



## MARYLAND MILITARY COALITION

*Serving Veterans through Legislative Advocacy*

February 6, 2024

Honorable Joseline Pena-Melnyk  
Chair, Health and Government Operations Committee  
Maryland House of Delegates  
Room 241  
House Office Building  
Annapolis, Maryland 21401

HB 425 – Advanced Practice Registered Nurse Compact - **Request for Favorable Report**

Dear Chairwoman Pena-Melnyk and Honorable Members of the House Health and Government Operations Committee:

On behalf of the Maryland Military Coalition, as its Communications Director and as a nurse, I write to you in support of HB 425-Advanced Practice Registered Nurse Compact.

**Maryland was the first state to** join the National Nurse Licensure Compact (NLC) in 1999. Nurses with a multistate license can practice in any of the forty-one (41) NLC participating states (up from 25 this time last year).

To date, **Maryland has enacted compact legislation for audiology/speech therapy, interstate physicians, nurses, licensed profession counselors, occupational therapists and physical therapists and psychology.** This year, in addition to the advance practice compact, there is also legislation to adopt the cosmetology and social worker compacts.

So why should you agree to a compact for Advance Practice Registered Nurses?

The APRN Compact, adopted August 12, 2020, allows an advanced practice registered nurse to hold one multistate license with a privilege to practice in the other compact states. The APRN Compact will be implemented *when 7 states have enacted the legislation.* Already, Delaware, Utah and North Dakota have already adopted this legislation, we join 2 other states who are considering this legislation-Arizona and South Dakota.

Maryland is experiencing its worst shortage in healthcare providers ever. The [2022 State of Maryland's Health Care Workforce Report](#), released by the Maryland Hospital Association (MHA), found that there

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HR 425 - Advanced Practice Registered Nurse Compact - **Request for Favorable Report**

is a **workforce crisis in Maryland's healthcare sector**. The report detailed that one in four hospital nursing positions are vacant, and also cited high staff turnover and an insufficient nursing pipeline.

Similarly, the [Maryland Hospital Association](#) found that overall **Maryland is 16 percent below** the national average for number of physicians available for clinical practice. **The most severe problems occur in rural parts of the state** and will get much worse by 2025, based on the study's results. The biggest statewide gaps occur in **Primary Care, Emergency Medicine, Anesthesiology, Hematology/Oncology, Thoracic Surgery and Vascular Surgery, Psychiatry, and Dermatology.**

The situation in **Southern Maryland, Western Maryland, and the Eastern Shore** is the most troubling. All three regions fall significantly below national levels in active practicing physicians. **Southern Maryland** already has critical shortages in **25 of the 30 physician categories** (83.3%), **Western Maryland 20 of 30** (66.7%), and the **Eastern Shore 18 of 30** (60.0%).

**As of December 31, 2023, the [Bureau of Health Workforce](#) has designated 76 separate Health Professional Shortage Areas in Maryland—10 are geographic, 47 are population groups and 19 are facilities who serve **1.7 million Marylanders** who are getting ***ONLY 39% of their healthcare needs met.*****

Advance Practice Registered Nurse (APRNs) provide care **in all types of practice settings** including health care facilities, outpatient clinics, specialty practices, telehealth services and in rural and urban areas with limited access to care. An APRN can be a **Nurse Practitioner, a Certified Nurse Midwife, a Certified Registered Nurse Anesthetist** or a **Clinical Nurse Specialist**, which includes a sub-category of Nurse Psychotherapist. These are all critical skills and critical shortages here in Maryland. These specialties are all **independent practitioners, capable of extending care to all regions of our state, especially those where there have been consistent healthcare shortages.**

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Not only is a compact good for Maryland, but it's also good for those currently serving and our veterans. Maryland is home to 34,444 active-duty service members, 14,292 active-duty spouses and 25,642 reservists/national guard members with 28,019 family members<sup>1</sup>. In addition, there are 355,787 veteran households<sup>2</sup>.

I want to speak to you as a service member spouse.

- According to the [Goldwater Institute](#), **the average military family moves every 2-3 years**. For military spouses, these frequent relocations mean major disruptions in their careers.
- The [Chamber of Commerce](#) reports that **67% of military spouses had to quit a job because their spouse received change-of-station orders.**

<sup>1</sup> [Military One Source](#), as of December 31, 2022

<sup>2</sup> [VA Claim Insider](#), August 10, 2023

- The [Institute for Veterans and Military Families at Syracuse University](#) found that **50% of military spouses that work in fields that require occupational licenses.**
- Here in Maryland, our high cost of living means that for most families, having two incomes *is critical.*
- Sixty-seven percent (67%) of active-duty spouses had to leave their last job because of a permanent change of station move<sup>3</sup>.
- The average time to find a job for a military spouse is **19 weeks**, OR **\$12,374** per year in lost wages trying to relicense and/or find work in the new state.
- On average, **they earn 26.8% less in income than their non-military counterparts because of the frequent moves.**
- Military spouses have long faced employment challenges, with an **unwavering unemployment rate of 22%**<sup>4</sup> compared to our local rate of 1.8%.

The purpose of this compact is to facilitate the interstate practice and regulation of social workers with the goal of improving public access to competent Social Work Services, by reducing overly burdensome and duplicative requirements associated with holding multiple licenses. The Compact preserves the regulatory authority of States to protect public health and safety through the current system of State licensure, and it lowers expenses and gets the applicant back to work sooner – a real benefit to our service families.

**The Defense-State Liaison Office has been pursuing license portability for over 16 years and in fact has funded this effort.** Military Spouse Employment and Economic Opportunities are tracked and lists a total of 16 compacts by state. The DSLO tracker for Maryland shows that Maryland has yet to enact Interstate Social Work License Compact legislation.

Of note, this bill is **DIFFERENT from the Veterans Auto and Education Improvement Act of 2022** (HR7939), which the President signed into federal law on January 5, 2023. Section 705A of the Act, “Portability of Professional Licenses of Servicemembers and Their Spouses” addresses “covered licenses” and states that if a servicemember or spouse relocates his or her residency because of military orders for duty to a location that is not in the jurisdiction of the licensing authority that issued the covered license, such covered license shall be considered valid at a similar scope of practice and in the discipline applied for in the jurisdiction of such new residency for the duration of such military orders”. The law:

- Amends Title VII of the Servicemembers Civil Relief Act (50 U.S.C. 4021 et seq.)
- Applies licensing reciprocity between states to all professions except the practice of law

Here in Maryland, a service spouse applying under the Act is issued a letter of endorsement, not an actual Maryland license. The [Maryland Department of Labor’s webpage](#) states **“Please be advised that this is NOT an application for permanent licensure or certification in the State of Maryland. Rather, this is an application for an official letter of recognition that will allow you to practice”.** Many inspection organizations, such as the Joint Committee on the Accreditation of Hospitals, do not regard an endorsement as meeting the requirements for an in-state or compact license, creating issues for the spouse and employer. Holding a multi-state compact license avoids this complication.

<sup>3</sup> U.S. Chamber of Commerce Foundation – [The Hidden Financial Costs of Military Spouse Unemployment](#)

<sup>4</sup> 2021 [DoD Survey of Active-Duty Spouses](#)

HR 425 - Advanced Practice Registered Nurse Compact - **Request for Favorable Report**

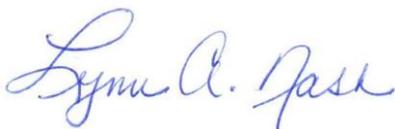
Marylanders deserve improved access to care. Passing this bill would accomplish that. It's time that Maryland takes the lead again and passes HB 425, the Advance Practice Nurse Compact, now!

The Maryland Military Coalition, is a voluntary, non-partisan organization representing 21 veteran service organizations who, in turn, serve over 150,000 Maryland uniformed services men and women and their families. The Coalition strongly supports House Bill 425 – Advance Practice Registered Nurse Compact and asks for your favorable report. Implementing this legislation will have minimal financial impact, while significantly improving access to care.

The Maryland Military Coalition, is a voluntary, non-partisan organization representing 21 veteran service organizations who, in turn, serve over 150,000 Maryland uniformed services men and women and their families. The Coalition *strongly supports* **House Bill 425** and asks for your **favorable report**.

Thank you to Delegate Rosenberg for sponsoring this important legislation.

Respectfully,

A handwritten signature in blue ink that reads "Lynn A. Nash". The signature is written in a cursive, flowing style.

Lynn A. Nash, PhD, RN, PHCNS-BC, FAAN  
CAPT (R), U.S. Public Health Service  
Communications Director

Member Organizations, Maryland Military Coalition

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Distinguished Flying Cross Association

Phyllis J. Collins  
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