



## 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](mailto:mdashq@gmail.com).

<b>Areas in Senate Bill 359 that present a conflict:</b>
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**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.**