

**SB439 testimony.docx.pdf**

Uploaded by: Antonio Hayes

Position: FAV

**ANTONIO HAYES**  
*Legislative District 40*  
Baltimore City

Finance Committee



*Annapolis Office*  
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Annapolis, Maryland 21401  
410-841-3656 • 301-858-3656  
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Antonio.Hayes@senate.state.md.us

**THE SENATE OF MARYLAND**  
**ANNAPOLIS, MARYLAND 21401**

**Testimony of Senator Hayes in Support of Senate Bill 439:**  
**Advanced Practice Registered Nurse Compact**

**February 28, 2023**

Chairwoman Griffith and members of the Finance Committee,

Senate Bill 439 seeks to commit Maryland to the Advanced Practice Registered Nurse compact (APRN). This compact would allow advanced practice registered nurses from participating states to hold a multistate license which would give them privileges to practice in other participating states. Currently, APRNs need a separate license to practice in another state. This is a problem because more than 70% of APRNs in Maryland said they have provided interstate services.

The benefits of this bill include increased access to care from advanced practice registered nurses, allowing APRNs to practice in person and virtually to patients throughout the country, and allowing APRNs to cross state lines in the event of a natural disaster to provide aid, and

So far, three states (Delaware, North Dakota, and Utah) have passed legislation to join this compact. In addition to Maryland, five other states (Arizona, Hawaii, Kentucky, Montana, and New York) have pending legislation this year to join the compact. The compact will go into effect when seven states have passed legislation to join.

I urge you to vote favorably on SB439.

Respectfully,

A handwritten signature in blue ink, appearing to read "Antonio L. Hayes".

Senator Antonio L. Hayes  
40<sup>th</sup> Legislative District – MD

**HB475SB439\_MONL\_fav.pdf**

Uploaded by: Cody Legler

Position: FAV



February 20, 2023

To Whom it May Concern:

On behalf of the Maryland Organization of Nurse Leaders (MONL) we are writing in support and are favorable of Maryland House Bill 475 and Senate Bill 439, Advanced Practice Registered Nurse (APRN) Compact Licensure. The compact maintains Maryland as the state of primary licensure and provides for the ability to practice across state lines. The proposed bills also require the Maryland Board of Nursing to maintain authority over enforcing Maryland's nurse practice act. The APRN compact benefits the State of Maryland by improving access to healthcare and continuity of care for patients. Access to healthcare in Maryland has been a top priority for many years, but since the COVID-19 pandemic began the issue has intensified due to the sheer volume of patients needing access to both primary and specialty care and the ongoing challenges maintaining a healthcare workforce. HB 475 and SB 439 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 HB 475 and SB 439. 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. Thank you for your time, attention, and support.

Sincerely,

Cody Legler, DNP, APRN, President MONL  
Christine Frost, MSN, RN, President-Elect MONL  
MONL Board of Directors

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

**SB439\_AdvancedPracticeRNCompact\_LOS-CF.pdf**

Uploaded by: Jane Krienke

Position: FAV



Maryland  
Hospital Association

February 28, 2023

To: The Honorable Melony G. Griffith, Chair, Senate Finance Committee

Re: Letter of Support - Senate Bill 439 - Advanced Practice Registered Nurse Compact

Dear Chair Griffith:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 439. Maryland hospitals are facing the most critical staffing shortage in recent memory. A 2022 [GlobalData](#) report estimates a statewide shortage of 5,000 full-time registered nurses and 4,000 licensed practical nurses. Without intervention, shortages could double or even triple by 2035. MHA's [2022 State of Maryland's Health Care Workforce report](#) outlines a roadmap to ensure Maryland has the health care workforce it needs now and into the future.

Under the Governor's executive orders during the COVID-19 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 critical care units.

When the state public health emergency expired, so did the ability for nurse practitioners to work in state using an active out-of-state license. The Board of Nursing allowed an emergency exception, which allows for interstate reciprocity for RNs and LPNs. Yet, advanced practice nurses fall through the gaps. It has taken months, and in some extreme cases, a year with the current Board of Nursing licensure system to license an advanced practice nurse.

SB 439 would solve this problem and strengthen Maryland's health care workforce by allowing 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. Delaware passed the compact last year—making it the third state to do so. Five states, including Maryland, are pending legislation.<sup>1</sup> Given the critical workforce shortage, 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 439.

For more information, please contact:

Jane Krienke, Senior Legislative Analyst, Government Affairs  
Jkrienke@mhaonline.org

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<sup>1</sup> National Council of State Boards of Nursing. (n.d.). "[APRN Compact](#)."

**Compact SUPPORT Daniel Ndamukong SB439 2.22.23.pdf**

Uploaded by: Lorraine Diana

Position: FAV

## SUPPORT

### SB 439 Senator Hayes Advanced Practice Registered Nurse Compact

My name is Daniel Ndamukong and I practice as a Psyche Mental Health Nurse Practitioner.

This bill is a workforce shortage solution!

The Covid crisis showed us that our healthcare providers, particularly nurses and APRNs, needed portability and mobility to rush skilled personnel to the epicenters of the pandemic. The acute phase of the pandemic ae over, but the long-term effects are still with us, including a critical loss of nursing and APRN providers throughout the state.

There are short- and long-term solutions to the severe nursing workforce shortage crisis in Maryland:

HB475/SB439-Advanced Practice Nurse Compact and HB278-Clinical Nurse Specialists— Prescribing are short-term solutions. The APRN Compact can provide greater mobility for APRNs to come to Maryland to work without the cumbersome delay in the licensing process.

The CNS Prescribing bill will allow highly educate APRNs to practice to the full extent of their training and education to provide a safety net to patients in a timely manner. The APRN Compact will mobilize them, and APRNs across the state, and allow for more providers to care for Maryland patients.

HB 1160/SB774-Maryland Pathway to Nursing Program and Advisory Committee— Establishment is a long-term solution.)

Nonetheless, there are strong opponents to this bill who are ignoring the implications of NOT passing the bill.

Opponents of this bill are from one group in Maryland representing only one of four APRN roles—nurse practitioners, and only a fraction of the total NPs in Maryland.

They are supported by a large national association with very deep pockets funding a massive, almost daily advertising campaign in our state to defeat passage of this bill. They are opposing this bill in every state where there is an active local campaign to advance the compact.

Since session last year, proponents of the Compact have mobilized APRNs across the state in support of this bill because it just makes sense for Maryland. This is evidenced by the results of the most recent MBON survey in which 94% of the APRNs who responded are in favor of the Compact. Two other surveys were conducted in 2022 in Maryland showing almost identical results.

Now we find our state is experiencing one of the worst nursing shortages in our history. Making it easier for APRNs to come to Maryland to work just makes sense. Currently, it can take as long



as 6 months for an APRN seeking employment in Maryland from another state. Often, patients experience critical gaps in healthcare because of the delay in the licensing process.

Are we going to allow a national, outside group with NO vested interest in our citizens or our APRN workforce dictate how we govern? Or will we listen to the Maryland Academy of Advanced Practice Clinicians, Maryland Board of Nursing, Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists, the Maryland Association of Nurse Anesthetists, Maryland Nurses Association, or the Maryland Organization of Nurse Leaders, who are all nursing leaders in our state who support Maryland passing SB 439 to join the APRN Compact?

I ask you for a FAVORABLE report on this bill SB 439, which is so crucial to all APRNs providing care to Marylanders and across state lines.

Thank you.

Sincerely,  
Daniel Ndamukong, PMHNP  
12008 Castle Pine Lane, Waldorf, MD 20602  
dandennis@yahoo.com

**Emalie\_APRNCompact\_2023SB439.pdf**

Uploaded by: Lorraine Diana

Position: FAV

## SUPPORT

### SB 439 Advanced Practice Registered Nurse Compact

Chair Griffith, Members of the Senate Finance Committee,

My name is Emalie Gibbons-Baker. Thank you for the opportunity to testify today in support of Senate Bill 439. As an Advanced practice registered nurse (APRN) licensed as a Certified Nurse Midwife in Maryland, and as a board member of the Maryland Board of Nursing, I recognize the regulatory, practitioner and patient benefits of Maryland being a member of the APRN Compact.

#### *For Regulators*

Maryland has been a member of the Nurse Licensure Compact (NLC) for over twenty years. I have witnessed the benefits and safeguards built into the NLC to facilitate true mobility for registered nurses and licensed practical nurses while maintaining regulatory authority over practice in the state at the Maryland Board of Nursing. The APRN Compact is modeled after the NLC, once a multistate license is issued, the compact mandates communication among state nursing regulators to ensure safety and empowers regulators to act quickly in the case public protection is threatened.

Under the APRN Compact, licensing standards and disciplinary actions remain with Maryland. The commission that is formed upon the compact coming into effect is appropriately comprised of regulators from boards of nursing from each party state with the sole purpose to facilitate the operations and governance of the compact. The Commission has no power over advanced practice nursing practice, prescribing, or licensing standards. That power continues to rest solely with the state of Maryland, as it does with the NLC.

The Maryland Board of Nursing will realize efficiencies from joining the APRN Compact. Currently, the Board licenses APRNs from other states who need a Maryland license through the licensure by endorsement process. This process requires board staff to process the applicants and attached documentation to ensure they qualify for a Maryland license. The APRN Compact will reduce the staff time and resources to process these applications, as APRNs with a compact license issued in another state will not need to apply for licensure in Maryland.

This will free up staff time and resources to process initial licensure applicants for all Maryland nurses.

#### *For Practitioners*

The multistate license will enable APRNs across Maryland to practice across state lines, both in-person and electronically. This will immediately reduce the burdens for nurses who already obtain and maintain multiple licenses to provide care for their patients. A 2022 Maryland Board of Nursing survey found that 45% of APRN respondents already hold a license in more than one state. As more states join the compact, this will provide immediate financial and administrative relief for these practitioners.

As healthcare continues to advance and patients become more mobile, the APRN Compact allows APRNs to remain competitive in the rapidly expanding telehealth industry. Healthcare practitioners including physicians, physical therapists, psychologists, and physician assistants all have compacts that are currently operational or in early adoption stages. The APRN Compact is the solution for APRNs to gain the flexibility and mobility necessary for modern healthcare professionals, and APRNs across the state support the compact. The same 2022 survey found that 94% of APRN respondents are in favor of Maryland adopting the APRN Compact.

#### *For Patients*

For certified nurse midwives, the APRN Compact will help us reach more patients and provide continuity of care for our existing patients wherever they may be traveling or relocating at the time they need to access care. Patients from surrounding states, and from across the country, choose Maryland to receive excellent care at our clinics and institutions, both in-person and electronically. The compact will expand access to the excellent care CNMs provide without unnecessary geographic regulatory barriers.

For the regulatory benefits and benefits to practitioners and patients, the time for Maryland to join the APRN Compact is now. With the 2022 survey finding 72% of APRNs reported having provided APRN services outside of Maryland in the past 24 months, the need for licensure mobility through a safe and proven compact model warrants the passage of Senate Bill 439.

Thank you for the opportunity to provide testimony on this important issue.

Sincerely,

*Emalie Gibbons-Baker, CNM*

*217 Leason Cove Dr, Lusby, MD 20657*

*Bronxbaker@aol.com*

**FINAL Letter of Support HB 475-SB 439\_Jackson-Park**

Uploaded by: Lorraine Diana

Position: FAV

SUPPORT HB 475/SB 439

To whom it concerns, I am a certified and licensed APRN practicing in the State of Maryland, and I support HB 475/SB 439. As dually certified APRN, acute care nurse practitioner and Clinical Nurse Specialist, I understand the challenges experienced by healthcare providers within the State of Maryland and the nursing profession. As an assistant professor at a large school of nursing within the state, I have provided education to new students at the entry and advanced practice level. We strive to graduate nursing providers that are competent, critical thinkers, and able to address patient needs in all practice settings.

Within the nursing profession, the numbers are seemingly always insufficient to meet the needs of the “unwell and diseased” within the State of Maryland and the country. Moreover, I understand the needs of persons living in various stages of ill-health, limited resources, and lack of access to a healthcare provider. Following a pandemic, we learned timely access to healthcare improves patient outcomes and the need to remove barriers to provide access to care or a provider is a proven strategy. The role of the APRN has helped to fill this gap. Unfortunately, in this instance, the barrier to a healthcare provider is coming from nursing organizations that have not identified *how* opposing the nursing compact will benefit persons that are unwell, diseased and with limited access to care in the State of Maryland.

As a member of NPAM and AANP, in this instance ,they do not represent me nor are they acting in my best interest by opposing this legislation. The nursing profession does have political, and practice struggles and in such instances these groups serve a purpose. However, this is an instance where the needs of the patient must take precedent to the political interest and interference.

As resident of Maryland and an advanced practice provider passing of the compact agreement will benefit patients by eliminating barriers to care. Passing the compact would benefit persons requiring healthcare by improving access to providers in rural and under serviced area.

Respectfully submitted,



Maranda Jackson-Parkin, PhD, MS, RN, CRNP, CCNS, CCRN-K, CNE  
University of Maryland SON, office 355B  
655 West Lombard Street , Baltimore, MD, 21201  
February 20, 2023

# **SUPPORT Beth Baldwin SB 439.pdf**

Uploaded by: Lorraine Diana

Position: FAV



## SUPPORT

### SB 439 Advanced Practice Registered Nurse Compact

I am writing to request support the Advanced Practice Registered Nurse Compact. This bill is sponsored by the National Council of State boards of Nursing and favors strong support from the Maryland advance practice community, the Maryland Academy Advance Practice Clinicians as well as me. I am one of the APRNs that responded to the Maryland survey in which as I am sure you are aware 94% of Maryland APRNs who responded were in favor of the APRN Compact legislation. 72% of APRNs who responded stated that they provided nursing care or educational services to individuals living or traveling outside of Maryland in the last 24 months.

I live in Delaware and hold a Multistate license for My RN license BUT am required to have multiple state APRN licenses (8 required total licensures for advanced practice) including Maryland. I live on the eastern shore border of Delaware and have worked in Maryland, DE, and WV over the past few years. I care for patients living in Maryland currently. It would greatly benefit me and my fellow APRN colleges to be able to remove the bureaucratic red tape that renewing all the licensure at different time and costs per state adds to the Advanced practice nurses. This bill would allow me to continue to have licensures and practice across state line without the ongoing stress of must pay and keep record of every state separately. Maryland has historically led the way in strong support of signature legislation for APRN practice advancements by remove the barrier to practice. Having to keep multiple licenses and restricting practice across state borders is just such a barrier and it is time to adjust the requirements and restrictions of APRN licensure in Maryland. Delaware has already passed this same legislation that, eventual allow all APRN in Maryland that Request the privilege of compact licensure to benefit from the compact legislation.

Please listen to the voices of ALL the APRN groups who are in SUPPORT of this bill, not just a group representing 800 NPs.

I am asking for a favorable vote on SB 439.

Thank you for your consideration,

Beth Baldwin, MSN, APRN, PNP, BC  
MAAPC Member-at-Large

**SUPPORT HelenHannah SB 439 letter.pdf**

Uploaded by: Lorraine Diana

Position: FAV

SUPPORT SB 439

Dear Chairman Griffith:

I am a licensed APRN in Maryland I support passing SB 439 in 2023 for the following reasons:

- With the current healthcare workforce shortage facing the Maryland Community, the APRN Compact ensures greater access to care particularly in underserved areas where workforce shortages are the most critical.
- **94% of Maryland APRNs who responded to 3 surveys are in favor of adopting the APRN Compact.**
- The APRN Compact supports military spouses moving to Maryland seeking employment as APRNs. Currently, obtaining licensure in Maryland can take up to 6 months of their 2-year tour of duty here.
- Multistate licensure compacts save boards of nursing time and money by ensuring uniform licensure state to state.
- Maryland was the pioneer in enacting the Nurse Licensure Compact. We need to keep Maryland as the leaders in the Nursing Profession by passing this Compact. 3 states have adopted the Compact, and 6 more have introduced legislation in 2023 to adopt the Compact.
- Telehealth has become a mainstay of our healthcare system since the Covid epidemic, and APRNs need licenses in each state where their patients are or reside to provide Telehealth services. The APRN Compact would eliminate the need for multiple licenses.
- This is a voluntary license. APRNs who don't want or need a multistate license do not have to obtain one.
- Participating in the APRN Compact saves APRNs the high cost of being licensed in multiple states.
- The Compact is supported by patients, military families, facilities, and businesses.

This bill is supported by:

- Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists
- Maryland Academy of Advanced Practice Clinicians
- Maryland Board of Nursing
- Maryland Organization of Nurse Leaders
- Maryland Hospital Association
- National Council of State Boards of Nursing
- Maryland Association of Nurse Anesthetists
- Maryland Nurses Association

Thank you for your support for SB 439.

Respectfully,

HELEN HANNAH, CRNP  
6203 Summersweet Dr., Clinton, MD 20735  
2/20/2023

# **SUPPORT SB439.Lorraine APRN 2023.pdf**

Uploaded by: Lorraine Diana

Position: FAV

## SUPPORT

SB 439 (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.

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 (eNLC or "RN 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.

We 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 439.

**Remember, this is a voluntary license! APRNs who don't want this multistate license do not have to obtain one. Please allow the APRNs who *DO* want a multistate license the opportunity to obtain one.**

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

# **Maryland Military Coalition in support of SB 439-A**

Uploaded by: Lynn Nash

Position: FAV



# MARYLAND MILITARY COALITION

*Serving Veterans through Legislative Advocacy*

February 28, 2023

Honorable Melony Griffith  
Chair, Senate Finance Committee  
Maryland Senate  
3 East  
Miller Senate Building  
Annapolis, Maryland 21401

SB 439 – Advanced Practice Registered Nurse Compact - **Request for Favorable Report**

Dear Chairwoman Griffith and Honorable Members of the Senate Finance Committee

Maryland was the first state to join the National Nurse Licensure Compact (NLC) in 1999. Nurses with a multistate license can practice in any of the twenty-five NLC participating states. Maryland also participates in the Interstate Medical License Compact and the Physical Therapy Compact.

Currently there exists additional compacts in Psychology, Audiology and Speech-Language Pathology, Occupational Therapy and Counseling. There is work underway to establish an interstate compact for Social Workers.

Maryland is experiencing its worst shortage in healthcare providers ever. The [2022 State of Maryland's Health Care Workforce Report](#), released by the Maryland Hospital Association (MHA), found that there is a workforce crisis in Maryland's healthcare sector. The report detailed that **one in four hospital nursing positions are vacant**, and also cited high staff turnover and an insufficient nursing pipeline.

Similarly, the [Maryland Hospital Association](#) found that overall **Maryland is 16 percent below** the national average for number of physicians available for clinical practice. **The most severe problems occur in rural parts of the state** and will get much worse by 2015, based on the study's results. The biggest statewide gaps occur in **Primary Care, Emergency Medicine**, Anesthesiology, Hematology/Oncology, Thoracic Surgery and Vascular Surgery, Psychiatry, and Dermatology.

The situation in **Southern Maryland, Western Maryland, and the Eastern Shore** is the most troubling. All three regions fall significantly below national levels in active practicing physicians. Southern Maryland already has critical shortages in 25 of the 30 physician categories (83.3%), Western Maryland 20 of 30 (66.7%), and the Eastern Shore 18 of 30 (60.0%).

Page 2

SB 439- Advanced Practice Registered Nurse Compact - **Request for Favorable Report**

February 28, 2023

An Advance Practice Registered Nurse can be a **Nurse Practitioner**, a **Certified Nurse Midwife**, a **Certified Registered Nurse Anesthetist** or a **Clinical Nurse Specialist**, which includes a sub-category of Nurse Psychotherapist. These are all critical skills and critical shortages here in Maryland. These specialties are all independent practitioners, capable of extending care to all regions of our state, especially those where there have been consistent healthcare shortages.

The APRN Compact, adopted August 12, 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*. Already, Delaware, Utah and North Dakota have already adopted this legislation, we join 5 other states who are considering this legislation-New York, Arizona, Hawaii, Kentucky and Montana.

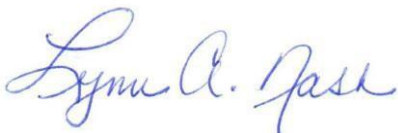
Maryland is home to approximately 390,000 veterans, 30,000 active-duty service members and 18,000 reservists/national guard members. In addition, there are 130,000 veteran households with children and another 60,000 reserve/national guard/active-duty dependents. They deserve improved access to care. Passing this bill would accomplish that.

It's time that Maryland takes the lead again and passes SB 439, the Advance Practice Nurse Compact, **now!**

The Maryland Military Coalition, is a voluntary, non-partisan organization representing 19 veteran service organizations who, in turn, serve over 150,000 Maryland uniformed services men and women and their families. The Coalition **strongly supports** Senate Bill and asks for your **favorable report**.

Thank you to Senator Hayes for sponsoring this important legislation.

Respectfully,

A handwritten signature in blue ink that reads "Lynn A. Nash".


Lynn A. Nash, PhD, RN, PHCNS-BC, FAAN  
CAPT (R), U.S. Public Health Service  
Communications Director


Maryland Military Coalition Member Organizations Follow




**Member Organizations, Maryland Military Coalition**

  
Air Force Sergeants Association

  
American Military Society

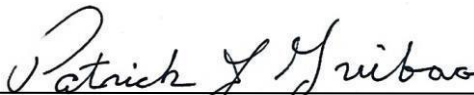
  
American Minority Veterans Research Project

  
Association of the United States Navy


  
Commissioned Officers Association of the  
US Public Health Service


  
Disabled American Veterans


  
Distinguished Flying Cross Association

  
Fleet Reserve Association

  
Jewish War Veterans of the USA

  
Maryland Air National Guard Retirees'  
Association

  
Military Officers Association of America

  
Military Order of the Purple Heart

  
Montford Point Marines of America

  
National Association for Black Veterans

  
Naval Enlisted Reserve Association

  
NOAA Association of Commissioned Officers

  
Reserve Organization of America

  
Society of Military Widows

  
Veterans of Foreign Wars

# **Nash MMC Testimony SB 349 Adv Nurse Compact Feb 28**

Uploaded by: Lynn Nash

Position: FAV



# MARYLAND MILITARY COALITION

*Serving Veterans through Legislative Advocacy*

Statement of Lynn A. Nash, PhD, RN, PHCNS-BC, FAAN  
CAPT (R), U.S. Public Health Service  
Communications Director

SB 439 - Advanced Practice Registered Nurse Compact  
February 28, 2023

## **FAVORABLE**

Dear Chair Griffith and Honorable Members of the Senate Finance Committee:

For the record, my name is CAPTAIN Lynn Nash. I am the Communications Director for the Maryland Military Coalition. I am a retired nurse, who completed over 30 years of active-duty service in both the Army and the U.S. Public Health Service. I am well acquainted with the issue.

Maryland was the first state to join the National Nurse Licensure Compact (NLC) in 1999. Nurses with a multistate license can practice in any of the twenty-five NLC participating states. Maryland also participates in the Interstate Medical License Compact and the Physical Therapy Compact.

Currently there exists additional compacts in Psychology, Audiology and Speech-Language Pathology, Occupational Therapy and Counseling. There is work underway to establish an interstate compact for Social Workers.

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SB 439 - Advanced Practice Registered Nurse Compact - **Request for Favorable Report**  
February 28, 2023

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The APRN Compact, adopted August 12, 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**.

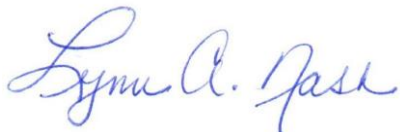
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It's time that Maryland takes the lead again and passes SB 439, the Advance Practice Nurse Compact, **now**.

The Maryland Military Coalition, is a voluntary, non-partisan organization representing 19 veteran service organizations who, in turn, serve over 150,000 Maryland uniformed services men and women and their families. The Coalition **strongly supports Senate Bill 439** and asks for your **favorable report**.

Thank you to Delegate Rosenberg for sponsoring this important legislation.


Respectfully,

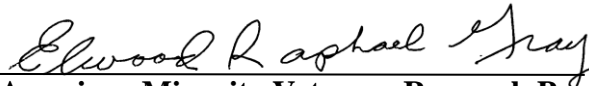


Lynn A. Nash, PhD, RN, PHCNS-BC, FAAN

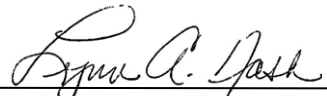
**Member Organizations, Maryland Military Coalition**

  
Air Force Sergeants Association

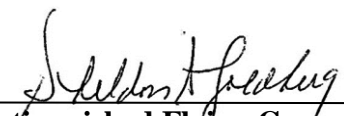
  
American Military Society

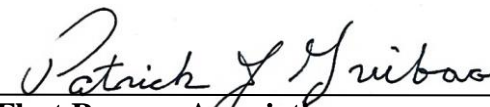
  
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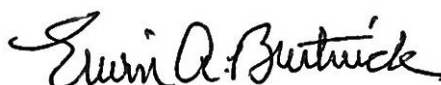
  
Association of the United States Navy


  
Commissioned Officers Association of the  
US Public Health Service


  
Disabled American Veterans

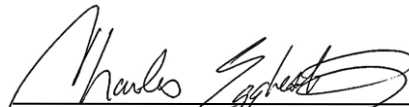
  
Distinguished Flying Cross Association


  
Fleet Reserve Association

  
Jewish War Veterans of the USA

  
Maryland Air National Guard Retirees'  
Association

  
Military Officers Association of America


  
Military Order of the Purple Heart

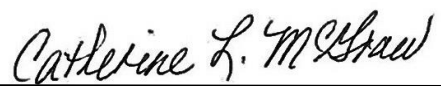
  
Montford Point Marines of America

  
National Association for Black Veterans

  
Naval Enlisted Reserve Association

  
NOAA Association of Commissioned Officers

  
Reserve Organization of America

  
Society of Military Widows

  
Veterans of Foreign Wars

**7b - X- SB 439 - FIN - MBON - LOS.docx.pdf**

Uploaded by: Maryland State of

Position: FAV



# Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 28, 2023

The Honorable Melony Griffith  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, MD 21401-1991

**RE: SB 439 – Advanced Practice Registered Nurse Compact – Letter of Support**

Dear Chair Griffith and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of support for Senate Bill (SB) 439 – Advanced Practice Registered Nurse Compact. This bill enters into the Advanced Practice Registered Nurse (APRN) Compact; establishes criteria for participating states; authorizes an advanced practice registered nurse to practice in a party state under certain scope of practice rules; establishes the Interstate Commission of APRN Compact Administrators and its duties and powers; requires the Compact Administrator of the State to make certain recommendations on the formation of the Commission; and provides for the amendment and withdrawal from the Compact.

The Advanced Practice Registered Nurse (APRN) Compact, adopted on August 12, 2020, allows an advanced practice registered nurse to hold one multistate license with the privilege to practice in all participating member states. The goals of the Compact are to: (1) increase access to care by allowing APRNs to practice seamlessly across member states; (2) provide more choice for patients and APRNs; (3) eliminate redundant regulatory processes and duplicative fees; (4) facilitate APRN education by providing flexibility for students to have educational experiences across state lines; (5) improve response during disasters or other times of great need for qualified advanced practice nursing services; (6) support APRNs practicing to the full extent of their education and training to optimize the provision of care; (7) benefit military spouses with APRN licenses who often relocate every two years; (8) ensure public protection by granting authority of information sharing between regulatory bodies that regulate APRNs; and (9) maintain public protection at the state level by allowing states to retain autonomy and the authority to enforce the state nurse practice act.

During the 2022 interim, the Board, in collaboration with the National Council of State Boards of Nursing (NCSBN), conducted an online survey of all advanced practice registered nurses and registered nurses licensed in Maryland to determine their interest in adopting the revised Advanced Practice Registered Nurse Compact. The study represented a state-wide survey of 6,289 nurses. The results of the survey indicated that 94% of the APRN participants were in favor of Maryland adopting and implementing the provisions of the Compact.

There have been concerns related to how the APRN Compact will affect the Board and its current operational challenges. The Board believes the Compact would lessen the number of endorsement applications submitted by APRNs who have an interest in providing telehealth or direct care to patients residing in the state and resulting in fewer manual reviews and verifications performed by Board staff. The Board would be able to reassign staff members to perform other administrative duties with various operational units instead.

The Board is hopeful that the APRN Compact will promote the introduction of companion bills that would further fortify the advanced practice registered nursing profession.

**HB 475, 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 Article, Md. Code Ann., does not authorize Certified Registered Nurse Anesthetists (CRNA), Clinical Nurse Specialists (CNS), and Certified Nurse Midwives (CNM) to prescribe non–controlled prescription medications. The Board is aware of legislation being introduced during the 2023 legislative session that would authorize CNSs to prescribe drugs and durable medical equipment<sup>1</sup>. House Bill 55 and Senate Bill 312, introduced during the 2022 legislative session, authorized CRNAs to prescribe drugs only in an amount that did not exceed a ten (10) – day supply. The Board believes the CRNA, CNS, and CNM disciplines should be afforded full prescriptive authority in accordance with their education and training to further strengthen the provisions of the APRN Compact.

**HB 475, 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.**

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>23</sup>. House Bill 55 and Senate Bill 312 were unable to remove the current collaborative relationship requirement. The Board strongly believes CRNAs should be permitted to assume responsibility for patient care independently to further support the implementation of the APRN Compact.

For the reasons discussed above, the Maryland Board of Nursing respectfully submits this letter of support with amendments for SB 439.

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

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<sup>1</sup> House Bill 278 CF Senate Bill 513. Health Occupations – Clinical Nurse Specialists Prescribing.

<sup>2</sup> Title 8 – Nurses. Subtitle 5 – Miscellaneous Provisions. Section 8-513 – Nurse Anesthetist

<sup>3</sup> COMAR 10.27.06.06 – Standards of Practice.



Sincerely,

A handwritten signature in black ink, appearing to read "G. Hicks", written in a cursive style.

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.**

# **SB439 - RMC Support Testimony - Advanced Practice**

Uploaded by: Megan D'Arcy

Position: FAV



*Susan O'Neill, Chair*

*Charlotte Davis, Executive Director*

Testimony in Support of  
Senate Bill 439 – Advanced Practice Registered Nurse Compact  
Finance Committee  
February 28, 2023

**The Rural Maryland Council supports Senate Bill 439 – Advance Practice Registered Nurse Compact.** This bill enters Maryland into the Advanced Practice Registered Nurse Compact. The bill establishes 1) specified procedures and requirements for an advanced practice registered nurse (APRN) to practice under a “multistate license” in a “party state” or “remote state”; 2) the composition, powers, and responsibilities of the Interstate Commission of APRN Compact Administrators; and 3) requirements related to the oversight, dispute resolution, and enforcement of the compact. The bill is contingent on similar legislation being enacted in six other states.

Rural Marylanders are often in worse health than that of their urban and suburban counterparts and lack access to the medical facilities and practitioners to improve their health. This is especially true in specialty areas such as mental health and dental care. Additionally, rural areas are made up of aging populations that require more medical attention but lack the healthcare workforce to do so. The Health Resources and Services Administration (HRSA) reports that more than 1.1 million Marylanders are in a primary care Health Professional Shortage Area (HPSA). That’s over 1.1 million Marylanders that lack access to the primary health care they need. In the U.S, rural or partially rural areas make up over 68% of the designated primary care HPSAs.

Senate Bill 439 will allow more high-level healthcare workers to practice in Maryland where there are shortages or nurses are needed. While certain areas of the State have been facing a shortage in healthcare workers, it was worsened by the pandemic. As a result of the pandemic, members of the healthcare workforce are leaving at higher rates, mostly from the increased workload and amount of stress that they have been facing. As some healthcare workers quit, it creates more of a workload and stress for the remaining members, resulting in a cycle of burnout. Allowing APRNs from other states to practice in Maryland could reduce this burden and help prevent similar situations in the future. This will allow for workers to adequately perform their jobs and assure that patients are getting the treatment that they need.

The Rural Maryland Council respectfully requests your favorable support of Senate Bill 439.

The Rural Maryland Council (RMC) is an independent state agency governed by a nonpartisan, 40-member board that consists of inclusive representation from the federal, state, regional, county and municipal governments, as well as the for-profit and nonprofit sectors. We bring together federal, state, county and municipal government officials as well as representatives of the for-profit and nonprofit sectors to identify challenges unique to rural communities and to craft public policy, programmatic or regulatory solutions.

“A Collective Voice for Rural Maryland”

**NCSBN\_APRNCompact\_SB439.pdf**

Uploaded by: Nicole Livanos

Position: FAV

Chair Griffith, Vice Chair Klausmeier and Members of the Senate Finance Committee,

Thank you for the opportunity to testify today in support of Senate Bill 439 which would enter Maryland into the Advanced Practice Registered Nurse Compact (APRN Compact). My name is Nicole Livanos and I am the Director of State Affairs for the National Council of State Boards of Nursing (NCSBN). NCSBN is a non-profit membership organization, and our mission is to promote regulatory excellence. NCSBN's members are nursing regulators across the country whose mandate is to protect the public, and they are authors of the APRN Compact.

#### *How it works*

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. The compact facilitates both in-person and electronic practice across state lines.

#### *Familiar and safe*

Interstate licensure mobility for nurses 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 led the nation in by becoming the first member to join of over 20 years ago. Like the NLC, the APRN Compact ensures that licensure and oversight of practice in the state remains with the Board of Nursing.

For regulators, the compact simultaneously creates a path for cross-border mobility while ensuring that licensure and discipline remain with the Maryland Board of Nursing. The APRN Compact Commission will be formed when the compact goes into effect. Identical to the NLC Commission, the APRN Compact Commission is composed of the heads of state boards of nursing from each participating state, regulators who will be in charge of the administration of the compact. The Commission has no power over APRN practice or prescribing in the party states, as that power remains solely with that state's legislature and regulatory processes.

Practice and prescribing in Maryland will look familiar too. The APRN Compact requires multistate licensees who practice in Maryland—whether in-person or when providing services to a patient in Maryland through telehealth, to follow the scope of practice and controlled

substance prescribing laws that Maryland lawmakers and regulators have set for practice occurring in their state. Maryland APRNs and patients across the state have fought for greater access to APRN care and have successfully removed antiquated barriers to that care. That care that was fought for is the care patients will continue to receive, and care APRNs can continue to provide in Maryland.

### *Popular among APRNs*

The Maryland Board of Nursing conducted a survey in 2021 ahead of former Senator Eckardt's introduction of the APRN Compact in the 2022 session. That survey found that 93% of the over 1,300 APRNs surveyed supported Maryland joining the APRN Compact. Confident of APRN support for the APRN Compact, an updated survey was conducted ahead of the 2023 session. The Maryland Board of Nursing and NCSBN surveyed over 2,000 licensed APRNs in Maryland in the fall of 2022. The survey found 94% of APRN respondents supported Maryland joining the compact, an even stronger response than the survey a year earlier. This survey also sought to capture the need for the APRN Compact in the state. Survey results found that 72% of APRNs in Maryland had provided nursing services across state lines over the last 24 months, representing the flexibilities allotted during the height of the COVID-19 pandemic where APRNs provided vital care to new and existing patients where they were located. The survey also found 45% of APRN respondents hold more than one APRN license currently, a significant number of APRNs that could benefit from the APRN Compact immediately.

With robust support among Maryland APRNs in the 2021 and 2022 surveys, it is not a surprise that the APRN Compact receives strong support among statewide groups representing Maryland nurses and nursing regulation. Through education and advocacy efforts last session and in the interim period ahead of the 2023 session, the Maryland Nurses Association, Maryland Academy of Advanced Practice Clinicians, Maryland Board of Nursing, Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists, the Maryland Association of Nurse Anesthetists or the Maryland Organization of Nurse Leaders are all strong supporters of the APRN Compact.

### *The time is now*

Interstate licensure compacts are in operation or development for many healthcare professions. Professions such as registered nurses, licensed practical nurses, physicians,

physical therapists, psychologists, and physician assistants have realized the need for facilitating licensure mobility across state lines. The need for increased mobility was demonstrated acutely during the height of the COVID-19 pandemic, where professions with operational interstate compacts had a safe, ready and able workforce to immediately mobilize and care for patients in-person and electronically. Professions without compacts had to rely on patchwork emergency orders and legislation and navigate the confusing regulatory landscape in order to provide care for patients. The need for the APRN Compact extends beyond times of emergency, however, with shortages of primary, maternal, and mental health providers across Maryland and many states creating access issues for patients who seek services. As a tool to increase access to APRNs Maryland, the time is now for the APRN Compact.

The APRN Compact will go into effect upon the enactment of the bill in seven jurisdictions. Currently three states, Delaware, North Dakota, and Utah have enacted this legislation and today six states have legislation pending, with positive movement in both Arizona and Montana in the last two weeks. As a leader in adopting compacts facilitating licensure mobility for nursing, Maryland has the opportunity to continue the admirable tradition by being one of the first states to join this important compact.

Thank you for your time. Please feel free to contact me at [nlivanos@ncsbn.org](mailto:nlivanos@ncsbn.org) with any questions.

Sincerely,



Nicole Livanos, JD, MPP  
Director, State Affairs, NCSBN  
[nlivanos@ncsbn.org](mailto:nlivanos@ncsbn.org)

**APRN compact SB439 verbal.pdf**

Uploaded by: Pamela Moss

Position: FAV



## **Support**

### **SB 439**

#### **Titled: Advanced Practice Registered Nurse Compact**

Thank you, Senator Hayes, for your generous sponsorship and thank you Madam Chair, Vice-Chair, and committee members for considering SB 439 Advanced Practice Registered Nurse Compact. The Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists (CBA-NACNS) is in support of the Maryland APRN Compact bill.

The proposed APRN compact legislation currently requires a 2,080 hours practice requirement. This requirement is not a requirement to practice, rather a requirement to practice across state lines. It is a uniform licensure requirement that must be met in order to add the multistate privilege component to one's license.

Approximately 90% of current Maryland APRN licenses would already meet the 2,080 hours requirement upon initiation of an APRN compact. The Chesapeake Bay Affiliate recognizes the added value of adopting an APRN compact and support making the APRN compact a reality in Maryland.

The Chesapeake Bay Affiliate Board of Directors is asking for a favorable report on SB 439. Thank you.

**APRN compact SB439.pdf**

Uploaded by: Pamela Moss

Position: FAV

## **Support**

### **SB 439**

#### **Titled: Advanced Practice Registered Nurse Compact**

Thank you, Senator Hayes, for your generous sponsorship and thank you Madam Chair, Vice-Chair, and committee members for considering SB 439 Advanced Practice Registered Nurse Compact. The Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists (CBA-NACNS) is in support of the Maryland APRN Compact bill. Clinical Nurse Specialists (CNSs) have a unique advanced practice role in that they provide care across the health system continuum with a focus on direct patient care, evidence- and research-based practice, and optimal patient outcomes.

As an APRN, the idea of a nurse compact is not unheard of, in fact Maryland is part of the registered nurse licensure compact. This compact enables nurses to practice and teach in their primary state of residence and in other compact states without having to obtain an additional license as requirements for practice are the same in all compact states.

An interstate compact can be found in several other healthcare disciplines including physical therapy, occupational therapy, psychology, and medicine. The compact reduces barrier to practice making it easier for patients to receive continuity of care if traveling across state lines for services.

During the COVID pandemic, the use of telemedicine highlighted the need for an APRN compact license. Patients were often transported to centers where they could receive a higher level of care. After discharge, patients would return to their home state and carry the burden of finding a provider. The APRN compact licensure would allow the APRN greater mobility across state lines physically and via telehealth, improve continuity of care, streamline credentialing and licensing process, lessen undue licensure burdens and delays making Maryland more attractive for APRNs to relocate and decrease a shortage of available advanced practice providers.

The proposed APRN compact legislation currently requires a 2,080 hours practice requirement. This requirement is not a requirement to practice, rather a requirement to practice across state lines. It is a uniform licensure requirement that must be met in order to add the multistate privilege component to one's license.

Approximately 90% of current Maryland APRN licenses would already meet the 2,080 hours requirement upon initiation of an APRN compact. The Chesapeake Bay Affiliate recognizes the added value of adopting an APRN compact and support making the APRN compact a reality in Maryland.

Respectfully,

CBA-NACNS Board of Directors

**2022 MNA SB 439 and HB 475 APRN Compact FAV.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance Committee  
House Health and Government Operations Committee

**Bill:** Senate Bill 439/House Bill 475 -Advanced Practice Registered Nurse Compact

**Hearing Date:** February 28, 2023

**Position:** Support

The Maryland Nurses Association (MNA) supports SB 439/HB 475 – Advanced Practice Registered Nurse Compact. On February 21, 2023, MNA’s Legislative Committee voted to support the proposed APRN Compact Legislation: SB439/HB475. After monitoring this bill during the 2022 general assembly session, MNA President Christie Simon-Waterman convened nursing organizations from across the state to discuss the proposed APRN legislation between July 2022 - January 2023. MNA’s Legislative Committee, led by former Senator Addie Eckardt and Dr. Lou Bartolo, took into consideration data presented by its committee members and organizational affiliates and the survey conducted by the Maryland Board of Nursing (MBON) and the National Council for State Boards of Nursing (NCSBN) which showed an overwhelming support for the compact by both RNs and APRNs in Maryland.

According to NCSBN, the APRN Compact, was adopted August 12, 2020, and 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. Currently there are 3 states (Delaware, Utah, and North Dakota) that have adopted the compact and 6 states with pending legislation (Maryland, New York, Arizona, Hawaii, Kentucky, and Montana).

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

**Writtten Testimony SB 439 02.28.2023.pdf**

Uploaded by: Sabrina Sepulveda

Position: FAV



Sabrina Sepulveda, CRNP-PMH  
Harborside Behavioral Health, LLC  
41625 Park Ave. Leonardtown, MD 20650  
Phone: (301) 494-1009 Fax: (970) 296-5636  
Email: sabrina@harborsidebehavioralhealth.com

Please support: SB 439: Advanced Practice Registered Nurse Compact

February 28, 2022

Dear Finance Committee members,

I am a licensed as a Psychiatric Nurse Practitioner and own a private practice, Harborside Behavioral Health, LLC in Leonardtown, Maryland. I provide care in a federally identified health care provider shortage area for both primary care and mental health. I support the passing SB 439 for license portability to improve health outcomes for patients and address health care workforce needs.

This is about a choice. The Compact affords any APRN the choice to have a multistate license. In fact, 94% of Maryland APRNs who responded to a Maryland Board of Nursing survey are in favor of adopting the APRN Compact. This is a voluntary license. APRNs who don't want or need a multistate license do not have to obtain one.

This compact is about access to opportunity with fewer barriers and burdens. The compact allows APRNs the ability to practice in other states minimizing financial, administrative, bureaucratic burden of waiting months to be licensed. Currently, these barriers and burdens contribute to lost wages and missed employment opportunities. Participating in the APRN Compact saves APRNs the high cost of being licensed in multiple states. My community is home to a military base, Naval Air Station Patuxent River. The APRN Compact supports military spouses moving to Maryland seeking employment as APRNs. Currently, obtaining licensure in Maryland can take up to 6 months of their 2-year tour of duty here.

Maryland was the pioneer in enacting the Nurse Licensure Compact in 1999. We need to keep Maryland as the leaders in the Nursing Profession by passing this Compact. Multistate licensure compacts save boards of nursing time and money by ensuring uniform licensure state to state. Currently, three states have adopted the Compact, and six more have introduced legislation in 2023 to adopt the Compact.

This is about access to APRN care. Maryland residents in my community can wait months to get an appointment for specialist care—particularly in psychiatry. In my community, the VA clinic publishes its wait times on its website. As of February 25, 2023, a new patient psychiatric evaluation appointment is a 103 day wait! A compact could improve health outcomes for patients. With the current healthcare workforce shortage facing many Maryland communities, the APRN Compact ensures greater access to care particularly in rural and underserved communities where the workforce shortages are most critical.

This is about what is best for the patient. Telehealth has become a mainstay of our healthcare system since the Covid epidemic. APRNs needs licenses in each state where their patients are or reside to provide Telehealth services. The APRN Compact would eliminate the need for multiple licenses. Currently, I am contracted to offer Psychiatric services at St. Mary's College of Maryland. During COVID, the college went virtual, as did my services for the students—except the students who were out of state. The out of state students were unable to continue utilizing this free college-based service. These are not unique or rare situations for patients and these situations contribute to an ever-growing inequity in health care delivery.

This is a choice for an APRN. You know who else wants a choice? The citizens of the State of Maryland want the choice to access APRN care, they want to choose HOW they access APRN care, and they want the choice to continue their APRN care and this legislation allows for patients to have that choice. This is about looking at the greater good for the citizens of the State of Maryland to improve health outcomes and address licensure portability issues. I urge you to support SB 439 for APRN compact licensure.

Respectfully,

A handwritten signature in black ink that reads "Sabrina Sepulveda CRNP-PMH". The signature is written in a cursive, flowing style.

Sabrina Sepulveda, CRNP-PMH/ Owner, Harborside Behavioral Health, LLC



**SUPPORT Sam Young SB 439.pdf**

Uploaded by: Samantha Young

Position: FAV

SUPPORT  
SB 439 Advanced Practice Registered Nurse Compact

February 22, 2023

Good afternoon again, Madame Chair and Madame Vice Chair. Thank you, Senator Hayes, for sponsoring this bill.

My name is Samantha Young. I am certified as both a CNS and NP in Maryland

I support passage of Senator Hayes' SB 439 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.

The Covid crisis showed us that our healthcare providers, particularly nurses and APRNs, needed portability and mobility to rush skilled personnel to the epicenters of the pandemic.

SB 439 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.

I am asking for a favorable report on SB 439. I urge you to act on our behalf and represent the dominant perspective of our profession at this crucial moment in healthcare. 94% of APRNs who responded to the MBON survey support this legislation.

As a nurse practitioner and clinical nurse specialist, this bill is important to me, my patients and my profession.

Thank you!  
Samantha Young, CRNP, CNS



# **SB 439 Testimony.pdf**

Uploaded by: Shannon Seifert

Position: FAV

## SB439 APRN Compact State Testimony

Thank you Madame Chair and Vice-Chair and all committee members for allowing my testimony today.

My name is Shannon Seifert and I am a Certified Registered Nurse Anesthetist residing in Laurel, MD. I served as a Captain in the United States Army Nurse Corps before going to Georgetown University for my Masters degree and currently provide anesthesia care for multiple hospitals and surgicenters throughout Maryland and DC. I am a past president of the Maryland Association of Nurse Anesthetists and today want to endorse SB439 which provides a compact APRN license to Maryland. Nurse Practitioners, Nurse Midwives, Clinical Nurse Specialists and CRNAs can all benefit from this change and in return, provide quality, safe, and cost effective care to Maryland patients.

While serving as the System Chief Anesthetist for a large health system, I managed hundreds of CRNAs across nine hospitals and multiple surgicenters in Maryland and the District of Columbia. When Covid began to impact the region, many providers retired early or left practice entirely leaving my system with many vacancies. We addressed this issue with locums tenens CRNAs, temporary providers coming to Maryland from out of state. Part of the credentialing process required a Maryland state CRNA license but the burden of maintaining licensure for existing providers and juggling this influx of new advanced practice clinicians left the Maryland BON swamped. Licensure was delayed for many, sometimes for months. Meanwhile, critical health services such as emergent surgery all the way to routine endoscopies were at risk for delays or cancellations for lack of providers. During Covid, we established 24/7 airway teams, critical care support staffing and a Covid overflow hospital at the Washington Convention Center in DC. I had to staff this field hospital in conjunction with the Army Corps of Engineers 24/7. But I could only use providers with a DC license. So a CRNA living 6 miles away in Takoma Park, MD couldn't help staff in DC. This compact APRN agreement facilitates greater portability for providers across state lines and improves communications between states so that providers are always the best and brightest for Maryland patients. This will allow Advanced Practitioners to go where there is greatest need and not be limited by a state border. Regional threats like pandemics will happen again, and Maryland needs to be prepared.

Senators of the Finance Committee, I strongly urge a favorable vote on SB439.

Shannon Seifert, MS, CRNA

**APRN Compact Devaris testimony.Finance. final vers**

Uploaded by: Shirley Devaris

Position: FAV

**Bill No. SB 439 Committee:** Senate Finance Senate  
**Title:** Advanced Practice Registered Nurse Compact  
**Hearing Date:** February 28, 2023 **Position:** Support  
**Witness:** Shirley Devaris, RN, BSAD, MA, JD  
(shirleydevaris@yahoo.com)

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Good afternoon, Madame Chair, Vice Chair, and members of the committee. Thank you, Senator Hayes, for sponsoring this bill.

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 as Director of Legislative Affairs for the Board of Nursing before retiring in 2019. I am asking for a favorable vote on this bill.

Maryland was the first state to adopt and implement the Nurse Licensure Compact (NLC) for Registered Nurses and Licensed Practical Nurses. That original compact became a role model for health occupation compacts all over the country. The NLC was adopted by 25 states and then stagnated because other states needed more conditions added such as background checks, rules for discipline, reporting public discipline orders, etc. In 2015 a new revised compact was introduced and quickly became the law of the nursing world in 39 states. Legislation is pending in 11 other states to join the NLC.

This APRN Compact has the same safeguards as in the revised NLC and basically functions in the same way as the NLC. The difference in this revised version of the APRN compact is a requirement that an APRN have 2,060 practice hours before obtaining a compact license. The previous version of the APRN compact that did not get adopted by the required number of states because many states still have barriers to full practice for

APRNs in their statutes. In fact 30 plus states have some kind of barrier to practice. Like the NLC, state nursing regulators felt that the compact did not consider all the regulatory conditions in their states such as the limits on APRN practice, especially a practice hour requirement for new graduates.

It is this practice hour requirement that has understandably been the source of opposition to the compact. In Maryland we fought hard for the independent practice of our APRNs. We know they are qualified to begin practice after they graduate and pass the national certification exam. Not all states do. They are moving in the direction of removing barriers to new practice but about 30 states still have barriers of some kind for new APRN graduates. This bill realistically deals with this issue. We cannot wait for other states to take the same progressive attitude toward Advanced Practice that Maryland has.

Ideally, we would like an APRN Compact without the practice hour requirement but more importantly we need, right now, the ease of portability that the compact provides to allow other compact state nurses to practice in Maryland and allow our APRNs to provide health care across state lines.

Thank you.



**7a - X - SB 439 - FIN - MACHO - LOS.doc.pdf**

Uploaded by: State of Maryland (MD)

Position: FAV



**2023 SESSION  
POSITION PAPER**

**BILL:** SB 439 – Advanced Practice Registered Nurse Compact

**COMMITTEE:** Senate Finance Committee

**POSITION:** Letter of Support

**BILL ANALYSIS:** SB 439 would enable joining the Advanced Practice Registered Nurse Compact; establish criteria for participating states; establish the Interstate Commission of APRN Compact Administrators and its duties and powers; provide for the amendment of and withdrawal from the Compact; and provide that the Compact is contingent on the enacting of substantially similar legislation in six other states.

**POSITION RATIONALE:** The Maryland Association of County Health Officers (MACHO) strongly supports SB 439. Maryland’s entry into the Advanced Practice Registered Nurse Compact will benefit healthcare access across multiple settings of outpatient and hospital-based care. This agreement will make it easier for advanced practice nurses currently licensed in other states to shift some or all of their practice to Maryland.

Local health departments (LHDs) employ nurse practitioners to provide behavioral and reproductive health services. In many jurisdictions, advanced practice nurses (APRNs) provide most of the care, especially in rural counties designated as Healthcare Provider Shortage Areas.

We are all aware of the need to improve healthcare access almost everywhere in the state. APRNs provide care as diverse as primary care in pediatric offices to specialty care in hospital operating rooms. SB 439 will play a part in easing these shortages. Hospitals with staffing shortages in emergency departments will have a wider recruitment pool. It will also make it easier to staff telehealth needs in settings from LHDs and school-based health centers to private care provided in ob/gyn and other in-need medical specialty offices.

For these reasons, the Maryland Association of County Health Officers submits this letter of support for SB 439. For more information, please contact Ruth Maiorana, MACHO Executive Director at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-937-1433.

# **SB 439 Advanced Practice Registered Nurse Compact.**

Uploaded by: Tammy Bresnahan

Position: FAV



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**SB 439 Advanced Practice Registered Nurse Compact**  
**FAVORABLE**  
**Senate Finance Committee**  
**February 28, 2023**

Good afternoon Chair Griffith and members of the Senate Finance 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 **SB 439**, which would include Maryland in the interstate Advanced Practice Registered Nurse Licensure Compact (APRN Compact). We thank Senator Hayes 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 439 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 439. If you questions or need further information, please call me at 410-302-8451 or by email at [tbresnahan@aarp.org](mailto:tbresnahan@aarp.org).

**SB 439 MANA FAV.pdf**

Uploaded by: William Kress

Position: FAV

## Maryland Association of Nurse Anesthetists

### **SB 439 – Advanced Practice Registered Nurse Compact**

Before Senate Finance Committee

**Position – Favorable**

February 28, 2023

Chair Griffith and members of the committee, it is my pleasure to submit the following testimony on behalf of the Maryland Association of Nurse Anesthetists in support of SB 239. 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 239 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 239 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 239 removes redundancies in applying for and maintaining multiple state APRN licenses.

SB 239 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 239 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 239.

Kaia Finney, CRNA  
President, MANA



# **MSA Testimony - Support with Amendment - Senate Bi**

Uploaded by: Daniel Shattuck

Position: FWA



## MARYLAND SOCIETY OF ANESTHESIOLOGISTS

**Date:** February 28, 2023

**Committee:** The Honorable Senator Melony Griffith, Chair  
Senate Finance Committee

**Bill:** Senate Bill 439 - Advanced Practice Registered Nurse Compact

**Position:** Support with Amendments

The Maryland Society of Anesthesiologists (MSA) is a state component society of the American Society of Anesthesiologists (ASA). The MSA is a non-profit physician organization dedicated to promoting the safest and highest standards of the profession of anesthesiology in the State of Maryland. Our purpose is to advocate on behalf of our members for their patients through policy, education, and research.

As introduced Senate Bill 439 would enter Maryland “into the Advanced Practice Registered Nurse Compact; establishing criteria for participating states; authorizing an advanced practice registered nurse to practice in a party state under certain scope of practice rules; establishing the Interstate Commission of APRN Compact Administrators and its duties and powers; providing for the amendment of and withdrawal from the Compact; providing that the Compact is contingent on the enacting of substantially similar legislation in six other states.”

The State of Maryland is a party to several interstate and multistate compacts, which the MSA and others support. There is a role for compacts to play, especially in times of need as evidenced throughout the COVID-19 pandemic. However, the General Assembly has wisely refrained from entering compacts that would threaten to supersede or undermine Maryland state law regarding licensure and scope of practice. The premise is that if the compacts were to fail or dissolve, providers working in Maryland under a compact license would still be obliged to practice under Maryland state law.

The Compact, as presented in this bill, explicitly states that individuals licensed under this Compact are obligated to follow compact provisions regardless of what each state law may be. Furthermore, the Compact would create a dueling licensure process with the Board of nursing’s current process.

For purposes of amendment, we ask the Committee to take a strong look at the APRN Compact’s provisions that supersede state law and takes many licensing decisions away from the legislature and State Board of Nursing. This includes broad prescriptive authority and independent practice. Of specific concern is Page 9, lines 13-17: **(H) AN APRN ISSUED A MULTISTATE LICENSE IS AUTHORIZED TO ASSUME RESPONSIBILITY AND ACCOUNTABILITY FOR PATIENT CARE INDEPENDENT OF ANY SUPERVISORY OR COLLABORATIVE RELATIONSHIP. THIS AUTHORITY MAY BE EXERCISED IN THE HOME STATE AND IN ANY REMOTE STATE IN WHICH THE APRN EXERCISES A MULTISTATE LICENSURE PRIVILEGE.**

The language in the bill that attempts to retain collaboration Page 9, lines 18-21 letter (I) does not provide enough clarity or certainty that state law prevails with regard to scope of practice. Stronger language is needed to preserve Maryland autonomy.

This measure would supersede state law and regulation with respect to physician involvement requirements for Advanced Practice Registered Nurses (APRNs), including nurse anesthetists. This provision is of concern as such matters are routinely dealt with at the State level. The Federal Government also defers to the States the authority to establish scope of practice and prescriptive authority for physicians, nurses and other health care providers. The APRN Compact is the **only** health professional licensure compact we are aware of to supersede state requirements in this way. Yielding this level of authority to a non-governmental and unregulated compact entity is a concern. Maryland does not allow this with any other compact to which it belongs.

For these reasons we would support the bill if amended to retain Maryland autonomy in health occupation licensure and scope of practice. We stand ready to work with the Committee and stakeholders to develop amendments to resolve these critical concerns.

**For additional information please contact Dan Shattuck, Executive Director at [mdashq@gmail.com](mailto:mdashq@gmail.com).**

**SB0439\_FWA\_MedChi\_Advanced Practice RN Compact.pdf**

Uploaded by: Steve Wise

Position: FWA



*The Maryland State Medical Society*

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TO: The Honorable Melony Griffith, Chair  
Members, Senate Finance Committee  
The Honorable Antonio Hayes

FROM: J. Steven Wise  
Pamela Metz Kasemeyer  
Danna L. Kauffman  
Andrew G. Vetter  
Christine K. Krone  
410-244-7000

DATE: February 28, 2023

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 439 – *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 439.

Senate Bill 439 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. 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 contains a conflicting provision stating that “an APRN issued a multistate license is authorized to assume responsibility and accountability for patient care independent of any supervisory or collaborative relationship.”

MedChi raised this issue in 2022 when the legislation was introduced as Senate Bill 154. Since then, further language has been added attempting to harmonize the standard language of the Compact with existing Maryland law: “...a multistate licensee shall continue collaborating with health care providers as necessary for patient care, including through consultation, referral and communication between health care providers.” Page 9 at line 18. While this language is an improvement, we think the better course is to simply repeat what is already in Maryland law so as to not create any confusion. We would request, as we did in 2022, that the language in the bill be stricken and replaced with: “; 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 does not object to Senate Bill 439.

# **APRN\_Compact\_Policymaker.pdf**

Uploaded by: Beverly Lang

Position: UNF

# PRESS PAUSE!

Hold on adopting the APRN Compact



## KEY CONCERNS OF THE APRN COMMUNITY

When done well, interstate compacts have the potential to reduce licensure variability between states and make it easier for clinicians to work across state lines. Unfortunately, the latest version of the APRN Compact falls short. The American Association of Nurse Practitioners® (AANP) and more than 40 other national and state nursing associations **oppose the latest version** of the advanced practice registered nurse (APRN) licensure compact. Together, we're asking state leaders to press pause on adopting this version until stakeholders can come back to the table and resolve these challenges.

### 1. Uniform licensure requirements.

The current version of the APRN Compact imposes new requirements that are **more restrictive** than the laws currently in place in 17 jurisdictions and is out of step with the widely accepted recommendations of national models of APRN regulation.

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**Compacts should *reduce* barriers, *not* impose new obstacles.**

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Crafted prior to the COVID-19 pandemic, this APRN Compact requires 2,080 hours in practice for multistate license eligibility. There is **no evidence** for this new mandate. In fact, multiple states temporarily or permanently waived similar requirements during the public health emergency.

The last two years have brought a deeper level of awareness and urgency to correcting licensure issues and retiring unnecessary restrictions. The national interest in workforce development, licensure portability and telehealth have significantly altered the licensure arena and call for fresh approaches in the APRN Compact language.

### 2. Prescribing practices across state lines.

The APRN workforce is crucial to meeting the needs of patients who have behavioral and mental health issues or substance use disorders that require medication-assisted treatment. The current APRN Compact leaves a significant gap around prescribing that will impact the capacity for APRN multistate license holders to provide vital access to medications and treatments for these patients.



### 3. Absence of a formal mechanism for APRN representation.

The pandemic has underscored the necessity of having nurses at the table, shaping decisions that impact their professional practice and care of patients. The current version of the APRN Compact does not guarantee that Compact administrators will be APRNs, nor is there an advisory committee to ensure APRN input to the process. Addressing clinician burnout and supporting the APRN workforce requires that their voices are included and the concerns of the APRN community are addressed.

# PRESS PAUSE!

Hold on adopting the APRN Compact



## KEY RECOMMENDATIONS

### 1. Press the pause button. Getting APRN Compact provisions *right* is more important than getting it going.

The APRN community is concerned with this Compact's approach to uniform licensure requirements and prescribing practices across state lines, as well as the absence of a formal mechanism for APRN representation in Compact governance.

The unique nature of Compact legislation across multiple states means that individual states have less flexibility to address these issues. The APRN community is working with patients, licensees, policymaker champions and stakeholder partners to come to the table and refine these mechanisms *before* they become law.

### 2. Incorporate lessons from the pandemic.

The current version of the APRN Compact was drafted in 2019, prior to the events of the COVID-19 public health emergency.

The APRN community is seeking opportunity to revise and negotiate a new version that reflects the new data from states and the lessons learned during the public health emergency.

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**The current version of the  
APRN Compact was drafted  
before the COVID-19 public  
health emergency.**

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### 3. Preserve political capital and allow APRNs to regroup, revise and move forward together!

Historically, prior APRN Compact versions failed to garner enough unified support to become active and take effect. The APRN community is working to come together around a proposal that will garner the broad support needed to ultimately be successful.

Learn more with AANP's APRN Compact resource page: [aanp.org/APRNCompact](https://aanp.org/APRNCompact).

Here, you can read AANP's position statement on the APRN Compact, watch a short video explaining the third version and read the full APRN Compact model legislation.

### Are you considering the APRN Compact in your state? Contact AANP!

AANP Office of State Government Affairs staff is available for individual state consultation and assistance, legislative support and more. Email [statepolicy@aanp.org](mailto:statepolicy@aanp.org) or reach out to 703-740-2529.

AANP Office of Government Affairs • 1400 Crystal Drive, Suite 540, Arlington, VA 22202



**Bill- SB 439HB 475 - OPPOSE by NMNPC .pdf**

Uploaded by: Beverly Lang

Position: UNF

# New Mexico Nurse Practitioner Council



**Bill: SB 439/HB 475**  
**Position: OPPOSE**

The New Mexico Nurse Practitioner Council (NMNPC) advocates for the approximately 600 nurse practitioner members and the over 5,000 Nurse Practitioners licensed to practice in New Mexico for policies and regulations that protect and enable nurse practitioners to provide accessible and high-quality healthcare.

Compacts are intended to make practicing in one's home state and elsewhere, easier. However, the APRN Compact creates unnecessary burdens. In New Mexico we oppose this bill and oppose any bill across the nation that introduces the APRN compact. NMNPC supports compact legislation generally but with the inability to change the language in the introduced legislation, **NMNPC respectfully requests an unfavorable vote on SB 439/HB 475**. Furthermore when writing this compact NCSBN did not include any APRNs, NMNPC and the AANP 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.

## **NMNPC opposes SB 439/HB 475 for the following reasons:**

- The compact would require 2,080 practice hours as a pre-requisite 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.
- This compact will create new barriers to providing care in many states. In contrast to Maryland's allowance of full practice authority for nurse practitioners, the APRN Compact noticeably excludes controlled substances.
- 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.
- Compact legislation must be voted on as-is. It CANNOT be altered to address our concerns. Neither will add enabling language.

Sincerely,

NMNPC Board of Directors

**LOO APRN Compact NPAM 2023.pdf**

Uploaded by: Beverly Lang

Position: UNF



*“Advocating for Maryland NPs since 1992”*

**Bill:** SB 439/HB 475

**Position:** OPPOSE

The **Nurse Practitioner Association of Maryland (NPAM)** advocates for the approximately 800 nurse practitioner members and the over 8,000 Nurse Practitioners licensed to practice in Maryland for policies and regulations that protect and enable nurse practitioners to provide accessible and high-quality healthcare.

Compacts are intended to make practicing in one’s home state and elsewhere, easier. However, the APRN Compact creates unnecessary burdens.

**NPAM opposes SB 439/HB 475 for the following reasons:**

- NPAM strongly opposes the inclusion of 2,080 practice hours as a pre-requisite 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.
  - Nurse practitioners have no current hour requirement and are safe to practice following graduation and successful completion of their certification exams.
  - A post-graduation practice hour requirement would pose a challenge to workforce development in a time when nursing is so essential. Many states with similar requirements have expressed difficulty recruiting and retaining nurse practitioners.
- This compact will create new barriers to providing care in Maryland. In contrast to Maryland’s allowance of full practice authority for nurse practitioners, the APRN Compact noticeably excludes controlled substances.
- The 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 unacceptable that said Board would not include an APRN. It is essential that the compact administrators have a full understanding of the role of an APRN.
- 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.

**NPAM has been at the table but a compromise cannot be met when the language cannot change.**

- Compact legislation must be voted on as-is. It CANNOT be altered to address our concerns. Neither will adding enabling language.

**NPAM respectfully requests that you press PAUSE on this initiative.**

- NPAM looks forward to supporting a Compact that will bolster workforce development and work to reduce patient care costs and barriers. But this is NOT this version of the Compact.
- There is no rush to pass this compact. It would not take effect until **seven** states pass it. Currently, only **three** states (Delaware, North Dakota, and Utah) have passed it. 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 supports compact legislation generally but with the inability to change the language in the introduced legislation, **NPAM respectfully requests an unfavorable vote on SB 439/HB 475.**

If you have any questions, please contact me.

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

Executive Director,

Nurse Practitioner Association of Maryland Inc.

Office: 443-367-0277

Fax: 410-772-7915

[NPAMexdir@npedu.com](mailto:NPAMexdir@npedu.com)

**LOO APRN Compact.NACNSPosition2.9.23.pdf**

Uploaded by: Beverly Lang

Position: UNF



February 9, 2023

The National Association of Clinical Nurse Specialists (NACNS) is dedicated to advancing the role and practice of Clinical Nurse Specialists (CNSs). NACNS is committed to advocating for policies that advance health and promote patient access to CNS delivered health care. NACNS believes that a well-constructed Advanced Practice Registered Nurse (APRN) Compact has the potential to enhance licensure portability for APRNs and eliminate the unnecessary geographic variability in access to care that patients currently experience.

APRNs are educated and prepared for full practice without the need for post-license practice hours. Therefore, NACNS cannot support the requirement for 2080 practice hours prior to eligibility for multistate license. This requirement directly conflicts with the evidence that APRNs are prepared to safely practice from the point of graduation and passage of a national certification board examination. This requirement creates a new and unnecessary national barrier that was not present in prior versions of the APRN Compact and is especially problematic in states that have not adopted practice hours requirements or are working to retire them.

Additionally, the current APRN Compact presents a specific concern for the APRN roles that prescribe controlled substances in the care of patients. The inclusion of the practice hour requirement coupled with how the APRN Compact intersects with controlled substances further entrenches challenges that the APRN community has been working to eliminate.

Finally, it is imperative that the APRN Compact include a formal mechanism to ensure practicing APRNs are represented among the APRN Compact administrators.

For these reasons, NACNS opposes the adoption of the APRN Compact as currently written.

Respectfully,

A handwritten signature in black ink that reads "Phyllis Whitehead". The signature is written in a cursive, flowing style.

Phyllis Whitehead, PhD, APRN/CNS, ACHPN, PMGT-BC, FNAP, FAAN  
NACNS President

**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 this version of the APRN Compact.

Approved by NPAM Executive Committee 11/10/2021

**Nurse Practitioner Association of Maryland, Inc**  
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**Ph: 443-367-0277 Fax: 410-772-7915**  
**[NPAMonLine.org](http://NPAMonLine.org)**

# **NP-Roundtable-Position-on-Revised-APRN-Compact-Lic**

Uploaded by: Beverly Lang

Position: UNF



National Association of  
Pediatric Nurse Practitioners™



American Association of Nurse Practitioners  
Gerontological Advanced Practice Nurses Association  
National Association of Pediatric Nurse Practitioners  
National Association of Nurse Practitioners in Women's Health  
National Organization of Nurse Practitioner Faculties

### **The Nurse Practitioner Roundtable Position on Revised APRN Compact Licensure**

As equal partners in the Advanced Practice Registered Nurse License, Accreditation, Certification and Education (LACE) community, the NP Roundtable and our individual nurse practitioner (NP) associations do not endorse the revised APRN Compact for multistate licensure adopted by the National Council of State Boards of Nursing in August 2020.

The NP Roundtable objects the inclusion of a requirement of 2080 clinical hours as a prerequisite for a multistate APRN license. Such a stipulation creates unnecessary and burdensome requirements for nurse practitioners, boards of nursing, patients, and the health care system. It is also inconsistent with the Consensus Model and evidence-based regulation.

There is no evidence that post-graduate practice hours of any length are necessary for patient safety. After graduation from an accredited graduate education NP program and successful passage of national certification examinations, NPs are qualified to assume the full scope of responsibilities associated with independent single state and multistate licensure. Arbitrary regulations requiring NPs to complete any number of clinical hours after graduation and national board certification create unnecessary, costly barriers to workforce development and affordable patient care. States where the APRN community have practice hour requirements were the result of extensive pressure and long-standing political manipulation by stakeholder groups that oppose full and autonomous APRN licensure; not based on evidence. The inclusion of 2080 practice hours by the NCSBN in the APRN Compact perpetuates an unnecessary barrier to improving patient access to care. Several states with post-graduate practice hour requirements have reported challenges with recruiting and retaining APRNs compacting provider shortages.

While the NP Roundtable recognizes the potential that a well-formed APRN Compact could address licensure portability issues, the current 2020 APRN Compact is not the right vehicle. In addition to excluding controlled substances and the lack of an APRN advisory committee to the APRN Compact administrators, the inclusion of a requirement of clinical hours as a prerequisite for a multistate APRN license precludes the endorsement of the NP Roundtable.

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The NP Roundtable is a collaborative of national organizations representing the interests of the over 290,000 NPs in the US. The NP Roundtable advances common policy agenda and coordinates advocacy efforts on behalf of NPs. Since its formation in 2008, the NP Roundtable has developed common position and policy statements to articulate the perspective of the NP community. The participating organizations in the NP Roundtable are the American Association of Nurse Practitioners, the Gerontological Advanced Practice Nurses of America, the National Association of Pediatric Nurse Practitioners, the National Association of Nurse Practitioners in Women's Health, and the National Organization of Nurse Practitioner Faculties.

# 2023 SB439 Written Testimony.pdf

Uploaded by: Deborah Brocato

Position: UNF



### **Opposition Statement SB439**

Advanced Practice Registered Nurse Compact  
Deborah Brocato, Legislative Consultant  
Maryland Right to Life

#### **We oppose SB439**

On behalf of our 200,000 followers across the state, we respectfully object to SB439. The 2022 session of the Maryland General Assembly significantly lowered the standard of care for women and girls with The Abortion Care Access Act by removing the physician requirement for medical and surgical abortions. This bill further erodes the standard of medical care for all women and girls by allowing nurses to prescribe medications across state lines including lethal chemical abortion drugs. In Maryland, prescribing authority has been expanded from physicians to various nursing occupations which removes a level of safety. Increased number of prescribers does not equate to better medical care. And that increased number being permitted to prescribe across state lines lowers the safety of healthcare delivery.

As of December 2021, the FDA permitted the remote sale of chemical abortion pills and no longer required a physician's examination in order to obtain abortion pills thus leaving women and girls exposed to the predatory TELABORTION practices of the abortion industry. Telabortion combined with prescribing across state lines opens wide the door for abuse. Without a physician's examination to confirm gestational age and medical eligibility for chemical abortion as well as to confirm that the pregnant woman has consented to chemical abortion, these dangerous pills can be distributed to and utilized by sexual abusers and sex traffickers to continue to victimize women and girls. Women and girls in the state of Maryland deserve the highest standard of professional medical care available and this bill erodes that care. Maryland Right to Life requests an amendment be added to exclude lethal chemical abortion drugs from the application of this bill.

**Telehealth vs. Teledeath:** With Covid as the backdrop, the Assembly enacted laws that expanded telabortion through remote distribution chains including pharmacies, schools health centers, prisons and even vending machines and expanded public funding for telabortion through Medicaid and Family Planning Program dollars. There are many potential negative consequences to these policies which ultimately demonstrate the state's disregard for the health of women. For example, underestimation of gestational age may result in higher likelihood of failed abortion. Undetected ectopic pregnancies may rupture leading to life-threatening hemorrhages. Rh negative women may not receive preventative treatment resulting in the body's rejection of future pregnancies. Catastrophic complications can occur through telabortion, and emergency care may not be readily available in remote or underserved areas.



**Opposition Statement SB439 , page 2 of 2**

Advanced Practice Registered Nurse Compact  
Deborah Brocato, Legislative Consultant  
Maryland Right to Life

65% of abortions are by coercion. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they are doing so willingly. Sex traffickers, incestuous abusers and coercive boyfriends will all welcome more easily available chemical abortion.

**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. 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%. The FDA has removed safeguards that prohibited the remote sale of chemical abortion pills leaving pregnant women and girls exposed to the predatory tele-abortion practices of the abortion industry.

In addition to the physical harm of these D-I-Y abortions, consider the psychological harm of chemical abortion. After taking the mifepristone and misoprostol and the contractions begin, the woman or girl is told to expel the baby and placenta into the toilet. This is a very bloody event and the woman and girl will see the remains of their baby in the toilet. If hemorrhaging occurs, the woman or girl will need to get herself to an emergency room.

Women and girls in Maryland deserve the best possible standard of medical care and this bill lowers that standard.

For these reasons, we respectfully ask you to oppose **SB439**.

# **Testimony SB 439 OPPOSE JSelway.pdf**

Uploaded by: Janet Selway

Position: UNF

**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.”**

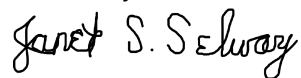
Please consider the significant opposition to this version of an APRN Compact. Two previous attempts at an APRN Compact failed to gain enough states and FAILED. The first attempt was in 2002, and only gained three of ten required states. Reasons for failure include the fact that it did not include APRN 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,



Janet Selway, DNSc, CRNP  
1414 Burke Road, Unit 203  
Middle River, MD 21220  
410-241-0239  
ajnet.selway@gmail.com



**SB 439\_APRN Compact OPPOSE\_Ware\_2\_22\_23.pdf**

Uploaded by: Kathy Ware

Position: UNF

TESTIMONY

**Bill: SB 439- Advanced Practice Registered Nurse Compact**

**Position: OPPOSED (UNFAV)**

Committees: Senate Finance

Dear Chair, Vice Chair, and Members of the Committee,

I am a nurse practitioner living in Anne Arundel County and I recently retired from a specialty practice on the Eastern Shore. I am a member of the Maryland Medical Reserve Corp and during the pandemic I assisted with the Covid 19 response. I am a member of the NPAM legislative committee and I am speaking today in opposition of **SB 439 – Advanced Practice Registered Nurse Compact**.

We are well aware of the serious nursing workforce shortages in Maryland. This bill in its current form is NOT a viable solution to the problem. In fact, the language would create unnecessary barriers to APRNs entering practice after graduation. As you have heard from my colleagues, the practice hours requirement is unnecessary and a step backward for nurse practitioners' entry into practice in Maryland.

Nurse practitioners face the challenges of the healthcare workforce shortages on a daily basis. We as providers see first hand the detrimental effects lack of timely access to care has on the health of the citizens and communities we serve. NPAM is committed to finding realistic solutions to the workforce issues and have provided our ideas as an attachment to our written testimony. First among these ideas is improving the efficiency of the Maryland Board of Nursing which this body has already begun to address. We applaud your leadership in this regard and thank you for your efforts.

Another significant flaw in the bill language is the absence of APRN representation on the Interstate Commission of APRN Compact Administrators. This translates to no APRN seat at the table when it comes to issues related to APRN practice. It is essential that APRNs be included on the Commission as practice experts and to support the APRN workforce.

NPAM has worked in good faith with the proponents of this bill in Maryland but have been unable to reach consensus. We have also communicated clearly and consistently for years with the National Council State Boards of Nursing, the authors of the Compact, and they have been unresponsive to our concerns. We have offered our assistance in drafting common sense language to both the Maryland stakeholders and to the National Council thus far to no avail. We remain hopeful that a fourth iteration of the Compact can be drafted to address the significant flaws we have outlined so that NPAM can adopt a support position. We are confident other states in opposition to the current Compact language would reconsider their positions as well.

License uniformity and portability across state lines for in-person and telehealth care is one feasible strategy to tackle the workforce shortages and improve access to affordable, quality healthcare in Maryland. I support an APRN Compact but not THIS Compact.

I appreciate the opportunity to testify and would be glad to answer any questions.

Sincerely,

Kathrine Ware, RN, MSN, CRNP  
1517 Circle Dr. Annapolis, MD. 21409  
[warekathrine@gmail.com](mailto:warekathrine@gmail.com)  
530-220-9085

# **SB 439\_OPPOSE\_WARE addendum\_Workforce Solutions\_20**

Uploaded by: Kathy Ware

Position: UNF



**NURSE PRACTITIONER  
Association of Maryland**

*“Advocating for Nurse Practitioners since 1992”*

The Nurse Practitioner Association of Maryland Inc. (NPAM), **OPPOSES** the advanced practice registered nurse compact (APRN Compact).

- NPAM strongly opposes the inclusion of 2,080 practice hours as a prerequisite for a multistate APRN Compact license when nurse practitioners have no current hour requirement and are safe to practice following graduation and successful completion of their certification exams.

A post-graduation practice hour requirement would pose a challenge to workforce development in a time when nursing is so essential. Many states with similar requirements have expressed difficulty recruiting and retaining nurse practitioners.

- The current Compact will create new barriers to providing care in Maryland. In contrast to Maryland’s allowance of full practice authority for nurse practitioners, the APRN Compact noticeably excludes controlled substances.
- The 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 unacceptable that the proposed Board would not include an APRN. It is essential that the compact administrators have a full understanding of the role of an APRN.
- 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.

NPAM supports a APRN Compact but not **THIS** compact. We would welcome and support a compact that addresses our concerns above but because the current Compact cannot be changed, and it is unlikely that this Compact will receive the four other states to enter into it in the near future, we propose the solutions below to address the Maryland healthcare workforce shortages.

The Nurse Practitioner Association of Maryland, Inc.  
5372 Iron Pen Place Columbia, MD 21044  
Office: 443-367-0277 Fax: 410-772-7915  
[www.npamonline.org](http://www.npamonline.org) NPAM@npedu.com

**Facilitate improved efficiency of Maryland Board of Nursing processes to grant and renew licenses and certifications for all nurses:**

- Issue temporary/interim licenses for applicants during the licensing process
- Recruit and hire talented professionals to fill the over 30 vacancies
- Hire temporary personnel to fill the personnel gaps in the interim
- Fast track implementation of the new computer technology system
- Require staff to work on-site
- Provide criminal background check services on site
- Update the antiquated phone and computer system
- Provide licensees the opportunity to problem-solve via telephone by hiring receptionists so that phone calls are answered timely
- Create streamlined processes for APRN license reciprocity between states/licensure by endorsement
- Partner with schools of nursing and nursing faculty to provide support for new licensees as they go through the license and certification process

**Enhance the nursing workforce in Maryland:**

- Mandate nurse-patient ratios in acute care settings
- Increase funding for nurse residency programs to increase retention of new grads
- Work with the Maryland Hospital Association (MHA) to decrease demand that Associate Degree RNs start a BSN program within three months of hire
- Investigate criminalization of medical errors
- Provide financial incentives for continuing education to those who wish to pursue a career in nursing education
- Provide low interest business loans, educational loan repayment, and other financial incentives to increase NP owned practices in rural and underserved areas

**Maximize access to Primary Care and Mental Health Services for all Marylanders:**

- Increase broadband infrastructure across the state
- Ease restrictions on use and reimbursement for audio-only telehealth visits
- Provide for tuition payment for RNs wishing to obtain advanced degrees
- Provide for tuition payment for APRNs wishing to obtain advanced certifications such as Psychiatric Mental Health Nurse Practitioner (PMHNP) to improve access to care for those seeking mental health services



**SB439 LO02023 Leg.docx.pdf**

Uploaded by: MD Chesapeake NAPNAP

Position: UNF



## **Oppose: SB439 Advanced Practice Registered Nurse Compact**

2/12/2023

Maryland Senate  
Finance Committee  
3 East  
Miller Senate Building  
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, I am writing to express our **Opposition to SB 439 Advanced Practice Registered Nurse Compact**.

In alignment with our national organization's statement, the MD Chesapeake Chapter does not support the proposed version of the APRN compact. We strongly support the concept of an APRN compact to enable advanced practice nurses to provide quality care across state lines.

The inclusion of minimum practice hours as a requirement for a multi state APRN license directly conflicts with the Consensus Model. It conflicts with the evidence APRNs are prepared to safely enter practice after graduation from an accredited program and passage of a national certification board examination. The minimum practice hour requirement hinders care access, increases health care costs, and does not improve patient outcomes. Conversely, removing APRN practice barriers like this could help increase health care access in underserved areas across the state, thereby improving health outcomes.

We also do not support the bill as it fails to specifically include an APRN advisory committee to counsel Compact Administrators which is detrimental to advanced practice nursing as a profession. The perspectives and expertise of APRNs are essential to support and assist administrative entities governing the regulation of advanced nursing practice.

The COVID19 public health pandemic has exposed oppressive barriers created by arbitrary inconsistencies and unnecessary restrictions in APRN licensure. We realize the urgent need for APRN compact licensure but cannot support this version with the current requirements minimum practice hour and specific language stating an APRN will be on the advisory committee. The bill must be voted on as is. This version of the compact cannot be modified or amended. Adding enabled language will not address these concerns.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their **Opposition to HB475 Advanced Practice Registered Nurse Compact**.

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The members of Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners are committed to improving the health and advocating for Maryland's pediatric patients. If



we can be of any further assistance, or if you have any questions, please do not hesitate to contact Lindsay J. Ward , the Chesapeake Chapter President at 410-507-3642 or lindsayjward@hotmail.com.

Sincerely,

Lindsay J. Ward CRNP, RN, IBCLC, MSN, BSN  
Certified Registered Nurse Practitioner- Pediatric Primary Care  
International Board-Certified Lactation Consultant  
National Association of Pediatric Nurse Practitioners (NAPNAP)  
Chesapeake Chapter President

*Evgenia Ogordova*

Evgenia Ogordova-DNP  
National Association of Pediatric Nurse Practitioners (NAPNAP)  
Chesapeake Chapter Legislative Chair

# **SB 439 - Oppose - MPS WPS.pdf**

Uploaded by: Thomas Tompsett

Position: UNF



February 26, 2023

The Honorable Melony Griffith  
Senate Finance Committee  
3 East - Miller Senate Office Building  
Annapolis, MD 21401

RE: Oppose – Senate Bill 439: Advanced Practice Registered Nurse Compact

Dear Chair Griffith and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPW/WPS urge you to oppose Senate Bill 439: Advanced Practice Registered Nurse Compact (SB 439). By way of background, in 2015, the National Council of the State Boards of Nursing (NCSBN) approved state model legislative language called the “APRN Compact.” Once a state passes the APRN Compact, they are referred to as a “party state.” The APRN Compact requires only ten party states to enact the Compact into law before it goes into effect in those states. Two states (ID and WY) passed this legislation into law in 2016, and ND passed it in 2017. Once seven more states enact this legislation, APRNs may start practicing under a multistate license in party states without physician involvement. This model legislation is different from – and much more dangerous than – the RN Compact (also known as the eNLC), which many states have adopted.

It should be noted that the APRN Compact only references the title “APRN” and has a loose definition of what an APRN is. Most states include nurse practitioners, nurse midwives, nurse specialists, and nurse anesthetists under the title of advanced practice nurses (APNs) or APRNs. Since the APRN Compact only references “APRNs,” it would apply to anyone with that title in a state.

The APRN Compact would create multistate licensure for APRNs, authorizing APRNs who hold this multistate license to practice in other party states without going through state-by-state licensing. The APRN Compact usurps state law over APRN licensure and other areas that would be dangerous to patient safety. It automatically eliminates physician involvement requirements for APRNs who practice under a multistate license.



The language of most concern to MPS/WPS is Article III, Section (h)<sup>1</sup>, which says: “An APRN issued a multistate license is authorized to assume responsibility and accountability for patient care independent of a supervisory or collaborative relationship with a physician. This authority may be exercised in the home state and in any remote state in which the APRN exercises a multistate licensure privilege.” The APRN Compact is the only multistate licensure compact that expands the scope of practice. Since the APRN Compact only references the title “APRN” and does not define what an APRN is, if a state has granted the APRN title, the Compact would allow APRNs to practice without physician involvement under a multistate license, regardless of what the party state’s law says otherwise. The APRN Compact will also expand prescriptive authority by allowing APRNs who have the authority to prescribe non-controlled substances, the authority to exercise similar prescriptive authority in any party state, regardless of what the party state’s prescriptive authority laws are.

The APRN Compact will also govern licensing. The APRN Compact establishes an “Interstate Commission” that will govern licensing. Nurses who receive multistate licenses under the Compact will have more contact with this out-of-state organization rather than with the state nursing board. This takes many licensing decisions away from state legislatures and state boards of nursing and puts them in the hands of the NCSBN, which will govern the APRN Compact. This means an outside organization will have the authority to say who should or should not receive an APRN license within party states.

Today, many states require physician involvement of some kind with nurse practitioners for either diagnosing or prescribing (whether through supervision, collaboration, or some other method). The APRN Compact would completely usurp these states’ laws and regulations. Some state boards of nursing are acknowledging that the APRN Compact is over-the-top. The Texas Board of Nursing discussed the APRN Licensure Compact in 2015 and noted that their Board should abstain from accepting Article III (h) “since such provision is not authorized under Texas law.”

For all the reasons above, MPS/WPS urges this honorable committee to give an unfavorable report to SB 439. MPS/WPS would welcome the opportunity to work with the sponsor, committee, and proponents to facilitate evidence-based, proven programs such as Collaborative Care or telehealth that can assist Maryland patients experiencing mental illness or substance use disorders.

If you have any questions concerning this testimony, please feel free to contact Thomas Tompsett Jr. at [tommy.tompsett@mdlobbyist.com](mailto:tommy.tompsett@mdlobbyist.com).

Respectfully submitted,  
The Maryland Psychiatric Society and the Washington Psychiatric Society  
Legislative Action Committee

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<sup>1</sup> Page 9 beginning at line 13.

**2023 ACNM SB 439 Senate Side LOI.pdf**

Uploaded by: Robyn Elliott

Position: INFO



**Committee:** Senate Finance Committee

**Bill Number:** Senate Bill 439

**Title:** Advanced Practice Registered Nurse Compact

**Hearing Date:** February 28, 2023

**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 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.