Statement of Maryland Rural Health Association and the Rural Maryland Council
To the House Health and Government Operations Committee
March 10, 2015

**House Bill 999: Nurse Practitioner Full Practice Authority Act of 2015**
**POSITION: SUPPORT**

Most areas in Maryland suffer from a healthcare workforce shortage; however, the shortages in rural Maryland are the most severe and will be worse with time unless significant, even profound, steps are taken to address them. Rural regions struggle to recruit desperately needed primary care physicians and have little hope of recruiting specialists. For rural Maryland, access to primary and specialty care is the number one priority area as identified in the Maryland State Rural Health Plan to improve the health of rural Marylanders. Ten of the 18 Maryland rural counties have partial or full designation as primary health care professional shortage areas. For example, Charles County needs 23 additional Internal Medicine Physicians (Primary Care Providers) to meet the needs of their population, while Baltimore City has an excess of 405 of this type of physician to meet the needs of their population (BOP, 2010). With the advent of health reform and over 264,000 newly insured in Maryland this year, rural areas must utilize nurse practitioners (NPs) to their fullest scope of practice to provide access to care for these newly insured (MHBE, 2015).

Research points to the effective use of nurse practitioners to meet the needs of areas with drastic primary care shortages by providing safe and cost-effective care (Fletcher, Slusher, Hauser-Whitaker, 2006; Lindeke, Jukkala, Tanner, 2005). Rural primary care doctors’ offices are more likely than urban ones to employ NPs (Kaissi et al., 2003; Larson et al., 2003; Chumbler, Weier, Geller, 2001; Smyth, 2003). Nurse practitioners in rural areas are more likely than their urban counterparts to provide primary care in primary care practice settings; they see more patients per week, and they are more likely to be the principal providers of care for a higher percentage of their patients than in urban areas (Martin, 2000).

By removing the attestation requirement, this legislation would increase patient access to high-quality, cost-effective healthcare. For rural NPs to submit an attestation is an even larger barrier because of the profound physician shortages in these communities. For those already in rural Maryland, their practice can suddenly be suspended when an attestation-named physician leaves a job or dies. This became the case in Southern Maryland when all three rural health officers that were serving as attestation named physicians turned over in a short period. In this case, NPs in this area lost billable clinical hours as they searched, secured, and submitted to the Board of Nursing a new signed attestation and more importantly patients lost access to primary care. This led to patients going out of network for care and having to drive long distances to reach another provider, leading to increased costs for both the provider and the consumer.

NPs serve as a valuable resource in rural Maryland, especially in the management of acute and chronic disease health problems. This legislation would help NPs practice to their fullest scope of practice and training and most importantly increase access to care in rural Maryland.

For these reasons, we urge you to give HB 999 a favorable report.

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The Maryland Rural Health Association (MRHA) is a non-profit organization. Our focus is health and our mission is to educate and advocate for the optimal health of rural communities and their residents. Membership is comprised of health departments, hospitals, community health centers, health professionals, and community members in rural Maryland. We count 60 organizations and over 10,000 individuals within our membership. Of Maryland’s 24 counties, 18 are considered rural by the state, and with a population of over 1.3 million they differ greatly from the urban areas in Maryland.

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 is a RMC top strategic focus.
Board of Physicians (BOP), 2010. DHMH Office of Primary Care Access analysis and based on physicians’ self-reported jurisdiction of their primary practice site.


