

**TESTIMONY****Bill: SB 439 Advanced Practice Registered Nurse Compact****Position: OPPOSED (UNFAV)****Committee Senate Finance**

Dear Chair, Vice Chair and Members of the Committee,

I am a nurse practitioner licensed in Maryland and D.C., and a lifelong Maryland resident. I speak today on behalf of the Nurse Practitioner Association of Maryland, of which I am a founding member and past president. I am an associate professor at the University of Maryland School of Nursing, where I direct the adult-gerontology nurse practitioner program. I am a past president of the American Association of Nurse Practitioners, a national association which is the **largest nurse practitioner association in the world** and represents the interests of 355,000 American nurse practitioners.

**There is overwhelming national and state opposition to this 3<sup>rd</sup> version of an APRN Compact of eight national nursing organizations and 34 state nurses' organizations in 32 states.**

**Five national nurse practitioner organizations oppose** this 3<sup>rd</sup> version of an APRN Compact:

- American Association of Nurse Practitioners
- National Association of Pediatric Nurse Practitioners
- National Association of Nurse Practitioners in Reproductive Health
- Gerontological Advanced Practice Nurses Association
- National Organization of Nurse Practitioner Faculties

**Three national nurses' organizations oppose** this 3<sup>rd</sup> version of an APRN Compact:

- American Nurses Association
- American Association of Nurse Anesthesiology
- American College of Nurse Midwives

**Thirty-four state nurses' associations in 32 states oppose** this 3<sup>rd</sup> version of an APRN Compact:

1. Alabama Nurses Association
2. ANA-Illinois
3. ANA-Maine
4. ANA- Massachusetts
5. ANA-Michigan
6. ANA- New York
7. ANA-Rhode Island
8. Arizona Nurses Association
9. Arkansas Nurses Association
10. Colorado Nurses Association
11. Georgia Nurses Association
12. Hawaii - ANA
13. Idaho Nurses Association

14. Indiana State Nurses Association
15. Iowa Nurses Association
16. Kansas Nurses Association
17. Missouri Nurses Association
18. Minnesota Organization of Registered Nurses
19. Montana Nurses Association
20. Nevada Nurses Association New Hampshire Nurses Association
21. New Hampshire Nurses Association
22. New Hampshire Nurse Practitioner Association (NHNPA)
23. New Hampshire Association of Nurse Anesthetists
24. New Mexico Nurses Association
25. Oregon Nurses Association
26. Pennsylvania State Nurses Association
27. South Carolina Nurses Association
28. South Dakota Nurses Association
29. Tennessee Nurses Association
30. Texas Nurses Association
31. Utah Nurses Association
32. Washington State Nurses Association
33. West Virginia Nurses Association
34. Wyoming Nurses Association

This 3<sup>rd</sup> iteration of an APRN Compact authored by the National Council of State Boards of Nursing is doomed to fail again, as it misses the mark in three major ways:

1. A requirement for 2,080 practice hours for a multi-state APRN license is an arbitrary number based on political compromise, is not based on any evidence of need, and will **delay workforce entry** for some APRNs. Neither the successful Nurse Licensure Compact (for RNs) nor the Interstate Medical Licensure Compact for physicians) includes the constraint of a practice hour requirement.
2. This Compact version conforms with and therefore perpetuates the restrictions that a minority of states outside of Maryland places on the prescriptive authority of APRNs. Restricting APRN prescriptive authority **limits access to care.**
3. This Compact version has no provision supported by the force of law to allow the APRN voice in the proposed Compact governance structure.

Since July, members of the Nurse Practitioner Association of Maryland participated in good faith with about a dozen APRN workgroup meetings hosted by the Maryland Nurses Association to address differences over language in this Compact. Although we support the concept of an APRN Compact agreement, we remain sharply divided on the above issues.

We remind you that this proposed Compact is an interstate agreement that does not have a rapid mechanism for bill amendments.

On p. 28 lines 18-21 of SB 439, the bill states:

**“(F). (1) This Compact may be amended by the Party States.**

**(2) An amendment to this Compact may not become effective and binding on the Party States unless and until it is enacted into the laws of all Party States.”**

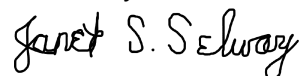
Please consider the significant opposition to this version of an APRN Compact. Two previous attempts at an APRN Compact failed to gain enough states and FAILED. The first attempt was in 2002, and only gained three of ten required states. Reasons for failure include the fact that it did not include APRN prescriptive authority, nor did it provide for a criminal background check. The second attempt only gained three out of a required seven states, and, like the current proposed Compact, required a specified number of practice hours and did not include authority for APRNs to fully prescribe.

Rather than pass this flawed bill, we want to work with stakeholders to develop a Compact accepted by national nursing organizations and the majority of state nursing organizations. We need a Compact that works for Maryland and the 26 states that provide full and direct access to nurse practitioner care by full practice authority and allows them to practice to the top of their license and education.

We need to find real solutions, not pass a bill that perpetuates practice restrictions and once more, may never take effect.

**We ask for an unfavorable report. Please oppose SB 439.**

Sincerely,



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