

**Statement of The Rural Maryland Council**  
to the House Health and Government Operations Committee  
February 22, 2010



**House Bill 319: State Board of Nursing**  
**Nurse Practitioners - Certification Requirements and Authority to Practice**

**POSITION: Support With Concerns**

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*The Rural Maryland Council (RMC) is an independent state agency and the state's federally designated State Rural Development Council under the USDA's National Rural Development Partnership. Our charge is to identify challenges common to rural communities and to help craft solutions in a collaborative manner. Improving access to affordable quality health care for rural and underserved citizens of Maryland has been the RMC's top strategic focus for more than three years.*

The RMC wholeheartedly supports the intent of HB 319 to allow professionally trained and credentialed health care providers to use their skills and experience to treat patients in need, especially in underserved areas like our inner cities and rural Maryland where primary care is desperately needed. The shortage of primary care physicians throughout Maryland, especially rural Maryland, is clearly dire. Thirteen of Maryland's 18 rural counties are currently designated as primary care health professional shortage areas. In addition, the *Maryland Physician Workforce Study*, conducted by the Maryland Hospital Association and MedChi in 2008, reported that all three rural regions of the state fall significantly below national levels in active practicing physicians per 100,000 residents. Southern Maryland has critical shortages in 25 of the 30 physician categories (83.3%); Western Maryland 20 of 30 (66.7%), and the Eastern Shore 18 of 30 (60.0%). These shortages will only worsen as time goes by without some creative thinking.

The RMC is convinced that the collaborative agreement Nurse Practitioners are currently required to work under is overly burdensome and unnecessarily impedes the ability of a Nurse Practitioner to deliver quality care. However, we are concerned that eliminating all forms of required collaboration between a Nurse Practitioner and a physician may have significant unintended consequences. Without a specific arrangement with a physician, a nurse practitioner might be unable to obtain a consultation or referral when necessary, either because there is no physician relationship, or because available physicians are too busy, unwilling, or, for whatever reason, unable to assist in a timely way. In addition, we are concerned that, absent clear access to physician consultation, inexperienced Nurse Practitioners may become the sole or predominant care providers in rural and underserved areas where particularly difficult health care issues require the educational expertise, experience and clinical training unique to physicians.

The RMC was represented on the Maryland Statewide Commission on the Shortage in the Health Care Workforce and The Task Force to Review Physician Shortages in Rural Areas as well as on the task force's

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subsequent Rural Residency Work Group. We continue to work with that group in exploring the development of a rural residency track on the Eastern Shore. The RMC remains supportive of all reasonable efforts to expand the supply of primary care physicians in Maryland, especially in rural areas, because doctors are not practicing in our rural areas in sufficient numbers. The Central Region is the only region in Maryland that is above the national average in active practicing physicians per 100,000 residents, and the only region in which supply meets demand. Most doctors leave medical school with six-figure debt; many simply don't want to work in isolated and remote communities where facilities are limited, pay and benefits are lower, and the employment and educational opportunities for their spouses and children are restricted. As a result, some rural communities have no physician at all while many do not have enough to provide adequate basic care to all those in need.

According to the MedChi/MHA study referenced earlier, the total supply of allied health professionals in Maryland is projected to grow 41 percent between 2007 to 2015 compared to an anticipated growth rate of only 14 percent for primary care physicians. Clearly, the trained and experienced Nurse Practitioner can play a crucial role in filling at least a portion of the void left by the dwindling supply of primary care physicians in rural areas.

We respectfully suggest the Nurse Practitioners and physicians, as well as their credentialing agencies, collaborate on updating and improving current regulations so that the Nurse Practitioners can practice as independently as their experience and training allows, while ensuring they have the proper support from medical doctors (and other health care providers) when that unique level of education, training, experience and/or service is required. The administrative and regulatory process could provide avenues for Nurse Practitioners to practice with an extremely high level of independence in those areas where the physician shortage and lack of health care access is most critical. Health care professionals are certainly qualified to determine the parameters under which professionals can safely deliver care. We urge the Nurse Practitioners and physicians, working together with appropriate others, to be on the forefront of true health care reform by developing efficient rules and regulations that meet the demands of the day. We prefer such collaboration to implementing statutory requirements that may well result in unintended consequences and irreparable harm.

Finally, we applaud the Nurse Practitioners for their efforts and desire to use their training and skill for higher benefit just as we applaud and encourage all efforts to expand the pool of primary care doctors willing to serve rural and underserved areas. Given our concerns, however, we respectfully suggest that this Committee deliberate ways to improve HB 319, addressing the serious issues raised by the RMC and others worried about but unsure of the best policy solutions to Maryland's critical shortage of primary health care professionals in Western Maryland, Southern Maryland, and the entire Eastern Shore of Maryland.