Maryland
DEPARTMENT OF HEALTH

Board of Nursing

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

March 11, 2026

The Honorable Heather Bagnall
Chair, House Health Committee
240 House 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 Bagnall and Committee Members:

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

MBON understands and appreciates the workforce concerns raised by this legislation regarding private duty nursing staff and believe 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, even with a training program provided by the Residential Service Agency (RSA). 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 registered nurses are significantly cheaper to employ than registered nurses with clinical experience.[1] As such, the RSA is financially incentivized to pass new graduate registered nurses through the training program, even if the nurse may not have the clinical competencies to provide this 1:1 in-home care. Further, some nursing skills are learned fully through experience and cannot be expected to be learned through their education or RSA

[1] Maryland Nursing Wage/Salary Trends by Occupation.
https://www.nursing.umaryland.edu/mnwc/data/dashboards/maryland-nursing-wages/

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.

Further, 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 or LPN is 1:1 with a patient. The practice of registered and practical nursing often requires quick, real-time decision making, without access to another peer or clinician on site, this can be dangerous for the nurse and the patient. Allowing a new registered or practical nurse in this situation with no onsite resources or support would be clinically unwise.

Previously, MBON explored this issue at length regarding pediatric private duty nursing, and while sympathetic to the workforce concerns raised by RSAs, feel that the existing regulatory requirements (COMAR 10.09.53.03G) set by Medicaid which require a pediatric private duty nurse to have at least 1 year of clinical experience which includes pediatric direct care experience within the last 3 years are necessary for patient safety. This is consistent with other state Medicaid agencies (ex. Washington State[2], Michigan[3], Mississippi[4]). MBON 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.

For these patient safety reasons, MBON is respectfully opposed to this legislation. The Board is committed to ensuring the health and safety of all Marylanders receiving clinical care in the State, and are 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.

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,

Christine Lechliter
Board President

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

[3] https://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

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.