



NURSE PRACTITIONER
Association of Maryland

“Advocating for Nurse Practitioners since 1992”

2/21/2025

POSITION: Favorable

RE: **HB 602** State Board of Nursing - Advanced Practice Nursing Licensure and Specialty Certification - Reciprocity Discussions (Maryland Border States Advanced Practice Nursing Act)

Dear Chair Pena-Melnyk, Vice Chair Cullison, and Members of the Committee:

My name is Dr. Dale Jafari and I am President of the Nurse Practitioner Association of Maryland (NPAM) and a practicing Nurse Practitioner in the mid-shore Region. I ask for your support for HB 602 as a vehicle to advance workforce fluidity for Nurse Practitioners across the borders of our neighboring states.

NPAM was hoping that the **third** version of the APRN Compact by the National Council of States Boards of Nursing (NCSBN) proposed in session 2022-24 would support the Nurse Practitioners in Maryland and the communities we serve. Healthcare today is practiced in a way that meets the needs of a mobile society. Multiple communities are medically underserved. We need a workforce to meet those needs and we need it now. Reciprocity offers that option where the APRN compact cannot be enacted until passed by at least 7 states. It has passed in four (ND, SD, UT, and DE). It is in discussion in AZ legislature currently. The 2025 sponsor in AK withdrew his Bill.

The **third** version of the APRN Compact is problematic for five primary reasons:

1. There is no consensus between NCSBN and the NP community. Five national NP organizations and 12 state NP organizations have signed onto a letter of opposition to this version of the APRN Compact. (Attempts at reaching a multi-state APRN Compact have failed for more than 20 years and will not be easily overcome until all 50 states have full practice authority.
2. There is a 2,080 practice-hour requirement before a Maryland licensed APRN can apply to participate in the Compact. Maryland legislators granted APRNs full practice authority without a practice hour requirement but other states require that their NPs complete up to 5000 hours or more before they are cleared for practice. The NCSBN felt that the 2,080 hours would make the APRN Compact more palatable in those states at the expense of the 27 states with Full Practice Authority.
3. Prescribing of controlled substances is not included in the APRN compact thus limiting the prescriptions for our pediatric patients on certain medications for ADHD or our post-operative or cancer patients requiring narcotic pain medication.

4. It is inflexible requiring that any changes a state proposes must then pass the legislative bodies of every state participating in the Compact to achieve an amendment.
5. The APRN Compact passed in DE in 2022 does NOT have the support of the very APRN's it is intended to govern. The companion bill granting DE NPs Full Practice Authority was attached to the APRN compact to overcome the opposition by the Nurse Practitioners as stated by the Delaware Board of Nursing Director in the minutes from the 2022 NCSBN Roundtable discussion and confirmed by the current President of the Delaware Coalition for Nurse Practitioners, Roseann Velez.

The Maryland Legislature was wise to recognize the need for an immediate resolution to the workforce shortage with passage of the 2024 HB 146 Reciprocal licensure and Certification. We now need a mechanism to operationalize an urgent solution to an emergent problem with HB 602. I urge you to consider a favorable report.

Sincerely,

S. Dale G. Jafari

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