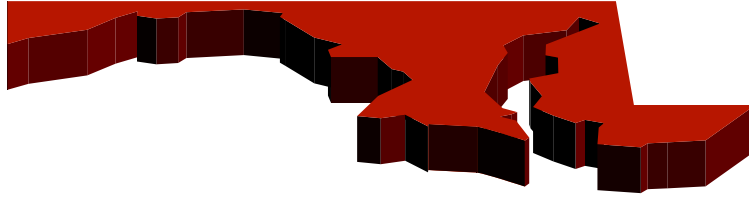


# STATE OF MARYLAND



## BOARD OF DIETETIC PRACTICE

OPEN SESSION AGENDA  
MARCH 17, 2022 - 10:00 A.M.  
GOOGLE MEET TELECONFERENCE

Call to order – Rebecca J. Snow, CNS, LDN, Board Chair

### ADJUSTMENTS AND ADDITIONS TO THE AGENDA

#### OLD BUSINESS

#### NEW BUSINESS

- ITEM 1 Approval of Minutes –January 20, 2022 (See attached - Item 1)
- ITEM 2 Committee Reports
- A. Budget – Ms. Snow, Ms. Davis, Ms. Duru, Ms. Paren  
  
Transfer of \$21,164 to the Maryland Health care Commission for 2021 renewals (See attached - Item 2A)
  - B. Credentials – Ms. Snow, Dr. Castor, Ms. Nyce
  - C. Regulations/Legislation – Ms. Snow, Mr. Afkhami, Ms. Davis
    - 1. Legislative Committee Authority and Board Ratification
    - 2. Update on 2022 LEGISLATION  
SB899/HB1455 Health Occupations Boards – Authority Over Infrastructure Operations –Staffing and Operations
  - D. Standards of Practice – Ms. Snow, Dr. Castor, Ms. Davis, Ms. Paren
  - E. Media and Public Awareness – Ms. Snow, Ms. Duru
  - F. Dietetic Rehabilitation Committee – Ms. Snow, Dr. Rubinstein
- ITEM 3 Update on Network Reconnection (See attached - Item 3)
- ITEM 4 Update on Board Member Email Addresses – Maryland.gov email

#### **Convene to Closed Session**

**BOARD OF DIETETIC PRACTICE  
OPEN SESSION MINUTES  
JANUARY 20, 2022  
VIA TELECONFERENCE**

**Present**

Rebecca Snow, LDN–Board Chair  
Laura C. Davis, LDN-Board Secretary/Treasurer  
Chimene Castor, LDN- Board Vice Chair  
Mahssan Afkhami, Board Member  
Kaitlin Costello, LDN – Board Member  
Linnet Nyce, LDN – Board Member  
Linda Paren, LDN – Board Member  
Malcolm Rubinstein, Ph.D – Board Member

**Staff**

Marie Savage – Administrator  
Lenelle Cooper – Adm. Officer  
Stacey Darin, AAG  
Lillian Reese, Board Leg& Reg  
Troy Pumphrey, Board Investigator

**Absent**

Erin Braunscheidel Duru, LDN-Board Member

**Visitors**

Kimberly Link, MDH Liaison  
Mark E. Rifkin, MS, RDN – AND  
Terri Byrnes

**Call To Order**

Ms. Snow, LDN, Board Chair, called the teleconference meeting to Order at 10:02 a.m. on January 20, 2022.

**New Business**

ITEM 1

**Approval of Minutes**

The minutes for the November 18, 2021 meeting were approved as written.

ITEM 2

**Committee Reports**

No Report.

Credentialing –

No Report.

Regulations/Legislation –

Ms Savage provided an overview of MDH Proposed Legislation: Health Occupations Boards – Authority Over Staffing and Infrastructure Operations. The Board discussed the impact of the proposed legislation. The proposed legislation is vague and the Board had questions regarding the intent of the language.

The proposed legislation affects the Board in the following ways:

1. Infrastructure operations (except licensing, investigation, or disciplinary) for all Health Occupations Boards and will transfer from Board control to Secretary control.  
The Board is concerned that the Board will lose its autonomy.  
Question: What is the need for this transfer of power?
2. The Governor will appoint the President of each Board  
The Board currently elects the Board Chair, Vice Chair and Secretary.  
The Board is concerned that the Board will lose its autonomy.  
Question: What is the need for this transfer of power? Does this change politicize the process?
3. The term of the President is 2 years  
The current term is 1 year. One concern would be if a Board Chair's term ends in one year, they would not be eligible to serve as Chair during their last year on the Board.  
What is the benefit of extending the term of the President (Chair)?
4. The President may appoint a Vice Chair  
The Board currently elects the Board Vice Chair.  
Question: What is the need for this transfer of power? Does this change politicize the process?
5. If a Board Chair vacancy occurs, the Board will hold a special election.  
The Board currently elects the Board Chair if there is a vacancy.
6. The Board may appoint other officers.  
The Board currently elects a Secretary.
7. The Secretary may employ staff for each Board  
The Board currently employs staff - the Board hires and fires Board staff.  
Question: What is the need for this transfer of power? Does this change politicize the process?
8. The Secretary may designate one of the staff as the Executive Director  
The Board currently hires/fires the Executive Director. The Director is an At-will employee and maybe fired at any time by the Board. The Board Chair performs a Performance Evaluation every 6 months.  
Question: Since the language includes "may" and not "shall," will there be a consolidation of Board staff, including directors?

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9. The Secretary may set the compensation of the Board.  
The Board is self-funded and pays for all Board staff and determines compensation.  
Question: What is the need for the Secretary to set the compensation of the Board? What would the benefit be to the Board?
10. The Secretary may set the compensation of an employee that
  - Is unique to the Board
  - Requires specific skills
  - Does not require the employee to perform functions that are comparable to functions performed in other units.Question: Would this language allow the Secretary to consolidate staff with other Health Occupations Boards?
11. The Secretary of Budget Management, in consultation with the Secretary, shall determine the positions for which the Secretary may set compensation.  
Same question: Would this language allow the Secretary to consolidate staff with other Health Occupations Boards?
12. There is a State Board of Dietetic Practice Fund  
This is current language - The Board collects money and uses it exclusively for the Board. The Board cannot receive any money from taxes. The Board supports our current language.
13. The fund shall be used to cover the actual documented direct and indirect costs of fulfilling the statutory and regulatory duties of the Board.  
The Board supports the current language  
New language: The fund may not be used to pay for infrastructure operations  
Question: This language is vague and up for interpretation. Please clarify what "Infrastructure" details; i.e., Information Technology only?  
Question: would the Department increase indirect costs to cover "infrastructure?"

The Board is concerned that the proposed bill, as drafted, will decrease the autonomy of the Board and will politicize the process. The Board emphasized that the mission of the Board is to protect the public. The Board strives to provide exceptional customer service to the public and our licensees. The Board is willing to discuss "Best Practices" with the Secretary.

In addition, the Board reviewed the following bills and decided to take no position at this time.

HB112- Health Occupations - Service Members, Veterans, and Military Spouses - Temporary Licensure, Certification, Registration, and Permitting

SB77 Health Occupations Boards - Investigations - Right to Counsel

SB111 Occupational Licenses or Certificates - Pre-application Determinations - Criminal Convictions

Standards of Practice –

No Report.

Media and Public Awareness –

No Report.

Dietetic Rehabilitation Committee -

No Report.

ITEM 3

Ms. Savage gave an update on Maryland.gov email addresses for Board Members. The Maryland Department of Health experienced a network security incident on December 4, 2021. The Board's computers were affected. The implementation of the Maryland.gov email addresses for Board Members may be delayed. Ms Savage will continue to work with IT staff to set up Maryland.gov email address for each Board member.

ITEM 4

Mark E. Rifkin, MS, RDN, Manager, Consumer Protection and Regulation for the Academy of Nutrition and Dietetics read the following statement.

The Academy appreciates this opportunity to seek support from the Maryland Board of Dietetic Practice for the concept of a dietitian licensing compact. The Academy seeks to join other health care professions, notably physicians, nurses, physical therapists and psychologists, who have established compacts in at least 27 states, including Maryland. We anticipate that such a compact will facilitate exchange of best practices across states to protect the public, while also enhancing the opportunities for licensees to provide safe and effective care to residents of other member states. We also expect that the compact will produce relatively minimal adverse impacts, as any losses in fees from non-residents will be balanced by increases in fees from residents.

A dietitian licensing interstate compact will allow professionals in licensed occupations to transcend state boundaries by creating uniform standards of education, training, competence and practice, thus supporting licensees, and especially active military members and their spouses. The goals of a dietitian compact are as follows:

- Streamline relicensing between compact member states
- Standardize exemptions, including for active-duty military members providing dietetics services through the military
- Create streamlined pathways for interstate practice

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- Increase public access to competent, quality nutrition care and services, especially to meet unique needs related to the client’s culture, ethnicity, religion, dietary preferences, disease or medical condition
- Enhance the states’ ability to protect the public’s health and safety
- Encourage the cooperation of compact member states in regulating multistate practice
- Maximize state membership
- Enhance the exchange of licensure, investigative, and disciplinary information by means of a centralized database

The dietitian compact will promote reciprocity and reduce the barriers to license portability, particularly for military spouses but also for any dietitians, who, due to nature of their job (or that of their spouses) frequently relocate, often on a short-notice or temporary basis. Thus, without a compact, these dietitians will continue to face chronic barriers to practice in states with licensing requirements. Once the grant application is approved, representatives from selected professions, state regulators, subject-matter experts and other industry stakeholders will identify obstacles the profession faces and collaboratively develop solutions that will then inform the drafting of model compact legislation. Once the grant is approved, the anticipated timeline to a final bill ready for introduction is a minimum of one year.

Mr. Rifkin requested endorsement of the concept. The deadline for the grant is January 31, 2022.

The Board stated that Maryland is inclusive: we license Registered Dietitians (“RD”) and Certified Nutrition Specialists (“CNS”) under one license (“LDN”). Some states do not issue licenses for either dietitians or license nutritionists. In addition, all states that are members of the compact need identical licensure requirements. The Board wants to maintain a high standard for licensure requirements. The Board requests that Academy of Nutrition and Dietetics work with the American Nutrition Association. Lastly, the Board does not have the text of the compact and cannot endorse the concept of a dietitian licensing compact at this time.

ITEM 5

**Approved for Licensure**

Theresa Roth, RD	847358	Vincenza Garcia, RD	993800
Leah Hidalgo, RD	86150660	Adam Ilgen, RD	86155020
Martha Tovar, RD	86010538	Sara Sweeden, RD	1041166
Jennifer Forte, RD	86100994	Lauren Levy, RD	950942
Rayven Naim, RD	86149796	Michelle Rodgers, RD	836427
Julia Strelitz, RD	86152049	Kayla Michaud, RD	86031939
Renata Murphy, CNS	18201	Stephanie Thompson, CNS	18235
Holly Pflugfelder, RD	897653	Elizabeth McCahill, RD	86152647
Anne Davis, RD	666531	Sara Dust, RD	85002354
Deanna Dahlinger, RD	86074914	Sarah Thompson, RD	86062943

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Dana Cizinski, RD	965084	Melissa Mendez, RD	86114946
Hannah Dressel	86076952	Shireen Munir, RD	722580
Katrina Benjamin, RD	966208	Alison Hall, RD	86109263
Stephanie Ineman, RD	1011149	Shari Havourd, CNS	18312
Dahlia Lindsay, RD	86144894	Lance Armstrong, RD	86106456
Jacqueline Judie, RD	86105783	Rebecca Heming, RD	86174991
Mital Sarada, RD	979012	Evelyn Dolce, RD	927861
Katelyn Metz, RD	86048353	Abby Tibodeau, RD	1036154
Colleen Groves, RD	955731	Huijie Liu, RD	86132691
Nicolette Maggiolo, RD	86051013	Shari Youngblood, CNS	17992
Brad Beatty, RD	86109027	Kyra Hood, RD	1079981
Stacey Simon, RD	86007711	Lyndi Wieand, RD	86087945
Katherine Bortin, RD	1095379	Rachel Gargano, RD	968482
Dimple Mozhi, RD	86096564	Manjushree Karkare, RD	719897
Lucille Beseler, RD	708470	Laura Brown, RD	1036825
Darci Tschosik, RD	86020246	Malorie Sweeney, RD	86007012
Julianne Downes, RD	813497	Gabrielle Miller, RD	86064806
Ashley White, RD	86081528	Sarah Eibner, RD	86154619
Brianna Frutchey, RD	86198101	Stacy Pence, CNS	17652
Jodi Newman, RD	86056584	Taylor Mras, RD	86153158
Kimberlie Rumsey, RD	897104	Madeline Banta, RD	86075933

The next Board meeting is scheduled on Thursday, March 17, 2022, at 10:00 a.m. It will be a virtual meeting until further notice.

**Adjournment**

The open meeting adjourned at 11:04 a.m.

Pursuant to Md. Code Ann., Gen. Prov., §3-305(b)(13) the Board Members present unanimously voted to close its meeting for the purpose of complying with Md. Code Ann, Health Occ. §1-401, which prevents public disclosures of the Board's proceedings, records, and files. The Board considered applications for licensure which contained confidential information regarding criminal history.

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Rebecca J. Snow, LDN – Board Chair

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Laura C. Davis, LDN - Board Secretary

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Marie Savage - Administrator







Linda Beyer -MDH- &lt;linda.beyer@maryland.gov&gt;

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**Revenue Transfer**

1 message

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**Marie Savage -MDH-** <marie.savage@maryland.gov>  
To: Brian Banschbach -MDH- <Brian.Banschbach@maryland.gov>  
Cc: Linda Beyer -MDH- <linda.beyer@maryland.gov>

Mon, Jan 24, 2022 at 8:08 AM

In accordance with the Maryland Health Care Commission revenue transfer procedure, the Board of Dietetic Practice agrees to the transfer of \$21,164.00 from PCA R403S, source code 9820.

Please provide appropriate confirmation when the revenue transfer is initiated.  
Thank you.

--  
Marie Savage, Director  
Maryland Board of Dietetic Practice  
4201 Patterson Avenue  
Baltimore, MD 21215  
410-764-4741

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## EXECUTIVE MEMORANDUM

**To:** All Maryland Department of Health Units  
**From:** Dennis R. Schrader, Secretary *Dennis R. Schrader*  
**Re:** MDH Network Reconnection Conditions  
**Date:** February 7, 2022

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As you are aware, the Maryland Department of Health (MDH) is still investigating the December 4, 2021, network security incident that impacted business functions of MDH and resulted in the activation of continuity of operations plans.

Although this investigation is ongoing, the investigative team has determined that the incident began at an MDH Unit with IT operations that were **not** under the direct control of the MDH Office of Enterprise Technology (OET) and were **not** in compliance with State IT security policies and procedures. In addition, through this active investigation, MDH has identified a number of steps that **must** be taken to enhance MDH's cybersecurity to help reduce the likelihood of a future cybersecurity incident.

This Memorandum outlines new requirements that **all** MDH Units must comply with in order to reconnect to the MDH Enterprise Network. To ensure MDH Units comply with these minimum IT security requirements, the OET will provide a Service Catalog and directly oversee **all** IT operations across MDH post-restoration.<sup>1</sup> Detailed information regarding these requirements is provided in Attachment 1.

The MDH Units subject to this requirement include but are not limited to:

- Local Health Departments (connected directly to the MDH Enterprise Network)
- Boards
- Commissions
- Public Health (other than LHDs)
- Developmental Disabilities
- Behavioral Health
- Operations
  - Including MDH Healthcare Facilities
- Medicaid

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<sup>1</sup> The transition of IT operations to the Office of Enterprise Technology (OET) will occur over a period of 6-8 months. This transition may include additional documentation and/or requirements as set by OET.

Prior to reconnection to the MDH Network, all MDH units and subdivisions **must** submit to the OET a completed and signed Network Connection Conditions Form, enclosed as Attachment 2. Deputy Secretaries (or the equivalent) must sign a Network Connection Conditions Form for each Unit therein. For Associated MDH Units (e.g. Boards, Commissions, or Local Health Departments), the Unit's Executive Director or their equivalent must sign the Form. By signing the Form, Each Unit will attest that it will comply with:

- Security standards and policies set by the Maryland Department of Information Technology (DoIT);
- Security standards and policies set by the Maryland Department of Health; and
- Any other applicable laws or regulations.

Please consult with your IT Managers or local IT Organization regarding the conditions as outlined in this Memorandum and its attachments.

Any Associated MDH Unit<sup>2</sup> failing to comply with these requirements will be subject to formal disconnection. Formal disconnection will require each Unit to be responsible for all IT services independent of MDH, return all MDH-issued equipment and devices, and the Unit will not be reconnected to the MDH Network or resources therein. Further, access to any MDH Data will require a Data Use Agreement subject to review and approval by the Strategic Data Initiative Team as outlined in [MDH Policy 01.06.01](#).

Any questions regarding this Memorandum or the outlined requirements shall be directed to the MDH Chief Information Security Officer at [matthew.otwell@maryland.gov](mailto:matthew.otwell@maryland.gov).

#### **Attachments**

- Attachment 1: Memo from MDH CISO re: Requirements for Network Connectivity
- Attachment 2: Blank MDH Network Connection Conditions Form

#### **References**

- [State of Maryland IT Security Manual](#)
- [MDH Information Technology Security Policy](#)
- [MDH Data Use Policy 01.06.01](#)

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<sup>2</sup> Associated MDH Units refers to Local Health Departments, Boards, and Commissions. All other MDH Units **must** be connected to the MDH Network and abide by the conditions set forth by the Department.



## EXECUTIVE MEMORANDUM

**To:** All Maryland Department of Health (MDH) Units  
**From:** Matt Otwell, MDH Chief Information Security Officer *Matthew C. Otwell*  
**Date:** February 7, 2022  
**Re:** MDH Network Reconnection Compliance

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This Executive Memorandum is in response to the Maryland Department of Health's (MDH) Network Security Incident which occurred on December 4, 2021. The following additional immediate actions are required prior to reconnecting to the MDH Network:

1. Terminate all internet connections, regardless of its usage status, immediately.
2. Immediately disconnect all third-party connections (e.g., a direct connection to a county government, a connection to the Centers for Medicare & Medicaid Services) from all local sites and work with the appropriate vendors to reestablish those connections on the DoIT managed firewall.
3. Prepare and maintain an up-to-date and complete inventory of all computers, network-connected devices, and network infrastructure
  - a. Provide a copy of the inventory list to the MDH Office of Enterprise Technology (OET) team and MDH CISO.
4. Install the following software/services on all computers that connect to the network or are owned / operated by the unit until further notice:
  - a. Endpoint Detection and Response Agent (FireEye)
  - b. Vulnerability Management Agent on all devices that support (Tenable)
  - c. Enterprise Endpoint Protection Agent (Symantec SES Complete)
  - d. Enterprise Desktop Management Solution (Tanium Agent, or other designated enterprise desktop management solution, on all desktops/laptops/servers)
  - e. Log and Event Management on all Servers, Endpoint Protection Management Consoles, and Desktop Management Consoles (Splunk Forwarder)
5. All Local Administrator privileges removed
6. Create and maintain an independent and separate connection to the MDH firewall from each unit.

7. Log any systems running unsupported software with the MDH CISO and develop a plan to remediate those systems.
8. Provide an up to date list of all Vendors and Partners with access or that receive MDH data
9. MDH Enterprise Mobile Device Management installation for all Android and iPhone devices accessing maryland.gov
10. Enterprise level Network Access Control
11. Cloud Storage - Remove all data and terminate accounts for any cloud storage solutions that are not currently authorized MDH or DoIT solutions (Google Drive and OneDrive)
12. Migrate any externally-accessible systems hosted in the unit's network to a separate hosting enclave (e.g., a DMZ network) before external access is permitted.
13. Ensure that all systems meet the minimum IT and cybersecurity standards and policies set by the Maryland Department of Information Technology (DoIT), the Maryland Department of Health (MDH), and any laws or regulations applicable to the unit.
14. Any other tools, systems, and functionality as required by MDH OET or DoIT.

Any questions regarding this memorandum or the requirements herein should be directed to [matthew.otwell@maryland.gov](mailto:matthew.otwell@maryland.gov).

**Links to Relevant Policies and Procedures:**

- [State of MD IT Security Manual](#)
- [MDH Information Technology Security Policy](#)



## DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

### MDH Network Connection Conditions Form

#### Instructions

Fill out the form below with as much information as possible. Save the form and email it using the details and format at the bottom of this form. The MDH Network Conditions Form shall be completed by leader of the MDH Unit submitting this form. Incomplete forms or submissions from persons without authority may delay processing.

#### Requester Information

Name:  Title:  Unit:

Email:  Phone:

#### Technical Requirements

This form serves as an affirmation that the above-referenced MDH Unit has received and reviewed the following documents.

Initial	Description of Requirement
<input type="text"/>	Executive Memorandum: MDH Network Reconnection Conditions
<input type="text"/>	Memorandum from MDH CISO: Requirements for Network Connectivity
<input type="text"/>	State of Maryland IT Security Manual
<input type="text"/>	MDH Information Security Policy

#### Unit Acknowledgement

Name:  Acting on behalf of (MDH Unit):

agrees that the Unit, including its employees and information technology equipment, is in compliance with the MDH Reconnection Conditions and agrees that this is a continuing obligation going forth.\*

Signature:  Date:

#### Submissions

Email completed MDH Network Connection Condition Form requests to [secretary.health@maryland.gov](mailto:secretary.health@maryland.gov). Use the subject line "<Unit Name> – MDH Network Connection Conditions Form" to ensure the form is received. You will be notified via email upon receipt.

\*Note: Failure to attest to these Network Access Conditions will result in disconnection from the MDH Network. Disconnection will require each MDH Unit to be responsible for all IT services independent of MDH, return all MDH issued equipment, and the Unit will not be reconnected to the MDH Network or resources therein.