

## **Oppose: HB425 Advanced Practice Registered Nurse Compact**

2/2/2024

Maryland House of Representatives  
Health and Government Operations Committee  
Room 241  
House Office Building  
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair and Members of the Committee:

My name is Lindsay Ward and I am a primary care Pediatric Nurse Practitioner living in and working in AACO. I am testifying today in opposition to HB 425 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. I strongly support the concept of an APRN compact to enable advanced practice nurses to provide quality care across state lines.

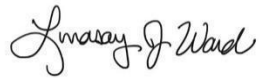
However, the current APRN Compact requires 2,080 hours of practice before an APRN can apply for a compact license. There is no evidence to support this hour requirement. Such a post-graduation and post-certification practice hour requirement will pose a challenge to workforce development in our state. 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.

Additionally, this version of the APRN compact does not address prescribing controlled medications across state lines. States have varying degrees of autonomy for APRNs to prescribe medications. Some states allow APRNs to prescribe medications independently, some require a collaborative relationship with a physician, and some states do not allow APRNs to prescribe certain medications at all, including ADHD medications. In Maryland, we have full practice authority meaning we can practice and prescribe autonomously, without physician supervision or a collaborative agreement. I have several patients attending college out of state that I manage their chronic health and mental health issues including ADHD. If this version of the APRN compact is adopted, I would be able "see" them across state lines, but I may not be able to treat them for certain issues including ADHD, as the medicine is considered a controlled substance. APRNs prescribe these medications daily. If I cannot prescribe the treatment my patient needs, the patient would bear the burden of finding another provider in their current state that is willing to accept them as a new patient, accepts their insurance, and will continue their care. In addition to creating barriers, this also disrupts continuity of care during a significant transitional time of a young adult's life. A well developed compact that addresses prescribing medications across state lines is essential.

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.

HB 425 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."

I respectfully request an unfavorable report on HB 425.  
Sincerely,

A handwritten signature in cursive script that reads "Lindsay J. Ward".

Lindsay J. Ward CRNP, RN, IBCLC, MSN, BSN  
Certified Registered Nurse Practitioner- Pediatric Primary Care  
International Board-Certified Lactation Consultant