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)[1], 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.

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

[1] Page 9 beginning at line 13.