



Gena Stiver Stanek MS, RN, APRN-CNS, CNS-BC

Bill No. HB 278 **Committee:** Health and Government Operations Committee
Title: Health Occupations – Clinical Nurse Specialists – Prescribing **Position:** Favorable
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February 20, 2023

I am writing in support of House Bill – 278. I am an Advanced Practice Registered Nurse (APRN), Clinical Nurse Specialist (CNS). I've been a CNS for almost 38 years. I served in this role at the Shock Trauma Center for 27 years and at the organizational level for almost 9 years. I currently work in the Clinical Practice Professional Development Department at the University Of Maryland Medical Center.

I am writing as a board member at large of [The Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists \(CBANACNS\) | ENP Network](#).

A clinical nurse specialist is an advanced practice registered nurse who is prepared at either the Masters level or Doctorate level. We are experts in clinical practice, patient education, improving practice to be in line with the latest research, etc.. Our graduate education has the same pharmacology and prescriptive components as our Nurse Practitioner (NP) colleagues. The Board of Nursing regulates our practice and we are required to have 25 contact hours of pharmacy continuing education to renew our national certification.

While I function a bit differently than a Nurse Practitioner or other APRN's (Certified Registered Nurse Anesthetist, etc.), we all have the same graduate education around prescribing medicines, durable medical equipment, etc., and we all impact nursing practice and patient care quality. The main difference is that the CNS's primary role is to continually work to improve nursing care of patients and their outcomes. This could be done on a nursing unit supporting frontline nurses, for specific population of patients or within an organization, hospital system or outpatient environment.

There have been many times when prescriptive authority would have been helpful in expediting care. For example, when I work with the frontline nursing team and a patient has a skin problem, wound care need or a special bed to prevent skin problems I must go to another advanced practice nurse (Nurse Practitioner) or a physician to write that order.

Similarly, if a patient needs a walker to go home or another piece of medical equipment or a device I might need to interrupt a busy surgeon who may be in the operating room to obtain the prescription when I have the education, skill and knowledge to prescribe it efficiently. This can delay a discharge and tied up a bed preventing an ER patient from getting moved to an inpatient bed. Coordination of care and expertise are needed to give our patients the best possible care and is essential now more than ever.

Allowing Advanced Practice Registered nurses to practice to the full extent of their education and preparation is critical to meeting the Institute of Medicine's 2020 Future of Nursing Recommendations to remove barriers to practice and care.

We are looking to this committee to pass this bill which will help improve patient outcomes and care coordination. We need to give CNSs the tools they need to work effectively for the people of Maryland.

I plan to attach the below:

- A CNS fact sheet with the importance of the Clinical Nurse Specialist Role related to prescriptive authority
 - Note: QR Code in left lower corner of the fact sheet takes you to pertinent supporting documents and real stories told by Maryland CNSs.

Thank you in advance for your support and interest in healthcare improvements.

Sincerely,
Gena Stiver Stanek, MS, RN, APRN-CNS, CNS-BC
Board Member at Large CBANACNS