



## Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists

### Support

### **SB513 Health Occupations – Clinical Nurse Specialists – Prescribing Authority**

January 26, 2022

I support the passage of SB513 Health Occupations – Clinical Nurse Specialists – Prescribing Authority.

I am a Clinical Nurse Specialist with 26 years of experience in nursing. I am the Patient Education Specialist and diabetes educator for UM Shore Regional health which provides healthcare to five counties on Maryland's eastern shore. As the diabetes educator I am consulted for hospitalized patients who have uncontrolled diabetes or hospitalized with an insulin pump.

When consulted for diabetes education, often a hospitalist (a hospital-based physician or nurse practitioner) will either ask my opinion or be receptive to my suggestions in relation to diabetes related medications and other orders (like glucose monitoring frequency) during a patient's hospitalization and when preparing for discharge.

There are also times when a hospitalist will ask for an endocrinology provider consult for medication and/or management recommendations for a patient. In this case the endocrine nurse practitioner or the endocrinologist, who see patients in clinic, must arrange time away from clinic to travel to the hospital for the consult. There are occasions where this may be several days. Waiting for the endocrinology consult can delay appropriate care and/or discharge leading to elevated inpatient costs. Delayed discharge of one patient delays the availability of a bed for another patient waiting in the emergency room. As a Clinical Nurse Specialist with prescriptive authority, I can fill this gap in care for these patients, save the patients extra time in the hospital, and save the hospital money.

In addition, anytime a patient is admitted to the hospital with an insulin pump, the diabetes educator is consulted. According to hospital policy, patients who wear insulin pumps may continue using their pump while hospitalized as long as they meet specific criteria and are mentally sound to safely manage their pump, however, they need an order by a provider for this. I have encountered times where the hospitalist did not complete insulin pump orders in a timely fashion on admission, but other orders for medication have been written. This is a huge safety issue in that a patient could have an insulin infusing through their pump and also have orders for insulin in the electronic medical record. The risk is that the patient could receive an extra dose of insulin which may cause a rapid drop in blood sugar. Hospitalists, like nurses, are stretched thin, especially during this pandemic. They often are challenged to see a large volume of patients daily. As a Clinical Nurse Specialist with prescriptive authority, I can write these orders and be sure that our hospitalized patients with insulin pumps have safe and appropriate orders for care.

Allowing prescriptive authority for clinical nurse specialists through the passage of SB513 will expand the availability of expert providers in the healthcare system which will fill gaps in care, improve outcomes and provide cost savings to the hospitals as well as the patients we serve. I urge you to please vote in favor of this bill to improve access to care for all Marylanders including the rural and under-served area of the eastern shore.

Sincerely,

*Claudia Tilley MSN, RN, APRN-CNS, AGCNS-BC*  
9020 Fox Meadow Lane, Easton, MD 21601

<https://cbanacns.enpnetwork.com>  
MD.CNS.RX@gmail.com