

Support

HB 278

Titled: Clinical Nurse Specialists - Prescribing

Thank you Delegate Cullison for your generous sponsorship and thank you Chair Pena-Melnyk, Vice-Chair Kelly, and committee members for allowing time to hear our testimony in support of HB 278. I am Pamela Moss and I'm a clinical nurse specialist in cardiac surgery and critical care with 13 years of experience as a nurse and 7 years as an advanced practice registered nurse. I am the current president of the Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists and have volunteered on several national level committees to create and update specialty certification exam standards and maintain current scope and standards for CNS practice across the US.

A clinical nurse specialist, or CNS, is one of the four advanced practice registered nurse roles and has been part of the US health care system for more than 60 years. Providing clinical expertise to a complex, specialty population throughout the care continuum is at very foundation of the CNS role. Everything we do stems from our ability to provide direct patient care. But a CNS approaches patient care in holistic manner that enables us to address quality of patient care, mentor nursing staff at the bedside, and work within interdisciplinary teams to promote and drive evidence and research-based care that provide safe, low cost, optimal patient outcomes.

We all educated at the graduate level and have completed training in advanced physiology, pharmacology, and physical assessment in addition to our area of specialty. In 40 states, CNSs have prescriptive authority and can practice at the full scope of their license.

An example from my own work comes from identifying outdated and overly strict sternal precautions for our post-op cardiac surgery patients. Knowing that our current practice led to an increase in patient anxiety about discharging home, I worked with our lead physical therapist to present the most up-to-date research on sternal precautions to our medical director and chair of cardiac surgery. With approval to change our current practice, I was the APRN that led updating all order sets for inpatient, outpatient, and cardiac rehab use. I worked with the skilled nursing facilities and rehab centers to create a new order set for use within a 29-county region. I was also the person that brought this new practice to all members of the healthcare team. However, at the end of the day, I still had to ask my APRN colleagues to sign the orders that I created to improve our patient care.

As a CNS, being able to prescribe is part of my training and well within my ability, however without legislative approval, without your approval, my ability to practice at the full scope of my education and practice is hindered, limiting the care that I can provide for the community that surrounds me. As someone who participated in the task force that wrote the CNS scope and standards for the US, I would ask this committee to please allow Maryland to join the other 40 states that allow CNSs to practice at the full scope of their license.

I am asking you for a favorable report on HB 278. Thank you.

Respectfully,

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