

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21

MARYLAND BOARD OF NURSING

* * * * *

OPEN SESSION

* * * * *

The Maryland Board of Nursing board meeting was held on Wednesday, January 27, 2021, at 4140 Patterson Avenue, Baltimore, Maryland 21215, commencing at 9:10 a.m. with many members participating via telephone, before Edward Bullock, Notary Public in and for the State of Maryland.

AUDIO RECORDING TRANSCRIBED BY: Edward Bullock, DCR
REPORTED BY: Edward Bullock, Notary Public

1 APPEARANCES:

2

3 MICHAEL CONTI, Assistant Attorney General

4 LINDSEY SNYDER, Assistant Attorney General

5 KATHERINE GIBLIN, Assistant Attorney General

6 Office of the Attorney General

7 State of Maryland

8 Department of Health & Mental Hygiene

9 300 West Preston Street

10 Baltimore, Maryland 21201

11 410-767-3201

12

13

14

15

16

17

18

19

20

21

- 1 BOARD MEMBER APPEARANCES:
- 2
- 3 KAREN EVANS, Executive Director
- 4 GARY HICKS, RN Member, Board President
- 5 EMALIE GIBBONS-BAKER, APRN Member
- 6 JENELL STEELE, RN Member
- 7 M. DAWNE HAYWARD, RN Member
- 8 ANN TURNER, RN Member
- 9 ROBIN L. HILL, Practical Nurse Educator Member
- 10 CHARLENE HARROD-OWUAMANA, LPN Member
- 11 CHARLES NEUSTADT, Consumer Member
- 12 JENNETTE LOGAN, RN Member
- 13 AUDREY CASSIDY, Consumer Member
- 14 JACQUELINE HILL, RN Member
- 15 DAMARE VICKERS, RN Member
- 16
- 17
- 18
- 19
- 20
- 21

1 ALSO PRESENT:

2

3 CIARA LEE, Executive Assistant

4 LAKIA JACKSON, Board Counsel Paralegal

5 PATRICIA KENNEDY, Nursing Education Consultant II

6 SHEILA GREEN, Nursing Education Consultant I

7 JARAY RICHARDSON, Certifications

8 SHAWNTEE BATES, Investigations

9 AVA WILLIAMS, Director of Licensure

10 JOYCE CLEARY, CNA Training Programs

11 SHETARAH GOODWIN, Licensure

12 AMBER HAVENS-BERNAL, Discipline and Compliance

13 IMAN FARID, Health Policy Analyst

14 TONYA SPRUILL, Safe Practice

15

16

17

18

19

20

21

1 AUDIENCE MEMBERS:

2

3 JANE KIRSCHLING, University of Maryland School of
4 Nursing

5 MARIE NOLAN, Johns Hopkins University School of Nursing

6 RICK COOPER: Allegany College of Maryland

7 ELIZABETH REINER, Direct-Entry Midwives Committee

8 SHIRLEY DEVARIS, Certified Nurse Specialist Committee

9 LORRAINE DIANA, Certified Nurse Specialist Committee

10 DONALD OLIVA, CE Broker Representative

11

12

13

14

15

16

17

18

19

20

21

C O N T E N T S		
SECTION	DESCRIPTION	PAGE
No. 1.....	Call to Order/Roll Call.	7
	Board of Nursing Updates.	11
No. 2.....	Approval of Consent Agenda.	17
No. 3.....	Discussion of Items Removed	
	From the Consent Agenda.	18
No. 4.....	Education.	28
No. 5.....	Certifications.	45
No. 6.....	Licensure and Advance Practice.	47
No. 7.....	Legislative Affairs.	49
No. 8.....	Direct Entry Midwives and	
	Electrology.	61
No. 9.....	Quarterly Reports.	73
No. 10.....	Other Matters.	88
16		
17		
18		
19		
20		
21		

1 P R O C E E D I N G S

2 MR. HICKS: Good morning everyone, we are going to
3 go ahead and get started. If I can ask everyone on the phone
4 to please put your phones on mute unless you are speaking. If
5 you are speaking, please speak up so that the court reporter
6 can capture your statements or what you have to say.

7 We will start with a motion to go into Open Session.

8 MS. CASSIDY: So moved, Cassidy.

9 MR. HICKS: Cassidy.

10 MS. LOGAN: Second, Logan.

11 MR. HICKS: Logan. All in favor?

12 ALL: Aye.

13 MR. HICKS: Opposed?

14 (No oppositions)

15 MR. HICKS: Motion carries. We will start with roll
16 call. I will do phone first.

17 Robin Hill?

18 MS. ROBIN HILL: Robin Hill, Practical Nursing
19 Educator, present.

20 MR. HICKS: Charles Neustadt? Charles Neustadt?

21 (No response)

1 MR. HICKS: Damare Vickers? Damare Vickers?
2 (No response)
3 MR. HICKS: Emalie Gibbons-Baker? Emalie
4 Gibbons-Baker?
5 (No response)
6 MR. HICKS: Dawne Hayward? Dawne Hayward?
7 (No response)
8 MR. HICKS: Ann Turner?
9 MS. TURNER: Ann Turner, RN Member.
10 MR. HICKS: Katie Giblin?
11 MS. GIBLIN: Katie Giblin, Board Counsel.
12 MR. HICKS: Lindsey Snyder?
13 MS. SNYDER: Lindsey Snyder, Board Counsel.
14 MR. HICKS: We will go around the room.
15 MS. CASSIDY: Audrey Cassidy, Consumer Member.
16 MS. LOGAN: Jennette Logan, RN Member.
17 MS. HARROD-OWUAMANA: Charlene
18 Harrod-Owuamana, LPN Member.
19 MR. HICKS: Okay. I'm going to go down the list one
20 more time to see if anyone that I did not mention is on
21 the line.

1 Charles Neustadt?

2 (No response)

3 MR. HICKS: Damare Vickers?

4 (No response)

5 MR. HICKS: Emalie Gibbons-Baker?

6 (No response)

7 MR. HICKS: Dawne Hayward?

8 (No response)

9 MR. HICKS: All right. I'm going to hold for just a
10 minute. So, we will have to try to get where these people
11 are because we don't have a quorum.

12 MR. CONTI: Right.

13 (Whereupon, a brief recess was taken in order to
14 allow other members to join the meeting.)

15 MR. HICKS: All right. We're going to do this one
16 more time and go through the roll call to see if we have
17 a quorum. We will go down the list.

18 Robin Hill?

19 MS. ROBIN HILL: Robin Hill, Practical Nursing
20 Educator, present.

21 MR. HICKS: Charles Neustadt? Charles Neustadt?

1 (No response)

2 MR. HICKS: Damare Vickers?

3 (No response)

4 MR. HICKS: Emalie Gibbons-Baker? Emalie
5 Gibbons-Baker?

6 (No response)

7 MR. HICKS: Dawne Hayward? Dawne Hayward?

8 MS. HAYWARD: Dawne Hayward, RN Member.

9 MR. HICKS: Ann Turner?

10 MS. TURNER: Ann Turner, RN Member.

11 MR. HICKS: Katie Giblin?

12 MS. GIBLIN: Katie Giblin, Board Counsel.

13 MR. HICKS: Lindsey Snyder?

14 MS. SNYDER: Lindsey Snyder, Board Counsel.

15 MR. HICKS: We'll go around the room.

16 MS. CASSIDY: Audrey Cassidy, Consumer Member.

17 MS. LOGAN: Jennette Logan, RN Member.

18 MS. JACQUELINE HILL: Jacqueline Hill, RN Member.

19 MS. STEELE: Jenell Steele, RN Member.

20 MS. HARROD-OWUAMANA: Charlene
21 Harrod-Owuamana, LPN Member.

1 MR. HICKS: Okay. We have a quorum. All right, so
2 we will keep moving forward here.

3 We will start with any Board of Nursing updates,
4 Karen Evans.

5 MS. EVANS: Good morning everyone.

6 ALL: Good morning.

7 MS. EVANS: So, first I would like to introduce - we
8 have a new director of licensure, her name is Ava Williams.
9 For everyone in the room, she's back there.

10 MS. WILLIAMS: Good morning everyone.

11 ALL: Good morning.

12 MS. EVANS: Ava will oversee renewals, endorsements,
13 and advanced practice. So, welcome, Ava, to the Board of
14 Nursing.

15 MS. WILLIAMS: Thank you.

16 MS. EVANS: The second item is that we, the Board of
17 Nursing, has been, after the appeal has been re-recognized,
18 as an accrediting body. We have a 12-month compliance. I
19 submitted the first part of the compliance yesterday. So,
20 we will be out of compliance - no, compliance will end for
21 us - let me change that because we're never going to be out

1 of compliance - on January 15th of 2022. So, we will be in
2 constant contact with USDOE, and everything looks well.
3 They did state to me if those individuals who look on the
4 website, that because there's a change in the administration
5 that it may be a few weeks before the website, their website,
6 changes on our status.

7 The other is the Office of Legislative Audits has
8 been completed. You'll see two main areas that the Board
9 needs to improve on for the legislative audits. The first is
10 fiscally, making sure that we have the appropriate amount of
11 people in what we call the front end and the back end. So,
12 right now we're in the process of hiring a new fiscal manager
13 and a new director of operations. The fiscal manager should
14 post on the State website soon. The director of operations, we
15 have another set of interviews tomorrow and then we will narrow
16 it down to the last two individuals, and then we will take it
17 there. But we're trying to move as quickly as possible but we
18 also want to make sure we get the right person for the role.

19 The second area is concerning complaints in
20 investigations. So, in July of 2019 we put together a complaint
21 tracking log, but that was not for the whole five years that

1 they looked back. So, that was under other executive directors.

2 The other concern were the tracking logs. That has
3 been completed. The other thing is the time it takes to
4 complete investigations. On average our investigations
5 currently take approximately 540 days, which is two years,
6 basically, or more. The reason for that is that we have not had
7 a steady group of investigators here. So, each investigator
8 currently has 3- to 400 cases, and we have five investigators.
9 On top of that, we have also partnership with OCSA, and for OCSA
10 we have another caseload added to us. So, there's one
11 investigator, the assistant director of enforcement who's
12 working closely with OCSA. And so far, I've signed over 600
13 subpoenas for her. And then we have one person working on the
14 backlog - one investigator working on the backlog and she has
15 the backlog from 2017 and before, and she has 2,500 cases, and
16 the rest of the current investigators are looking at.

17 So, I want everyone to understand that when have the
18 case, each investigator's case, a lot of people feel, why can't
19 we finish it quickly? One of the reasons is that we use - the
20 Triage Committee determines the status of the investigation. Is
21 it something critical that we have to do now, or is it something

1 minor that they can do in between as they handle the critical?
2 So, there's a tier process in order to do that. So, what we do
3 is the most critical ones first, then we have to wait. So, we
4 send out subpoenas, we have to wait on witnesses, we have to
5 wait on documents to come in, and so sometimes that takes a long
6 time. We wish it could be faster, but it's not. But I need
7 everyone to be patient and know that we are doing our best to
8 get these cases heard, but some things are out of our control in
9 regards to other agencies that we need feedback from so that we
10 can have factual documentation for the investigation so we can
11 proceed. Does that make sense everyone?

12 MR. HICKS: Uh-huh.

13 MS. EVANS: Okay.

14 MS. JACQUELINE HILL: Question.

15 MS. EVANS: Yes.

16 MS. JACQUELINE HILL: So, is the issue that there's
17 not enough manpower, or is all the other entities that are
18 involved on that you have to rely on to get the information?

19 MS. EVANS: Excellent question. It is, we don't
20 have enough manpower. So, we used to have ten investigators,
21 and then the State took away two of our pins. So, we are now

1 hiring not just nurse investigators but non-nurse investigators
2 so that we can move forward. We really need in order to attack
3 the numbers that we have, we really need about twenty
4 investigators, but we don't have that at this time. We have
5 five.

6 MS. JACQUELINE HILL: So, we'll never catch up?

7 MS. EVANS: Well, the budget hearing is tomorrow. I
8 can't remember if it's for the Senate or the House, but I am
9 going to ask for more pins and ask the legislators to encourage
10 DBN for the positions, and to get our pins back. So, that's
11 where we stand with that.

12 MS. JACQUELINE HILL: So, I guess the argument is,
13 as you approach the educators, is to provide a case that
14 nurses practicing who are not safe out there, so that
15 impacts the public.

16 MS. EVANS: Yes.

17 MS. JACQUELINE HILL: You can only do so much with
18 the resources that have been given to us, right?

19 MS. EVANS: Yes. So, those are the three major
20 things - four major things that I have for today.

21 MR. HICKS: I just want to take a moment and really

1 recognize Karen, the legal team, that being; Mike, Katie,
2 and Lindsey as well as the Education Committee for all the
3 hard work they did with the DOE. It's really because of
4 their persistence and their time and commitment to getting
5 the documents and getting the things that were required for
6 us to do our appeal and be successful with that appeal. So,
7 as president of the Board, I really want to thank you all
8 for all the hard work that you've done and being able to
9 turn this around. It's really a big achievement for us,
10 so, thank you for doing that.

11 All right. We will move down to - do we have the
12 minutes?

13 MS. EVANS: No.

14 MR. HICKS: Okay. The Consent Agenda, so if I can a
15 motion to accept the Consent Agenda.

16 MS. LOGAN: So moved, Logan.

17 MR. HICKS: Logan.

18 MS. STEELE: Second, Steele.

19 MR. HICKS: Steele. All in favor?

20 ALL: Aye.

21 MR. HICKS: Opposed?

1 (No oppositions)

2 MR. HICKS: Motion carries. We will move down to
3 the CNA programs. Joyce, are you online?

4 MS. CLEARY: Yes, I am.

5 MR. HICKS: Okay. So, these are programs that would
6 have come through the committee, but because the committee
7 has not been able to get a quorum to meet, they have to come
8 to us now for approval. So, Joyce will go through those, and
9 then we will have to approve these programs.

10 All right. Joyce, I will turn it over to you.

11 MS. CLEARY: Okay, thank you. Good morning
12 everyone.

13 ALL: Good morning.

14 MS. CLEARY: I just have ten faculty members to
15 present - well, really nine because one just pulled.

16 MS. EVANS: Joyce?

17 MS. CLEARY: Yes?

18 MS. EVANS: Joyce, can you speak up?

19 MS. CLEARY: Oh, okay.

20 MS. EVANS: You can use your outside voice.

21 MS. CLEARY: Is this better?

1 MS. EVANS: Yes, yes.

2 MS. CLEARY: Okay. Can you hear me better now?

3 MR. HICKS: Go ahead, uh-huh.

4 MS. CLEARY: Okay. So, I have Baltimore City
5 Community College, which is seeking approval for Kierra
6 Thomas. Kierra meets COMAR 10.39.02.05(a)1, 2, and 3.
7 Should I keep going?

8 MR. HICKS: So, I'm sorry, Joyce, so this is Kierra
9 Thomas, you said?

10 MS. CLEARY: Yes, Thomas.

11 MR. HICKS: And what program is this?

12 MS. CLEARY: Baltimore City Community College.

13 MR. HICKS: Okay, all right. So, she meets the
14 qualifications?

15 MS. CLEARY: She meets all the qualifications in
16 COMAR 10.39.02.05(a)1, 2, and 3.

17 MR. HICKS: Okay. Motion to accept Kierra Thomas in
18 the Baltimore City Community College's program?

19 MS. STEELE: So moved, Steele.

20 MR. HICKS: Steele.

21 MS. TURNER: Second, Turner.

1 MR. HICKS: Turner. All in favor?
2 ALL: Aye.
3 MR. HICKS: Opposed?
4 (No oppositions)
5 MR. HICKS: Motion carries.
6 MS. CLEARY: The second one is Heritage Care,
7 requesting for Justina Murrell.
8 Justina meets COMAR 10.39.05(a)1, 2, and 3.
9 MR. HICKS: Okay. Motion to accept Justina Murrell
10 for Heritage Care?
11 MS. STEELE: So moved, Steele.
12 MS. LOGAN: Second, Logan.
13 MR. HICKS: Steele, Logan. All in favor?
14 ALL: Aye.
15 MR. HICKS: Opposed?
16 (No oppositions)
17 MR. HICKS: Motion carries.
18 MS. CLEARY: Then I have for I.T. Works, Teresa
19 Cohan.
20 Teresa meets all of COMAR 10.39.02.05(a) 1, 2, and
21 3.

1 MR. HICKS: Motion to accept Teresa Cohan for I.T.
2 Works?
3 MS. STEELE: So moved, Steele.
4 MR. HICKS: Steele.
5 MS. CASSIDY: Second, Cassidy.
6 MR. HICKS: Cassidy. All in favor?
7 ALL: Aye.
8 MR. HICKS: Opposed?
9 (No oppositions)
10 MR. HICKS: Motion carries.
11 MS. CLEARY: I have Genesis Healthcare for Joan
12 Gannon for their Bradford Oaks; Catonsville Commons;
13 Chesapeake Woods; Corsica Hills Center; Cromwell Center;
14 Fairland Center; Franklin Woods Center; Heritage Center;
15 LaPlata Center, PowerBack Rehabilitation Brightwood Center;
16 Salisbury Rehabilitation and Nursing Center; Waldorf Center;
17 and Waugh Chapel Center.
18 Joan meets --
19 MR. HICKS: Okay. Oh, I'm sorry. Go ahead, Joyce.
20 MS. CLEARY: Oh, I was going to say that Joan meets
21 all of the COMAR regulations for an instructor, 10.39.02.05

1 (a)1, 2, and 3.

2 MR. HICKS: Okay. Motion to accept Joan Gannon as
3 an instructor for Genesis Healthcare in the facilities that
4 has been outlined below?

5 MS. STEELE: So moved, Steele.

6 MR. HICKS: Steele.

7 MS. LOGAN: Second, Logan.

8 MR. HICKS: Logan. All in favor?

9 ALL: Aye.

10 MR. HICKS: Opposed?

11 (No oppositions)

12 MR. HICKS: Motion carries.

13 For the record, can we note that Emalie
14 Gibbons-Baker is present online.

15 Go ahead, Joyce.

16 MS. CLEARY: Okay. Genesis Healthcare requesting
17 for Donna Plante for Ballenger Creek; Bradford Oaks;
18 Catonsville Commons; Chesapeake Woods; Cromwell Center;
19 Fairland Center; Franklin Woods Center; Glade Valley
20 Center; Hammonds Lane; Heritage Center; LaPlata Center;
21 PowerBack Rehabilitation Brightwood Center; Salisbury

1 Rehabilitation and Nursing Center; Severna Park Center;
2 Spa Creek Center; and Waldorf Center.

3 Donna Plante meets all of COMAR 10.39.02.05(a)1, 2,
4 and 3.

5 MR. HICKS: Motion to accept Donna Plante as an
6 instructor for Genesis Healthcare in the organizations that
7 have been outlined?

8 MS. STEELE: So moved, Steele.

9 MR. HICKS: Steele.

10 MS. CASSIDY: Second, Cassidy.

11 MR. HICKS: Cassidy. All in favor?

12 ALL: Aye.

13 MR. HICKS: Opposed?

14 (No oppositions)

15 MR. HICKS: Motion carries.

16 MS. CLEARY: Genesis Healthcare for Mary Abrecht for
17 Bradford Oaks; Catonsville Commons; Chesapeake Woods;
18 Corsica Hills Center; Cromwell Center; Doctors Community
19 Rehabilitation and Patient Care Center; Fairland Center;
20 Franklin Woods Center; Hammons Lane; Heritage Center; LaPlata
21 Center; PowerBack Rehabilitation Brightwood Center; Salisbury

1 Rehabilitation and Nursing Center; Severna Park Center; Spa
2 Creek Center; Waldorf Center; and Waugh Chapel Center.

3 Mary meets COMAR 10.39.02.05(a)1, 2, and 3.

4 MR. HICKS: All right. Motion to accept Mary
5 Abrecht as an instructor for Genesis Healthcare at the centers
6 that have been outlined?

7 MS. LOGAN: So moved, Logan.

8 MR. HICKS: Logan.

9 MS. STEELE: Second, Steele.

10 MR. HICKS: Steele. All in favor?

11 ALL: Aye.

12 MR. HICKS: Motion carries.

13 MS. CLEARY: Genesis Healthcare, Hermonia Edwards
14 for Bradford Oaks; Fairland Center; LaPlata Center; Severna
15 Park Center; Spa Creek Center; Waldorf Center; and Waugh
16 Chapel Center.

17 Hermonia meets COMAR 10.39.02.05(a)1, 2, and 3.

18 MR. HICKS: Motion to accept Hermonia Edwards as
19 instructor for Genesis Healthcare at the facilities that have
20 been identified?

21 MS. STEELE: So moved, Steele.

1 MR. HICKS: Steele.

2 MS. LOGAN: Second, Logan.

3 MR. HICKS: Logan. All in favor?

4 ALL: Aye.

5 MR. HICKS: Opposed?

6 (No oppositions)

7 MR. HICKS: Motion carries.

8 MS. CLEARY: Genesis Healthcare, Rebecca Skidmore

9 for Catonsville Commons; Cromwell Center; Fairland Center;

10 Franklin Woods Center; Hammons Lane; Heritage Center;

11 LaPlata Center; Powerback Rehabilitation Brightwood Center;

12 Severna Park Center; Spa Creek Center; Waldorf Center; and

13 Waugh Chapel Center.

14 Rebecca meets COMAR 10.39.02.05(a)1, 2 and 3.

15 MR. HICKS: Motion to accept Rebecca Skidmore as an

16 instructor for Genesis Healthcare for the centers that have

17 been identified?

18 MS. STEELE: So moved, Steele.

19 MS. GIBBONS-BAKER: Second, Gibbons-Baker.

20 MR. HICKS: Steele, Gibbons-Baker. All in favor?

21 ALL: Aye.

1 MR. HICKS: Opposed?

2 (No oppositions)

3 MR. HICKS: Motion carries.

4 MS. CLEARY: Genesis Healthcare for Elaine Howard
5 for Bradford Oaks; Doctors Community Rehabilitation and
6 Patient Care Center; Fairland Center; Hammons Lane; Heritage
7 Center; LaPlata Center; Severna Park Center; Spa Creek Center;
8 Waldorf Center; and Waugh Chapel Center.

9 Elaine meets COMAR 10.39.02.05(a)1, 2, and 3.

10 MR. HICKS: Motion to accept Elaine Howard as an
11 instructor for Genesis Healthcare at the facilities that are
12 listed?

13 MS. STEELE: So moved, Steele.

14 MR. HICKS: Steele.

15 MS. GIBBONS-BAKER: Second, Gibbons-Baker.

16 MR. HICKS: Gibbons-Baker. All in favor?

17 ALL: Aye.

18 MR. HICKS: Opposed?

19 (No oppositions)

20 MR. HICKS: Motion carries. Ten has been pulled?

21 MS. CLEARY: Yes.

1 MR. HICKS: Do you have something for D, Donna - or,
2 Joyce?

3 MS. CLEARY: No, I don't.

4 MR. HICKS: All right. Thank you, Joyce.

5 MS. CLEARY: Thank you. Have a good day.

6 MR. HICKS: All right. We will move down to 4,
7 Education. Dr. Kennedy, are you online?

8 MS. KENNEDY: Yes.

9 MR. HICKS: All right. You're going to do 4A?

10 MS. KENNEDY: Yes. Scott M. Olden was appointed as
11 the nursing administrator of Anne Arundel Community College
12 on December 1, 2020. He has a nursing administration
13 master's from the University of Maryland; a nursing
14 bachelor's from the University - from State University in New
15 York; and plans to earn his EDD in the Community College
16 Leadership Program at Morgan State University by 2023.

17 He was an assistant professor for four years, and
18 after that he served for eight years as the dean of nursing,
19 which included twelve health professions including nursing.
20 During the Spring of 1997 Mr. Olden was an adjunct at a local
21 university, and also in 1997 chaired for two years as a

1 nursing faculty for the Baltimore City School System.

2 His administrative responsibilities have included
3 the supervision of 120 multi-disciplinary faculty and faculty
4 evaluations. He had written and administered an annual budget
5 of \$6 million, annual divisional reports and action plans. Mr.
6 Olden has ensured programs' compliances, which includes
7 accreditation criteria and the development of transfer and
8 articulation agreement. As related to education, which
9 includes nursing, he has evaluated advanced practice, advanced
10 placement examinations, program reviews of the departmental
11 degrees, as well as divisional approval and direction of new
12 programs. Mr. Olden has lectured in pharmacology, on pediatric
13 care, as well as the care of the mentally ill.

14 Mr. Olden - Mr. Scott M. Olden meets COMAR
15 10.27.03(a)1a through c, Nursing Program Criteria. The
16 Practice and Education Committee approved Mr. Olden as nursing
17 administrator of Anne Arundel Community College, and approved
18 his presentation to the Board of Nursing.

19 MR. HICKS: All right. Motion to accept Mr. Scott
20 Olden as the nursing program administrator for Anne Arundel
21 Community College?

1 MS. JACQUELINE HILL: I move for approval, Hill.

2 MR. HICKS: Hill.

3 MS. STEELE: Second, Steele.

4 MR. HICKS: Steele. All in favor?

5 ALL: Aye.

6 MR. HICKS: Opposed?

7 (No oppositions)

8 MR. HICKS: Motion carries.

9 Just for the record, that's Jacqueline Hill that

10 approved.

11 MS. KENNEDY: Thank you.

12 MR. HICKS: All right. Dr. Green, you have B, 4B?

13 Dr Green, are you online?

14 MS. GREEN: Good morning, this is Dr. Green. Can you

15 hear me?

16 MR. HICKS: Yes. Good morning, Dr. Green.

17 MS. GREEN: Thank you. First, this 4B is a review

18 of the virtual site visit report from the University of

19 Maryland School of Nursing. I would first like to

20 acknowledge Dr. Jane Kirschling the dean of the school of

21 nursing. Are you on the line?

1 MS. KIRSCHLING: Yes, I am here.

2 MS. GREEN: Thank you. Thank you for your presence.

3 Dr. Howard, who is the associate dean for the baccalaureate
4 program, are you present on the line?

5 (No response)

6 MS. GREEN: And Dr. Akintade, who is the associate
7 dean for the master's program for the University of Maryland,
8 are you on the line?

9 (No response)

10 MS. KIRSCHLING: I know that Dr. Akintade had a
11 conflict, and I know that Dr. Howard was on earlier, so she
12 may have just been muted.

13 MS. GREEN: Thank you very much. I just want to
14 acknowledge the three of you, first, as identified nursing
15 program administrators, but also for all of the assistance
16 and the provision of information that you all provided us to
17 make the virtual site visit successful.

18 To the Board, the University of Maryland School
19 Maryland's virtual site visit was conducted on October 22nd and
20 23rd with Dr. Kennedy and myself with the aforementioned meeting
21 within the organization. Our summary report of findings are

1 attached to this document, 4B. There are two nursing program
2 options to Entry Into Practice that are offered at the
3 University of Maryland School of Nursing, first, the
4 baccalaureate degree in nursing, as well as the master's entry
5 degree in nursing to the clinical nurse leader. We found that
6 both programs met COMAR 10.27.03.02(b).16 in nursing program -
7 nursing education programs, and we respectfully are requesting
8 that the virtual site visit report from the University of
9 Maryland be approved, and that the Board would also give
10 approval - consideration for approval of the three-year interim
11 report that would be required and due Tuesday, October 31, 2023.
12 They are current and in compliance with COMAR 10.27.03.15(e)
13 and (f). Thank you.

14 MR. HICKS: Any question for Dr. Green?

15 (No questions posed)

16 MR. HICKS: All right, hearing none. Motion to
17 approve the virtual site for the University of Maryland School
18 of Nursing as well as the three-year interim report that will be
19 due on the date that Dr. Green had indicated?

20 MS. TURNER: So moved, Turner.

21 MS. STEELE: So moved, Steele.

1 MS. JACQUELNE HILL: Second, Hill.

2 MR. HICKS: Turner, Jacqueline Hill. All in favor?

3 ALL: Aye.

4 MS. ROBIN HILL: No, this is Robin Hill.

5 MR. HICKS: All right.

6 MS. JACQUELINE HILL: It doesn't matter.

7 MR. HICKS: For the record, Steele and Robin Hill.

8 All in favor?

9 ALL: Aye.

10 MR. HICKS: Opposed?

11 (No oppositions)

12 MR. HICKS: Motion carries.

13 MS. KIRSCHLING: On behalf of the University of

14 Maryland School of Nursing, thank you to the staff who did a

15 great job on the site visit. We very much appreciate it. We

16 hope the Board meeting goes well.

17 MS. GREEN: Thank you. Our next report is regarding

18 4C, and this is a request for a full program, nursing education

19 program full approval for the Johns Hopkins University School of

20 Nursing master's entry program. Is Dr. Marie Nolan present?

21 MS. NOLAN: Present. Thank you, Dr. Green.

1 MS. GREEN: Hi. This is Dr. Marie Nolan the
2 executive vice dean for the school of nursing at the Johns
3 Hopkins University. Is Dr. Silbert-Flagg with us this
4 morning?

5 (No response)

6 MS. GREEN: Dr. Silbert-Flagg serves as the - I
7 believe she is the associate professor, Dr. Nolan, and also is
8 the head of the master's entry program for the Johns Hopkins
9 University School of Nursing. Am I articulating that correctly,
10 Dr. Nolan?

11 MS. NOLAN: Correct, she is the director of that
12 program. Thanks.

13 MS. GREEN: Thank you very much. The background
14 information regarding the program is that the Johns Hopkins
15 University School of Nursing master's entry program, it has
16 completed all of the requirements for full program approval in
17 accordance with COMAR 10.27.03.18(a) through (d), which is the
18 recognition of our new programs in the - nursing education
19 programs in the State of Maryland. We've included the attached
20 summary criteria that they met and also the successful
21 completion of that programs, they met all requirements, and we

1 are respectfully requesting that the Board will grant full
2 approval for the Johns Hopkins University School of Nursing
3 master's entry program, and that we also will provide a letter
4 to the Johns Hopkins School of Nursing under Dr. Marie Nolan's
5 leadership which stipulates the full program approval has been
6 granted.

7 The criteria of the new program is attached. The
8 Board can see that they have met all requirements, their NCLEX
9 performance has been consistently high since 2017 through
10 fiscal 2020, and we respectfully will answer any questions that
11 the Board may have at this time.

12 MR. HICKS: All right. Are there any questions for
13 Dr. Green?

14 (No questions posed)

15 MR. HICKS: All right, hearing none. Is there a
16 motion to accept the full approval recommendation for the Johns
17 Hopkins University School of Nursing?

18 MS. LOGAN: So moved, Logan.

19 MR. HICKS: Logan.

20 MS. STEELE: Second, Steele.

21 MR. HICKS: Steele. All in favor?

1 ALL: Aye.

2 MR. HICKS: Opposed?

3 (No oppositions)

4 MR. HICKS: Motion carries.

5 MS. GREEN: Thank you so much, Dr. Nolan, for being
6 present this morning. We appreciate you, and all that you are
7 doing.

8 MS. NOLAN: I thank Dr. Green and Dr. Kennedy for
9 their expert guidance through the approval process. We are very
10 grateful, thank you, and thank you to the Board.

11 MS. GREEN: Our final request for consideration to
12 the Board is 4D. This is from Allegany College of Maryland. It
13 is a faculty waiver request for Ms. Hannah Mullen. May I ask if
14 Mr. Paul - also known as Rick Cooper, are you present on the
15 line?

16 MR. COOPER: I'm present.

17 MS. GREEN: Thank you. Mrs. Sandy Clark, are you
18 present on the line?

19 (No response)

20 MS. GREEN: Mrs. Mullen, are you present on the
21 line, just in case we need to acknowledge you?

1 (No response)

2 MS. GREEN: Thank you. Before you, the Board, is
3 some background information regarding Allegany College. They
4 conducted a faculty search to fill a faculty vacancy in 2020.
5 The faculty determined that the most qualified candidate in that
6 hole in master's degree in nursing would have completed the
7 baccalaureate degree in nursing and has the required clinical
8 expertise to meet the program requirements delineated in COMAR
9 10.27.03.08(d) under faculty and clinical faculty waiver.

10 The program is requesting a faculty waiver for Mrs.
11 Hannah Mullen, who is currently enrolled in a master's program
12 in nursing, and the supporting documents along with the criteria
13 in COMAR are included. With respect to that, the findings are
14 that Ms. Mullen credentials and background met the criteria
15 defined in COMAR 10.27.03.08(d), numbers 1 to 3(b), as evidence
16 to the supporting documents.

17 Our recommendation is that there be an approval for
18 the faculty waiver for Mrs. Hannah Mullen as requested by
19 Allegany College of Maryland Nursing Education Program. As I
20 mentioned, Attachment A gives you an overview as to what she has
21 met in terms of the actual waiver requirement. She is enrolled

1 in a program at Governor's University online program, and we
2 also included Attachment D which is the cover letter of Mrs.
3 Clark indicating what steps they have taken and looked at in
4 terms of the decision request for waiver. Attachment C is your
5 faculty ads; D, the faculty search information; and E -
6 Attachment E is the resume for Mrs. Hannah Mullen; as well as
7 Attachment F indicating the successful enrollment that Ms.
8 Mullen is pursuing at Grand Canyon University.

9 I will answer any questions that the Board may have.
10 Thank you.

11 MS. HICKS: Dr. Green, do we know what courses or
12 how Allegany College of Maryland expects to utilize Ms. Mullen
13 in her role?

14 MS. GREEN: Mr. Cooper, can you answer that for us,
15 please, the actual classes? I do know that I looked at that,
16 but I do not remember right at the moment.

17 MR. COOPER: She will be teaching advanced med/surg
18 and doing clinical for the advanced med/surg course. She works
19 critical care at the hospital, and her experience has been in
20 critical care.

21 MR. HICKS: Is that the only course that she would

1 be teaching?

2 MR. COOPER: Yes, she would be teaching.

3 MR. HICKS: So, it would just be advanced med/surg
4 and a clinical for this semester?

5 MR. COOPER: Correct.

6 MR. HICKS: Thank you. Dr. Hill?

7 MS. JACQUELINE HILL: Thank you. Dr. Green, I have
8 a question about her enrollment in the master's program. I see
9 that she was admitted Fall of 2020. How long will it be before
10 she graduates?

11 MR. COOPER: She should be finished within two
12 years.

13 MS. GREEN: That is the structure of the program at
14 Grand Canyon?

15 MR. COOPER: Yes.

16 MS. GREEN: And she will be finished - she has
17 already begun the process - I'm sorry, begun courses with Grand
18 Canyon, and she should be finished within two years, which would
19 be in accordance with our COMAR requirements as well. We will
20 be receiving updates from Mr. Cooper regarding her progress in
21 the program in order to make sure that we stay in compliance

1 with our COMAR requirements.

2 MS. JACQUELINE HILL: And I apologize for not
3 knowing all the COMAR guidelines right now. I will get up to
4 speed on that. Is there a limitation? Is there a limit as to
5 how long she can be enrolled? I know the limit right now is two
6 years, that's what's proposed. Can she exceed that?

7 MS. GREEN: There has not been an instance to date
8 that I am aware of in terms of anyone exceeding the two-year
9 requirement, and that's why we also want to stay in contact with
10 Mr. Cooper each year to see where the person is in their
11 progression. Because that's something that if there is a need
12 for an extension we would have to come back to the Board, but
13 most importantly it would come to Practice and Education
14 Committee first prior to giving any outstanding concerns related
15 to the Board.

16 MS. JACQUELINE HILL: Thank you.

17 MR. HICKS: Dr. Green, I would also recommend that
18 if Allegany College of Maryland decides to move Ms. Mullen out
19 of advanced med/surg and out of clinical that they notify the
20 Board as to what that move has been so that we are aware of what
21 courses she is teaching.

1 MS. GREEN: Absolutely. Thank you very much, and we
2 will work with you, Mr. Cooper, in making sure that we keep that
3 information current in terms of what her teaching in the
4 classroom is and what her clinical requirements might be in the
5 future if she does change.

6 MR. COOPER: Absolutely.

7 MR. HICKS: So just for the record -

8 MS. GREEN: Mr. Cooper, the other thing --

9 MR. HICKS: Dr. Green, just for the record, COMAR
10 says that the individual will complete the referenced study
11 program within 36 months. So, that is the COMAR reg.

12 MS. GREEN: Thank you. And the only other thing I
13 can think of, Mr. Cooper, is - for the Board's needs for
14 information is Mrs. Mullen's orientation and mentoring with
15 other faculty will continue. Is that accurate as well?

16 MR. COOPER: That is accurate. Our orientation and
17 mentoring continues for five years.

18 MS. GREEN: Thank you. Excellent questions. Are
19 there any other questions that can be addressed from the Board?

20 MR. HICKS: Are there any other questions for Dr.
21 Green?

1 MS. JACQUELINE HILL: I don't see 36 months.

2 MR. HICKS: Mike will point it out to you.

3 MR. CONTI: So, it's two separate requirements.

4 They have to complete the entirety of the program within 36
5 months, but they also have to show that they've completed at
6 least nine credits within 24 months of the grant of the waiver.

7 MS. JACQUELINE HILL: Oh, thank you.

8 MR. HICKS: All right. Any other questions or
9 clarifications?

10 (No questions posed)

11 MR. HICKS: All right. Motion to accept the
12 recommendation to request the waiver, the faculty waiver for
13 Allegany College of Maryland, and approve Hannah Mullen on that
14 waiver?

15 MS. STEELE: So moved, Steele.

16 MR. HICKS: Steele.

17 MS. JACQUELINE HILL: Second, Hill.

18 MR. HICKS: Jacqueline Hill. All in favor?

19 ALL: Aye.

20 MR. HICKS: Opposed?

21 (No oppositions)

1 MR. HICKS: Motion carries.

2 MS. GREEN: Thank you very much, and thank you, Mr.

3 Cooper, for being present on the line today. We appreciate you.

4 MR. COOPER: Uh-huh, thank you.

5 MS. GREEN: Bye-bye.

6 MR. HICKS: Dr. Green, thank you. We will move on.

7 MS. GREEN: I'm sorry? I've completed our report.

8 Thank you so very much.

9 MR. HICKS: Thanks, Dr. Green. Have a good day.

10 MS. GREEN: Thank you.

11 MR. HICKS: We will move down to Certifications.

12 Jaray, are you online?

13 MS. RICHARDSON: Yes, I'm here.

14 MR. HICKS: All right. Jaray is going to give us

15 the monthly and quarterly statistics.

16 MS. RICHARDSON: Good morning everyone.

17 ALL: Good morning.

18 MS. RICHARDSON: We have 14 members which consists

19 of two alternate members. We have one resignation this quarter;

20 23 CNA, CMA, and faculty programs have been approved; one for

21 clinical classroom site reviews and approved; zero site visits;

1 zero onsite visits; and there's one community stakeholder
2 meeting advisory group.

3 For October, the CNA number was 196,597; active,
4 55,004; GNAs, 86,041; active, 25,794. Certified medicine aides,
5 4,875; active 1,484. Home health aides, 1,249; active, 40.
6 Dialysis technicians, 3,504; active, 1,798. Medication
7 technicians, 173,760; active, 46,465. School health aides,
8 1,098; active, 358. Endorsement applicants average per week are
9 ten per fifteen.

10 In November, CNA - I'm sorry, current number of CNAs
11 is 197,165; active, 65,357. GNAs, 86,064; active, 29,878;
12 Certified medicine aides, 4,875; active, 1,484. Home health
13 aides, 549; active, 40. Dialysis technicians, 3,524; active,
14 1,822. Medication technicians, 174,402; active, 47,449. School
15 health aides, 1,098; active, 358. Endorsement applicants, ten
16 per fifteen per week.

17 For December, CNAs, we have 197,778; active, 65,692.
18 GNAs, 86,204; active, 30,041. Certified medicine aides, 4,875;
19 active, 100 - I'm sorry, 1,486. Home health aides, 549; active,
20 41. Dialysis technicians, 3,530; active, 1,834. Medication
21 technicians, 174,987; active, 46,382. School health aides,

1 1,098; active, 358. Endorsement applicants, average per week,
2 are ten per fifteen.

3 Our quarterly total for CNAs is 592,510; active,
4 196,053. GNAs, 258,309; active, 89,713. Certified medicine
5 aides, 14,625; active, 4,454. Home health aides, 1,647; active,
6 121. Dialysis technicians, 10,556; active, 5,454. Medication
7 technicians, 523,149; active, 140,296. School health aides,
8 30,294; active, 1,074. Endorsement applicants per week, 30 to
9 45.

10 MR. HICKS: All right. Any questions for Jaray?

11 (No questions posed)

12 MR. HICKS: Jaray, while we have you on the line, do
13 you want to do the CNA Advisory Committee and Certification?

14 MS. RICHARDSON: I apologize, that's what I just
15 did. I didn't have anything for 5C.

16 MR. HICKS: Oh, okay, I'm sorry. I didn't catch
17 that. Thank you.

18 MS. RICHARDSON: Thank you.

19 MR. HICKS: All right. We will move down to
20 Licensure and Advanced Practice. Shetarah?

21 MS. GOODWIN: Yes, good morning.

1 MR. HICKS: Good morning.

2 MS. GOODWIN: For the initial licensing we had the
3 monthly report for registered nurses by exam is 91. The
4 quarterly report is 430. Registered nurse by endorsement,
5 monthly is 126; for the quarter, 371. Licensed practical nurse
6 by exam for the month we have 21; and for the quarter, 103.
7 Licensed practical nurse by endorsement for the month is 5; and
8 for the quarter, 24. Temporary registered nurse for the month,
9 89; and for the quarter is 255. Temporary licensed practical
10 nurse for the month, we had 2; and for the quarter, 15.
11 Advanced practice compact, for the month we had 46; and for the
12 quarter, 150. Advanced practice nurses in all categories for
13 the month we 118; and for the quarter, 345. The total for
14 advanced practice registered nurse, APRN, for the month we have
15 164; and for the quarter, 495. Forensic nurse examiners, for
16 the month we have 8; and for the quarter is 13. Workers'
17 Compensation medical case managers, for the month we have 6; and
18 for the quarter we had 12.

19 For renewals for registered nurses, for the month we
20 had 3,264; and for the quarter, 10,073. Licensed practical
21 nurse, we had 430 for the month; and for the quarter, 1,314.

1 Advanced practice compact, we had 32 for the month; and 119 for
2 the quarter. Advanced practice nurse in all categories, we had
3 354 for the month; and 1,167 for the quarter. The total
4 advanced practice registered nurses, APRN, for the month we had
5 386; and for the quarter, 1,286. Forensic nurse examiners, we
6 have 4 for the month; and for the quarter, 17. Workers'
7 Compensation medical case managers, for the month we have 13;
8 and for the quarter we have 49.

9 Any questions?

10 MR. HICKS: Any questions?

11 (No questions posed)

12 MR. HICKS: Thank you very much.

13 MS. GOODWIN: All right. Thank you.

14 MR. HICKS: Moving onto Legislative Affairs. Iman?

15 MS. FARID: Yes, hello. Can you hear me?

16 MR. HICKS: Yep, good morning.

17 MS. FARID: Good morning. So, today I will be
18 presenting a few items. First, I wanted to start with some
19 important dates. So, the 2021 legislative session began on
20 January 13th, and it's scheduled to run until April 12th. And
21 in between, I've listed a few additional deadlines for the

1 legislators, including the House and Senate bill introduction
2 deadline, and the crossover dates.

3 Next, I provided just a brief summary on how bills
4 are assigned to the Board currently. So, MDH assigns bills to
5 the Board weekly, the Legislative Committee for the Board
6 discusses what position to take for each assigned bill. And
7 after discussion, the Board will either take no position or will
8 submit written and/or oral testimony. And finally, if the Board
9 provides oral testimony a Board staff member will be present at
10 the bill hearing.

11 For Item 3, I have also provided a list of positions
12 the Board can take on bills. So, to go through the list, a
13 letter of support indicates that the Board is in favor of a bill
14 passing. The bill may positively impact the Board's operation
15 or uphold its mission. A letter of support with amendment
16 indicates that the Board is in favor of a bill passing pending
17 legislative amendment. And with the letter of support of
18 amendment, the Board would need to submit amendments to the
19 bill's legislative language.

20 The letter of concern is written for any bill that
21 may raise concerns for the Board, either the language in the

1 bill or its intended impact may not be clearly stated. A letter
2 of information allows the Board to provide additional
3 information to the legislators either on subject matter or how
4 the bill may impact the Board's operations. A letter of
5 opposition indicates that the Board is in opposition of a bill
6 passing, and the bill may create a fiscal or administrative
7 burden for the Board, and the bill may also disrupt the Board's
8 operations. And finally, no position is for any bill that does
9 not impact the Board or its constituents by any means, fiscally
10 or operationally.

11 And now, for the bill to be listed. These are bills
12 that are assigned to the Board from the week of January 13th
13 through the week of January 25th, and with this bill the
14 legislative committee is asking the Board to ratify the
15 positions taken.

16 Starting with House Bill 14, Pharmacist Prescription
17 Drugs and Device Labels Expiration Dates, this bill provides
18 further clarification on the expiration on drugs and devices
19 dispensed in the manufacturers' original packaging. The Board
20 took no position.

21 House Bill 28, cross filed with Senate Bill 5,

1 Public Health, Implicit Biased Training, and also Minority
2 Health and Health Disparity. This bill requires a healthcare
3 professional, as a condition of renewal, to take an implicit
4 bias training program. The Board took no position.

5 House Bill 107, Prohibition on Vending Machine Sales
6 of Drugs and Medicines Repeal, to dismiss the sale,
7 distribution, or disposal of drugs, medicines, pharmaceutical
8 preparations, and medical preparations by means of a vending
9 machine or similar device. The Board took no position.

10 House Bill 123, cross file with Senate Bill 3,
11 Public Health Act of 2021, authorizes healthcare practitioners
12 to provide care utilizing telephone services through either
13 synchronous or asynchronous interactions, audio-only
14 conversations, or remote patient monitoring services. The Board
15 submitted a letter of support.

16 House Bill 135, cross file with Senate Bill 84,
17 Pharmacist Administration of Self-Administered Medications and
18 Maintenance Injectable Medications. This bill authorizes the
19 pharmacist to administer a maintenance injectable medication to
20 a patient. The Board submitted a letter of opposition.

21 House Bill 170, cross file with Senate Bill 513;

1 Cancer Drugs, Positions Dispensing and Coverage. This bill
2 submits a physician who holds a valid dispensing permit to
3 personally dispense by mail a cancer drug or device to a
4 patient. The Board submitted no position.

5 House Bill 309, Public Health Data Race and
6 Ethnicity Information. This bill requires the Board to put
7 racial and ethnic composition about individuals who hold a
8 license or certificate. The Board took no position.

9 House Bill 396, cross file with Senate Bill 279,
10 Public Health Overdose and Infectious Disease Prevention
11 Services Program. This bill allows the community-based
12 organization to establish an overdose and infectious disease
13 prevention services program, and this bill prohibits the Board
14 from disciplining an individual for involvement in operation or
15 use of the program's services. The Board submitted a letter of
16 opposition.

17 Senate Bill 13, Certified Nursing Assistants
18 Certificate Renewal Training Program Requirement. This bill
19 allows the CNA who has not completed hours of active practice to
20 take a CAN refresher training program as a condition of the
21 renewal. This bill requires the Board to adopt regulations for

1 approving a CNA refresher training program. The Board submitted
2 a letter of support, and Rhonda provided oral testimony on the
3 26th of January.

4 Senate Bill 102, Income Tax Credits for Preceptors
5 in Areas of Healthcare Workforce Shortages. This bill
6 authorizes a credit against the state income tax for healthcare
7 practitioners who serve as preceptors for physician assistant
8 students. The Legislative Committee indicated support for this
9 bill, but due to the timeline was not able to submit a letter.

10 Senate Bill 106, Licensing. This standing was a
11 State Department of Assessment and Taxation requirement. This
12 bill requires the Board to verify if an applicant for licensure
13 or certification is in good standing with the State Department
14 of Assessments and Taxation. The Board took no position.

15 Senate Bill 111, cross files with House Bill 484,
16 Healthcare Facilities Dialysis Treatment Services Training,
17 David Selby Dialysis Parity Act. This bill prohibits a
18 healthcare facility from providing peritoneal dialysis or
19 hemodialysis treatment services unless the individual performing
20 the dialysis procedure has been appropriately trained. The
21 Board submitted a letter of support.

1 And finally, Senate Bill 307, Labor and Employment
2 Direct Care Workforce Innovation Program. This bill establishes
3 the direct care workforce innovation program. The program will
4 provide grants to entities interested in creating and expanding
5 recruitment in retention strategies to increase the number of
6 direct care workers. The Board submitted a letter of concern.

7 Does anyone have any questions?

8 MR. HICKS: All right. Are there any questions
9 about any of the bills that were laid out? Dr. Hill?

10 MS. JACQUELINE HILL: Thank you for that report. My
11 question is about Senate Bill 307. How does the Board determine
12 that they should be concerned about a bill?

13 MR. HICKS: So, we - I can kind of answer that as
14 one of the Legislative Committee members. So, we review that
15 bill and we come together and kind of discuss the bill, and if
16 there's an impact that it would have on nursing or any of the
17 entities of the Maryland Board of Nursing. So, we kind of
18 discuss that and come to a decision based off of what the bill
19 is basically telling us. All we have is what the bill tells us.
20 So, if we have a letter of concern then we send that and they
21 can give us additional feedback or modify the bill or whatever

1 the case may be. But we only go by what we have basically in
2 front of us.

3 MS. JACQUELINE HILL: Thank you.

4 MR. HICKS: So, it's pretty much under anyone - any
5 of the health occupations that we look at, like; home health
6 aide, personal aide, nursing assistant, psychiatric aides, or
7 direct care nurses, to include geriatric nursing assistants.
8 So, we kind of take all of that into consideration. And
9 sometimes it doesn't even - sometimes we will review a bill or
10 look at a bill that may not directly impact nursing, but has a
11 correlation or a -- what's the word I'm looking for - a
12 trickle-down effect, I guess you could say, related to
13 healthcare overall.

14 MS. JACQUELINE HILL: Because on the surface it
15 good, but as I'm reading here, I'm thinking, why would there be
16 a concern about it? So, that's why I asked.

17 MR. HICKS: And I can't remember exactly -

18 MS. EVANS: I can tell you.

19 MR. HICKS: Okay.

20 MS. EVANS: One of the reasons why we are concerned
21 is how it's written. For right now, we do not have personal

1 aide or - what's the other one - psychiatric aide in our
2 regulations. So, we don't currently serve that in the State of
3 Maryland. So, the question is: Do they want us to add those
4 designations? Hopefully not. Or, can they really be put under
5 the CNA language? So, if you look up psychiatric aides as well
6 as personal aides, their duties are very similar to the CNA.
7 What we're trying to do is to not add another discipline for the
8 Board to oversee. And so, we, Rhonda and I did meet with the
9 senator - what's his name, Bizonno?

10 MR. CONTI: Bizon.

11 MS. EVANS: Bizon. We met with that senator, and he
12 wanted us to meet with the stakeholders, and we're still
13 waiting. We have reached out several times to the stakeholders
14 because we have some questions about that, also.

15 MR. HICKS: It may be sometimes that we get a bill
16 that would require the Board to do something that we don't
17 currently do, you know, that would require us to - that it would
18 have financial impact or have an impact on the number of staff
19 that we would we need to do to carry out that bill. So, there's
20 a lot of things that go into play when we go look at whether or
21 not to accept or to accept a bill.

1 MS. EVANS: Can I add something?

2 MR. HICKS: Uh-huh.

3 MS. EVANS: And one of the bills that Gary was
4 mentioning before that did not come to the Board for us to
5 review was Implicit Bias Training for Healthcare Professionals,
6 that's House Bill 28. And because Iman looks at all bills to
7 see if may have an effect on us, and this would have a major
8 effect on the Board, the Implicit Bias Training. So, we were in
9 - so, we were in on the - it's on Page 2, the second one,
10 Implicit Bias Training. Since we were able to speak with
11 Delegate Pena-Melnyk, and to put in our views on how it would
12 affect our Board. So, we've had great dialogue with her with
13 this bill and how it would impact our Board. We were able to,
14 as well as, I can't remember the other Board, and I have this as
15 October 1st of this year, by April 1st of 2020.

16 MS. JACQUELINE HILL: But did they take a position
17 on it?

18 MS. EVANS: We didn't, but we were in conversations
19 with them, so we were still supported.

20 MS. JACQUELINE HILL: Oh, okay.

21 MR. HICKS: All right. Any other questions?

1 (No questions posed)

2 MR. HICKS: All right. So, we would need a motion
3 to approve the recommendations of the Legislative Committee as
4 it, kind of, outlines the positions that we took on each of
5 those bills? So, is there a motion?

6 MS. JACQUELINE HILL: Motion for approval.

7 MR. HICKS: Jacqueline Hill.

8 MS. STEELE: Second, Steele.

9 MR. HICKS: Steele. All in favor?

10 ALL: Aye.

11 MR. HICKS: Opposed?

12 (No oppositions)

13 MR. HICKS: Motion carries.

14 MS. EVANS: And just so everyone knows, Iman Farid,
15 who is our Health Policy Analyst, is taking the lead for
16 legislation for us, similar to what Shirley Devaris and Rhonda.

17 MS. JACQUELINE HILL: She's taking a leave, you
18 said?

19 MS. EVANS: No, she's taking the lead.

20 MS. JACQUELINE HILL: Oh, okay.

21 (Laughter)

1 MS. EVANS: No, Iman, you cannot go anywhere.

2 (Laughter)

3 MR. HICKS: All right. Thank you, Iman.

4 MS. FARID: Thank you.

5 MR. HICKS: All right. We will move down to 8,

6 Direct-Entry Midwives and Electrology. Monica?

7 (No response)

8 MR. HICKS: Monica, are you online?

9 (No response)

10 MR. HICKS: All right. We will come back. We will
11 go down to Quarterly Reports.

12 MS. MENTZER: I'm here. Can you hear me?

13 MR. HICKS: Okay. Yep, go ahead, Monica.

14 MS. MENTZER: I'm sorry, I must have been muted.

15 8A.1, request to approve an applicant for initial licensure as a
16 licensed electrologist. The Board staff was recommendation from
17 the Electrology Practice Committee is submitting a request for
18 the Board to approve the application for initial licensure as a
19 licensed electrologist in Maryland for applicant Brian Michael
20 Boston.

21 The committee has reviewed the application and all

1 supporting documentation and has determined the applicant meets
2 all the minimum requirements for initial electrology licensure
3 in Maryland as noted in the Code of Maryland Regulations Title
4 10, Subtitle 53, Chapter 02 for licensure; and COMAR Title 10,
5 Subtitle 53, Chapter 03, Electrology Examination.

6 MR. HICKS: Okay. Motion to accept Brian Michael
7 Boston for initial licensure as an electrologist?

8 MS. STEELE: So moved, Steele.

9 MR. HICKS: Steele.

10 MS. LOGAN: Second, Logan.

11 MR. HICKS: Logan. All in favor?

12 ALL: Aye.

13 MR. HICKS: Opposed?

14 (No oppositions)

15 MR. HICKS: Motion carries.

16 MS. MENTZER: 8A.2, request to the Board to approve
17 an applicant for initial licensure as a licensed electrologist.
18 The Board staff with recommendation from the Electrology
19 Practice Committee is submitting a request to the Board to
20 approve the application for initial licensure as a licensed
21 electrologist in Maryland for applicant Ellen Johnson.

1 The committee has reviewed the application and all
2 supporting documentation, and has determined the applicant meets
3 all the minimum requirements for initial electrology licensure
4 in Maryland as noted in COMAR 10.53.02 and Title 10.53.03.

5 MS. EVANS: This is Karen Evans. Just to make
6 everyone aware, that we do not have electrology programs here in
7 Maryland. I know that it is something that they would like to
8 move towards, but I just want everyone to be aware of that.

9 MR. HICKS: Thank you, Karen.

10 MS. EVANS: Sure.

11 MR. HICKS: All right. So, motion to accept Ellen
12 Johnson for initial license for electrology?

13 MS. STEELE: So moved, Steele.

14 MR. HICKS: Steele.

15 MS. CASSIDY: Second, Cassidy.

16 MR. HICKS: Cassidy. All in favor?

17 ALL: Aye.

18 MR. HICKS: Opposed?

19 (No oppositions)

20 MR. HICKS: Motion carries.

21 MS. MENTZER: Moving onto 8B, this is a request for

1 approval of a form application for electrology instructor
2 license. The Electrology Practice Committee is requesting to
3 the Board approval of the application for electrology instructor
4 license.

5 The Electrology Practice Committee has received an
6 inquiry from an electrologist who is seeking to apply for
7 licensure as an electrology instructor. Please note the
8 requirements in COMAR Title 10, Subtitle 53, Chapter 02,
9 specifically 10.53.02.09, Instructor Licensure. One of the
10 requirements is that the individual would submit an application
11 on a form required by the Board at least six weeks before the
12 instructor examination is administered. The form is attached -
13 the application form is attached for your review.

14 MR. HICKS: All right. Motion to accept the
15 application for instructor license form?

16 MS. LOGAN: So moved, Logan.

17 MR. HICKS: Logan.

18 MS. STEELE: Second, Steele.

19 MR. HICKS: Steele. All in favor?

20 ALL: Aye.

21 MR. HICKS: Opposed?

1 (No oppositions)

2 MR. HICKS: Motion carries.

3 MS. MENTZER: Moving onto 8C, Direct-Entry Midwife
4 Advisory Committee recommendation to Board regarding licensure
5 renewal and fees.

6 MS. REINER: It's Elizabeth Reiner, I am here from
7 the committee.

8 MS. MENTZER: Oh, good. Elizabeth Reiner is one of
9 our committee members for the Direct-Entry Midwife Advisory
10 Committee.

11 Are there any other members on the call?

12 (No response)

13 MS. MENTZER: Okay. So, I will go ahead and read
14 the memorandum.

15 On January 8, 2021 the Direct-Entry Midwife Advisory
16 Committee received an email. A copy of the email is attached
17 for the Board's reference. Directed to the Committee, received
18 from a newly licensed
19 direct-entry midwife in Maryland. The licensee expressed
20 concern that she had recently been issued a license for which
21 she was charged \$900. It will only be active for ten months

1 before she is required to renew it. Upon review and discussion
2 of the constituent's concern, the committee members presented
3 the following information and recommendations for the Board's
4 consideration.

5 The committee makes these recommendations in
6 accordance with its duty to make recommendations to the Board
7 related to the practice of direct-entry midwifery. Background,
8 I do have the - I've inserted the Health Occupations Article,
9 Section 8-6(c)-14.3. It states, to apply for a license an
10 applicant shall pay to the Board a fee set by the Board;
11 8-6(c)-15(a)1 states that the Board shall set reasonable fees
12 for the issuance and renewal of licenses and other services it
13 provides to license direct-entry midwives; and Section
14 8-16-15(a)2 states that these charges shall be set as to produce
15 funds to approximate the cost of maintaining the licensure and
16 other services provided to licensed direct-entry midwives.
17 Section 8-C-18(a), expiration renewal states, a license expired
18 on a date set by the Board, unless the license is renewed for an
19 additional term as provided in this section. Section
20 8-6(e)18(b), renewal terms, states a license may not be renewed
21 for a term longer than two years. And 8-6(c)-18(c)213 states a

1 renewal notice shall state that the date on which the current
2 license expires, the date by which the application must be
3 received by the Board for the renewal to be issued, and mailed
4 before the license expires, and to waive the amounts of the
5 renewal fee.

6 The direct-entry midwife initial licensure fee is
7 \$900, and the renewal fee is \$800. Pursuant to COMAR
8 10.64.01.17(a), a direct-entry midwife license, number one,
9 expires on the 28th day of each odd-numbered year; number two,
10 is valid for two years except for an initial license issued
11 before the next renewal date; and number three; issued for less
12 than its full two-year period shall be renewed at the next
13 annual renewal date. The initial application and renewal fees
14 for the DEMs far exceeds the fees charged to other licensees
15 regulated by the Board.

16 Footnote: For registered nurses and licensed
17 practical nurses, the initial application fee is \$200; the
18 bi-annual renewal fee is \$110. For advanced practice registered
19 nurse, the initial certification fee is \$50, and their renewal
20 fee is \$10 in addition to the registered nurse renewal fee. For
21 electrologists, the initial application fee is \$200, and the

1 bi-annual renewal fee is also \$200.

2 The committee notes that the fees were established
3 by the Board in 2016 when there were no licensed direct-entry
4 midwives in Maryland. It is the committee's understanding that
5 at that time the high fees were needed to establish and fiscally
6 support the newly licensed profession. As the direct-entry
7 midwives have now been an established profession for four years,
8 the committee requests that the Board consider
9 re-evaluating the fees and the financial burden they place on
10 licensees. Of note, the committee believes that the high
11 initial licensure fee of \$900 deters initial applicants from
12 seeking licensure in
13 odd-numbered years when the renewal date is approaching.

14 Recommendations from the committee: In light of the
15 forebill, the committee presents the following recommendations
16 for the Board's consideration. Number one, the committee
17 proposes that the Board reduce the initial license and renewal
18 fees charged to
19 direct-entry midwives in consideration of equity to be more
20 consistent with other licenses regulated by the Board; or number
21 two, the committee proposed that the Board prorate a

1 direct-entry midwives' first renewal fee if the license is due
2 to renew within 18 months of being issued an initial license; or
3 number three, the committee proposes that the direct-entry
4 midwives be required to renew every two years based on the date
5 that their license was issued.

6 The committee thanks the Board for its consideration
7 of the information provided, and the recommendations provided by
8 the committee. Are there any questions for either Elizabeth or
9 myself?

10 MR. HICKS: Are there any questions from the Board?

11 (No questions posed)

12 MS. EVANS: I don't have a question for the Board,
13 but -

14 MR. HICKS: I'm sorry, for the committee.

15 MS. EVANS: Sorry, I meant the committee. I'm
16 sorry. I meant the committee, Gary. But, Mike, do you know the
17 - can you give me the statute concerning how it has to -

18 MR. CONTI: It's on the first page of the memo here.
19 It's 8-6(c)15(a)2.

20 MS. EVANS: 8-6(c)15(a)2, the fee charged shall be
21 set as to produce the funds to approximate the cost of

1 maintaining the licensure and other services provided to
2 licensed direct midwives. So, that also means staff time and
3 the cost of the staff that oversees that.

4 What's the current number, Monica, of direct-entry
5 midwives that we have?

6 MS. MENTZER: Currently we have twenty-eight.

7 MS. EVANS: Twenty-eight, okay.

8 MS. MENTZER: There are an additional three that
9 have non-renewed, so altogether it would be thirty-one. But
10 there are twenty-eight that are currently licensed and would be
11 up for renewal this fall, one of which we believe has passed, so
12 that would take it down to twenty-seven.

13 MS. EVANS: Okay, thank you. So, what we have to
14 look at is the cost of staff maintaining both DEMS and
15 electrology, and so that way we can determine what fee depending
16 on the number of active license holders, and compare that with
17 the salaries of not just you, Monica, but also Board counsel.
18 So, we need to determine that, and once we determine that then I
19 can get that back to the Board so that they can determine
20 whether or not there should be a fee change or an alteration in
21 something else. Okay?

1 MR. HICKS: Okay.

2 MS. STEELE: Thank you for that feedback.

3 MR. HICKS: Thank you, Monica. And once we get that
4 information from Karen then we will move forward with, you
5 know, the recommendations that were submitted by the Advisory
6 Committee.

7 MS. REINER: May I add one other thing for
8 consideration. This is Elizabeth. Can you hear me?

9 MR. HICKS: Yep.

10 MS. REINER: Thank you for your consideration. I
11 just wanted to add that there are a significant number of
12 direct-entry midwives in surrounding states that have chosen not
13 to get licensed in Maryland because of the high fees. So, for
14 instance, in Virginia, the licensing fee through the Department
15 of Medicine, there is \$300 is, and the renewal is \$150. And so,
16 there are a lot of Virginia midwives, Pennsylvania midwives,
17 West Virginia midwives, and so on that have chosen not to get
18 licensed. So, we do believe that the number of licensees would
19 greatly increase if the licensing fee was changed and reduced.
20 So, thank you so much for your time and consideration.

21 MR. HICKS: Thank you. Anything else, Monica?

1 MS. MENTZER: Quarterly reports, I don't know if you
2 want me to go ahead with those now or come back.

3 MR. HICKS: That's fine, you can do that.

4 MS. MENTZER: Okay. 9B, quarterly reports to the
5 Board, Direct-Entry Midwives Advisory Committee, second quarter,
6 fiscal year '21 report to the Board.

7 The seven members of the Direct-Entry Midwives
8 Advisory Committee are listed. Of notes, Roxanne Gordon,
9 certified nurse midwife, was appointed effective December 31,
10 2020 to replace Ms. Julia Perkins. Ms. Gordon's appointment
11 will expire on December 31, 2024. Ms. Julie Perkins' expired -
12 her appointment expired on December 31, 2020.

13 Meetings, the committee has scheduled meetings
14 monthly on the first Friday of each month. The committee meets
15 as necessary to conduct committee business. The meetings aren't
16 held when there aren't sufficient agenda items or when the Board
17 receives applications for an initial licensure as a direct-entry
18 midwife. During the second quarter, FY21, the committee met
19 three times on October 16th, November 6th, and December 4, 2020.

20 Licensee's, currently there are 28 active licensed
21 direct-entry midwives in Maryland.

1 Status of work completed, before initiating care the
2 licensed direct-entry midwives are required to obtain a signed
3 copy of the Board-approved informed consent agreement, which the
4 Board in consultation with stakeholders shall review and update
5 as necessary at least every four years. See it now in Annotated
6 Code Health Occupations, Section 8-6(c)-09(a) and (b). The
7 current Board-approved informed consent agreement was approved
8 by the Board in 2016. The committee members have begun to
9 review and comment on the proposed changes submitted by the
10 Association of Independent Midwives of Maryland, AIMM, to the
11 currently approved document informed consent and disclosure for
12 birth with a
13 direct-entry midwife.

14 Status of work completed, the committee reviewed the
15 annual data collection forms submitted by licensed direct-entry
16 midwives at its October 16, 2020, and November 6, 2020 meetings
17 as required by Health Occupation, Section 8-6(c)-12(a)6. A
18 total of 23 licensed direct-entry midwives submitted their
19 annual reports to the Board as required by Health Occupation,
20 Section 8-6(c)-10(a). The committee submitted a report to the
21 Board with a summary of the information included in the data

1 collection forms, and the committee's recommendations required
2 by Health Occupations, Section 8-6(c)-12(a)10, which was
3 presented to the Board at the November 18, 2020 Open Session
4 meeting. The Board approved the appointment of Roxanne Gordon,
5 certified nurse midwife, to the committee, effective December
6 31, 2020 at its meeting on September 23, 2020. Ms. Gordon will
7 replace Julia Perkins, certified nurse midwife, who completed
8 her reappointment on the committee.

9 The committee reviewed four applications received
10 for licensure as direct-entry midwives and made recommendations
11 to the Board to approve each of the four applicants as meeting
12 all minimum requirements for initial licensure as licensed
13 direct-entry midwives in Maryland at the December 16, 2020 Open
14 Session Board meeting. The Board approved all four applicants
15 on December 16, 2020, and a letter of notification of initial
16 licensure was sent to each of the four newly licensed
17 direct-entry midwives on December 21, 2020.

18 Meetings, the next meeting of the
19 Direct-Entry Advisory Committee are scheduled for January 8,
20 2021, which did occur, and the upcoming meeting in February is
21 scheduled for February 5, 2021.

1 Are there any questions about the
2 direct-entry midwife quarterly report for second quarter,
3 fiscal year '21?

4 MR. HICKS: Any questions?

5 (No questions posed)

6 MR. HICKS: Thank you, Monica. Do you want to do
7 electrology?

8 MS. MENTZER: Yes. Moving onto 9E, second quarter,
9 FY2021 quarterly report to the Board of the Electrology Practice
10 Committee.

11 The members of the Electrology Practice Committee
12 are Debra Larson, chair; Elizabeth Spagnolo, committee member;
13 and Jolene Harris, consumer member.

14 The Electrologist Practice Committee meets as
15 necessary to conduct committee business. The committee met
16 three times during the second quarter, FY2021, on October 14th,
17 November 4th, and December 2, 2020.

18 Licensees, the committee reviewed two new
19 applications received for licensure, and the applicants passed
20 both exams that are administered by Prometric, and their
21 clinical examinations that were administered on December 6, 2020

1 by committee members Debra Larson, licensed electrologist, and
2 Elizabeth Spagnolo, licensed electrologist. The applicants will
3 be presented to the Board on January 27, 2021 for the Board to
4 approve.

5 Applications for initial licensure for applicants
6 Brian Boston and Ellen Johnson as having met all minimum
7 requirements in COMAR 10.53.02 and COMAR 10.53.03 for initial
8 electrologist licensure in Maryland.

9 Status of work completed, the committee reviewed the
10 Code of Maryland Regulations, Title 10, Subtitle 53, Chapter 8,
11 Instruments and Procedures, and Chapter 9, Sterilization
12 Procedures and made recommendations to the Board regarding
13 changes to current regulations to be in compliance with the
14 American Electrology Association Standards of Practice regarding
15 the use of pre-sterilized disposable needles. The committee's
16 recommendation for regulatory changes were presented to the
17 Board and were approved at the Board's Open Session Meeting on
18 December 16, 2020. The next committee meeting is scheduled for
19 February 10, 2021.

20 Any questions?

21 MR. HICKS: Any questions for Monica?

1 (No questions posed)

2 MR. HICKS: All right. Thank you, Monica.

3 MS. MENTZER: You're welcome.

4 MR. HICKS: We will move back to Quarterly Report,

5 A. Amber, are you online?

6 MS. HAVENS-BERNAL: Good morning. Can you hear me?

7 MR. HICKS: Yep.

8 MS. HAVENS-BERNAL: Okay. Good morning everybody.

9 This is Amber Bernal from the Board's Enforcement Division for
10 the Discipline and Compliance Programs.

11 For this quarter, October through December, 2020
12 there were eight cases that were voted for charges and
13 transferred to the Office of the Attorney General. The
14 scheduled matters were taken to the Case Resolution Conference.
15 Eleven cases were voted for sanctions by default during this
16 quarter. There were no summary suspensions issued. Three
17 consent orders were executed. Three voluntarily surrenders were
18 approved by the Board, and no cases were rescinded and
19 dismissed. We held two hearings during this quarter.

20 For the Compliance Program, there were two probation
21 orders initiated; two reprimands of conditions initiated; four

1 matters are scheduled with the Program Case Managers; thirteen
2 probation orders were terminated; one case was presented to the
3 Board for violation of probation; and there are currently 100
4 cases on probation with the Board.

5 Does anyone have any questions?

6 MR. HICKS: Any questions for Amber?

7 (No questions posed)

8 MR. HICKS: All right. Thank you, Amber.

9 MS. HAVENS-BERNAL: Thank you.

10 MR. HICKS: All right. We will move to Safe
11 Practice. Tonya? Tonya, are you online?

12 (No response)

13 MR. HICKS: All right. We will move down to
14 Practice and Education. Karen?

15 MS. EVANS: Thank you. Practice and Education
16 Quarterly Report for the second quarter, we met three times.

17 MS. SPRUILL: Hello?

18 MR. HICKS: Tonya?

19 MS. SPRUILL: All right. Hold on one second. Let
20 Karen finish, and then we'll come back to you.

21 MS. SPRUILL: Okay.

1 MS. EVANS: So, we met three times during the
2 quarter. The recommendations to the Board has been three FNE
3 programs for approval for initial renewal, as well as three new
4 faculty - FNE faculty for initial and renewal. Also, three new
5 program instructors - I mean, nurse administrators for Baltimore
6 City Community College, Frederick Community College, and Harford
7 Community College.

8 We had two programs that were recommended for not
9 substantially equivalent; Capscare Academy as well as Virginia
10 School of Nursing and Medical Institute Practical Nursing. And
11 we had actions plans for Baltimore City Community College,
12 Morgan State University, Notre Dame, Washington Adventist
13 University Nursing Program, and College of Southern Maryland
14 that were recommended to the Board for approval.

15 And then site visit surveys that were recommended
16 for approval were Allegany College, Coppin State University,
17 Stevenson University, and Wor-Wic Community College, and Anne
18 Arundel Community College.

19 So, that's it for Practice and Education, and can I
20 just do Background?

21 MR. HICKS: Yep.

1 MS. EVANS: For the background committee, they met
2 three times. They meet on the first Wednesday of every month.
3 During this quarter, cleared were 395 nurse endorsements.
4 Exams, 533; certified nursing assistants, 640; individuals
5 processed through the matrix, 65; processed through the Board
6 committee, 35; which was a total of 1,668 that were cleared for
7 this quarter.

8 That's all I have.

9 MR. HICKS: Any questions for Karen?

10 (No questions posed)

11 MR. HICKS: All right. Tonya, we will go back to
12 you.

13 MS. SPRUILL: Thank you, Gary. Good morning
14 everyone. This is Tonya Spruill with the Safe Practice Program.
15 The Safe Practice Committee met five of the six times over the
16 last quarter. We currently have about 77 participants in the
17 program. The committee met with 58, potential participants and
18 participants over the quarter. The committee gave four
19 agreements out to new participants. They had to expel one
20 participant. They discharged two participants. And we sent
21 that to CID, 14 participants. The remaining were asked to

1 maintain their contract or they were rescheduled.

2 Any questions?

3 MR. HICKS: Any questions for Tonya?

4 MS. STEELE: One question. When you say "the
5 remaining were asked to reschedule," what are you referring
6 to? Just to clarify, reschedule what?

7 MS. SPRUILL: I'm sorry, I didn't hear the question.

8 MS. STEELE: Just to clarify, when you said that
9 they were asked to reschedule, what rescheduling are you
10 referring to?

11 MS. SPRUILL: I'm sorry, I have a bad connection or
12 my phone is low. I just tried to turn it up. Could you
13 repeat it one more time?

14 MR. HICKS: Tonya, can you hear me?

15 MS. SPRUILL: Yes, I can hear you well.

16 MR. HICKS: So, Jenell's asking the question of,
17 when you referred to rescheduling those participants in the
18 program that are rescheduling, what are you referring to as the
19 reschedule?

20 MS. SPRUILL: So, mainly those are the new
21 participants that we received complaints on, and sometimes they

1 never contact us back after sending out the package to them.
2 And attempting to call them, they never call back. So, we
3 rescheduled them twice to give them a chance to show up before
4 sending them back to CID. So, that's for the rescheduled
5 individuals, it's mostly what those are.

6 MS. STEELE: Okay. Thank you for that
7 clarification.

8 MS. SPRUILL: Does that answer your questions?

9 MS. STEELE: Yes, it does. Thank you for
10 clarifying.

11 MS. SPRUILL: Okay. You're welcome.

12 MR. HICKS: All right. Thank you. Shawntee, are
13 you online?

14 MS. BATES: I'm here.

15 MR. HICKS: All right. We're going to do
16 investigations?

17 MS. BATES: Yes, I am.

18 MR. HICKS: Okay.

19 MS. BATES: So, for complaints received for the
20 month of October, we have 79; for the month of November, 65; for
21 the month of December, 68; for a quarter total of 212.

1 Complaints closed by take no action, complaint
2 triage committee recommendation: For the month of October, we
3 had 24; for the month of November, we had 28; for the month of
4 December, we had 19; for a quarterly total of 71.

5 Complaints closed by take no action,
6 pre-charge case resolution conference committee recommendations:
7 For the month of October, we had zero; for the month of
8 November, we have four; for the month of December, we have
9 three; for a quarter total of 7.

10 Complaints closed by take no action, CNA Advisory
11 Committee recommendations: For the month of October, we have
12 six; for November and December, we have zero; for a quarterly
13 total of 6.

14 Complaints closed by take no action, ROI Review
15 Committee recommendations: For the month of October, we had 7;
16 for November, 1; and the month of December, 3; for a quarter
17 total of 11.1

18 Complaints closed by charges: For the month of
19 October, 2; November, 1; December, 4; for the quarter total of
20 7.

21 Backlog, complaints closed by take no action,

1 backlog review: For the month of October, 9; November, zero;
2 December, 1; with a quarter total of 10. Backlog complaints
3 closed administratively: For October, 77; November, 110; and
4 December, 105; for the quarter total of 292.

5 Number of days between receipt of complaints and the
6 ROI submission: For October, 490; for November, 1,130; for
7 December, 420; the quarter total is 680 days. This also
8 includes cold case ROIs from 2015 to 2017.

9 Our total open complaints for current cases, 2,575;
10 our cold cases, 3,561. Our cold case quarter closure, 298. We
11 added 606 cases from 217. Our previous total quarter totals
12 current were 2,386, and cold was 3,259.

13 MR. HICKS: Any questions for Shawntee?

14 MS. JACQUELINE HILL: I have a question.

15 MR. HICKS: All right.

16 MS. JACQUELINE HILL: Is there a category for these
17 complaints?

18 MS. BATES: I'm sorry, I couldn't hear you.

19 MS. JACQUELINE HILL: Are these complaints
20 categorized? How many complaints for, like, maybe back - for
21 getting back to them in a timely manner? Is there a category

1 for these, or do we just group them all together as complaints?

2 MS. BATES: They are all complaints.

3 MS. JACQUELING HILL: Thank you.

4 MR. HICKS: You will see at the end of the day. You
5 will see what she means.

6 MS. JACQUELINE HILL: Okay. Thank you.

7 MS. BATES: Thank you.

8 MR. HICKS: All right. That concludes all of the
9 quarterly reports, which moves us into the next category with
10 Other. I understand that the CNS Prescriptive Authority folks
11 are online today.

12 MS. DEVARIS: Yes, Shirley Devaris is here today to
13 talk about the proposal for this critical nurse specialist
14 regulations.

15 MR. HICKS: Hi, Shirley. Are you presenting that,
16 Shirley, or is someone else?

17 MS. DEVARIS: I'm sorry, I didn't hear you.

18 MR. HICKS: Are you presenting that, or is someone
19 else presenting?

20 MS. DEVARIS: I thought that Lorraine Diana was
21 presenting, but - and she was on earlier.

1 MS. DIANA: I'm on the line, Shirley. You go
2 ahead.

3 MS. DEVARIS: Okay. Well, let me give you some
4 history. This is our third month with bringing these to the
5 Board. The Professional Association drafted a proposal to
6 amend the regs for clinical nurse specialists because our
7 ultimate goal is to get prescriptive authority for them, but
8 we can't do that in regulation, it has to be in statutes.
9 That's just the way we've been doing it, and so what we've
10 done, is draft these regs. Following guidelines, we looked
11 at D.C., we looked at Virginia, we looked through all the
12 surrounding states. National Counsel came up with this
13 proposal. Mostly, the existing did not have a clear
14 description of the scope of practice, and the lobbyists for
15 the association, and also the delegates or the sponsors felt
16 that we didn't really have enough in there to describe what
17 clinical nurse specialists do, and I would agree with that.

18 So, what we've done is brought these to the Board
19 and we would like the Board to go forward with them to
20 present them for approval.

21 MR. HICKS: All right. Are there any questions for

1 Shirley?

2 MS. JACQUELINE HILL: So, how many CNSs are in the
3 State of Maryland?

4 MS. DEVARIS: I'm sorry, I couldn't hear that.

5 MR. HICKS: The question was: How many CNSs are in
6 the State of Maryland?

7 MS. DEVARIS: About 350, I think. I haven't looked
8 at the most recent number, I'm sorry.

9 MR. HICKS: Okay.

10 MS. DEVARIS: I don't know - the Board was very late
11 in regulating them as far as the regulations. We didn't even
12 draft the first regulations until 2012. And I think there
13 were - it was difficult getting those drafted. There were a
14 lot of people that didn't want anything in the scope of
15 practice, so we wound up with, I think, what was a pretty
16 poor product, actually.

17 MS. JACQUELINE HILL: I have a follow-up question.
18 So, why is it that CNSs want prescriptive authority at this
19 point in time?

20 MS. DEVARIS: Lorraine, do you want to answer that?

21 (No response)

1 MR. HICKS: Are you online? I'm not sure if you're
2 muted.

3 (No response)

4 MS. DEVARIS: Well, I can give you part of that
5 answer. Lorraine is better versed at it, but clinical nurse
6 specialists are trained to prescribe. They haven't been, and
7 with any other advanced practice setting we always go to the
8 legislature and ask to have the authority to prescribe. They
9 are trained to prescribe, it's in the National Counsel
10 descriptions for what a clinical nurse specialist does. And
11 right now, they have been put on - they're really busy. They
12 are working all over the place with this COVID pandemic, and it
13 would be really helpful to be able to prescribe and not wait
14 for someone to come along and countersign an order, or order it
15 when they have the ability to do this. They diagnose, they
16 treat. They should be able to prescribe, it's part of their
17 practice.

18 Also, if we're looking at eventually joining the
19 advanced practice compact, all of our advanced practice nurses
20 have to have the authority to prescribe.

21 MR. HICKS: All right. Anything else?

1 MS. DIANA: Hi, can you hear me?

2 MR. HICKS: Yes.

3 MS. JACQUELINE HILL: I do have another question.

4 So, why do you think there's such hesitation of you all trying
5 to become, or to be able to have prescriptive authority? With
6 looking at all the other APRNs, why is there hesitation with
7 giving you all the same privilege?

8 MS. DEVARIS: I'm sorry, I did not get that
9 question.

10 MR. HICKS: So, Dr. Hill asked the question about,
11 you know, with APRNs currently having the authority to
12 prescribe, what is the hesitancy with having CNSs the same
13 privilege of prescription authority?

14 MS. DEVARIS: Frankly, it's because of other
15 professions, they don't want us to prescribe. We had a really
16 hard time getting prescriptive authority for CRNPs and it was
17 because the physicians feel that is only their privilege. But
18 we all know that our advanced practice nurses are providing a
19 lot more care these days, and they really need to be able to do
20 everything that they are capable of doing.

21 MS. JACQUELINE HILL: I still don't understand.

1 MS. GIBBONS-BAKER: Hi, this is Emalie
2 Gibbons-Baker. I would just like to address that just a little.
3 I think we, as a Board, have had quite a few discussions in
4 reference to the necessity of our clinical nurse specialists
5 having prescriptive privileges. If I remember correctly, we had
6 quite a few outlying clinics, particularly in our counties in
7 Western Maryland and Southern Maryland, where clinical nurse
8 specialists were the only providers that were available, and it
9 was very difficult to be able to get the physicians or the nurse
10 practitioners to actually go forward with co-signing or getting
11 the prescriptions to these patients that needed to be discharged
12 or needed any particular treatment. And, you know, I thought we
13 had actually come to a decision that prescriptive privileges
14 were really important for our clinical nurse specialists,
15 particularly during this time of COVID, but also for the other
16 reasons that I had mentioned.

17 So, changing the regs to go forward with getting
18 their prescriptive privileges is the first step, and that's
19 where we are now.

20 MS. JACQUELINE HILL: Well, I apologize because I'm
21 a new board member, so I don't know the history and that's why I

1 was asking those questions.

2 MR. HICKS: All right. So, Emalie -

3 MS. DEVARIS: And they just did, because it does
4 need addressing. You know, these regulations are not giving
5 them prescriptive authority. We still have to go the
6 legislature for that, and that will undoubtedly be contested by
7 some of the physician boards. But, you know, we managed to get
8 this far and I think we can do it certainly in the next
9 legislative session.

10 MR. HICKS: So, Emalie, from what I understand, are
11 you looking to make a motion to support - for the Board to
12 support the regulations for CNSs to be able to prescribe?

13 MS. GIBBONS-BAKER: Absolutely. I would like to
14 move that we do support the regulations to give our clinical
15 nurse specialists the ability to prescribe in future sessions.

16 MS. STEELE: Second, Steele.

17 MR. HICKS: There was a second by Steele. All in
18 favor?

19 ALL: Aye.

20 MR. HICKS: Opposed?

21 (No oppositions)

1 MR. HICKS: All right. Thank you.

2 MS. DEVARIS: Thank you very much.

3 MR. HICKS: All right. Next up is Donald Oliva for
4 the CE Broker.

5 MS. EVANS: Can I speak to this?

6 MR. HICKS: Yep. Karen will introduce this a little
7 bit.

8 MS. EVANS: Mr. Oliva came to the Board
9 approximately, I think, almost two years ago now to introduce CE
10 Broker to us, which is a platform where nurses can obtain their
11 CE reviews. Remember, we were going through the CEU part, and
12 he presented this to the Board to see if this is something that
13 this Board would like to use. I asked him to come back; one,
14 because we have four new board members - five, five new board
15 members, and I wanted them to see the presentation as well as
16 with where we're going with the House Bill concerning Implicit
17 Bias.

18 This particular system, depending on all of the
19 contracts and legal that Mike can go over, may be a possibility
20 for the nurses of Maryland because it will interface with one of
21 our licensing systems. So, I just asked if he could come back

1 and present, and we will take it from there.

2 MR. HICKS: Okay.

3 MS. EVANS: So, I just wanted to give you the past
4 history on that. So, Mr. Donald, are you on the call?

5 MR. OLIVA: Good morning everyone. This is Don
6 Oliva the representative from CE Brokers. Can everyone hear me
7 okay?

8 MS. EVANS: Yes.

9 MR. HICKS: Yep.

10 MR. OLIVA: Fantastic. And thank you so much,
11 Karen, for the introduction and for giving some of the new board
12 members a little bit of a brief history and background there.

13 I am going to start sharing my screen here so that I
14 can give everyone the presentation. Just let me know if you can
15 see the CE Broker slide on your screen. Can the board members
16 see the CE Broker screen on your side?

17 MR. HICKS: Yep, we can see it.

18 MR. OLIVA: Okay, fantastic. So, I will go ahead
19 and jump right in here. So, to summarize for everyone, CE
20 Brokerage is a software company that partners with licensing
21 agencies and regulatory boards. It's a really simplifying

1 automated process of continuing education, and really a unique
2 aspect to our platform, and that we're able to do this without
3 enforcing a mandatory fee or a cost on any of the three main
4 stakeholders. We do that as the State Regulatory Board, the
5 licensed professionals, or the nurses, themselves, and then the
6 educational providers and the course instructors. We think
7 that, you know, most can agree that CE compliance, or at least
8 the enforcement of continuing education and the audits are
9 notoriously a headache, both for the licensed professionals and
10 for staff members of the Board. So, our platform really aims to
11 simplify that process wherever possible in terms of reporting
12 how the nurses get the documents to the Board in the event of an
13 audit. And then in terms of the access of availability to
14 different approved continuing education offerings, making it
15 very easy for nurses to go to browse through a listing of
16 approved offerings, and find courses that they are assured will
17 be approved or accepted by the Board.

18 We think the software platform model has become
19 pretty common in the world today. We like to point to industry
20 leaders like Amazon or AirBnB that really change the way we live
21 and do business, but we've always felt that the regulatory will

1 have been somewhat underserved by modern technology. So, it's
2 been our goal to change that state-by-state.

3 And on the screen here, you can see a helpful
4 graphic, the breakdown how CE Broker works and where the data is
5 flowing. So, as you can see, information comes in from the
6 licensed professionals when they are reporting their CE, also
7 from educational providers, course instructors, and from the
8 state boards. And all that is aggregated onto one platform and
9 broken down by a comprehensive compliance engine that we
10 actually customized to each state. So, there's no
11 one-size-fits-all with CE Broker. We actually deal with the
12 system for each individual board and jurisdiction. So, that
13 would be based around things like Maryland's laws and rules
14 regarding continued education and what defines an acceptable
15 course and the approval entities that you guys are willing to
16 accept.

17 As far as our history goes, we were founded back in
18 2003. We started off tracking for Board and Department of
19 Health. That's where our company was essentially born into the
20 realm of continued education. For the first ten years or so we
21 were really just a Florida-based company. It wasn't until a

1 couple of years ago that we started to recognize that other
2 licensing boards in the country were kind of dealing with the
3 same headaches that Florida was when they launched their CE
4 management system, and since then, we've grown exponentially.
5 So, we've now extended a track for more than 120 boards across
6 the U.S., and we have a presence in 19 states today. Within
7 that population we support more than 7,000 educational providers
8 that are listing courses on our platform, and actually recording
9 the attendance rosters and completion data directly into our
10 system. So, a lot of times when a nurse goes and takes the
11 course from an ANCC provider, like maybe, Nurse.com, or even
12 Continuingeducation.com, those providers will instantly report
13 that record of completion to CE Brokers. So, the next time that
14 nurse logs into her account, she can see the, you know,
15 two-hour course that she took on Ethics was actually already
16 recorded on her behalf, and there's no manual effort required in
17 a lot of cases. And that's really the secret ingredient I think
18 that makes this so valuable to the Board and to the auditing
19 staff members in just getting that information directly from the
20 source.

21 And then, of course, we also have experience

1 tracking more than 200 unique profession types. So, needless to
2 say, the profession has some type of CE or competency component.
3 It's more than likely something that we've dealt with in the
4 past, we're tracking for in another state. And on the map,
5 there you can kind of see the individuals' flows over the last
6 couple of years. Some of the lighter shades might just be an
7 independent board in a certain country - or, a certain state.
8 But around the country we kind of have a mix of licensing
9 departments where it's multiple boards in one particular state,
10 and some independent boards that offer autonomous.

11 And then obviously, in-state privacy and security
12 are paramount for any organization, so our platform is compliant
13 with federal information processing standards, or FIPS. We are
14 also DSS compliant, and we have data servers in Jacksonville,
15 Florida and Louisville, Colorado. They just help us ensure
16 stability in high up time. The primary way we protect ourselves
17 is that any time we contract a new board, CE Broker tries to
18 avoid personal or sensitive data. So, the majority of the
19 information that we collect is available public-facing on the
20 license verification pages for consumers. So, that's typically
21 going to be information like the practitioner's name, their

1 license number, the issue date of that license, the expiration
2 date, and so on. But really, we're only touching the piece of
3 information that affect their CE requirements. So, if a certain
4 bit of information does influence their CE requirements, we
5 don't require that for tracking. So, we're not collecting
6 anything like Social Security Numbers or any private data beyond
7 just simple contact information.

8 Our primary benefit to the platform we developed is
9 that each of those three main stakeholders that I mentioned
10 earlier all receive their own unique log-in, which allows them
11 to come on and complete their own piece of the puzzle. So, if
12 you're a CE provider trying to get a course listed, and you're
13 ANCC accredited, and the Maryland Board of Nursing happens to
14 accept ANCC accreditation, you can register within CE Broker
15 fairly easily and get your courses listed so that nurses in the
16 State of Maryland can find them and complete them. Licensees
17 are able to sign on and see an overview of their requirements,
18 and actually report documentation in the events of an audit.
19 End of the course agency staff members or board staff can sign
20 on to complete approvals and kind of manage everything and see
21 the records of any licensee that are under their jurisdiction to

1 complete audits as necessary.

2 On the first stakeholder to take a closer look at
3 here would be the Board Suite, which is available to the staff
4 members in Maryland. So, they would have access to an auditing
5 dashboard where they can view the individual's CE records that
6 actually perform the audit on the platform and full detailed
7 compliance reports. Those reports can range from something as
8 simple as how many of our licensees are compliant versus not
9 compliant on any given calendar day to even more detailed
10 information if Maryland were to enforce any implicit bias
11 training requirement, you would be able to see a breakdown of
12 how many nurses have met that new requirement. So, it can be
13 broken down by category, or just overall compliance status as a
14 whole of how many folks are meeting their renewal requirements.
15 So, the solution is really aimed to empower the Board, and give
16 both, board members and agency staff a lot more information and
17 insight on your licensed population.

18 And really, there are two primary auditing methods
19 that we support today that the majority of our boards are using.
20 One would be the standard
21 post-renewal audit, which is very familiar for most boards,

1 where a nurse will renew her license online attached to her
2 meeting her continuing education requirements, and then after
3 the fact, maybe two or three percent are selected for audit and
4 then they will be required to supply documentation proving that
5 they have in fact met those requirements. And that process can
6 be automated with CE Broker. And then we also have Option One,
7 where we coin the term "CE at Renewal" or "Compliance at
8 Renewal." This is basically where our system is able to send
9 compliance information directly to your renewal system where the
10 nurses are renewing. So, as they're going through to renew
11 their license the system would know whether or not they've
12 actually met or reported their continuing education
13 requirements. The boards have the ability to do with that
14 information what they wish, but we see a lot of boards do either
15 a soft stop or a hard stop. With the hard stop, licensees can't
16 renew until they've reported everything. So, they have to
17 report all their CE requirements or supply some type of proof
18 that they've actually met those hours required. That's
19 currently how Florida's Department of Health operates with CE
20 Broker. And usually when boards have any hard stops in place,
21 the goal is cost saving. It is to automate the audit as much as

1 possible and to save the agency time and money. It's not
2 realistic to enforce CE compliance with a manual audit, but on
3 the other hand we have something called a soft stop, which is
4 very, very popular. The board licensee can still proceed with
5 renewal but typically at the last step of the license renewal
6 they will receive some type of
7 pop-up warning or notice that will show them their status. It
8 will say, "Hey, we can see you haven't reported all of your
9 hours yet. Do you understand that by proceeding with renewal
10 you're asserting that you've met those requirements and
11 understand that you may be audited?" And then from there, we've
12 been able to kind of flag those individuals in the background so
13 a lot of boards will come to us and say, "Can we pull a five
14 percent audit of the population that reflected as not compliant
15 when they renewed their license." So, the board can perform a
16 much more targeted audit and kind of stretch their resources
17 farther in those situations.

18 And then again, like I mentioned with Option Two,
19 this is going to be very familiar for most boards. Instead of
20 the documents being mailed or faxed or emailed to board staff
21 members in some cases, the licensed professionals are able

1 upload those through a secured account on CE Broker so they can
2 report all their documentation for free, and the staff members
3 are available to review that documentation and pass or fail the
4 audit as needed.

5 And then on top of the auditing tool that you
6 provide, our system does have the capability to help the boards
7 manage provider approvals. So right now, if Maryland does any
8 individual course or provider approvals for certain
9 organizations that may not be nationally accredited, but they're
10 just applying for direct board approval, our system does have
11 the ability to take those applications and route it to the
12 appropriate staff member at the board, or if there's a CE
13 committee that reviews the applications, we can have it route to
14 them directly. But essentially, we're not claiming the approval
15 authority, we're really just that neutral software platform that
16 can route the applications appropriately if the board needs to
17 take advantage of something like this. And it's also important
18 to know that if there are certain situations where a course or a
19 provider would be automatically accepted. For instance, if they
20 have a valid ANCC approval or accreditation, we can program the
21 system to help understand that criteria and logic surrounding

1 continuing education. So, if a provider can upload proof of
2 their ANCC accreditation, our system can understand, "Okay, that
3 meets Maryland's laws and regulations. This course can appear
4 for the State of Maryland." And then, the nurses will be able
5 to find that course or class or activity so that they can earn
6 the credit.

7 And in terms with the implementation process with CE
8 Broker, the system is pretty nimble. So, it's typically around
9 90 to 120 days from having the contract signed to actually
10 having the system live and ready for the licensees. Throughout
11 this process we do a lot of research into the laws and rules,
12 like I mentioned, just to make sure we've mapped out the CE
13 requirements accurately, and that would include anything like
14 tricky exemptions or cases where a certain licensee might be
15 serving in the military or maybe they're on disability and have
16 a temporary pass from completing their CE. And even certain
17 instances where individuals have additional requirements, like
18 maybe an ethics violation or they have disciplinary CE, we try
19 to account for all those rules and nuances within the system.
20 So, when we're you're logging in as a license holder, you're
21 always going to see the requirements that are relevant to you,

1 and it's linked to your specific license number. So, it is kind
2 of customized based on each board's rules and the individual's
3 license type.

4 This slide discusses our implementation methodology.
5 Without getting too technical, we have five main teams that
6 manage the implementation training board or department. But as
7 I mentioned before, a majority of that work is just going
8 through to make sure that the requirements are reflecting
9 actively for licensees, and that everything is kind of aligned
10 with the board's rules and regulations as much as possible.

11 Moving onto the educational providers, there's also
12 a few more benefits to be considered here. So, once a course
13 has either been approved by the board or if it satisfies
14 Maryland requirements, it will show up on CE Broker Course
15 Search. Right now, providers are actually given free exposure
16 on our platform, so we don't charge them a fee to have their
17 courses listed on CE Broker. The only barrier to entry is that
18 it has to either be approved by the board or meet that board's
19 requirements. So, for some agencies of states that use CE
20 Broker, they can charge an application fee, CE Broker can
21 collect that fee and submit it directly to the board if there is

1 any application fee associated with that process as well, but
2 otherwise there's no cost to the providers for just getting
3 registered on CE Broker or getting their courses listed. And
4 really, all that we ask in return from those providers is that
5 they report the attendance rosters into the system or the
6 completions after a nurse has finalized or completed a course.
7 It is usually optional for most states. There are certain
8 professions, like real estate, that require providers to report,
9 but what we've seen is that the license holders really prefer
10 taking courses from providers who report for them, and it helps
11 ensure accuracy of the data, and avoids those common errors or
12 situations where an individual might be claiming they took the
13 three-hour course, but really it was only supposed to count for
14 two hours. So, the fact that we're able to verify and get that
15 information directly from the providers is often times a big
16 piece of makes the system so valuable. On the screen there is
17 just an overview of the two main ways information gets into the
18 system. So, it's either coming directly from the educational
19 provider, or the licensees themselves report their certificate
20 directly into CE Broker. The system will ask them a series of
21 questions that the board can customize. And then the last step

1 is that they upload a copy of their certificate.

2 In terms of how providers get information to us,
3 this is also available for providers at no charge. So again, we
4 want to encourage providers to report to CE Broker as much as
5 possible. There is no fee whatsoever for reporting. We give
6 them a couple of different methods that they can get that
7 completion record to CE Broker. A lot of the smaller groups
8 will report it
9 one-by-one. They can supply license numbers and enter that into
10 the system manually, and the nurses will receive credit
11 accordingly. Option Two is usually the most common, where they
12 will have either an attendance sheet or an Excel roster or some
13 type of file that lists all the completions for a particular
14 course, and they can upload that file to CE Broker and those
15 nurses would receive credit.

16 And then finally, a lot of the larger groups, like
17 Nurse.com or Continuingeducation.com, are already integrated
18 with CE Broker. So, Option Three is kind of a web service in
19 the background, so that information is always flowing to the
20 background. There is no manual reporting necessary in those
21 cases.

1 And then the final stakeholder here is the licensee
2 account, and this is actually one area where we're able to
3 generate a little bit of revenue that helps us fund the system
4 and basically keep everything pretty for the state boards. But
5 our business operates on a premium model so we try to make sure
6 that the licensees can basically handle everything that they
7 need within CE Broker to reach compliance, to respond to an
8 audit, and to find acceptable courses without having to pay a
9 dime. So, we have three different account sites that allows to
10 generate revenue based on optional subscriptions, and that's the
11 real funding model behind CE Broker. So, we have a basic
12 account, which about 80 to 85 percent of licensees use right now
13 out of our 2 million population. With that account you can sign
14 on, you can do your compliance statue, you can report and upload
15 any necessary documentation to respond to an audit, you can find
16 in there the course offerings, you have access to a mobile
17 application, and you can also view your course history. And
18 that details everything that you've already reported, and it
19 will show you if a certain credit or course was reported by an
20 educational provider. Beyond that, we have our Professional and
21 Concierge accounts, which are the voluntary subscriptions.

1 These offer added conveniences that can save you quite a bit of
2 time and they take quite a bit of the guess work out of the
3 process. So, if you don't already know your requirements or you
4 need someone to help you, it will guide you through that
5 reporting process, the professional account will essentially
6 automate it, and it even recommends specific courses that you're
7 missing, and it holds your hand along the way. Our concierge
8 account, actually comes with a personal account manager, who
9 basically acts as your personal assistant. They can report CE
10 on your behalf, they can contact the providers to register you
11 for courses and events. And essentially, they can do everything
12 other than take the courses for you. But with this premium
13 model, we give the licensees the final choice.

14 So again, we include all of the necessities within
15 our basic account, which is free. That's about ten to fifteen
16 percent of the population will usually see added value in one of
17 our premium accounts because it can save them quite a bit of
18 time. So, we pride ourselves in the business model that's only
19 generating revenue if we're going above and beyond for our
20 customers.

21 Another unique aspect of our business is that we do

1 offer a dedicated support center for all our clients based here
2 in the United States. So, licensees can actually call CE Broker
3 if they have a question about their renewal requirements or if
4 they just need someone to help them report it or upload a pdf
5 for the first time. Our CE experts are available Sunday through
6 Friday, 8:00 a.m. to 8:00 p.m., and they are based out of our
7 headquarters in Jacksonville, Florida. We do not outsource our
8 support center. We do actually do manage it all in-house.

9 As you can see on the screen here, we handle quite a
10 bit of volume for our partners. Last year we took more than
11 100,000 phone calls. Licensees can reach us over the phone,
12 they can live chat with us on our website, or shoot us over an
13 email and expect a response within 24 hours. The support center
14 and communications teams are really a critical piece of the
15 operation. We usually alleviate some of the burden and some of
16 the phone calls that are typically received by the board. And
17 even with situations like last year in COVID, a lot of our
18 boards had us update CE requirements or have waivers of
19 requirements, you know, waiving the in-person or live
20 requirements, or just extensions of deadlines. And our support
21 center and communication teams kind of act like an extra arm for

1 the board to make sure that licensees are aware of their new
2 requirements, to make sure they understand any changes in the
3 deadlines, and it really just keeps everyone on the same page in
4 the everchanging world of regulation.

5 And then arguably, the most popular feature that we
6 offer now are the mobile apps for CE Broker. These are free for
7 all licensees. It doesn't matter what account type you have,
8 whether it's the basic account or any of the paid accounts,
9 anyone can download the mobile app. It will allow you to
10 support your certificates on the go. You can track your
11 compliance status in real time, and find courses on a phone or
12 tablet. It's a free download for Apple or Android devices, so
13 we do see a lot of the younger licensees doing everything on
14 mobile devices. So, even if they don't have a laptop or desktop
15 computer, they can actually just open their smartphone and snap
16 a photo of their certificate and kind of handle everything on
17 the go.

18 Last but not least, our platform does have the
19 ability to plug in or integrate with the licensing or renewal
20 system. So, a lot of times we think of that platform as almost
21 as a plug-in application that can just help the board automate

1 and improve their continuing education enforcement. A lot of
2 the vendors on the screen here we work with in other states, but
3 we're very flexible on this end to whatever the board has in
4 terms of an IT system or database, we're more than happy to work
5 around or coordinate with to set up the system in a way that
6 works best for each client.

7 With that, I would like to open it up for questions,
8 or if there are any areas where I could provide you all with a
9 bit more information or insight.

10 MS. STEELE: Thank you for your presentation. I
11 hope you can hear me. I'm curious to know, I try to keep up
12 with you, if we were going to assign, like the, disciplinary
13 course for a constituent, can we assign it through this system
14 or link it, or how might that work to our benefit?

15 MR. OLIVA: Yes, that's a great question. If I
16 heard you correctly, you're asking about a situation where there
17 is a disciplinary requirement on a specific individual, if it
18 changes to an ethics violation, she would need to additional
19 hours beyond her normal requirements?

20 MR. HICKS: Are you talking state level?

21 MS. STEELE: Like, if he did NCSBN course, or we

1 assigned one or someone had to be assigned.

2 MR. HICKS: On discipline?

3 MS. STEELE: Yeah, and could it be followed thorough
4 on this system, or is that totally separate?

5 MR. HICKS: Yeah. So, the question is, there are
6 times when our disciplinary process where an individual may be
7 required to take one or two courses that have been already
8 approved by the Board, is there the possibility that we would be
9 able to assign it basically to their CE connect account and have
10 them complete that and get it recorded?

11 MR. OLIVA: Absolutely. And you're saying in the
12 instance where there's a limited number of providers, or one or
13 two organizations where they must take a certain disciplinary
14 course?

15 MR. HICKS: Right, yes. It would be individualized
16 based off of, you know, whatever the hearing resulted in.

17 MR. OLIVA: Yeah, absolutely. When we're setting up
18 that reporting we can limit basically the pool of approved or
19 acceptable organizations where a certain nurse needs to complete
20 a two-hour course from a specific organization or a list of
21 different organizations that are approved to offer that course.

1 We can certainly track that requirement and limit it both within
2 the nurse's account when she logs in, and then you can also very
3 clearly see that from the agency's perspective where the
4 individual completed the course along with their approved for
5 documentation that they supply.

6 MR. HICKS: And I assume the same thing would occur
7 if it was a requirement for, let's say, all licensees or
8 certificate holders that needed to do something on an annual
9 basis or every two years, we would be able to push that out to
10 all of our licensees and certificate holders, correct?

11 MR. OLIVA: Yes, that is correct, and we recently
12 just had a similar situation with the Florida Department of
13 Health. They had a human trafficking requirement with a certain
14 specific grouping of providers where you had to take this course
15 that was due, I believe, December 31st of this most recent year,
16 that we were tracking for Florida nurses. So, it is something
17 that you would certainly run into in the past whenever there's a
18 certain topic or new requirement or implicit bias training and
19 certain things like that.

20 MR. HICKS: Are there any other questions?

21 MS. MENTZER: Yes. This is Monica. I just had a

1 question. Would this be able to be utilized for the
2 requirements for electrologist renewals of 20 approved CEUs that
3 have to be submitted with their renewal applications, and does
4 the requirement for licensed direct-entry midwives' renewal,
5 similarly, where they have to submit documentation of 20
6 board-acceptable CEUs for renewal?

7 MR. OLIVA: I can just speak that our system would
8 certainly have the capability to prompt and monitor those
9 requirements. It's completely up to the board which license
10 types they would like to use. But we have worked with midwives,
11 LPNs, RNs, APRNs, electrologists, many different profession
12 types in other states. So, we certainly have the experience.

13 MS. MENTZER: Thank you.

14 MR. HICKS: Charlene?

15 MS. HARROD-OWUAMANA: Hi, this is Charlene, one of
16 the members. Thank you for this presentation. I heard you a
17 couple of times say something about ethic. How does ethic play
18 a role in this?

19 MS. EVANS: Ethics is just one of the courses they
20 offer.

21 MS. HARROD-OWUAMANA: Oh, is it an ethic order, or

1 is it a course?

2 MS. EVANS: No, no, no, it's a course.

3 MS. HARROD-OWUAMANA: Oh, okay.

4 MS. EVANS: Someone had asked specifically about a
5 course.

6 MS. HARROD-OWUAMANA: Oh.

7 MS. EVANS: So, it's just a course.

8 MS. HARROD-OWUAMAN: Okay. And, if they have more
9 than one certification and they have their own private portal,
10 could they still use that interchangeable with their other
11 certifications?

12 MR. HICKS: So, if I'm understanding you correctly,
13 basically all of their certifications CE would go into this one.

14 MS. HARROD-OUWAMANA: Into their account?

15 MR. HICKS: Into their account and then they could
16 use the CEs as they needed to.

17 MS. HARROD-OUWAMANA: Right, because some people,
18 although they may be a nurse, they could be a therapist, too.
19 So, with them having that one portal, can that be used in other
20 CEUs?

21 MR. HICKS: For multiple certifications or licenses?

1 MS. HARROD-OUWAMANA: Yeah.

2 MS. EVANS: I'm sure that it does, and each
3 certification has different education criteria, so they would
4 still need to meet whatever criteria is for that particular
5 discipline. But I'm sure since Donald said they do all the
6 various types of license holders, that that would be included.
7 So, we would just, for us, we would just be concerned with the
8 disciplines that fall under the Board of Nursing, and then they
9 would be able to ask CE Broker if they have a therapist license,
10 for instance, if that were to accommodate. So, that's done more
11 on the personal as opposed to what we would cover here.

12 MS. HARROD-OUWAMANA: Okay.

13 MR. HICKS: Are there any other questions?

14 (No questions posed)

15 MR. HICKS: All right. Thank you, Mr. Oliva, for
16 the presentation today, and Karen will be in touch with you.

17 MR. OLIVA: Thank you all so much for your time.

18 MR. HICKS: Thank you. All right, anyone else

19 online that would like to address the Board?

20 (No questions posed)

21 MR. HICKS: All right, hearing none. In a moment

1 I'm going to ask if there's a motion to close the Open Session,
2 but first I'm going to walk us through the written statement
3 that is required by the Open Meetings Act to ensure that all
4 Board members agree with its content.

5 As documented in the written statement, the
6 statutory authority to close the Open Session and meet in Closed
7 Session is General Provision 3-305(b)13, which gives the Board
8 the authority to close an Open Session, to comply with the
9 specific statutory requirements that prevents public disclosure
10 about a particular matter or proceeding. The topic to be
11 discussed during the Closed Session is applications for
12 licensure and/or certification. The reason for discussing this
13 topic in Closed Session is to discuss confidential matters that
14 are prohibited from public disclosure by the Annotated Code of
15 Maryland, Health Occupations Article, Sections 8-303(f),
16 8-320(a), and 1-401, and General Provisions Article, Section
17 4-333. In addition, the Board may also perform Quasi Judicial
18 and administrative functions involving disciplinary matters
19 during the Closed Session.

20 Is there a motion to close the Open Session pursuant
21 to the statutory authority and reasons cited in the written

1 statement, or any discussion thereof?

2 MS. STEELE: So moved, Steele.

3 MR. HICKS: Steele.

4 MS. GIBBONS-BAKER: Second, Logan.

5 MR. HICKS: Logan. All in favor?

6 ALL: Aye.

7 MR. HICKS: Opposed?

8 (No oppositions)

9 MR. HICKS: Motion carries. All right, Board

10 members, we will reconvene at 12:00 - well, no, hold on one

11 second. Let's reconvene in ten minutes. So, we will make it

12 11:45, we will reconvene on the Closed Session hotline.

13 (Whereupon, at 11:35 a.m. the Open Session was

14 concluded.)

15

16

17

18

19

20

21

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21

CERTIFICATE OF NOTARY

I, EDWARD BULLOCK, a Notary Public of the State of Maryland, do hereby certify that the proceedings were recorded via audio by me and that this transcript is a true record of the proceedings. I am not responsible for inaudible portions of the proceedings.

I further certify I am not of counsel to any of the parties, nor an employee of counsel, nor related to any of the parties, nor in any way interested in the outcome of this action as witness my hand and notarial seal this 27th day of January, 2021.

Edward Bullock, Notary Public
in and for the State of Maryland

My commission expires: May, 13, 2023

Script for Closing Open Session

January 2021

In a moment, I am going to ask if there is a motion to close the open session, but first I am going to walk us through the written statement that is required by the Open Meetings Act to ensure that all Board members agree with its contents.

As documented in the written statement, the statutory authority to close this open session and meet in closed session is General Provisions § 3-305(b)(13), which gives the Board the authority to close an open session to comply with a specific statutory requirement that prevents public disclosure about a particular matter or proceeding. The topic to be discussed during closed session is applications for licensure and/or certification. The reason for discussing this topic in closed session is to discuss confidential matters that are prohibited from public disclosure by the Annotated Code of Maryland, Health Occupations Article, sections 8-303(f), 8-320(a), and 1-401 *et seq.*, and General Provisions Article section 4-333. In addition, the Board may also perform quasi-judicial and administrative functions involving disciplinary matters during the closed session.

Is there a motion to close this open session pursuant to the statutory authority and reasons cited in the written statement or any discussion thereof?

MARYLAND BOARD OF NURSING

Presiding Officer's Written Statement for Closing a Meeting
under the Open Meetings Act (General Provisions Article § 3-305)

1. **Recorded vote to close the meeting:** Date: 1/27/2021 Time: 11:35 am
Location: 4140 Patterson Avenue, Baltimore, MD; Conference Call Line
Motion to close meeting made by: Steele Seconded by Logan
Members in favor: Cassidy, Logan, Orwomana, Hicks, Steele, J. Hill, R Hill, Turner,
Opposed: None Abstaining: None
Absent: Raymond, Vickers, Mestadt, Palk, Dillon

*Hayward,
Gibbons-
Baker*

2. **Statutory authority to close session.** This meeting will be closed under General Provisions § 3-305(b) only:

(1)___ "To discuss the appointment, employment, assignment, promotion, discipline, demotion, compensation, removal, resignation, or performance evaluation of appointees, employees, or officials over whom this public body has jurisdiction; any other personnel matter that affects one or more specific individuals"; (2)___ "To protect the privacy or reputation of individuals concerning a matter not related to public business"; (3)___ "To consider the acquisition of real property for a public purpose and matters directly related thereto"; (4)___ "To consider a matter that concerns the proposal for a business or industrial organization to locate, expand, or remain in the State"; (5)___ "To consider the investment of public funds"; (6)___ "To consider the marketing of public securities"; (7)___ "To consult with counsel to obtain legal advice"; (8)___ "To consult with staff, consultants, or other individuals about pending or potential litigation"; (9)___ "To conduct collective bargaining negotiations or consider matters that relate to the negotiations"; (10)___ "To discuss public security, if the public body determines that public discussion would constitute a risk to the public or to public security, including: (i) the deployment of fire and police services and staff; and (ii) the development and implementation of emergency plans"; (11)___ "To prepare, administer, or grade a scholastic, licensing, or qualifying examination"; (12)___ "To conduct or discuss an investigative proceeding on actual or possible criminal conduct"; (13) X "To comply with a specific constitutional, statutory, or judicially imposed requirement that prevents public disclosures about a particular proceeding or matter"; (14)___ "Before a contract is awarded or bids are opened, to discuss a matter directly related to a negotiating strategy or the contents of a bid or proposal, if public discussion or disclosure would adversely impact the ability of the public body to participate in the competitive bidding or proposal process." (15)___ "To discuss cybersecurity, if the public body determines that public discussion would constitute a risk to: (i) security assessments or deployments relating to information resources technology; (ii) network security information . . . or (iii) deployments or implementation of security personnel, critical infrastructure, or security devices."

Date: 1/27/2021

3. For each provision checked above, disclosure of the topic to be discussed and the Maryland Board of Nursing's reason for discussing that topic in closed session.

Citation	Topic	Reason for closed-session discussion of topic
§ 3-305(b) (13)	Applicants for Licensure/Certification	To discuss confidential information that is prohibited from public disclosure pursuant to Md. Code Ann., Health Occ. §§ 8-303(f), 8-320(a), and 1-401 <i>et seq.</i> , and Gen. Prov. § 4-333.
§ 3-305(b) ()		
§ 3-305(b) ()		

NOTE: During the Closed Session, the Maryland Board of Nursing may also perform quasi-judicial and administrative functions involving disciplinary matters.

4. This statement is made or adopted by  , Presiding Officer, Maryland Board of Nursing.