

March 16, 2026

The Honorable Heather Bagnall
Chair, House Health Committee
241 Taylor House Office Building
6 Bladen Street
Annapolis, MD 21401

The Honorable Pam Guzzone
Member and Bill Sponsor, House Health Committee
216 Lowe House Office Building
6 Bladen Street
Annapolis, MD 21401

Re: Maryland's Board of Nursing Opposition to HB 1284 – Residential Service Agencies - Private Duty Nursing - On-Site Nurse Training Programs.

Dear Chair Bagnall and Delegate Guzzone,

We appreciate your time and attention while hearing Maxim Healthcare's (Maxim) testimonies in support of House Bill 1284. In response to the Maryland's Board of Nursing (MBON) Opposition to HB 1284, we want to review those concerns addressed. We appreciate MBON's clinical concerns with Residential Service Agencies (RSA) training nurses in the home, however their bias towards all RSAs has made it difficult to work through solutions to improve the services that highly respected home care providers, like Maxim, have presented to them multiple times. I also want to address that some of MBON's sources are either misleading or incorrect.

MBON Concern #1

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. Unlike typical year-long hospital nurse residency programs with extensive resources and supervision, home-based care lacks such support.

Maxim's Response

Maxim's nationally recognized training programs educate new and tenured nurses who do not have either the required tracheostomy, ventilator or pediatric experience; or one year of clinical experience to gain employment. Due to the current Maryland regulations, we are prohibited to utilize our Novice Nurse and Skills Advancement programs.

Maxim's Novice Nurse program provides education to nurses who hold less than one year of hands-on experience. Because of the specialized one-on-one training built into the program, nurses emerge better prepared to care for patients who have high acuity needs. This program offers excellent support, training and mentorship. Once a nurse has shown competence and has confidence, then they graduate to provide care on their own.

Maxim's Pediatric Skills Advancement Program is for nurses who have the clinical experience, but do not have pediatric experience. This is more pronounced with LPNs who have worked in a facility with adults. This program consists of didactic instruction, expanded training, 1:1 in-home mentoring for nurses, partnerships with community resources and (if and when applicable) complemented by innovative training labs.

Providers in Maryland find it difficult to recruit and retain competent skilled private duty nurses to care for our most medically fragile individuals, like children and adults with complex chronic conditions (CCCs). Many of these home care patients require assistive technology such as ventilators and tracheostomies to sustain life. Every nurse we hire, who has clinical pediatric experience, will go through a competency based on clinical evaluations. It's important to note that just because a nurse has recent pediatric experience, they are not automatically able to provide care for this vulnerable population. Maxim provides comprehensive training before deeming these nurses competent to care for an in-home patient. This should be expected of all agencies providing PDN in the home.

The long-term outcome of these nurse training programs in Maryland will increase availability of skilled nurses with greater home healthcare experience and able to care for our medically fragile population at home. Children who require private duty nursing services will have better access to quality health care which is a cost savings to the state as they will not be in the more expensive hospital setting.

MBON Concern #2

The current nursing workforce reality is that new graduate registered nurses are significantly cheaper to employ than registered nurses with clinical experience. 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.

Maxim's Response

To accuse agencies of hiring new nurses only to benefit from a lower wage is unfounded. By barring nurses the choice to work in home care versus a hospital, or facility, further proves how PDN is strained to hire nurses. In fact, PDN agencies are further limited to who they can hire due only preauthorizing LPNs to provide care. In the state of Maryland there are 90,718 RNs and only 11,175 LPNs.¹ When automatically denying a RN authorization on a PDN case eliminates 89% of the nurse workforce to provide care for a patient. This further risks hospitalizations until care can be provided in the home. According to the *Maryland Board of Nursing: Annual Report Fiscal year 2024*, "The number of active LPN licensees has decreased from 11,507 in FY 2020 to 11,006 in FY 2024 (a 4% decrease)²."

MBON Concern #3

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 requirements³ 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, Michigan, Mississippi).

Maxim's Response

Maxim's nurse training programs have been successful in 41 other states that we provide care in, which include Washington state and Michigan. The sources that MBON references for these two states are incorrect and not specific to PDN.⁴ However, we want to share two state examples that had similar concerns that MBON had but has since worked with agencies to create policies with patient safety always at top of mind.

Virginia

Over a decade ago, Virginia revised the "EPSDT Private Duty Nursing Program Manual" by adding a revised work experience section and training program guidelines.⁵ The guidelines state how providers with established training programs are to handle documentation and record keeping for nurses with no prior experience and who have completed the program. These updated regulations were brought on by PDN stakeholder and Virginia Medicaid meetings.

California

Currently, California has a program exemption process that requires Maxim to submit a Program Flexibility Waiver Request for Section 74707 of Title 22 of the California Code of Regulations (CCR).⁶ Individual home care providers must submit a waiver request every three years for approval. Maxim has been successful with these programs in California for over ten years.

Many Maryland children with special healthcare needs are either not receiving enough nursing services in the home or continue to remain in costlier settings, like hospitals, waiting to come home. This is particularly affecting pediatric hospitals who are experiencing overstay for children.⁷ When PDN providers are able to recruit and retain qualified skilled nurses they can bring more children home. These situations can have a negative impact on children, as prolonged hospital stays or lack of in-home nursing can be detrimental to their well-being and development. This continues to highlight the need for improved placement options.

We believe that a modification to COMAR 10.09.53.03 Section G. (3)(b) **should be made** to allow providers with onsite nurse training to hire and train to specific patient needs. We feel strongly that our nurse training programs directly and positively impact pediatric patients' access to home care services while increasing the number of home care nurses available to serve the State's population. The reformation of the State of Maryland's home care experience regulations will improve quality of patient care while also providing a cost-effective care delivery system that allows pediatric patients to remain with their families instead of long-term care facilities, hospitals or skilled rehabilitation centers.

Thank you for your support of home health care and private duty nursing services in the state of Maryland. We hope that the committee will consider our request to improve Medicaid for private duty nursing services so that Maryland can compare with neighboring states and keep our skilled nursing workforce. We want to work with you to promote a better lifestyle for children and adults with complex healthcare needs in our community and continue to bring patients home by offering them the nursing services they deserve. Please do not hesitate to reach out to me with any questions or concerns.

Sincerely,

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CC:
House Health Committee Members

References:

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