

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