

**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,

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