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MARYLAND BOARD OF NURSING

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OPEN SESSION

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The Maryland Board of Nursing board meeting was held on Wednesday, February 24, 2021, at 4140 Patterson Avenue, Baltimore, Maryland 21215, commencing at 9:05 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

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

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1 BOARD MEMBER APPEARANCES:

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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 CHARLES NEUSTADT, Consumer Member

11 AUDREY CASSIDY, Consumer Member

12 JACQUELINE HILL, RN Member

13 LAURA POLK, RN Member

14 GREGORY RAYMOND, RN Member

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1 ALSO PRESENT:

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3 CIARA LEE, Executive Assistant

4 AVA WILLIAMS, Director of Licensure

5 LAKIA JACKSON, Board Counsel Paralegal

6 MONICA MENTZER, Manager, Practice

7 SHEILA GREEN, Nursing Education Consultant I

8 SHETARAH GOODWIN, Manager, Licensure

9 JARAY RICHARDSON, Manager, Certification

10 IMAN FARID, Health Policy Analyst

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1 AUDIENCE MEMBERS:
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3 NANCY NORMAN-MARZELLA, Cecil College
4 LAURA CIANELLI PRESTON, Harford Community College
5 TONY WOHLERS, Harford Community College
6 KATHLEEN WISSER, Notre Dame of Maryland University
7 BRENDA OVERTON, Baltimore City Community College
8 PAMELA AMBUSH BURRIS, Baltimore City Community
9 College
10 DIONNE WOOLFORD, Baltimore City Community College
11 CAITLIN MCDONOUGH, Association of Independent
12 Midwives of Maryland/Maryland
13 Families for Safe Birth
14 KAREN CARR, Licenses Direct-Entry Midwife
15 KIRRA BRANDON, Consumer Advocacy Group
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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. Motion to go into Open Session.

4 MS. STEELE: So moved, Steele.

5 MR. HICKS: Steele.

6 MS. CASSIDY: Second, Cassidy.

7 MR. HICKS: Cassidy. All in favor?

8 ALL: Aye.

9 MR. HICKS: Opposed?

10 (No oppositions)

11 MR. HICKS: Motion carries. We will start with roll
12 call. We will start with those that are on the phone first.

13 Again, just a reminder, please speak up when you are
14 addressing the Board so the court reporter can hear you.

15 Emalie Gibbons-Baker?

16 MS. GIBBONS-BAKER: Emalie Gibbons-Baker, RN Board
17 Member, Advanced Practice.

18 MR. HICKS: Charles Neustadt?

19 MR. NEUSTADT: Charles Neustadt, Consumer Member.

20 MR. HICKS: Laura Polk?

21 MS. POLK: Laura Polk, RN Member.

1 MR. HICKS: Robin Hill?

2 MS. ROBIN HILL: Robin Hill, Practical Nurse
3 Educator Member.

4 MR. HICKS: Damare Vickers? Damare Vickers?
5 (No response)

6 MR. HICKS: Charlene Harrod-Owuamana? Charlene
7 Harrod-Owuamana?
8 (No response)

9 MR. HICKS: Is Michael calling in today?

10 MS. EVANS: Yes.

11 MR. HICKS: Michael Conti?

12 MR. CONTI: Good morning. This is Michael Conti.

13 MR. HICKS: And Katherine Giblin?

14 MS. GIBLIN: Good morning. Katherine Giblin, Board
15 Counsel.

16 MR. HICKS: All right. We will go around the room.

17 MS. TURNER: Ann Turner, RN Member.

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

20 MR. RAYMOND: Greg Raymond, RN Member.

21 MS. STEELE: Jenell Steele, RN Member.

1 MS. HAYWARD: Dawne Hayward, RN Member.

2 MS. CASSIDY: Audrey Cassidy, Consumer Member.

3 MR. HICKS: All right. We will start with Karen
4 Evans. Any updates from the Board?

5 MS. EVANS: Yes, we do. Good morning everyone.

6 ALL: Everyone.

7 MS. EVANS: We have now received - our regs have
8 been signed for 10.27.03, Nursing Education Program. So,
9 they were signed by the secretary, and so we can proceed
10 with those regulations. We can move forward with that.

11 There is going to be - there's a concern in the
12 community concerning Workman's Compensation case managers.
13 Their major education program, prime has retired and
14 terminated their services in Maryland on February 28, 2021,
15 so we have been working with that particular group. We have
16 suggested some other training courses for them to attend,
17 and for them actually to start their own training course that
18 we can approve here at the Board of Nursing. So, we've been
19 working with them, but I just wanted to give you that update.

20 We also received a letter from MHEC that
21 congratulated the Board on the re-recognition with the U.S.

1 Department of Education. So, they're excited and are here to
2 support us.

3 We also received an email from the Dental Board
4 thanking us for our letter of support for Senate Bill 808.

5 I will be meeting with the publishing company
6 tomorrow to discuss a journal that we can communicate with our
7 constituents. So, I will let everyone know how that goes. We
8 developed a committee so we can do some website updates. We
9 have started already. We're meeting every Friday to update
10 those regs. And, we have hired a director of operations,
11 education consultant to make sure that we stay in compliance
12 with DOE; and a director of backgrounds. Tomorrow evening I
13 will be meeting with MNA. We're meeting with the president, so
14 I understand that they meet individuals that have currently
15 signed up for that to talk to the Board of Nursing. We'll see
16 how that goes.

17 And then, I would like to introduce - oh, Opens
18 Meeting Act information, I sent that out this morning. So,
19 please, complete that if you have not already by March 15th.
20 Send your copy of your certificates to Ciara and myself so that
21 we can have that on record, Board members, so that we can have

1 that on record. So, I sent - I gave you the link to the Open
2 Meetings Act. So, if you can complete that by March 17th, that
3 would be great.

4 And I would like to start something new in order to,
5 I guess, be more transparent and be more opening to our
6 community. So, hopefully next month I would like to start
7 lunch with the Board. I have to come up with a creative name,
8 but that's what it will be. It will be Fridays from 12:00
9 to 1:00. It's going to be open to our constituents if they
10 have any problems. I would like to focus on different areas.
11 So, one would be with APRNs; one would be with the CNOs; the
12 deans and directors would be another; and certification
13 questions. So, I just thought we will open that up. I would
14 like to have Board counsel to be present during those meetings.
15 And it's just to answer questions, and I just think we just
16 need to be more open with our constituents of who we serve.

17 So, that's all I have.

18 MR. HICKS: Any questions for Karen?

19 MS. STEELE: I'm sorry, did you say which Friday, or
20 just at some point next month?

21 MS. EVANS: I didn't say which Friday yet. I have

1 to look.

2 MS. STEELE: Okay.

3 MS. EVANS: I am probably leaning toward the second
4 - well, probably the third Friday is where I am leaning to.
5 All right?

6 MS. STEELE: Yes.

7 MR. HICKS: Especially next month just so we can get
8 enough time in to let people know.

9 MS. EVANS: Yes.

10 MR. HICKS: That will be good, Karen. I think that
11 will open up that dialogue between the constituents and the
12 Board, which is always good.

13 MS. JACQUELINE HILL: So, will that luncheon be
14 here, or will it be at an offsite?

15 MS. EVANS: No, it's going to be virtual.

16 MS. JACQUELINE HILL: Oh, a virtual luncheon.

17 MS. EVANS: A virtual lunch. So, they can bring in,
18 and I guess we will bring our lunch.

19 MR. HICKS: Yeah, it's like a lunch and learn type
20 of thing.

21 MS. EVANS: Yes. So, I just really want to - from

1 some of the questions and everything that I've been
2 receiving, I just want to let them know that we're
3 available and here for them.

4 MR. HICKS: All right. Any questions for Karen?
5 Anyone online have any questions for Karen?

6 (No questions posed)

7 MS. GREEN: Mr. Hicks, this is Sheila Green -- Dr.
8 Sheila Green.

9 MR. HICKS: Hi, Dr. Green.

10 MS. GREEN: I think we made need your assistance.
11 There's a lot of background noise on the line that maybe we
12 need to mute phones. I'm not quite sure. But, thank you,
13 if you can assist us.

14 MR. HICKS: All right. If we can have everyone mute
15 their phones, please. We're going to do it on our end as
16 well by muting. So, if you're on the phone, if you press
17 star-6 that will mute your phone and unmute your phone if
18 you need to speak. So, if everyone could mute their
19 phones, please.

20 All right. Moving on, can I get an approval of the
21 Consent Agenda?

1 MS. JACQUELINE HILL: Motion to approve, Jackie
2 Hill.

3 MR. HICKS: Hill.

4 MS. STEELE: Second, Steele.

5 MR. HICKS: Steele. All in favor?

6 ALL: Aye.

7 MR. HICKS: Opposed?

8 (No oppositions)

9 MR. HICKS: Motion carries. We will move down to
10 Education. I have on the agenda first, Dr. Kennedy.

11 MS. GREEN: Good morning. This is Dr. Sheila Green.
12 I will accept the task of this one. The first one is 4A.
13 It's the Cecil College, the virtual site visit report,
14 and the site visit actually occurred October 29th and
15 30th of 2020.

16 I would like to introduce Dr. Nancy Norman-Marzella,
17 our dean of Health and Human Sciences at Cecil College.
18 Are you there and available, Dr. Norman-Marzella?

19 MS. STEELE: I can hardly hear her.

20 MS. CASSIDY: I can't either.

21 MR. HICKS: Dr. Green?

1 MS. GREEN: Yes.

2 MR. HICKS: For some reason we're having a hard time
3 hearing you. Can you speak up a little bit? I don't know
4 if you're on a landline or on a cell.

5 MS. GREEN: Can you hear me now?

6 MR. HICKS: That's about the same.

7 MS. GREEN: Oh, boy. How about now? Is that
8 better?

9 MR. HICKS: That's better.

10 MS. GREEN: Okay. Is Dr. Norman-Marzella on the
11 line from Cecil College?

12 (No response)

13 MS. GREEN: Dr. Norman-Marzella, if you push star-6
14 it will unmute you.

15 MS. NORMAN-MARZELLA: Good morning, Dr. Green. Yes,
16 I am here.

17 MS. GREEN: Excellent. Is there anyone else from
18 Cecil College we should acknowledge this morning?

19 MS. NORMAN-MARZELLA: No, I'm the only one attending
20 for the Board.

21 MS. GREEN: Thank you. To the Board, you have in

1 front of you 4A, which is a summary of the report for our site
2 visit for Cecil College that Dr. Kennedy and I completed, for
3 both their associate degree in nursing and their practical
4 nursing program. Also, this had been done in order to maintain
5 compliance with our requirements in COMAR 10.27.03.15(g) under
6 Evaluations, where their current regulations indicate that the
7 Board shall complete a site visit not less than every five
8 years.

9 Our findings included the fact that Cecil College's
10 associate degree and practical nursing programs - certificate
11 programs met COMAR 10.27.03.02 through .16(a) and (b)1.

12 We're asking - well, recommending to the Board,
13 please, to continue your approval under the current regulation
14 for the RN and PN certificate nursing program, which at the
15 present time an interim report due in three years. We are
16 recognizing a five years total is the maximum.

17 I continue to say, under the current regs, because I
18 know we are in transition now that the new 10. - the revised
19 10.27.03 that has now come into promulgation, and it will allow
20 us to bring ourselves into a different alignment. But if the
21 Board will allow us to continue approval of this program for

1 these two years, and then we will come back next month and just
2 come into compliance with the future State Regs that are now
3 promulgated.

4 According to this report, the next submission would
5 be October 31st of 2023. We would like, right now, we want to
6 seek approval under this current report that's been initiated,
7 and then modify it in accordance with the new regs that will be
8 coming into perspective.

9 This program is doing very well, and there were no
10 concerns identified during that time period. Are there any
11 questions from the Board that we can answer for you this
12 morning? Thank you.

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

14 (No questions posed)

15 MR. HICKS: I will just remind the Board that the
16 new regulations are in effect to the Board. The Board does have
17 the authority to approve up to ten years. And after three
18 years, there is no need to have a status report. So, they're
19 recommending three years, but you could go up to ten if you
20 wanted to. I just wanted to put that out there.

21 So, the recommendation by the Practice and Education

1 Committee is to approve Cecil College for three years.

2 MR. RAYMOND: I have a question for Dr. Green.

3 MR. HICKS: You do?

4 MR. RAYMOND: I do.

5 MR. HICKS: Go ahead.

6 MR. RAYMOND: Dr. Green, knowing that we can approve
7 for ten years, is there a reason why the committee is only
8 recommending for three?

9 MR. HICKS: That is a good question.

10 MS. GREEN: No, it is purely related to when the
11 report was written and reviewed by our Practice and Education
12 Committee for vetting, and then now to the Board. And in this
13 week, this very week, we received the final promulgation
14 approval from the State.

15 MR. RAYMOND: Okay.

16 MS. GREEN: Okay?

17 MR. RAYMOND: Understood.

18 MS. GREEN: Thank you.

19 MR. RAYMOND: This is Raymond. I move to approve
20 for the ten-year limit in terms of regulations.

21 MR. HICKS: Okay. Motion by Raymond to approve

1 Cecil College for a ten-year approval. Is there a second?

2 MS. CASSIDY: Cassidy, second.

3 MR. HICKS: Cassidy. All in favor?

4 ALL: Aye.

5 MR. HICKS: Opposed?

6 (No oppositions)

7 MR. HICKS: Motion carries.

8 MS. GREEN: Thank you. Thank you, Dr.

9 Norman-Marzella for participating this morning. We really
10 appreciate it. Is there anything else that you would like to
11 add?

12 MS. NORMAN-MARZELLA: Thank you, Dr. Green. I just
13 wanted to commend the Board for a very smooth virtual site
14 visit, and we appreciate all the support that we continue to
15 receive from the Board.

16 MS GREEN: Thank you.

17 MR. HICKS: Dr. Green, you have 4B, Harford
18 Community College?

19 MS. GREEN: Yes. Harford Community College, Dr.
20 Kennedy and I conducted a site visit on November
21 2nd and 3rd, a virtual site visit, with Harford Community

1 College. We have present with us today Mrs. Laura Cianelli
2 Preston. She has retired recently but she serves in the interim
3 capacity on behalf of Mrs. Dale Spielman, the co-interim dean of
4 nursing at Allied Health Professions at Harford Community
5 College. Mrs. Spielman is on family leave at the moment, and
6 Mrs. Preston is helping out at this time.

7 I would also like to introduce Dr. Tony Wohlers, who
8 is the dean of Behavior and Social Sciences, and is the
9 co-interim dean working along with Mrs. Dale Spielman at the
10 Harford Community College. Welcome to you both of you. Are you
11 on the line?

12 (No response)

13 MS. GREEN: You can push star-6 to unmute your
14 phone.

15 (No response)

16 MS. GREEN: It's okay. I am going to move forward
17 in terms of our timelines here, but I know you're both on the
18 line, so I thank you for being here.

19 As I mentioned earlier, Harford Community College's
20 virtual site visit was conducted on November
21 2nd and 3rd of 2020, and this is for the associate degree

1 nursing program at Harford Community College. And again, this
2 is terms of bringing ourselves, the Board of Nursing, into
3 compliance with our survey visits being done within the
4 five-year period. Our findings were that Harford Community
5 College's associate degree nursing education program met COMAR
6 10.27.03.02 through .16(a) and (b)1.

7 Our recommendation we've identified is a three-year
8 approval for the RN nursing education program with an interim
9 report. And again, this is in concert with the current regs
10 that we have mentioned by our president, the opportunities to
11 approve the report. The report, the interim report that has
12 been done - could be done November 3, 2023. There were no
13 problems with the Harford Community College program, and they
14 seem to be very well with their NCLEX as well.

15 May I entertain any questions that the Board may
16 have?

17 MR. HICKS: Are there any questions for Dr. Green?

18 (No questions posed)

19 MR. HICKS: All right. Hearing none, the
20 recommendation from the Practice and Education Committee is to
21 approve Harford Community College for a three-year approval with

1 an interim report due in three years.

2 MR. RAYMOND: I will make another motion. This is
3 Raymond. I will move to approve Harford Community College for
4 the maximum under the new regulations of ten years with an
5 interim report in three.

6 MS. STEELE: Second, Steele.

7 MS. SNYDER: There is no longer a requirement for
8 the interim report. Does the Board still want to require that?
9 It's no longer required by the regs.

10 MR. RAYMOND: All right. I will remove the interim
11 report from my motion.

12 MR. HICKS: All right. So, the motion is by Dr.
13 Raymond for the ten-year approval for Harford Community College
14 with no interim report.

15 MS. STEELE: Second, Steele.

16 MR. HICKS: Steele. All in favor?

17 ALL: Aye.

18 MR. HICKS: Opposed?

19 (No oppositions)

20 MR. HICKS: Motion carries.

21 MS. GREEN: Thank you. And thank you, Mrs. Cianelli

1 Preston and Dr. Tony Wohlers for joining us today. We
2 appreciate you. We will continue to keep Mrs. Dale Spielman in
3 our prayers. Thank you very much.

4 MS. CIANELLI PRESTON: Thank you.

5 MS. GREEN: Our next report is 4C, Notre Dame of
6 Maryland University virtual site visit that was conducted on
7 November 12th through the 13th of 2020 with Dr. Kennedy and
8 myself.

9 Is Dr. Kathleen Wisser on the line?

10 MS. WISSER: Yes, I am here. Can you hear me okay?

11 MS. GREEN: Yes, I can hear you just fine. Thank
12 you for joining us this morning.

13 MS. WISSER: Thank you. I was just going to say,
14 thank you for the invitation.

15 MS. GREEN: Thank you. Dr. Kathleen Wisser is the
16 dean of the School of Nursing at the Notre Dame of Maryland
17 University. We welcome you, and thank you for joining us today.

18 Again, this report was completed on November 12th
19 and 13th of 2020 - the site visit was completed November 12th
20 and 13th of 2020 to maintain compliance with 10.27.03 - COMAR
21 10.27.03.15(g) regarding Evaluation.

1 Our findings were that Notre Dame met the
2 requirement of COMAR 10.27.03, and our recommendation that was
3 suggested that the Practice and Education's consideration by our
4 Board for the continued three-year approval for the BSN program
5 with a three-year interim report due in November of 2023.

6 The second item, and recommendation, is to continue
7 to monitor NCLEX performance during fiscal year 2021, and that's
8 required. We are - all of us are acutely aware that the program
9 did not meet the Maryland requirement in fiscal year 2020. For
10 the previous - for the prior four years, 2016 through 2019, they
11 exceeded the requirements for that standard. They have
12 completed an action plan that was submitted to the Board and
13 approved, and they are moving forward in terms of their action
14 plan that has been established. We will continue to monitor the
15 fiscal year 2021 progress of the NCLEX performance, and beyond
16 as well.

17 Are there any questions from the Board? This is the
18 baccalaureate program in nursing. Are there any questions from
19 Board?

20 MR. HICKS: Any questions for Dr. Green?

21 (No questions posed)

1 MR. HICKS: All right. Hearing none, the
2 recommendation by the Practice and Education Committee is to
3 continue a three-approval for the BSN Nursing Education Program
4 with an interim report in three years for Notre Dame of Maryland
5 University.

6 MR. RAYMOND: This is Raymond. I will make a motion
7 to approve the College of Notre Dame's baccalaureate program for
8 the maximum of ten years under the new regulations without a
9 three-year interim report, but agreeing with the continued
10 monitoring of the NCLEX performance related to the 2020 pass
11 rates in 2021. I will note, I think 2020 was an interesting
12 year for all the schools, so I have no doubt that Notre Dame
13 will bring those pass rates up.

14 MR. HICKS: Motion by Dr. Raymond to approve the
15 Notre Dame of Maryland University BSN Program for ten years
16 without a three-year interim report. However, the Board will
17 continue to monitor the University's NCLEX pass rates.

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. GREEN: Thank you. And thank you, Dr. Wisser,
4 for taking the time to be with us this morning. We appreciate
5 you.

6 MS. WISSER: Yes, as well. We really appreciated
7 Drs. Green and Kennedy. Their organization and flexibility was
8 just above and beyond our expectations. So, thank you very
9 much.

10 MS. GREEN: Thank you. We will move onto Item 4D,
11 which is Baltimore City Community College virtual site visit
12 report. This was a focused visit report for the practical
13 nursing program that occurred November 16th and 17th of 2020.

14 And again, as stipulated in the covered information,
15 we completed a site visit for the associate degree program in
16 September of 2017, that's under the Background Information on
17 the first page of the report. But we needed to go back to take
18 a focus look at the PN program as well.

19 What we determined in our findings was that
20 Baltimore City Community College's PN Certificate Licensing
21 Education Program met COMAR 10.27.03.02 through .16. And again,

1 our recommendation is to continue the three-year approval for -
2 we put in the RN as well as the PN Certificate Nursing Program
3 so that the interim report is due in three years just so we can
4 bring both programs back in alliance together with the
5 opportunity for an interim report that would be starting
6 November 30th of 2023.

7 Baltimore City Community College did submit its
8 interim report for the program in the September
9 30th time period of last year, and that is duly noted in this
10 report as well. We also, Number Two, under the recommendations,
11 as a part of information that the representatives from the Board
12 of Nursing also discovered during the site visit is that there
13 are three full-time faculty recruitment needs; two for the
14 practical nursing certificate program, and one for the ADN/RN
15 Program.

16 I neglected to acknowledge, I'm sorry, is Dr. Holley
17 on the line? Dr. Holley and Mrs. Brenda Overton, who is the
18 program coordinator for the Practical Nursing Program, are you
19 on the line?

20 MS. OVERTON: Yes, good morning. This is Brenda
21 Overton. Good morning everyone.

1 MS. GREEN: Good morning. Mrs. Holley, who is
2 serving as interim dean for Nursing and Health Professions, are
3 you on the line as well?

4 (No response)

5 MS. GREEN: Okay. And I would also like to
6 recognize that Dr. Ambush Burriss is on the line, and Dr.
7 Woolford is on the line as well from the college. But I would
8 allow now for the Board to give any questions that they may have
9 for us regarding the Baltimore City Community College Practical
10 Nursing Certificate review, and the information we gleaned
11 regarding the needs for faculty for both programs. Thank you.

12 MR. HICKS: Any questions for Dr. Green?

13 (No questions posed)

14 MR. HICKS: All right, hearing none. The
15 recommendation from the Practice and Education Committee is to
16 continue the three-year approval for the RN/PN certificate
17 nursing program with an interim report due in three years. Is
18 there a motion?

19 MR. RAYMOND: This is Raymond. I will move to
20 approve both the RN and PN certificate programs for Baltimore
21 City Community College without requirement for interim report.

1 MR. HICKS: For three years?

2 MR. RAYMOND: For ten years.

3 MR. HICKS: All right. Motion by Dr. Raymond to
4 approve the Baltimore City Community College's RN and PN
5 certificate nursing program for ten years without an interim
6 report?

7 MS. TURNER: Second, Turner.

8 MR. HICKS: Turner. All in favor?

9 ALL: Aye.

10 MR. HICKS: Opposed?

11 (No oppositions)

12 MR. HICKS: Motion carries.

13 MS. GREEN: Thank you. Thank you, Mrs. Overton -

14 MR. HICKS: Dr. Green?

15 MS. GREEN: Yes?

16 MR. HICKS: Hold on one second.

17 MS. GREEN: Okay.

18 MR. HICKS: Ms. Steele has a question for
19 clarification.

20 MS. STEELE: Just to make sure that I am hearing
21 this correctly. In terms of monitoring recruitment for the

1 full-time faculty, at what point will we follow up as the Board?

2 MS. GREEN: We will follow up with them before the
3 Fall of this - actually, by July 31st or August the 1st because
4 we need to understand the recruitment for the - these are
5 critical roles that they need to have. Mrs. Overton is retiring
6 at the end of this current school year. She has served
7 valiantly as the practical nursing program coordinator. We also
8 are aware -- and that's for the PN program, plus we respectfully
9 recognize that Mrs. Diedre Stokes, who was the coordinator for
10 the associate degree program, retired January 1st of 2021, and
11 she was serving both in the associate degree program as well as
12 the practical nursing program. So, our need is to follow up by
13 no later than the 1st of August, the Board will follow up with
14 them to find out from Dr. Holley what the status is for
15 recruitment of these two critical positions, two that they
16 desperately need to fulfill the needs of practical nursing
17 program. And we are going to replace the recognized vacancy now
18 for the associate degree program coordinator.

19 So, yes, by no later than August 1st we will be
20 following up. Thank you for that question.

21 MS. STEELE: Thank you for the clarifying.

1 MS. OVERTON: And, Dr. Green and the Board, Mrs.
2 Holley and the college have appointed a new coordinator for the
3 associate degree program, and that's Professor Woolford, I
4 believe who is on the line, as we seek our interim, the person
5 who will be replacing me as coordinator of the practical nursing
6 program. So, you will receive the notifications from Dean
7 Holley regarding those people.

8 MS. GREEN: Thank you. If Dean Holley would please
9 send that information directly to Mrs. Evans that would be very
10 helpful for us. Also, we need to recognize that we need to have
11 the explicit, that these may be internal people who have been
12 replaced in these positions that you've just described, that
13 there is still need for recruitment in terms of the program to
14 keep it whole and stable. Thank you.

15 MS. OVERTON: Yes, and thank you for your continued
16 support.

17 MS. GREEN: Thank you.

18 MR. HICKS: All right. Moving on, Dr. Green, we
19 will go into 4E. Before we get started on that, I would ask
20 that Dr. Laura Polk recuse herself from this discussion. Dr.
21 Polk, if I could have you log off, and then log back on.

1 Go ahead, Dr. Green.

2 MS. POLK: Good morning. Can you hear me? This is
3 Dr. Polk.

4 MR. HICKS: Yes, Dr. Polk.

5 MS. POLK: Yes, I do want to confirm that I am
6 recusing myself from Item 4E on the agenda.

7 MR. HICKS: Okay. And you'll log off, correct?

8 MS. POLK: No, I'm on the open meeting as the
9 program coordinator role in my role with the other. I was not
10 going to log off of the meeting because this is an open meeting.
11 I am not participating in any conversation that the Board would
12 be having or any decision making, but I am the program director
13 of the program being discussed so I thought I was on the line
14 for the open meeting in that way.

15 MR. HICKS: That's fine, Dr. Polk.

16 MS. POLK: Okay.

17 MR. HICKS: All right. Dr. Green?

18 MS. GREEN: Yes. Moving forward to the last part of
19 our presentation of Education is 4E, the College of Southern
20 Maryland curriculum changes that were submitted in January of
21 2021.

1 This is a component of the action plan that was
2 approved by the Board on December 16th of 2020, and it's
3 correlated with COMAR 10.27.03.12(g), that referenced any
4 revisions to the curriculum that might be necessary to be
5 presented to the Board. It has been presented to our Practice
6 and Education Committee for vetting, and they have given us
7 authorization to move forward to the Board with the full report.

8 It is noted in our Background, January of 2021, that
9 Dr. Polk submitted her report on behalf of the College of
10 Southern Maryland and the nursing program that defines the
11 curriculum changes and the nursing faculty under her leadership,
12 and they were approved by the College of Southern Maryland, and
13 we're moving it forward now for the committee's consideration.

14 The findings of the revisions for the associate
15 degree program and the practical nursing certificate nursing
16 education program met the COMAR requirements of 10.27.03.12(g),
17 and this is a part of their follow-up to their action plan.

18 Our recommendation is to accept and approve the
19 curriculum revisions plan from the College of Southern Maryland,
20 and that a report be submitted by Dr. Polk and her faculty team
21 by July 30th of 2022 regarding the progress to date of the

1 curriculum revision, i.e., the phase-out of the current nursing
2 education curriculum and the phase-in of the new curriculum
3 implementation, and recognizing that the Board may require a
4 site visit with the College of Southern Maryland as a follow-up
5 to the July, 2022 report.

6 The attached is a criteria - the first attachment is
7 a criteria where we looked all aspects of the COMAR 10.27.03,
8 Regulatory Requirements, because what Dr. Polk and the faculty
9 has done is a major undertaking, and they need two years to
10 undertake it, that whole process. And we were concerned to make
11 sure that there was nothing that was outstanding that the Board
12 might need to have for reference purposes. And I just want to
13 draw your attention to, on the first criteria, COMAR
14 10.27.03.02, is that we will collect from Dr. Polk if there has
15 been any substantial change to the report for our MBON records,
16 that we acquire a copy of that document if there were any
17 documents that were submitted to MHEC in preparation for these
18 changes in the curriculum, as well, that the College of Southern
19 Maryland would have undertaken, that we would also have a copy
20 of that for the Board's records.

21 The wealth of the information that is identified

1 here really is to give the Board a chance to look at the
2 reference pages as well as the appendages that were attached
3 that were explicitly provided information that was very helpful
4 to understand what the entire practice was that was the
5 undertaking of the College of Southern Maryland.

6 So, I will entertain any questions. And certainly,
7 Dr. Polk, if there are also questions from the Board regarding
8 these revisions that we can answer together, we will do that.
9 And so, I will open up for any discussion from our Board. Thank
10 you.

11 And by the way, Dr. Polk -- Laura Polk serves as
12 professor and chair for the health sciences program at the
13 College of Southern Maryland. Thank you.

14 MR. HICKS: Okay. Any questions for Dr. Green or
15 Dr. Polk.

16 (No questions posed)

17 MR. HICKS: All right, hearing none. There is a
18 recommendation from the Practice and Education Committee to
19 accept and approve the curriculum revisions that have been
20 submitted by the College of Southern Maryland. In addition to,
21 the Board would request a report by Dr. Polk by July 30th of

1 2022 regarding the progress to date on the curriculum revisions
2 that's looking how they phased out the old curriculum and phased
3 in the new curriculum.

4 Is there a motion to accept?

5 MS. STEELE: Motion to accept, Steele.

6 MR. HICKS: Steele.

7 MR. RAYMOND: Second, Raymond.

8 MR. HICKS: Raymond. All in favor?

9 ALL: Aye.

10 MR. HICKS: Opposed?

11 (No oppositions)

12 MR. HICKS: Motion carries. Thank you, Dr. Polk and
13 Dr. Green.

14 MS. POLK: Thank you, Gary.

15 MS. GREEN: Thank you. It's just be an excellent -
16 the report was well written and it was easy to follow, and it
17 showed a lot of what had been done by you and the faculty. So,
18 kudos to you all, and we look forward to the report in 2022.
19 Thank you, and thank you to the Board as well.

20 MS. POLK: Thank you.

21 MR. HICKS: We will move on. I don't believe

1 there's anything from Practice. So, we will go down to
2 Certification. Jaray, are you online?

3 MS. RICHARDSON: Yes, good morning.

4 MR. HICKS: Good morning.

5 MS. RICHARDSON: Our current number of CNAs is
6 198,915; active, 6,096. GNAs, 86,328; active, 30,247. CMAs,
7 4,875; active, 1,489. Home health aides, 549; active, 41.
8 Dialysis technicians, 3,556; active, 1,851. Medication
9 technicians, 175,874; active, 49,606. School health aides, 198;
10 active, 358. Endorsement applicants per week are ten to
11 fifteen. Approximate length of time, two of ten initial CNA
12 certifications is six weeks. Approximate length of time for
13 certification by endorsement is six weeks. Approximate length
14 of time for MT online application - online initial application
15 is six weeks. Approximate length of time for a completed MT
16 paper application is six weeks. And approximate length of time
17 for completed CNA application - CNA renewal application is six
18 weeks. And approximate length of time to complete the CAN
19 paperwork renewal application is six weeks.

20 MR. HICKS: Any questions for Jaray?

21 (No questions posed)

1 MR. HICKS: Thank you, Jaray. We will move down to
2 7, Licensure and Advanced Practice. Shetarah?

3 MS. GOODWIN: Good morning.

4 MR. HICKS: Good morning.

5 MS. GOODWIN: For the Licensure Division for
6 January, 2021 monthly statistics for initials we had registered
7 nurse by exam, 149; registered nurse by endorsement, 191.
8 Licensed practical nurse by exam, 22; licensed practical nurse
9 by endorsement, 8. Temporary registered nurse, 84; temporary
10 licensed practical nurse; 10. Advanced practice compact, AC,
11 35; advanced practice nurses in all categories, 78; a total of
12 all advanced practice nurses, APRN, 113. Forensic nurse
13 examiners, we had 3. Worker's Compensation medical case
14 managers, 10.

15 For renewals, we had registered nurses, 3,472.
16 Licensed practice nurses, 462. Advanced practice, AC, 46.
17 Advanced practice nurses in all categories, 415. Total advanced
18 practice nurses, APRN, 461. Forensic nurse examiners, 4. And
19 Worker's Compensation medical case managers, 23.

20 Any questions?

21 MR. HICKS: Are there any questions for Shetarah?

1 (No questions posed)

2 MR. HICKS: All right. Thank you.

3 MS. GOODWIN: Thank you.

4 MR. HICKS: We will go down to Legislative Affairs.

5 Iman?

6 MS. FARID: Yes. Can you hear me?

7 MR. HICKS: Yep. Good morning.

8 MS. FARID: Good morning. So, today I will be
9 presenting bills that were assigned to the Board for review from
10 the weeks of February 1st and February 22nd. And at the end of
11 this report, the Legislative Committee asks the Board to ratify
12 or approve the positions taken.

13 So, the first bill is House Bill 28,
14 crossfiled with Senate Bill 5: Public Health - Implicit Bias
15 Training and the Office of Minority Health and Health
16 Disparities. This bill gives a healthcare professional as a
17 condition of renewal to take an implicit bias training program.
18 The Board took no position.

19 House Bill 95, crossfiled with Senate Bill 476:
20 Health Occupations Nurses Delegation of Task, allows an
21 advanced practice nurse to delegate nursing or other technical

1 tasks to an assistant. The Board submitted a letter of support.

2 House Bill 107, crossfiled with Senate Bill 499:

3 Prohibition of Vending Machine Sales of Drugs and Medicines

4 Repeal. This bill permits the sale, distribution, or disposal

5 of drugs, medicines, pharmaceutical preparation, and medical

6 preparation by means of a vending machine or similar device.

7 The Board took no position.

8 House Bill 132, crossfiled with Senate Bill 41:

9 Health - Mental, and Emotional Disorders - Consent The Mental

10 Health Act Initiative. This bill allows a minor as young as 12

11 years old to consent to the consultation, diagnosis, and

12 treatment of a mental or emotional disorder. The Board

13 submitted a letter of opposition.

14 House Bill 170, crossfiled with Senate Bill 513:

15 Cancer Drugs Physician Dispensing and Coverage. This bill

16 permits a physician who holds a valid dispensing permit to

17 personally dispense by mail a cancer drug or device to a

18 patient. The Board took no position.

19 House Bill 183, crossfiled with Senate Bill 449:

20 Public Information Act Revision, or the Equitable Access to

21 Records Act. This bill requires an official custodian to

1 proactively disclose public records upon request. The bill
2 requires an official custodian to publish on the website of a
3 governmental unit a report on the request received for
4 inspection of public records. This bill also expands the
5 authority of the Public Information Act Compliance Force to
6 resolve the disputes between an applicant and an official
7 custodian. The Board submitted a letter of concern.

8 House Bill 344, crossfiled with Senate Bill 72:
9 Open Meetings Acts Requirements for State Agencies and Local
10 Boards of Election. This bill requires the Board to make
11 publicly available on its website live video or audio streaming
12 of each open session meeting, a complete archive of audio or
13 video recordings up to one year after the date of the meeting,
14 and availability of meeting minutes for a minimum of five years
15 after the date of the meeting. The Board joined a letter of
16 concern with the Board of Audiology and fourteen other health
17 occupations boards.

18 House Bill 415, crossfiled with Senate Bill 204:
19 Health Care Facilities Assisted Living Program Memory Care and
20 Alzheimer's Disease Unit Regulations. This bill requires MDH,
21 or the Maryland Department of Health, to adopt regulations to

1 establish standards governing memory care in Alzheimer's disease
2 units in the assisted living programs. These standards include
3 staff training requirements and activities for residents. The
4 Board took no position.

5 House Bill 429, crossfiled with Senate Bill 537:

6 Pharmacists Required Notification and Authorized Substitution
7 Lower Cost Drugs or Device Products. This bill requires a
8 pharmacist to inform a consumer of the availability of a
9 therapeutically equivalent
10 brand-named drug that is the lowest cost alternative to the
11 originally prescribed drug or device. The Board took no
12 position.

13 House Bill 537, crossfiled with Senate Bill 398:

14 Mental Health Log Petition for Emergency Evaluation Procedures.
15 This bill requires a petitioner for emergency evaluation to
16 take an emergency evaluatee to the nearest emergency facility.
17 This bill requires the petitioner to notify the emergency
18 facility in advance that the petitioner is bringing an emergency
19 evaluatee to the emergency facility. The Board submitted a letter
20 of opposition.

21 House Bill 538, crossfiled with Senate Bill 826:

1 Handgun Permits, Qualifications, High-risk Occupation. This
2 bill requires the secretary of state police to issue a permit to
3 carry, wear, or transport a handgun to a person who meets
4 certain requirements and is employed in a certain profession.
5 The Board submitted a letter of information with amendment.

6 House Bill 701, Child Abuse and Neglect Training of
7 Healthcare Professionals. This bill requires the Maryland
8 Department of Health to provide the Board a list of recommended
9 courses relating to the obligation to report child abuse and
10 neglect. This bill requires the Board to provide and publish
11 information about recommended courses during different times of
12 licensure. The Board took no position.

13 House Bill 731, crossfiled with Senate Bill 557:
14 Telehealth Services Expansion. This bill offers the healthcare
15 services the Maryland Medical Assistance Program is required to
16 provide through telehealth. This bill changes the definition of
17 telehealth to include synchronous or asynchronous interaction,
18 audio-only conversation in remote patient monitoring services.
19 The Board submitted a letter of support.

20 House Bill 732, crossfiled with Senate Bill 568:
21 Healthcare Practitioners Telehealth Out-of-State Healthcare

1 Practitioners. This bill authorizes an out-of-state healthcare
2 practitioner to provide telehealth services to a patient located
3 in the State of Maryland. This bill requires the Board to
4 register a healthcare practitioner to provide telehealth services
5 if they meet certain criteria. This bill also requires the Board
6 to publish information about out-of-state healthcare practitioners
7 that are registered to provide telehealth services within the
8 state. The Board submitted a letter of opposition for House Bill
9 732, and after much discussion changed its position to a letter of
10 support with amendments for the Senate Bill.

11 House Bill 758, crossfiled with Senate Bill 684:
12 Maryland Licensure of Certified Midwives Act. This bill
13 establishes a new discipline of certified midwifery for the
14 Board to license and regulate. This bill requires the Board to
15 issue a license to practice certified midwifery to individuals
16 who have met certain requirements. The Board submitted a letter
17 of support for amendments for the House Bill.

18 House Bill 976: Catastrophic Health Emergency
19 Authority of Governor Administration of Vaccinations. This bill
20 permits the governor to order the Secretary of Health and
21 Emergency Medical Services Board to adopt regulations to

1 authorize individuals to administer vaccines. The Board took no
2 position.

3 House Bill 1195, crossfiled with Senate Bill 92:
4 Income Tax Credits for Preceptors in Areas with Healthcare
5 Workforce Shortages Eligibility and Sunset Repeal. This bill
6 authorizes a credit against the state income tax for healthcare
7 practitioners who serve as preceptors for medical and/or nursing
8 students. The Board submitted a letter of support for the House
9 Bill.

10 And finally, House Bill 1252, crossfiled with Senate
11 Bill 102: Income Tax Credit Preceptors in Areas of Healthcare
12 for Shortages. This bill authorizes a credit against the state
13 income tax for healthcare practitioners who serve as preceptors
14 for a physician assistant students. The Board submitted a
15 letter of support for the House Bill.

16 And with that, I would be happy to answer any
17 questions at this time.

18 MR. HICKS: Are there any questions for Iman?

19 (No questions posed)

20 MR. HICKS: Okay. Hearing none. Thank you, Iman.

21 MS. FARID: Thank you.

1 MR. HICKS: All right. We will move down to 9,
2 Direct-Entry Midwives and Electrology. Sorry, I have to go
3 back. So, we do need a vote to accept the recommendations from
4 the Legislative Committee. So, if we can get a motion to
5 accept.

6 MS. JACQUELINE HILL: Move to approve.

7 MR. HICKS: Dr. Hill.

8 MS. TURNER: Second, Turner.

9 MR. HICKS: Turner. All in favor?

10 ALL: Aye.

11 MR. HICKS: Opposed?

12 (No oppositions)

13 MR. HICKS: Motion carries. Sorry. Monica, are you
14 there?

15 MS. MENTZER: Yes.

16 MR. HICKS: Okay, go ahead. Monica?

17 MS. MENTZER: Good morning. Can you hear me?

18 MR. HICKS: Yes, go ahead.

19 MS. MENTZER: Okay. Yes, this request is from the
20 Direct-Entry Midwives Advisory Committee with a recommendation
21 for approval from the Practice and Education Committee at its

1 meeting on February 12th.

2 The request to the Board to approve an update to the
3 information that is currently posted on the Maryland Board of
4 Nursing website on the information sheet and the application for
5 licensure to practice direct-entry midwife. The change is
6 requested to include all the information regarding all options;
7 1, 2, and 3 for education and training requirements as noted in
8 Annotated Code of Maryland Health Occupations Article, Title 8,
9 Subtitle 8C, Section 8-6(c)-13(b)2,2; an applicant shall have
10 completed the NARM Midwifery Bridge Certificate Program.

11 The application and the information sheet are
12 attached. Highlighted are the additions to the updates that
13 will be including this item that is currently missing from the
14 information sheet and the application so that it is clear to an
15 applicant that one of the options is evidence of completion of
16 the NARM Midwifery Bridge Certificate Program.

17 Are there any questions?

18 MR. HICKS: Are there any question for Monica?

19 (No questions posed)

20 MR. HICKS: Hearing none, is there a motion to
21 approve the updated application to meet the missing requirements

1 as outlined by the Midwifery and Electrology Committee?

2 MS. CASSIDY: So moved, Cassidy.

3 MR. HICKS: Cassidy.

4 MS. HAYWARD: Second, Hayward.

5 MR. HICKS: Hill. All in favor?

6 ALL: Aye.

7 MR. HICKS: Opposed?

8 (No oppositions)

9 MR. HICKS: Motion carries.

10 MS. STEELE: That wasn't Hill.

11 MR. HICKS: That would be Dawne.

12 MS. HAYWARD: Hayward.

13 MR. HICKS: Hayward, sorry. My bad.

14 MS. EVANS: I just want to have corrected, that
15 after Dr. Green spoke today that, for the Board, that we have
16 completed all of the site visits. That brings the Board in full
17 compliance and addresses all of USDOE requirements. So, I just
18 wanted to have that noted.

19 MR. HICKS: Thank you, Karen.

20 We will move down to 11, which is basically opening
21 up the floor. Is there anyone on the floor that would like to

1 address the Board?

2 I know that Caitlin McDonough is on the agenda to
3 address the Board as well as Kirra Brandon and Karen Carr. Are
4 the three of you online?

5 MS. MCDONOUGH: Yes, Caitlin's here.

6 MR. HICKS: All right. Good morning.

7 MS. MCDONOUGH: Good morning. Thank you for having
8 me. My name is Caitlin McDonough. I am here today representing
9 two entities; the Association of Independent Midwives of
10 Maryland, and also Maryland Families for Safe Birth, which is a
11 patient advocacy organization for Maternal Health Act that's in
12 the State. Both organizations are here to support and hopefully
13 urge a favorable consideration by the Board on House Bill 1032,
14 which was introduced by Delegate Bonnie Cullison in this
15 session, and will be up for a hearing on March 11th, and would
16 fall under the purview of the Board of Nursing.

17 I can real quick kind of describe what the bill
18 does, and give a little legislative history. And then, I am
19 joined today by a couple of our licensed direct-entry midwives
20 who would be supporting and practicing under this new bill were
21 it to pass. And also, we have Kirra Brandon with the advocacy

1 group to give a consumer perspective or answer any questions the
2 Board might have.

3 So, House Bill 1032 basically expands the scope of
4 the licensed direct-entry midwives to include very specific
5 bases on someone who has had a previous
6 C-section. Currently, under the current Practice act, licensed
7 direct-entry midwives cannot provide services to anyone who's
8 had a previous C-section. So, what the bill proposes to you is
9 qualifying - a patient with a qualifying C-section from the
10 prohibition list, and moving them over to the list which would
11 require them to consult with another healthcare practitioner in
12 order to provide services.

13 In order to meet those requirements, there are some
14 limits on the previous C-section, you could only have had one
15 previous C-section, it had to have been at least eighteen months
16 prior to the due date, and it also must be a confirmed
17 well-transverse incision. They would also, in this case, have
18 to consult with another healthcare practitioner, which is
19 generally going to be an obstetrician or a certified nurse
20 midwife in order to provide services. All of the requirements
21 under the Practice Act would also apply to these new patients,

1 including transport requirements, informed consent, and all of
2 the other kind of safeguards included in the Practice Act.

3 Just a little legislative history on the issue:

4 When the LDM Licensure Practice Act passed in 2015, the ability
5 to provide services to women who had a previous C-section was
6 highly debated, and while the legislature opted not to include
7 that in the scope at the time, they did contemplate that at some
8 point in the future it would come back up for discussion. And
9 we've seen uncodified language from that 2015 legislation that
10 they did ask the Board of Nursing to kind of look at the scope
11 of LDEMs each year and specifically look at the idea of
12 including VBAC in those services, vaginal birth after C-section.
13 They also requested that the Department of Legislative Services
14 look very carefully at what's happening with CPMs and LDEMs or
15 similarly licensed to practice in other states. These would be
16 providing VBAC services, and also midwives providing VBAC
17 services in other countries. So, we have a little over five
18 years of licensure in kind of building up the, you know, this
19 newly licensed profession in the state. We are seeking to
20 expand the scope to include those services. It's something that
21 LDEMs receive a lot of demand on, and now we basically have to

1 refer them to generally another CNM, and we just don't have the
2 CNM out-of-institution capacity in the state to cover all these
3 services. So, there is a little bit of access issue there.

4 We've crafted the bill to be pretty limited in the
5 type of C-section that a patient would have had to qualify for
6 services, and it's very much keeping in mind with, and maybe a
7 little more restrictive than what we see in about a little more
8 than - I think, twenty to twenty-five states that currently
9 license or allow CPMs to practice, and we do allow them to
10 provide VBAC services. A lot of them have similar restrictions
11 on what kind of C-section they would have had to have had. Some
12 allow a little more, but it's generally consistent with what we
13 see in many of these other states.

14 So, I'm happy to, you know, take any questions. And
15 again, we do have some of our LDEMs who are here, specifically.
16 They can comment on their training and education related to VBAC
17 services, specifically, how their model of care is kind of
18 appropriate for this type of service and these types of
19 patients. We do have Kirra from the consumer advocacy group to
20 kind of address the issues of access and concerns about actual
21 VBAC services in many areas of the state.

1 So, I will take a pause and just confirm with the
2 Board of how they want proceed with any other discussions.

3 MR. HICKS: Are there any questions for the Board,
4 or discussion?

5 MS. GIBBONS-BAKER: Hi, this is Emalie
6 Gibbons-Baker. I just wanted to clarify, and I think this is a
7 very important issue. But I want to clarify as to the consult
8 with either of the obstetrician or a midwife. Is this just a
9 one-time consult, or is this establishing some sort of consult
10 relationship with that provider?

11 MS. MCDONOUGH: And I may defer to how it happens in
12 real life, but I will address the language in the bill first.
13 So, what the bill proposes is, we have a current process under
14 our current Practice Act for consulting with another healthcare
15 practitioner when patients do have a certain pre-existing
16 condition. I want to say there's about, you know, twelve to
17 fifteen different conditions on that list that do require that
18 consult, and it can vary somewhat based on the condition and
19 also what type of practitioner you would consult with.
20 Generally, they would be consulting with an obstetrician or a
21 CNM. I'm sorry, I don't know if Page or Tova or Kirra is on the

1 line or one of our LDEM community can walk through the consult
2 process that we go through now for those other conditions in
3 which would be similarly applied, you know, for this area of the
4 scope.

5 MS. CARR: This is Karen Carr, I am licensed
6 direct-entry midwife, and I don't know that I would - I mean, I
7 would say, personally, in my practice I do have a particular
8 certified midwife that I do consult with and that kind of helps,
9 you know, to have that ongoing relationship. But particularly,
10 when certain issues come up, like, if they go passed forty-two
11 weeks and things of that nature, we are required to, at that
12 point, transfer them to another practitioner. And some of those
13 practitioners may be willing to continue to conduct the birth at
14 home, but there would be a more advanced practitioner. So, and
15 then there are some other things that you might consult with one
16 for, you know, if they had a medically controlled gestational
17 diabetes within certain limitations. Since that's not our - our
18 training is not around medications and that sort of thing in
19 that area, and that might be something that we would work with a
20 nurse midwife or a physician on. There's a lot of different
21 possibilities and - but I would say that, for me personally, I

1 do have one particular one. That's not say that I wouldn't
2 reach out to another practitioner if I felt like that was more
3 appropriate.

4 I don't know if that answers your question or not.

5 MS. MCDONOUGH: And my understanding from the timing
6 is, in order to continue, you would want the patient who
7 presents and become aware of the fact that they tested the
8 C-section and that it did qualify under that. You would have
9 to, you know, consult with the other practitioner during the
10 care. So, and the other thing, that happens pretty early in the
11 process, and then based on the patient and the consultation with
12 the other practitioner is determining the future involvement of
13 the practitioner based on the patient, but we can certainly get
14 some more information about that. We would certainly be open,
15 you know, to kind of the Board's input on how that process would
16 go. Basically, we would be adhering to the practice for the
17 other conditions.

18 MS. GIBBONS-BAKER: Thank you. This is Emalie
19 Gibbons-Baker again. I thank you. I appreciate that
20 clarification for certainly myself and for the other Board
21 members. Thank you so much.

1 MS. MCDONOUGH: Thank you.

2 MR. HICKS: Dr. Hill?

3 MS. JACQUELINE HILL: This is Dr. Hill. I just have
4 some clarification also. So, is it my understanding that you
5 are in opposition of this bill because there is something
6 already in place that addresses this?

7 MS. MCDONOUGH: I'm sorry. I'm having a little
8 trouble hearing you.

9 MS. JACQUELINE HILL: Is it my understanding that
10 you are in opposition of House Bill 1032 because -

11 MS. MCDONOUGH: No, we are in strong support.

12 MS. JACQUELINE HILL: Oh, you're in support.

13 MS. MCDONOUGH: Yes.

14 MS. JACQUELINE HILL: Oh, okay. Because when you
15 were saying that there was already something in place and you
16 were already doing certain things --

17 MS. MCDONOUGH: No, just that there already is a
18 consult requirement in place for several other conditions under
19 our LDEM Practice Act, and this would just apply when, you know,
20 a patient in these particular conditions that we are with, we
21 would apply the same consult requirements that are currently

1 related to this, but non-supportive of the expansion to shift
2 these conditions to the consult rather than the prohibition
3 list.

4 MR. HICKS: Are there any other questions or
5 discussion?

6 (No questions posed)

7 MR. HICKS: All right. So, this will go to the
8 Legislative Committee, or we can discuss it and make a motion to
9 either support the bill, close the bill, a letter of support.

10 MS. SNYDER: The Board can submit a letter of
11 support, a letter of support with revision, a letter of
12 opposition, or the Board could ask to take no position today.

13 MR. HICKS: So, is there a motion from the Board?

14 MS. JACQUELINE HILL: I move to support.

15 MR. HICKS: Dr. Hill.

16 MS. GIBBONS-BAKER: This is Emalie, again. I would
17 like to move that the Board of Nursing support House Bill 1032.

18 MR. HICKS: Okay. Motion by Dr. Hill to a letter of
19 support, second by Gibbons-Baker. All in favor?

20 ALL: Aye.

21 MR. HICKS: Opposed?

1 (No oppositions)

2 MR. HICKS: Motion carries. Thank you.

3 MS. MCDONOUGH: Thank you very much. We really
4 appreciate it. And if anyone has any questions, the Board has
5 my contact info, and we are happy to answer anything else going
6 forward. Thank you so much.

7 MR. HICKS: All right. Anyone else on the line that
8 would like to address the Board?

9 (No response)

10 MR. HICKS: Hearing none. In a moment to ask if
11 there's a motion to close the Open Session, but first I am going
12 to walk us through the written statement that is required by the
13 Open Meetings Act to ensure that all Board members agree with
14 its content.

15 As documented in the written statement, the
16 statutory authority to close this Open Session and meet in the
17 closed session is General Provisions Article
18 3-305(b)13, which gives the Board the authority to close an Open
19 Session to comply with the specific statutory requirements that
20 prevents public disclosures about a particular matter or
21 proceeding.

1 The topic is to be discussed during Closed Session
2 is applications for licensure and/or certification. The reason
3 for discussing this topic in Closed Session is to discuss
4 confidential matters that are prohibited from public disclosure
5 by the Annotated Code of Maryland Health Occupations Article
6 Sections
7 8-303(f), 8-320(a), and 1-401, and General Provisions Article
8 Section 4-333.

9 In addition, the Board may also perform quasi
10 judicial as well as administrative functions involving
11 disciplinary matters during the Closed Session.

12 Is there a motion to close this Open Session
13 pursuant to the statutory authority and reasons cited in the
14 written statement or any discussion thereof?

15 MR. RAYMOND: So moved, Raymond.

16 MR. HICKS: Raymond.

17 MS. CASSIDY: Second, Cassidy.

18 MR. HICKS: Cassidy. All in favor?

19 ALL: Aye.

20 MR. HICKS: Opposed?

21 (No oppositions)

1 MR. HICKS: Motion carries. Thank you all very
2 much. Have a great day. Board members, we'll reconvene in
3 fifteen minutes, so call in on the Closed Session Hotline.

4 MS. EVANS: Are you going to mention the hearing.

5 MR. HICKS: Oh, you know what, actually we do have a
6 hearing. So, actually, Board members, call in on the Hearing
7 Hotline, not the Closed Session. So, call in on the Hearing
8 Hotline. Thank you.

9 (Whereupon, at 10:15 a.m. the Open Session was
10 concluded.)

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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 24th day of February, 2021.

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

My commission expires: May 13, 2023

Script for Closing Open Session
February 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: 2/24/2021 Time: 10:45 a.m.
Location: 4140 Patterson Avenue, Baltimore, MD; Conference Call Line 1-240-454-0887, code 178 342
Motion to close meeting made by: Raymond Seconded by Cossidy
Members in favor: Dr. Hill, Dr. Adik, Hill, Raymond, Hicks, Turner, Neustadt, Cossidy
Opposed: None Abstaining: None
Absent: ~~Harriet Anwarana~~, vickers, Dillon

Embrey-Baker,
Hayward,
Steele,
Harrod,
Anwarana

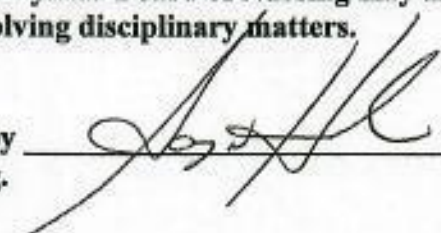
2. Statutory authority to close session. This meeting will be closed under General Provisions § 3-305(b) only:

(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."

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.