

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 However, this compact is outdated and cannot be amended.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

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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.

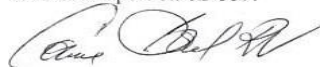
3) Lack of APRN oversight: There is no requirement that APRNs participate in regulation of the compact. This would be like the Bar Association not being made up of lawyers.

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)

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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:

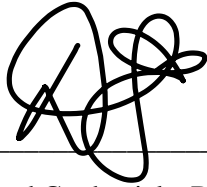
Practice hour requirement: This bill requires 2080 practice hours before an APRN is eligible for a compact license. This results in a delay in ability to practice and restricts the workforce.

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

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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:

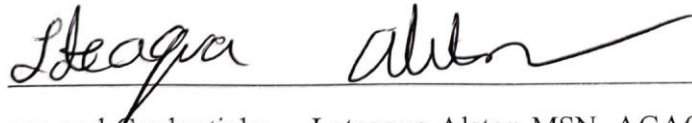
Practice hour requirement: This bill requires 2080 practice hours before an APRN is eligible for a compact license. This results in a delay in ability to practice and restricts the workforce.

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

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