telehealth becoming a regular patient and provider choice is the administrative burden caused by the variation in licensure requirements from state to state.

The APRN Compact would help alleviate such administrative burdens through establishing a multistate compact that has a policy of mutual licensure recognition and that does not require additional licensing, while simultaneously helping to improve patient access to quality health care. This bill would help to improve continuity of care, increase licensure portability for APRNs, and increase consumer access to health care in the state of Maryland. It would also help expand the utilization of telehealth without unnecessary regulatory barriers.

We hope the Senate Education, Health, and Environmental Affairs Committee will support Senate Bill 154. Thank you for your consideration, we look forward to working with you on this important effort. Please contact Casey Osgood at 203-536-5865 or [casey.osgood@connectwithcare.org](mailto:casey.osgood@connectwithcare.org) with any questions.

Sincerely,

A handwritten signature in blue ink that reads "Krista Drobac".

Krista Drobac  
Executive Director  
Alliance for Connected Care

**20220210\_MCFP\_AM\_Support\_MD\_SB154\_ARPN\_Compact\_v2.**

Uploaded by: Christopher Arnold

Position: FAV



MANPOWER AND  
RESERVE AFFAIRS

## OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

1500 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-1500

February 10, 2022

**Maryland Senate  
Committee on Education, Health, and Environmental Affairs  
11 Bladen Street Room 2 West Wing  
Annapolis, MD 21401**

**Senator Paul G. Pinsky  
Chair**

**Remarks of  
Christopher R. Arnold  
Northeast Region Liaison  
United States Department of Defense-State Liaison Office**

### **Support of: SB 154 – Entering into the Advanced Practice Registered Nurse Compact**

#### **Testimony**

The Department of Defense is grateful for the opportunity to support policy changes proposed in Maryland Senate Bill 154, which will improve access to care and allow military personnel and spouses to more easily maintain their certifications when relocating.

My name is Christopher Arnold. I am the northeast region liaison at the DoD-State Liaison Office, operating under the direction of Under Secretary of Defense for Personnel and Readiness. We represent the Department and establish relationships with state leaders across the country who are concerned for troops and their families' welfare by harmonizing state and federal law and regulation on policy problems of national significance. These are identified by the Office of the Secretary of Defense, the Military Departments, and the National Guard Bureau as areas where states can play a crucial role.

Licensure issues for both our transitioning military members and their spouses have been a priority for the Department for several years. The issue is so important, the Secretary of Defense has made taking care of Service members and their families a fourth line of effort in the National Defense Strategy.<sup>1</sup>

The APRN Compact allows an advanced practice registered nurse to hold one multistate license with a privilege to practice in other compact states. This is significant for the military community in that along with active-duty military spouses receiving the benefit of compacts, active-duty members, members of the reserve component, reserve component spouses, transitioning Service members and other Veterans benefit from the mobility provided through the compact.

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<sup>1</sup> United States Department of Defense, "DOD Amplifies Focus on People in Executing National Defense Strategy." August 5, 2020. <https://www.defense.gov/News/News-Stories/Article/Article/2300553/dod-amplifies-focus-on-people-in-executing-national-defense-strategy/>

The compact encourages the cooperation of party states in the areas of APRN licensure and regulation, facilitates the exchange of information between party states in the areas of APRN regulation, investigation and adverse actions and decreases redundancies in the consideration and issuance of APRN licensure.

An APRN multistate license is recognized as authorizing the APRN to practice in each party state, under a multistate licensure privilege, in the same role and population focus as in the home state. An individual may still apply for a single-state license, instead of a multistate license.

Professional licensure has been an enduring problem for military spouses. Obtaining a license in a new State can be both time consuming and expensive, and military spouses often cannot adequately anticipate how to prepare for licensure in a new State due to the unpredictable nature of military moves. The short duration of military assignments, coupled with lengthy relicensing processes, can discourage military spouses from seeking relicensure, causing them to quit an occupation or causing military families to leave the military.

The Secretaries of the Military Departments have made the importance of military spouse licensure explicitly clear as they consider the availability of license reciprocity when evaluating future basing or mission alternatives. In 2018, the secretaries of the Army, Navy and Air force issued a policy memorandum to the National Governor's Association noting they will consider the quality of schools near bases and whether reciprocity of professional licenses is available for military families when evaluating future basing or mission alternatives.<sup>2</sup> This consideration was codified by Congress as a requirement in the 2020 National Defense Authorization Act.<sup>3</sup>

The Department of Defense pivoted in its approach toward licensure after 2017 to consider occupational license compacts as another alternative to improve portability for military spouses. Compacts establish common understanding of competency and its measurement within the occupation, and then seek to have States approve the compact through legislation.

Compacts can provide seamless reciprocity for military spouses in an occupation. Barriers to the transfer and acceptance of certifications and licenses that occur when state rules differ can have a dramatic and negative effect on the financial well-being of military families. The APRN Compact will come into effect once seven states have enacted the legislation.<sup>4</sup> As one of the first

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<sup>2</sup> United States Department of Defense, "Service secretaries say quality of schools, reciprocity of licenses should be considered in future basing decisions." February 23, 2018. <https://www.defense.gov/News/Releases/Release/Article/1449706/service-secretaries-say-quality-of-schools-reciprocity-of-licenses-should-be-co/>

<sup>3</sup> Notably, §2883(h) requires the Department and each of the military services to produce annual basing decision scorecards at the state and installation level considering military family readiness issues, including interstate portability of licensure credentials.

The secretaries must consider "*whether the State in which an installation subject to a basing decision is or will be located ... has entered into reciprocity agreements to recognize and accept professional and occupational licensure and certification credentials granted by or in other States or allows for the transfer of such licenses and certifications granted by or in other States.*" ( *Id.* (b) )

<sup>4</sup> The compact was introduced in mid-2021 and passed by North Dakota, and Delaware. In addition to Maryland, legislation is currently pending in Utah.



states to consider entering into the APRN Compact, Maryland is poised to play a founding role in developing the compact.

In addition to supporting the drafting of model compact laws for professions, 10 USC 1784(h) authorizes DoD to support professions with developing database systems to make the compacts more efficient and operational. These database systems allow States to share information about practitioners using compact provisions to work in member States.<sup>5</sup>

The coronavirus pandemic demonstrates that interstate licensure compacts such as APRN Compact can provide a permanent solution to leverage underutilized medical talent to meet labor shortages in high-need areas. The APRN Compact will assist Maryland military spouse nurses practicing both in and out-of-state, while improving the quality of care in the Old Line State.

In closing, we are grateful for the tremendous efforts that Maryland has historically made to support our uniformed service members and their families. We appreciate the opportunity to support the passage of the policies reflected in Senate Bill 154 and are especially grateful to Senator Eckardt for introducing this important piece of legislation.

As always, as liaison to the northeast region, I stand ready to answer whatever questions you may have.

Yours etc.,

**CHRISTOPHER R. ARNOLD**  
Northeast Region Liaison  
Defense-State Liaison Office

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<sup>5</sup> The current effort to develop compacts through a cooperative agreement and to approve compacts is a collaboration between the federal government, state governments and non-governmental organizations representing professionals and state licensing boards. Through this collaborative effort, all practitioners within a profession will have greater mobility while sustaining the focus on assuring public safety through licensure.

**HB154\_APRN\_KennedyKrieger\_Support.pdf**

Uploaded by: Emily Arneson

Position: FAV



**DATE:** February 10, 2022      **COMMITTEE:** Education, Health and Environmental Affairs  
**BILL NO:** Senate Bill 154  
**BILL TITLE:** Advanced Practice Registered Nurse Compact  
**POSITION:** Support

**Kennedy Krieger Institute supports Senate Bill 154 - Advanced Practice Registered Nurse Compact.**

**Bill Summary:**

Senate Bill 154 creates an Advanced Practice Registered Nurse Compact, to be enacted when six other states have also passed legislation substantially similar to this Act.

**Background:**

Kennedy Krieger Institute provides specialized services to patients nationally and internationally. Kennedy Krieger Institute is dedicated to improving the lives of children and young adults with developmental, behavioral, cognitive and physical challenges. Kennedy Krieger's services include inpatient, outpatient, school-based and community-based programs. The specialized care and resources that we provide is often not available to patients in their home states. Telehealth makes it possible for our providers to see patients in their home states, but barriers with licensure and regulations cause significant delays and sometimes, an inability to provide the specialized care.

**Rationale:**

An interstate compact will allow a formal and legal relationship amongst states that promote a common agenda, to improve the health, wellbeing, and lives of the patients and families that we serve so they can live their lives to the fullest. An interstate compact will allow families across participating states to have access to the highest quality of medical care while also decreasing the burdens placed on the patient, family, and the healthcare system.

Additionally, when Advanced Practice Nurses relocate they are required to apply for a license in the new state of residence. This requirement can often lead to a delay in the ability to obtain credentialing, and thus a delay in patient care.

According to the American Medical Colleges (AAMC), a shortage of 105,000 providers is expected by 2030. Advanced Practice Registered Nurse Practitioners are certified in pediatrics, family, gerontology and psychiatry. A compact would allow these professionals to seamlessly provide continuity of care across state lines.

Though the need for an interstate compact has existed for many years, the COVID-19 pandemic has pushed this need to the forefront. Telehealth allows increased access to quality care with a potential that cannot be fully realized with the current absence of an interstate licensure compact. As states begin to modify their telehealth waivers and remove their expedited licensure policies put into place due to the pandemic, access to care and continuity of care will be restricted and as a result, the full potential of those who need specialized services will not be realized.

**Kennedy Krieger Institute requests a favorable report on Senate Bill 154.**

# **SB 154- Advanced Practice Registered Nurse Compact**

Uploaded by: Erin Dorrien

Position: FAV



Maryland  
Hospital Association

February 10, 2022

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

Re: Letter of Support - Senate Bill 154 - Advanced Practice Registered Nurse Compact

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 154.

For more than 700 days, our hospital heroes have been on the front lines of the COVID-19 pandemic. During that time, workforce shortages have grown untenable. Now we are at crisis levels with a staggering 50% jump in hospital nurse vacancies in just five months. That means fewer caregivers at the bedside, limiting capacity to care for patients, both those with COVID-19 and those having other serious conditions such as cancer.

Under the Governor's executive orders during the public health emergency, Maryland hospitals seamlessly recruited providers with active out-of-state licenses to care for Marylanders. These individuals were essential to fill critical workforce gaps, particularly among advanced practice nurses like nurse practitioners. Many hospitals, especially those near border states frequently hired nurse practitioners to support their critical care units.

When the most recent public health emergency expired this month, so did the ability for nurse practitioners to work in state using an active out-of-state license. The Board of Nursing issued emergency regulations and allows an emergency exception for interstate reciprocity for RNs and LPNs, yet advanced practice nurses fall through the gaps.

SB 154 would solve this problem and strengthen Maryland's health care workforce by establishing an Advanced Practice Registered Nurse Compact to allow interstate reciprocity. Maryland was the first state to join the Nurse Licensure Compact in 1999. This compact relieves some burdens associated with the state's licensure process. We have observed how effective compacts are for nurses and physicians. Given the critical workforce shortage and advanced training these providers must obtain, having Maryland participate in this compact would alleviate the strain on our current workforce and build a future pipeline.

For these reasons, we request a *favorable* report on SB 154.

For more information, please contact:  
Erin Dorrien, Vice President, Policy  
Edorrien@mhaonline.org

**SB154\_MONL\_fav.pdf**

Uploaded by: Lorraine Diana

Position: FAV



February 4, 2022

Senator Adelaide Eckardt  
James Senate Office Building, Room 322  
11 Bladen St., Annapolis, MD 21401

To Senator Eckardt:

On behalf of the Maryland Organization of Nurse Leaders (MONL) we are writing in support and are favorable of Maryland Senate Bill 154, Advanced Practice Registered Nurse (APRN) Compact. The Compact increases the APRN license portability and benefits the State of Maryland by improving access to healthcare and continuity of care for patients. This issue has been a top priority for many years, but since the COVID-19 pandemic started, this issue has intensified due to the sheer volume of patients needing a high level of care and the ongoing challenges with a sustainable healthcare workforce. SB 154 will foster enhanced collaboration between state Boards of Nursing and standardization of licensure requirements. The Compact will both sustain the state-based licensure system and increase communication between states.

MONL is comprised of Nurse Leaders from a variety of healthcare settings, including acute care, post-acute care, and academia. MONL's mission of providing direction to the environment that shapes health care delivery in the state of Maryland, has had a positive impact in Maryland for many years. Maryland was the first state to join the National Nurse Licensure Compact for Registered Nurses in 1999, and now must be a leader in the adoption of the APRN Compact.

The Maryland Organization of Nurse Leaders urges legislative leaders to Support SB 154. MONL represents Maryland's Nurse Leaders and nursing constituents across the state, we are confident you will represent on our behalf at this vital time in healthcare, two years into an international pandemic. Thank you for your time, attention, and support.

Sincerely,

Cody Legler, DNP, APRN, President MONL

MONL, Inc.  
10045 Baltimore National Pike  
A7 PMB 1047  
Ellicott City, MD 21042

**written testimony SB154 Lorraine2.10.22.pdf**

Uploaded by: Lorraine Diana

Position: FAV



## SB 154 Advanced Practice Registered Nurse Compact

February 10, 2022

I support passage of Senator Eckardt SB 154 Advanced Practice Registered Nurse Compact.

My name is Lorraine Diana, Certified Family Nurse Practitioner, practicing in Maryland for 41 years.

Our nation faces pressing health care challenges—an aging and more diverse population, more people with more chronic conditions, millions more uninsured, rising costs, and a shortage of providers. We can help address some of these challenges by maximizing the use of advanced practice registered nurses (APRNs) to tackle health care challenges in access, quality, and cost.

The APRN Compact would streamline access and provide additional choices to patients and families by cutting red tape so APRNs can more easily deliver care across state lines. The APRN Compact also promotes safety and quality. It codifies uniform standards, ensures that states have the authority to enforce public protection at the state level, and makes it easier to exchange information among member states when issues arise.

The APRN Compact will enhance and improve health care access in rural and inner-city communities across Maryland, supporting patients and the family caregivers that help keep their loved ones safe and independent in the community. The APRN Compact is also a commonsense way to facilitate greater telehealth options making it easier for patients to receive care when and where they need it.

Health care provider shortages hit older residents hard. Older adults sometimes lack the ability or resources to get to their appointments because of mobility issues, long travel distances to a provider, and wait times for appointments. This risks their health and adds unnecessary stress to family caregivers. Once implemented, the APRN Compact would encourage APRNs to provide care both in-person or through telehealth technologies in multiple states, connecting patients and their family caregivers with qualified primary care. APRNs are a highly valued and integral part of the health care system and a crucial source of support for family caregivers. They are registered nurses with a masters or doctoral level education trained to provide advanced health care services, including primary and preventative care.

The APRN Compact can help residents quickly access lifesaving services during natural disasters, weather emergencies, or a public health crisis. As the COVID-19 pandemic has illustrated, there is a need for state-based APRN license portability during a health care crisis to help states secure surge capacity and save lives when local needs exceed local health care supply. Our participation in the APRN Compact would complement Maryland's participation in the enhanced Nurse Licensure Compact and allow patients to benefit fully from the array of services APRNs could provide across state lines. Much like the RN Compact, the APRN Compact would also help military families during the relocation process, if the military spouse is an APRN.

I believe this policy change will improve patient access to care, facilitate expanded opportunities for telehealth, improve health outcomes, and reduce costs.

I ask for a favorable report on SB 154.

Thank you for your time and consideration.

Respectfully,

Lorraine Diana, MS, CRNP

Legislative Co Chair, The Maryland Academy of Advanced Practice Clinicians

3152 Eutaw Forest Dr, Waldorf, MD 20603

Ldianaart@aol.com

**SB154 APRN Compact support 2.10.22 LD.pdf**

Uploaded by: Marie Tarleton

Position: FAV



A Voice for Advanced Practice Clinicians in Maryland



#### **Board of Directors**

*President Marie Tarleton, MSN, FNP  
Treasurer Sabrina Sepulveda, MSN, PMH  
Secretary Angel Hannah, MSN, FNP  
Past President Elaine M Crain, DNP, FNP*

#### **Members-at-Large**

*Lorraine Diana, MSN, CRNP  
Beth Baldwin, MSN, PNP  
Angela Borger, DNP, FNP  
Michele Williams, DNP, CRNP*

## **Support SB 154 Advanced Practice Registered Nurse Compact**

February 10, 2022

We support passage of Senator Eckardt SB 154 Advanced Practice Registered Nurse Compact.

The Compact benefits the public by improving continuity of care, increasing license portability for advanced practice registered nurses and increasing access to APRN care. Now more than ever, this issue is of utmost importance. Access to healthcare providers was a challenge prior to the Covid-19 pandemic but has now been magnified due to the high level of care required by community members.

SB 154 will enable better communication between state Boards of Nursing while also ensuring licensure requirements are standardized.

The APRN Compact will allow APRNs to apply for a multi-state license, which improves access to care, while also coordinating the exchange of information from state to state.

The adoption of the APRN compact will not only improve the Advance Practice Nurse's ability to practice across state lines but will enhance the protection of the public by establishing a comprehensive licensure information system.

In adopting the Compact, the state-based licensure system is preserved but communication between states is enhanced.

As a leader for APRNs in Maryland. MAAPC has a mission to provide direction and leadership for the advancement of nursing practice and excellent patient care in organized healthcare systems. Support for SB 154 not only advances the ability of APRNs to provide care in a regulated manner across state lines but would also extend nursing's ability to provide patient care in underserved areas. As Maryland was an early adopter of the Nurse Licensure Compact for Registered Nurses, it is now imperative that Maryland is on the forefront of the APRN Licensure Compact, which was adopted by the National Council of State Boards of Nursing (NCSBN) on August 12, 2020. Maryland could be and should be one of the first 7 states to pass legislation which enacts this national compact.

We at MAAPC encourage a favorable report on SB 154. As our organization represents Maryland's advanced practice nurses, we are confident that you will act on our behalf and represent the dominant perspective of our profession at this crucial moment in healthcare. Thank you for your time and attention.

Sincerely,  
Lorraine Diana, MS, CRNP  
Legislative Co Chair, MAAPC  
P.O Box 8, St. Mary's City, MD 20686  
LDianaart@aol.com

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[www.MAAPCOnline.org](http://www.MAAPCOnline.org)  
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Tax ID 56-2521799

**SB154 APRN Compact support 2.10.22 MT.pdf**

Uploaded by: Marie Tarleton

Position: FAV



A Voice for Advanced Practice Clinicians in Maryland



#### **Board of Directors**

*President Marie Tarleton, MSN, FNP  
Treasurer Sabrina Sepulveda, MSN, PMH  
Secretary Angel Hannah, MSN, FNP  
Past President Elaine M Crain, DNP, FNP*

#### **Members-at-Large**

*Lorraine Diana, MSN, CRNP  
Beth Baldwin, MSN, PNP  
Angela Borger, DNP, FNP  
Michele Williams, DNP, CRNP*

### **Support SB 154 Advanced Practice Registered Nurse Compact**

February 10, 2022

The Maryland Academy of Advanced Practice Clinicians (MAAPC) supports passage of Senator Eckardt SB 154 Advanced Practice Registered Nurse Compact.

I am Marie Tarleton, Certified Family Nurse Practitioner practicing in Maryland more than 20 years and President of MAAPC.

This bill has many benefits for the residents of Maryland, many of which have become apparent in our current pandemic situation.

Some benefits of the Compact Licensure:

- The Advanced Practice Registered Nurse (APRN) has greater mobility across state lines physically and via telehealth.
- Improves the continuity of care for patients.
- Ensures the qualifications of the practitioners meet national standards.
- Streamlined credentialing and licensing process.
- Lessens undue licensure burdens and delays making Maryland more attractive for nurses to relocate here.
- This compact agreement aids military families during their relocation processes.
- Allows for qualified APRNs to fill emergent needs during times of disasters, short staffing, and in underserved rural areas.

During the pandemic while seeing most patients via telehealth, it became apparent to us as healthcare providers, that we need Compact licensure to serve our patients who live or work in another state and seek care with us in Maryland. We had to turn many patients away because they were physically located in another state at the time of their telehealth appointments causing them a delay in needed care and the burden of finding a new provider during a pandemic.

I ask for a favorable report on SB 154.

Thank you.

Sincerely,  
Marie Tarleton, CRNP  
P.O. Box 8, St. Mary's City, MD 20686  
marietaylor@tarleton@gmail.com

PO Box 8 St. Mary's City MD 20686  
[www.MAAPCOnline.org](http://www.MAAPCOnline.org)  
[TheMAAPC@gmail.com](mailto:TheMAAPC@gmail.com)  
Tax ID 56-2521799

**SB 154\_nlivanos\_fav.pdf**

Uploaded by: Nicole Livanos

Position: FAV

February 10, 2022

The Honorable Senator Paul G. Pinsky, Chair  
Education, Health and Environmental Affairs Cmte.  
2 West, Miller Senate Office Building  
Annapolis, Maryland 21401

The Honorable Senator Cheryl C. Kagan, Vice Chair  
Education, Health and Environmental Affairs Cmte.  
2 West, Miller Senate Office Building  
Annapolis, Maryland 21401

**Support of: Senate Bill 154- APRN Compact**

Dear Chair Pinsky, Vice Chair Kagan, and Distinguished Members of the Education, Health, and Environmental Affairs Committee:

On behalf of the National Council of State Boards of Nursing, I am writing to express our support for Senate Bill 154, a bill to enter Maryland into the Advanced Practice Registered Nurse (APRN) Compact.

The APRN Compact allows an APRN (certified nurse practitioners, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists) to have one multistate license and use that license to practice as an APRN in any compact state. This is not a new concept for Maryland. The APRN Compact is modeled after the Nurse Licensure Compact, a compact for registered nurses and licensed practical nurses that Maryland has been a member of for over twenty years.

*For regulators*, the compact simultaneously creates a path for cross-border mobility while licensure and discipline remain with Maryland. The APRN Compact Commission will be composed of the heads of state boards of nursing from each participating state, and the Commission's powers are limited to administration of the compact. The Commission has no power over nursing practice or licensing standards in the party states, as that power remains solely with that state's legislature and regulatory processes.

*For practitioners*, this added mobility will reduce the burden on APRNs already practicing across state lines, eliminating the need to maintain multiple state licenses. The APRN Compact will expand opportunities for all APRNs to practice in the rapidly growing telehealth industry, unlocking access to care in underserved areas.

*For military families*, who relocate across the country often, interstate compacts reduce barriers to employment upon numerous relocations. A military family member who is an APRN must apply for licensure before working, a process that takes time and effort which adds unnecessary stress and financial strain on the family.

The APRN Compact was introduced in states for the first time in 2021 and during the 2021 session both Delaware and North Dakota enacted the APRN Compact. The compact requires seven state enactments to go into effect. Maryland has an opportunity to pioneer licensure mobility and increased access to care through adoption of the APRN Compact, just as it did over twenty years ago as the first state to enact the Nurse Licensure Compact.

Thank you for the opportunity to testify on this important matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicole Livanos". The signature is fluid and cursive, with the first name "Nicole" written in a larger, more prominent script than the last name "Livanos".

Nicole Livanos, JD MPP  
Associate Director, State Advocacy and Legislative Affairs  
National Council of State Boards of Nursing  
111 E. Wacker Dr. Ste. 2900  
Chicago, IL 60601  
[nlivanos@ncsbn.org](mailto:nlivanos@ncsbn.org)



## **Support Testimony**

Uploaded by: Senator Eckardt Senator Eckardt

Position: FAV

**ADDIE C. ECKARDT**

*Legislative District 37*  
Caroline, Dorchester, Talbot  
and Wicomico Counties



*Annapolis Office*

James Senate Office Building  
11 Bladen Street, Room 322  
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410-841-3590 · 301-858-3590  
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Adelaide.Eckardt@senate.state.md.us

Budget and Taxation Committee

Health and Human Services  
Subcommittee

*Joint Committees*

Administrative, Executive,  
and Legislative Review

Audit

Children, Youth, and Families

Fair Practices and  
State Personnel Oversight

Pensions

THE SENATE OF MARYLAND

ANNAPOLIS, MARYLAND 21401

*District Office*

601 Locust Street, Suite 202  
Cambridge, MD 21613  
410-221-6561

Testimony for Senate Bill 154  
Advanced Practice Registered Nurse Compact  
Education, Health, and Environmental Affairs  
February 10, 2022

Chairman Pinsky and Members of the Committee:

Thank you for the opportunity to present **Senate Bill 154 – Advanced Practice Registered Nurse Compact**.

The Advanced Practice Registered Nurse (APRN) Compact authorizes advanced practice registered nurses to hold one state license with a privilege to practice in other compact states. The APRN Compact is modeled after the Nurse Licensure Compact, of which Maryland has been a member of for nearly 20 years and has proven to be a successful model for licensure mobility, and the APRN Consensus Model, the national model for APRN regulation and practice.

Senate Bill 154 establishes the framework for Maryland to join the APRN Compact, and would authorize an advanced practice registered nurse to practice in a party state under certain scope of practice rules.

Along with these rules, there are also additional pieces of criteria that an APRN must meet in order to qualify for participation in this compact. This criteria is also in addition to the criteria already established by the state of residence of the APRN.

Ultimately, joining the APRN Compact improves access to healthcare, especially in rural and underserved communities by increasing access to health care in a timely manner, flexibility, and the professional nursing of direct caregivers especially in long term care. Thank you for your consideration and I respectfully ask for a favorable report of Senate Bill 154.

Best regards,

A handwritten signature in cursive script that reads "Addie C. Eckardt".

Senator Addie C. Eckardt

**SB 154.APRN Comact.sd. final.pdf**

Uploaded by: Shirley Devaris

Position: FAV

**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)

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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.

# **SB 154 Advanced Practice Registered Nurse Compact.**

Uploaded by: Tammy Bresnahan

Position: FAV



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**SB 154 Advanced Practice Registered Nurse Compact**  
**FAVORABLE**  
**Senate Education, Health, and Environmental Affairs**  
**February 10, 2022**

Good afternoon Chair Pinsky and members of the Senate Education, Health, and Environmental Affairs Committee. I am Tammy Bresnahan, Director of Advocacy for AARP Maryland. Our nation faces pressing health care challenges—an aging and more diverse population, more people with more chronic conditions, millions more uninsured, rising costs, and a shortage of providers. We can help address some of these challenges by maximizing the use of advanced practice registered nurses (APRNs) to tackle health care challenges in access, quality, and cost. That is why AARP Maryland supports **Senate Bill 154**, which would include Maryland in the interstate Advanced Practice Registered Nurse Licensure Compact (APRN Compact). We thank Senator Eckardt for sponsoring this legislation and supporting nurses.

The APRN Compact would streamline access and provide additional choices to patients and families by cutting red tape so APRNs can more easily deliver care across state lines. The APRN Compact also promotes safety and quality. It codifies uniform standards, ensures that states have the authority to enforce public protection at the state level, and makes it easier to exchange information among member states when issues arise.

AARP Maryland believes enactment of the APRN Compact will enhance and improve health care access in communities across Maryland, supporting patients and the nearly 730,000 family caregivers that help keep their loved ones safe and independent in the community. The APRN Compact is also a commonsense way to facilitate greater health care options making it easier for patients to receive care when and where they need it.

Health care provider shortages hits older residents hard. Older adults sometimes lack the ability or resources to get to their appointments because of mobility issues, long travel distances to a provider, and wait times for appointments. This risks their health and adds unnecessary stress to family caregivers. Once implemented,<sup>1</sup> the APRN Compact would encourage APRNs to provide care both in-person or through telehealth technologies in multiple states, connecting patients and their family caregivers with qualified primary care. APRNs are a highly valued and integral part of the health care system and a crucial source of support for family caregivers. They are

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<sup>1</sup> The APRN Compact was adopted on August 12, 2020 by the [National Council of State Boards of Nursing](#). It has developed model language for states to enact the APRN Compact. The APRN Compact will be implemented once seven states enact the APRN Compact. North Dakota and Delaware have passed the Compact. Legislation is Pending in Utah and Maryland.

registered nurses with a masters or doctoral level education trained to provide advanced health care services, including primary and preventative care.

Moreover, the APRN Compact can help residents quickly access lifesaving services during natural disasters, weather emergencies, or a public health crisis. As the COVID-19 pandemic has illustrated, there is a need for state-based APRN license portability during a health care crisis to help states secure surge capacity and save lives when local needs exceed local health care supply. Our participation in the APRN Compact would complement Maryland's participation in the enhanced Nurse Licensure Compact and allow patients to benefit fully from the array of services APRNs could provide across state lines.

**We appreciate the opportunity to provide comments on SB 154 and ask for your support.** We believe this policy change will improve patient access to care, facilitate expanded opportunities for telehealth, improve health outcomes, and reduce costs. We ask the Committee for a favorable report on SB 154. If you questions or need further information, please call Tammy Bresnahan at 410-302-8451 or email her at [tbresnahan@arp.org](mailto:tbresnahan@arp.org).



**SB 154 MANA FAV.pdf**

Uploaded by: William Kress

Position: FAV

## Maryland Association of Nurse Anesthetists

### **SB 154 – Advanced Practice Registered Nurse Compact**

Before Senate EHEA Committee

#### **Position – Favorable**

February 8, 2022

Chair Pinsky and members of the committee, it is my pleasure to submit the following legislation on behalf of the Maryland Association of Nurse Anesthetists in support of SB 154. Modern health care delivery requires that safe and quality care provided by advanced practice registered nurses (APRNs) be dynamic and fluid across state boundaries. The 100-year-old model of nursing licensure is not flexible, enough to best meet this need.

SB 154 increases access to care, protects patient safety and reduces costs while supporting state-of-the-art health care delivery. The APRN Compact allows for APRNs with 2,080 hours or more of practice to have one multistate license in their home state, with the privilege to practice in other APRN Compact party states without obtaining additional licenses. To join the APRN Compact, states need to enact the APRN Compact model legislation and implement a federal criminal background check for APRN licensure.

SB 154 facilitates the protection of public health and safety by codifying uniform licensure requirements mirroring the national APRN Consensus Model to ensure applicants meet licensure standards for participation. States will exchange information regarding APRN regulation and investigation whenever an issue arises. Each state that is a party to the compact will have the authority hold the APRN to meeting the individual state's statutory requirements. SB 154 removes redundancies in applying and maintaining multiple state APRN licenses.

SB 154 increases access to care by APRNs which is essential for the health of many rural and underserved communities. Access to care is also increased by ability to

## Maryland Association of Nurse Anesthetists

deliver care through telehealth platforms. This is particularly important when the country faces disasters and pandemics like COVID. APRNs will be able to cross state borders and practice without the need for an emergency declaration from the government.

SB 154 will provide a more cost-efficient licensure framework for APRNs because there will be no need obtain additional nursing licenses. The APRN Compact also removes a burdensome expense to hospitals and other healthcare facilities who would otherwise reimburse for the cost of APRNs maintaining multiple state licenses.

For the above reasons, I respectfully request a favorable report from the committee on SB 154.

Natasha Hopkins, CRNA DNP  
President, MANA

**SB0154\_FWA\_MedChi\_Advanced Practice RN Compact.pdf**

Uploaded by: Steve Wise

Position: FWA

# MedChi

*The Maryland State Medical Society*

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TO: The Honorable Paul G. Pinsky, Chair  
Members, Senate Education, Health, and Environmental Affairs Committee  
The Honorable Adelaide C. Eckardt

FROM: J. Steven Wise  
Pamela Metz Kasemeyer  
Danna L. Kauffman  
Christine K. Krone

DATE: February 10, 2022

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 154 – *Advanced Practice Registered Nurse Compact*

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The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports with amendment** Senate Bill 154.

Senate Bill 154 creates a compact for Advanced Practice Registered Nurses (APRN), which include Certified Registered Nurse Anesthetists, Nurse Midwives, Certified Nurse Specialists, and Nurse Practitioners (NPs). MedChi supports the use of compacts among health care professions as they ensure licensure in the State where the patient is located, but also simplify the licensure process for those who wish to be licensed in multiple states.

One issue with the adoption of compacts is that the law contained in the compact may run counter to existing State law, as is found here. Existing Maryland law requires that Nurse Practitioners “Consult and collaborate with, or refer an individual to, an appropriate licensed physician or any other health care provider as needed.” HO §8-101(m). However, the Compact overrides this provision, stating instead that “an APRN issued a multistate license is authorized to assume responsibility and accountability for patient care independent of any supervisory or collaborative relationship.” To the extent the two provisions are in conflict, they should be harmonized.

It may be that this language of the Compact is intended to waive off only formalized supervisory or collaborate written agreements between an NP and a physician, and not the general obligation to collaborate and refer patients. If that is the case, the following amendment does not disturb the Compact but makes clear its intent: On Page 9 at line 15, after “relationship” insert “; provided however, that this still requires an APRN to collaborate with and refer patients to an appropriate licensed physician or any other health care provider as needed.”

With this clarifying amendment, MedChi supports Senate Bill 154.

**For more information call:**

J. Steven Wise  
Pamela Metz Kasemeyer  
Danna L. Kauffman  
Christine K. Krone  
410-244-7000

**APRN-Compact-Licensure-2020.pdf**

Uploaded by: Beverly Lang

Position: UNF

# POSITION STATEMENT: APRN COMPACT LICENSURE

## The American Association of Nurse Practitioners® (AANP) opposes the revised APRN Compact.

AANP does not endorse the APRN Compact for multistate licensure, which was adopted by the National Council of State Boards of Nursing (NCSBN) in August 2020.

AANP strongly opposes the inclusion of practice hours as a prerequisite for a multistate advanced practice registered nurse (APRN) license. The inclusion of practice hours is inconsistent with the evidence and is in direct conflict with the Consensus Model for APRN Regulation: licensure, accreditation, certification and education.

The evidence is clear. APRNs are prepared for safe entry to practice at the point of graduation from an accredited graduate program and after the successful passage of a national certification board examination. The inclusion of minimum practice hours as a requirement for a multistate APRN license creates unnecessary and costly regulations for all states and new challenges for the states currently working to retire similar barriers.

AANP additionally reaffirms the position that an APRN Compact must include an APRN advisory committee. Incorporating an APRN advisory committee would ensure that there are readily available resources and needed expertise to address the complexity and variety of practice issues.

AANP has played an instrumental role in securing Full Practice Authority across the country and finalizing more than 100 state statutes that benefit nurse practitioners (NPs) and their patients, including laws that adopt the APRN title, role and educational requirements. In the past, the association has supported the concept of a multistate licensure compact for APRNs. AANP knows that ending the current patchwork of licensure and practice authorization is necessary to improve health outcomes for patients and address health care workforce needs. It is unfortunate, but necessary, that AANP not endorse or work toward implementing NCSBN's revised APRN Compact.

**LOO SB154 APRN Compact 2022.pdf**

Uploaded by: Beverly Lang

Position: UNF





*“Advocating for NPs since 1992”*

**Bill: SB 154 – Advanced Practice Registered Nurse Compact**

**Position: OPPOSE**

On behalf of the over 800 members of the Nurse Practitioner Association of Maryland, Inc. (NPAM), and the over 8,000 Nurse Practitioners licensed to practice in Maryland, I am writing to **OPPOSE SB 154 – Advanced Practice Registered Nurse Compact.**

This bill would establish entry into the Advanced Practice Registered Nurse (APRN) Compact as adopted by the NCSBN (National Council of State Boards of Nursing) in August, 2020. While this association is not opposed to the concept of a APRN Compact, the provisions set forth by the NCSBN are not acceptable. Until those provisions meet the expectations of Nurse Practitioners (NPs) and all APRNs, NPAM will not support this bill.

Two (2) states have entered into the APRN Compact since 2020 – North Dakota and Delaware; seven (7) states are needed to implement the Compact. It is not foreseen that 7 states will enter into this Compact in the near future, and it is our opinion that the provisions of the Compact need to be worked out before Maryland considers entry into the Compact.

NPAM strongly opposes the inclusion of 2,080 practice hours as a prerequisite for a multistate APRN Compact license. The inclusion of practice hours is inconsistent with the evidence and is in direct conflict with the Consensus Model for APRN Regulation: licensure, accreditation, certification and education, and sets a dangerous precedent. The evidence is clear. APRNs are prepared for safe entry to practice at the point of graduation from an accredited graduate program and after the successful passage of a national certification board examination. NPs in Maryland are well prepared to enter the work force upon graduation.

NPAM affirms the position that the APRN Compact must include an APRN Advisory Committee to ensure there is needed expertise to address the complexity and variety of practice issues.

The Nurse Practitioner Association of Maryland, Inc.  
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Office: 443-367-0277 Fax: 410-772-7915  
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Additionally, the current Compact provisions provides that the APRN Compact Administrators are composed of the head of each participating state licensing board or that person's designee. It is unacceptable that those governing APRN's are not APRNs. It is essential that the compact administrators have a full understanding of each APRN role, and represent all four APRN roles, including representation from accreditation, certification, education and practice.

Licensure fees will most certainly shift, and it is unknown how this will impact the Maryland Board of Nursing (MBON) fiscally and how much the Compact Administration Fee will be. Administratively, the MBON is already over-burdened with work, as is indicated in the long license renewal wait times, and it is unknown what the impact an APRN Compact will have.

The American Association of Nurse Practitioners (AANP) and over 40 other nursing organizations oppose the provisions of the NCSBN APRN Compact.

NPAM has played an instrumental role in advocating for and removing barriers to practice for Nurse Practitioners in Maryland since 1992. In 2015 NPAM was successful in securing Full Practice Authority for NPs in Maryland. We have worked diligently to advocate for statutes that benefit NPs and their patients and do not see any benefits of the current provisions of the APRN Compact as proposed by the NCSBN to Maryland NPs. Thus, we oppose SB 154 – Advanced Practice Registered Nurse Compact.

For these reasons I respectfully request an unfavorable vote on SB 154. Feel free to contact Beverly Lang, Executive Director, NPAM if you need additional information.

Kindest Regards,

**Beverly Lang MScN, RN, ANP-BC, FAANP**

Executive Director,

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443-367-0277 (Office)

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**NPAM Position Statement on APRN Compact 2021.pdf**

Uploaded by: Beverly Lang

Position: UNF



*“Advocating for NPs in Maryland since 1992”*

### **NPAM Position Statement on NCSBN APRN Licensure Compact**

The Nurse Practitioner Association of Maryland, Inc. (NPAM) does not endorse the APRN Compact for multistate licensure, which was adopted by the National Council of State Boards of Nursing (NCSBN) in August 2020. While NPAM supports the concept of a multistate licensure compact for APRNs to allow for ease of practice across state lines to address health care workforce needs, it is unfortunate that we cannot endorse the National Council of State Boards of Nursing's (NCSBN's) APRN Compact and all of the provisions.

NPAM strongly opposes the inclusion of 2,080 practice hours as a prerequisite for a multistate advanced practice registered nurse (APRN) license. The inclusion of practice hours is inconsistent with the evidence and is in direct conflict with the Consensus Model for APRN Regulation: licensure, accreditation, certification and education, and sets a dangerous precedent. The evidence is clear. APRNs are prepared for safe entry to practice at the point of graduation from an accredited graduate program and after the successful passage of a national certification board examination. The inclusion of minimum practice hours as a requirement for a multistate APRN license creates unnecessary and costly regulations for all states and new challenges for the states currently working to retire similar barriers.

Further, NPAM affirms the position that an APRN Compact must include an APRN advisory committee. Incorporating an APRN advisory committee would ensure that there are readily available resources and needed expertise to address the complexity and variety of practice issues. The current compact provides that the APRN compact administrators are composed of the head of each participating state licensing board or that person's designee. It is essential that the compact administrators have a full understanding of each APRN role, and the compact itself should require that a majority of the compact administrators be APRNs, and, that the compact include an APRN Advisory Committee, representing all four APRN roles, include representation from accreditation, certification, education and practice, as well.

NPAM has played an instrumental role in advocating for and removing barriers to practice for Nurse Practitioners in Maryland since 1992. In 2015 NPAM was successful in securing Full Practice Authority in Maryland. We have worked diligently to advocate for statutes that benefit nurse practitioners (NPs) and their patients and do not see any benefits of the current provisions of the APRN Compact as proposed by the NCSBN to Maryland NPs. Thus, we oppose the APRN Compact.

Approved by NPAM Executive Committee 11/10/2021

**Nurse Practitioner Association of Maryland, Inc**  
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**[NPAMonLine.org](http://NPAMonLine.org)**

**SB 0154 Kathrine Ware Unfavorable .pdf**

Uploaded by: Kathy Ware

Position: UNF

January 30, 2022

The Honorable Senator Pinsky  
Maryland Senate  
11 Bladen Street  
Annapolis, MD 21401

Dear Senator Pinsky,

I am writing regarding **SB 0154, Advanced Practice Registered Nurse Compact**. I am a Nurse Practitioner (NP) living and working in Maryland and I **oppose** this bill.

This bill would establish entry into the Advanced Practice Registered Nurse (APRN) Compact as adopted by the NCSBN (National Council of State Boards of Nursing) in August, 2020. The provisions set forth by the NCSBN **are not acceptable**. Until the Compact provisions meet the expectations of Nurse Practitioners (NPs) in Maryland, I am requesting you that you do not support this bill.

- The inclusion of 2,080 practice hours as a prerequisite for a APRN Compact license is inconsistent with the mounting evidence of the high-quality, cost-effective care provided by NPs. NPs are prepared for safe entry to practice upon graduation from an accredited graduate program and after the successful passage of a national certification board examination. **NPs in Maryland do not currently have a clinical practice requirement. This provision would be a step backwards for access to NP care in our state.**
- The APRN Compact Administrators must include NPs and other APRNs. Those governing APRNs must understand each APRN role. Currently, there is no provision for this representation.
- An APRN Advisory Committee needs to be included in the provisions of the Compact to ensure there is needed expertise to address the complexity and variety of practice issues. Currently, there is no provision for an APRN Advisory Committee.
- It is not known if the APRN Compact, as adopted by the NCSBN, will be implemented any time soon as there needs to be 7 states for adoption. Two (2) states have entered into the APRN Compact since 2020 – North Dakota and Delaware.

Passage of this bill will negatively impact NPs in Maryland and the patients we serve. Given the current healthcare crisis, any bill that affects access to health care is misguided and dangerous. For this reason, and all of the reasons listed above, I ask for your opposition to **SB 0154, Advanced Practice Registered Nurse Compact**. The provisions of the APRN Compact as proposed by the NCSBN need to be worked out before Maryland considers entry into the Compact.

As a healthcare provider, I am available to answer any questions you might have related to this issue. Please feel free to contact me with your questions.

Sincerely,

Kathrine Ware, RN, MSN, CRNP  
Nurse Practitioner  
[warekathrine@gmail.com](mailto:warekathrine@gmail.com) or 530-220-9085

**UNFAVORABLE.SB154.MDRTL.L.Bogley.pdf**

Uploaded by: Laura Bogley

Position: UNF



## UNFAVORABLE STATEMENT

### **SB 154 Advanced Practice Registered Nurse Compact**

Laura Bogley, JD, Director of Legislation

On behalf of the Board of Directors and members of Maryland Right to Life, I oppose this legislation as written and respectfully request your amendment or unfavorable report.

As written, **SB 154** would diminish existing professional standards of patient care by allowing advanced practice nurses to prescribe drugs as part of an interstate compact. Without specific language excluding the application of this bill to abortion, nurse specialists would be authorized to prescribe lethal chemical abortion drugs, putting more pregnant at risk for injury and death. This bill must be considered in the broader legislative context in which this new prescribing authority could be combined with dispensing authority and the commitment of public tax dollars to reimburse providers for abortion.

We strongly urge you to protect pregnant women in Maryland and other states by preserving the physician only requirement for all abortions (both surgical and chemical) and by making it clear that it is not within the scope or independence of practice of lower health care professionals to provide or perform abortion.

### **PHYSICIANS EXAM REQUIRED FOR PREGNANCY**

One of the few protections for pregnant women in the Maryland Code is the legal requirement that only a licensed physician may perform abortions. A physician's examination is essential for the health of pregnant women, in order to properly diagnose gestational age, pre-existing medical conditions and potential pregnancy complications, including ectopic pregnancy. 26 women already have been needlessly killed by the use of chemical abortion pills and several due to the lack of a physician's examination and missed diagnosis of ectopic pregnancy.

While prescription authority may be reasonable for legitimate health care purposes, it is not appropriate for abortion. The State of Maryland must ensure that all pregnant women have access to quality health care which includes, at minimum, a complete obstetric examination by a licensed medical physician. Physician examinations are necessary to determine pregnancy, gestational age, underlying medical conditions and risks and any pregnancy complications.



By authorizing the distribution of chemical abortion pills without first requiring a full obstetric examination by a licensed physician, this Assembly will be negligent in providing for the health and safety of pregnant women in Maryland.

### **POSITION STATEMENT- Put Patients Before Profits**

The abortion industry is asking the state to authorize them to put profits over patients.

Maryland Right to Life (MDRTL) opposes introduction or passage of any bill dealing with the 'scope of practice' of any health care professional which doesn't include language excluding abortion. Scope or independence of practice typically describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.

We take this position because it has long been the strategy of the pro-abortion movement to use a broad definition of that 'scope' as a means to increasing the number of lower health care professionals licensed to provide abortion services. Expanding the number of people who can provide abortion will increase the number of unborn children being killed and will put more women at risk of substandard medical care, injury and death.

The medical scarcity in abortion practice is a matter of medical ethics not provider scarcity, as 9 out of 10 ob/gyn's refuse to commit abortions because they recognize the scientific fact that a human fetus is a living human being. The abortion industry's solution is three-fold: (1) authorize lower-skilled workers and non-physicians to perform abortion, (2) authorize abortionists to remotely prescribe abortion pills across state lines, AND (3) circumvent the physician requirement by implementing telabortion through a variety of providers.

### **"D-I-Y" ABORTIONS**

While the Supreme Court imposed legal abortion on the states in their 1973 decisions *Roe v. Wade* and *Doe v. Bolton*, the promise was that abortion would be safe, legal and rare. But in 2016 the Court's decision in *Whole Woman's Health v. Hellerstedt*, prioritized "mere access" to abortion facilities and abortion industry profitability over women's health and safety.

The abortion industry itself has referred to the use of abortion pills as "**Do-It-Yourself**" abortions, claiming that the method is safe and easy. But chemical abortions are **4 (four) times more dangerous than surgical abortions**, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 250%.

Last session, MDRTL advised legislators that the Biden administration intended to remove Food and Drug Administration (FDA) REM safeguards that prohibited the remote sale of chemical

abortion pills and required a physician's examination in order to obtain abortion pills. Those FDA safeguards were officially removed in December 2021, leaving pregnant women and girls exposed to the predatory TELABORTION practices of the abortion industry.

Despite the fact that Maryland law permits only a licensed physician to perform abortions, the abortion industry is taking advantage of recent telemedicine policies adopted to manage Covid-19 related medical scarcity issues. Abortionists now serve only a tangential role either on paper as medical directors for clinics or as remote prescribers of abortion pills, even across state lines.

Many of the bills MDRTL opposed in 2021 involved the establishment of distribution chains for chemical abortion pills including through telehealth appointments, pharmacists, vending machines and school-based health centers. Pro-life legislators were unsuccessful in attaching pro-life amendments to these bills but still supported broad telehealth authorization and provider reimbursements.

## **WEAPONS OF MASS DESTRUCTION**

Chemical Abortion makes up 40% of current pregnancies in the United States. With the broad application of telemedicine policies that enable "telabortion", or the remote sale and distribution of chemical abortion pills, that number is expected to increase to as much as 75%.

Chemical abortion pills are the new **Weapons of Mass Destruction** and could kill as many as 1 million preborn children each year and put their mothers at higher risk of injury and death. The proliferation of chemical abortion pills is taking abortion further outside the spectrum of "health care" as most women are prescribed these lethal pills without the benefit of a physician's examination. Pregnant women and girls are left alone to hemorrhage until their unborn child is flushed out of their system and then flushed into public sewerage.

Maryland Right to Life urges this Assembly to classify those lethal drugs typically used to kill preborn children in chemical abortions as Controlled Dangerous Substances in the Annotated Code of Maryland and to regulate their use and distribution appropriately. Lethal drugs used for the purposes of chemical abortion, currently include mifepristone, misoprostol and methotrexate, but other drugs are being used experimentally and also should be regulated. None of these lethal drugs are currently listed as either "prescription drugs" or contained in any of the Schedules of Controlled Dangerous Substances.

## ABORTION COERCION

Under current Maryland law, there is no explicit measure prohibiting any individual from coercing a woman into abortion.

The *majority* of women who have had abortions (64%) report afterward that they were pressured into the decision. Coercion encompasses any situation in which a pregnant mother is made to feel – by any means – that she has *no choice* but an abortion. Coercion sends a mother into the belief that *either the baby dies or I will die or suffer great harm*.

The State of Maryland has an obligation to provide for the health and safety of pregnant women and to regulate the use and distribution of chemical abortion pills. The proliferation of chemical abortion pills through telabortion and distribution through non-physicians and lower level healthcare workers, will put pregnant women at greater risk of abuse and coercion.

Without a physician’s examination to confirm medical eligibility for chemical abortion as well as to confirm that the pregnant woman has consented to chemical abortion, these pills can be distributed to and utilized by sexual abusers and **sex traffickers** to continue to victimize women and girls.

## BACKGROUND- Commoditizing Abortion

In the early twentieth century, Margaret Sanger founded the American Birth Control League that was later called the Planned Parenthood Federation of America. Sanger was a racist and a eugenicist who believed that birth control and forced sterilization would help to curb the growth of “unfit” populations, particularly African Americans and established her clinic in Harlem, a primarily African-American borough of New York. Sanger, who later served as president of the International Planned Parenthood Federation, was instrumental in legalizing contraception in the United States.

In the late 1960s and early 1970s, underground abortionists wanted to legitimize their abortion practices as “mainstream medical care”. Adopting the eugenics philosophy of Margaret Sanger, they realized that while middle and upper class women could afford contraceptive care, abortion could be marketed to poor and minority women as an affordable birth control option. By classifying abortion as “health care”, abortionists would be able to recover payment for their services and be incentivized to “sell” more abortions.

Abortionist Dr. Bernard Nathanson, co-founded the National Abortion Rights Action League, to lobby for the legalization of abortion. Abortion advocates assured judges, legislators, and the American public that legalizing abortion would be beneficial to the health and well-being of

American women. Proponents argued, if abortion were legal, the procedure would be safer for women because it would become an accepted part of “mainstream medical care,” proper surgical procedures would be followed, and skilled and reputable gynecologists and surgeons would perform the procedure.

Dr. Nathanson, who later converted to being a pro-life advocate, admitted that he had taken part in fabricating the number of women who died from illegal “back alley” abortions prior to 1993. What he reported to the Supreme Court and others as tens of thousands of deaths, was in reality only 100 women in 1972. Another 100 women were killed in 1972 as the result of legal abortions, in the few states that authorized exceptions to their abortion prohibitions.

In December 1996, the National Abortion Federation (NAF), with funding from the Kaiser Family Foundation, convened a national symposium to explore how CNMs, NPs, and PAs could participate more fully in abortion service delivery nationwide. In 1997 they presented a symposium entitled, “The role of physician assistants, nurse practitioners, and nurse–midwives in providing abortions: strategies for expanding abortion access.” (National symposium, Atlanta, GA, 13-14 December 1996. Washington, DC: National Abortion Federation; 1997).

There is even a ‘tool kit’ entitled “Providing Abortion Care: A Professional Tool Kit for Nurse-Midwives, Nurse Practitioners and Physician Assistants” (2009). It was developed as a guide for health care professionals who want to include abortion as being within their scope of practice.

This session the Maryland Legislative Agenda for Women states that their goal in part is to expand access to abortion by authorizing “advanced practice clinicians” including nurse practitioners, certified nurse midwives, nurse midwives and physicians assistants to provide abortion, and to ensure those abortions are covered by health insurance, especially for minority women through taxpayer funded Medical Assistance.

In recent years, MDRTL has opposed several bills attempting to expand the scope of practice of doulas, certified nurse midwives, and even pharmacists, that was broad enough to include participation in abortion (either surgical or chemical) and authorization for reimbursement through the Maryland Medical Assistance Program (Medicaid). These bills would divert public funds away from other legitimate health care services of these practice areas.

## **STATE OF PREGNANCY CARE IN 2022**

The practice of abortion in America has become the “**red light district**” of medicine, populated by dangerous, substandard providers. With the proliferation of chemical abortion pills, the abortion industry itself has exposed women to “back alley” style abortions, where they bleed alone without medical supervision or assistance.

Legalizing abortion has failed to eliminate substandard medical care, kept people without medical licenses from performing abortions, ended the use of dirty, unsanitary procedure rooms and unsterile, inadequate instrumentation, ensured competent post-abortive care, or prevented women from dying from unsafe abortions.

More importantly, legalizing abortion has failed to provide for the legitimate reproductive health care needs of women. Abortion blood money is fueling political campaigns and dictating the prioritization of public funding for abortion, diverting funds from legitimate reproductive health care including reliable birth control methods, quality prenatal care, parenting education and support, foster care reform and affordable adoption programs.

The state has failed to analyze and report data examining the connection between abortion and maternal health and mortality, including subsequent preterm births, miscarriages and infertility. The state participates in normalizing abortion, ignoring the mental health needs of large numbers of women and girls suffering from Post-Abortion Syndrome including severe depression and anxiety.

## **CONCLUSION**

Women in Maryland deserve better than more of the same abortion politics. State lawmakers must take immediate action to confront and remedy the abortion industry's dangerous practices and the rejection of medically appropriate health and safety standards of patient care.

For these reasons, Maryland Right to Life urges your amendment to exclude abortion purposes, including the prescription and distribution of chemical abortion drugs from the application of this bill. If you cannot guarantee that this bill will not expand abortion access, we ask you to reject the bill as a whole.

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Position: INFO



# Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

February 10, 2022

The Honorable Paul G. Pinsky  
Chair, Senate Education, Health, and Environmental Affairs Committee  
2 West Miller Senate Office Building  
Annapolis, MD 21401-1991

**RE: SB 154 – Advanced Practice Registered Nurse Compact – Letter of Information**

Dear Chair Pinsky and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of information for Senate Bill (SB) 154 – Advanced Practice Registered Nurse Compact. This bill establishes criteria for participating states entering into the Advanced Practice Registered Nurse (APRN) Compact (the Compact). This bill authorizes an advanced practice registered nurse to practice in a party state under certain scope of practice rules. SB 154 additionally establishes the Interstate Commission of APRN Compact Administrators and its duties and powers.

The APRN Compact, adopted August 12, 2020, allows an advanced practice registered nurse to hold one multistate license, issued by the home state, with the privilege to practice in all other party states. The intent of the Compact is to: (1) increase access to APRN services among party states; (2) enable APRNs to practice in person or provide telehealth services to patients in party states; (3) allow APRNs to cross state borders quickly and efficiently to provide services in party states in the event of an emergency; (4) allow military spouse APRNs to continue working upon relocation to another party state; and (5) remove burdensome expenses for APRNs by limiting the number of single state licenses issued.<sup>1</sup>

The Board supports the intent of the APRN Compact, but there are two conflicts with current State law that would prevent adoption of the APRN Compact in Maryland.

**Page 9, lines 8 – 9: The issuance of an APRN multistate license shall include prescriptive authority for non-controlled prescription drugs.**

Currently, Title 8 of the Maryland Health Occupations, Md. Code Ann., and Title 10, Subtitle 27 of the Code of Maryland Regulations (COMAR) do not authorize Certified Registered Nurse Anesthetists (CRNA) or Clinical Nurse Specialists (CNS) to prescribe controlled or non-controlled prescription drugs. This is in direct conflict with SB 154, which requires that all APRN licensees be authorized to prescribe non-controlled prescription drugs.

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<sup>1</sup> Facts about the APRN Compact. National Council of State Boards of Nursing (NCSBN).  
[https://www.aprncompact.com/1pager\\_APRNCompact\\_2020.pdf](https://www.aprncompact.com/1pager_APRNCompact_2020.pdf)

The Board is aware of legislation being introduced in the 2022 legislative session that would authorize CRNAs and CNSs to prescribe certain prescription medications<sup>2,3</sup>. However, neither bill authorizes full prescriptive authority for non-controlled prescription drugs, which would be necessary in order to adopt the APRN Compact.

**Page 9, lines 13 – 17: An APRN issued a multistate license is authorized to assume responsibility and accountability for patient care independent of any supervisory or collaborative relationship.**

Currently, Md. Code Ann., Health Occ. § 8-513 and COMAR 10.27.06.06 require that a certified registered nurse anesthetist collaborate with an anesthesiologist, licensed physician, or dentist<sup>4,5</sup>. These provisions are inconsistent with the language in the APRN Compact requiring full practice authority and autonomy. Unless CRNA's are permitted to assume responsibility and accountability for patient care independent of the current collaborative relationship requirement, it is not possible to adopt the APRN Compact in Maryland.

The Board believes the only way to rectify the inconsistencies with prescriptive authority and independent practice would be to introduce companion bills.

For the reasons discussed above, the Board of Nursing respectfully submits this letter of information for SB 154.

I hope this information is useful. For more information, please contact Iman Farid, Health Policy Analyst, at (410) 585 – 1536 ([iman.farid@maryland.gov](mailto:iman.farid@maryland.gov)) or Rhonda Scott, Deputy Director, at (410) 585 – 1953 ([rhonda.scott2@maryland.gov](mailto:rhonda.scott2@maryland.gov)).

Sincerely,



Gary N. Hicks  
Board President

**The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.**

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<sup>2</sup> House Bill 55 CF Senate Bill 312. Health Occupations – Nurse Anesthetists – Drug Authority and Collaboration.

<sup>3</sup> House Bill 276 CF Senate Bill 513. Health Occupations – Clinical Nurse Specialists – Prescribing Authority.

<sup>4</sup> Title 8 – Nurses. Subtitle 5 – Miscellaneous Provisions. Section 8-513 – Nurse Anesthetist.

<sup>5</sup> COMAR 10.27.06.06 – Standards of Practice. <http://www.dsd.state.md.us/comar/comarhtml/10/10.27.06.06.htm>



**2022 ACNM SB 154 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: INFO



**Committee:** Senate Education, Health, and Environmental Affairs Committee

**Bill Number:** Senate Bill 154

**Title:** Advanced Registered Nurses Compact

**Hearing Date:** February 10, 2022

**Position:** Letter of Information

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The Maryland Affiliate of the American College of Nurse-Midwives (ACNM) would like to provide the Committee with this letter of information regarding the Advanced Registered Nurses (APRN) Compact. ACNM has not yet made a decision regarding the APRN Compact as we continue to gather feedback from our members; the National ACNM position has not yet been ratified. We appreciate the efforts of the sponsor and the Maryland Board of Nursing in providing thorough background information on this important issue. We will keep the sponsor and Committee informed of any decisions that our organization makes. In the meantime, please just contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443 if we can be helpful.

**2022 MNA SB 154 Senate Side.docx.pdf**

Uploaded by: Robyn Elliott

Position: INFO



**Committee:** Senate Education, Health, and Environmental Affairs Committee  
**Bill Number:** Senate Bill 154  
**Title:** Advanced Registered Nurses Compact  
**Hearing Date:** February 10, 2022  
**Position:** Letter of Information

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The Maryland Nurses Association (MNA) would like to provide the Committee with this letter of information regarding the Advanced Registered Nurses (APRN) Compact. MNA is very appreciative of the support of the Sponsor and other nursing organizations in advancing the dialogue on the critical issue of a licensure compact for APRNs. This issue is complex and requires gathering feedback from a broad array of our members, so MNA is not ready yet to take a position. We thank the Sponsor and the Committee for their support for advancing APRN issues in general; and we look forward to continuing discussions about the APRN Compact. In the meantime, please just contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443 if we can be helpful.