

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 mdc.com.

Sincerely,

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