Sabrina Sepulveda, CRNP-PMH,
Harborside Behavioral Health, LLC
P.O. Box 452 Valley Lee, MD 20692
Phone: (301) 494-1009 Fax: (970) 296-5636
Email: sabrina@harborsidebehavioralhealth.com

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RE: Opposition to HB 602 - Maryland Border States Advanced Practice Nursing Act

Dear Members of the House Health and Government Operations 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 House Bill 602, 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.

Supporters of this bill will tout that physician reciprocity has been successful with increasing license portability to one of our border states. Unfortunately, this compares apples to oranges! While physician license reciprocity across states is relatively straightforward due to standardized medical education and scope of practice, APRN reciprocity is more complex because of significant state-by-state variations in scope of practice laws. APRNs may have full practice authority in one state, as is the case here in Maryland, but requires physician supervision in another, or face restrictions on prescribing certain medications, ordering tests, or providing specific treatments. I have highlighted those key differences that affect our surrounding states of Virginia, Pennsylvania and West Virginia below. These fundamental differences in what APRNs are legally permitted to do make direct license reciprocity challenging, as an APRN's training and experience may align with the scope of practice in their home state but not meet the specific requirements or practice limitations of another state. Unlike physicians, whose scope remains largely consistent nationwide, APRNs must navigate a patchwork of different practice environments that can significantly impact their ability to transfer their licenses and practice across state lines.

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 HB 602 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.

- This case study in Journal of Nursing Regulation (Scheidt, 2021) highlighted the dangers to public safety an untested regulatory mechanism like HB 602 could create. During COVID-19, when New York state, a non-nurse licensure compact state, enacted temporary reciprocity through executive orders, a nurse practicing under these orders diverted controlled substances and tampered with medication vials, putting patients at serious risk. Because New York lacked proper jurisdiction under reciprocity, they couldn't investigate or take disciplinary action. This left the nurse free to continue to practice while awaiting investigation by their home state.
- Unlike the APRN Compact, reciprocity agreements do not provide consistent mechanisms for information sharing between states regarding practitioners under investigation for patient harm. The APRN compact establishes the state's authority to discipline practitioners.

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 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.
- Pennsylvania requires physician supervision for APRNs and Virgina has a Five-year supervisory period for Nurse practitioners. West Virigina limits CRNA independence. No reciprocity agreement can override these state-specific restrictions.
- 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.

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- Regional agreements would not meet the demands of an increasingly mobile healthcare environment.
- Delaware has already enacted the APRN compact and would not be part of a reciprocity agreement.

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), Maryland Association of Nurse Anesthetists (MANA), Maryland Association of Clinical Nurse Specialists (MACNS), 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.
  - 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

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- 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,

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