



*“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.

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