



# Board of Nursing

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

February 25th, 2025

The Honorable Joseline Pena-Melnyk  
Chair, Health and Government Operations Committee  
Room 240  
House Office Building  
Annapolis, MD 21401

**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 and Committee Members:

The Board of Nursing (the “Board”) respectfully submits this letter of concern for HB 602 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 surrounding states in pursuit of Advance Practice Registered Nurse (“APRN”) reciprocity agreements, and submit annual reports to the General Assembly for four years starting in November of this year. Again, the Board is completely supportive of the goal of solving the staffing shortage in Maryland. In fact, the shortage has been the Board's first priority for three years, and continues to be a focus of our legislative and administrative efforts. To this end, the Board, along with the Department of Health and the Governor's office have taken numerous steps to alleviate this shortage, including nearly \$10 million in grants over 2022 and 2023 for nurse training programs, the Department's Commission to Study the Health Care Workforce Crisis, and the Board's collaboration with the Welcome Back Center of Suburban Maryland and the Commission on Graduates of Foreign Nursing Schools (CGFNS) to add additional English language proficiency (ELP) exam options. In fact, this year alone the Board has requested a departmental bill extending the Loan Assistance Repayment Program for Nurses, in particular alleviating the shortage in health care deserts; supported easing restrictions on non-native English speakers meeting qualifications for licensure; supported the expansion of tax credits for nurse preceptors; and created an alternative pathway for nurse endorsement applicants whose prelicensure education was not found to be substantially equivalent by the Board. To be sure, there is more to be done before our Maryland has the health care work force it needs, but there is no shortage of attempts to fix the problem.

A crucial component to supplying Maryland health care workforce is 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. This agreement has been extremely successful in allowing nurses to work where they are most needed.

Several years ago, the NCSBN created a model compact for APRNs as well. As of today, it has been approved in four states, including Delaware. Once the APRN Compact is approved in seven states, it will become effective. In addition to the four states in which the APRN Compact has already been approved, two states (Arizona and Arkansas) have pending legislation to approve it. If passed in both states, it would bring the total membership to six states and within clear sight of the seven state threshold. Crucially also, in 2020, Virginia conducted a study on the feasibility of reciprocity, reaching out to all of their bordering states to gauge their positions on the nursing workforce generally, and the APRN compact specifically. All States who responded (WV, NC, TN, MD) expressed support for the compact, and a reluctance to enter into individual reciprocity agreements. These jurisdictions indicated the current method of endorsement is efficient and effective for nurse practitioners to obtain licensure in states. Finally, though there is no APRN Compact bill this session, it has passed out of this Committee each time it was brought before you. The Board believes that the APRN Compact is a better and more streamlined option than individual reciprocity agreements between states, and Maryland APRNs agree, as a poll conducted by NCSBN showed 94% of APRN respondents supported the Compact.

Beside the compact being a more effective and streamlined option, 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](mailto:mitzi.fishman@maryland.gov), or Ms. Rhonda Scott, Executive Director, at 410-585-1953 or [rhonda.scott2@maryland.gov](mailto: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.**



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## Compact Vs. Reciprocity Table

APRN Compact	Individual Reciprocity
<p><b>Uniformity:</b> Creates a uniform process for mobility across multiple states, easing administrative burden on both regulators and licensees.</p>	<p><b>Uniformity:</b> Governs practice between individual states, creating a complex array of terms that differ jurisdiction to jurisdiction, creating confusion for providers, patients, and employers.</p>
<p><b>Independent Practice:</b> The APRN Compact allows for APRN independent practice uniformly. Once enacted in a state, the APRN Compact then becomes state law governing practice of multistate licensees.</p>	<p><b>Independent Practice:</b> APRN independent practice will depend on reciprocity agreements, and is not guaranteed. Independent practice in jurisdictions without it will require statutory change in each jurisdiction and for each APRN role.</p>
<p><b>Implementation:</b> The Compact currently has more than half the members it needs to be activated, including Delaware. If Maryland and two of the four states with pending legislation join, the Compact will be implemented immediately.</p>	<p><b>Implementation:</b> Pursuing individual reciprocity will require extensive negotiations between the Board of Nursing and the regulators of five other jurisdictions, a timely and costly process that would likely take years to negotiate, and years more to implement.</p>
<p><b>License Requirements:</b> Only requires licensees to meet the requirements of their home state and the uniform licensure requirements outlined in the compact statute. The uniform licensure requirements promote consistency and ensure all multistate licensees have met a uniform set of requirements.</p>	<p><b>License Requirements:</b> Can require practitioners to meet requirements for both states which can be duplicative and reduce the effectiveness of the agreement. Potential to create confusion between APRNs from different regional jurisdictions as to what their qualifications are for practicing in Maryland.</p>
<p><b>Reporting:</b> Only requires licensees to report to their home state and renew licensure in their home state.</p>	<p><b>Reporting:</b> Can require providers to report to multiple states and renew authorization to practice in</p>

	multiple states, adding unnecessary administrative burden.
<b>Information Sharing:</b> Utilizes a shared database which ensures all jurisdictions have complete information on providers in their state, and prevents bad actors from committing violations in one state only to simply move on to another one. These systems are already in place and used by the Maryland Board of Nursing through their participation in the Nurse Licensure Compact for the last 25 years.	<b>Information Sharing:</b> May allow for shared information between two jurisdictions, but would not have the extensive access offered by the Compact. Systems in each jurisdiction and in the national database would need to be updated in order to reflect individual authorizations to practice between the jurisdictions.