



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

March 31, 2026

The Honorable Pamela Beidle
Chair, House Health Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: House Bill 1284 – Residential Service Agencies - Private Duty Nursing - On-Site Nurse Training Programs - Letter of Opposition

Dear Chair Beidle and Committee Members:

The Maryland Board of Nursing (the “Board”) respectfully submits this letter of opposition for HB1284 – Residential Service Agencies - Private Duty Nursing - On-Site Nurse Training Programs.

The Board understands and appreciates the workforce concerns raised by this legislation regarding private duty nursing (PDN) staff and believes that it will result in significant patient safety concerns.

The provision of in-home care for complex patients differs distinctly from the care provided in other clinical settings. In-home care for complex patients involves direct 1:1 care provision without additional healthcare practitioners on-site; unlike hospital, clinic, or other facility care settings where nursing care is traditionally provided with other healthcare practitioners and nursing staff on site, should additional assistance be required. Caring for medically complex pediatric patients demands extreme caution, involving precise dosing, specialized equipment management (e.g., tracheostomies), and rapid clinical judgment, often without immediate access to other medical support.

The required level of care for home care is not in line with the experience level and expectations of a newly registered nurse (RN), even with a training program provided by the Residential Service Agency (RSA). While the bill requires these programs to be approved by the Maryland Department of Health (MDH), such approval focuses on administrative curricula rather than the clinical intuition that can only be developed through the one year of bedside experience currently required in COMAR 10.09.53.03G(3)(b). However, this bill would allow an RSA to substitute the required experience with their own training. As a result, new graduates would be able to bypass the requirement of at least one year of bedside experience and unsuitably care for these vulnerable patients. Unlike typical year-long hospital nurse residency programs with extensive resources and supervision, home-based care lacks such support. The current nursing workforce reality is that new graduate RNs are significantly cheaper to employ than RNs with clinical

experience.¹ The Board is concerned that the bill allows the employer to determine clinical readiness subjectively, whereas the current one-year requirement provides an objective safety threshold that ensures a nurse has faced a variety of clinical scenarios before practicing 1:1 in a home. Further, some nursing skills are learned fully through experience and cannot be expected to be learned through their education or RSA provided training program; these skills need to be acquired through hands-on provision of care in a setting with access to adequate support and resources for the new nurse.

Additionally, the degree of oversight and support provided to new graduates even with a preceptor or clinical supervisor is insufficient in a home-care based environment where a RN is 1:1 with a patient. The bill's requirement that a preceptor supervise a new nurse only **'until competency is demonstrated'** creates a subjective standard. Because the practice of registered nursing often requires quick, real-time decision making, the chance of harm to the nurse and patient increases due to the lack of access to another peer or clinician on site. Allowing a new RN in this situation with inconsistent, remote supervision or support would be clinically unwise.

Previously, the Board explored this issue at length regarding pediatric PDN services, and while sympathetic to the workforce concerns raised by RSAs, feel that the existing regulatory requirements ([COMAR 10.09.53.03G](#)) set by Medicaid requiring a pediatric private duty nurse to have at least 1 year of clinical experience, including pediatric direct care experience within the last 3 years, are necessary for patient safety. This is consistent with other state Medicaid agencies (ex. Washington State², Michigan³, Mississippi⁴). The Board also notes that while CMS sets the overarching guidelines, specific, granular requirements, "years of experience" are often determined by state-specific Medicaid programs (which fund most PDN) or the private duty agency's own hiring policies, rather than a single federal, numerical requirement. Although the bill states it does not affect nursing scope of practice, the Board maintains that allowing a novice nurse to perform high-acuity tasks without a foundation of prior experience inherently lowers the established State standard of care for our most vulnerable patients.

For these patient safety reasons, the Board is respectfully opposed to this legislation, and urges an unfavorable report for HB 1284. The Board is committed to ensuring the health and safety of all Marylanders receiving clinical care in the State, and is committed to working together on ways to address the healthcare workforce challenges, especially through existing programs such as the Maryland Loan Assistant Repayment Program, the Maryland Income Tax Credit for Preceptors, and new grant initiatives sponsored through the Department of Labor.

¹ Maryland Nursing Wage/Salary Trends by Occupation.

<https://www.nursing.umaryland.edu/mnwc/data/dashboards/maryland-nursing-wages/>

² [Private Duty Nursing Frequently Asked Questions \(FAQ\)](#)

³https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder1/Folder19/MSA_03-11.pdf?rev=0869a65d9a3a4d8398d77398799d4f0b#:~:text=PROVISION%20OF%20PRIVATE%20DUTY%20NURSING,visits%20are%20not%20separately%20reimbursable.

⁴ <https://www.sos.ms.gov/adminsearch/ACProposed/00025134b.pdf>

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,

A handwritten signature in blue ink that reads "Christine Lechliter". The signature is written in a cursive, flowing style.

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.