

**The Honorable (Senator/Delegate name)
Maryland House of Delegates/Maryland Senate**

Bill: SB 359/HB 425 Advanced Practice Registered Nurse Compact

Position: OPPOSE

Dear Senator Ron Watson and Delegate Nicole Williams of Prince George's County Maryland

I am a voting Nurse Practitioner living in your district and want to inform you of my opposition to **SB 359/HB 425 Advanced Practice Registered Nurse Compact**. Compacts are intended to make practicing in one's home state and elsewhere, easier. However, the APRN Compact creates unnecessary burdens.

The inclusion of 2,080 practice hours as a pre-requisite for a multistate APRN Compact license 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.

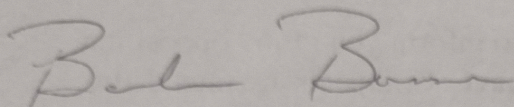
Compact legislation must be voted on as-is. It CANNOT be altered to address my concerns. Neither will adding enabling language.

I respectfully request you Oppose this legislation and look forward to supporting a APRN Compact in the future, but 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 the provisions of the Compact need to be worked out before Maryland considers entry into the Compact.

Therefore, I respectfully request an unfavorable vote on SB 359/HB 425.

If you have any questions, please contact me.



Barbra Bonsu, Certified Family Nurse Practitioner

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Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Dr. S. Dale G. Jafari. I am an Advanced Practice Registered Nurse in Maryland. I am writing to ask that you **oppose SB 359: APRN Compact**. I support the concept of a compact. However, this compact is outdated and cannot be amended.

APRNs have full practice authority in Maryland. This bill imposes restrictions on practice that are not consistent with Maryland standards or national trends in healthcare. These restrictions include:

Practice hour requirement: This bill requires 2080 practice hours before an APRN is eligible for a compact license. This results in a delay in ability to practice and restricts the workforce.

Prescription of controlled substances: The APRN compact does not standardize prescriptive authority across state lines. APRN's would face barriers to prescribing and providing care when our patients are not physically in Maryland.

Lack of APRN oversight: There is no requirement that APRNs participate in regulation of the compact. This would be like the bar association not being made up of lawyers.

In 22 years, the NCSBN has failed to enact an APRN compact. Last year, multiple states introduced the APRN compact and the legislation *failed to pass in every state*. Please consider my concerns as a practicing APRN. **I request an unfavorable report on SB 359.**

Respectfully,

S. Dale G. Jafari

S. Dale G. Jafari, DNP, FNP=BC, FAANP

6810 Oxford Rd., Easton, MD 21601

dalegjafari@gmail.com 410.430.6386

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Kamala D. Via, I'm an Advanced Practice Registered Nurse in Maryland. I am writing to ask that you **oppose SB 359: APRN Compact**. I support the concept of a compact. However, this compact is outdated and cannot be amended.

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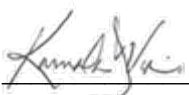
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In 22 years, the NCSBN has failed to enact an APRN compact. Last year, multiple states introduced the APRN compact and the legislation *failed to pass in every state*. Please consider my concerns as a practicing APRN. **I request an unfavorable report on SB 359.**

Respectfully,

Signature: 

Printed Name and Credentials: Kamala D. Via, DNP, CRNP-PMH

Address: 6109 Chanceford Road, Catonsville, MD 21228

Email: KamalaVia@aol.com Phone: 443.629.4613

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Megan Brady. I am an Advanced Practice Registered Nurse in Maryland. I am writing to ask that you **oppose SB 359: APRN Compact**. I support the concept of a compact. However, this compact is outdated and cannot be amended.

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Respectfully,

Signature: Megan T. Brady, FNP-C, MS, RN
Printed Name and Credentials: Megan T. Brady FNP-C, MS, RN
Address: 3516 Newport Ave., Annapolis MD 21403
Email: meganbrady13@gmail.com Phone: 215-694-0736

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Teri O'Neil, Major (ret), US Army Nurse Corps. I am an Advanced Practice Registered Nurse in Maryland. I am writing to ask that you **oppose SB 359: APRN Compact**. I support the concept of a compact. However, this compact is outdated and cannot be amended.

APRNs have full practice authority in Maryland. This bill imposes restrictions on practice that are not consistent with Maryland standards or national trends in healthcare. These restrictions include:

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In 22 years, the NCSBN has failed to enact an APRN compact. Last year, multiple states introduced the APRN compact and the legislation *failed to pass in every state*. Please consider my concerns as a practicing APRN. **I request an unfavorable report on SB 359.**

Respectfully,

Signature: Teri M. O'Neil

Printed Name and Credentials: Teri M. O'Neil, CRNP, Family Practice Nurse Practitioner, MSN

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Email: teri.oneilnp@gmail.com Phone: 301-473-2556

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To: Members of the Senate Finance Committee

RE: SB 359 - Advanced Practice Registered Nurse Compact

Position: OPPOSE

Chair, Vice Chair, and Members of the Committee,

I am writing today in opposition to **SB 359 – Advanced Practice Registered Nurse Compact**. I have been a Nurse Practitioner since 2001, living and working in this great state of Maryland. I have spent my professional career teaching the next generation of nurses, working as a Nurse Practitioner (NP) in a multi-specialty physician owned practice, as the owner of a practice specializing in sleep medicine, and working as the Executive Director of the Nurse Practitioner Association of Maryland (NPAM) until 2023.

I have been proud to be able to work as a NP in Maryland where NPs enjoy full prescriptive authority, and can practice autonomously. Not every state offers this to NPs, and for that reason, I have chosen to practice in Maryland. I believe **SB 359 – Advanced Practice Registered Nurse Compact** will take NPs and other APRNs a step backward.

Compacts are intended to make practicing in one's home state and elsewhere, easier. However, **SB 359 - Advanced Practice Registered Nurse (APRN) Compact** creates unnecessary burdens.

- The inclusion of 2,080 practice hours as a pre-requisite for a multistate APRN Compact license is contrary to evidence that supports that APRNs are safe to practice following graduation. It is crucial to allow NP graduates who have successfully passed the national certification exam to enter the workforce. Not allowing them to do so seems contrary to increasing access to care when we have a severe shortage of healthcare providers.
- The governing body for the Compact will not necessarily include NPs. It is vitally important that the APRN Compact Administrators know and understand the practice of those they govern.
- The Compact does not address the ability of NPs to prescribe controlled substances in other Compact states. In Maryland, NPs can prescribe Schedule II through IV drugs. This ability would not be allowed in other states that restrict the scope of practice and prescriptive authority of NPs.

- It is unclear how this Compact will fiscally and administratively impact the Maryland Board of Nursing (MBON). Licensure fees will certainly increase, as will the administrative burden of the MBON, which is already over-burdened. Many NPs and other APRNs have experienced long licensure and licensure renewal wait times, and there is an extreme number of outstanding investigations. According to the MBON FY 2023 report there are 6,269 outstanding investigations.

While I generally support the concept of a APRN Compact to give NPs and other APRNs the ability to practice across state lines, and to bolster the workforce, I cannot support this flawed piece of legislation, which cannot be altered to address the concerns cited here. Therefore, I respectfully request an **unfavorable report on SB 359**.

Please feel free to contact me if you have any questions.

Sincerely,

Beverly Lang MScN, RN, ANP-BC, FAANP