



SUPPORT
HB 278 Health Occupations – Clinical Nurse Specialists – Prescribing

February 18, 2023

I support the passage of HB 278 Health Occupations – Clinical Nurse Specialists – Prescribing - sponsored by Delegate Cullison.

I am a Clinical Nurse Specialist with 27 years of experience in nursing and the Patient Education Specialist and diabetes educator for UM Shore Regional health which provides healthcare to five counties on Maryland's eastern shore. As the diabetes educator I am consulted for hospitalized patients who have uncontrolled diabetes or hospitalized with an insulin pump.

Diabetes is a growing problem in our state. According to the Maryland Department of Health, 10.5 percent of adults in Maryland have diabetes and 34 percent have prediabetes. Maryland is consistently one of the 25 states with the highest diabetes prevalence rates and is the sixth leading cause of death in our state. In Maryland, diabetes disproportionately impacts specific populations based on income and education level, race and ethnicity, geographic location and access to healthcare. This is no different on the eastern shore.

There are times when a hospitalist (advanced practice provider or physician) will ask for an endocrinology provider consult for medication management or other recommendations for hospitalized patients whose blood sugar is difficult to control or have complicating issues. UM SRH currently has only two endocrinology physicians and one nurse practitioner who serve the entire five county region and see patients in the outpatient setting. An inpatient hospital consult requires one of the endocrinology providers, who have scheduled outpatient appointments, to make time to review the hospitalized patient's chart and provide recommendations via secure messaging or via electronic medical record or take time away from clinic to provide an in-person consult. Occasionally this takes time to complete which delays care or discharge and may elevate healthcare cost due to extended length of stay. As a Clinical Nurse Specialist with prescribing authority, I could fill this gap in care.

In addition, anytime a patient is admitted to the hospital with an insulin pump, the diabetes educator is consulted. An insulin pump provides insulin through a small catheter in the patient's skin. Research has found patients who continue to use an insulin pump while hospitalized have better management of blood sugar and better outcomes than when the pump is removed. Hospital policy allows patients who wear insulin pumps to continue this therapy if they can safely self-manage their pump, however, they need an order by a provider for this. The order for use of the insulin pump is in lieu of other forms of insulin. Hospitalists, like nurses, are stretched thin. They often are challenged to see a large volume of patients daily. I have encountered times where the insulin pump orders are not entered in a timely fashion on admission, but other orders for insulin coverage via subcutaneous route have been written. This is a huge safety issue because it increases the risk that the patient could receive extra insulin which may cause a dangerous and rapid drop in blood sugar. As a Clinical Nurse Specialist with prescribing authority, I am already following these patients and could write the necessary orders to be sure that our hospitalized patients with insulin pumps have safe and appropriate care.

There are 310 CNSs in Maryland and there are 39 other states, including those surrounding Maryland, plus Washington D.C. who have granted CNS prescribing. Allowing prescribing authority for clinical nurse specialists through the passage of HB 278 will expand the availability of expert providers in the healthcare system which will fill gaps in care, improve outcomes and provide cost savings to the healthcare system as well as the patients we serve. I urge you to please vote in favor of this bill to improve access to care for all Marylanders including the rural and under-served area of the eastern shore where I live and work.

Sincerely,
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