



Support

SB513 Clinical Nurse Specialists-Prescribing Authority

January 27, 2022

Improving outcomes in pregnancy

As a perinatal CNS, I care for pregnant and postpartum patients and their newborns with a particular interest in those impacted by opioid use disorder (OUD) and neonatal abstinence syndrome (NAS). Pregnancy is a critical time point in a woman's life. Pregnant women do not wake up and decide they are going to use drugs. Women with OUD become pregnant. They have a chronic relapsing disease that impacts not only the woman but her newborn. Women with OUD know this and are motivated to change during pregnancy. We need more providers to help them.

While providers in Maryland who can prescribe buprenorphine for OUD are increasing, most providers are not educated in the needs of pregnant patients and the impact of neonatal abstinence syndrome on the newborn. Our wonderful OB providers are experts in the care of pregnant women, but often not in the treatment of OUD. Additionally, MANY do not have the necessary waiver training to prescribe buprenorphine. This is particularly challenging when pregnant patients come to the hospital in withdrawal from heroin, fentanyl, and other opiates. There is often no one able to start our pregnant patients on medications for OUD, to manage their withdrawal or their complex medical needs related to OUD.

It is I, as a CNS, who advise the OB providers on the proper care and medications to support the patient while in the hospital. It has been my job to develop policies, order-sets, and procedures for pregnant women with OUD when they come to the birthing unit and through their postpartum stay.

It is evident there is a gap in care in both the hospital and community for pregnant patients with OUD.

Federally, the SUPPORT ACT of 2018, granted CNSs the ability to prescribe buprenorphine to patients, but in the state of MD, I cannot without prescriptive authority.

One of the main reasons I became a CNS was to improve outcomes for women and newborns impacted by OUD, including prescribing treatment for this chronic relapsing disease. Integrating OUD into provider practices is much needed in our communities, but there is still a gap in this care to pregnant women. Having prescriptive authority would fill this gap by allowing me and other CNSs to provide buprenorphine therapy to pregnant women and support our OB providers in the care of this high-risk population.

I need prescriptive authority to impact the outcomes of pregnant and parenting patients in Frederick County and the state of Maryland and to improve the outcomes in newborns and families impacted by OUD

Most Sincerely,
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