

SB 359 Testimony.pdf

Uploaded by: Antonio Hayes

Position: FAV

ANTONIO HAYES
Legislative District 40
Baltimore City

Finance Committee



Annapolis Office
James Senate Office Building
11 Bladen Street, Room 222
Annapolis, Maryland 21401
410-841-3656 • 301-858-3656
800-492-7122 Ext. 3656
Antonio.Hayes@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Tuesday, February 13, 2024

Testimony in Support of Senate Bill 359: Advanced Practice Registered Nurse Compact

Madam Chair and Members of the Committee:

The Covid-19 pandemic exposed flaws in the licensing process for our most highly trained nurses: nurse practitioners, clinical nurse specialists, nurse midwives, and nurse anesthetists. To practice in other states, these highly skilled nurses currently need a separate license for each jurisdiction and, as a result, cannot readily cross state lines to provide services in emergencies or disasters. As the pandemic so clearly demonstrated – and other public health issues daily reveal – nurses are vital to our society. Thus, we should take whatever steps we can to ease the already heavy burdens placed on those in the profession.

Senate Bill 359 represents one such step, by entering Maryland into the Advanced Practice Registered Nurse (APRN) compact. Joining the compact would allow advanced practice nurses in Maryland to hold one multi-state license and to practice in any other participating compact state, whether providing services in person or increasingly, via telehealth.

SB 359 has a diverse and robust group of supporters representing Maryland nurses, patients, businesses, and health facilities – including the Maryland Nurses Association, Maryland Academy of Advanced Practice Clinicians, the Maryland Hospital Association, Department of Defense, and countless others. **It is identical to House Bill 475 of 2023 that passed HGO 22-0 and the full House of Delegates 112-21.**

In the Maryland Health Care Commission's 2023 *Expansion of Interstate Telehealth Report* delivered to our Committee in December, MHCC recommended that **“the General Assembly should continue adopting legislation to implement interstate compacts to improve consumer access to providers, particularly for consumers in communities experiencing a practitioner shortage.”**

The APRN Compact is modeled on the existing Nurse Licensure Compact for registered nurses and licensed practical nurses that has been in place for more than 20 years. Maryland was the first state to join that compact, in 1999.

More than 70% of advanced practice nurses in Maryland, responding to a 2022 survey, reported

providing services across state lines in the past two years. **The value of participating in the compact is clear – so much so, that six nursing organizations across the state – and nearly 95% of APRNs in Maryland are in favor of adopting the compact.** In particular, the multi-state license provided under the compact would benefit nurses in military families during their frequent moves to different states.

From a regulatory perspective, participating in the APRN would have no impact on the licensing or practice of nurses in Maryland – the state and the Maryland Board of Nursing would retain that authority.

In short, by lifting the burdens APRNs face when seeking to practice in other states, we would more efficiently fill nursing vacancies in Maryland, strengthen our world-renowned healthcare institutions, and be better prepared to respond to future public health emergencies.

I request a favorable report on SB 359.

Respectfully,



Senator Antonio L. Hayes
40th Legislative District – MD

SB0359 -- Advanced Practice Registered Nurse Compa

Uploaded by: Brian Levine

Position: FAV



Senate Bill 359 -- *Advanced Practice Registered Nurse Compact*
Senate Finance Committee
February 13, 2024
Support

The Montgomery County Chamber of Commerce (MCCC), the voice of business in Metro Maryland, supports Senate Bill 359 -- *Advanced Practice Registered Nurse Compact*.

Senate Bill 359 enters Maryland into the Advanced Practice Registered Nurse Compact (APRN) and establishes procedures and requirements for an APRN nurse to practice under a multistate license in other participating states.

Maryland and other states in our region continue to grapple with a shortage of frontline health care workers. These shortages are most acutely felt in nursing, an issue that imperils patient access to quality care. The innovative approach in this bill offers a viable solution to the growing nursing shortage by providing the tools necessary to hire nurses and enable telehealth for local practitioners. The bill also reflects our regional economy and the ability for our residents to be able to find health care locally.

With this approach, nurses could seamlessly practice across state lines, filling critical gaps in areas experiencing shortages. The heart of every thriving economy is a healthy workforce. It is important to the business community that the systems delivering health care have the resources and talent required to meet the needs of our community.

For these reasons, the Montgomery County Chamber supports Senate Bill 359 and requests a favorable report.

The Montgomery County Chamber of Commerce, on behalf of our nearly 500 members, advocates for growth in business opportunities, strategic investment in infrastructure, and balanced tax reform to advance Metro Maryland as a regional, national, and global location for business success. Established in 1959, MCCC is an independent non-profit membership organization and a proud Montgomery County Green Certified Business.

*Brian Levine | Vice President of Government Affairs
Montgomery County Chamber of Commerce
51 Monroe Street | Suite 1800
Rockville, Maryland 20850
301-738-0015 | www.mcccmd.com*

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Uploaded by: Christopher Arnold

Position: FAV



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
1500 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-1500

February 13, 2024

Senator Pamela G. Beidle
Chair, Senate Committee on Finance
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401 – 1991

Remarks of
Christopher R. Arnold
Mid-Atlantic Region Liaison
United States Department of Defense-State Liaison Office

Support of: SB 359 – AN ACT Entering into the Advanced Practice Registered Nurse Compact

Testimony

Madame Chair and honorable committee members, the Department of Defense is grateful for the opportunity to support the policies reflected in Maryland Senate Bill 359, which will improve access to care and allow military personnel and spouses to more easily maintain their certifications when relocating.

My name is Christopher Arnold. I am the Mid-Atlantic Region Liaison at the United States Department of Defense-State Liaison Office, operating under the direction of Under Secretary of Defense for Personnel and Readiness. We represent the Department and establish relationships with state leaders across the country who are concerned for troops and their families' welfare by harmonizing state and federal law and regulation on policy problems of national significance. These are identified by the Office of the Secretary of Defense, the Military Departments, and the National Guard Bureau as areas where states can play a crucial role.

The APRN Compact allows an advanced practice registered nurse to hold one multistate license with a privilege to practice in other compact states. This is significant for the military community in that along with active-duty military spouses receiving the benefit of compacts, active-duty members, members of the reserve component, reserve component spouses, transitioning Service members and other Veterans benefit from the mobility provided through the compact.

The compact encourages the cooperation of party states in the areas of APRN licensure and regulation, facilitates the exchange of information between party states in the areas of APRN regulation, investigation and adverse actions and decreases redundancies in the consideration and issuance of APRN licensure.

An APRN multistate license is recognized as authorizing the APRN to practice in each party state, under a multistate licensure privilege, in the same role and population focus as in the home state. An individual may still apply for a single-state license, instead of a multistate license.

Professional licensure has been an enduring problem for military spouses. Obtaining a license in a new State can be both time consuming and expensive, and military spouses often cannot adequately anticipate how to prepare for licensure in a new State due to the unpredictable nature of military moves. The short duration of military assignments, coupled with lengthy relicensing processes, can discourage military spouses from seeking relicensure, causing them to quit an occupation or causing military families to leave the military.

The Department of Defense pivoted in its approach toward licensure after 2017 to consider occupational license compacts as another alternative to improve portability for military spouses. Compacts establish common understanding of competency and its measurement within the occupation, and then seek to have States approve the compact through legislation.

The Secretaries of the Military Departments have made the importance of military spouse licensure explicitly clear as they consider state's participation in interstate licensing compacts when evaluating future basing or mission alternatives. In 2018, the secretaries of the Army, Navy and Air force issued a policy memorandum to the National Governor's Association noting they will consider the quality of schools near bases and whether reciprocity of professional licenses is available for military families when evaluating future basing or mission alternatives.¹ This consideration was codified by Congress as a requirement in the 2020 National Defense Authorization Act.²

Compacts can provide seamless reciprocity for military spouses in an occupation. Barriers to the transfer and acceptance of certifications and licenses that occur when state rules differ can have a dramatic and negative effect on the financial well-being of military families. The APRN Compact will come into effect once seven states have enacted the legislation.³ As one of the first states to consider entering into the APRN Compact, Maryland is poised to play a founding role in developing the compact.

The coronavirus pandemic demonstrates that interstate licensure compacts such as APRN Compact can provide a permanent solution to leverage underutilized medical talent to meet labor shortages in high-need areas. The APRN Compact will assist Maryland military spouse nurses practicing both in and out-of-state, while improving the quality of care in the Old Line State.

¹ United States Department of Defense, "Service secretaries say quality of schools, reciprocity of licenses should be considered in future basing decisions." February 23, 2018. <https://www.defense.gov/News/Releases/Release/Article/1449706/service-secretaries-say-quality-of-schools-reciprocity-of-licenses-should-be-co/>

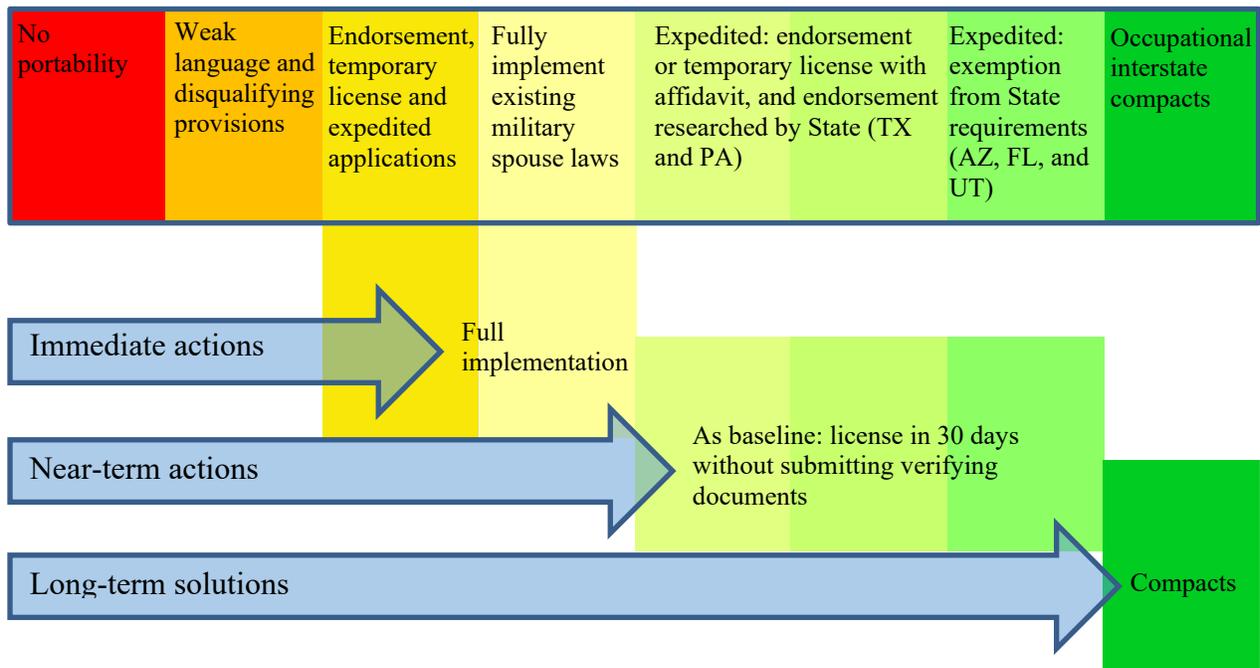
² Notably, §2883(h) requires the Department and each of the military services to produce annual basing decision scorecards at the state and installation level considering military family readiness issues, including interstate portability of licensure credentials.

The secretaries must consider "*whether the State in which an installation subject to a basing decision is or will be located ... has entered into reciprocity agreements to recognize and accept professional and occupational licensure and certification credentials granted by or in other States or allows for the transfer of such licenses and certifications granted by or in other States.*" (*Id.* (b))

³ The compact was introduced in mid-2021 and passed by North Dakota, and Delaware. In addition to Maryland, legislation is currently pending in Utah.

In addition to supporting the drafting of model compacts laws for professions, 10 § U.S.C. 1784(h) authorizes DoD to support professions with developing database systems to make the compacts more efficient and operational. These database systems allow States to share information about practitioners using compact provisions to work in member States.⁴

The Department encourages States to engage in immediate actions to fully implement military spouse licensure laws, near-term actions to at least attain a baseline of getting military spouses a license in thirty (30) days based on minimal documentation, and removing substantially equivalent language; and long-term solutions for reciprocity through compacts:



Maryland has already enacted and joined the Audiology/Speech-Language Pathology Interstate Compact, the Licensed Professional Counseling Compact, the Nurse Licensure Compact, the Occupational Therapy Licensure Compact, the Physical Therapy Licensure Compact, and the Psychology Interjurisdictional Compact.

In closing, we are grateful for the tremendous efforts that the Old Line State has historically made to support our service members and their families. We appreciate the opportunity to support these policies and grateful to the sponsor, Senator Hayes, the many cosponsors, and the

⁴ The current effort to develop compacts through a cooperative agreement and to approve compacts is a collaboration between the federal government, state governments and non-governmental organizations representing professionals and state licensing boards. Through this collaborative effort, all practitioners within a profession will have greater mobility while sustaining the focus on assuring public safety through licensure. This is significant for the military community in that along with active duty military spouses receiving the benefit of compacts, active duty members, members of the reserve component, reserve component spouses, transitioning Service members and other Veterans benefit from the mobility provided through compacts.

members of the Maryland Senate Veterans caucus for their leadership and dedication to supporting our service members and their families.

Thank you for taking the time to consider these issues. As always, as Mid-Atlantic Region Liaison, I stand ready to assist and answer whatever questions you may have.

Yours etc.,

CHRISTOPHER R. ARNOLD

Mid-Atlantic Region Liaison

Defense-State Liaison Office

SB0359_MHAMD_FAV.pdf

Uploaded by: Dan Martin

Position: FAV

Senate Bill 359 Advanced Practice Registered Nurse Compact

Finance Committee

February 13, 2024

Position: SUPPORT

Mental Health Association of Maryland (MHAMD) is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health and substance use disorders (collectively referred to as behavioral health). We appreciate the opportunity to provide this testimony in support of Senate Bill 359.

SB 359 enters Maryland into the Advanced Practice Registered Nurse (APRN) Compact whereby Maryland APRNs can deliver care in other compact states, and vice versa. **This would include psychiatric nurse practitioners.** The state has already adopted compacts for professional counselors and psychologists.

Maryland is in the midst of a behavioral health workforce crisis. Federal data¹ released just last month found that Maryland has 64 federally designated mental health professional shortage areas (HPSAs)², including 14 entire counties. These shortage areas, in which less than 20% of residents are getting their mental health needs met, impact over 1.8 million Marylanders. Another indicator found that 16 of Maryland's 24 jurisdictions come in below the national average (350:1) in terms of population to mental health providers, with a number that are considerably lower.³ This is unsustainable. There are simply not enough behavioral health professionals to meet the mental health and substance use needs of all Marylanders.

The General Assembly has taken several important steps in recent years to streamline the delivery of quality behavioral health care and bolster the state's behavioral health workforce, but we are not out of this crisis yet. We must employ every strategy at our disposal to address the unmet need, and interstate licensure compacts are one of those strategies. They increase access to care by adding depth to local labor pools.

SB 359 will help ensure Marylanders can access mental health and substance use care when and where needed. For this reason, MHAMD supports this bill and urges a favorable report.

¹ <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>

² A HPSA is a geographic area, population group, or health care facility that has been designated by the US Health Resources and Services Administration (HRSA) as having a shortage of health professionals in one of three categories – primary care, dental health, and mental health

³ <https://www.countyhealthrankings.org/explore-health-rankings/maryland?year=2022&measure=Mental+Health+Providers&tab=1>

For more information, please contact Dan Martin at (410) 978-8865

2024 Legislation - SB 359_Position Paper_021324(FI

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Position: FAV



2024 SESSION
POSITION PAPER

BILL NO: SB 359
COMMITTEE: Health and Government Operations
POSITION: Support
TITLE: Advanced Practice Registered Nurse Compact

BILL ANALYSIS

SB 359 - Advanced Practice Registered Nurse Compact if passed enters Maryland into the Advanced Practice Registered Nurse Compact (or compact). The legislation establishes specified procedures and requirements for an advanced practice registered nurse (APRN) to practice under a multistate license in a party state or remote state; the composition, powers, and responsibilities of the Interstate Commission of APRN Compact Administrators; and requirements related to oversight, dispute resolution, and enforcement of the compact. The bill is contingent on substantially similar legislation being enacted in three other states.¹

POSITION AND RATIONALE

The Maryland Health Care Commission (MHCC) supports SB 359. The bill would allow APRNs to obtain one multistate license to practice in other participating compact states. The compact will enable greater access to care for a wide range of services delivered in-person or through telehealth modalities across various health care settings. APRNs include nurse practitioners, certified nurse-midwives, clinical nurse specialists, and nurse anesthetists. The legislation will benefit APRNs, patients, and health care providers through a unified licensing process that allows APRNs to utilize their specialized skills to respond to health care demands with the aim of addressing critical gaps in health care disparities for underserved and vulnerable populations.^{2, 3} Use of

¹ The APRN Compact will come into effect once seven states have enacted the APRN legislation. Four states have adopted legislation (Delaware, North Dakota, South Dakota, Utah) and two states have pending legislation (Maryland and Arizona). More information available at: www.aprncompact.com/about.page.

² National Library of Medicine, *Advanced Practice Registered Nurse Role*, March 2023. Annie P. Boehning; Lorelei D. Punsalan. Available at:

www.ncbi.nlm.nih.gov/books/NBK589698/#:~:text=APRNs%20are%20registered%20nurses%20with%20advanced%20education%20and%20specialized%20training,systems%2C%20society%2C%20and%20humanity.

³ Journal of Advanced Practices in Nursing, *The Impact of Telehealth in Advanced Nursing Practice: Expanding Access to Care*, Volume 8:4, 2023. Available at: www.hilarispublisher.com/open-access/the-impact-of-telehealth-in-advanced-nursing-practice-expanding-access-to-care.pdf.

telehealth technology expands APRNs reach via virtual consultations to timely deliver preventive care and manage chronic conditions.⁴

The legislation aligns with the findings and recommendations from MHCC’s September 2023, *Interstate Telehealth Expansion Study* report (report).⁵ The MHCC conducted a study in collaboration with stakeholders at the request of the Health and Government Operations (HGO) Committee. In a letter dated May 24, 2022, the HGO Chair noted support for the expanded use of telehealth since the COVID-19 PHE, and tasked MHCC with convening a workgroup to inform development of recommendations to expand interstate telehealth. The MHCC convened workgroup (January – March 2023) discussed barriers and opportunities to expanding the delivery of telehealth services across state lines. The workgroup consisted of representatives from health occupation boards, providers, payers, health care consumers, professional associations, professional liability insurance carriers, and various State agencies.

The MHCC’s report includes nine recommendations for advancing interstate telehealth practice, which includes adopting legislation to advance participation in compacts. The workgroup viewed compacts as important to help alleviate workforce supply challenges that result in longer wait times and impede access to care. Workgroup participants generally favor compacts with a mutual recognition model⁶ where providers maintain a license in their home state and apply for a multistate license or privilege (authorization) to practice in other compact states.⁷

The MHCC believes this legislation is an important next step to improve access to care and health equity for underserved and vulnerable populations. If passed by the General Assembly, the law will expand cooperation among states licensure boards, enable greater use of telehealth and enhance public safety.

For the stated reasons above, we ask for a favorable report on SB 359.

⁴ Journal of Clinical Nursing, *Nurse practitioner led telehealth services: A scoping review*, October 2023. Julia Charalambous RN, BN, BMassComn, Olivia Hollingdrake RN, BN, MPH, PhD, Jane Currie NP, BSc (Hons), MSc, PhD. Available at: www.onlinelibrary.wiley.com/doi/full/10.1111/jocn.16898.

⁵ Maryland Health Care Commission, *Interstate Telehealth Expansion Study*, September 2023. Available at: mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/ist/IST_HGO_rpt.pdf.

⁶ Under a mutual recognition model, a licensee receives a multistate license from the compact state in which the licensee has established residence or purchases a privilege from the compact.

⁷ JDSupra, *Developments in Interstate Telehealth Licensing*, December 2022. Available at: www.jdsupra.com/legalnews/developments-in-interstate-telehealth-3935324/.



SB 359 compact testimony EMC.pdf

Uploaded by: Elaine Crain

Position: FAV

Elaine Crain

DNP, RN, FNP-BC

1729 River Road Annapolis, MD 21409

drelainecrainnp@gmail.com

410-703-0556



February 2024

Members of the Committee:

I am asking for your support for **SB359**: *Advance Practice Registered Nurse Compact*.

I have been a nurse practitioner for over 20 years; an ER nurse at Anne Arundel Medical Center where I continue to hold privileges; and a traveling nurse. And trust me, I know how beneficial an APRN compact will be for me specifically and most Maryland APRNs.

We move, our patients move (or are snowbirds and students) and as the state laws stand, if my patients need to reach me when they might be experiencing symptoms for a consultation and/or my expertise, I cannot do so unless I have a license in whatever state they happen to be in (but as an RN, I can reach my patients via telehealth or cross state lines to provide the care that is needed, as Maryland RNs have compact licenses!).

At over \$100 a license and more for the various continuing education requirements for each state (An example of an individual APRN's cost of doing business without a compact license follows); and the time it takes to go through the license process in each state (often 2-6 months) – it is impossible for me to give the level of care I want to offer to my patients.

Not an ideal situation especially if we add in finding a new provider - these days is almost impossible and finding a compassionate one... well we are losing primary care providers by the 100s due to burn out. And after over 30 years in this business, I understand and sometimes feel the same!

I have heard some concerns that the 2080 hours requirement may be burdensome to some APRNs. I am not worried about this requirement, as

1. It is not a transition to practice, all Maryland APRNs can start seeing their patients safely the day after they pass the national board examination.
2. Over 90% of Maryland APRNs will be eligible to apply for this voluntary compact license when the compact becomes active.

Simply put, I would like you to vote to support SB359: *Advance Practice Registered Nurse Compact*.

Feel free to contact me with questions, comments, or concerns,

A handwritten signature in black ink, appearing to read 'Elaine Crain'. The signature is located at the bottom left of the page.

Compact vs single licensing fees: 3 scenarios*

Compact license fee, based in Maryland:

- Total cost for initial licenses \$135, total cost for renewal every 2 years \$146, CE cost annually \$1050

Working in outpatient care on a border of Maryland

- MD/DC: total cost for initial licenses \$560, total cost for renewal every 2 years \$459, CE cost annually \$1680
- MD/PA: total cost for initial licenses \$257, total cost for renewal every 2 years \$268, CE cost annually \$1050
- MD/DE: total cost for initial licenses \$405, total cost for renewal every 2 years \$316, CE cost annually \$1050
- MD/VA: total cost for initial licenses \$287, total cost for renewal every 2 years \$226, CE cost annually \$1050

Working at a large inpatient hospital setting where patients travel for advanced care - MD with multiple randomly chosen (7) states:

- Total cost for initial licenses \$1996, total cost for renewal every 2 years \$1246, CE cost annually \$1750

Working with college patients and/or snowbirds (MD with FL & NC):

- Total cost for initial licenses \$522, total cost for renewal every 2 years \$256, CE cost annually \$1750

*All prices discovered with google search and not verified with individual nursing boards.

SUPPORT Beth Baldwin SB 359.pdf

Uploaded by: Elizabeth Baldwin

Position: FAV

SUPPORT

SB 359 Advanced Practice Registered Nurse Compact

I am writing to request support for the Advanced Practice Registered Nurse Compact. This bill is sponsored by the National Council of State boards of Nursing and favors strong support from the Maryland advance practice community, the Maryland Academy Advance Practice Clinicians as well as me. I am one of the APRNs that responded to the Maryland survey in which as I am sure you are aware 94% of Maryland APRNs who responded were in favor of the APRN Compact legislation. 72% of APRNs who responded stated that they provided nursing care or educational services to individuals living or traveling outside of Maryland in the last 24 months.

I live in Delaware and hold a Multistate license for My RN license BUT am required to have multiple state APRN licenses in the past I have had to keep up (8 required total licensures for advanced practice) including Maryland. I live on the eastern shore border of Delaware and have worked in Maryland, DE, and WV over the past few years. I care for patients living in Maryland currently. I have not been able to keep up with all the multiple state cost fees and requirements and have elected to retire some for now.

It would greatly benefit me and my fellow APRN colleges to be able to remove the bureaucratic red tape that renewing all the licensure at different time and the costs per state that this adds to the Advanced practice nurses. This bill would allow me to continue to have licensures and practice across state line without the ongoing stress of must pay and keep record of every state separately. Maryland has historically led the way in strong support of signature legislation for APRN practice advancements by removing the barrier to practice. Having to keep multiple licenses and restricting practice across state borders is just such a barrier and it is time to adjust the requirements and restrictions of APRN licensure in Maryland. Delaware has already passed this same legislation that, eventual allow all APRN in Maryland that Request the privilege of compact licensure to benefit from the compact legislation.

Please listen to the voices of ALL the APRN groups who are in SUPPORT of this bill, not just opponents who have no other viable solution to offer!

I am asking for a favorable vote on SB 359.

Thank you for your consideration,

Beth Baldwin, MSN, APRN, PNP, BC
MAAPC Member-at-Large

Emalie_APRNCompact_2024SB359_NL.pdf

Uploaded by: Emalie Gibbons-Baker

Position: FAV

SUPPORT

SB 359 Advanced Practice Registered Nurse Compact

February 13, 2024

Chair Beidle, Members of the Senate Finance Committee,

My name is Emalie Gibbons-Baker. Thank you for the opportunity to testify today in support of Senate Bill 359. As an Advanced practice registered nurse (APRN) licensed as a Certified Nurse Midwife in Maryland, and as a former board member of the Maryland Board of Nursing, I recognize the regulatory, practitioner and patient benefits of Maryland being a member of the APRN Compact.

For Regulators

Maryland has been a member of the Nurse Licensure Compact (NLC) for over twenty years. I have witnessed the benefits and safeguards built into the NLC to facilitate true mobility for registered nurses and licensed practical nurses while maintaining regulatory authority over practice in the state at the Maryland Board of Nursing. The APRN Compact is modeled after the NLC, once a multistate license is issued, the compact mandates communication among state nursing regulators to ensure safety and empowers regulators to act quickly in the case public protection is threatened.

Under the APRN Compact, licensing standards and disciplinary actions remain with Maryland. The commission that is formed upon the compact coming into effect is appropriately comprised of regulators from boards of nursing from each party state with the sole purpose to facilitate the operations and governance of the compact. The Commission has no power over advanced practice nursing practice, prescribing, or licensing standards. That power continues to rest solely with the state of Maryland, as it does with the NLC.

The Maryland Board of Nursing will realize efficiencies from joining the APRN Compact. Currently, the Board licenses APRNs from other states who need a Maryland license through the licensure by endorsement process. This process requires board staff to process the applicants and attached documentation to ensure they qualify for a Maryland license. The APRN Compact will reduce the staff time and resources to process these applications, as APRNs with a compact

license issued in another state will not need to apply for licensure in Maryland. This will free up staff time and resources to process initial licensure applicants for all Maryland nurses. The impact could be rather immediate, as Delaware has already enacted the APRN Compact and many APRNs in Maryland hold licensure in Delaware, and vice versa.

For Practitioners

The multistate license will enable APRNs across Maryland to practice across state lines, both in-person and electronically. This will immediately reduce the burdens for nurses who already obtain and maintain multiple licenses to provide care for their patients. A 2022 Maryland Board of Nursing survey found that 45% of APRN respondents already hold a license in more than one state. As more states join the compact, this will provide immediate financial and administrative relief for these practitioners.

As healthcare continues to advance and patients become more mobile, the APRN Compact allows APRNs to remain competitive in the rapidly expanding telehealth industry. Healthcare practitioners including physicians, physical therapists, psychologists, and physician assistants all have compacts that are currently operational or in early adoption stages. The APRN Compact is the solution for APRNs to gain the flexibility and mobility necessary for modern healthcare professionals, and APRNs across the state support the compact. The same 2022 survey found that 94% of APRN respondents are in favor of Maryland adopting the APRN Compact.

For Patients

For certified nurse midwives, the APRN Compact will help us reach more patients and provide continuity of care for our existing patients wherever they may be traveling or relocating at the time they need to access care. Patients from surrounding states, and from across the country, choose Maryland to receive excellent care at our clinics and institutions, both in-person and electronically. The compact will expand access to the excellent care CNMs provide without unnecessary geographic regulatory barriers.

For the regulatory benefits and benefits to practitioners and patients, the time for Maryland to join the APRN Compact is now. With the 2022 survey finding 72% of

APRNs reported having provided APRN services outside of Maryland in the past 24 months, the need for licensure mobility through a safe and proven compact model warrants the passage of Senate Bill 359

Thank you for the opportunity to provide testimony on this important issue.

Sincerely,

Emalie Gibbons-Baker, CNM

217 Leason Cove Dr, Lusby, MD 20657

Bronxbaker@aol.com

SB 359- Advanced Practice Registered Nurse Compact

Uploaded by: Jane Krienke

Position: FAV



Maryland
Hospital Association

Senate Bill 359- Advanced Practice Registered Nurse Compact

Position: *Support*

February 13, 2024

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 359.

Maryland hospitals continue to face a staffing shortage, including physician shortages in anesthesia, cardiology, gastroenterology, primary care, psychiatry, and radiology. To fill these gaps, many hospitals rely on advanced practice registered nurses to ensure access to care in rural areas and for high need specialties. MHA's [2022 State of Maryland's Health Care Workforce report](#) outlines a roadmap to ensure Maryland has the health care workforce it needs now and into the future. One key recommendation is to remove barriers to licensure across state lines.

Under the Governor's executive orders during the COVID-19 public health emergency, Maryland hospitals seamlessly recruited providers with active out-of-state licenses to care for Marylanders. These individuals were essential to fill critical workforce gaps, particularly among advanced practice nurses like nurse practitioners. Many hospitals, especially those near border states, frequently hired nurse practitioners to support critical care units.

When the state public health emergency expired, so did the ability for nurse practitioners to work in state using an active out-of-state license. The Board of Nursing allowed an emergency exception, which allowed for interstate reciprocity for registered nurses (RN) and licensed practical nurses (LPN) without a compact license. Advanced practice nurses were not included. It can take months to license an out-of-state APRN with the current Board of Nursing licensure system.

SB 359 would help alleviate the unnecessarily lengthy process for APRNs licensed and in good standing in other states. Maryland was the first state to join the Nurse Licensure Compact in 1999. This compact relieves some burdens associated with the state's licensure process for RNs and LPNs. We have observed how effective compacts are for nurses and physicians.

Three states, including Delaware passed the APRN compact, and three states, including Maryland, have pending legislation.¹ Seven states are needed for the compact to be activated. Given the critical workforce shortage, having Maryland participate in this compact would help

¹ National Council of State Boards of Nursing. (n.d.). "[APRN Compact](#)."

alleviate the strain on our hospital workforce, build a future pipeline, and broaden access to health care across the state.

For these reasons, we ask for a *favorable* report on SB 359.

For more information, please contact:

Jane Krienke, Senior Legislative Analyst, Government Affairs
Jkrienke@mhaonline.org

HFAM Testimony SB 359.pdf

Uploaded by: Joseph DeMattos

Position: FAV



**TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**

February 13, 2024

Senate Bill 359: Advanced Practice Registered Nurse Compact

Written Testimony Only

POSITION: FAVORABLE

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 359.

HFAM represents skilled nursing centers and assisted living communities in Maryland, as well as associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction of the state. HFAM is affiliated with the American Health Care Association/National Center for Assisted Living (AHCA/NCAL), which is the largest association in the United States representing long-term and post-acute care providers.

Senate Bill 359 enters Maryland into the Advanced Practice Registered Nurse Compact. The bill establishes specified procedures and requirements for an advanced practice registered nurse (APRN) to practice under a "multistate license" in a "party state" or "remote state;" the composition, powers, and responsibilities of the Interstate Commission of APRN Compact Administrators; and requirements related to the oversight, dispute resolution, and enforcement of the compact. The bill is contingent on similar legislation being enacted in six other states.

In Maryland and throughout the country, we are facing a shortage of healthcare workers across settings. Workforce recruitment and retention was a challenge before the pandemic and it has only grown more challenging. Tens of thousands of healthcare workers in Maryland have left the field over the last few years. Licensed healthcare professionals are scarce and all healthcare settings are competing for employees from the same labor pool.

This legislation will expand our labor pool for advance practice registered nurses, ensuring that care can be more easily delivered across state lines while promoting both safety and quality. The enactment of this legislation will enhance access to care for people and families across Maryland and help to alleviate healthcare workforce shortages.

For these reasons, we request a favorable report from the Committee on Senate Bill 359.

Submitted by:

Joseph DeMattos, Jr.
President and CEO
(410) 290-5132

2024 MASBHC SB 359 Senate Side.pdf

Uploaded by: Joy Twesigye

Position: FAV



Committee: Seante Finance Committee

Bill: Senate Bill 359 – Advanced Practice Registered Nurse Compact

Hearing Date: February 13, 2024

Position: Support

The Maryland Assembly on School-Based Health Centers (MASBHC) supports *Senate Bill 359 – Advanced Practice Registered Nurse Compact*. Under the bill, Maryland would enter into the Advanced Practice Registered (APRN) Nurse Compact, which would allow nurse practitioners and other advanced practice registered nurses from other compact states to work in Maryland.

Maryland urgently needs to expand school-based health centers across Maryland to meet the needs of students for primary, behavioral health, and oral health services. Maryland increased the investment in school-based health centers under the Blueprint, but progress has been hampered by a shortage of nurse practitioners who are the primary providers in school-based health centers. With the APRN compact, Maryland could more easily recruit nurse practitioners to provide both in-person and telehealth services in school-based health centers. It is notable that Delaware has already joined the APRN Compact. If Maryland joins, we could increase availability of school-based health centers on the Eastern Shore by recruiting Delaware-based nurse practitioners.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

revisedSUPPORT 359.Lorraine APRN 2024.pdf

Uploaded by: Lorraine Diana

Position: FAV

SUPPORT

SB 359 Advanced Practice Registered Nurse Compact

February 13, 2024

My name is Lorraine Diana, Certified Family Nurse Practitioner, practicing in Maryland for 43 years and Legislative Co Chair for the Maryland Academy of Advanced Practice Clinicians since we were founded in 2005.

Our nation faces pressing health care challenges—an aging and more diverse population, more people with more chronic conditions, millions more uninsured, rising costs, and a shortage of providers. We can help address some of these challenges by maximizing the use of advanced practice registered nurses (APRNs) to tackle health care challenges in access, quality, and cost.

The APRN Compact would streamline access and provide additional choices to patients and families by cutting red tape so APRNs can more easily deliver care across state lines. The APRN Compact also promotes safety and quality. It codifies uniform standards, ensures that states have the authority to enforce public protection at the state level, and makes it easier to exchange information among member states when issues arise.

The APRN Compact will enhance and improve health care access in rural and inner-city communities across Maryland, supporting patients and the family caregivers that help keep their loved ones safe and independent in the community. The APRN Compact is also a commonsense way to facilitate greater telehealth options making it easier for patients to receive care when and where they need it.

Health care provider shortages hit older residents hard. Older adults sometimes lack the ability or resources to get to their appointments because of mobility issues, long travel distances to a provider, and wait times for appointments. This risks their health and adds unnecessary stress to family caregivers. Once implemented, the APRN Compact would encourage APRNs to provide care both in-person or through telehealth technologies in multiple states, connecting patients and their family caregivers with qualified primary care. APRNs are a highly valued and integral part of the health care system and a crucial source of support for family caregivers. They are registered nurses with a master's or doctoral level education trained to provide advanced health care services, including primary and preventative care.

We understand there are concerns regarding support of this bill because NPAM and the pediatric nurse practitioners do not support the bill. They are not representative of the entire community of APRNs in Maryland. MNA's legislative committee voted overwhelmingly to support this bill 2 weeks ago, as they did last year. The vote was 16-3 in favor of supporting the bill and making it a priority nursing bill for 2024. MACNS, MANA, and ACNM Maryland also have joined the coalition to support. This bill is about addressing workforce shortages and providing increased access to care for patients.

As a leader for APRNs in Maryland, the Maryland Academy of Advanced Practice Clinicians (MAAPC) has a mission to provide direction and leadership for the advancement of nursing practice and excellent patient care in organized healthcare systems. MAAPC represents over 3000 APRNs comprised of nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, and clinical nurse specialists from every county in Maryland including the critically underserved rural areas. Support for SB 359 not only advances the ability of APRNs to provide care in a regulated manner across state lines but would also extend nursing's ability to provide patient care in underserved areas. As Maryland was an early adopter of the Nurse Licensure Compact for Registered Nurses, it is now imperative that Maryland is on the forefront of the APRN Licensure Compact, which was adopted by the National Council of State Boards of Nursing (NCSBN) on August 12, 2020. Maryland could be and should be one of the first 7 states to pass legislation which enacts this national compact.

Surveys conducted by the Maryland Board of Nursing in 2021 and 2022, and MAAPC in 2022 show the majority of APRNs surveyed support this legislation and want the choice to have a multistate license.

Moreover, the APRN Compact can help residents quickly access lifesaving services during natural disasters, weather emergencies, or a public health crisis. As the COVID-19 pandemic has illustrated, there is a need for state-based APRN license portability during a health care crisis to help states secure surge capacity and save lives when local needs exceed local health care supply. Our participation in the APRN Compact would complement Maryland's participation in the enhanced Nurse Licensure Compact (eNLC or "RN Compact") and allow patients to benefit fully from the array of services APRNs could provide across state lines. Much like the RN Compact, the APRN Compact would also help military families during the relocation process, if the military spouse is an APRN.

Opponents of this APRN Compact have no real solutions to the work force shortages Maryland is facing. The Compact will help move Maryland in a positive direction as we move into the future of healthcare.

We believe this policy change will improve patient access to care, facilitate expanded opportunities for telehealth, improve health outcomes, and reduce costs.

I ask for a favorable report on SB 359.

Remember, this is a voluntary license! APRNs who don't want this multistate license do not have to obtain one. Please allow the APRNs who DO want a multistate license the opportunity to obtain one.

Thank you for your time and consideration.

Respectfully,

Lorraine Diana, MS, CRNP

Legislative Co Chair, The Maryland Academy of Advanced Practice Clinicians

3152 Eutaw Forest Dr, Waldorf, MD 20603

Ldianaart@aol.com

SB359_NashMarylandMilitaryCoalition_FAV

Uploaded by: Lynn Nash

Position: FAV



MARYLAND MILITARY COALITION

Serving Veterans through Legislative Advocacy

February 13, 2024

Honorable Pamela G. Beidle
Chair, Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

SB 359 – Advanced Practice Registered Nurse Compact - **Request for Favorable Report**

Dear Chair Beidle and Members of the Senate Finance Committee:

On behalf of the Maryland Military Coalition, as its Communication Director and as a nurse, I write to you in support of SB 359-Advanced Practice Registered Nurse Compact.

Maryland was the first state to join the National Nurse Licensure Compact (NLC) in 1999. Nurses with a multistate license can practice in any of the forty-one (41) NLC participating states (up from 25 this time last year). To date, **Maryland has enacted compact legislation for audiology/speech therapy, interstate physicians, nurses, licensed profession counselors, occupational therapists and physical therapists and psychology.** This year, in addition to the advance practice compact, there is also legislation to adopt the cosmetology and social worker compacts.

So why should you agree to a compact for Advance Practice Registered Nurses?

The APRN Compact, adopted August 12, 2020, allows an advanced practice registered nurse to hold one multistate license with a privilege to practice in the other compact states. The APRN Compact will be implemented *when seven states have enacted the legislation*. Already **four states**, Delaware, Utah, North Dakota and South Dakota, have already adopted this legislation, we join Arizona in considering this legislation this year.

The purpose of this compact is to facilitate the interstate practice and regulation of Advance Practice Registered Nurses with the goal of improving public access to competent healthcare in the areas **primary and specialty care, nurse midwifery and nurse anesthesia**, by reducing overly burdensome and duplicative requirements associated with holding multiple licenses. The Compact preserves the regulatory authority of States to protect public health and safety through the current system of State

1101 Mercantile Lane, Suite 260 • Largo, Maryland 20774
(301) 583-8687 • (800) 808-4517

SB 359 - Advanced Practice Registered Nurse Compact - **Request for Favorable Report**

licensure, and it lowers expenses and gets the applicant back to work sooner – a real benefit to our service families.

Maryland is experiencing its worst shortage in healthcare providers ever. The [2022 State of Maryland's Health Care Workforce Report](#), released by the Maryland Hospital Association (MHA), found that there is a **workforce crisis in Maryland's healthcare sector**. The report detailed that one in four hospital nursing positions are vacant, and also cited high staff turnover and an insufficient nursing pipeline.

Similarly, the [Maryland Hospital Association](#) found that overall **Maryland is 16 percent below** the national average for number of physicians available for clinical practice. **The most severe problems occur in rural parts of the state** and will get much worse by 2025, based on the study's results. The biggest statewide gaps occur in **Primary Care, Emergency Medicine, Anesthesiology, Hematology/Oncology, Thoracic Surgery and Vascular Surgery, Psychiatry, and Dermatology**.

The situation in **Southern Maryland, Western Maryland, and the Eastern Shore** is the most troubling. All three regions fall significantly below national levels in active practicing physicians. **Southern Maryland** already has critical shortages in **25 of the 30 physician categories** (83.3%), **Western Maryland 20 of 30** (66.7%), and the **Eastern Shore 18 of 30** (60.0%).

As of December 31, 2023, the [Bureau of Health Workforce](#) has designated **76 separate Health Professional Shortage Areas** in **Maryland**—10 are geographic, 47 are population groups and 19 are facilities who serve **1.7 million Marylanders** who are getting **ONLY 39% of their healthcare needs met**.

Advance Practice Registered Nurse (APRNs) provide care **in all types of practice settings** including health care facilities, outpatient clinics, specialty practices, telehealth services and in rural and urban areas with limited access to care. An APRN can be a **Nurse Practitioner, a Certified Nurse Midwife, a Certified Registered Nurse Anesthetist** or a **Clinical Nurse Specialist**, which includes a sub-category of Nurse Psychotherapist. These are all critical skills and critical shortages here in Maryland. These specialties are all **independent practitioners, capable of extending care to all regions of our state, especially those where there have been consistent healthcare shortages**.

Not only is a compact good for Maryland, but it's also good for those currently serving and our veterans. Maryland is home to 34,444 active-duty service members, 14,292 active-duty spouses and 25,642 reservists/national guard members with 28,019 family members¹. In addition, there are 355,787 veteran households².

I want to speak to you as a service member spouse.

- According to the [Goldwater Institute](#), **the average military family moves every 2-3 years**. For military spouses, these frequent relocations mean major disruptions in their careers.
- The [Chamber of Commerce](#) reports that **67% of military spouses had to quit a job because their spouse received change-of-station orders**.

¹ [Military One Source](#), as of December 31, 2022

² [VA Claim Insider](#), August 10, 2023

- The [Institute for Veterans and Military Families at Syracuse University](#) found that **50% of military spouses that work in fields that require occupational licenses.**
- Here in Maryland, our high cost of living means that for most families, having two incomes *is critical.*
- Sixty-seven percent (67%) of active-duty spouses had to leave their last job because of a permanent change of station move³.
- The average time to find a job for a military spouse is **19 weeks**, OR **\$12,374** per year in lost wages trying to relicense and/or find work in the new state.
- On average, **they earn 26.8% less in income than their non-military counterparts because of the frequent moves.**
- Military spouses have long faced employment challenges, with an **unwavering unemployment rate of 22%**⁴ compared to our local rate of 1.8%.

The Defense-State Liaison Office has been pursuing license portability for over 16 years and in fact has funded this effort. Military Spouse Employment and Economic Opportunities are tracked and lists a total of 16 compacts by state. The DSLO tracker for Maryland shows that Maryland has yet to enact Interstate Advanced Practice Registered Nurse Compact legislation.

Of note, this bill is **DIFFERENT from the Veterans Auto and Education Improvement Act of 2022** (HR7939), which the President signed into federal law on January 5, 2023. Section 705A of the Act, “Portability of Professional Licenses of Servicemembers and Their Spouses” addresses “covered licenses” and states that if a servicemember or spouse relocates his or her residency because of military orders for duty to a location that is not in the jurisdiction of the licensing authority that issued the covered license, such covered license shall be considered valid at a similar scope of practice and in the discipline applied for in the jurisdiction of such new residency for the duration of such military orders”. The law:

- Amends Title VII of the Servicemembers Civil Relief Act (50 U.S.C. 4021 et seq.)
- Applies licensing reciprocity between states to all professions except the practice of law

Here in Maryland, a service spouse applying under the Act is issued a letter of endorsement, not an actual Maryland license. The [Maryland Department of Labor’s webpage](#) states **“Please be advised that this is NOT an application for permanent licensure or certification in the State of Maryland. Rather, this is an application for an official letter of recognition that will allow you to practice”.** Many inspection organizations, such as the Joint Committee on the Accreditation of Hospitals, do not regard an endorsement as meeting the requirements for an in-state or compact license, creating issues for the spouse and employer. Holding a multi-state compact license avoids this complication. Marylanders deserve improved access to care. Passing this bill would accomplish that. It’s time that Maryland takes the lead again and passes SB 359, the Advanced Practice Nurse Compact, now!

The Maryland Military Coalition, is a voluntary, non-partisan organization representing 21 veteran service organizations who, in turn, serve over 150,000 Maryland uniformed services men and women

³ U.S. Chamber of Commerce Foundation – [The Hidden Financial Costs of Military Spouse Unemployment](#)

⁴ 2021 [DoD Survey of Active-Duty Spouses](#)

SB 359 - Advanced Practice Registered Nurse Compact - **Request for Favorable Report**

and their families. The Coalition *strongly supports* **Senate Bill 359 – Advance Practice Registered Nurse Compact** and asks for your **favorable report**. Implementing this legislation will have minimal financial impact, while significantly improving access to care.

Thank you to Senator Hayes for sponsoring this important legislation.

Respectfully,

A handwritten signature in blue ink that reads "Lynn A. Nash". The signature is written in a cursive, flowing style.

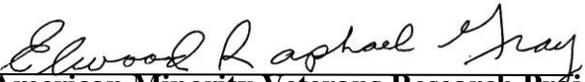
Lynn A. Nash, PhD, RN, PHCNS-BC, FAAN
CAPT (R), U.S. Public Health Service
Communications Director

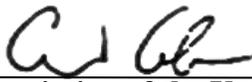
Maryland Military Coalition Member Organizations Follow

Member Organizations, Maryland Military Coalition

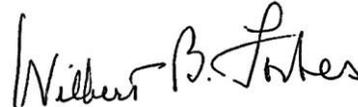

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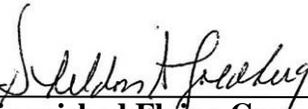

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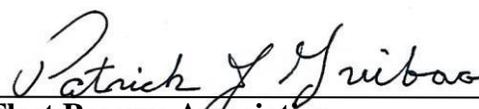

American Minority Veterans Research Project


Association of the United States Navy


Commissioned Officers Association of the
US Public Health Service

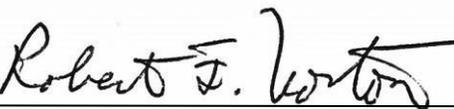

Disabled American Veterans


Distinguished Flying Cross Association


Fleet Reserve Association

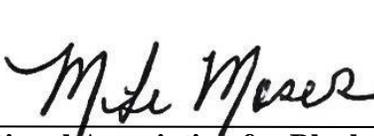

Jewish War Veterans of the USA

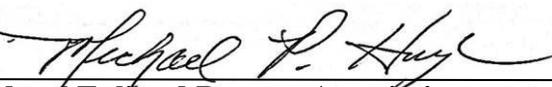

Maryland Air National Guard Retirees'
Association

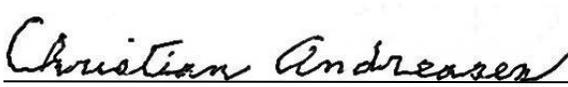

Military Officers Association of America


Military Order of the Purple Heart

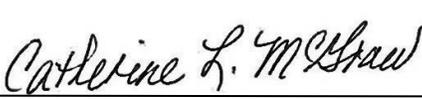

Montford Point Marines of America


National Association for Black Veterans


Naval Enlisted Reserve Association


NOAA Association of Commissioned Officers


Reserve Organization of America


Society of Military Widows


Veterans of Foreign Wars

SB 359 support letters 2024.pdf

Uploaded by: Marie Crain

Position: FAV

I am a licensed APRN in Maryland I support passing SB 359 for the following reasons:

- With the current healthcare workforce shortage facing the Maryland Community, the APRN Compact ensures greater access to care particularly in underserved areas where workforce shortages are the most critical.
- **94% of Maryland APRNs who responded to 3 surveys are in favor of adopting the APRN Compact.**
- The APRN Compact supports military spouses moving to Maryland seeking employment as APRNs. Currently, obtaining licensure in Maryland can take up to 6 months of their 2-year tour of duty here.
- Multistate licensure compacts save boards of nursing time and money by ensuring uniform licensure state to state.
- Maryland was the pioneer in enacting the Nurse Licensure Compact. We need to keep Maryland as the leaders in the Nursing Profession by passing this Compact. 3 states have adopted the Compact, and 6 more have introduced legislation in 2023 to adopt the Compact.
- Telehealth has become a mainstay of our healthcare system since the Covid epidemic, and APRNs needs licenses in each state where their patients are or reside to provide Telehealth services. The APRN Compact would eliminate the need for multiple licenses.
- This is a voluntary license. APRNs who don't want or need a multistate license do not have to obtain one.
- Participating in the APRN Compact saves APRNs the high cost of being licensed in multiple states.
- The Compact is supported by patients, military families, facilities, and businesses.

This bill is supported by:

- Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists
- Maryland Academy of Advanced Practice Clinicians
- Maryland Board of Nursing
- Maryland Organization of Nurse Leaders
- Maryland Hospital Association
- National Council of State Boards of Nursing
- Maryland Association of Nurse Anesthetists
- Maryland Nurses Association

Thank you for your support for SB 359.

Respectfully,



Signature

Joseph Xavier Yap RN, BSN, SRNA

Printed name & credentials

5506 Maudes Way White Marsh, MD 21162

Address

jpy30@georgetown.edu

Email

443-983-5193

Phone

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I want to have the choice for a multistate license if I need it.

Respectfully,



Signature

Sabrina Sepulveda, CRNP-PMH

Printed name & credentials.

17710 Driftwood Dr. Tall Timbers, MD 20690

Address

sabrinacrnnp@gmail.com

Email

443-401-1376

Phone

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Thank you for your support for SB 359.

Respectfully,

Javonna O'Brien, DNP, APRN, FNP-BC
Signature

Javonna O'Brien, DNP, APRN, FNP-BC, CNE
Printed name & credentials

14000 Jericho Park rd. Bowie, MD 20715
Address

Jobrien@bowiestate.edu
Email

301-860-4729
Phone

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Respectfully,

Signature

Samantha Young CNS, CRNP

Printed name & credentials.

31 Aldyth Ave Reisterstown, MD 21136

Address

syoung40@jh.edu

Email

443-452-8889

Phone

This bill is supported by:

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- Maryland Academy of Advanced Practice Clinicians
- Maryland Board of Nursing
- Maryland Organization of Nurse Leaders
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Thank you for your support for SB 359

Respectfully,

 CRNP
Signature

Tiffany Wilson CRNP
Printed name & credentials

411680 Miss Bessie Drive Suite 301
Address Leonardtown MD 20650

tiffany.wilson72@gmail.com (301) 997-0055
Email Phone

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Signature

M. Michele Williams DNP, APRN-BC, CRNP, MSN

Printed name & credentials.

5425 Danielle's Court, Trappe MD 21673

Address

MW21461@hotmail.com

Email

410-310-4921

Phone

This bill is supported by:

- Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists
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- Maryland Association of Nurse Anesthetists

Thank you for your support for SB 359

Respectfully,


Signature

Beth Waddill-VandeGeijn
Printed name & credentials

1980 Poplar Ridge Rd, Pasadena MD 21122
Address

beth.vandegeijn@comcast.net
Email

443.340-4798
Phone

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I want to have the choice for a multistate license if I need it.

Respectfully,



Signature

Claudia Tilley MSN, RN, APRN-CNS, AGCNS-BC
Printed name & credentials.

9020 Fox Meadow Lane Easton MD 21601
Address

ctilley@umm.edu
Email

815-218-7984
Phone

This bill is supported by:

- Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists
- Maryland Academy of Advanced Practice Clinicians
- Maryland Board of Nursing
- Maryland Organization of Nurse Leaders
- Maryland Hospital Association
- National Council of State Boards of Nursing
- Maryland Association of Nurse Anesthetists
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I am a licensed APRN in Maryland I support passing SB 359 for the following reasons:

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Thank you for your support for SB 359

Respectfully,

	<u>MARIE TARLETON, CRNP</u>
Signature	Printed name & credentials
P.O. Box 8 - ST Mary's City, MD 20686	
Address	
marietarleton@gmail.com	301 904 9767
Email	Phone

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Thank you for your support for SB 359

Respectfully,



Signature

Anne Stelmash CRNP

Printed name & credentials

140 Lee DR Annapolis MD 21403

Address

annestelmash@comcast.net

Email

603 8981666

Phone

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Respectfully,

Gen Stiver Stanek

Signature

Gen Stiver Stanek MS, APRN-CNS, CNS-BC

Printed name & credentials

5217 Lynngate Ct, Columbia, MD 21044

Address

gstaneke@umm.edu

Email

gstaneke1@verizon.net

Phone

410-404-7586

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Respectfully,


Signature

Julie Solomon, Ph.D., APRN
Printed name & credentials.

2212 E. BALTIMORE ST BALTIMORE, MD 21231
Address

julie.solomon2458@gmail.com 410-948-4398
Email Phone

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SUPPORT SB 359

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- Maryland Association of Nurse Anesthetists

Thank you for your support for SB 359

Respectfully,



 Signature

JULIE SOLOMON, APRN, PMH-AP

 Printed name & credentials

2212 E. BALTIMORE ST, BALTIMORE, MD 21231

 Address

Julie.Solomon2458@gmail.com 410-9484398

 Email Phone

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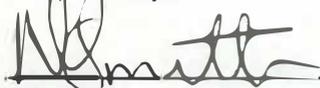
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Thank you for your support for SB 359

Respectfully,



Signature

Nkiru Smith CRNP

Printed name & credentials

953 Cotrine Wy Odenton MD 21113

Address

Nkirusmith@gmail.com

Email

202-207-5240

Phone

SUPPORT SB 359

I am a board-certified CRNA in Maryland I support passing SB 359 for the following reasons:

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Thank you for your support for SB 359.

Respectfully,

Mary Scott-Herring

Specialties: Acute Care, Adult, Pediatric

Clinical Subspecialties: Anesthesia

A handwritten signature in black ink, appearing to read 'MSH', followed by a long, wavy horizontal line that extends across the width of the signature area.

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Thank you for your support for SB 359.

Respectfully,

Pennie Savage CRNP

Signature

31535 Spearin Rd Salisbury, MD 21804

Address

penniesavage@outlook.com

Email

Pennie Savage, MSN, CRNP, CNO/VP

Printed name & credentials

410-251-0020

Phone

h:

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Pennie Savage, CRNP
Signature

Pennie Savage, MSN, CRNP
Printed name & credentials.

31535 Spearin Rd Salisbury, MD 21804
Address

penniesavage@outlook.com 410-251-0020
Email Phone

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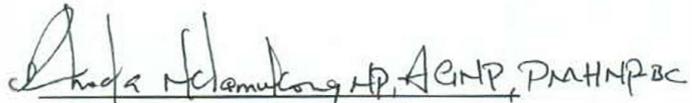
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Thank you for your support for SB 359

Respectfully,



 Signature

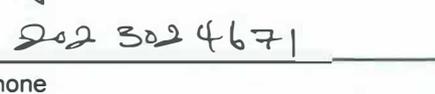


 Printed name & credentials



 Address

 _____
 Email



 Phone

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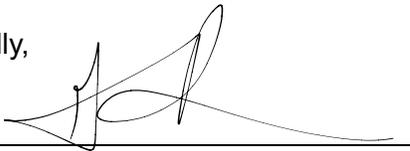
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Respectfully,



Signature

Giovanni P. Pierre, MSN, MBA, PMHNP-BC

Printed name & credentials

5000 Thayer center, Suite C Oakland, MD 21550

Address

Giovanni.PierreNP@gmail.com

Email

443-703-6727

Phone

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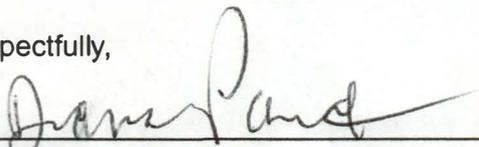
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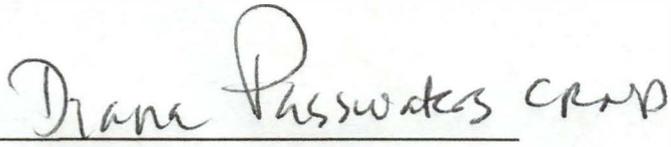
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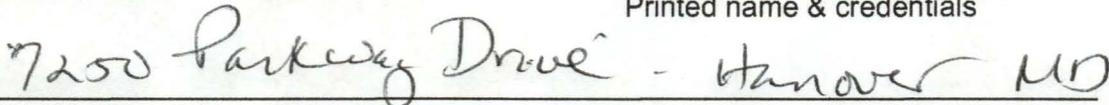
Respectfully,



Signature



Printed name & credentials



Address

Email

Phone

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Respectfully,

Signature

Printed name & credentials.

Address

Phone

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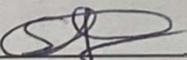
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Thank you for your support for SB 359

Respectfully,



Signature

Sharma Hudem, CRNP

Printed name & credentials

2932 Galehead Dr, Upper Marlboro, MD, 20774

Address

sharmandum@yahoo.com

Email

240 899 3989

Phone

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Thank you for your support for SB 359

Respectfully,


Signature

Daniel P. Samulowski PMHNP-BC
Printed name & credentials

12008 Castle Pines Lane Waldorf MD 20602
Address

dan.dams@fahad.com 202 344 9975
Email Phone

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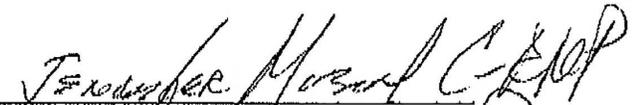
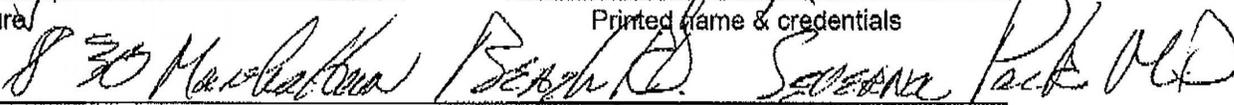
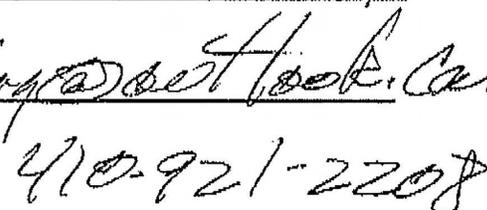
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This bill is supported by:

- Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists
- Maryland Academy of Advanced Practice Clinicians
- Maryland Board of Nursing
- Maryland Organization of Nurse Leaders
- Maryland Hospital Association
- National Council of State Boards of Nursing
- Maryland Association of Nurse Anesthetists

Thank you for your support for SB 359

Respectfully,

 <hr/> Signature	 <hr/> Printed name & credentials
 <hr/> Address	
 <hr/> Email	 <hr/> Phone

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Respectfully,

Pamela Moss
Signature

Pamela Moss, MSN, MPH, APRN-CNS, ACNS-AP
Printed name & credentials. CC210-LSL

2054 Clippel Park Rd, Baltimore MD 21211
Address

pmoss@jh.edu
Email

410-608-1295
Phone

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Respectfully,


Signature

Barbara Mielcarek, PMHNP-BC
Printed name & credentials.

23164 Mirfield Lane, Lexington Park, MD 20653
Address

barbmielcarek@gmail.com 240-431-0420
Email Phone

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Barbara Mielcarek
Signature

Barbara Mielcarek PMHNP
Printed name & credentials

23164 Mirfield Lane, Lexington Park, MD 20653
Address

barb.mielcarek@gmail.com
Email

301-863-5658
Phone

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Respectfully,

Karen McClure
Signature

Karen McClure DNP, FNP-BC
Printed name & credentials.

800 Cool Glade Ct
Address

Millersville, MD 21108

klmccclure@comcast.net
Email

410-991-9953
Phone

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Respectfully,

Karen McClure
Signature

Karen McClure DNP, FNP-BC
Printed name & credentials

800 Cool Glade Ct.
Address

Millersville, MD 21108

kmcclure@comcast.net
Email

410-991-9953
Phone

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Thank you for your support for SB 359

Respectfully,

Allison Maddox
Signature

Allison Maddox CRNP
Printed name & credentials

5004 McEllin CT #B
Address

Andrews AFB MD 20762

anurse24@gmail.com
Email

202-855-8904
Phone

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Thank you for your support for SB 359

Respectfully,

Michelle Levy Macey CRNP
Signature

Michelle Levy Macey CRNP-PMH
Printed name & credentials

1304 Cedar Park Rd
Address

Annapolis MD 21401

mmacey1@gmail.com
Email

410 404 0444
Phone

SUPPORT SB 359

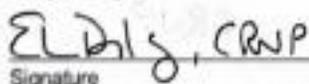
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Respectfully,

Signature
Eileen Delaney, CRNP
Printed name & credentials
3436 Rockway Ave Annapolis, MD 21403
Address

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I want to have the choice for a multistate license if I need it.

Respectfully,


Signature

Li, Lianrui NP-Be
Printed name & credentials.

251 Kennedy drive, Severna Park, MD 21146
Address

lianrui.li@umm.edu 757-816-7960
Email Phone

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Respectfully,


Signature

Meaghan L. B. Lansley BS, RN, MSN,
ANP-BC
Printed name & credentials

21580 Peabody Street Leonardtown, MD
Address

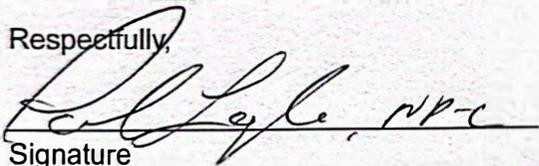
meaghan.lansley@gmail.com 301-475-4080
Email Phone

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Respectfully,


Signature

Pamela Laigle, NRC
Printed name & credentials.

POB 5, Valley Lee, MD 20692
Address

Laiglepamela@gmail.com 240-925-7997
Email Phone

This bill is supported by:

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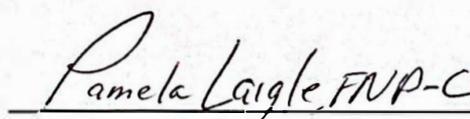
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Signature


Printed name & credentials

POB 5, Valley Lee, MD 20692
Address

Laiglepamela@gmail.com
Email

240 925 1997
Phone

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Respectfully,


Signature Susan Kraus, CRNP-A, CENP-PMH
Printed name & credentials

105 South Chapel St. Baltimore, MD 21231
Address

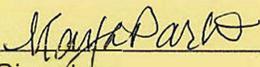
susan.krausnp@gmail.com 443-421-0704
Email Phone

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Signature

Maranda Jackson-Parkin PhD, MS, RN, ACNP, CNS
Printed name & credentials.

1655 West Lombard St. Baltimore MD 21201
Address

m.jackson-parkin@umaryland.edu
Email

480.703.0248
Phone

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Respectfully,

<u>Debra Houck</u>	<u>Debra Houck CRNP</u>
Signature	Printed name & credentials.
<u>3508 Mill Green Rd</u>	<u>Street, MD 21154</u>
Address	
<u>mbhouck@aol.com</u>	<u>4435703960</u>
Email	Phone

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Signature

Angelita Hoover, MS, CRNP

Printed name & credentials.

911 Preserve Dr. Annapolis, MD 21409

Address

angel-crnp@verizon.net

Email

443-794-3970

Phone

This bill is supported by:

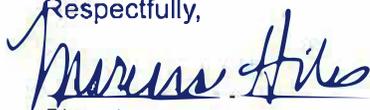
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Signature

Marianne Hiles, MSN, RN, APRN-CNS, ACNS-BC
Printed name & credentials. RNC-LRN, CEFM, PCNS

2223A Trentworth Way; Clarksburg, MD 20871

Address

mhiles@frederick.heath

Email

240-566-3312

Phone

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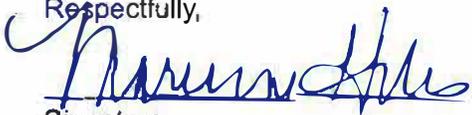
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Respectfully,



Signature

Marianne Hiles, MSN, RN, APRN-CNS, ACNS-BC, RNC-URN, CEFM, FENS

Printed name & credentials

Address

22239 Trentworth Way; Clarksburg, MD 20871

Email

mhs@fredenck.health

Phone

317-979-8113

I am a licensed APRN in Maryland I support of passing SB 359 for the following reasons:

- With the current healthcare workforce shortage facing the Maryland Community, the APRN Compact ensures greater access to care particularly in underserved areas where workforce shortages are the most critical.
- **94% of Maryland APRNs are in favor of adopting the APRN Compact.**
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- Multistate licensure compacts save boards of nursing time and money by ensuring uniform licensure state to state.
- Maryland was the pioneer in enacting the Nurse Licensure Compact. We need to keep Maryland as the leaders in the Nursing Profession by passing this Compact. 3 states have adopted the Compact, and 6 more have introduced legislation in 2023 to adopt the Compact.
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- The Compact is supported by patients, military families, facilities, and businesses.

This bill is supported by:

- Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists
- Maryland Academy of Advanced Practice Clinicians
- Maryland Board of Nursing
- Maryland Organization of Nurse Leaders
- Maryland Hospital Association
- National Council of State Boards of Nursing
- Maryland Association of Nurse Anesthetists

Thank you for your support for SB 359

Respectfully,

Hannah Dyer
Signature

Herman Nanting
Printed name & credentials

2803 TOPKILL
Address

TRACE, EDGEWOOD MD

Kihara321@tshoo.com
Email

443 356 1494
Phone

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I want to have the choice for a multistate license if I need it.

Respectfully,


Signature

Jennifer Helzer, APRN-CNS, MSN, CCNS, CCRN
Printed name & credentials.

9312 Paragon way, Owings Mills, MD, 21117
Address

jenhelzer@yahoo.com 410-350-4734
Email Phone

This bill is supported by:

- Chesapeake Bay Area of the National Association of Clinical Nurse Specialists
- Maryland Academy of Advanced Practice Clinicians
- Maryland Board of Nursing
- Maryland Organization of Nurse Leaders
- Maryland Hospital Association
- National Council of State Boards of Nursing
- Maryland Association of Nurse Anesthetists
- Maryland Nurses Association

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- Maryland Association of Nurse Anesthetists

Thank you for your support for SB 359

Respectfully,



Signature

Dr. Gregory Grevera, DNP, FNP-BC

Printed name & credentials

37085 Turnstone Circle, Rehoboth Beach, DE 19971

Address

gregory.grevera@yahoo.com

Email

443.52.0309

Phone

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- Maryland Association of Nurse Anesthetists

Thank you for your support for SB 359

Respectfully,

Choreca Friend
Signature

Chana Friend CRNP
Printed name & credentials

516 N Rolling Road Catonsville MD 21228
Address

410-744-4044
Phone

SUPPORT SB359

I am a licensed APRN in Maryland I support of passing SB359 for the following reasons:

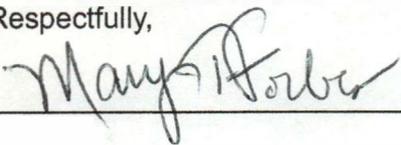
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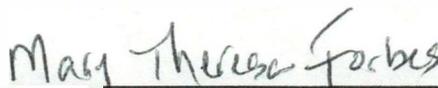
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Thank you for your support

Respectfully,



Signature



Printed name & credentials



Address



Email

Phone

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- Maryland Hospital Association
- National Council of State Boards of Nursing
- Maryland Association of Nurse Anesthetists

Thank you for your support for SB 359

Respectfully,



Signature

Ashley Dearstine FNP-BC

Printed name & credentials

45870 East Run Dr. Lexington Park, MD 20653

Address

ashdearstine@hotmail.com

Email

301 751 8727

Phone

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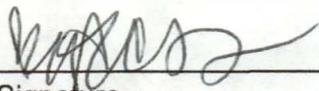
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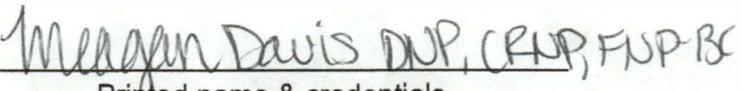
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Thank you for your support for SB 359

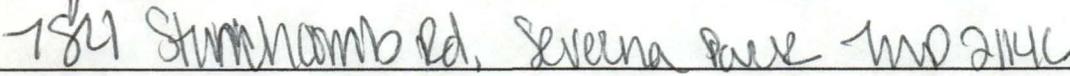
Respectfully,



Signature



Printed name & credentials



Address



Email



Phone

SUPPORT SB 359

Dear Chairman Griffith:

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- Maryland Association of Nurse Anesthetists

Thank you for your support for SB 359

Respectfully,

Kristin J. Dabbieri
Signature

Kristin Dabbieri, AGNP
Printed name & credentials

1531 Hornbeam Drive Crofton, MD 21114
Address

Kristindabbieri@gmail.com
Email

443 599 7322
Phone

Dear Chairman Gitter:

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Respectfully,

Ann Marie Cullen

Signature

Ann Marie Cullen MSN, APRN, CCNS

Printed name & credentials CCRN-CMC, CVBC-RN

1436 Barrett Rd Baltimore MD 21207

Address

acullen1@jhmi.edu

Email

410-747-8969

Phone

This bill is supported by:

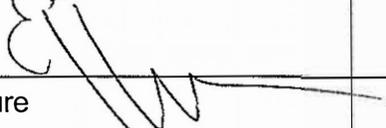
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I want to have the choice for a multistate license if I need it.

Respectfully,



Signature

Elaine Green FNP

Printed name & credentials.

31 Robinson Rd Severna Park MD 21146

Address

410 203 0556

Dr Elaine Green NP@gmail

Email

~~410 214 5900~~

Phone

This bill is supported by:

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- Maryland Organization of Nurse Leaders
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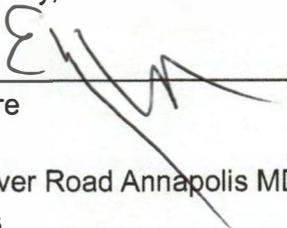
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Thank you for your support for SB 359

Respectfully,



Signature

Elaine Crain, DNP, RN, FNP-BC
Printed name & credentials

1729 River Road Annapolis MD 21409
Address

DrElaineCrain@gmail.com
Email

410-703-0556
Phone

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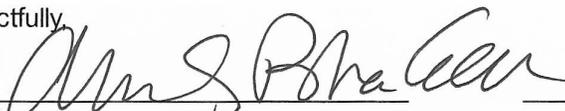
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Thank you for your support for SB 359

Respectfully,


Signature

Ami Bhavsar-Cohn, CRNP
Printed name & credentials

Address **Ami Bhavsar-Cohn, CRNP**
MMG Primary Care at Great Mills
45870 East Run Dr, Lex Park, MD
240-895-8600 fax: 240-895-8609

401-588-1196

Email

Phone

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- Maryland Nurses Association

Respectfully,

AC

Signature

Alta-Ceri Carter, MSN, RN, CNAP

Printed name & credentials

4100 Whitney Ct Bowie, MD 20715

Address

+c4health@gmail.com 301 802 5702

Email

Phone

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Maryland Academy of Advanced Practice Clinicians

Maryland Board of Nursing

Maryland Organization of Nurse Leaders

Maryland Hospital Association

National Council of State Boards of Nursing

Maryland Association of Nurse Anesthetists

Thank you for your support for SB 359

Respectfully,

Nancy A. Calabrese
Signature _____ Printed name & credentials

**Nancy Calabrese MSN CRNP
1300 Argyle Drive
Arnold MD 21012**

Address

nmcfnp@comcast.net
Email

410-991-5737
Phone

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Thank you for your support for SB 359.

Respectfully,


Signature

Monica Brown, APRN, Integrative Med
Printed name & credentials

613 Lakemont Dr. Glen Burnie, MD 21060
Address

Monib32@gmail.com
Email

240 565 4481
Phone

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Respectfully,



Signature



Printed name & credentials

Address

Ami Bhavsar-Cohn, CRNP
MMG Primary Care at Great Mills
45870 East Run Dr, Lex Park, MD
240-895-8600 fax: 240-895-8409

Email

Phone

401-588-1196

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- The APRN Compact supports military spouses moving to Maryland seeking employment as APRNs. Currently, obtaining licensure in Maryland can take up to 6 months of their 2-year tour of duty here.
- Multistate licensure compacts save boards of nursing time and money by ensuring uniform licensure state to state.
- Maryland was the pioneer in enacting the Nurse Licensure Compact. We need to keep Maryland as the leaders in the Nursing Profession by passing this Compact. 3 states have adopted the Compact, and 6 more have introduced legislation in 2023 to adopt the Compact.
- Telehealth has become a mainstay of our healthcare system since the Covid epidemic, and APRNs needs licenses in each state where their patients are or reside to provide Telehealth services. The APRN Compact would eliminate the need for multiple licenses.
- This is a voluntary license. APRNs who don't want or need a multistate license do not have to obtain one.
- Participating in the APRN Compact saves APRNs the high cost of being licensed in multiple states.
- The Compact is supported by patients, military families, facilities, and businesses.

This bill is supported by:

- Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists
- Maryland Academy of Advanced Practice Clinicians
- Maryland Board of Nursing
- Maryland Organization of Nurse Leaders
- Maryland Hospital Association
- National Council of State Boards of Nursing
- Maryland Association of Nurse Anesthetists

Thank you for your support for SB 359

Respectfully,


Signature

Molly W. Bartlett CNP
Printed name & credentials

1518 Knollwood Place Annapolis, MD 21409
Address

mollybartlett61@hotmail.com 410-353-1938
Email Phone

SUPPORT SB 359

I am a licensed APRN in Maryland I support of passing SB 359 for the following reasons:

- With the current healthcare workforce shortage facing the Maryland Community, the APRN Compact ensures greater access to care particularly in underserved areas where workforce shortages are the most critical.
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- **94% of Maryland APRNs are in favor of adopting the APRN Compact.**
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 Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists
 Maryland Academy of Advanced Practice Clinicians
 Maryland Board of Nursing
 Maryland Organization of Nurse Leaders
 Maryland Hospital Association
 National Council of State Boards of Nursing
 Maryland Association of Nurse Anesthetists

Maryland Nurses Assoc
 Thank you for your support for SB 359

Respectfully,

Beth Baldwin, CPNP

ELIZABETH BALDWIN, CPNP

Signature

Printed name & credentials

Address

Email

Phone

e1brn6e21@msn.com 304-282-8833

SUPPORT SB 359

I am a licensed APRN in Maryland I support of passing SB 359 for the following reasons:

- With the current healthcare workforce shortage facing the Maryland Community, the APRN Compact ensures greater access to care particularly in underserved areas where workforce shortages are the most critical.
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- Maryland Academy of Advanced Practice Clinicians
- Maryland Board of Nursing
- Maryland Organization of Nurse Leaders
- Maryland Hospital Association
- National Council of State Boards of Nursing
- Maryland Association of Nurse Anesthetists

Maryland Nurses Assoc.

Respectfully,

Thank you for your support for SB 359

Emalie Gibbons-Baker
Signature

EMALIE GIBBONS-BAKER, CNM
Printed name & credentials

217 Reason Cove Dr, Lusby, MD 20657
Address

Bronnbaker@aol.com 301 641-1688
Email Phone

SUPPORT SB 359

I am a licensed APRN in Maryland I support passing SB 359 for the following reasons

- With the current healthcare workforce shortage facing the Maryland Community, the APRN Compact ensures greater access to care particularly in underserved areas where workforce shortages are the most critical.
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- Chesapeake Bay Affiliate of the National Association of Clinical Nurse Specialists
- Maryland Academy of Advanced Practice Clinicians
- Maryland Board of Nursing
- Maryland Organization of Nurse Leaders
- Maryland Hospital Association
- National Council of State Boards of Nursing
- Maryland Association of Nurse Anesthetists

Thank you for your support for SB 359.

Respectfully,

Tracy Adams
Signature

TRACY ADAMS CRNP
Printed name & credentials

80 Skippers Ln Annapolis, MD 21401
Address

chloelilly@smac.com
Email

443-603-7613
Phone

SUPPORT SB 359MAAPCMarie 2.13.2024.pdf

Uploaded by: Marie Tarleton

Position: FAV

SUPPORT
SB 359 Advanced Practice Registered Nurse Compact

February 13, 2024

The Maryland Academy of Advanced Practice Clinicians (MAAPC) supports passage of SB 359 Senator Hayes Advanced Practice Registered Nurse Compact.

I am Marie Tarleton, Certified Family Nurse Practitioner practicing in Maryland more than 20 years and President of MAAPC. MAAPC is a large statewide organization representing all 4 groups of APRNs—CRNAs, NPs, CNSs, and CNMs. We were founded to give all APRNs a voice in Maryland. We have over 3000 members and followers who rely upon us to represent the APRN groups who are sometimes left out of discussions about legislation.

MAAPC has worked with all the groups of APRNs and the MBON for the past 3 years to ensure we are truly representing the wishes of all APRNs.

NPs comprise the largest group of APRNs and often have a louder voice in legislation than the other APRNs. Nonetheless, it is important to hear all the voices.

This bill has many benefits for the residents of Maryland, many of which have become apparent in our current triple healthcare crisis in Maryland—the opioid crisis, the long-term effects from the Covid pandemic, and the severe nursing workforce shortage.

Some benefits of the Compact Licensure:

- The Advanced Practice Registered Nurse (APRN) has greater mobility across state lines physically and via telehealth.
- Improves the continuity of care for patients.
- Ensures the qualifications of the practitioners meet national standards.
- Streamlined credentialing and licensing process.
- Lessens undue licensure burdens and delays making Maryland more attractive for nurses to relocate here.
- This compact agreement aids military families during their relocation processes.
- Allows for qualified APRNs to fill emergent needs during times of disasters, short staffing, and in underserved rural areas.

During the pandemic while seeing most patients via telehealth, it became apparent to us as healthcare providers, that we need Compact licensure to serve our patients who live or work in another state and seek care with us in Maryland. We had to turn many patients away because they were physically located in another state at the time of their telehealth appointments causing them a delay in needed care and the burden of finding a new provider during a pandemic. That has not changed in our post pandemic world where patients left with lingering effects of the pandemic still require more accessible and flexible care.

Remember, this is a voluntary license! APRNs who don't want this multistate license do not have to obtain one. Please allow the APRNs who *DO* want a multistate license the opportunity to obtain one.

I ask for a favorable report on SB 359.

Thank you.

Sincerely,
Marie Tarleton, CRNP
President, MAAPC
P.O. Box 8, St. Mary's City, MD 20686
marietaylor.tarleton@gmail.com

11b - SB 359 - FIN - MACHO LOS .pdf

Uploaded by: Maryland State of

Position: FAV



**2024 SESSION
POSITION PAPER**

BILL: SB 359 – Advanced Practice Registered Nurse Compact

COMMITTEE: Senate – Finance Committee

POSITION: Letter of Support

BILL ANALYSIS: SB 359 would enter into the Advanced Practice Registered Nurse Compact; establish criteria for participating states; establish the Interstate Commission of APRN Compact Administrators and its duties and powers; provide for the amendment of and withdrawal from the Compact; and provide that the Compact is contingent on the enacting of substantially similar legislation in six other states.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) strongly supports SB 359. Maryland’s entry into the Advanced Practice Registered Nurse Compact will benefit healthcare access across multiple settings of outpatient and hospital-based care. This agreement will make it easier for advanced practice nurses currently licensed in other states to shift some or all of their practice to Maryland.

Local health departments (LHDs) employ nurse practitioners to provide behavioral and reproductive health services. In many jurisdictions, advanced practice nurses provide most of the care, especially in rural counties designated as Healthcare Provider Shortage Areas.

We are all aware of the need to improve healthcare access almost everywhere in the state. APRNs provide care as diverse as primary care in pediatric offices to specialty care in hospital operating rooms. SB 359 will play a part in easing these shortages. Hospitals with staffing shortages in emergency departments will have a wider recruitment pool. It will also make it easier to staff telehealth needs in settings from LHDs and school-based health centers to private care provided in OB/GYN and other in-need medical specialty offices.

For these reasons, the Maryland Association of County Health Officers submits this letter of support for SB 359. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaioral@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*

SB359_RMC_SupportTestimony.pdf

Uploaded by: Molli Cole

Position: FAV



50 Harry S. Truman Parkway • Annapolis, MD 21401
Office: 410-841-5772 • Voice: 410-841-5761 • TTY: 800-735-2258
Email: rmc.mda@maryland.gov
Website: www.rural.maryland.go

Susan O'Neill, Chair

Charlotte Davis, Executive Director

Testimony in Support of
Senate Bill 359 – Advanced Practice Registered Nurse Compact
Senate Finance Committee
February 13, 2024

The Rural Maryland Council supports Senate Bill 359 – Advance Practice Registered Nurse Compact. This bill enters Maryland into the Advanced Practice Registered Nurse Compact. The bill establishes 1) specified procedures and requirements for an advanced practice registered nurse (APRN) to practice under a “multistate license” in a “party state” or “remote state”; 2) the composition, powers, and responsibilities of the Interstate Commission of APRN Compact Administrators; and 3) requirements related to the oversight, dispute resolution, and enforcement of the compact. The bill is contingent on similar legislation being enacted in six other states.

Rural Marylanders are often in worse health than their urban and suburban counterparts and lack access to medical facilities and practitioners to improve their health. This is especially true in specialty areas such as mental health and dental care. Additionally, rural areas are made up of aging populations that require more medical attention but lack the healthcare workforce to do so. The Health Resources and Services Administration (HRSA) reports that more than 1.1 million Marylanders are in a primary care Health Professional Shortage Area (HPSA). That’s over 1.1 million Marylanders who lack access to the primary health care they need. In the U.S., rural or partially rural areas make up over 68% of the designated primary care HPSAs.

Senate Bill 359 will allow more high-level healthcare workers to practice in Maryland where there are shortages or nurses are needed. While certain areas of the State have been facing a shortage of healthcare workers, it was worsened by the pandemic. As a result of the pandemic, members of the healthcare workforce are leaving at higher rates, mostly from the increased workload and amount of stress that they have been facing. As some healthcare workers quit, it creates more of a workload and stress for the remaining members, resulting in a cycle of burnout. Allowing APRNs from other states to practice in Maryland could reduce this burden and help prevent similar situations in the future. This will allow workers to adequately perform their jobs and ensure that patients are getting the treatment that they need.

The Rural Maryland Council respectfully requests your favorable support of Senate Bill 359.

The Rural Maryland Council (RMC) is an independent state agency governed by a nonpartisan, 40-member board that consists of inclusive representation from the federal, state, regional, county, and municipal governments, as well as the for-profit and nonprofit sectors. We bring together federal, state, county, and municipal government officials as well as representatives of the for-profit and nonprofit sectors to identify challenges unique to rural communities and to craft public policy, programmatic, or regulatory solutions.

“A Collective Voice for Rural Maryland”

NCSBN_APRNCompact_SB 359.pdf

Uploaded by: Nicole Livanos

Position: FAV

February 13, 2024

Chair Beidle, Members of the Senate Finance Committee,

Thank you for the opportunity to testify today in support of Senate Bill 359 which would enter Maryland into the Advanced Practice Registered Nurse Compact (APRN Compact). My name is Nicole Livanos and I am the Director of State Affairs for the National Council of State Boards of Nursing (NCSBN). NCSBN is a non-profit membership organization, and our mission is to promote regulatory excellence. NCSBN's members are nursing regulators across the country whose mandate is to protect the public, and they are the authors of the APRN Compact.

How it works

The APRN Compact allows an APRN (certified nurse practitioners, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists) to obtain one multistate license and use that license to practice as an APRN in any compact state. The compact facilitates both in-person and electronic practice across state lines.

Familiar and safe

Interstate licensure mobility for nurses is not a new concept for Maryland. The APRN Compact is modeled after the Nurse Licensure Compact, a compact for registered nurses and licensed practical nurses that Maryland led the nation in by becoming the first member to join of over 20 years ago. Like the NLC, the APRN Compact ensures that licensure and oversight of practice in the state remains with the Board of Nursing.

For regulators, the compact simultaneously creates a path for cross-border mobility while ensuring that licensure and discipline remain with the Maryland Board of Nursing. The APRN Compact Commission will be formed when the compact goes into effect. Identical to the NLC Commission, the APRN Compact Commission is composed of the heads of state boards of nursing from each participating state, regulators who will be in charge of the administration of the compact. The Commission has no power over APRN practice or prescribing in the party states, as that power remains solely with that state's legislature and regulatory processes.

Practice and prescribing in Maryland will look familiar too. The APRN Compact requires multistate licensees who practice in Maryland—whether in-person or when providing services to a patient in Maryland through telehealth, to follow the scope of practice and controlled substance prescribing laws that Maryland lawmakers and regulators have set for practice occurring in their state. Maryland APRNs and patients across the state have fought for greater access to APRN care and have successfully removed antiquated barriers to that care. That care that was fought for is the care patients will continue to receive, and care APRNs can continue to provide in Maryland.

Popular among APRNs

The Maryland Board of Nursing and NCSBN surveyed over 2,000 licensed APRNs in Maryland in the fall of 2022. The survey found 94% of APRN respondents supported Maryland joining the compact, an even stronger response than the survey a year earlier. This survey also sought to capture the need for the APRN Compact in the state. Survey results found that 72% of APRNs in Maryland had provided nursing services across state lines over the last 24 months, representing the flexibilities allotted during the height of the COVID-19 pandemic where APRNs provided vital care to new and existing patients where they were located. The survey also found 45% of APRN respondents hold more than one APRN license currently, a significant number of APRNs that could benefit from the APRN Compact immediately.

With robust support among Maryland APRNs in the 2022 survey, it is not a surprise that the APRN Compact receives strong support among statewide groups representing Maryland nurses and nursing regulation. SB 359 is supported by the Maryland Nurses Association, Maryland Academy of Advanced Practice Clinicians, Maryland Board of Nursing, Maryland Association of Clinical Nurse Specialists, Maryland Association of Nurse Anesthetists, and Maryland Organization of Nurse Leaders.

The time is now

Interstate licensure compacts are in operation or development for many healthcare professions. Professions such as registered nurses, licensed practical nurses, physicians, physical therapists, psychologists, and physician assistants have realized the need for facilitating licensure mobility across state lines. The need for increased mobility was

demonstrated acutely during the height of the COVID-19 pandemic, where professions with operational interstate compacts had a safe, ready and able workforce to immediately mobilize and care for patients in-person and electronically. Professions without compacts had to rely on patchwork emergency orders and legislation and navigate the confusing regulatory landscape in order to provide care for patients. The need for the APRN Compact extends beyond times of emergency, however, with shortages of primary, maternal, and mental health providers across Maryland and many states creating access issues for patients who seek services. As a tool to increase access to APRNs Maryland, the time is now for the APRN Compact. That is why patient, employer, provider, and community groups that make up the Marylanders for Healthcare Workforce Access support SB 359.

The APRN Compact will go into effect upon the enactment of the bill in seven jurisdictions. Currently four states, Delaware, North Dakota, South Dakota and Utah have enacted this legislation and two states have legislation pending. As a leader in adopting compacts facilitating licensure mobility for nursing, Maryland has the opportunity to continue the admirable tradition by being one of the first states to join this important compact.

Thank you for your time. Please feel free to contact me at nlivanos@ncsbn.org with any questions.

Thank you for your time,



Nicole Livanos, JD, MPP
Director, State Affairs, NCSBN
nlivanos@ncsbn.org

SB 359 Favorable.pdf

Uploaded by: Pamela Moss

Position: FAV

Support

SB 359

Titled: Advanced Practice Registered Nurse Compact

The Maryland Association of Clinical Nurse Specialists (MACNS) is in support of the Maryland APRN Compact bill. Clinical Nurse Specialists (CNSs) have a unique advanced practice role in that they provide care across the illness to wellness continuum with a focus on direct patient care, evidence- and research-based practice, and optimal patient outcomes.

As an APRN, the idea of a nurse compact is not unheard of, in fact, Maryland was the first state to join the registered nurse licensure compact 25 years ago. This compact enables nurses to practice and teach in their primary state of residence and in other compact states without having to obtain an additional license.

An interstate compact can be found in several other healthcare disciplines including physical therapy, occupational therapy, psychology, and medicine. The compact reduces barriers to practice, making it easier for patients to receive continuity of care if traveling across state lines for services.

During the COVID pandemic, the use of telemedicine highlighted the need for an APRN compact license. Patients were often transported to centers where they could receive a higher level of care. After discharge, patients would return to their home state and carry the burden of finding a provider. Clinical Nurse Specialists are acutely aware of the widening gaps in our healthcare workforce occurring since the COVID pandemic. There is a need to grow a stronger, safer, and more dynamic healthcare workforce. In addition to increasing access to telehealth services, the APRN Compact provides other benefits such as making Maryland better prepared for natural disasters and supporting Maryland military families through providing a modern licensure solution for healthcare providers. Passage of SB 359 will open Maryland to a national network of safe, vetted, and highly trained healthcare professionals ready to help residents at a moment's notice.

SB 359 will help bring Maryland into the 21st century when it comes to licensure mobility, advanced practice provider recruitment, and supporting the very best healthcare professionals to care for the citizens of Maryland.

Therefore, we respectfully ask you to support the passage of SB 359
Thank you,

Maryland Association of Clinical Nurse Specialists
Board of Directors

Support SB 359.pdf

Uploaded by: Rachel Sherman

Position: FAV

Support SB 359 Advanced Practice Registered Nurse Compact

January 31, 2024

My name is Rachel Sherman, and I have over ten years of nursing experience. I have practiced across various settings, including hospitals, long-term care facilities, public and private medical clinics, hospices, and home health. I am licensed as a family nurse practitioner in Maryland, Washington DC, and Virginia. I am a member of the Maryland Academy of Advanced Practice Clinicians (MAAPC), the Nurse Practitioner Association of Maryland (NPAM), and the Maryland Nurses Association (MNA). I was recently appointed as an advanced practice member of the Maryland Board of Nursing.

I am writing to support SB 359 and appreciate the opportunity to provide written testimony.

1. SB 359 positions Maryland ahead of the next healthcare crisis. As demonstrated through the COVID-19 pandemic, critical shortages of healthcare providers can have devastating implications across the various communities you represent. This bill will support the healthcare workforce should the need arise to recruit and employ Advanced Practice Registered Nurses (APRNs) quickly. This bill also aids military families experiencing relocation.
2. SB 359 will help to reduce the financial burden experienced due to having multiple individual state licenses. This will also make Maryland more attractive to APRNs who desire to live or practice in the state, strengthening our nursing workforce.
3. SB 359 does not prevent APRNs with less than 2080 clinical practice hours from obtaining licensure in other states. They would simply have to apply for an individual state license until they have met the compact requirements. This supports a general standard of practice across the multiple states that wish to adopt the compact. Maryland regulations require new-to-practice APRNs to maintain an informal mentorship agreement for 18 months. The APRN compact requires less than 18 months of clinical experience.
4. SB 359 supports patients who seek medical care in Maryland but live in another state. With the expansion of telehealth services, this bill will help continuity of care and promote improved health outcomes.

In 2022, the Maryland Board of Nursing and the National Council of State Boards of Nursing (NCSBN) conducted a survey seeking feedback regarding the support or opposition of Maryland joining the APRN compact. 94% of respondents were in favor of adopting the compact. Your constituents have spoken loudly and clearly; they want this bill passed. This goes beyond nursing organizations giving their opinion. This concerns your constituents and what is best for

those seeking medical care in Maryland. I look forward to a favorable report.

Thank you for the opportunity to provide testimony on this significant issue.

Kindest Regards,

A handwritten signature in black ink, appearing to be 'RS' with a stylized flourish.

Rachel Sherman, DNP, FNP-BC, CRNP, ACHPN
12116 Elmwood Drive, Brandywine, MD 20613
(301) 452-0657
rachel.sherman1986@gmail.com

SB 359 - FIN - MBON - LOS.docx.pdf

Uploaded by: Rhonda Scott

Position: FAV



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

January 26, 2024

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 359 – Advanced Practice Registered Nurse Compact – Letter of Support

Dear Chair Beidle and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of support for Senate Bill (SB) 359 – Advanced Practice Registered Nurse Compact. This bill enters into the Advanced Practice Registered Nurse (APRN) Compact; establishes criteria for participating states; authorizes an advanced practice registered nurse to practice in a party state under certain scope of practice rules; establishes the Interstate Commission of APRN Compact Administrators and its duties and powers; requires the Compact Administrator of the State to make certain recommendations on the formation of the Commission; and provides for the amendment and withdrawal from the Compact.

The Advanced Practice Registered Nurse (APRN) Compact, adopted on August 12, 2020, allows an advanced practice registered nurse to hold one multistate license with the privilege to practice in all participating member states. The goals of the Compact are to: (1) increase access to care by allowing APRNs to practice seamlessly across member states; (2) provide more choice for patients and APRNs; (3) eliminate redundant regulatory processes and duplicative fees; (4) facilitate APRN education by providing flexibility for students to have educational experiences across state lines; (5) improve response during disasters or other times of great need for qualified advanced practice nursing services; (6) support APRNs practicing to the full extent of their education and training to optimize the provision of care; (7) benefit military spouses with APRN licenses who often relocate every two years; (8) ensure public protection by granting authority of information sharing between regulatory bodies that regulate APRNs; and (9) maintain public protection at the state level by allowing states to retain autonomy and the authority to enforce the state nurse practice act.

In 2022, the Board, in collaboration with the National Council of State Boards of Nursing (NCSBN), conducted an online survey of all advanced practice registered nurses and registered nurses licensed in Maryland to determine their interest in adopting the revised Advanced Practice Registered Nurse Compact. The study represented a state-wide survey of 6,289 nurses. The results of the survey indicated that 94% of the APRN participants were in favor of Maryland adopting and implementing the provisions of the Compact.

The Board believes that adopting the APRN Compact would help to address the nursing workforce shortage in Maryland, due to the increased portability of licensure. In addition, the Compact would improve Board operations by decreasing the burden of processing endorsement applications. The Compact would lessen the number of endorsement applications submitted by APRNs who have an interest in providing telehealth or direct care to patients residing in the state and resulting in fewer manual reviews and verifications performed by Board staff. This will allow the Board to free up resources and reassign staff members to perform other administrative duties with various operational units instead.

For the reasons discussed above, the Maryland Board of Nursing respectfully submits this letter of support for SB 359.

I hope this information is useful. For more information, please contact Ms. Mitzi Fishman, Director of Legislative Affairs, at 410-585-2049 or mitzi.fishman@maryland.gov, or Ms. Rhonda Scott, Executive Director, at 410-585-1953 or rhonda.scott2@maryland.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'G. Hicks', written in a cursive style.

Gary N. Hicks
Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

2024 ACNM SB 359 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill Number: SB 359 – Advanced Practice Registered Nurse Compact

Hearing Date: February 13, 2024

Position: Support

The Maryland Affiliate of ACNM supports *Senate Bill 359 – Advanced Practice Registered Nurse Compact*. The APRN Compact will provide continuity of care for patients who live in Maryland but work or travel across state lines. Under the APRN Compact, CNMs who obtain a multistate license may serve patients in all Compact states. We note that there are other types of midwives, in particular licensed certified midwives (CM) in Maryland, who will not be covered by the APRN Compact. We would like to work with legislators and other stakeholders to explore licensure portability solutions for midwives not covered under the APRN Compact.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2024 MNA SB 359 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill: Senate Bill 359 -Advanced Practice Registered Nurse Compact

Hearing Date: February 13, 2024

Position: Support

The Maryland Nurses Association (MNA) strongly supports *Senate Bill 359 – Advanced Practice Registered Nurses*. Maryland was the first state to join the compact for registered nurses, called the Nurse Licensure Compact, because the state recognized the value of licensure reciprocity. The Nurse Licensure Compact has provided much needed flexibility to Maryland health care providers in recruiting and retaining nurses from other states. It is an essential tool for Maryland to manage the nursing professional shortage.

Under the APRN Compact, an APRN from another compact state could work in Maryland without having to face the long delays of getting a separate certification from the Maryland Board of Nursing. This means that APRNs could enter the health professional workforce in Maryland more quickly, and it would reduce the number of out-of-state applications our Board would have to process.

Maryland is facing a severe health care provider shortage in nearly every profession and every part of the state. Licensure compacts, including the APRN Compact, provide an avenue for the state to recruit more qualified practitioners. Maryland has already adopted licensure compacts for nurses, physicians, professional counselors, psychologists, physical therapists, occupational therapists, and speech language pathologists. Adoption of the APRN Compact would be consistent with the State’s direction on health professional compacts. This direction was endorsed by the Maryland Health Care Commission’s study on Expansion of Interstate Telehealth.ⁱ

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

¹ https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/ist/IST_HGO_rpt.pdf

Testimony SB 359 02.13.2024.pdf

Uploaded by: Sabrina Sepulveda

Position: FAV



Sabrina Sepulveda, CRNP-PMH
Harborside Behavioral Health, LLC
41625 Park Ave. Leonardtown, MD 20650
Phone: (301) 494-1009 Fax: (970) 296-5636
Email: sabrina@harborsidebehavioralhealth.com

Please support: SB 359: Advanced Practice Registered Nurse Compact

February 13, 2024

Dear Finance Committee members,

I am licensed as a Psychiatric Nurse Practitioner and own a private practice, Harborside Behavioral Health, LLC in Leonardtown, Maryland. I provide care in a federally identified health care provider shortage area for both primary care and mental health. I support the passing SB 359 for license portability to improve health outcomes for patients and address health care workforce needs.

This is about a choice. The Compact affords any APRN the choice to have a multistate license. In fact, 94% of Maryland APRNs who responded to a Maryland Board of Nursing survey are in favor of adopting the APRN Compact. This is a voluntary license. APRNs who do not want or need a multistate license do not have to obtain one.

This compact is about access to opportunity with fewer barriers and burdens. The compact allows APRNs the ability to practice in other states minimizing financial, administrative, bureaucratic burden of waiting months to be licensed. Currently, these barriers and burdens contribute to lost wages and missed employment opportunities. Participating in the APRN Compact saves APRNs the prohibitive cost of applying for licensure in multiple states. My community is home to a military base, Naval Air Station Patuxent River. The APRN Compact supports military spouses moving to Maryland seeking employment as APRNs. Currently, obtaining licensure in Maryland takes approximately six months of a two-year tour of duty. This directly affects families in already tough economic times. The compact assists military families not only upon their arrival in Maryland, but importantly as they relocate from Maryland to another compact state.

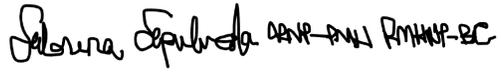
Maryland was the pioneer in enacting the Nurse Licensure Compact in 1999. We need to keep Maryland as the leaders in the Nursing Profession by passing this Compact. Multistate licensure compacts save boards of nursing time and money by ensuring uniform licensure state to state. Currently, three states have adopted the Compact, and legislation is pending in three states currently.

This is about access to APRN care. Maryland residents in my community can wait months to get an appointment for specialist care—particularly in psychiatry. It is routinely three or more months to get a new patient appointment. For children and adolescents, the wait time to access care can be six months. A compact could improve health outcomes for patients. With the current healthcare workforce shortage facing many Maryland communities, the APRN Compact ensures greater access to care particularly in rural and underserved communities where the workforce shortages are most critical.

This is about what is best for the patient. Telehealth has become a mainstay of our healthcare system. APRNs needs licenses in each state where their patients are or reside to provide Telehealth services. The APRN Compact would eliminate the need for multiple licenses. Currently, I am contracted to offer Psychiatric services at St. Mary's College of Maryland. During COVID, the college went virtual, as did my services for the students—except the students who were out of state, who were unable to continue utilizing this free college-based service. These are not unique or rare situations for patients and these situations contribute to an ever-growing inequity in health care delivery.

This is a choice for an APRN. You know who else wants a choice? The citizens of the State of Maryland want the choice to access APRN care, they want to choose HOW they access APRN care, and they want the choice to continue their APRN care and this legislation allows for patients to have that choice. This is about looking at the greater good for the citizens of the State of Maryland to improve health outcomes and address licensure portability issues. I urge you to support SB 359 for APRN compact licensure.

Respectfully,

Handwritten signature of Sabrina Sepulveda in black ink, including the text "Sabrina Sepulveda CRNP-PMH RMTMHP-BC".

Sabrina Sepulveda, CRNP-PMH
Owner, Harborside Behavioral Health, LLC

2024 MCHS SB 359 Senate Side.pdf

Uploaded by: Salliann Alborn

Position: FAV



Maryland Community Health System

Committee:	Senate Finance Committee
Bill Number:	SB 359 - Advanced Practice Registered Nurse Compact
Hearing Date:	February 13, 2024
Position:	Support

The Maryland Community Health System (MCHS) supports *Senate Bill 359 - Advanced Practice Registered Nurse Compact*. The bill would enter Maryland into the Advanced Practice Registered Nurse (APRN) Compact.

The Maryland Community Health System is a network of federally qualified health centers located across Maryland. We provide somatic, behavioral, and oral health care to underserved communities. All of our health centers are in health professional shortage areas, and we are facing increasing difficulty in recruiting primary care providers. Through the APRN Compact, we would widen the pool of nurse practitioners and nurse midwives who would be available to provide primary care and pregnancy services in our health centers.

MCHS recently served on two state workgroups that demonstrate the stark need for licensure reciprocity initiatives such as the APRN Compact:

- **Expansion of Interstate Telehealth:** The Maryland Health Care Commission convened stakeholders to advise them on this study to increase the availability of interstate telehealth to meet the growing health needs of Marylanders. The study strongly endorsed licensure compacts as an avenue to increase the number of licensed and qualified practitioners who can provide services to Marylandersⁱ:
- **Primary Care Workgroup:** The Primary Care Workgroup recommended investments in primary care to support the sustainability of services across Maryland. It is notable that the Workgroup specifically recognized the importance of nurse practitioners and nurse midwives in providing access to primary care.ⁱⁱ

MCHS supports this bill because it will improve access to care for Marylanders. We request a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/ist/IST_HGO_rpt.pdf

ⁱⁱ https://mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/pew/pci_wrkgrp_rpt.pdf

SUPPORT Sam Young SB 359 2024.pdf

Uploaded by: Samantha Young

Position: FAV

SUPPORT

SB 359 Advanced Practice Registered Nurse Compact

February 12, 2024

Good afternoon again, Madame Chair and Madame Vice Chair. Thank you, Senator Hayes, for sponsoring this bill.

My name is Samantha Young. I am certified as both a CNS and NP in Maryland

I support passage of Senator Hayes' SB 359 Advanced Practice Registered Nurse Compact.

The Compact benefits the public by improving continuity of care, increasing license portability for advanced practice registered nurses, and increasing access to APRN care. Now more than ever, this issue is of utmost importance. Access to healthcare providers was a challenge prior to the Covid-19 pandemic but has now been magnified due to the high level of care required by community members.

The Covid crisis showed us that our healthcare providers, particularly nurses and APRNs, needed portability and mobility to rush skilled personnel to the epicenters of the pandemic.

SB 359 will enable better communication between state Boards of Nursing while also ensuring licensure requirements are standardized.

The APRN Compact will allow APRNs to apply for a multi-state license, which improves access to care, while also coordinating the exchange of information from state to state.

The adoption of the APRN compact will not only improve the Advance Practice Nurse's ability to practice across state lines but will enhance the protection of the public by establishing a comprehensive licensure information system.

I am asking for a favorable report on SB 359. I urge you to act on our behalf and represent the dominant perspective of our profession at this crucial moment in healthcare. 94% of APRNs who responded to the MBON survey support this legislation.

As a nurse practitioner and clinical nurse specialist, this bill is important to me, my patients and my profession.

Thank you!

Samantha Young, ACNPC, CCNS CCRN
Clinical Nurse Specialist/Nurse Practitioner
31 Aldyth Ave Reisterstown, MD 21136

SB0359 Testimony.pdf

Uploaded by: Sarah Paul

Position: FAV



Statement of Maryland Rural Health Association (MRHA)

To the Senate Finance Committee

Chair: Senator Pamela Beidle

February 12, 2024

Senate Bill 0359: Advanced Practice Registered Nurse Compact

POSITION: SUPPORT

Chair Beidle, Vice Chair Klausmeier, and members of the committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 0359: Advanced Practice Registered Nurse Compact

Advance Practice Registered Nurses (APRN) are essential in the delivery of quality healthcare to all populations. The American Association of Nurse Practitioners discussed the reproducibility of patient satisfaction regarding APRNs across numerous studies. Utilizing APRNs resulted in lower costs of care, more time spent with patients, fewer hospitalizations, and fewer primary care visits up to two years past the initial consultation in comparison to physicians (2023). With the extensive nursing background that APRNs possess, they are able to create trusting relationships with their patients as they care for them. In-depth patient education is another service APRNs are also known for, which increases health literacy of patients and can empower patients with the knowledge and confidence to take control of their health. While APRNs provide exceptional care for patients, they also reduce the burden of high patient loads among providers. Reducing burden on providers allows them to provide quality care. With these reasons, the Maryland Rural Health Association strongly supports SB0359. Looking at other professions who use the compact licensure process, states who use compact licensure have seen a 10% to 15% increase in licensed and practicing professionals. Areas that benefited the most from compact licensure were rural areas and underserved communities (Nguyen & Schaler-Haynes, 2023). Passing SB0359 will allow incoming APRNs who seek to practice in Maryland a convenient and faster process to obtain licensure and will be able to serve Maryland communities in a timely fashion. The convenience compact licensure offers will also draw APRNs to Maryland, which will result in the further reduction of burden on providers and increase the number of Maryland residents who have affordable access to quality healthcare.

*On behalf of the Maryland Rural Health Association,
Jonathan Dayton, MS, NREMT, CNE, Executive Director
jdayton@mdruralhealth.org*

American Association of Nurse Practitioners. (2023). *Quality of nurse practitioner practice*.

<https://www.aanp.org/advocacy/advocacy-resource/position-statements/quality-of-nurse-practitioner-practice#:~:text=Four%20studies%20found%20higher%20patient,years%20after%20an%20initial%20consultation.>

SB359_MSBA_ADRSection_FAV

Uploaded by: Shaoli S. Katana, Esq.

Position: FAV



520 West Fayette St., Baltimore, MD 21201
410-685-7878 | 800-492-1964
fax 410-685-1016 | tdd 410-539-3186
msba.org

To: Members of the House Health and Government Operations Committee and Senate Finance Committee

From: Alternative Dispute Resolution Section, Maryland State Bar Association

Date: February 9, 2024

Subject: HB 425/ SB 359 - Advanced Practice Registered Nurse Compact

The Alternative Dispute Resolution Section Council of the Maryland State Bar Association (MSBA) supports House #425 and Senate Bill # 359. Among other things, this bill establishes rules to authorize an advance practice registered nurse to practice in another state. As a compact, or an agreement, between the state of Maryland and other states, we note that this bill is complex. We appreciate and support that provisions of this bill – pages 26-27, lines 31-33 and 1-11 – set forth mediation and arbitration mechanisms that shall be used in the event of a dispute before filing a lawsuit. We believe that this specific language gives the parties an opportunity to settle their differences without the expense of going to court. At the same time, courts will benefit from the likely reduction in the number of cases filed which crowd our dockets.

Should you have any questions, please contact Erin Gable, Esq., Chair of the Alternative Dispute Resolution Section Council, edgable@aacc.edu.

APRN Compact Devaris testimony.Finance. 2.1.24 sen

Uploaded by: Shirley Devaris

Position: FAV

Bill No. HB Committee: Health and Government Operations

Title: Advanced Practice Registered Nurse Compact

Hearing Date: February , 2024**Position:** Support

Witness: Shirley Devaris, RN, BSAD, MA, JD

(shirleydevaris@yahoo.com)

Good afternoon, Madame Chair, Vice Chair, and members of the committee. Thank you, Senator Hayes, for sponsoring this bill.

My name is Shirley Devaris, and I am offering testimony in support of this bill based on my 19 years of experience with regulating nursing practice in Maryland, first as staff to the former House Environmental Matters Committee, and then as Director of Legislative Affairs for the Board of Nursing before retiring in 2019. I am asking for a favorable vote on this bill.

Maryland was the first state to adopt and implement the Nurse Licensure Compact (NLC) for Registered Nurses and Licensed Practical Nurses. That original compact became a role model for health occupation compacts all over the country. The NLC was adopted by 25 states and then stagnated because other states needed more conditions added such as background checks, rules for discipline, reporting public discipline orders, etc. In 2015 a new revised compact was introduced and quickly became the law of the nursing world in 39 states. Legislation is pending in 11 other states to join the NLC.

This APRN Compact has the same safeguards as in the revised NLC and basically functions in the same way as the NLC. The difference in this revised version of the APRN compact is a requirement that an APRN have 2,060 practice hours before obtaining a compact license. The previous version of the APRN compact that did not get adopted by the required number of states because many states still have barriers to full practice for APRNs in their statutes. In fact 30 plus states have some kind of barrier

to practice. *Like the NLC, state nursing regulators felt that the compact did not consider all the regulatory conditions in their states such as the limits on APRN practice, especially a practice hour requirement for new graduates.*

It is this practice hour requirement that has understandably been the source of opposition to the compact. In Maryland we fought hard for the independent practice of our APRNs. We know they are qualified to begin practice after they graduate and pass the national certification exam. Not all states do. They are moving in the direction of removing barriers to new practice but about 30 states still have barriers of some kind for new APRN graduates. This bill realistically deals with this issue. We cannot wait for other states to take the same progressive attitude toward Advanced Practice that Maryland has.

Ideally, we would like an APRN Compact without the practice hour requirement but more importantly we need, right now, the ease of portability that the compact provides to allow other compact state nurses to practice in Maryland and allow our APRNs to provide health care across state lines.

Thank you.

2024 Legislation - SB 359_Position Paper_021324(FI

Uploaded by: State of Maryland

Position: FAV



2024 SESSION
POSITION PAPER

BILL NO: SB 359
COMMITTEE: Health and Government Operations
POSITION: Support
TITLE: Advanced Practice Registered Nurse Compact

BILL ANALYSIS

SB 359 - Advanced Practice Registered Nurse Compact if passed enters Maryland into the Advanced Practice Registered Nurse Compact (or compact). The legislation establishes specified procedures and requirements for an advanced practice registered nurse (APRN) to practice under a multistate license in a party state or remote state; the composition, powers, and responsibilities of the Interstate Commission of APRN Compact Administrators; and requirements related to oversight, dispute resolution, and enforcement of the compact. The bill is contingent on substantially similar legislation being enacted in three other states.¹

POSITION AND RATIONALE

The Maryland Health Care Commission (MHCC) supports SB 359. The bill would allow APRNs to obtain one multistate license to practice in other participating compact states. The compact will enable greater access to care for a wide range of services delivered in-person or through telehealth modalities across various health care settings. APRNs include nurse practitioners, certified nurse-midwives, clinical nurse specialists, and nurse anesthetists. The legislation will benefit APRNs, patients, and health care providers through a unified licensing process that allows APRNs to utilize their specialized skills to respond to health care demands with the aim of addressing critical gaps in health care disparities for underserved and vulnerable populations.^{2, 3} Use of

¹ The APRN Compact will come into effect once seven states have enacted the APRN legislation. Four states have adopted legislation (Delaware, North Dakota, South Dakota, Utah) and two states have pending legislation (Maryland and Arizona). More information available at: www.aprncompact.com/about.page.

² National Library of Medicine, *Advanced Practice Registered Nurse Role*, March 2023. Annie P. Boehning; Lorelei D. Punsalan. Available at:

www.ncbi.nlm.nih.gov/books/NBK589698/#:~:text=APRNs%20are%20registered%20nurses%20with%20advanced%20education%20and%20specialized%20training,systems%2C%20society%2C%20and%20humanity.

³ Journal of Advanced Practices in Nursing, *The Impact of Telehealth in Advanced Nursing Practice: Expanding Access to Care*, Volume 8:4, 2023. Available at: www.hilarispublisher.com/open-access/the-impact-of-telehealth-in-advanced-nursing-practice-expanding-access-to-care.pdf.

telehealth technology expands APRNs reach via virtual consultations to timely deliver preventive care and manage chronic conditions.⁴

The legislation aligns with the findings and recommendations from MHCC’s September 2023, *Interstate Telehealth Expansion Study* report (report).⁵ The MHCC conducted a study in collaboration with stakeholders at the request of the Health and Government Operations (HGO) Committee. In a letter dated May 24, 2022, the HGO Chair noted support for the expanded use of telehealth since the COVID-19 PHE, and tasked MHCC with convening a workgroup to inform development of recommendations to expand interstate telehealth. The MHCC convened workgroup (January – March 2023) discussed barriers and opportunities to expanding the delivery of telehealth services across state lines. The workgroup consisted of representatives from health occupation boards, providers, payers, health care consumers, professional associations, professional liability insurance carriers, and various State agencies.

The MHCC’s report includes nine recommendations for advancing interstate telehealth practice, which includes adopting legislation to advance participation in compacts. The workgroup viewed compacts as important to help alleviate workforce supply challenges that result in longer wait times and impede access to care. Workgroup participants generally favor compacts with a mutual recognition model⁶ where providers maintain a license in their home state and apply for a multistate license or privilege (authorization) to practice in other compact states.⁷

The MHCC believes this legislation is an important next step to improve access to care and health equity for underserved and vulnerable populations. If passed by the General Assembly, the law will expand cooperation among states licensure boards, enable greater use of telehealth and enhance public safety.

For the stated reasons above, we ask for a favorable report on SB 359.

⁴ Journal of Clinical Nursing, *Nurse practitioner led telehealth services: A scoping review*, October 2023. Julia Charalambous RN, BN, BMassComn, Olivia Hollingdrake RN, BN, MPH, PhD, Jane Currie NP, BSc (Hons), MSc, PhD. Available at: www.onlinelibrary.wiley.com/doi/full/10.1111/jocn.16898.

⁵ Maryland Health Care Commission, *Interstate Telehealth Expansion Study*, September 2023. Available at: mhcc.maryland.gov/mhcc/pages/home/workgroups/documents/ist/IST_HGO_rpt.pdf.

⁶ Under a mutual recognition model, a licensee receives a multistate license from the compact state in which the licensee has established residence or purchases a privilege from the compact.

⁷ JDSupra, *Developments in Interstate Telehealth Licensing*, December 2022. Available at: www.jdsupra.com/legalnews/developments-in-interstate-telehealth-3935324/.



11a - SB 359 - FIN - MBON - LOS.docx.pdf

Uploaded by: State of Maryland (MD)

Position: FAV



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

January 26, 2024

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 359 – Advanced Practice Registered Nurse Compact – Letter of Support

Dear Chair Beidle and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of support for Senate Bill (SB) 359 – Advanced Practice Registered Nurse Compact. This bill enters into the Advanced Practice Registered Nurse (APRN) Compact; establishes criteria for participating states; authorizes an advanced practice registered nurse to practice in a party state under certain scope of practice rules; establishes the Interstate Commission of APRN Compact Administrators and its duties and powers; requires the Compact Administrator of the State to make certain recommendations on the formation of the Commission; and provides for the amendment and withdrawal from the Compact.

The Advanced Practice Registered Nurse (APRN) Compact, adopted on August 12, 2020, allows an advanced practice registered nurse to hold one multistate license with the privilege to practice in all participating member states. The goals of the Compact are to: (1) increase access to care by allowing APRNs to practice seamlessly across member states; (2) provide more choice for patients and APRNs; (3) eliminate redundant regulatory processes and duplicative fees; (4) facilitate APRN education by providing flexibility for students to have educational experiences across state lines; (5) improve response during disasters or other times of great need for qualified advanced practice nursing services; (6) support APRNs practicing to the full extent of their education and training to optimize the provision of care; (7) benefit military spouses with APRN licenses who often relocate every two years; (8) ensure public protection by granting authority of information sharing between regulatory bodies that regulate APRNs; and (9) maintain public protection at the state level by allowing states to retain autonomy and the authority to enforce the state nurse practice act.

In 2022, the Board, in collaboration with the National Council of State Boards of Nursing (NCSBN), conducted an online survey of all advanced practice registered nurses and registered nurses licensed in Maryland to determine their interest in adopting the revised Advanced Practice Registered Nurse Compact. The study represented a state-wide survey of 6,289 nurses. The results of the survey indicated that 94% of the APRN participants were in favor of Maryland adopting and implementing the provisions of the Compact.

The Board believes that adopting the APRN Compact would help to address the nursing workforce shortage in Maryland, due to the increased portability of licensure. In addition, the Compact would improve Board operations by decreasing the burden of processing endorsement applications. The Compact would lessen the number of endorsement applications submitted by APRNs who have an interest in providing telehealth or direct care to patients residing in the state and resulting in fewer manual reviews and verifications performed by Board staff. This will allow the Board to free up resources and reassign staff members to perform other administrative duties with various operational units instead.

For the reasons discussed above, the Maryland Board of Nursing respectfully submits this letter of support for SB 359.

I hope this information is useful. For more information, please contact Ms. Mitzi Fishman, Director of Legislative Affairs, at 410-585-2049 or mitzi.fishman@maryland.gov, or Ms. Rhonda Scott, Executive Director, at 410-585-1953 or rhonda.scott2@maryland.gov.

Sincerely,



Gary N. Hicks
Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

SB 359 Advanced Practice Registered Nurse Compact_

Uploaded by: Tammy Bresnahan

Position: FAV



One Park Place | Suite 475 | Annapolis, MD 21401-3475
1-866-542-8163 | Fax: 410-837-0269
aarp.org/md | md@aarp.org | twitter: @aarpm
facebook.com/aarpm

SB 359 Advanced Practice Registered Nurse Compact
FAVORABLE
Senate Finance Committee
February 13, 2024

Good afternoon, Chair Beidel and members of the Senate Finance Committee. I am Tammy Bresnahan, Senior Director of Advocacy for AARP Maryland. Our nation faces pressing health care challenges—an aging and more diverse population, more people with multiple chronic conditions, millions more uninsured, rising costs, and a shortage of providers.

We can help address some of these challenges by maximizing the use of advanced practice registered nurses (APRNs) to tackle health care challenges in access, quality, and cost. That is why AARP Maryland supports SB 359, which would include Maryland in the interstate Advanced Practice Registered Nurse Licensure Compact (APRN Compact). We thank Senator Hayes for sponsoring this legislation and supporting nurses.

The APRN Compact would streamline access and provide additional choices to patients and families by cutting red tape so APRNs can more easily deliver care across state lines. The APRN Compact also promotes safety and quality. It codifies uniform standards, ensures that states have the authority to enforce public protection at the state level, and makes it easier to exchange information among member states when issues arise.

AARP Maryland believes enactment of the APRN Compact will enhance and improve health care access in communities across Maryland, supporting patients and the nearly 730,000 family caregivers that help keep their loved ones safe and independent in the community. The APRN Compact is also a commonsense way to facilitate greater health care options making it easier for patients to receive care when and where they need it.

Health care provider shortages hits older residents hard. Older adults sometimes lack the ability or resources to get to their appointments because of mobility issues, long travel distances to a provider, and wait times for appointments. This risks their health and adds unnecessary stress to family caregivers. Once implemented,¹ the APRN Compact would encourage APRNs to provide care both in-person or through telehealth technologies in multiple states, connecting patients and their family caregivers with qualified primary care. APRNs are a highly valued and integral part of the health care system and a crucial source of support for family caregivers. They are

¹ The APRN Compact was adopted on August 12, 2020 by the [National Council of State Boards of Nursing](#). It has developed model language for states to enact the APRN Compact. The APRN Compact will be implemented once seven states enact the APRN Compact. North Dakota and Delaware have passed the Compact. Legislation is Pending in Utah and Maryland.

registered nurses with a masters or doctoral level education trained to provide advanced health care services, including primary and preventative care.

Moreover, the APRN Compact can help residents quickly access lifesaving services during natural disasters, weather emergencies, or a public health crisis. As the COVID-19 pandemic has illustrated, there is a need for state-based APRN license portability during a health care crisis to help states secure surge capacity and save lives when local needs exceed local health care supply. Our participation in the APRN Compact would complement Maryland's participation in the enhanced Nurse Licensure Compact and allow patients to benefit fully from the array of services APRNs could provide across state lines.

We appreciate the opportunity to provide comments on SB 359 and ask for your support. We believe this policy change will improve patient access to care, facilitate expanded opportunities for telehealth, improve health outcomes, and reduce costs. We ask the Committee for a favorable report on SB359. If you have questions or need further information, please call Tammy Bresnahan at 410-302-8451 or email her at tbresnahan@aarp.org.

Sb 539 MANA FAV.pdf

Uploaded by: William Kress

Position: FAV

Maryland Association of Nurse Anesthetists

SB 539 – Advanced Practice Registered Nurse Compact

Before Senate Finance Committee

Position – Favorable

February 13, 2024

Chair Pena-Melnyk and members of the committee, it is my pleasure to submit the following testimony on behalf of the Maryland Association of Nurse Anesthetists in support of SB 539. Modern health care delivery requires that safe and quality care provided by advanced practice registered nurses (APRNs) be dynamic and fluid across state boundaries. The 100-year-old model of nursing licensure is not flexible enough to best meet this need.

SB 539 increases access to care, protects patient safety and reduces costs while supporting state-of-the-art health care delivery. The APRN Compact allows for APRNs with 2,080 hours or more of practice to have one multistate license in their home state, with the privilege to practice in other APRN Compact party states without obtaining additional licenses. To join the APRN Compact, states need to enact the APRN Compact model legislation and implement a federal criminal background check for APRN licensure.

SB 539 facilitates the protection of public health and safety by codifying uniform licensure requirements mirroring the national APRN Consensus Model to ensure applicants meet licensure standards for participation. States will exchange information regarding APRN regulation and investigation whenever an issue arises. Each state that is a party to the compact will have the authority to hold the APRN to meet the individual state's statutory requirements. SB 539 removes redundancies in applying for and maintaining multiple state APRN licenses.

SB 539 increases access to care by APRNs which is essential for the health of many rural and underserved communities. Access to care is also increased by ability to

Maryland Association of Nurse Anesthetists

deliver care through telehealth platforms. This is particularly important when the country faces disasters and pandemics like COVID. APRNs will be able to cross state borders and practice without the need for an emergency declaration from the government.

SB 539 will provide a more cost-efficient licensure framework for APRNs because there will be no need obtain additional nursing licenses. The APRN Compact also removes a burdensome expense to hospitals and other healthcare facilities who would otherwise reimburse for the cost of APRNs maintaining multiple state licenses.

For the above reasons, I respectfully request a favorable report from the committee on SB 539.

Alexie Smith, CRNA
President, MANA

SB0359_FWA_MedChi_Adv. Practice Reg. Nurse Compact

Uploaded by: Steve Wise

Position: FWA

MedChi

The Maryland State Medical Society

1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915

1.800.492.1056

www.medchi.org

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Antonio Hayes

FROM: J. Steven Wise
Pamela Metz Kasemeyer
Danna L. Kauffman
Andrew G. Vetter
Christine K. Krone

DATE: February 13, 2024

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 359 – *Advanced Practice Registered Nurse Compact*

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports with amendment** Senate Bill 359.

Senate Bill 359 creates a Compact for Advanced Practice Registered Nurses (APRN), which includes Certified Registered Nurse Anesthetists, Nurse Midwives, Certified Nurse Specialists, and Nurse Practitioners (NPs). MedChi supports the use of compacts among health care professions as most ensure licensure in the State where the patient is located and simplify the licensure process for those who wish to work in multiple states.

One issue with the adoption of compacts is that the law contained in the compact may run counter to existing State law. For example, existing Maryland law requires that Nurse Practitioners “Consult and collaborate with, or refer an individual to, an appropriate licensed physician or any other health care provider as needed.” HO§8-101(m). However, the Compact overrides this provision, stating instead that “an APRN issued a multistate license is authorized to assume responsibility and accountability for patient care independent of any supervisory or collaborative relationship.”

Other provisions of the proposed compact further obfuscate the issue of whether Maryland law or the compact would control in this regard. On the one hand, the Compact requires an APRN to collaborate with other health care providers (p. 9, line 18). Yet it also carves out collaboration from the State practice law with which a Compact licensee must comply (p. 6, line 23; p. 9, line 32). One is left to wonder which provision prevails.

Perhaps the cleanest way to remedy this conflict is as follows: On page 6, strike lines 23-26. This

would make Maryland's laws on collaboration part of the "State practice laws" with which an APRN must comply.

With this clarifying amendment, MedChi supports Senate Bill 359.

For more information call:

J. Steven Wise

Pamela Metz Kasemeyer

Danna L. Kauffman

Andrew G. Vetter

Christine K. Krone

410-244-7000

NPAM SB 359 Letter Upload 2024.pdf

Uploaded by: Claire Bode

Position: UNF

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee:

My name is Claire Bode, DNP, CRNP. I am an Advanced Practice Registered Nurse in Maryland. I am writing to ask that you **oppose SB 359: APRN Compact**. While I support the concept of a multi-state compact this compact is deeply flawed and cannot be realistically amended once it is adopted.

Advanced Practice Registered Nurses (APRN) 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. The National Council of State Boards of Nursing (NCSBN) points out it is voluntary to have the compact license, except Healthcare companies are likely to require their NP's to have the APRN compact in order to expand their company. It would not be voluntary to in order to get a job and it restricts new graduate nurse practitioners further limiting access to care for your constituents.

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 regulating lawyers without any lawyers in the bar association.

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,



Claire Bode, DNP, CRNP
1022 Windrush Lane
Sandy Spring, MD 20860
ecvbode@gmail.com
202-531-4298

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Zena Marashi. 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,

Signature: Zena Marashi 

Printed Name and Credentials: Zena Marashi, RN/BSN/CCRN

Address: 803 S. Luzerne Ave. Baltimore , MD. 21224

Email: zenapm@gmail.com Phone: 865-386-4023

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Dawn-Sherryl Nwaebube. 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,

Signature: _____



Printed Name and Credentials: Dawn-Sherryl Nwaebube, MSN, RN

Address: 10301 Grand Central Avenue, Apt 329, Owings Mills, MD, 21117

Email: dawnsherryl.nwaebube@umaryland.edu Phone: 919-349-0282

February 9, 2024

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Corinne Borel. I am a soon to be Advanced Practice Registered Nurse in Maryland in the class of 2025. 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, nor national trends in healthcare. These restrictions include:

1) 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 already severely depleted healthcare workforce.

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

3) 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.

Furthermore, in 22 years. the length of an entire generation, the NCSBN has thiled to enact an APRN Compact. Last year, multiple states introduced the APRN Compact and the legislation failed to pass in every state.

Meanwhile in our post-COVID pandemic era, we have lost a tremendous number of health care providers and nurses, putting our country's security at risk. I have a decade of experience as an Addictions Nurse and years serving on the National Association of Chemical Dependency Nurses- board. I am also Maryland Area Health Education Scholar. where I am getting further training on working in interprofessional teams and addressing rural and other health disparities. I have witnessed first-hand the tremendous health disparities and struggles of everyday Americans which have only been magnified in the past difficult years our country went through. I would like to be able to provide addictions, which requires prescribing controlled substances for Medication Assisted Treatment (MAT). Telehealth and other services in our mid-Atlantic region which would be facilitated by a functional Compact. The people of the United States need the quality, compassionate care of APRN's now, not in another 22 years. directed by the well trained, capable professionals themselves. Please consider my concerns, as a soon to be practicing APRN, passionate about serving the most Americans in need possible.

I request an unfavorable report on SB 359.

Requires favorable report on SB 359.



Respectfully,

Corinne Borel, RN,

Maryland AHEC Scholar; University of Maryland. School of Nursing. DNP-FNP
candidate '25 Board member of National Association of Chemical Dependency Nurses
(NACDN)

Address: 5717 Oakshire Road

Baltimore. Maryland, 21209.

Email: c_borel@umaryland.edu

Cell Phone: 443-690-3402

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Aimee Perry. 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,

Signature: *Aimee Perry*

Aimee Perry, BSN, RN, CCRN
4643 Dillon Street Baltimore, MD 21224
aimeeseger@comcast.net
(443) 655-7813

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Kristen Farling, DNP, ANP-BC, CUNP, 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,

Signature: Kristen Farling

Kristen Farling DNP, ANP-BC, CUNP
Johns Hopkins Hospital
1800 Orleans Street
Baltimore, Maryland 21287
Email: kburns5@jhmi.edu
Phone: 443-287-9258

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Deanna Magerer. I am a Maryland registered nurse, studying to become 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:

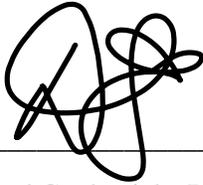
Practice hour requirement: This bill requires 2080 practice hours before an APRN is eligible for a compact license. This results in a delay in ability to practice and restricts the workforce.

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,



Signature: _____

Printed Name and Credentials: Deanna Magerer

Address: 18071 Royal Bonnet Circle, Gaithersburg, MD 20886

Email: deanna.magerer@umaryland.edu Phone: 240-620-2998

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Susanne Gaines, 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,

Signature: SGaines

Printed Name and Credentials: Susanne Gaines, DNP, AGACNP-BC, CRNP, MSN, CNS, CCRN

Address: 6254 Islington Street, Middle River, MD 21220

Email: susyqgm97@gmail.com

Phone: 443-562-8380



CARING HEARTS MENTAL HEALTH SERVICES

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Mary Ann Dameron. 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 any state. Please consider my concerns as a practicing APRN. I request an unfavorable report on SB 359.

Respectfully

Mary Ann Dameron, CNP, FNP, PMHNP

Marvanndameron@caringheartsmhs.com

www.caringheartsmhs.com

365 W. Patrick st. suite 205

Ph. 240-446_0717

Fax. 410-202-2107

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee,

My name is Lateaqua Alston. 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 AP RN oversight: There is no requirement that AP RNs 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,



Name and Credentials: Lateaqua Alston MSN, AGACNP-BC, CRNP

Signature:

Printed

Address: 1720 west Lombard Street Baltimore MD 2 1223

Email: Lat684@msn.com Phone: (848)469-6558

Jafari signed SB 359 APRN Compact Oppose 2024 (1)

Uploaded by: Dale Jafari

Position: UNF



“Advocating for NPs since 1992”

Bill: SB 359 – Advanced Practice Registered Nurse Compact

Position: OPPOSE

The Nurse Practitioner Association of Maryland (NPAM) advocates for the approximately 800 nurse practitioner members and the over 8,000 Nurse Practitioners licensed to practice in Maryland for policies and regulations that protect and enable nurse practitioners to provide accessible, high-quality healthcare.

We want an Advanced Practice Registered Nurse Compact. But NOT this one. We ARE the great State of Maryland. We strive for excellence. SB 359 fails to meet that standard. SB 359– Advanced Practice Registered Nurse Compact is inherently flawed. We are advocating for a compact that meets the needs of the Nurse Practitioners and the patients we serve. NCSBN, in its efforts to appease the requirements of all states, fails to meet the needs of most. The current version of the APRN Compact Bill demonstrates mediocrity for the following reasons:

Once the language in SB 359 passes, any amendments will be a herculean task.

SB359, p. 28, line 18-21 clearly states the following:

- (F) (1) This Compact may be amended by the party states.
- (2) An amendment to this Compact may not become effective and binding on the party states unless and until it is enacted into the laws of all party states.

SB 359 requires a prerequisite of 2080 work hours before a new APRN can join the compact. This is a barrier to practice to those who graduate from a Maryland Board of Nursing-approved program and pass a National Board Certification exam ready to enter the workforce to assist in meeting the unmet needs of the community they serve. Why is the APRN Compact turning these highly skilled providers away?

SB 359 stipulates the membership in the APRN Advisory Committee but fails to include membership by the Healthcare Professionals they plan to oversee. Why don't the Nurse Practitioners have seats at the table?

The Nurse Practitioner Association of Maryland, Inc.
5372 Iron Pen Place Columbia, MD 21044
Office: 443-367-0277 Fax: 410-772-7915
www.npamonline.org NPAM@npedu.com

SB 359 does not address the need for full prescribing authority to allow the Nurse Practitioners to practice to the full extent of their knowledge, education, and experience. This is a disservice to our patients who are appropriately treated with medications in Maryland that cannot be prescribed unless they are physically present in the state of Maryland when the services are rendered. How does this improve access to care amongst neighboring states?

SB 359 fails endorsement by the American Association of Nurse Practitioners who are representing 121,000 Nurse Practitioners in the United State and who set the very standards by which all NPs in Maryland are required to adhere.

These are some of the many deficiencies in the National Council of State Boards of Nursing's (NCSBN) most recent version of the APRN Compact; the Compact that they have been trying to enact for the past TWENTY years. Your constituents deserve excellence, not mediocrity. We, the members of the Nurse Practitioner Association of Maryland, WANT a compact; but not this one.

I respectfully request that you give an unfavorable report. **OPPOSE SB 359 – Advanced Practice Registered Nurse Compact.**

Sincerely,

S. Dale G. Jafari

S. Dale G. Jafari, DNP, FNP-BC, FAANP
President-elect
The Nurse Practitioner Association of Maryland

MSA Testimony - Opposition - Senate Bill 359 - Adv

Uploaded by: Daniel Shattuck

Position: UNF



MARYLAND SOCIETY OF ANESTHESIOLOGISTS

Date: February 13, 2024
Committee: The Honorable Senator Pam Beidle, Chair
Senate Finance Committee
Bills: Senate Bill 359 - Advanced Practice Registered Nurse Compact
Position: **Oppose unless Amended**

The Maryland Society of Anesthesiologists (MSA) is a state component society of the American Society of Anesthesiologists (ASA). The MSA is a non-profit physician organization dedicated to promoting the safest and highest standards of the profession of anesthesiology in the State of Maryland. Our purpose is to advocate on behalf of our members for their patients through policy, education, and research.

As introduced Senate Bill 359 would enter Maryland “into the Advanced Practice Registered Nurse Compact; establishing criteria for participating states; authorizing an advanced practice registered nurse to practice in a party state under certain scope of practice rules; establishing the Interstate Commission of APRN Compact Administrators and its duties and powers; providing for the amendment of and withdrawal from the Compact; providing that the Compact is contingent on the enacting of substantially similar legislation in six other states.”

The State of Maryland is a party to several interstate and multistate compacts, which the MSA and others support. There is a role for compacts to play, especially in times of need as evidenced throughout the COVID-19 pandemic. However, the General Assembly has wisely refrained from entering compacts that would threaten to supersede or undermine Maryland state law regarding licensure and scope of practice. The premise is that if the compacts were to fail or dissolve, providers working in Maryland under a compact license would still be obliged to practice under Maryland state law.

The Compact, as presented in this bill, explicitly states that individuals licensed under this Compact are obligated to follow compact provisions regardless of what each state law may be. Furthermore, the Compact would create a dueling licensure process with the Board of nursing’s current process.

For purposes of amendment, we ask the Committee to take a strong look at the APRN Compact’s provisions that supersede state law and takes many licensing decisions away from the legislature and State Board of Nursing. This includes broad prescriptive authority and independent practice. Of specific concern is Page 9, lines 13-17: **(H) AN APRN ISSUED A MULTISTATE LICENSE IS AUTHORIZED TO ASSUME RESPONSIBILITY AND ACCOUNTABILITY FOR PATIENT CARE INDEPENDENT OF ANY SUPERVISORY OR COLLABORATIVE RELATIONSHIP. THIS AUTHORITY MAY BE EXERCISED IN THE HOME STATE AND IN ANY REMOTE STATE IN WHICH THE APRN EXERCISES A MULTISTATE LICENSURE PRIVILEGE.**

The language in the bill that attempts to retain collaboration Page 9, lines 18-21 letter (I) does not provide enough clarity or certainty that state law prevails with regard to scope of practice. Stronger language is needed to preserve Maryland autonomy.

This measure would supersede state law and regulation with respect to physician involvement requirements for Advanced Practice Registered Nurses (APRNs), including nurse anesthetists. This provision is of concern as such matters are routinely dealt with at the State level. The Federal Government also defers to the States the authority to establish scope of practice and prescriptive authority for physicians, nurses and other health care providers.

The APRN Compact is the **only** health professional licensure compact we are aware of to supersede state requirements in this way. Yielding this level of authority to a non-governmental and unregulated compact entity is a concern. Maryland does not allow this with any other compact to which it belongs.

For these reasons we would support the bill if amended to retain Maryland autonomy in health occupation licensure and scope of practice. We stand ready to work with the Committee and stakeholders to develop amendments to resolve these critical concerns.

For additional information please contact Dan Shattuck, Executive Director at mdashq@gmail.com.

Areas in Senate Bill 359 that present a conflict:
--

The Compact states the following about promoting compliance:

Page 2, Line 27 – Page 3, Lines 4-5

“(B) THE GENERAL PURPOSES OF THIS COMPACT ARE TO:

...

(4) PROMOTE COMPLIANCE WITH THE LAWS GOVERNING APRN PRACTICE IN EACH JURISDICTION;”

But in the passages noted below the Compact states:

Page 3, Line 14

“ARTICLE II. DEFINITIONS.”

Page 6, Lines 16-29

“(U) (1) “STATE PRACTICE LAWS” MEANS A PARTY STATE’S LAWS, RULES, AND REGULATIONS THAT GOVERN THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSING, DEFINE THE SCOPE OF ADVANCED PRACTICE REGISTERED NURSING, AND CREATE THE METHODS AND GROUNDS FOR IMPOSING DISCIPLINE, EXCEPT THAT PRESCRIPTIVE AUTHORITY SHALL BE GOVERNED IN ACCORDANCE WITH ARTICLE III(F) AND (G) OF THIS COMPACT.

(2) “STATE PRACTICE LAWS” DOES NOT INCLUDE:

(I) A PARTY STATE’S LAWS, RULES, AND REGULATIONS REQUIRING SUPERVISION OR COLLABORATION WITH A HEALTH CARE PROFESSIONAL, EXCEPT FOR LAWS, RULES, AND REGULATIONS REGARDING PRESCRIBING CONTROLLED SUBSTANCES; OR

(II) THE REQUIREMENTS NECESSARY TO OBTAIN AND RETAIN AN APRN LICENSE, EXCEPT FOR QUALIFICATIONS OR REQUIREMENTS OF THE HOME STATE.”

Page 7, Line 1

“ARTICLE III. GENERAL PROVISIONS AND JURISDICTION.”

Page 9, Lines 13-21

(H) AN APRN ISSUED A MULTISTATE LICENSE IS AUTHORIZED TO ASSUME RESPONSIBILITY AND ACCOUNTABILITY FOR PATIENT CARE INDEPENDENT OF ANY SUPERVISORY OR COLLABORATIVE RELATIONSHIP. THIS AUTHORITY MAY BE EXERCISED IN THE HOME STATE AND IN ANY REMOTE STATE IN WHICH THE APRN EXERCISES A MULTISTATE LICENSURE PRIVILEGE.

(I) AN APRN ISSUED A MULTISTATE LICENSE SHALL CONTINUE COLLABORATING WITH HEALTH CARE PROVIDERS AS NECESSARY FOR PATIENT CARE, INCLUDING THROUGH CONSULTATION, REFERRAL, AND COMMUNICATION BETWEEN HEALTH CARE PROVIDERS.

2024 SB359 Opposition.pdf

Uploaded by: Deborah Brocato

Position: UNF



Opposition Statement SB359
Advanced Practice Registered Nurse Compact
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We oppose SB359

On behalf of our 200,000 followers across the state, we respectfully object to SB359. The 2022 session of the Maryland General Assembly significantly lowered the standard of care for women and girls with The Abortion Care Access Act by removing the physician requirement for medical and surgical abortions. This bill further erodes the standard of medical care for all women and girls by allowing nurses to prescribe medications across state lines including lethal chemical abortion drugs. In Maryland, prescribing authority has been expanded from physicians to various nursing occupations which removes a level of safety. Increased number of prescribers does not equate to better medical care. And that increased number being permitted to prescribe across state lines lowers the safety of healthcare delivery.

As of December 2021, the FDA permitted the remote sale of chemical abortion pills and no longer required a physician's examination in order to obtain abortion pills thus leaving women and girls exposed to the predatory TELABORTION practices of the abortion industry. Telabortion combined with prescribing across state lines opens wide the door for abuse. Without a physician's examination to confirm gestational age and medical eligibility for chemical abortion as well as to confirm that the pregnant woman has consented to chemical abortion, these dangerous pills can be distributed to and utilized by sexual abusers and sex traffickers to continue to victimize women and girls. Women and girls in the state of Maryland deserve the highest standard of professional medical care available and this bill erodes that care. Maryland Right to Life requests an amendment be added to exclude lethal chemical abortion drugs from the application of this bill.

Telehealth vs. Teledeath: With Covid as the backdrop, the Assembly enacted laws that expanded telabortion through remote distribution chains including pharmacies, schools health centers, prisons and even vending machines and expanded public funding for telabortion through Medicaid and Family Planning Program dollars. There are many potential negative consequences to these policies which ultimately demonstrate the state's disregard for the health of women. For example, underestimation of gestational age may result in higher likelihood of failed abortion. Undetected ectopic pregnancies may rupture leading to life-threatening hemorrhages. Rh negative women may not receive preventative treatment resulting in the body's rejection of future pregnancies. Catastrophic complications can occur through telabortion, and emergency care may not be readily available in remote or underserved areas.

65% of abortions are by coercion. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they are doing so willingly. Sex traffickers, incestuous abusers and coercive boyfriends will all welcome more easily available chemical abortion.



Opposition Statement SB359 , page 2 of 2
Advanced Practice Registered Nurse Compact
Deborah Brocato, Legislative Consultant
Maryland Right to Life

D-I-Y Abortions: While the Supreme Court imposed legal abortion on the states in their 1973 decisions *Roe v. Wade* and *Doe v. Bolton*, the promise was that abortion would be safe, legal and rare. But in 2016 the Court's decision in *Whole Woman's Health v. Hellerstedt* prioritized "mere access" to abortion facilities and abortion industry profitability over women's health and safety.

The abortion industry itself has referred to the use of abortion pills as "Do-It-Yourself" abortions, claiming that the method is safe and easy. Chemical abortions are 4 (four) times more dangerous than surgical abortions, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 250%. The FDA has removed safeguards that prohibited the remote sale of chemical abortion pills leaving pregnant women and girls exposed to the predatory tele-abortion practices of the abortion industry.

In addition to the physical harm of these D-I-Y abortions, consider the psychological harm of chemical abortion. After taking the mifepristone and misoprostol and the contractions begin, the woman or girl is told to expel the baby and placenta into the toilet. This is a very bloody event and the woman and girl will see the remains of their baby in the toilet. If hemorrhaging occurs, the woman or girl will need to get herself to an emergency room.

Women and girls in Maryland deserve the best possible standard of medical care and this bill lowers that standard.

For these reasons, we respectfully ask you to oppose **SB359**.

NIH Abortion Pill Adverse Events.pdf

Uploaded by: Deborah Brocato

Position: UNF

PubMed National Institute of Health

National Library of Medicine, National Center for Biotechnology information

<https://pubmed.ncbi.nlm.nih.gov/33939340/>

2021 Spring;36(1):3-26.

Deaths and Severe Adverse Events after the use of Mifepristone as an Abortifacient from September 2000 to February 2019

Kathi Aultman 1, Christina A Cirucci, Donna J Harrison 2, Benjamin D Beran 3, Michael D Lockwood 4, Sigmund Seiler 5

Affiliations expand

PMID: 33939340

Abstract

Objectives: Primary: Analyze the Adverse Events (AEs) reported to the Food and Drug Administration (FDA) after use of mifepristone as an abortifacient. Secondary: Analyze maternal intent after ongoing pregnancy and investigate hemorrhage after mifepristone alone.

Methods: Adverse Event Reports (AERs) for mifepristone used as an abortifacient, submitted to the FDA from September 2000 to February 2019, were analyzed using the National Cancer Institute's Common Terminology Criteria for Adverse Events (CTCAEv3).

Results: The FDA provided 6158 pages of AERs. Duplicates, non-US, or AERs previously published (Gary, 2006) were excluded. Of the remaining, there were 3197 unique, US-only AERs of which there were 537 (16.80%) with insufficient information to determine clinical severity, leaving 2660 (83.20%) Codable US AERs. (Figure 1). Of these, 20 were Deaths, 529 were Life-threatening, 1957 were Severe, 151 were Moderate, and 3 were Mild.

The deaths included: 9 (45.00%) sepsis, 4 (20.00%) drug toxicity/overdose, 1 (5.00%) ruptured ectopic pregnancy, 1 (5.00%) hemorrhage, 3 (15.00%) possible homicides, 1 (5.00%) suicide, 1 (5.00%) unknown. (Table 1).

Retained products of conception and hemorrhage caused most morbidity. There were 75 ectopic pregnancies, including 26 ruptured ectopics (includes one death).

There were 2243 surgeries including 2146 (95.68%) D&Cs of which only 853 (39.75%) were performed by abortion providers.

Of 452 patients with ongoing pregnancies, 102 (22.57%) chose to keep their baby, 148 (32.74%) had terminations, 1 (0.22%) miscarried, and 201 (44.47%) had unknown outcomes.

Hemorrhage occurred more often in those who took mifepristone and misoprostol (51.44%) than in those who took mifepristone alone (22.41%).

Conclusions: Significant morbidity and mortality have occurred following the use of mifepristone as an abortifacient. A pre-abortion ultrasound should be required to rule out ectopic pregnancy and confirm gestational age. The FDA AER system is inadequate and significantly underestimates the adverse events from mifepristone.

A mandatory registry of ongoing pregnancies is essential considering the number of ongoing pregnancies especially considering the known teratogenicity of misoprostol.

The decision to prevent the FDA from enforcing REMS during the COVID-19 pandemic needs to be reversed and REMS must be strengthened.

Keywords: Abortifacient; Abortion Pill; Adverse Event Reports; Adverse Events; DIY Abortion; Drug Safety; Emergency Medicine; FAERS; FDA; Medical Abortion; Medical Abortion Complications; Mifeprex; Mifepristone; Misoprostol; No touch abortion; Post-marketing Surveillance; REMS; RU-486; Risk Evaluation Mitigation Strategy; Self-Administered Abortion.

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Similar articles

Mifepristone Adverse Events Identified by Planned Parenthood in 2009 and 2010 Compared to Those in the FDA Adverse Event Reporting System and Those Obtained Through the Freedom of Information Act.

Cirucci CA, Aultman KA, Harrison DJ. *Health Serv Res Manag Epidemiol.* 2021 Dec 21;8:23333928211068919. doi: 10.1177/23333928211068919. eCollection 2021 Jan-Dec. PMID: 34993274 Free PMC article.

Analysis of severe adverse events related to the use of mifepristone as an abortifacient.

Gary MM, Harrison DJ. *Ann Pharmacother.* 2006 Feb;40(2):191-7. doi: 10.1345/aph.1G481. Epub 2005 Dec 27. PMID: 16380436

UNFAVORABLE SB 359 written testimony WARE 2024.pdf

Uploaded by: Kathy Ware

Position: UNF

**Bill: SB 359-Advanced Practice Registered Nurse Compact Position:
OPPOSED (UNFAV)**

Committee: Senate Finance

Dear Chair Beidle, Vice Chair Klausmeier, and members of the Committee,

My name is Kathy Ware, I am a nurse practitioner living in Anne Arundel County. I am a member of the Maryland Medical Reserve Corp as well as a member of the NPAM legislative committee. I am writing in **opposition to SB 359 – Advanced Practice Registered Nurse Compact.**

As a nurse practitioner, I am well aware of the serious nursing workforce shortages in Maryland. This bill in its current form is NOT a viable solution to the problem. **The language is flawed in many way and I therefore request an unfavorable report of SB 359.**

Of particular concern to me is **language which creates an open legal question about protections for a Maryland APRN providing reproductive health services (including medications for chemical abortion), via telehealth or otherwise, to a patient in a state with restrictions on access to reproductive health services.**

The Compact bill language specifically states that “An APRN practicing in a party state must comply with the state practice laws of the state in which the client is located at the time service is provided” (Article III, item K, page 9, line 32-35). Furthermore, it states “APRN practice in a party state under a multi-state licensure privilege subjects the APRN to the jurisdiction of the licensing board, the courts and the laws of the party state in which the client is located at the time the service is provided” (Article III, item K, page 10, lines 1-5).

Would Maryland APRNs be subjected to prosecution in a state such as South Dakota with highly restrictive laws and felony criminal consequences for prescribing Mefipristone via telehealth? (South Dakota HB 1318 enacted 2022).

The bill language is murky at best and creates more questions than it provides answers. I for one would not want to be the first NP to test this language for its legal ramifications and hope that I am protected under Maryland law.

This is but one of many concerns I have about this bill. Others include:

The **2080 practice hour requirement is unnecessary** and would create unnecessary barriers to APRNs, in particular those NPs entering practice after graduation.

This Compact language can not be amended by Maryland alone. If adopted, the Compact can only be amended if **each and every member state** drafts legislation, presents it to the state bodies, passes it in each chamber and, then signed by each Governor. A herculean task.

The **absence of APRN representation on the Interstate Commission of APRN Compact** Administrators. This translates to no APRN seat at the table when it comes to issues related to APRN practice. It is essential that APRNs be included on the Commission as practice experts and to support the APRN workforce. This would be like the State Bar excluding lawyers.

Prescribing controlled substances (which Maryland NPs can prescribe now), would be very challenging and the language related to this in the bill does not take into consideration the wide variation among states with regard to prescribing controlled substances. Again, the language is messy.

I fully support license uniformity and portability across state lines and it is a very realistic strategy to tackle the workforce shortages. **SB 359: APRN Compact is not the answer.** I support an APRN Compact but not THIS Compact.

Thank you for your time and attention to this matter. Please contact me with any and all questions or concerns.

Sincerely,

Kathy Ware, RN, MSN, CRNP
1517 Circle Dr. Annapolis, MD. 21409
warekathrine@gmail.com
530-220-9085

WARE HC workforce solutions OPPOSE SB 359 2024.p

Uploaded by: Kathy Ware

Position: UNF

2/12/24

Re: Proposed solutions to address the Maryland healthcare workforce shortages

Dear Senate Finance Committee,

My name is Kathy Ware, I am a nurse practitioner licensed and certified in Maryland. I am a member of the Nurse Practitioner Association of Maryland (NPAM). The following are some solutions to the nursing workforce shortages we proposed in a letter to the House and Senate committees last session (2023). **I would like to remind you of these ideas this session as well.**

Please also refer to my written testimony in opposition to SB 359: Advanced Practice Registered Nurse Compact.

Background

Nurse Practitioners (NPs) are Advanced Practice Registered Nurses (APRNs) who have advanced education, and are nationally certified and licensed to provide healthcare to patients. NPs are held to high legal and ethical standards of care and are committed to providing personalized, high-quality health care. NPs are dedicated to bridging gaps in healthcare to better meet the needs of our population.

Nurse practitioners make up the vast majority of APRNs in Maryland and are by far the largest group affected by this Compact. Most NPs practice in primary care; there are more adult and family NPs than other specialties; many NPs work in rural areas where there are shortages of primary care physicians; NPs are opening up solo practices in rural areas. According to data collected in 2022 by the American Association of Nurse Practitioners (AANP), 83.2% of full-time NPs are seeing Medicare patients and 81.9% are seeing Medicaid patients. 1

Respectfully, here are some of the actionable alternatives to enhance the nursing workforce in Maryland without the negative impacts the Compact (SB 359) would have on NPs' ability to care for Marylanders.

Work to improve efficiency of Maryland Board of Nursing processes to grant and renew licenses and certifications for all nurses, especially now that it is under the control of MDH

- Create streamlined processes for APRN license reciprocity between states/ licensure by endorsement **(there is a reciprocity bill this session SB 221/ HB 146 that could be very helpful)**
- Issue temporary/interim licenses for applicants during the licensing process

- Recruit and hire talented professionals to fill the over 30 vacancies
- Hire temporary personnel to fill the personnel gaps in the interim
- Fast track implementation of the new computer technology system
- Require staff to work on-site
- Provide criminal background check services on site
- Update the antiquated phone system
- Provide licensees the opportunity to problem solve via telephone by hiring receptionists so that phone calls are answered timely
- Improve the quality of the audio for constituents and interested parties calling in to hear the open Board meetings
- Partner with schools of nursing and nursing faculty to provide support for new licensees as they go through the license and certification process

Enhance the nursing workforce in Maryland

- Mandate nurse-patient ratios in acute care settings
- Increase funding for nurse residency programs to increase retention of new grads
- Work with the Maryland Hospital Association (MHA) to decrease demand that Associate Degree RNs start a BSN program within three months of hire (this can lead to burnout during the new nurse transition period and becomes a retention issue)
- Pass legislation preventing criminalization of medical errors
- Provide financial incentives for continuing education to those who wish to pursue a career in nursing education
- Provide low interest business loans, educational loan repayment, and other financial incentives to increase NP owned practices in rural and underserved areas

Maximize access to care for all Marylanders

- Increase broadband infrastructure across the state
- Ease restrictions on use and reimbursement for audio only telehealth visits

Improve access to Mental Health Services

- Provide for tuition payment for RNs and APRNs wishing to obtain a Psychiatric Mental Health Nurse Practitioner (PMHNP) degree
- Ease restrictions on audio only telehealth visits

Provide revised/new language for APRN Compact legislation that would address workforce issues while avoiding detrimental impacts on NPs' ability to care for Marylanders that potentially could be introduced next session.

- NPAM has offered to draft the language and present to NCSBN for review and discussion. They have refused.

Again, I am OPPOSED SB 359- Advanced Practice Registered Nurse Compact.

I appreciate your time and consideration, please do not hesitate to contact me with any questions.

Sincerely,

Kathy Ware, RN, MSN, CRNP

Nurse practitioner

1517 Circle Dr

Annapolis, MD 21409

530-220-9085

warekathrine@gmail.com

1. 2022 AANP National Nurse Practitioner Workforce Survey - Preliminary Analysis. www.aanp.org/about/all-about-nps/np-fact-sheet. Accessed December 29, 2022.

NAPNAP LOO APRN Compact-combined.pdf

Uploaded by: Lindsay Ward

Position: UNF



Jessica D. Murphy DNP CRNP
The Johns Hopkins School of Nursing
525 N Wolfe St. Suite N320B
Baltimore MD, 21205

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair, Vice Chair and Members of the Finance Committee,

As a practicing advanced practice registered nurse (APRN) in Maryland specialized in pediatric oncology care, as well as faculty for the pediatric nurse practitioner program at The Johns Hopkins School of Nursing and content lead for the acute care PNP program, I am writing to ask that you oppose SB 359: APRN Compact. I support the concept of a compact. However, this compact has several barriers to care 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 in multiple states after graduation and passage of a national examination and restricts the workforce. This requirement is neither evidence-based nor matches the NP competencies as determined by the National Organization of Nurse Practitioner Faculties, the credentialing board for NP programs.
- Prescription of controlled substances: The APRN compact does not standardize prescriptive authority across state lines. APRNs would face barriers to prescribing and providing care when patients are not physically in Maryland. This especially impacts students in college out of state.
- Lack of APRN oversight: APRNs are not required to participate in the 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. This bill will limit care for MD citizens. Please consider my concerns as a practicing APRN as well as someone training the future APRN workforce for Maryland.

I request an unfavorable report on SB 359.

Respectfully,

A handwritten signature in black ink, appearing to read "Jessica D. Murphy".

Jessica D. Murphy DNP CRNP CPNP-AC CPHON CNE

Home address: 1801 Fallstaff Ct Eldersburg, MD 21784

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair, Vice Chair and Members of the Finance Committee,

My name is Kami SKURON-Todd, DNP, RNC-NIC, CPNP-AC

I am an APRN program Maryland. My specialty is PEDIATRIC CARDIOLOGY

I am a student enrolled in an APRN program and I am going to be an APRN.

I am writing to ask that you **oppose SB 359: APRN Compact**. I support the concept of a compact. However, this compact has several barriers to care 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 in multiple states after graduation and passage of a national examination and restricts the workforce. **Does a large organization want to hire a provider to work in DE and MD who can only work in one state for a year before capitalizing on a compact license?**

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.** This especially impacts students in college.

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 or an APRN in training.

I request an unfavorable report on SB 359.

Respectfully,

Signature: Kami Todd

Printed Name and Credentials: Kami SKURON Todd, DNP, RNC-NIC, CPNP-AC

Address: 778 Oak Stump Drive, Millersville, MD 21108

Email: Kamitodd.RN@gmail.com Phone: 443-790-0912

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair, Vice Chair and Members of the Finance Committee,

My name is Catherine Shannon MSN, APRN, CPNP-PC
✓ I am an ^{have graduated from an} APRN program Maryland. My specialty is Pediatrics

 I am a student enrolled in an APRN program and I am going to be an APRN.

I am writing to ask that you **oppose SB 359: APRN Compact**. I support the concept of a compact. However, this compact has several barriers to care 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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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.** This especially impacts students in college.

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 or an APRN in training.

I request an unfavorable report on SB 359.

Respectfully,

Signature: Catherine Shannon MSN, APRN, CPNP-PC

Printed Name and Credentials: Catherine Shannon MSN, APRN, CPNP-PC

Address: 1494 Milboro Dr Potomac MD 20854

Email: cshannon1774@gmail.com Phone: 301-651-0177

Oppose: SB359 Advanced Practice Registered Nurse Compact

2/11/2024

Maryland Senate
Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair and Members of the Committee:

My name is Lindsay Ward and I am a primary care Pediatric Nurse Practitioner living in and working in AACO. I am testifying today in opposition to SB 359 Advanced Practice Registered Nurse Compact.

The Commission to study the Health Care Workforce Crisis Report in Maryland found that as of Sept. 30, 2023, there are a total of 76 primary care Health Professional Shortage Areas (HPSAs) in the state, inclusive of 1,748,349 Maryland residents. To eliminate the primary care HPSA designations, Maryland needs an additional 354 primary care practitioners to provide services in these areas. Similar shortages are present for behavioral health care where an additional 105 behavioral health practitioners, respectively, are necessary to serve Marylanders. A well-constructed compact could enhance licensure uniformity and portability across state lines to increase the APRN workforce and therefore improve access to care for Marylanders. I strongly support the concept of an APRN compact to enable advanced practice nurses to provide quality care across state lines.

However, the current APRN Compact requires 2,080 hours of practice before an APRN can apply for a compact license. There is no evidence to support this hour requirement. Such a post-graduation and post-certification practice hour requirement will pose a challenge to workforce development in our state. The hour requirement negatively impacts new graduate APRNs. This barrier significantly and negatively impacts access to high-quality, affordable health care for children and their families in Maryland.

Additionally, this version of the APRN compact does not address prescribing controlled medications across state lines. States have varying degrees of autonomy for APRNs to prescribe medications. Some states allow APRNs to prescribe medications independently, some require a collaborative relationship with a physician, and some states do not allow APRNs to prescribe certain medications at all, including ADHD medications. In Maryland, we have full practice authority meaning we can practice and prescribe autonomously, without physician supervision or a collaborative agreement. I have several patients attending college out of state that I manage their chronic health and mental health issues including ADHD. If this version of the APRN compact is adopted, I would be able "see" them across state lines, but I may not be able to treat them for certain issues including ADHD, as the medicine is considered a controlled substance. APRNs prescribe these medications daily. If I cannot prescribe the treatment my patient needs, the patient would bear the burden of finding another provider in their current state that is willing to accept them as a new patient, accepts their insurance, and will continue their care. In addition to creating barriers, this also disrupts continuity of care during a significant transitional time of a young adult's life. A well developed compact that addresses prescribing medications across state lines is essential.

Furthermore, the APRN Compact does not designate an APRN to be placed on the oversight board governing APRNs. To fully understand the APRN role and govern APRNs, including an APRN in a body governing their work is essential to achieving excellence and ensuring public safety.

HSB 359 Advanced Practice Registered Nurse Compact bill language must be voted on as-is. It CANNOT be altered or amended by the legislature. See HB 425- Art X, (F) (2)p. 28, lines 19-21 "AN AMENDMENT TO THIS COMPACT MAY NOT BECOME EFFECTIVE AND BINDING ON THE PARTY STATES UNLESS AND UNTIL IT IS ENACTED INTO THE LAWS OF ALL PARTY STATES."

I respectfully request an unfavorable report on SB 359 Advanced Practice Registered Nurse Compact.

Sincerely,

A handwritten signature in cursive script that reads "Lindsay J. Ward".

Lindsay J. Ward CRNP, RN, IBCLC, MSN, BSN
Certified Registered Nurse Practitioner- Pediatric Primary Care
International Board-Certified Lactation Consultant

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair, Vice Chair and Members of the Finance Committee,

My name is Rita Przygocki

I am an APRN program Maryland. My specialty is Pediatrics

I am a student enrolled in an APRN program and I am going to be an APRN.

I am writing to ask that you **oppose SB 359: APRN Compact**. I support the concept of a compact. However, this compact has several barriers to care 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 in multiple states after graduation and passage of a national examination and restricts the workforce. **Does a large organization want to hire a provider to work in DE and MD who can only work in one state for a year before capitalizing on a compact license?**

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.** This especially impacts students in college.

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 or an APRN in training.

I request an unfavorable report on SB 359.

Respectfully,

Signature: Rita Przygocki MSN, RN, APRN, CNAP-PC

Printed Name and Credentials: Rita Przygocki MSN, RN, APRN, CNAP-PC

Address: 3112 Memory Lane Silver Spring, MD 20904

Email: Rita LP @ 201.com Phone: 301-404-3018

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair, Vice Chair and Members of the Finance Committee,

My name is Jody Roblyer.

X I am an APRN program Maryland. My specialty is Pediatric Primary Care Nurse Practitioner, PPCNP-BC.

I am a student enrolled in an APRN program and I am going to be an APRN.

I am writing to ask that you **oppose SB 359: APRN Compact**. I support the concept of a compact. However, this compact has several barriers to care 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 in multiple states after graduation and passage of a national examination and restricts the workforce. **Does a large organization want to hire a provider to work in DE and MD who can only work in one state for a year before capitalizing on a compact license?**

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.** This especially impacts students in college.

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,

Signature: Jody Roblyer

Printed Name and Credentials: Jody Roblyer, PPCNP-BC

Address: 5307 Emory Road, Upperco, MD 21155

Email: jkroblyer@gmail.com

Phone: 410-262-3227

Dear Madam Chair, Vice Chair and Members of the Finance Committee,

My name is Kristin Norko

X I am an APRN program Maryland. My specialty is Pediatric GI

I am a student enrolled in an APRN program and I am going to be an APRN.

I am writing to ask that you **oppose SB 359: APRN Compact**. I support the concept of a compact. However, this compact has several barriers to care 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 in multiple states after graduation and passage of a national examination and restricts the workforce. **Does a large organization want to hire a provider to work in DE and MD who can only work in one state for a year before capitalizing on a compact license?**

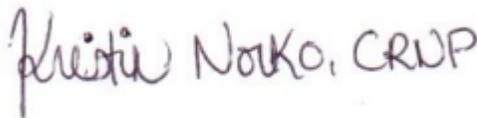
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Lack of APRN oversight: There is no requirement that APRNs participate in regulation of the compact. This would be like the bar association not being made up of lawyers.

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 or an APRN in training.

I request an unfavorable report on SB 359.

Respectfully,



Signature: _____

Printed Name and Credentials: Kristin Norko CRNP Johns Hopkins Pediatric GI Hepatology and Nutrition.

Address: 550 North Broadway, Suite 1003, Floor 10, Baltimore MD 21205.

Email: KNorko1@JHMI.edu Phone: 410-955-8769 (work)

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair, Vice Chair and Members of the Finance Committee,

My name is Deanna Magerer, and I am a student enrolled in an APRN program Maryland.

I am writing to ask that you **oppose SB 359: APRN Compact**. I support the concept of a compact. However, this compact has several barriers to care 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 in multiple states after graduation and passage of a national examination and restricts the workforce. **Does a large organization want to hire a provider to work in DE and MD who can only work in one state for a year before capitalizing on a compact license?**

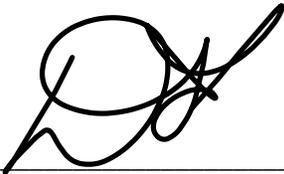
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Lack of APRN oversight: There is no requirement that APRNs participate in regulation of the compact. This would be like the bar association not being made up of lawyers.

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 or an APRN in training.

I request an unfavorable report on SB 359.

Respectfully,



Signature: _____

Printed Name and Credentials: Deanna Magerer, BSN, RN

Address: 18071 Royal Bonnet Circle, Gaithersburg, MD 20886

Email: deanna.magerer@gmail.com Phone: 240-620-2998

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair, Vice Chair and Members of the Finance Committee,

My name is Yvette Laboy and I am

An Advanced Practice Registered Pediatric Nurse Practitioner

A student enrolled in an APRN program Maryland.

I am writing to ask that you oppose SB 359: APRN Compact. I support the concept of a compact. However, this compact has several barriers to care 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 in multiple states after graduation and passage of a national examination and restricts the workforce. Does a large organization want to hire a provider to work in DE and MD who can only work in one state for a year before capitalizing on a compact license?

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. This especially impacts students in college.

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 or an APRN in training.

I request an unfavorable report on SB 359.

Respectfully,

Signature: 

Printed Name and Credentials: Yvette Laboy, DNP, CPNP-AC

Address: 5731 ARMHEM ROAD BALTIMORE, MD 21226

Email: ylaboy2@jh.edu Phone: 443-629-8122

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair, Vice Chair and Members of the Finance Committee,

My name is

Mallory Stanislawczyk

I am an APRN program Maryland. My specialty is

Pediatric primary care

I am a student enrolled in an APRN program and I am going to be an APRN.

I am writing to ask that you **oppose SB 359: APRN Compact**. I support the concept of a compact. However, this compact has several barriers to care and cannot be amended.

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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 or an APRN in training.

I request an unfavorable report on SB 359.

Respectfully,

Signature:  CPNP

Printed Name and Credentials: Mallory Stanislawczyk CPNP

Address: 8206 Buchanan Dr, Walkersville MD 21793

Email: memorris0213@gmail.com

Phone: 843 8191659

From: **Nancy Hoover** nanhoov2@gmail.com
Subject:
Date: February 9, 2024 at 19:37
To: lindsayjward@hotmail.com



Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair, Vice Chair and Members of the Finance Committee,

My name is ___Nancy Hoover_____

___X___ I am an APRN program Maryland. My specialty is _____

_____ I am a student enrolled in an APRN program and I am going to be an APRN.

I am writing to ask that you **oppose SB 359: APRN Compact**. I support the concept of a compact. However, this compact has several barriers to care 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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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.** This especially impacts students in college.

Lack of APRN oversight: There is no requirement that APRNs participate in

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 or an APRN in training.

I request an unfavorable report on SB 359.

Respectfully,

Signature: Nancy Hoover
CRNP _____

Printed Name and Credentials: Nancy Hoover
CRNP _____

Address: 11355 Kings Valley Dr., Damascus, MD,
20872 _____

Email: manhoov2@gmail.com _____

Phone: 240-723-0901 _____

Then you can just add it to a word document and save yourself!

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair, Vice Chair and Members of the Finance Committee,

My name is Dr. Taylor Sung

I am an APRN program Maryland. My specialty is pediatrics

I am a student enrolled in an APRN program and I am going to be an APRN.

I am writing to ask that you **oppose SB 359: APRN Compact**. I support the concept of a compact. However, this compact has several barriers to care 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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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.** This especially impacts students in college.

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 or an APRN in training.

I request an unfavorable report on SB 359.

Respectfully,

Signature: Taylor Sung CRNP-PC

Printed Name and Credentials: Taylor Sung CRNP-PC

Address: 6596 Wicklow Dr. Eldersburg, MD 21784

Email: taylor.sung1@gmail.com Phone: 240-285-5894

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair, Vice Chair and Members of the Finance Committee,

My name is GINA FRIEL

I am an APRN program Maryland. My specialty is PEDIATRICS

I am a student enrolled in an APRN program and I am going to be an APRN.

I am writing to ask that you **oppose SB 359: APRN Compact**. I support the concept of a compact. However, this compact has several barriers to care 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 in multiple states after graduation and passage of a national examination and restricts the workforce. **Does a large organization want to hire a provider to work in DE and MD who can only work in one state for a year before capitalizing on a compact license?**

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I request an unfavorable report on SB 359.

Respectfully,

Signature: [Handwritten Signature]

Printed Name and Credentials: GINA FRIEL, DNP, CRNP, PC

Address: 47 PROSPECT HAY DRIVE WEST

Email: ginafrielpnp@gmail.com

Phone: GRABONVILLE, MD 21038
410-310-2233

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair, Vice Chair and Members of the Finance Committee,

My name is Kelly Cole

I am an APRN program Maryland. My specialty is Pediatric Primary + Acute care

I am a student enrolled in an APRN program and I am going to be an APRN.

I am writing to ask that you **oppose SB 359: APRN Compact**. I support the concept of a compact. However, this compact has several barriers to care and cannot be amended.

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I request an unfavorable report on SB 359.

Respectfully,

Signature: Kelly Cole

Printed Name and Credentials: Kelly Cole CRNP - AC-PC

Address: 1800 Orleans Street Bloomberg 6363 Baltimore MD 21287

Email: Kabshir1@jh.edu Phone: 410-614-6222

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair, Vice Chair and Members of the Finance Committee,

My name is Kelly Cole

I am an APRN program Maryland. My specialty is Pediatric Primary + Acute Care
 I am a student enrolled in an APRN program and I am going to be an APRN.

I am writing to ask that you **oppose SB 359: APRN Compact**. I support the concept of a compact. However, this compact has several barriers to care 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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Does a large organization want to hire a provider to work in DE and MD who can only work in one state for a year before capitalizing on a compact license?

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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.

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I request an unfavorable report on SB 359.

Respectfully,

Signature: Kelly Cole

Printed Name and Credentials: Kelly Cole CRNP - AC-PC

Address: 1800 Orleans Street Bloomberg 6363 Baltimore, MD 21287

Email: Kabshir1@jh.edu Phone: 410-614-6222

NAPNAP SB359 LOO MD Ches NAPNAP .pdf

Uploaded by: Lindsay Ward

Position: UNF

Oppose: SB359 Advanced Practice Registered Nurse Compact

2/11/2024

Maryland Senate
Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, I am writing to express our **Opposition to SB359 Advanced Practice Registered Nurse Compact**.

The Commission to study the Health Care Workforce Crisis Report in Maryland found that as of Sept. 30, 2023, there are a total of 76 primary care Health Professional Shortage Areas (HPSAs) in the state, inclusive of 1,748,349 Maryland residents. To eliminate the primary care HPSA designations, Maryland needs an additional 354 primary care practitioners to provide services in these areas. Similar shortages are present for behavioral health care where an additional 105 behavioral health practitioners, respectively, are necessary to serve Marylanders. A well-constructed compact could enhance licensure uniformity and portability across state lines to increase the APRN workforce and therefore improve access to care for Marylanders. We strongly support the concept of an APRN compact to enable advanced practice nurses to provide quality care across state lines.

However, the current APRN Compact requires 2,080 hours of practice before an APRN can apply for a compact license. There is no evidence to support this hour requirement. Such a post-graduation and post-certification practice hour requirement will pose a challenge to workforce development in our state. The hour requirement negatively impacts new graduate APRNs. This barrier significantly and negatively impacts access to high-quality, affordable health care for children and their families in Maryland.

This new version of the APRN Compact noticeably excludes addressing the prescription of certain medications, including ADHD medications across state lines. That means that although we can prescribe here in Maryland, the compact license could prevent us from prescribing certain medications for our patients in other states. Our patients would be forced to find another provider in their state that accepts their insurance to continue care and prescribe the medication. This creates barriers to care and disrupts the continuity of care for patients. For the compact to be valuable, it must address prescribing medications across state lines.

Furthermore, the APRN Compact does not designate an APRN to be placed on the oversight board governing APRNs. To fully understand the APRN role and govern APRNs, including an APRN in a body governing their work is essential to achieving excellence and ensuring public safety.

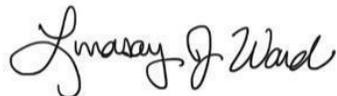
SB359 Advanced Practice Registered Nurse Compact bill language must be voted on as-is. It CANNOT be altered or amended by the legislature. See HB 425- Art X, (F) (2)p. 28, lines 19-21 “AN AMENDMENT TO THIS COMPACT MAY NOT BECOME EFFECTIVE AND BINDING ON THE PARTY STATES UNLESS AND UNTIL IT IS ENACTED INTO THE LAWS OF ALL PARTY STATES.” If it could, we would be the first to offer amendments. Instead, we are forced to accept or reject. For those reasons, we remain confident that NCSBN will hear our concerns and welcome us to the table to introduce a compact next session that fits the needs of all APRNs and those we care for.

Do not be convinced that you must pass the APRN Compact now. It will not take effect until seven states pass it. Only four states (Delaware, North Dakota, South Dakota and Utah) have passed it. The authors of the APRN Compact must improve the provisions to address the problems stated here before Maryland votes to enter the APRN Compact.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their **Opposition to SB359 Advanced Practice Registered Nurse Compact.**

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The MD Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners includes over 200 primary and acute care pediatric nurse practitioners who are committed to improving the health and advocating for Maryland’s pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact the Chesapeake Chapter President, Lindsay J. Ward at 410-507-3642 or at mdchesnapnapleg@outlook.com.

Sincerely,



Lindsay J. Ward CRNP, RN, IBCLC, MSN, BSN
Certified Registered Nurse Practitioner- Pediatric Primary Care
International Board-Certified Lactation Consultant
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter President

Evgenia Ogordova

Evgenia Ogordova-DNP
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter Legislative Chair

Justice Department Letter.pdf

Uploaded by: Naila Russell

Position: UNF



U.S. Department of Justice

Civil Rights Division

Office of the Assistant Attorney General

Washington, D.C. 20530

NOTIFICATION LETTER

ATTENTION: State Licensing Authorities
DATE: July 13, 2023
SUBJECT: Professional License Portability for Servicemembers and Their Spouses

Introduction

The Department of Justice’s Civil Rights Division is issuing this letter to notify State Licensing Authorities of a new provision in the Servicemembers Civil Relief Act (SCRA) about the portability of professional licenses for servicemembers and their spouses.

Servicemembers bear great burdens to protect and advance our democracy. Likewise, the families of these dedicated military professionals often make sacrifices on our behalf and face frequent moves, child-care challenges, and interruptions or barriers to employment. Military families most often relocate through a process formally known as “Permanent Change of Station” (PCS) moves. According to the 2021 Department of Defense Survey of Active Duty Spouses, 48% of respondents stated that finding employment was one of the most critical problems they experienced during PCS moves.¹ Military spouses specifically reported difficulty transferring their professional licenses or certificates from one location to another, which often hinders their ability to find jobs in the new locations. The survey also notes that the unemployment rate for military spouses was 21% and that unemployed spouses actively seeking work spent an average of 19 weeks looking for employment.²

The SCRA provides servicemembers and their dependents with certain financial and due process protections during military service.³ On January 5, 2023, President Joseph Biden signed the Veterans Auto and Education Improvement Act of 2022 (H.R. 7939) into law.⁴ This law amends the SCRA by adding a new section called “Portability of Professional Licenses of Servicemembers and their Spouses.”⁵ We request that you carefully review the information in this letter and evaluate your practices to ensure compliance with this new federal law.

¹ [2021 DOD Survey of Active Duty Spouses \(militaryonesource.mil\)](https://www.militaryonesource.mil/).

² *Id.*

³ See Title 50 U.S. Code, Sections 3901-4043.

⁴ [H.R.7939, 117th Congress \(2021-2022\): Veterans Auto and Education Improvement Act of 2022](https://www.congress.gov/bills/117/7939).

⁵ See 50 U.S.C. § 4025a; Pub. L. 117-333.

Professional License Portability for Servicemembers and Their Spouses

Overview of the New Law on Professional License Portability

This new SCRA provision allows servicemembers and their spouses to use their professional licenses and certificates in certain circumstances when they must relocate due to military orders.⁶ For a license to be considered valid in a new location, a servicemember or their spouse must satisfy the following five criteria:

1. Have moved to a location outside the jurisdiction of the licensing authority that issued the covered license or certificate because of orders for military service;
2. Provide a copy of the military orders to the licensing authority in the new jurisdiction;
3. Have actively used the license or certificate during the two years immediately preceding the move;
4. Remain in good standing with:
 - a. the licensing authority that issued the covered license or certificate; and
 - b. every other licensing authority that issued a license or certificate valid for a similar scope of practice and in the discipline applied for in the new jurisdiction; and
5. Submit to the authority of the licensing authority in the new jurisdiction for the purposes of standards of practice, discipline, and fulfillment of any continuing education requirements.⁷

If these five criteria are met, the servicemember or their spouse's covered license or certificate "***shall be considered valid*** at a similar scope of practice and in the discipline applied for in the [new] jurisdiction" for the duration of military orders.⁸

The New Law's Impact on Interstate Licensure Compacts

Some states are members of interstate licensure compacts, which allow licensed practitioners to work in other compact-member states without needing a new license or certificate. Where a servicemember or their spouse is relocating from one state to another state involved in the same interstate licensure compact, the rules of that interstate compact (instead of the new SCRA provision) apply to the covered license at issue.⁹

If, however, a servicemember or their spouse has a license or certificate issued by a state involved in an interstate licensure compact, but is relocating to a state not involved in the same interstate compact, the new SCRA provision applies. Additionally, if a servicemember or their spouse has a license not covered by any interstate licensure compact, the new SCRA provision applies.¹⁰

⁶ The only professional license excluded from portability under the new SCRA provision are licenses to practice law. *See* 50 U.S.C. § 4025a(c)(3).

⁷ *See* 50 U.S.C. § 4025a.

⁸ *See* 50 U.S.C. § 4025a(a) (emphasis added).

⁹ *See* 50 U.S.C. § 4025a(b).

¹⁰ *See* 50 U.S.C. § 4025a(a)-(b) (emphasis added).

Professional License Portability for Servicemembers and Their Spouses

Effective Date of the New Law

This new part of the SCRA—Portability of Professional Licenses of Servicemembers and their Spouses—went into effect on January 5, 2023, when President Biden signed the bill into law. Servicemembers and their spouses can now take advantage of this benefit under the SCRA.

Enforcement Authority for the New Law

Congress has provided the Attorney General with enforcement authority under the SCRA, which includes this provision regarding the portability of professional licenses and certificates. Specifically, this authority has been delegated to the Civil Rights Division, and authorized lawsuits in federal district court against those who engage in (1) a pattern or practice of violations; or (2) violations that raise issues of significant public importance.¹¹

The Civil Rights Division is proud of its work to enforce the SCRA and support servicemembers and their families. Since 2011, the Justice Department has obtained over \$480 million in monetary relief for over 147,000 servicemembers under the SCRA on issues involving lease termination, foreclosures, vehicle repossessions, interest rate benefits, and default judgments, among others. We appreciate your efforts in ensuring compliance with this new provision of the SCRA that is designed to support military families.¹²

Additional Resources

You can find additional information about the SCRA, professional licensure, and interstate licensure compacts through the following links:

- *Justice Department's Servicemembers & Veterans Initiative* – www.servicemembers.gov
- *Resource on Licenses Sponsored by the Department of Labor* – [License Finder | CareerOneStop](#)
- *Department of Defense Resource on Interstate Licensure Compacts & Other Issues* – [About Defense-State Liaison Office | Military State Policy \(militaryonesource.mil\)](#)

In addition, you can refer servicemembers and their families seeking information about their rights under this new law (or any section of the SCRA) to the follow resources:

- *Justice Department's Servicemembers & Veterans Initiative* – www.servicemembers.gov
- *Military Legal Assistance* – <http://legalassistance.law.af.mil/>

¹¹ See 50 U.S.C. § 4041(a).

¹² This notification letter is intended to inform State Licensing Authorities about the enactment of this new SCRA provision. The contents of this document do not have the force and effect of law and are not meant to bind the public or State Licensing Authorities in any way or to create any enforceable legal rights. This notification letter does not determine the outcome in any particular case or set of facts. In any investigation under the SCRA, the Civil Rights Division makes enforcement decisions based on the facts of that particular case.

Professional License Portability for Servicemembers and Their Spouses

If servicemembers or their spouses are not eligible for military legal assistance services, they may request that the Justice Department review their claim by submitting a complaint through <https://civilrights.justice.gov/link/4025A>.

Conclusion

The SCRA provides important legal protections for our military families who do so much for our country. We hope that this new law eases some of the significant burden that constant moves around the country can create. The Justice Department appreciates your assistance in ensuring that the rights of our Nation's servicemembers and their families are safeguarded.

Sincerely,



Kristen Clarke
Assistant Attorney General
Civil Rights Division
U.S. Department of Justice

N. Russell Oppose HB 425.pdf

Uploaded by: Naila Russell

Position: UNF

Dear Madam Chair and members of the HGO Committee:

I am writing to ask you to **oppose HB 425: The Advanced Registered Nurse Compact**. As a nurse practitioner and Past President of the Nurse Practitioner Association of Maryland (NPAM), I believe in the importance of access to care and workforce development in Maryland. However, the compact is flawed beyond repair.

In a good faith effort NPAM reached out to NCSBN following the 2023 legislative session. Unfortunately, they have refused to consider addressing the concerns of Maryland nurse practitioners and the greater nursing community nationally. I have included our letter for the record.

Since 2015 nurse practitioners have had full practice authority in Maryland. We are essential to the health care system, accounting for approximately 64% of the APRN workforce in the state. Our concerns with the compact are valid and deserve consideration for a pause on passing this bill.

NCSBN will tell you that they had to politically compromise to assure getting buy-in from states. However, that is simply untrue. Currently 27 states, DC and two U.S. territories have full practice authority. That is more than enough to get to the 7 state threshold with a clean bill.

Last legislative session NY, KY, AZ, TX, MO, HI and MD introduced the APRN compact. None of those states passed the bill. In fact, in 22 years NCSBN has failed to enact an APRN compact. In 2020 when this version was adopted, national nursing organizations from over 40 state and national professional nursing organizations wrote a letter imploring the NCSBN not to adopt the language in the compact. The concern was that the compact violated the NCSBN consensus model which states that APRNs should practice to the full scope of their education.

After the 2023 legislative session, taking a cue from Maryland NPs, 22 professional nursing organizations across the country petitioned the NCSBN to revise the compact. Members of the NCSBN voted not to consider this motion and have doubled down on their efforts to pass this bill in Maryland.

Proponents of the bill in Maryland cite a survey conducted by the Maryland Board of Nursing to indicate that 94% of APRNs in Maryland support the compact. However, we should never accept data at face value. After conducting a power analysis it became clear that the number of respondents from three out of four of the APRN groups was too low to be considered generalizable to the entire population of APRNs.

Proponents will share that the largest nursing organization in Maryland supports the APRN compact. However, the Maryland Nurses Association largely represents Registered Nurses, not APRNs. The Nurse Practitioner Association of Maryland is the only organization solely representing nurse practitioners, the largest subset of APRNs in Maryland.

Lastly, they will tell you that Maryland was a trailblazer in adopting the RN compact. While this is true, comparing the two bills is like comparing apples and oranges. Other professional compacts do not impact scope or impose practice hour requirements. A new RN can get a compact license on day one where an APRN would be required to work for one year. Waiting one year does not change the way a NP practices. Treating acne in Maryland is the same as treating acne in Delaware, waiting one year would not change that. What would be affected is the ability to truly increase access.

Reaching consensus on this bill is not a possibility. The compact cannot be amended to address our concerns, it must be adopted in full. **Article 10, lines 19-21, p.28, states that any and all amendments must be enacted into the laws of all party states.** This would be nearly impossible considering the politics and timelines of legislative sessions that vary between states.

By continuing to oppose the compact Maryland can send a signal to the NCSBN that this version is unacceptable and that there are better ways to ease licensure burden and portability of practice. License reciprocity would give Maryland the ability to engage in “mini-compacts” with whichever state the board of nursing deems acceptable and equal in qualification. This would mean we aren’t limited to states like North Dakota and Utah but could work with contiguous border states/districts like DC, Virginia, and Pennsylvania. This would benefit Maryland now, not after 7 states enact the compact. We can chart our own course and remain a leader in state health care.

I thank you for your consideration and request an **unfavorable report of HB: 425 the APRN Compact.**

Respectfully,

Naila Russell DNP, FNP-BC
Past-President Nurse Practitioner Association of Maryland

NPAM Letter to NCSBN.pdf

Uploaded by: Naila Russell

Position: UNF



“Advocating for NPs since 1992”

May 17, 2023

David Benton, CEO &
Jay Douglas, President
NCSBN
111 East Wacker Dr.
Suite 2900
Chicago, Il. 60601-4277

Dear Mr. Bento & Ms. Douglas,

On behalf of the Nurse Practitioner Association of Maryland, Inc. (NPAM), which represents over 800 advanced practice registered nurses in the state, we would like to invite the National Council of State Boards of Nursing (NCSBN) to engage in further discussion on the APRN Compact.

NPAM has opposed and will continue to oppose this version of the APRN Compact until altered to remedy our larger concerns. Our position on the APRN Compact remains in alignment with our national organization, the American Association of Nurse Practitioners (AANP), organizations in the NP roundtable, other national APRN groups, and state nursing groups in New York, Kentucky, Arizona, Montana, and Hawaii.

However, NPAM believes in the potential and necessity of a well-designed APRN compact.

We ask that the NCSBN consider the following statement ahead of 2024: “It is time for states and organizations that employ APRNs to recognize that permanently removing barriers to APRN practice is essential to the health of our nation” (Martin, et. al, 2023). This statement was recently published by researchers from the NCSBN.

We are requesting the opportunity to collaboratively develop a revised compact that will remove barriers between patients and high-quality APRN care. NPAM believes that revising the compact is necessary, and in doing so, NCSBN would be upholding the consensus model and removing practice barriers.

The Nurse Practitioner Association of Maryland, Inc.
5372 Iron Pen Place Columbia, MD 21044
Office: 443-367-0277 Fax: 410-772-7915
www.npamonline.org NPAM@npedu.com

We look forward to working with the NCSBN to achieve the promise of an APRN Compact.

Kindest Regards,

Naila Russell DNP, FNP-BC
NPAM Past-President & Legislative APRN Compact Sub-Committee Chair

Nicole Lollo, FNP-BC
NPAM President

Beverly Lang MScN, RN, ANP-BC, FAANP
Executive Director,
Nurse Practitioner Association of Maryland Inc.
443-367-0277 (Office)
410-404-1747 (Mobile)
Fax: 410-772-7915
NPAMexdir@npedu.com

Russell Testimony SB 359 APRN Compact - NPAM Testi

Uploaded by: Naila Russell

Position: UNF

OPPOSE SB 359: APRN Compact

Madam Chair and members of the committee. My name is Dr. Naila Russell and I am the Past-President of the Nurse Practitioner Association of Maryland.

Today I want to talk to you about this compact as a military spouse.

I have been married to an active duty service member for 20 years. During that time I have practiced nursing in five states. Each time my husband has received orders I have applied for my nursing license. I have never been delayed in obtaining a license or starting a position in nearly two decades. This includes as an APRN and when we transferred to Maryland. While this is my experience, I recognize that this may not be the experience of every military spouse.

Fortunately, in 2023, President Biden signed the Military Spouse Licensing Relief Act . Under this law, licensing reciprocity between states would apply to the profession of nursing.

In July of 2023 the Department of Justice notified all state licensing officials about new employment-related federal protections for military families. The letter informed state licensing authorities that the amendment allows servicemembers and their spouses to use their professional licenses or certificates in new jurisdictions.

As you can see this federal legislation negates the argument that we need a compact to aid licensing for military spouses.

Of note my spouse will never receive orders to UT, ND, SD, or DE. Since only states who have passed the compact will recognize compact licenses, the APRN compact will not help me anytime soon. But license reciprocity will.

The board of nursing could use the federal law for military spouses as a model for reciprocity legislation (HB 146/SB 221). This would positively impact all advanced practice registered nurses, not just military spouses.

Reciprocity is the best solution for portability of licensure. License reciprocity is like a mini compact. It fastracks licensure by allowing the BON to decide which states are comparable to Maryland. Simply put, it's a reciprocal agreement between states that would allow them to say, "ok, you have high standards, you have vetted this APRN, we will allow them to practice here."

This is something you can do now. Maryland doesn't need to wait for 7 states to enact a compact. Marylanders have little shared interest in ND, SD, or UT, but we do with border states. We control our fate. I urge you to consider license reciprocity as a better option.

I request an unfavorable report on SB 359.

SB 359 APRN opposition letters part 2.pdf

Uploaded by: Naila Russell

Position: UNF

**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.

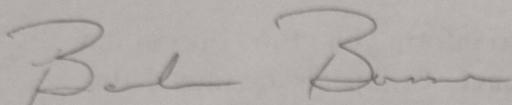
Compact legislation must be voted on as-is. It CANNOT be altered to address my concerns. Neither will adding enabling language.

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

Home: District Heights MD 20747

Office: 9701 Apollo Drive Ste 100 MD 20774

provider@homeandvisit.com

240-397-6694

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.

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:

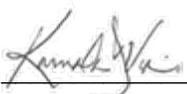
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Prescription of controlled substances: The APRN compact does not standardize prescriptive authority across state lines. APRN's would face barriers to prescribing and providing care when our patients are not physically in Maryland.

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,

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.

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: 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:

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.

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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,

Signature: Teri M. O'Neil

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

Address: 7614 Irongate Lane, Frederick, MD 21702

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

Beverly Lang MScN, RN, ANP-BC, FAANP
12185 Woodford Drive
Marriottsville, MD 21104
blangnp15@gmail.com
410-404-1747 (mobile)

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

SB 359 APRN opposition letters.pdf

Uploaded by: Naila Russell

Position: UNF

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Karen Daniels. 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.

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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,

Signature: Karen J Daniels CNP

Printed Name and Credentials: Karen J Daniels CNP

Address: 2801 2nd Street Balt MD 21219

Email: Karen.daniels Phone: 443 858-5987
321@comcast.net

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Joyce Gun. 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.

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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,

Signature: Joyce Gun

Printed Name and Credentials: Joyce Gun

Address: 517 Deerhorn Ct, Millersville MD 21108

Email: joyce.gun@ummm.edu Phone: 410-245-8812

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Renee Kelling. 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.

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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,

Signature: Renee Kelling

Printed Name and Credentials: Renee Kelling RN, MS, CRNP

Address: 13 Clay Lodge Lane 301

Email: renee.kelling@umw.edu

Phone: 410-328-8166 (work)
410-935-0465 (home)

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Millicent Edgar. 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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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,

Signature: Millicent Edgar
Printed Name and Credentials: DNP, APRN, FNP-BC
Address: 2211 Lake Forest Dr. Upper Marlboro, Md
Email: NPEDGAR@ME.COM Phone: 240-398-9416 20774

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Kelley A Bennett. I am an Advanced Practice Registered Nurse in Maryland with 20 years experience. I am writing to ask that you **OPPOSE SB 359: APRN Compact**. I support the concept of a compact, but not in it's current form. This compact is outdated and cannot be amended.

As an APRN, I 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 American Bar Association not being made up of lawyers.

In 22 years, the National Council of State Boards of Nursing (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,



Kelley A Bennett, MSN, FNP-BC

110 Canfield Hill Drive Gaithersburg, MD 20878

KelleyBennettNP@yahoo.com

301-776-6656

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Stephanie Streb. 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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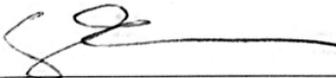
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Respectfully,

Signature: 

Printed Name and Credentials:

Stephanie Streb DNP, MMS, PMHNP-BC

Address: 1705 Linden Ave Baltimore MD 21217

Email: stephanie.streb@ Phone: 202 997 0054

umaryland.edu

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is _Digna Cespedes-Cloud_. 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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Respectfully,

Signature: Digna Cespedes-Cloud_____

Printed Name and Credentials: _Digna C-Cloud, CRNP, PMHNP_

Address: 5320 Wabash Ave. Baltimore,
21215_____

Email: _dignacloud@yahoo.com_

Phone: _4436044405_

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Kristin M. Clemens 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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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:

Kristin M. Clemens DNP PMHNP-BC

Address:

800 S. Frederick Ave Ste 200A, 202 Gaithersburg

Email:

kristin@right solutions mental health.com

Phone:

301 405 4129

2017

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is An’Nita C. Moore-Hebron. 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:



Printed Name and Credentials: An’Nita Moore-Hebron DrNP, MPH, FNP-BC, PMHNP-BC, CNE

Address: 9622 Mendoza Road Randallstown MD

Email: Chaunette27@gmail.com

Phone: 410-419-1525

SCRA Fact Sheet.pdf

Uploaded by: Naila Russell

Position: UNF



Portability of Professional Licenses and Certificates for Servicemembers and Their Spouses

The Department of Justice's Servicemembers and Veterans Initiative (SVI) is committed to protecting those who serve and their families. The Civil Rights Division enforces the Servicemembers Civil Relief Act (SCRA), which provides servicemembers and their dependents with certain civil protections related to military service.

New SCRA Amendment

In January 2023, Congress added a new provision to the SCRA that allows servicemembers and their spouses to use their professional licenses and certificates when they relocate due to military orders, in certain circumstances.



U.S. DEPARTMENT OF JUSTICE
**SERVICEMEMBERS &
VETERANS INITIATIVE**

To Qualify for Professional License Portability under the SCRA, You Must:

1. Have moved to a location outside the jurisdiction of the licensing authority that issued the covered license or certificate because of orders for military service.
2. Provide a copy of the military orders to the licensing authority in the new jurisdiction.
3. Have actively used the license or certificate during the two years immediately preceding the move.
4. Remain in good standing with:
 - a. the licensing authority that issued the covered license or certificate; and
 - b. every other licensing authority that issued a license or certificate valid for a similar scope of practice and in the discipline applied for in the new jurisdiction.
5. Submit to the authority of the licensing authority in the new jurisdiction for the purposes of standards of practice, discipline, and fulfillment of any continuing education requirements.

If these five criteria are met, the servicemember's or spouse's covered license or certificate **shall be considered valid** at a similar scope of practice and in the discipline applied for in the new jurisdiction for the duration of the military orders.



Frequently Asked Questions About Professional License Portability

- **What is license portability and why is it important?**

Military spouses have reported difficulty transferring their professional licenses from one jurisdiction to another, hindering their ability to find jobs when moving due to military orders. The new SCRA provision on license portability helps servicemembers and their spouses to use their licenses and certificates in certain circumstances when they relocate due to military orders.

- **Who and which licenses are eligible for license portability under the SCRA?**

Servicemembers and their spouses are eligible. Licenses to practice law are not eligible for portability under the new law.

- **When is the new law on license portability effective?**

The new part of the SCRA went into effect on January 5, 2023. Servicemembers and their spouses can now take advantage of this benefit under the SCRA.

- **What are interstate licensure compacts and how do I determine if my license is governed by one?**

Some states have contracts with other states—known as interstate licensure compacts—to allow licensed practitioners to work in other compact-member states without needing a new license.

If servicemembers or their spouses are uncertain as to whether their professional license is covered by an interstate licensure compact, they should contact their licensing authority. They can also refer to [Department of Defense's Fact Sheet on Occupational Licensure](#), as well as [CareerOneStop](#), a Department of Labor sponsored website with information on state licensing requirements, interstate compacts, and licensing authority contact information.

- **How does this new SCRA law affect interstate licensure compacts?**

The new law applies if: (1) your license is not covered by any interstate compacts; or (2) your license was issued by a state that is covered by an interstate compact, but is not covered by the same compact in the state to which you are relocating.

The new law does NOT apply if your license is covered the by the same interstate compact for both the state that issued your license AND the state that to which you are relocating. In this situation, the interstate compact will control whether and how you can practice in the new location.

Where should servicemembers and their spouses go for assistance?

- Servicemembers and their spouses who are covered by this new law are likely eligible for military legal assistance and can contact their local legal assistance office for help. Office locations can be found at <http://legalassistance.law.af.mil/>.
- Servicemembers and their spouses can learn more about license portability and find links to helpful resources at servicemembers.gov. If servicemembers or their spouses are not eligible for military legal assistance services, they may request that the Justice Department review their claim by submitting a complaint through <https://civilrights.justice.gov/link/4025A>.

To report a violation of the SCRA's license portability provision to the Civil Rights Division, visit <https://civilrights.justice.gov/link/4025A>.

letter.SB359.HR.pdf

Uploaded by: Nicole Lollo

Position: UNF

Dear Madam Chair and Members of the Finance
Committee

My name is Hillary Rosenberg. 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
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These restrictions include:

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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
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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,

Signature: 

Printed Name and Credentials: Hillary Rosenberg, CRNP

Address: 8704 Cathedral Way, Gaithersburg, MD 20879

Oppose.SB359.NPAM.pdf

Uploaded by: Nicole Lollo

Position: UNF

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Jo Greenberg. 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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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: _____

Jo Greenberg

Printed Name and Credentials: _____

Jo Greenberg CRNP

Address: _____

6350 Stevens Forest Rd, #102

Email: _____

jgreen52@jh.edu

Phone: _____

443-540-6999

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Ann Henderson. 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: _____

E. Henderson

Printed Name and Credentials: _____

Ann Elizabeth Henderson

Address: _____

14800 Michele Dr Glenly MD 21737

Email: _____

bvhenderson@outlook.com

Phone: _____

410-227-1778

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Angeline Williams. 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: Angeline Williams

Printed Name and Credentials: Angeline Williams CRNP

Address: 9 Nickel CT Baltimore, MD 81220

Email: angelinewilliams@comcast.net Phone: 410-446-8301

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Sarah Sampson. 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,

Signature: 

Printed Name and Credentials: Sarah Sampson FNP-BC

Address: 15 N Kenwood Ave Baltimore, MD 21224

Email: Sarah.Sampson@gmail.com

Phone: 713.201.7940

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Dear Madam Chair and Members of the Finance Committee

My name is Kamala Via. 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: Kamala Via

Printed Name and Credentials: Kamala Via, DNP, CNP-PMH

Address: 6109 Chancelord Rd, Calverville MD 21228

Email: KamalaVia@aol.com

Phone: 443-629-4613



**NURSE PRACTITIONER
Association of Maryland**

"Advocating for NPs since 1992"

Bill: SB 359 – Advanced Practice Registered Nurse Compact

Position: OPPOSE

The Nurse Practitioner Association of Maryland (NPAM) advocates for the approximately 800 nurse practitioner members and the over 8,000 Nurse Practitioners licensed to practice in Maryland.

NPAM voices concerns regarding SB 359, the Advanced Practice Registered Nurse Compact. This legislation, with its unchangeable language, practice restrictions, and lack of APRN representation, poses inherent flaws that can adversely impact both patients and nurse practitioners in Maryland.

The language of the bill cannot be altered and any amendments MUST be changed in ALL states that are part of the compact

The compact does not go into effect until legislation is signed into law in all seven states. This is the third iteration of this bill brought before the Maryland legislature and it has failed to pass every time. Just last year, this identical language was proposed in seven states and none of those states chose to adopt it. One of the reasons there has not been overwhelming support for this bill in Maryland and in other states is the compact cannot be altered unilaterally. Any and all changes MUST be enacted into the laws of ALL party states.

Restricts the practice of nurse practitioners in Maryland

The arbitrary 2080 practice hour requirement (that is not based on any evidence) creates an unnecessary burden, hindering qualified nurse practitioners and patients' access to care in a time of provider shortages.

APRNs have no seat at the table

The compact will establish an overseeing Interstate Commission of the APRN Compact. Establishment of this Commission does not require APRN representation, risking oversight by individuals outside the profession.

The Nurse Practitioner Association of Maryland, Inc.
5372 Iron Pen Place Columbia, MD 21044
Office: 443-367-0277 Fax: 410-772-7915
www.npamonline.org NPAM@npedu.com

Limits prescribing authority of APRNs

The compact limits prescribing authority for APRNs in Maryland, compromising their ability to provide independent care, as previously gained through a hard-fought struggle for full practice authority.

We want a compact that does not push our practice backwards. A compact that has wide spread support and does not create barriers to care. We want to be able to advocate for nurse practitioners and provide the care our patients desperately need and deserve.

NPAM supports a compact but NOT this one. We advocate for an inclusive, widely supported agreement that advances rather than hinders nurse practitioners' practice.

I respectfully request that you **OPPOSE SB 359 – Advanced Practice Registered Nurse Compact.**

Sincerely,



Nicole Lollo, MS, AGPCNP-BC

President

Nurse Practitioner Association of Maryland

SB 359 letter.RC.pdf

Uploaded by: Nicole Lollo

Position: UNF

Oppose SB 359 Advanced Practice Registered Nurse Compact

Dear Madam Chair and Members of the Finance Committee

My name is Rachael Crowe. 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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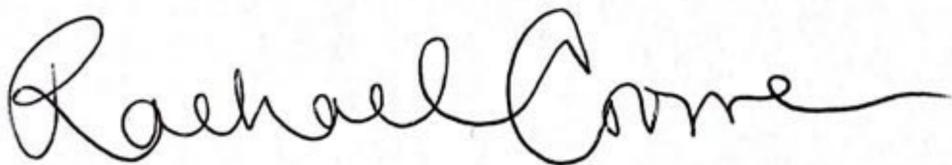
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Respectfully,



Rachael Crowe, DNP, RN, CPNP-AC, CNE

1709 Lynncrest Rd, Lutherville, MD 21093

rcrowe@ndm.edu 248-568-2144