



# LIFEBRIDGE HEALTH<sup>®</sup>

## CARE BRAVELY

HB611 – State Board of Nursing – Sunset Extension, Licensure Exceptions, and Board Operations and Membership  
House Health and Government Operations Committee – February 9, 2023  
Testimony of Martha D. Nathanson, Esq., Vice President, Government Relations and Community Development  
Position: **SUPPORT**

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I am writing in SUPPORT of HB611. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County, and; Grace Medical Center in Baltimore (formerly Bon Secours Hospital).

Maryland employers generally face shortages, and this challenge impacts hospitals and health care providers generally even more harshly. HB611 sets out reforms to the Maryland Board of Nursing (“Board”) to remove licensure delays and require board engagement in workforce planning and data collection. As the largest health occupations board, the Board licenses and certifies nursing and nursing support staff in Maryland, ensuring the public is protected and cared for by qualified professionals. However, when the process is not timely and results in new and renewing licenses being delayed, the public suffers as providers must scramble to cover nursing positions in licensure limbo. The combination of old technology (including paper submission of many required documents rather than electronic submission), lack of infrastructure, and significant staff vacancies result in barriers to processing of applications. Most egregiously, renewals - which should be capable of timely processing – are routinely delayed, resulting not only in significant unnecessary work on the part of employers but also in some existing employees not receiving timely renewals, with resulting disruptions in continuity of care for patients. Several examples from LifeBridge institutions are instructive:

- Example #1 – Temporary License Expiration: Several times when temp nursing licenses were set to expire, there was a significant amount of difficulty converting to a full license due to confusion with guidelines and inability to contact the Board within a timely manner. One RN's temporary license almost expired due to this, which would have left us with a significant hole in our staffing.
- Example #2 - Fingerprinting: One RN application was denied multiple times, with the applicant being told each time the “wrong fee amount” was submitted for fingerprints. Each time she contacted the Board, she was given a different response on the amount to send, resulting in months of back and forth emails with the Board as well as hours spent waiting on hold. This was fortunately resolved just prior to her temp. license expiring, but facilities cannot plan staffing around the hope of last-minute approvals.
- Example #3 – Access: Hiring managers and supervisors across our clinical and administrative teams report general difficulty in reaching the board by phone, specifically reporting long wait times on hold and long waits for email responses. Some of this problem may be related to Board staffing needs, which is a primary focus of the bill, and by updating processes to reflect more electronic rather than paper access.

For all the above stated reasons, we request a **FAVORABLE** report for HB611.

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