

## Clinical Story in Support of HB276 Clinical Nurse Specialist Prescribing Authority

Delay in access to care is a current reality for patients managed and cared for by Clinical Nurse Specialists (CNSs) in those few states where CNS prescribing authority is denied. Maryland is currently one of those states denying the CNS prescribing authority. The CNS manages patients across the health care system (inpatient, outpatient, transitions of care from ICU-to -stepdown-to-home in both rural and urban settings). Prescribing authority will allow the CNS to improve patient outcomes, increase patient and health care provider satisfaction and improve the efficiency, effectiveness and efficacy of care provided.

### Clinical Story

Working as a Clinical Nurse Specialist (CNS) at a large Academic Medical Center I manage post-operative Cardiac Surgery patients transitioning to and following their discharge to home. The CNS is key in the management of these patients until they are able to be transitioned to the care of their Cardiologist and/or Primary Care provider, with appointments **occurring 6-8 weeks after the patient is discharged home**. The CNS is able to fill this gap in care through safe and quality patient management of this population of patients until they can be safely transitioned to the care of their medical team in the community.

During this “transition period” the CNS manages patient symptoms, communicates plan of care with other members of the patient’s care team in the home – all important to improve patient outcomes, decrease readmissions, and meet the medical needs of these patients.

As a CNS I identify the need for changes in a patient’s medication regimen in order to decrease signs of fluid retention, dehydration, heart rate, rhythm and blood pressure issues – all to improve patient health status. The CNS is able to diagnose if patient symptoms warrant lab tests and interpret those lab results **but not order the lab tests**.

The CNS identifies changes in a patient’s medical status and assesses if the patient would benefit from getting specific referrals to PT, OT or requires medical equipment (walker, wheelchair, hospital bed). **Yet the CNS managing these patients must stop the workflow and find a medical provider who has prescriptive authority to sign their orders**. This process results in a delay in access to needed care, a breakdown in the continuity of care, pulling another health care provider away from their tasks at hand.

Delay in treatment is a patient safety issue due to another provider entering a medication, lab or medical equipment order on a patient they are not managing.....**ALL because Maryland has not yet authorized the CNS prescribing authority. The CNS is trained and educated, and within their scope of practice to prescribe**. There is justification and a huge need for the CNS who manages a population of patients along Cardiac Surgery service lines to have prescribing authority.

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