SB 407_Nurse Reciprocity_Support.pdf
Uploaded by: Allison Taylor
Position: FAV

KAISER PERMANENTE®

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc
2101 East Jefferson Street
Rockville, Maryland 20852

February 4, 2025

The Honorable Pamela Beidle
Senate Finance Committee
3 East, Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

RE: SB 407 – Support

Dear Chair Beidle and Members of the Committee:

Kaiser Permanente is pleased to support SB 407, S.B.0407: State Board of Nursing - Advanced Practice Nursing Licensure and Specialty Certification - Reciprocity Discussions (Maryland Border States Advanced Practice Nursing Act).

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.[1] Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for over 825,000 members. In Maryland, we deliver care to approximately 475,000 members.

As a leading healthcare provider in the region, we recognize the importance of facilitating efficient licensure reciprocity processes for healthcare professionals, and we believe that SB 407 is a positive step in that direction. This is an important measure that promotes mobility and flexibility for nurses, ultimately benefiting both the professionals themselves and the communities they serve. This not only promotes workforce diversity but also enhances the ability of healthcare providers to meet the evolving needs of our communities. For these reasons, we urge a favorable report for SB 407.

Thank you for the opportunity to comment. Please feel free to contact me at Allison.W.Taylor@kp.org or (919) 818-3285 with questions.

Sincerely,

Allison Taylor

Allison Taylor
Director of Government Relations
Kaiser Permanente

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[1] Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation's largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente's members.

SB 407 Maryland Border States Advanced Practice Nu

Uploaded by: Jane Krienke

Position: FAV

Maryland
Hospital Association

Senate Bill 407-
State Board of Nursing - Advanced Practice Nursing Licensure and Specialty Certification - Reciprocity Discussions (Maryland Border States Advanced Practice Nursing Act)

Position: *Support*
February 4, 2025
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 407.

Maryland hospitals continue to face challenges retaining and building the health care workforce. Based on data from Q3 2024, nurse practitioners have a 16% vacancy rate in Maryland hospitals. Advanced practice registered nurses (APRN) are an important component of the health care workforce, especially in Maryland where they have full practice authority.

Under the Governor's executive orders during the COVID-19 public health emergency, Maryland hospitals seamlessly recruited providers with active out-of-state licenses to care for Marylanders. These individuals were essential to fill critical workforce gaps, particularly among advanced practice nurses like nurse practitioners. Many hospitals, especially those near border states, frequently hired nurse practitioners to support critical care units.

When the state public health emergency expired, so did the ability for nurse practitioners to work in state using an active out-of-state license. The Board of Nursing allowed an emergency exception, which permitted interstate reciprocity for registered nurses (RN) and licensed practical nurses (LPN) without a compact license. Advanced practice registered nurses were not included.

MHA supported legislation in 2024 to allow Maryland to enter the APRN licensure compact. Since this legislation did not pass, the ability to establish reciprocity agreements with border states would be beneficial. The Maryland Board of Physicians was able to create reciprocity agreements with Washington D.C., and Virginia. This likely took a great deal of the Board's administrative resources. If the Board of Nursing was properly supported and resourced to create these reciprocity agreements, SB 407 could help remove barriers to licensure for APRNs.

For these reasons, we request a favorable report on SB 407.

For more information, please contact:
Jane Krienke, Director, Government Affairs & Policy
Jkrienke@mhaonline.org

SB406 2025 SB NAPNAP.pdf
Uploaded by: JD Murphy
Position: FAV

National Association of Pediatric Nurse Practitioners℠
MD: CHESAPEAKE

January 29th, 2025

Maryland Senate
Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

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

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, we are writing to express our **support of SB 407 State Board of Nursing - Advanced Practice Nursing Licensure and Specialty Certification - Reciprocity Discussions (Maryland Border States Advanced Practice Nursing Act).**

APRNs are instrumental in expanding access to care, however, much like most other healthcare roles across the nation, there is a shortage of healthcare providers in Maryland. We have seen how devastating this can be in times of crisis, such as during the COVID-19 pandemic and RSV outbreak. This bill is critical for expanding healthcare access, and reducing barriers and unnecessary bureaucratic tape will be key to addressing gaps in acute care, primary care, mental health, and rural health care. Underserved areas often struggle with provider shortages, therefore increasing the number of available providers would help ensure timely care.

Many APRNs live in nearby bordering states and would then consider working in our area without having to move or ensure unnecessary hoops. We would have a more adaptable workforce, able to cross state lines readily in case of a public health emergency or natural disaster. Reciprocity also aids in expansion of telehealth services, allowing APRNs to provide virtual care to patients across multiple states without leaving their office. This is a particularly important to help address the growing youth mental health crisis, as there is a significant lack of certified pediatric mental health providers. With this bill and the creation of a reciprocal license, we would be able to have an exponential gain of available psychiatric APRNs via telehealth to serve our children.

Acute care PNPs are integral members of our hospital systems, filling gaps created by changes in graduate medical education required hours for physicians in training. In the children's hospitals throughout the state, acute care PNPs can be found in intensive care units, cancer wards, operating rooms, specialty clinics, and many other sites. However, less than 5% of all NPs have this certification. When these jobs are left vacant, patient care can be significantly impacted. With reciprocity, acute care PNPs from neighboring states would be able to fill these temporary staffing gaps, thus improving patient care and overall hospital operations.

Reciprocity offers a financial gain to the state of Maryland. The Board of Nursing would be able to charge a higher rate for said license, and money for Marylanders to practice in other states will instead go to our BON. This will also ensure that Maryland remains competitive in attracting and retaining skilled APRNs to meet the needs of all of our patients. Employers of companies with practice

National Association of Pediatric Nurse Practitioners
MD: CHESAPEAKE

locations in multiple states would likely encourage this higher-priced license to have increased flexibility of their workforce.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their support to support of **SB 407 State Board of Nursing - Advanced Practice Nursing Licensure and Specialty Certification - Reciprocity Discussions (Maryland Border States Advanced Practice Nursing Act)** and requests a favorable report.

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners membership includes over 200 primary and acute care pediatric nurse practitioners who are committed to improving the health and advocating for Maryland's pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact the Chesapeake Chapter legislative committee or president, Yvette Laboy at mdchesnapnapleg@outlook.com.

Sincerely,

Yvette Laboy

Dr. Yvette Laboy DNP, CPNP-AC, CCRN, CPN
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter President

Evgenia Ogordova

Dr. Evgenia Ogorodova DNP, CPNP-PC
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter Legislative Co-Chair

Ms. Lindsay Ward MSN, CPNP-PC, IBCLC
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter Immediate Past-President

Dr. Jessica D. Murphy DNP, CPNP-AC, CPHON, CNE
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter Legislative Co-Chair

2025 SB407 LOS Reciprocity Bill LWARD.pdf
Uploaded by: Lindsay Ward
Position: FAV

SUPPORT: SB407 State Board of Nursing - Advanced Practice Nursing Licensure and Specialty Certification - Reciprocity Discussions (Maryland Border States Advanced Practice Nursing Act)

1/31/2025

Maryland Senate
Finance Committee
3 East Miller Senate 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 writing today to express my support of

Last year the MGA passed the SB221/HB146, Health Occupations Boards – Reciprocal Licensure and Certification bill authorizing certain health occupations boards to adopt regulations establishing reciprocity for individuals licensed or certified in another state. SB 407 State Board of Nursing - Advanced Practice Nursing Licensure and Specialty Certification - Reciprocity Discussions (Maryland Border States Advanced Practice Nursing Act) bill has be introduced as a follow up to the reciprocity bill with the goal of increasing access to qualified advanced nursing professionals, enhancing licensure portability, and ease of telehealth access in Maryland and surrounding jurisdictions.

The bill would allow the Maryland Board of Nursing (the "Board") to initiate discussions with nursing licensing boards in Delaware, Pennsylvania, Virginia, West Virginia, and the District of Columbia to pursue reciprocity agreements for advanced practice nursing licensure and specialty certification.

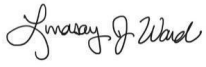
Additionally, the bill would allow the Maryland Board of Nursing to facilitate the establishment of mutual and reciprocal licensure recognition arrangements, with the goal of increasing access to qualified advanced nursing professionals, enhancing licensure portability, and ease of telehealth access in Maryland and surrounding jurisdictions.

Finally, the bill would require the Board of Nursing to submit a report to the Senate Finance Committee and the House Health and Government Operations Committee annually. This report shall include:

- The current status of reciprocity discussions with each state;
- Any agreements reached and their terms;
- Challenges encountered in negotiations; and
- Recommendations for legislative or regulatory changes, if necessary, to facilitate reciprocity.

I respectfully request an favorable report on SB 407 State Board of Nursing - Advanced Practice Nursing Licensure and Specialty Certification - Reciprocity Discussions (Maryland Border States Advanced Practice Nursing Act)

Sincerely,



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

SB407_Nash_Maryland Military Coalition_FAV
Uploaded by: Lynn Nash
Position: FAV

MARYLAND MILITARY COALITION

Serving Veterans through Legislative Advocacy

February 4, 2025

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senatate Office Building
Annapolis, MD 21401

Subject: Request for **FAVORABLE Report** – SB 407 – Maryland Border States Advanced Practice Nursing Act

Dear Chairwoman Beidle and Distinguished Members of the Senate Finance Committee:

On hehalf of the Maryland Military Coalition and as an Advance Practice Registered Nurse, I write to recommend a **Favorable report** on this bill. For two years, the State of Maryland has attempted to improve the portability of Advance Practice licensure through enactment of the Advance Practice Compact. Both times the legislation failed. HB 602, the **Maryland Border States Advanced Practice Nursing Act**, requires that the State Board of Nursing hold discussion with licensing boards of with four adjacents states (DE, PA, VA and WV) as well as the District of Columbia to pursue receiprocity agreements for advance practice nursing licensure and specialty certification. The bill's intent is to (1) increase access to qualified advanced practice registered nurses (APRNs); (2) enhance license portability; and (3) provide ease of telehealth access in the State and surrounding jurisdictions.

Maryland is experiencing its worst shortage in healthcare providers ever. In the Commission to study the Health Care Workforce Crisis Final Report 2022/2023, the Workforce Data Advisory Group found the following:

1. Maryland is not growing its health care workforce at the same rate as other states;
2. Health care workforce shortages are most pronounced in rural parts of the state;
3. Wage visibility is strong, but wage stagnation and other gaps exist; and
4. Uncredentialed and other home health care workforces play a significant role in the healthcare system but data about them is limited.

2022 State of Maryland's Health Care Workforce Report, released by the Maryland Hospital Association (MHA), found that there 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, 2024**, the Bureau of Health Workforce has designated ***56 separate Health Professional Shortage Areas*** in **Maryland**—7 are geographic, 31 are population groups and 18 are facilities who serve **1.2 million Marylanders** who are getting ***ONLY*** **29% of their healthcare needs met**.

To **eliminate** the primary care HPSA designations, **Maryland needs an additional 354 primary care practitioners** to provide services in these shortage areas. These service gaps could be fulfilled by APRNs.

Maryland has several large healthcare providers, who provide services across state lines. Since the pandemic, the Centers for Medicare and Medicaid have increasingly allowed telehealth, however, the provider must be licensed in the state where the patient is receiving services.

Reciprocity:

- The process of issuing a license, registration, or certification to an applicant who is licensed, registered, or certified and in good standing under the laws of another state with requirements that, in the opinion of the Board, were substantially equivalent at the time of licensure, registration, or certification to the requirements of the gaining jurisdiction. **Both jurisdictions agree to allow licensees to be admitted in a like manner.**
- **License reciprocity is a standard of practice agreement between states** in which a jurisdiction (i.e., Maryland) allows an active licensee from another jurisdiction (usually an adjacent state), to practice in its jurisdiction, subject to special license law requirements. This recognition between two jurisdictions is allowed when education standards and scopes of practice are deemed similar, and the applicant is qualified without additional requirements. **Reciprocity is encouraged when mutually advantageous** (e.g. a business operates in two or more jurisdictions).

This bill has the potential to resolve shortages in crisis areas. It has no fiscal consequence. Per the fiscal note, "the bill's requirements can likely be handled with existing budgeted resources".

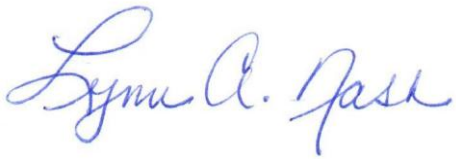
We support the intent of SB 407 and ask for a **FAVORABLE report.**

The Maryland Military Coalition is a registered non-profit, non-partisan advocacy organization comprised of 22 prominent Maryland-based veteran and military groups, representing over

150,000 service-connected individuals, including those currently serving, veterans, retirees and their families, caregivers, and survivors.

We want to thank Chair Beidle for your on-going support of ***ALL*** of the uniformed services community in Maryland.

Respectfully,



Lynn A. Nash
CAPT (R), U.S. Public Health Service
Communications Director

1 Attachment – Member Organizations of the Maryland Military Coalition

Member Organizations of the Maryland Military Coalition

Air Force Sergeants Association

American Military Society

American Minority Veterans Research Project

Association of the United States Navy

Commissioned Officers Association of the U.S. Public Health Service

Disabled American Veterans

Fleet Reserve Association of Annapolis

Jewish War Veterans of the U.S.A

Maryland Air National Guard Retirees' Association

Maryland Veterans Chamber of Commerce

Military Officers Association of America

Military Order of the Purple Heart

Military Order of the World Wars

Montford Point Marines of America

National Association of Black Veterans

National Association of Retired Federal Employees, Maryland Veterans

Naval Enlisted Reserve Association

NOAA Association of Commissioned Officers

Platoon 22

Reserve Organization of America

Society of Military Widows

Veterans of Foreign Wars

Support for SB 407 .pdf
Uploaded by: Malinda Duke
Position: FAV

NURSE PRACTITIONER
Association of Maryland

"Advocating for Nurse Practitioners since 1992"

January 30, 2025

Bill: SB 407- State Board of Nursing - Advanced Practice Nursing Licensure and Specialty Certification - Reciprocity Discussions (Maryland Border States Advanced Practice Nursing Act)

Position: **Support**

Dear Chair Beidle, Vice Chair Hayes, and members of the committee:

On behalf of over 850 members of the Nurse Practitioner Association of Maryland (NPAM), and the more than 10,000 Advanced Practice Nurses (APRNs) licensed in Maryland, I am writing in support of SB 407.

In 2024, the Maryland Department of Health (MDH) introduced and passed legislation authorizing health occupations boards that did not otherwise have statutory authority to do so, to adopt regulations establishing reciprocity for individuals who are licensed or certified in another State that also offers similar reciprocity. (SB 221/HB 146). Our association, along with most of the legislature supported that bill which was due to be effective 7/1/2024. To date there are no regulations in process.

The Nurse Practitioner Association requests support for Senate Bill 407, which directs the Maryland State Board of Nursing (MBON) to pursue advanced practice reciprocity agreements with our Border States: including Delaware, Pennsylvania, Virginia, West Virginia, and the District of Columbia. This bill requires the MBON to report back annually on the status of these negotiations, including whether agreements have been entered into and those terms. If no negations have been made, reasons and barriers to entering into these agreements along with suggestions for any regulatory or legislative changes necessary to facilitate such reciprocity should be reported.

Maryland faces ongoing challenges in maintaining an adequate healthcare workforce, particularly in underserved and rural areas. By facilitating licensure reciprocity with neighboring states, this bill will make it easier for qualified healthcare providers to practice in Maryland. The Board of Nursing can and should pursue these conversations immediately. In fact, the Board of Physicians has implemented reciprocal agreements with Virginia and DC and said that

the "option has proved very popular, and in the first four months alone, the Board issued more than 80 licenses by reciprocity."
The success of these agreements is why last year the Maryland Dept. of Health introduced the Reciprocity Bill. These agreements are negotiated independently by health occupations boards. They give each health occupations board more control when choosing to enter a reciprocity agreement. MDH advises that licensure by reciprocity for health care professionals in surrounding states is needed (1) due to the proximity and corresponding geographical relationship of nearby states; (2) to improve access to care and treatment, particularly for rural State residents; and (3) to address current health care workforce challenges.

This bill will strengthen healthcare access and delivery across our state. We believe this bill represents a practical, common-sense, speedy solution to healthcare access for all Marylanders. We request a favorable report for SB 407.

If there are further questions or concerns, please reach out to our Association. Thank you.

Sincerely:

Malinda D. Duke CPNP-PC

Malinda D. Duke CPNP-PC, CDCES
Executive Director, NPAM
5372 Iron Pen Place
Columbia, MD 21044
NPAMexecdir@gmail.com
443-367-0277 (office)
410-227-4741 (mobile)

N. Russell SB 407 Testimony .pdf
Uploaded by: Naila Russell
Position: FAV

Chair Beidle and members of the Senate Finance Committee. Thank you for this opportunity to support SB 407 - which would empower the Board of Nursing to pursue reciprocity with surrounding states and territories. I am here today to speak to you as a certified nurse practitioner and a military spouse.

As of December 31, 2022, Maryland was home to approximately 14,292 active-duty military spouses. Approximately 19% of employed military spouses work in health-related services, which includes professions such as nursing. Like me - many of these military spouses are advanced practice registered nurses.

While Maryland has prioritized expedited licensure for military spouses since 2015, the administrative burden for both military spouses and the board of nursing remains high. The time to licensure is expedited, but the application process is not. As the applicant I still have to submit proof of education, certification, licensure, etc. in order to pursue a Maryland license. This requires me to pay for all college transcripts - up to $50, and board certifications - $40, verification of all my current and previous nursing licenses through nursys - $30 per license, fingerprinting for a background check - $50 dollars and the application fee to the Maryland Board of Nursing -$100 for the RN and $50 for the nurse practitioner certification.

The military spouse relief act of 2023 states that “Such covered licenses shall be considered valid at a similar scope of practice.” While this is promising for many military spouses who are in licensed professions, this is gray for nurse practitioners as scope is not standardized across the US. If my home state license is considered a restricted state for practice, will that license be recognized in Maryland - a full practice authority state?

There are 44 military installations between DC, Maryland, and Virginia. The likelihood of being stationed in one state and then transferred to another base in the immediate area is high. If I move from Maryland to Virginia, I may have to repeat the process I described to you - transcripts, certification, background check, verification of licenses, etc. This would not be a requirement if Maryland enters into reciprocal agreements with surrounding states and territories. Reciprocity allows for truly expedited licensure because the board understands that another approved board has already vetted the provider.

As you can see, reciprocity reduces the administrative burden of the board and the applicant - while ensuring public safety.

I urge a favorable report of SB 407 and welcome any questions.

Respectfully,

Naila Russell DNP, FNP-BC

SB407 Nursing Act.pdf
Uploaded by: Pamela Beidle
Position: FAV

PAMELA G. BEIDLE
Legislative District 32
Anne Arundel County

Chair, Finance Committee
Executive Nominations Committee

Joint Committee on Gaming Oversight
Joint Committee on Management of Public Funds
Spending Affordability Committee

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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11 Bladen Street, Suite 3 East
Annapolis, Maryland 21401
410-841-3593 · 301-858-3593
800-492-7122 *Ext.* 3593
Pamela.Beidle@senate.state.md.us

February 4, 2025

SB 407
State Board of Nursing - Advanced Practice Nursing Licensure and Specialty Certification - Reciprocity Discussions (Maryland Border States Advanced Practice Nursing Act)

Chair Beidle, Vice-Chair Hayes and Members of the Finance Committee:

Thank you for the opportunity to present Senate Bill 407, which directs the Maryland State Board of Nursing to pursue advanced practice nursing reciprocity agreements with MD's border states, including Delaware, Pennsylvania, Virginia, West Virginia, and the District of Columbia. The Board of Nursing shall also report back annually on the status of these negotiations, including whether agreements have been entered into and terms of such agreements. If the Board of Nursing is unsuccessful in securing any reciprocal agreements, they shall report any barriers to entering into these agreements along with suggestions for any regulatory or legislative changes that may be necessary.

Maryland faces ongoing challenges in maintaining an adequate healthcare workforce, particularly in underserved and rural areas. By facilitating licensure reciprocity with neighboring states, this bill will make it easier for qualified advanced practice registered nurses to practice in Maryland.

The Board of Nursing can and should pursue these conversations immediately. The success of these agreements is why we passed SB 221/HB 146 last year. This legislation introduced by the MD Dept. of Health authorizes any health occupations board, that does not otherwise have statutory authority to do so, to adopt regulations establishing reciprocity for individuals who are licensed or certified in another State that also offers similar reciprocity to individuals licensed or certified by the board.

The MD Department of Health advised in last year's bill that licensure by reciprocity for health care professionals in surrounding states is needed (1) due to the proximity and corresponding geographical relationship of nearby states; (2) to improve access to care and

treatment, particularly for rural State residents; and (3) to address current health care workforce challenges.

In fact, the Board of Physicians has implemented reciprocal agreements with Virginia and DC and said in their testimony last year that the "option has proved very popular, and in the first four months alone, the Board issued more than 80 licenses by reciprocity."

Unlike interstate compacts, which require a certain number of states and political compromise when it comes to scope of practice, reciprocity agreements are negotiated independently by health occupations boards. Reciprocity gives each health occupation board more control when choosing to enter a reciprocity agreement. In addition, the Board of Nursing can generate revenue as a prospective licensee will still apply for and be issued a Maryland license. By issuing a Maryland license the BON knows exactly who is authorized to practice in the state which is essential for patient safety and board regulation.

All of this means that Maryland residents can benefit from an influx of providers more immediately.

This bill will strengthen healthcare access and delivery across our state. I believe this bill represents a practical, common-sense solution to improve healthcare access for all Marylanders. I urge my colleagues to join me in supporting this bill.

2025 SB407 Opp APN Reciprocity.pdf
Uploaded by: Deborah Brocato
Position: UNF

Opposition Statement SB407
State Board of Nursing – Advanced Practice Nursing Licensure
and Specialty Certification – Reciprocity Discussions
(Maryland Border States Advanced Practice Nursing Act)
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We oppose SB407.

On behalf of our 200,000 followers across the state, we respectfully object to SB407. Maryland Right to Life opposes any bill that lowers the standard of care for the women and girls of Maryland.

The Abortion Care Access Act of 2022 significantly lowered the standard of care for women and girls with the removal of the physician requirement for medical and surgical abortions. The General Assembly has expanded prescribing authority beyond physicians to various other health care professions with less education and training which, of course, decreases safety. Advanced Practice Nurses (APN's) have prescriptive authority, including for controlled substances, without physician oversight. Increased number of prescribers does not equate to better medical care.

Last year, The Advanced Registered Nurse Compact failed to pass. HB425/SB359 would have allowed nurses to practice across state lines. This legislation, with "reciprocity discussions," is another attempt at allowing nurses to practice across state lines without undergoing licensing requirements for each of the states. Licensing requirements vary from state to state. Likewise, nurses vary in competency from person to person. This would lead to the open door for prescribing medications across state lines thus further lowering health care safety.

As of December 2021, the FDA permitted the remote sale of chemical abortion pills and **no longer required a physician's examination** in order to obtain abortion pills thus leaving women and girls exposed to the predatory TELABORTION practices of the abortion industry. Telabortion combined with prescribing across state lines can only lead to abuse that could lead to fatalities. Without a physician's examination to confirm gestational age and medical eligibility for chemical abortion as well as to confirm that the pregnant woman has consented to chemical abortion, these dangerous pills can be distributed to and utilized by sexual abusers and sex traffickers to continue to victimize women and girls. The state of Maryland should promote the highest standard of professional medical care available for women and girls, and this bill will lead to an erosion of medical care.

Telehealth vs. Teledeath: With COVID as the backdrop, the General Assembly enacted laws that expanded telabortion through remote distribution chains including pharmacies, school health centers, prisons, and even vending machines at the 2 year and 4 year colleges. Public funding for telabortion was expanded through Medicaid and Family Planning

Program dollars. There are many potential negative consequences to these policies which ultimately demonstrate the State's disregard for women's health. Underestimation of gestational age may result in higher likelihood of failed abortion which can lead to sepsis and death. Amber Thurman of Georgia died of sepsis as the result of an incomplete abortion after taking abortion pills. Undetected ectopic pregnancies may rupture leading to life-threatening hemorrhages. Rh negative women may not receive preventative treatment resulting in the body's rejection of future pregnancies. Catastrophic complications can occur and the woman or girl may realize too late that her health is in danger. COVID is over. Let's stop the erosion of the health care system.

65% of abortions are by coercion. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they are doing so willingly. Sex traffickers, incestuous abusers and coercive boyfriends will all welcome more easily available chemical abortion.

D-I-Y Abortions: While the Supreme Court imposed legal abortion on the states in their 1973 decision, the promise was that abortion would be safe, legal and rare. In 2016, the Court's decision in *Whole Woman's Health v. Hellerstedt* prioritized "mere access" to abortion facilities and abortion industry profitability over women's health and safety.

The abortion industry itself has referred to the use of abortion pills as "Do-It-Yourself" abortion, claiming that the method is safe and easy. Chemical abortions are 4 times more dangerous than surgical abortions, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 250%. The FDA has removed safeguards that prohibited the remote sale of chemical abortion bills leaving pregnant women and girls exposed to the predatory telabortion practices of the abortion industry.

In addition to the physical harm of these D-I-Y abortions, consider the psychological harm of chemical abortion. After taking the mifepristone and misoprostol and the contractions begin, the woman or girl is told to expel the baby and placenta into the toilet. This is a very bloody event and the woman or girl will see the remains of their baby in the toilet. If hemorrhaging occurs, the woman or girl will need emergency care but may not realize the bleeding has become life-threatening.

The State of Maryland should promote high standards of medical care for women and girls. It is already too easy to obtain dangerous abortion pills. **Please prevent an Amber Thurman from happening in Maryland and give an unfavorable report on SB407.**

NIH Abortion Pill Adverse Events.pdf
Uploaded by: Deborah Brocato
Position: UNF

PubMed Nation Institue of Health

National Library of Medicine, National Center for Biotechnology information

https://pubmed.ncbi.nlm.nih.gov/33939340/

2021 Spring;36(1):3-26.

Deaths and Severe Adverse Events after the use of Mifepristone as an Abortifacient from September 2000 to February 2019

Kathi Aultman 1, Christina A Cirucci, Donna J Harrison 2, Benjamin D Beran 3, Michael D Lockwood 4, Sigmund Seiler 5

Affiliations expand

PMID: 33939340

Abstract

Objectives: Primary: Analyze the Adverse Events (AEs) reported to the Food and Drug Administration (FDA) after use of mifepristone as an abortifacient. Secondary: Analyze maternal intent after ongoing pregnancy and investigate hemorrhage after mifepristone alone.

Methods: Adverse Event Reports (AERs) for mifepristone used as an abortifacient, submitted to the FDA from September 2000 to February 2019, were analyzed using the National Cancer Institute's Common Terminology Criteria for Adverse Events (CTCAEv3).

Results: The FDA provided 6158 pages of AERs. Duplicates, non-US, or AERs previously published (Gary, 2006) were excluded. Of the remaining, there were 3197 unique, US-only AERs of which there were 537 (16.80%) with insufficient information to determine clinical severity, leaving 2660 (83.20%) Codable US AERs. (Figure 1). Of these, 20 were Deaths, 529 were Life-threatening, 1957 were Severe, 151 were Moderate, and 3 were Mild.

The deaths included: 9 (45.00%) sepsis, 4 (20.00%) drug toxicity/overdose, 1 (5.00%) ruptured ectopic pregnancy, 1 (5.00%) hemorrhage, 3 (15.00%) possible homicides, 1 (5.00%) suicide, 1 (5.00%) unknown. (Table 1).

Retained products of conception and hemorrhage caused most morbidity. There were 75 ectopic pregnancies, including 26 ruptured ectopics (includes one death).

There were 2243 surgeries including 2146 (95.68%) D&Cs of which only 853 (39.75%) were performed by abortion providers.

Of 452 patients with ongoing pregnancies, 102 (22.57%) chose to keep their baby, 148 (32.74%) had terminations, 1 (0.22%) miscarried, and 201 (44.47%) had unknown outcomes.

Hemorrhage occurred more often in those who took mifepristone and misoprostol (51.44%) than in those who took mifepristone alone (22.41%).

Conclusions: Significant morbidity and mortality have occurred following the use of mifepristone as an abortifacient. A pre-abortion ultrasound should be required to rule out ectopic pregnancy and confirm gestational age. The FDA AER system is inadequate and significantly underestimates the adverse events from mifepristone.

A mandatory registry of ongoing pregnancies is essential considering the number of ongoing pregnancies especially considering the known teratogenicity of misoprostol.

The decision to prevent the FDA from enforcing REMS during the COVID-19 pandemic needs to be reversed and REMS must be strengthened.

Keywords: Abortifacient; Abortion Pill; Adverse Event Reports; Adverse Events; DIY Abortion; Drug Safety; Emergency Medicine; FAERS; FDA; Medical Abortion; Medical Abortion Complications; Mifeprex; Mifepristone; Misoprostol; No touch abortion; Post-marketing Surveillance; REMS; RU-486; Risk Evaluation Mitigation Strategy; Self-Administered Abortion.

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Similar articles

Mifepristone Adverse Events Identified by Planned Parenthood in 2009 and 2010 Compared to Those in the FDA Adverse Event Reporting System and Those Obtained Through the Freedom of Information Act.

Cirucci CA, Aultman KA, Harrison DJ.Health Serv Res Manag Epidemiol. 2021 Dec 21;8:23333928211068919. doi: 10.1177/23333928211068919. eCollection 2021 Jan-Dec.PMID: 34993274 Free PMC article.

Analysis of severe adverse events related to the use of mifepristone as an abortifacient.

Gary MM, Harrison DJ.Ann Pharmacother. 2006 Feb;40(2):191-7. doi: 10.1345/aph.1G481. Epub 2005 Dec 27.PMID: 16380436

SB 407 opposition testimony.pdf
Uploaded by: Lorraine Diana
Position: UNF

January 31, 2025

Senate Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St.
Annapolis, MD 21401

RE: Opposition to SB407 - Maryland Border States Advanced Practice Nursing Act

Dear Chairman Beidle and Members of the Senate Finance Committee:

As legislative chair for the Maryland Academy of Advanced Practice Clinicians (MAAPC), I am writing in opposition to SB 407 requiring the Maryland Board of Nursing (MBON) to pursue licensure reciprocity for advanced practice registered nurses (APRN) with surrounding states.

While we are all in agreement that a process is needed in Maryland to streamline APRN licensure, reciprocity agreements with border states present concerns for public safety, practice barriers for APRNs, and administrative burdens to the MBON.

Do you know how many states have enacted health care licensure reciprocity agreements?

Only one! Indiana in 2021 as a temporary stop gap during COVID and has now rescinded almost all health care licensure reciprocity.

This bill SB407 is requiring the Maryland Board of Nursing to pursue agreements with neighboring states that 49 states have rejected to solve health care provider shortages or licensing challenges even post COVID!

Why haven't states rushed to enact border reciprocity agreements to help solve their provider shortages?

Reciprocity agreements require each participating state to enact new statutes to define and legalize licensure by reciprocity. As you know, changing statute is a long and arduous process even when all parties agree.

Patient safety issues. Unlike states who participate in the Nursing Licensure Compact (NLC), states that enact reciprocity agreements may not have uniform requirements for licensure. For example, not all states require criminal background checks for nursing licensure that the NLC requires of all NLC states.

Unnecessary use of scarce resources.

The MBON has scarce resources. Negotiating and developing reciprocity agreements with multiple states requires extensive time, effort, and legal expertise. This bill has a duration of four years that will divert staff attention from key board functions. Maryland has had the NLC in place for 25 years and it works well to provide multistate licenses for nurses in the states with an enacted NLC and protects the public from harm. This bill would require the MBON to develop an entirely new system for licensing APRNs and would provide them with little ability to monitor those APRNs with reciprocal licenses, posing patient safety issues.

Ability of state health boards to discipline reciprocity licensees. Reciprocity licensees hold licenses from the home state, not the state granting reciprocity. If the reciprocity licensee commits an act that would require discipline in Maryland, the MBON would have no standing to begin disciplinary proceedings. Instead, the complaining party would have to file a disciplinary complaint with the home state of the licensee, though there would be no legal requirement to do so.

Challenges remain for licensees to navigate the varied scopes of practice for APRNs from state to state, including the need for collaborative and/or supervisory agreements with physicians, transition to practice requirements that may vary between nurse practitioners (NP), Certified Nurse Midwives (CNM), Clinical Nurse Specialists (CNS) and Certified Registered Nurse Anesthetists (CRNA) and prescribing authority. In addition, the onus for adhering to the nurse practice acts in each state where a reciprocal licensee practices is upon the individual APRN. This results in increased liability to the APRN and imposes a greater threat to the APRN license in every state where the APRN practices. If there is a nurse practice act violation, that APRN licensee would have their license suspended in all states pending the outcome of the investigation into wrongdoing, making the APRN unable to practice in the interim. The suspension of a professional license has implications for credentialing with health insurance companies.

Here is a summary of APRN licensure requirements in the states named in this bill.

- **Maryland** has an 18-month mentorship for NPs that NPs from those reciprocal jurisdictions would need to meet.
- APRNs in **Pennsylvania** are not independent, so APRNs from Maryland would need to follow the supervisory/collaborative agreement requirements in PA.
- NPs in **Virginia** have a 3-year supervisory/collaborative agreement period before being independent. CNMs in Virginia have a 1,000-hour supervisory/collaborative agreement period before being independent. CRNAs are not independent in VA. APRNs from Maryland would need to abide by those supervisory/collaborative arrangements in VA.

- CRNAs in **West Virginia** are not independent, so CRNAs from Maryland would need to follow the supervisory/collaborative agreement requirements in WV.
- APRNs have full practice authority (FPA) in DE, DC, and MD. Practicing under reciprocity in the other border states is a major step backward for APRNs in these three jurisdictions.
- All states require a Federal DEA license to prescribe controlled substances. Most states also require a CDS license from the state to prescribe controlled substances. WVA allows APRNs limited authority to prescribe controlled substances and has no state CDS requirement. Reciprocity agreements cannot override this Federal law!

Is there a viable alternative to a reciprocity bill for APRNs?

YES! Many states have used compacts to simplify licensure across state lines. Attached is a list of state licensure compacts and the benefits of using compacts rather than reciprocity agreements.

The APRN Compact was introduced in the 2022, 2023 and 2024 legislative sessions. It was not passed because one nursing group objected to it. See the survey results conducted by MBON in 2022 below. Most nurses and APRN survey respondents supported the APRN Compact and would seek a multistate license once the APRN Compact became law.

None of the major objections a group had to the APRN Compact will be addressed by this reciprocity bill and may even be exacerbated ~~by it~~.

1. APRNS would be unable to prescribe controlled substances across state lines without both a DEA license and a CDS license from the state in which they are prescribing. Reciprocity cannot address this issue, as Federal and state statutes are in place for these requirements. West Virginia (WV) only has limited controlled substance prescribing authority for NPs, has no state CDS license, and requires a DEA license for WVA.
2. Opposition to the APRN compact heavily focused on the 2080-hour work requirement (equivalent to one year experience), yet have no issue with Maryland APRNs going to Virginia, where there is 3-year transition to practice. In addition, Pennsylvania is not a full practice authority for APRNs, requiring collaborative agreements which Maryland eliminated in 2010. CRNAs do not have full practice authority in VA, WV, or PA.
3. Opposition's final objection to the APRN Compact was their need for an advisory board for the compact led by APRNs even before the Compact went live. The MBON was to be the representative to the APRN compact which was unacceptable to them,

yet they are fine with the MBON negotiating reciprocity agreements in their behalf in all these states.

I urge this committee to return an unfavorable report on SB 407.

Sincerely,

Lorraine Diana, RN, MS, CRNP

Legislative Chair, MAAPC

Council of State Governments compact monitor:

- 17 Professions with Available Occupational Licensure Compacts
- 350+ Pieces of Compact Legislation since 2016
- 51 states and territories participating in at least one occupational licensure compact
- Occupational Licensure Compacts
    - Advance Practice Registered Nurse Compact
    - Audiology and Speech-Language Pathology Interstate Compact*
    - Cosmetology Compact*
    - Counseling Interstate Licensure Compact*
    - Dentist and Dental Hygienist Compact*
    - Dietitian Licensure Compact*
    - Emergency Medical Services Compact
    - Interstate Medical Licensure Compact
    - Interstate Teacher Mobility Compact*
    - Massage Therapy Compact*
    - Nurse Licensure Compact
    - Occupational Therapy Compact*
    - Physical Therapy Compact
    - Physician Assistant Licensure Compact (PA Compact)*
    - Psychology Interjurisdictional Compact*
    - Interstate Compact for School Psychologists*
    - Social Work Compact*

2022 Maryland APRN Compact Survey Snapshot

In 2022, the Maryland Board of Nursing and the National Council of State Boards of Nursing completed an email-based survey of advanced practice registered nurses (APRNs) and registered nurses (RNs) who hold licensure in Maryland. The result reflect the responses of APRNs.

Survey distributed: October 3, 2022

Survey closed: October 28, 2022

2,083 APRNs completed the survey

Licensure

- 82.0% of respondents were Certified Nurse Practitioners
- 9.4% of respondents were Certified Registered Nurse Anesthetists
- 2.9% of respondents were Certified Nurse Midwives
- 3.4% of respondents were Clinical Nurse Specialists

Practice Across State Lines

- 72% of respondents reported providing APRN care or educational services to individuals living/traveling outside of Maryland in the last 24 months either in-person or through telehealth
- 45% of respondents hold an active nursing license in at least one additional state

APRN Compact

- 94% (*n = 1,643*) of respondents are in favor of Maryland joining the compact
    - **Cited reasons for supporting**: mobility, address nursing shortages, flexible licensure process, more opportunities to work, access to care
- 6% (*n* = 108) of respondents oppose Maryland joining the compact
    - **Cited reasons for opposing**: opposition to practice hours, lack of interest in practicing outside Maryland, lack of knowledge on compact

Sepulveda SB 407 opposition 01.31.2025.pdf
Uploaded by: Sabrina Sepulveda
Position: UNF

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January 30, 2025

Senate Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St.
Annapolis, MD 21401

RE: Opposition to SB407 - Maryland Border States Advanced Practice Nursing Act

Dear Members of the Senate Finance Committee:

As the owner of Harborside Behavioral Health, LLC, located in St. Mary's County, I am relied upon by my community to provide comprehensive mental health care in a federally identified mental health shortage area. In my role as a board-certified Psychiatric Nurse Practitioner, I advocate for policies that benefit my patients and profession.

I am writing to express opposition to Senate Bill 407, which would direct the Maryland Board of Nursing (MBON) to pursue reciprocity agreements with surrounding states for advanced practice nursing (APRN) licensure and specialty certification. While the bill's intent to increase access to qualified APRNs is laudable, the proposed approach would create significant public safety risks and administrative burdens while failing to achieve its stated goals.

The evidence from multiple jurisdictions demonstrates that interstate nursing compacts, not reciprocity agreements, are the most effective mechanism for ensuring safe and mobile nursing practice. Here are the key reasons why SB407 should be rejected in favor of the existing APRN Compact:

1. Public Safety Concerns

- Reciprocity agreements lack uniform processes for screening licenses and implementing disciplinary actions, which could put patients at risk. A documented case study in the Journal of Nursing Regulation demonstrates how a lack of clear regulatory authority with COVID-19 emergency occupational licensure orders led to delays in investigating and addressing serious patient safety violations.
- Unlike the APRN Compact, reciprocity agreements do not provide consistent mechanisms for information sharing between states regarding practitioners under investigation for patient harm.

2. Administrative Inefficiency

- The MBON would need to expend significant resources developing and implementing separate agreements with each border jurisdiction, despite already having systems in

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place for the Nurse Licensure Compact, which are the same systems to be that used by the APRN Compact.
- The bill would create unnecessary duplication of effort, as Delaware has already enacted the APRN Compact, and the Virginia administration and West Virginia APRNs are actively pursuing it.

3. Practice Environment Barriers

- Reciprocity agreements negotiated by regulatory boards cannot override existing scope-of-practice laws in neighboring states. APRNs would still need to comply with varying supervision and collaborative practice requirements in Pennsylvania, Virginia, and West Virginia.
- The proposed approach would create a confusing patchwork of requirements that could inhibit rather than enhance mobility.

4. Limited Geographic Scope

- The bill's focus on border states fails to address the needs of modern healthcare delivery, particularly regarding telehealth practice across all states.
- Regional agreements would not meet the demands of an increasingly mobile healthcare environment.

5. Stakeholder Support for Alternative

- The APRN Compact is supported by the vast majority of statewide organizations in Maryland representing the nursing profession.
- The APRN Compact also enjoys broad support from diverse stakeholders including MBON, Maryland Academy of Advance Practice Clinicians (MAAPC), AARP Maryland, Maryland Hospital Association, and numerous other healthcare and military organizations.

6. Maryland APRNs Want the APRN Compact

- In addition to support among the organizations that represent them, APRNs licensed in Maryland were given the opportunity to share their experience with cross-border practice and their views on the APRN Compact. The results of a survey of a survey of over 2,000 APRNs were striking:
    - 72% of APRNs reported providing nursing care or educational services to individuals living or traveling outside of Maryland in the two-year period prior to the survey.
    - 45% of APRNs reported holding an active APRN license in at least one additional jurisdiction.

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- 94% of respondents are in favor of the state joining the APRN Compact, citing mobility, access to care, and greater employment opportunities as reasons for supporting.

Instead of pursuing this legislation, we urge the committee to support Maryland's adoption of the APRN Compact, which already has the overwhelming support of Maryland's APRN workforce and statewide nursing stakeholders and would provide:

- Uniform processes for interstate practice. The APRN compact provides clear definitions to the basic credentials required for participation, responsibilities of practitioners and states, and the States' authority to discipline practitioners.
- Robust information sharing for public protection. Establishes centralized repositories about practitioners licensed in participating states.
- Established systems for implementation.
- Broader geographic reach which is better suited for addressing the telehealth and access to care needs across the entire country, not just regionally.
- Consistence with existing nurse licensure mobility frameworks
- More sustainable with established governance structures and mechanisms for updating requirements.

The experience of the past 25 years that Maryland has been a member of the Nurse Licensure Compact has shown that interstate compacts provide the most effective framework for ensuring safe and mobile nursing practice. Rather than creating a new, untested system of reciprocity agreements, Maryland should join the growing number of states that are exploring and have adopted the APRN Compact.

This legislation would be costly in time and resources without benefit and as the survey demonstrated, Maryland APRN licensees want and need a tested and safe model for licensure mobility. I urge the committee to return an unfavorable review.

Sincerely,

Sabrina Sepulveda, CRNP-PM, PMHNP-BC

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SB 407 - MBON - FIN - LOO.pdf
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Maryland
DEPARTMENT OF HEALTH

Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 4th, 2025

The Honorable Pamela Beidle
Chair, Finance Committee
Room 3
Senate Office Building
Annapolis, MD 21401

RE: SB 407 – State Board of Nursing - Advanced Practice Nursing Licensure and Specialty Certification - Reciprocity Discussions (Maryland Border States Advanced Practice Nursing Act)

Dear Chair Beidle and Committee Members:

The Board of Nursing (the "Board") respectfully submits this letter of opposition for SB 407 Advanced Practice Nursing Licensure and Specialty Certification - Reciprocity Discussions (Maryland Border States Advanced Practice Nursing Act). While the Board supports the intent to improve licensure portability, we believe the bill creates unnecessary redundancies with the Board's current portability efforts; is unfeasible given the current understanding of border state positions on the matter, and the differences in scope of practice laws among those states; and would create an unnecessary burden on Board staff.

The bill will require the Board to prioritize discussions with nurse licensing boards in border states in pursuit of Advance Practice Registered Nurse ("APRN") reciprocity agreements, at the expense of other more routine responsibilities, including, but not limited to processing applications for licensure and certification, investigating complaints against licensees and certificate holders, and reviewing nursing education programs for approval and renewal, and it will require the Board to submit annual reports to the General Assembly for four years starting in November of this year.

The State is currently part of the Nurse Licensure Compact (NLC), which allows registered nurses and licensed practical nurses to work across state lines seamlessly via a multistate license issued by the individual's home state, creating a simpler process for health professionals themselves, and fewer burdens on health occupations boards. All of the surrounding states, except the District of Columbia, are members of the NLC, which is managed by the National Council of State Boards of Nursing (NCSBN) and has existed for more than 25 years.

Several years ago, the NCSBN created a model compact for APRNs. Though Maryland has not yet joined the APRN Compact, it has been enacted in four states, including Delaware. Once the APRN Compact is enacted in seven states, it will become effective. In addition to the four states in which the APRN Compact has already been enacted, two states (Arizona and Arkansas) have pending legislation to enact the APRN Compact. If passed in both states, it would bring the total

membership to six states and within clear sight of the seven state threshold. The Board believes that the APRN Compact is a better and more streamlined option than individual reciprocity agreements between states.

Part of the difficulty in establishing individual reciprocity is the many policy misalignments between Maryland and the surrounding states, including reduced practice authority for APRN's in Pennsylvania and West Virginia (collaboration agreement requirement), restricted practice authority for APRN's in Virginia (physician supervision requirement), and other differences in specific scope of practice laws in nearly all surrounding states. These barriers could be overcome in a uniform fashion through the APRN Compact but, if done through reciprocity, would require extensive negotiation with each state and still require applicants to meet individual state requirements, increasing bureaucracy and paperwork for both the Board and health professionals.

Finally, this bill would require the Board to hire additional staff and obtain additional resources, none of which are funded under current revenue estimates and available PINs. These additional expenditures would not be necessary if Maryland joins the APRN Compact, since current human resources and infrastructure at the Board would be sufficient to accommodate a transition to multistate licensure through the APRN Compact.

Thank you again for your time. For more information, please contact Ms. Mitzi Fishman, Director of Legislative Affairs, at 410-585-2049 or mitzi.fishman@maryland.gov, or Ms. Rhonda Scott, Executive Director, at 410-585-1953 or rhonda.scott2@maryland.gov.

Sincerely,

Christine Lechliter
Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.