

February 21st, 2025  
Health and Government Operations Committee  
308 Lowe House Office Building  
6 Bladen Street  
Annapolis, MD 21401

RE: Opposition to HB602 - State Board of Nursing - Advanced Practice Nursing Licensure and Specialty Certification - Reciprocity Discussions (Maryland Border States Advanced Practice Nursing Act)

Dear Members of the House Health and Government Operations Committee:

As President of the Maryland Association of Clinical Nurse Specialists (MACNS), I am writing in opposition to HB602 requiring the Maryland Board of Nursing (MBON) to pursue licensure reciprocity for advanced practice registered nurses (APRN) with surrounding states.

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

Here are the key reasons why HB602 should be rejected in favor of the existing APRN Compact:

I. Safety Concerns:

- a. States participating in reciprocity agreements may not have uniform requirements for licensure unlike states participating in the Nursing Licensure Compact (NLC).
- b. Reciprocity agreements negotiated by regulatory boards do not override existing scope of practice laws. APRNs would still need to comply with limiting scope of practice collaborative and/or supervisory agreement requirements outside of Maryland.
- c. Reciprocity agreements do not provide consistent mechanisms for information sharing between states regarding practitioners under investigation for patient harm.
- d. 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 and prescribing authority.

For Clinical Nurse Specialists (CNSs) this imposes an increased risk of liability – CNSs have full practice authority (FPA) in DE, DC and MD. Practicing under reciprocity in the other border states is a major step backward for CNSs by limiting scope of practice in these three jurisdictions. This would *include a 3-year transition to practice* in Virginia.

- e. Reciprocity licensees hold licenses from the home state, not the state granting reciprocity. If a disciplinary act occurs in Maryland, Maryland will have no standing to begin disciplinary proceedings with the reciprocity licensees. 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.

## 2. Administrative Strain and Inefficiencies:

- a. The MBON has scarce resources. The bill would require the MBON to expend significant resources developing and implementing separate agreements with each border jurisdiction, despite already having systems in place for the Nurse Licensure Compact, which are the same systems to be that used by the APRN Compact.
- b. Reciprocity agreements require each participating state to enact new statutes to define and legalize licensure by reciprocity – which can be a long and expensive process even when all parties agree.
- c. The bill would create unnecessary duplication of effort, as Delaware has already enacted the APRN Compact and would be held to those regulatory standards.

## 3. Stakeholder Support for the APRN Compact:

- a. Instead of pursuing this legislation, we urge the committee to support Maryland's adoption of the APRN Compact, which already has support from Maryland's APRN workforce and statewide nursing stakeholders.
- b. The APRN Compact has an established system for implementation, a governance process and mechanisms for regulating APRN practice.
- c. Uniform process for information sharing for public protections, centralized repositories about licensed APRNs, provides a process for the States' authority to discipline.
- d. Consistence with existing nurse licensure mobility frameworks, aiding a border geographic reach better suited for addressing access to care issues across the country, not just regionally.

The requirements from this bill will place administrative stress on the MBON without resulting in a safe increase in access to qualified APRNs.

I urge this committee to return an unfavorable report on HB602.

Sincerely,

Pamela S. Moss, MSN, MPH, APRN-CNS, ACCNS-AG, CCRN-CSC  
President, Maryland Association of Clinical Nurse Specialists.