

Bill: SB 476

Position: SUPPORT

Committees: Senate Education, Health, and Environment Affairs & House Health %
Government Operations

Dear Chair, Vice-Chair, and Members of the Committee:

My name is Dr. Naila Russell. I am a family nurse practitioner practicing in Charles and St. Mary's county and a resident of Charles county. I am writing today to ask your support for SB 476. As a nurse practitioner I quickly realized the value of a skilled and well-trained medical assistant. Even while in school, I noted that the medical assistant was the person who drove the pace and alerted the provider to any irregularities in the day or with a particular patient. A medical assistant is a provider's right-hand man – or often time woman. I would imagine this is akin to a legislator's most trusted aide.

In my current position as a dermatology nurse practitioner, I am able to safely and efficiently see four to five patient's per hour - in part because of my competent and skilled medical assistant. She is responsible for bringing the patient back into the room, collecting the reason for the visit, updating any changes in the patient history, assisting me with any procedures, administering medications, and acting as a scribe for the visit.

Because I am employed by a physician owned dermatology practice, I do not have the luxury of choosing who I work with. But as an experienced nurse practitioner who was new to dermatology, I was thankful when I was paired with an assistant who had been working with the practice for a number of years; she was essential for my success in transitioning to dermatology.

Working for a physician owned practice, affiliated with a large medical group, presents unique challenges related to delegating to unlicensed personnel. Mainly because, unlicensed personnel are hired, staffed, and assigned to providers. Medical groups traditionally have been unaware of the ambiguous language in COMAR when making hiring decisions. The best person for the job who can function in the necessary role is hired. If that person is a medical assistant, then I can delegate to them legally only when the physician is in the office. As our practice has a number of locations, two-thirds of my time is spent practicing without a physician in the building. Technically as a licensed registered nurse in the state of Maryland, I can delegate to a medical assistant. The fact that COMAR is not explicit about the inclusion of APRNs is reflective of the period in which the regulations were written – a time when nurse practitioners were not so heavily entrenched in the Maryland healthcare system.

Nurse practitioners provide high quality access to care, that is cost effective and safe. Many of us do this with the aid of a medical assistant. We would like the language updated to reflect our role in the healthcare system as independent practicing providers. Updating this language will allow nurse practitioners – with the help of their medical assistants – to continue serving their communities legally. This bill easily passed the 2020 legislative session, and I am requesting a positive report from this committee in 2021. In doing so, you will be

acknowledging the role nurse practitioners and medical assistants have in assuring the health and wellbeing of Marylanders.