

February 6, 2024

Chair Peña-Melnyk, Members of the Health and Government Operations Committee,

Thank you for the opportunity to testify today in support of House Bill 425 which would enter Maryland into the Advanced Practice Registered Nurse Compact (APRN Compact). My name is Nicole Livanos and I am the Director of State Affairs for the National Council of State Boards of Nursing (NCSBN). NCSBN is a non-profit membership organization, and our mission is to promote regulatory excellence. NCSBN's members are nursing regulators across the country whose mandate is to protect the public, and they are the authors of the APRN Compact.

*How it works*

The APRN Compact allows an APRN (certified nurse practitioners, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists) to obtain one multistate license and use that license to practice as an APRN in any compact state. The compact facilitates both in-person and electronic practice across state lines.

*Familiar and safe*

Interstate licensure mobility for nurses is not a new concept for Maryland. The APRN Compact is modeled after the Nurse Licensure Compact, a compact for registered nurses and licensed practical nurses that Maryland led the nation in by becoming the first member to join of over 20 years ago. Like the NLC, the APRN Compact ensures that licensure and oversight of practice in the state remains with the Board of Nursing.

For regulators, the compact simultaneously creates a path for cross-border mobility while ensuring that licensure and discipline remain with the Maryland Board of Nursing. The APRN Compact Commission will be formed when the compact goes into effect. Identical to the NLC Commission, the APRN Compact Commission is composed of the heads of state boards of nursing from each participating state, regulators who will be in charge of the administration of the compact. The Commission has no power over APRN practice or prescribing in the party states, as that power remains solely with that state's legislature and regulatory processes.

Practice and prescribing in Maryland will look familiar too. The APRN Compact requires multistate licensees who practice in Maryland—whether in-person or when providing services to a patient in Maryland through telehealth, to follow the scope of practice and controlled substance prescribing laws that Maryland lawmakers and regulators have set for practice occurring in their state. Maryland APRNs and patients across the state have fought for greater access to APRN care and have successfully removed antiquated barriers to that care. That care that was fought for is the care patients will continue to receive, and care APRNs can continue to provide in Maryland.

### *Popular among APRNs*

The Maryland Board of Nursing and NCSBN surveyed over 2,000 licensed APRNs in Maryland in the fall of 2022. The survey found 94% of APRN respondents supported Maryland joining the compact, an even stronger response than the survey a year earlier. This survey also sought to capture the need for the APRN Compact in the state. Survey results found that 72% of APRNs in Maryland had provided nursing services across state lines over the last 24 months, representing the flexibilities allotted during the height of the COVID-19 pandemic where APRNs provided vital care to new and existing patients where they were located. The survey also found 45% of APRN respondents hold more than one APRN license currently, a significant number of APRNs that could benefit from the APRN Compact immediately.

With robust support among Maryland APRNs in the 2022 survey, it is not a surprise that the APRN Compact receives strong support among statewide groups representing Maryland nurses and nursing regulation. HB 425 is supported by the Maryland Nurses Association, Maryland Academy of Advanced Practice Clinicians, Maryland Board of Nursing, Maryland Association of Clinical Nurse Specialists, Maryland Association of Nurse Anesthetists, and Maryland Organization of Nurse Leaders.

### *The time is now*

Interstate licensure compacts are in operation or development for many healthcare professions. Professions such as registered nurses, licensed practical nurses, physicians, physical therapists, psychologists, and physician assistants have realized the need for facilitating licensure mobility across state lines. The need for increased mobility was

demonstrated acutely during the height of the COVID-19 pandemic, where professions with operational interstate compacts had a safe, ready and able workforce to immediately mobilize and care for patients in-person and electronically. Professions without compacts had to rely on patchwork emergency orders and legislation and navigate the confusing regulatory landscape in order to provide care for patients. The need for the APRN Compact extends beyond times of emergency, however, with shortages of primary, maternal, and mental health providers across Maryland and many states creating access issues for patients who seek services. As a tool to increase access to APRNs Maryland, the time is now for the APRN Compact. That is why patient, employer, provider, and community groups that make up the Marylanders for Healthcare Workforce Access support HB 425.

The APRN Compact will go into effect upon the enactment of the bill in seven jurisdictions. Currently three states, Delaware, North Dakota, and Utah have enacted this legislation and today three states have legislation pending, with South Dakota's legislation awaiting executive action at the time of this testimony. As a leader in adopting compacts facilitating licensure mobility for nursing, Maryland has the opportunity to continue the admirable tradition by being one of the first states to join this important compact.

Thank you for your time. Please feel free to contact me at [nlivanos@ncsbn.org](mailto:nlivanos@ncsbn.org) with any questions.

Thank you for your time,



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