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PAM LANMAN GUZZONE
Legislative District 13
Howard County

Health Committee

Subcommittees

Chair, Health Facilities

Insurance

Pharmaceuticals



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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

**Testimony in Support of House Bill 1284: Residential Service Agencies - Private Duty
Nursing - On-Site Nurse Training Programs**

Finance Committee

March 31, 2026

Good afternoon, Chair Beidle, Vice Chair Hayes, and members of the Finance Committee. I'm Delegate Pam Guzzone, representing Howard County's District 13, and I am here in support of House Bill 1284, which would enable residential service agency to provide training to a licensed private duty nurse in place of clinical experience requirements.

Private duty nurses are an essential component of Maryland's healthcare system, providing in-home care to vulnerable patients, often children with complex chronic conditions, so they can lead full and meaningful lives. Their services ensure continuity of care, reduce preventable hospitalizations, and deliver compassionate, individualized support that safeguards patients' safety, dignity, and overall well-being. Yet, like many areas of the healthcare workforce, a complex web of issues has led Maryland to face a shortage of private duty nurses. Without adequate access to these services, many children are forced into prolonged stays in far more expensive settings, such as hospitals, separated from the comfort and stability of their homes.

This shortage is compounded by the fact that Maryland has experience requirements for private duty nurses that are among the highest in the nation. The Maryland Department of Health (MDH) requires all private duty nurses who work with individuals under 19 years of age to have at least one year of clinical pediatric experience within the last three years. Maryland is the only state with this mandate. Most other states allow registered nurses (RNs) and licensed practical nurses (LPNs) without extensive experience to provide care, with appropriate training requirements and generally under supervision.

HB1284 brings Maryland into line with other states by ensuring that private duty nurses receive the appropriate training necessary for high quality care. It would allow residential service agencies to employ registered nurses who have not meet the State's current experience requirements, provided that the RSA has a MDH approved training program, ensures clinical supervision by a nurse qualified for private duty nursing, and conducts frequent competency evaluations.

Implementing this legislation has several advantages. First, it will increase the supply of nurses, especially LPNs, qualified to provide private duty nursing services, helping to alleviate the current shortage and provide needed care. It enables residential service agencies to tailor training to the unique needs of their patients, equipping nurses to effectively address the specialized care requirements of those they serve. Finally, it will bring Maryland into line with the other states in the country, making private duty nursing more accessible and preventing us from losing qualified nurses to states with less restrictive regulations.

Thank you and I respectfully request a favorable report on HB1284.

HB1284 - Senate_FAV_MNCHA_Res. Service Agencies -

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Maryland-National Capital Homecare Association

Senate Finance Committee

March 31, 2026

House Bill 1284 – *Residential Service Agencies – Private Duty Nursing – On-Site Nurse Training Programs*

POSITION: SUPPORT

On behalf of the Maryland-National Capital Homecare Association (MNCHA), whose members include Medicare-certified home health agencies, private duty companies and durable medical equipment suppliers across the State, we **support** House Bill 1284.

Central to the delivery of health care services is the availability of a qualified, highly competent workforce. Recognizing the unique and substantial impact of the deepening workforce crisis on the post-acute care provider community, MNCHA remains concerned about the availability of licensed nurses. Licensed Practical Nurses (LPNs) deliver the majority of continuous skilled nursing service hours under the Medicaid EPSDT waiver, and this population of Maryland’s skilled nursing workforce shrinks year over year. According to the Maryland Board of Nursing Annual Report for Fiscal Year 2024, the number of active LPN licensees decreased from 11,507 in FY 2020 to 11,006 in FY 2024, representing a 4% decrease. Occupational employment data from the U.S. Bureau of Labor Statistics this year showed that the skilled nursing workforce in Maryland comprises 48,980 Registered Nurses, compared to only 9,510 LPNs.

These numbers are further exacerbated by the fact that private duty nursing service providers remain at a competitive disadvantage as an employer of choice for skilled nurses because home care provider reimbursement rates are substantially lower than those in our healthcare industry counterparts in acute and long-term care settings. This is also despite health outcomes data now clearly evidencing that home care is a wise investment in healthcare spending and produces a return on investment compared to other care settings.

House Bill 1284 provides a mechanism to address workforce shortages in a safe, competent manner, allowing individuals greater access to necessary care. MNCHA urges a favorable vote.

For More Information:

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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.