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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, January 26, 2022, at 4140 Patterson Avenue, Baltimore, Maryland 21215, commencing at 9:07 a.m. before Edward Bullock, Notary Public in and for the State of Maryland.

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

1 APPEARANCES:

2

3 MICHAEL CONTI, Assistant Attorney General

4 MARGARET LANKFORD, Assistant Attorney General

5 KATHERINE CUMMINGS, 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

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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 M. DAWNE HAYWARD, RN Member
7 ANN TURNER, RN Member
8 ROBIN L. HILL, Practical Nurse Educator Member
9 AUDREY CASSIDY, Consumer Member
10 JACQUELINE HILL, RN Member
11 DAMARE VICKERS, RN Member
12 GREGORY RAYMOND, RN Member
13 NICOLE BEESON, RN Member
14 SUSAN STEINBERG, Consumer Member
15 SUSAN LYONS, APRN Member
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1 ALSO PRESENT:

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3 LAKIA JACKSON, Board Counsel Paralegal

4 JOYCE CLEARY, CNA Training Programs (via telephone)

5 SHEILA GREEN, Education Consultant (via telephone)

6 IMAN FARID, Health Policy Analyst (via telephone)

7 RHONDA SCOTT, Deputy Director

8 MONICA MENTZER, Manager, Practice

9 LESLIE JOHNSON, Executive Assistant

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1 AUDIENCE MEMBERS: (via telephone)

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3 KURT HOFFMAN, Allegany College of Maryland

4 PAUL COOPER, Allegany College of Maryland

5 WILLIAM ROCKS, Allegany College of Maryland

6 SANDY CLARK, Allegany College of Maryland

7 KAREN HAMMOND, Hagerstown Community College

8 KATHLEEN OGLE, Towson State University

9 HAYLEY MARK, Towson State University

10 SHIRLEY DEVARIS, Director of Legislative Affairs

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12 AUDIENCE MEMBERS:

13 TIJUANA GRIFFIN, Washington Adventist University

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

2 MR. HICKS: Good morning, everyone. Let's go ahead
3 and get started this morning. Do I have a motion to go into
4 Open Session?

5 MR. RAYMOND: So moved, Raymond.

6 MR. HICKS: Raymond.

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. We will start with roll
13 call. We will start in the room.

14 MS. VICKERS: Damare Vickers, LPN member.

15 MS. BEESON: Nicole Beeson, RN member.

16 MS. STEINBERG: Susan Steinberg, consumer member.

17 MS. GIBBONS-BAKER: Emalie Gibbons-Baker, RN member,
18 advanced practice.

19 MS. TURNER: Ann Turner, RN member.

20 MS. HAYWARD: Dawne Hayward, RN member.

21 MR. RAYMOND: Greg Raymond, RN member.

1 MS. CASSIDY: Audrey Cassidy, consumer member.

2 MS. JACQUELINE HILL: Dr. Jacqueline Hill, RN
3 member, educator member.

4 MS. WESTERFIELD: Dr. Heather Westerfield, RN
5 educator member.

6 MS. ROBIN HILL: Dr. Robin Hill, practical nursing
7 educator member.

8 MS. LYONS: Susan Lyons, advanced practice member.

9 MR. HICKS: Thank you. We will start with Ms.
10 Evans, who will be giving the updates to the Board.

11 MS. EVANS: Good morning, everyone. We have a few
12 updates to share. First, I would like to just thank
13 everyone for their patience as we go through the cyber
14 incident through the MDH network. I know that it has
15 been challenging, and I appreciate everyone's patience.

16 So, I wanted to give you an update on where we are.
17 So, the Maryland Board has recovered its licensing system
18 functionality over the weekend, and that functionality is
19 our online system for applications. To date, the Board
20 has processed all stored data and constituents'
21 applications from December 4, 2021 through January 1st of

1 2022. However, we are now processing all the backlog and
2 hand-delivered data through its licensing system, and
3 anticipates that the licensing data will be processed and
4 brought up by month's end. So, just so you know, in queue
5 for our online applications we had 9,439 applications that
6 were sitting there since December 4th. So, we are, again,
7 slowly getting those in. Just so you understand, that we
8 have two systems that we work with. We have the online
9 system and then we have the in-house database. So, for
10 the in-house database, we have to move everything from our
11 first system manually over to our second system, and that
12 will take time.

13 Additionally, we have for temporary licensure, all
14 those individuals who have had a temp license that was
15 placed for new license holders, new certificate holders,
16 or anyone endorsing in or any temporary license that we
17 have extended secondary to this incident, we will need to
18 take all of those individuals on that list and reconcile
19 them into our internal database. So, it's going to take a
20 minute, and so we are going to appreciate your patience as
21 we go through this. And we will be providing you with

1 updates. So, what I will do is, I will send an update by
2 the end of the week to all of the constituent holders for
3 us, the license and certificate holders, for the Board.
4 So, I will send out an update this week.

5 We also don't have access - there's been a lot of
6 questions concerning why we can't provide some information.
7 Right now, all of our desktops are down. We have no access
8 to it. So, the cyber incident hit all of our desktops. We
9 are using loaner laptops right now, so we only have email
10 that we can access at this time. So, if there's - we will
11 be reaching out to individuals, and if not, you can reach
12 out to us depending on what the particular problem is and
13 we will see what we can do to assess.

14 We have requested temporary employees from MDH. So,
15 I have requested fifteen to help us get through this concern.
16 So, we are just receiving some of the names. We would need
17 to get their emails so we can get them there, and so they can
18 assist us with using the phones. So, we are doing tasks as
19 much as we can.

20 I, myself, have met with the chief nursing officers
21 through Maryland Hospital Association. I have met with them

1 a few times during this instance, as late as last week, and
2 I will be meeting with them tomorrow. I have also met with
3 HFAM and HR individuals throughout. I have met with the
4 deans and directors and a lot of different entities just so
5 that we can keep the communication going. And, of course,
6 if anyone has any questions, both Rhonda and I are here to
7 answer the questions that we have.

8 Additionally, I am sure that everyone has seen the
9 media. So, that's what I'm doing almost every day, is
10 answering media questions, which is fine, because we want
11 them to have the correct information. And so, right now,
12 the good news is that for all initial licenses, whether its
13 endorsement or a new grad, they can put everything online.
14 So, they can put in their application then, and then we will
15 get to it. The other is, anyone for renewal, anyone that --
16 let's just say it's due in March, don't renew until March.
17 I know, normally, there is a 90-day, but we're still working
18 out the glitches in the system. Because remember, all the
19 fixes right now are temporary because we're working on a
20 temporary server. So, we will need to be able to do that.

21 I think that's it. If something comes up, I will

1 state it at the end. Thank you.

2 MR. HICKS: Thank you. I would like to just take a
3 moment and welcome our new Board member Susan Steinberg to
4 the group.

5 Susan, do you want to give us a little bit of
6 information about you?

7 MS. STEINBERG: I'm a recent retiree from the State
8 system after thirty-three years. I started my career in the
9 Attorney General's Office for twelve years, including Counsel
10 to the Board of Examiners Psychologists. I also did a couple
11 of prosecutions at that time. Other highlights were the
12 Deputy Director for the Mental Hygiene Administration; Deputy
13 Inspector General of Medicaid Fraud; and most recently I was
14 with the Behavioral Health Administration doing licensing of
15 behavioral health programs.

16 MR. HICKS: Welcome.

17 MS. STEINBERG: Thank you.

18 MR. HICKS: Moving on the agenda, we are going to go
19 down to Number 3, which is Discussion of Items Removed from
20 the Consent Agenda. So, I will turn it over to Karen Evans.

21 MS. EVANS: We were unable to have a quorum twice

1 for the CNA Advisory Committee, which is why everything is
2 off the Consent for now.

3 I want to present the Beacon Institute for their
4 program. The Board had approved Beacon Institute in June of
5 2021, and I'm requesting that we have - and they requested a
6 CNA program. The program that they really needed was a GNA
7 program. So, I am asking for us to amend that letter so that
8 if the Board approves Beacon, we will need to provide them
9 with a new letter. But everything in that previous approval
10 letter is null and void because they had asked for the
11 incorrect program.

12 So, I have been meeting with Beacon Institute as
13 well as working with MHEC. The Board has been working with
14 Delegate Kelly as well concerning Beacon Institute. So, we
15 have reviewed the program in the Practice and Education
16 Committee. For the program itself, it's intact. I just have
17 a concern on one area, and I don't know if this will even
18 pass MHEC, which is why I have the concern. So, for those
19 who don't know, we work hand-in-hand with MHEC for the CNA
20 programs, especially for the private career schools. So,
21 there were some inconsistencies. We have them back together

1 now, what they submitted to MHEC and to the Board. My only
2 concern that I see - everything else is intact. The only
3 concern I have are the quizzes. So, they have a total of
4 124.8 clock hours, 23 quizzes, and one final exam, and they
5 have the lab and skills. So, the 23 quizzes are my concern.
6 It's a hybrid program, so they do have some onsite. Onsite
7 is mostly for the initial day, for the orientation, as well
8 as for the labs and for the final exam. The quizzes,
9 however, are all virtual. They are in the system that is
10 not secure as far as being proctored virtually, and that's
11 the concern that the Practice and Ed as well as myself had
12 with this program. I did discuss that with them, and their
13 thoughts were that when the student comes to the lab, they
14 will be able to determine whether or not that student
15 understood what was - I see all the educators, I understand.

16 (Laughter)

17 MS. EVANS: They will be able to assess that way. I
18 told them that that was not agreeable for me, but I still
19 wanted the Board to make the decision even if you want to
20 provide them with some suggestions so that they can get
21 their final approval. They only have one final exam, which

1 I think they will need more than one exam, at least a
2 mid-exam and a final exam. And one of the items I informed
3 them that they could do was have some of the quizzes on the
4 days that they come in for lab. They can do some quizzes at
5 that time. And then, pick the quizzes that they want to do
6 so that would be what counts for their grade. That was some
7 of my suggestions that I have given, but I am opening up.
8 Otherwise, the program looks good, but that was the major
9 concern.

10 So, I am opening it up to the Board for your
11 feedback.

12 MS. WESTERFIELD: Do they do testing in the lab
13 setting, or are they just doing quizzes and a final? Are
14 they testing on skills and that sort of thing?

15 MS. EVANS: Yes, they are testing them on skills in
16 the lab. So, that's onsite.

17 MS. WESTERFIELD: So, they're testing and not just
18 educating them? They are actually doing testing with them?

19 MS. EVANS: Yes, and the final exam will be
20 in-person.

21 MR. HICKS: And they don't use the platforms such as

1 a blackboard of anything of that nature?

2 MS. EVANS: No, the platform that they're using is
3 Relias. I've worked with Relias in the past, and a lot of
4 the long-term care facilities use Relias. Relias is a
5 learning management system program that they usually do
6 their annual mandatory education such as infection control
7 and all the corporate compliance and all of the other
8 arenas. Anyone could take the exam for them on that
9 platform.

10 MS. ROBIN HILL: Is there anyway that they can
11 invest in a proctoring system?

12 MS. EVANS: Not at this time. I did ask that
13 question as well.

14 MS. ROBIN HILL: Then I would say that they come
15 into the campus and take quizzes on the lab days.

16 MS. JACQUELINE HILL: I agree, as far as the
17 integrity for everything. If they can't do that, then I
18 can't see approving it as-is.

19 MS. EVANS: Okay.

20 MS. BEESON: I agree with that. Any my only other
21 concern is that we can say that, we can recommend that, we

1 can monitor that, but I'm concerned about the fact that they
2 think that's okay. So, if they give it the okay, what kind
3 of system are they going to give them when they are actually
4 face-to-face? Is it still going to be a proctored
5 environment? Is it still going to be secure? Is it going
6 to be - you know, I would question that as well.

7 MS. EVANS: Okay. So, I will go back to them and
8 provide your feedback, and I will bring them back next month.

9 MS. JACQUELINE HILL: As a recommendation, also,
10 could we talk to some other programs who are doing this and
11 see what they are doing?

12 MS. EVANS: Okay.

13 MS. JACQUELINE HILL: Or just do what the Board is
14 recommending, if your colleagues are doing the same thing.

15 MS. EVANS: Most of what we're getting now is some
16 hybrid programs. A lot of that is due to the pandemic and
17 limiting contact. So, right now, according to our regs --
18 and, Mike, you can make sure I'm saying this correctly. We
19 can't state that they cannot do a hybrid program. So, we
20 have to respond back to the request that they have.

21 MS. TURNER: Karen, can we, as a Board, take a

1 position of the hybrid programs such as what we're stating
2 for test or exam requirements?

3 MS. EVANS: We are currently working on the
4 regulation piece. And part of the regulation piece for
5 training would be that if we have a hybrid program that it
6 would need to be a proctored exam if it's virtual. We
7 can't -- most programs and colleges have that so we need to
8 be -- we want to be sure it's the person that is taking that
9 exam because we have to look at the other end. We're here
10 for public protection and we want to make sure that person
11 truly takes the exam. And the other, Ann, is that also that
12 they are successful when they have to take their skills exam
13 through NNAAP -- I mean, through Credentia. So, they need
14 to make sure they can pass the written and the skills part.
15 So, both of those are important.

16 Any other feedback?

17 (No responses)

18 MS. EVANS: Okay. So, I will go back to them and I
19 will provide the feedback, and I will bring them back next
20 month. Okay? Thank you.

21 MR. HICKS: All right. We will move on down to B.

1 Joyce?

2 MS. CLEARY: Good morning, everyone.

3 ALL: Good morning.

4 MS. CLEARY: I am going to go to Allegany College of
5 Maryland. They are seeking approval for the renewal of
6 their GNA program.

7 The school is approved by the Middle State
8 Commission on Higher Education. They were approved by the
9 Board in 2019. They offer a total of 151 hours; 90 didactic,
10 16 lab, 45 hours of clinical. Their text is up-to-date, it's
11 a 2020. They have their clinicals at Allegany Health Nursing
12 and Rehab Center, which is also in Cumberland, Maryland, and
13 the facility is licensed by OHCQ. They meet all of the COMAR
14 regulations, and they are seeking approval of the Board to
15 renew their GNA program.

16 MR. HICKS: All right. Motion to approve Allegany
17 College's GNA program?

18 MS. TURNER: So moved, Turner.

19 MS. ROBIN HILL: Second, Dr. Robin Hill.

20 MR. HICKS: Turner, Dr. Robin Hill. All in favor?

21 ALL: Aye.

1 MR. HICKS: Opposed?

2 (No oppositions)

3 MR. HICKS: Motion carries.

4 MS. CLEARY: The second one is Community College of

5 Baltimore County-Essex, Dundalk, and Randallstown sites.

6 They are seeking approval to renew their GNA program.

7 They, too, are approved by the Middle State

8 Commission on Higher Education. They were approved by the

9 Board in 2019. They offer 100 hours; 40 didactic, 20 lab,

10 and 40 clinical. Their text is dated 2019. The clinical

11 site they use is Stella Maris in Timonium, Maryland. They

12 all meet the COMAR Regulation 10.29.02, and they are seeking

13 approval of the Board to renew their GNA program.

14 MR. HICKS: Motion to accept the Community College

15 of Baltimore's GNA program?

16 MS. GIBBONS-BAKER: So moved, Gibbons-Baker.

17 MR. HICKS: Gibbons-Baker.

18 MS. WESTERFIELD: Second, Westerfield.

19 MR. HICKS: Westerfield. All in favor?

20 ALL: Aye.

21 MR. HICKS: Opposed?

1 (No oppositions)

2 MR. HICKS: Motion carries.

3 MS. CLEARY: Fresenius Kidney Care is seeking
4 approval to renew their CNA/DT program.

5 They are certified by the Kidney Commission. They
6 were approved by the Board in 2019. Their central location
7 is 2780 Fort Road in Fort Washington, Maryland. They offer
8 a total of 360 hours of training; 100 hours didactic, 260
9 hours of lab with clinicals together. They have various
10 clinical sites throughout Maryland that have been approved in
11 the past, and the sites are listed at the end of the grid for
12 them, the different sites. They offer their own training.

13 They are seeking approval for the Board to renew
14 their CNA/DT program.

15 MR. HICKS: Motion to accept Fresenius Kidney CNA/DT
16 program?

17 MS. TURNER: So moved, Turner.

18 MR. HICKS: Turner.

19 MS. ROBIN HILL: Second, Dr. Hill.

20 MR. HICKS: Dr. Robin Hill. All in favor?

21 ALL: Aye.

1 MR. HICKS: Opposed?

2 (No oppositions)

3 MR. HICKS: Motion carries.

4 MS. CLEARY: Health Focus is a private career
5 school. They are seeking approval to renew their GNA
6 program. They were also approved in 2019.

7 They are located at 4900 Belair Road in Baltimore,
8 Maryland. They offer a total of 114.5 hours; didactic, 48;
9 lab, 24; and 42.5 clinical. The clinical site is Oakwood
10 Care Center in Maryland. They meet all of the COMAR
11 Regulation 10.39.02.

12 They are seeking approval for the Board to renew
13 their GNA program.

14 MR. HICKS: Motion to approve Health Focus' renewal
15 for GNA?

16 MS. GIBBONS-BAKER: So moved, Gibbons-Baker.

17 MR. HICKS: Gibbons-Baker.

18 MS. HAYWARD: Second, Hayward.

19 MR. HICKS: Hayward. All in favor?

20 ALL: Aye.

21 MR. HICKS: Opposed?

1 (No oppositions)

2 MR. HICKS: Motion carries.

3 MS. CLEARY: For the Faculty, and I apologize for
4 the different colored print. Somehow the printer screwed
5 up, and I don't know how all these different colors came on,
6 so I apologize for that.

7 The first program, Anne Arundel Community College is
8 seeking approval for Gloria Mason, License Number R054810.

9 She has two years of experience. She has more than
10 one year of caring for the elderly and chronically ill.
11 She's been a staff educator for nine years, and she has her
12 MSN in education.

13 Seeking approval from the Board to approve Gloria
14 Mason as a faculty member for Anne Arundel Community College.

15 MR. HICKS: Motion to approve Gloria Mason for
16 faculty for the Anne Arundel Community College's CNA program?

17 MS. HAYWARD: So moved, Hayward.

18 MR. HICKS: Hayward.

19 MS. ROBIN HILL: Second, Hill.

20 MR. HICKS: Second, Dr. Robin Hill. All in favor?

21 ALL: Aye.

1 MR. HICKS: Opposed?

2 (No oppositions)

3 MR. HICKS: Motion carries.

4 MS. CLEARY: Anne Arundel County School Health
5 System is seeking approval for Sheri Sutton, License Number
6 R176296.

7 She has two years of experience in nursing, one year
8 caring for the chronically ill. She has a master's in
9 education, and she has been a staff educator for nine
10 years -- no, I'm sorry, she was a school health instructor
11 since 2019, and she has a BSN in nursing, which is required
12 for the secondary school system.

13 MR. HICKS: Motion to approve - I'm sorry, go ahead.

14 MS. CLEARY: I was just going to say, Anne Arundel
15 County School Health is seeking approval for Sheri Sutton as
16 a faculty member.

17 MR. HICKS: Motion to approve Sheri Sutton for Anne
18 Arundel County School Health CNA program?

19 MS. BEESON: So moved, Beeson.

20 MR. HICKS: Beeson, okay.

21 MS. HAYWARD: Second, Hayward.

1 MR. HICKS: Hayward. All in favor?

2 ALL: Aye.

3 MR. HICKS: Opposed?

4 (No oppositions)

5 MR. HICKS: Motion carries.

6 MS. CLEARY: The Center for Applied Technology-South
7 is seeking approval for Tracy Marcalus, R116894.
8 She has a BSN in nursing. She has teaching
9 experience at the Anne Arundel County Public School System,
10 and she meets all the requirements for the teachers in
11 secondary schools.
12 Seeking approval for Tracy Marcalus for The Center
13 of Applied Technology-South.

14 MR. HICKS: Motion to approve Tracy Marcalus for The
15 Center of Applied Technology-South's CNA program?

16 MS. JACQUELINE HILL: Motion to approve, Dr.
17 Jacqueline Hill.

18 MR. HICKS: Dr. Jacqueline Hill.

19 MS. TURNER: Second, Turner.

20 MR. HICKS: Turner. All in favor?

21 ALL: Aye.

1 MR. HICKS: Opposed?

2 (No oppositions)

3 MR. HICKS: Motion carries.

4 MS. CLEARY: Community College of Baltimore
5 County-Essex site is seeking approval for Margaret Mary
6 Lennon, License Number R19036.

7 She has two years of experience. She has a year for
8 chronically ill. She has a master's degree in nursing
9 education. She has been a staff educator at Mercy Hospital
10 since 2019. She received her long-term care training as a
11 staff nurse at the transitional care unit at St. Joseph's
12 Nursing Home.

13 The Community College of Baltimore-Essex is seeking
14 approval for Margaret Mary Lennon.

15 MR. HICKS: Just a point of clarification for the
16 minutes, Margaret Lennon's license number is R219036.

17 MS. CLEARY: Okay. I'm sorry.

18 MR. HICKS: Motion to approve Margaret Mary Lennon
19 for Community College of Baltimore County-Essex CNA
20 program?

21 MS. ROBIN HILL: So moved, Dr. Robin Hill.

1 MR. HICKS: Dr. Robin Hill.

2 MS. LYONS: Second, Lyons.

3 MR. HICKS: Lyons. All in favor?

4 ALL: Aye.

5 MR. HICKS: Opposed?

6 (No oppositions)

7 MR. HICKS: Motion carries.

8 MS. CLEARY: Community College of Baltimore

9 County-Essex site, again, Adanna Agbo, License Number

10 R159217. She has two years of nursing experience, and

11 one year of caring for the elderly and chronically ill. She

12 has a post-master's certificate in teaching education. She

13 has been a professor at Morgan State University, and she has

14 worked at Holly Hill Rehab Center.

15 The Community College of Baltimore County is seeking

16 approval for Adanna Agbo.

17 MR. HICKS: Motion to approve Adanna Agbo for

18 Community College of Baltimore-Essex CNA program?

19 MS. GIBBONS-BAKER: So moved, Gibbons-Baker.

20 MR. HICKS: Gibbons-Baker.

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: Fresenius Kidney Care Baltimore Care
7 Center is presenting Mitzi Fishman, License Number R188967.
8 She has two years of experience in nursing. She has
9 one year of caring for the elderly and chronically ill.
10 She's been a clinical educator since 2016, and a dialysis
11 nurse since 2012.
12 Fresenius is seeking approval for Mitzi Fishman as a
13 faculty member.

14 MR. HICKS: Motion to approve Mitzi Fishman for
15 Fresenius Kidney Care CNA program?

16 MS. ROBIN HILL: So moved, Dr. Robin Hill.

17 MR. HICKS: Dr. Robin Hill.

18 MS. JACQUELINE HILL: Second, Dr. Jacqueline Hill.

19 MR. HICKS: Dr. Jacqueline Hill. All in favor.

20 ALL: Aye.

21 MR. HICKS: Opposed?

1 (No oppositions)

2 MR. HICKS: Motion carries.

3 MS. CLEARY: Genesis Waldorf Center is seeking
4 approval for Joan Gannon, License Number R072530.

5 Joan Gannon has been approved previously by the
6 Board for several of the other Genesis sites. She meets
7 all of the COMAR 10.39.02.05 requirements.

8 So, Genesis Waldorf Center is seeking approval for
9 Joan Gannon.

10 MR. HICKS: Motion to approve Joan Gannon for
11 Genesis Waldorf Center's CNA program?

12 MS. WESTERFIELD: Motion to approve.

13 MR. HICKS: Dr. Westerfield.

14 MS. HAYWARD: Second, Hayward.

15 MR. HICKS: Hayward. All in favor?

16 ALL: Aye.

17 MR. HICKS: Opposed?

18 (No oppositions)

19 MR. HICKS: Motion carries.

20 MS. CLEARY: Health Focus is seeking approval for
21 Sandra Mosley, License Number R142457.

1 Sandra has two years of experience as a nurse. She
2 has the years of experience with in chronic care. She an
3 instructor for Edmundson Westside High School, and an
4 adjunct instructor for Howard Community College's CNA
5 program.

6 Health Focus is seeking approval for Sandra Mosley
7 for their CNA program.

8 MR. HICKS: Motion to approve Sandra Mosley for the
9 Health Focus' CNA program?

10 MS. ROBIN HILL: So moved, Dr. Robin Hill.

11 MR. HICKS: Dr. Robin Hill.

12 MS. LYONS: Second, Lyons.

13 MR. HICKS: Lyons. All in favor?

14 ALL: Aye.

15 MR. HICKS: Opposed?

16 (No oppositions)

17 MR. HICKS: Motion carries.

18 MS. CLEARY: IT Works Learning Center, Jessica Lann,
19 License Number R140342.

20 Jessica has two years of nursing experience. She
21 has a year of chronic care. She has a master's in nursing

1 in nursing education. She's the clinical instructor for
2 the University of Maryland School of Nursing since 2019.
3 She currently works at a retirement community.

4 IT Works Learning Center is seeking approval for
5 Jessica Lann as a faculty member for their GNA program.

6 MR. HICKS: Motion to approve Jessica Lann for the
7 IT Works Center's CNA program?

8 MS. HAYWARD: I think she said GNA.

9 MR. HICKS: Is it a CNA or GNA?

10 MS. CLEARY: GNA.

11 MR. HICKS: Oh, sorry. I stand corrected. So,
12 Jessica Lann for IT Works Center's GNA program?

13 MS. HAYWARD: So moved, Hayward.

14 MR. HICKS: Hayward.

15 MS. WESTERFIELD: Second, Westerfield.

16 MR. HICKS: Westerfield. All in favor?

17 ALL: Aye.

18 MR. HICKS: Opposed?

19 (No oppositions)

20 MR. HICKS: Motion carries.

21 MS. CLEARY: IT Works Learning Center is seeking

1 approval for Sharon Harper, License Number R148063.

2 She meets the qualifications of two years of nursing
3 experience and caring for the chronically ill. She has been
4 adjunct faculty at Catonsville Community College from 2011
5 to present. She's a staff nurse at Future Care Cherrywood
6 for eight years.

7 IT Works is seeking approval for Sharon Harper as a
8 faculty member for their GNA program.

9 MR. HICKS: Motion to approve Sharon Harper for the
10 IT Works Learning Center's GNA program?

11 MS. ROBIN HILL: So moved, Dr. Robin Hill.

12 MR. HICKS: Dr. Robin Hill.

13 MS. CASSIDY: Second, Cassidy.

14 MR. HICKS: Cassidy. All in favor?

15 ALL: Aye.

16 MR. HICKS: Opposed?

17 (No oppositions)

18 MR. HICKS: Motion carries.

19 MS. CLEARY: Montgomery County School Health is
20 seeking approval for Debra Bitonti, License Number R167260.

21 Debra meets the requirements for the two years of

1 nursing experience and chronic care. She received the Train
2 the Trainer certificate in October of 2019. She meets all
3 of the school requirements for secondary school faculty
4 members.

5 The Montgomery County School Health is seeking
6 approval for Debra Bitonti.

7 MR. HICKS: Motion to approve Debra Bitonti for the
8 Montgomery County School Health Program?

9 MS. CASSIDY: So moved, Cassidy.

10 MR. HICKS: Cassidy.

11 MS. HAYWARD: Second, Hayward.

12 MR. HICKS: Hayward. All in favor?

13 ALL: Aye.

14 MR. HICKS: Opposed?

15 (No oppositions)

16 MR. HICKS: Motion carries.

17 MS. CLEARY: Final one, Wor-Wic Community College is
18 seeking approval for Mary Williams for their CNA/GNA program.

19 Her license number is R086941.

20 Mary meets the requirements for the years of nursing
21 experience and chronic care experience. She has been an

1 education consultant with Tidal Health System in
2 Pennsylvania, and she took the Train the Trainer course in
3 June, 2021.

4 MR. HICKS: Motion to approve Mary Williams for the
5 Wor-Wic Community College's CNA/GNA program?

6 MS. LYONS: So moved, Lyons.

7 MR. HICKS: Lyons.

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

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

10 ALL: Aye.

11 MR. HICKS: Opposed?

12 (No oppositions)

13 MR. HICKS: Motion carries.

14 MS. EVANS: I just want to say one thing. All of
15 these programs that Ms. Cleary just went over all went
16 through the Practice and Education Committee as well for
17 approval. So, I just wanted to let you know that it was
18 vetted by another committee.

19 MR. HICKS: Thank you, Karen. We will move onto
20 Number 4, Education. Dr. Green, are you online?

21 MS. GREEN: Yes, I am. Good morning.

1 MR. HICKS: Good morning.

2 MS. GREEN: This is Dr. Sheila Green. I am an
3 education consultant with the Maryland Board of Nursing. We
4 are excited to provide the information to our Board today.
5 There are five items. Please note on your memorandum that
6 the items are identified 5A, B, E; and on our agenda it's 4A,
7 B, E. I apologize for that. For just a point of
8 clarification, those are the items for today's agenda.
9 Thank you.

10 The first item, A, is the action plan submission
11 from Allegany College of Maryland. Today we have present
12 with us Dr. Kurt Hoffman, the senior vice president at
13 Allegany College of Maryland; Dr. William Rocks is the dean
14 of career education; Mr. Paul Cooper, who is now the
15 associate dean of the nursing program; and Mrs. Sandy Clark,
16 who is the newly appointed, who was formerly the assistant
17 director, and is now director of nursing for the program.

18 The reason for the submission of the action plan to
19 the Board had to do with site visits that Dr. Camille
20 Forbes-Scott and I completed in September of 2021. It was
21 recognized that their faculty policy, COMAR 10.27.03.09(b)

1 regarding the minimal teaching load was not met, and it
2 requested that Allegany College of Maryland provide the Board
3 with an action plan regarding this matter that was due on
4 November 30, 2021. That requirement was met.

5 In the action plan there are two steps that were
6 identified; one, is that Allegany College of Maryland
7 determined the decision to create new structure and
8 organization, mostly administration, with the inclusion of
9 the new administrative support personality of two individuals.
10 Essentially, thanks to Dr. Kurt Hoffman and the team of
11 Allegany College of Maryland created a new associate dean role
12 for Mr. Paul Cooper, who was formerly the director of nursing,
13 and also for their two assistant directors Mrs. Sandy Clark
14 and Dr. Aimee Younkin. They are also working very closely
15 together in restricting the overloads for nursing
16 administration and for faculty, and are moving forward with
17 the requirements stipulated in the action plan.

18 The request to the Board is first of all to accept
19 the action plan recommendation from the Practice and Education
20 Committee that was completed on January 14, 2022, and to
21 approve the action plan of the Allegany College of Maryland's

1 action plan, and obtain a progress report to you to address
2 the continued compliance, and that would be due December 2,
3 2025.

4 I do want to acknowledge Dr. Kurt Hoffman, who is
5 present today. Dr. Hoffman and Dr. Rocks as well and Mr.
6 Cooper.

7 Are there any questions for the Board to be
8 addressed or any recommendations?

9 MR. HICKS: Are there any questions?

10 (No questions posed)

11 MR. HICKS: All right, hearing none. Is there a
12 motion to approve the action plan that has been submitted?

13 MS. WESTERFIELD: Motion to approve, Westerfield.

14 MR. HICKS: Dr. Westerfield.

15 MS. RAYMOND: Second, Raymond.

16 MR. HICKS: Second, Dr. Raymond. All in favor?

17 ALL: Aye.

18 MR. HICKS: Opposed?

19 (No oppositions)

20 MR. HICKS: Motion carries.

21 MS GREEN: Thank you. The second item for Allegany

1 College of Maryland, D, has to do with a faculty waiver
2 request for Mrs. Renee Douthitt.

3 Allegany College of Maryland conducted a search to
4 fill a recently vacated position in 2021. They received one
5 application, and that is from Mrs. Douthitt. She has over
6 two years of experience in medical/surgical nursing and
7 intensive care trauma nursing. She also has background in
8 obstetrical care and pediatric care, an association with a
9 paramedic background as well. She is a graduate of Allegany
10 College and received her baccalaureate degree in nursing from
11 Chamberlain University. She currently is enrolled in the
12 master's of science in nursing educator at Chamberlain
13 University. She has a current West Virginia multistate RN
14 license, and she has basic life support background, a CPR
15 instructor, and also a provider of the PAL, ACLS, and RTLS.

16 The supporting documents are included in your
17 packet; the cover letter from Mr. Paul Cooper, the associate
18 dean there; and the resume from Mrs. Renee Douthitt; and a
19 copy of her Chamberlain University's master's course
20 progression, as well as the information and the advertisement
21 that was printed on behalf of this position.

1 Our findings were that Ms. Douthitt's credentials
2 and background met criteria defined in our COMAR requirements,
3 the nurse faculty and clinical faculty waiver of graduate
4 degree in nursing as evidence for the supporting documents
5 that were provided to the Board for review.

6 Our recommendation to the Board is to accept the
7 faculty waiver recommendation from the Practice and Education
8 Committee completed January 14, 2022, and to approve the
9 faculty waiver request for Mrs. Renee Douthitt for Allegany
10 College of Maryland.

11 I will entertain any questions that the Board may
12 have at this point in time. Thank you.

13 MR. HICKS: Any questions?

14 (No questions posed)

15 MR. HICKS: All right, hearing none. Is there a
16 motion to approve the faculty waiver for Allegany -

17 MR. RAYMOND: I move to accept the waiver and
18 approve the faculty waiver request.

19 MR. HICKS: Dr. Raymond.

20 MS. JACQUELINE HILL: Second, Dr. Hill.

21 MR. HICKS: Dr. Jacqueline Hill. All in favor?

1 ALL: Aye.

2 MR. HICKS: Opposed?

3 (No oppositions)

4 MR. HICKS: Motion carries.

5 MS. GREEN: Thank you very much. Thank you, Dr.

6 Kurt Hoffman and Dr. William Rocks and also Paul Cooper and

7 Sandy Clark for being present during this presentation. We

8 thank you immensely.

9 MR. COOPER: Thank you.

10 MR. HICKS: For the record, that was Dr. Jacqueline

11 Hill who did the second on the motion.

12 MS. GREEN: Our third item for today is C, and it is

13 Hagerstown Community College, a faculty waiver request for Ms.

14 Ashton Taylor.

15 Mrs. Karen Hammond, are you present?

16 MS. HAMMOND: Yes.

17 MS. GREEN: Welcome. We're glad to have you today.

18 Mrs. Hammond is the director and assistant professor of

19 nursing with Hagerstown Community College. She submitted

20 information from Hagerstown regarding the need to fill a

21 faculty vacancy for obstetrical and newborn nursing in October

1 of 2021 post an employee's resignation. Their search included
2 advertisements as noted in this document, the various sites to
3 gain as much as they could in terms of a potential applicant.
4 One person responded to it, Mrs. Ashton Taylor. Mrs. Taylor is
5 a graduate of Hagerstown Community College Associate Degree
6 program. She completed her baccalaureate degree from
7 California University of Pennsylvania in 2017, and is currently
8 enrolled in the Walden University master's of science in
9 nursing family nurse practitioner program. At the present time
10 she has earned fifteen credits, and is enrolled in a
11 five-credit winter quarter course in her master's program
12 progression. The following supporting documents are available
13 for the Board's review as well; the cover letter from Mrs.
14 Karen Hammond; as well as to welcome Ms. Ashton Taylor copied
15 with her supporting documents of her current Maryland RN
16 license. She is a neonatal provider. She has a neonatal
17 provider certificate. She is CPR and BLS certified. She has
18 a certification for electronic fetal monitoring. Her Walden
19 University transcript, which is up-to-date, is included.

20 The findings were that Mrs. Taylor's credentials and
21 background met the criteria for a clinical nurse faculty

1 waiver and graduate degree requirement, as evidence supported
2 by documents.

3 Our request today is that the Board accept the
4 faculty waiver recommendation from the Practice and Education
5 Committee that was completed January 14, 2022, and to approve
6 the faculty waiver request for Ms. Ashton Taylor for
7 Hagerstown Community College.

8 I will address any questions that you may have.
9 Thank you.

10 MR. HICKS: Any questions from the Board members?

11 MS. ROBIN HILL: Gary?

12 MR. HICKS: Yes?

13 MS. ROBIN HILL: I work for Hagerstown Community
14 College, so I am recusing myself from the vote.

15 MR. HICKS: Thank you. Any other questions?

16 (No questions posed)

17 MR. HICKS: All right. Is there a motion to approve
18 Ms. Ashton Taylor for the faculty waiver for Hagerstown
19 Community College?

20 MS. JACQUELINE HILL: Motion for approval, Dr.
21 Jacqueline Hill.

1 MR. HICKS: Dr. Jacqueline Hill.

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

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

4 ALL: Aye.

5 MR. HICKS: Opposed?

6 (No oppositions)

7 MR. HICKS: Motion carries.

8 MS. GREEN: Thank you. And thank you, Mrs. Hammond,

9 for being present this morning. We appreciate you.

10 MS. HAMMOND: Thank you, Dr. Green, for honoring our

11 request.

12 MS. GREEN: Thank you. We will move to D. This is

13 for Towson University, substantial modification for their

14 master's of science in nursing program. This is for the

15 inclusion of entry-level master's in science nursing

16 education program identified by Towson as ELMS. I would like

17 to recognize Dr. Hayley Mark, who is the chair for the Towson

18 University program, and Dr. Kathy Ogle, who is the program

19 director for the master's program at Towson University. Are

20 you both present?

21 MS. OGLE: Good morning, Dr. Green.

1 MS. GREEN: Good morning.

2 MS. MARK: Good morning. This is Haylee.

3 MS. GREEN: Good morning.

4 MS. OGLE: This is Kathy. Good morning.

5 MS. GREEN: Our background here is that Towson
6 University submitted a substantial modification. It is unique
7 of Towson that the master's program has already been in
8 existence, and so this is classified as a modification to add
9 this component to their master's program. They presented the
10 proposal to the Maryland Higher Education Commission on June
11 15, 2020 regarding their request. The proposal is designed
12 for future applicants who have non-nursing bachelor's degrees,
13 and who are seeking the opportunity to complete a master's
14 degree in nursing and achieve entry-level to nursing practice
15 as it does generally with nurses. The modification proposal
16 has been approved by MHEC as of December 8, 2021.

17 Our proposed findings for the Board to know that the
18 program meets COMAR requirements as substantially equivalent
19 requirements. It also meets the nursing education program
20 requirements. There are two existing Board-approved master's
21 degree entry-level nursing education programs offered in the

1 State of Maryland; Johns Hopkins University School of Nursing;
2 and the second at University of Maryland School of Nursing
3 Education.

4 The Towson University program addresses in The
5 Essentials of Master's Education in Nursing, 2011, and that's
6 important to include because that is the hallmark from the
7 American Association Colleges of Nursing that we give
8 additional definition of two areas of advanced hospital
9 physiology, advanced oncology, and advanced health
10 assessments. And that's required for all baccalaureate
11 graduate programs in nursing who want to acknowledge that in
12 terms of the extensions. The programs at Towson University
13 are accredited by the Commission for their undergraduate as
14 far as the graduate program of the Commission for Collegiate
15 Nursing Education, and the program has
16 completed its notification requirements with CCNE regarding
17 this request for modification at this time. They also wanted
18 to make sure it met full requirement.

19 Our recommendation to the Board is to accept the
20 recommendation from the Practice and Education Committee that
21 was completed January 14, 2022, and to approve Towson

1 University Nursing Education ELMS substantial modification
2 proposal that has also been approved by MHEC.

3 If there are any questions that we can entertain, we
4 would love to do that at this time for the Board. Thank you.

5 MR. HICKS: Are there any questions from the Board
6 members?

7 MS. JACQUELINE HILL: I have a question.

8 MR. HICKS: Dr. Jacqueline Hill.

9 MS. GREEN: Yes, ma'am.

10 MS. JACQUELINE HILL: This would be in addition to
11 the conditional baccalaureate program, or it would be in lieu
12 of?

13 MS. GREEN: The program - Towson University would
14 still maintain their traditional baccalaureate program, and
15 they are modifying the master's program to include another
16 point of entry into practice. So, they would still be
17 pre-licensure graduates at the master's level, and they
18 already have a bachelor's degree in a non-nursing area. So,
19 they are coming in and meeting the requirements for the
20 undergraduate requirements in the program and the master's
21 level requirement.

1 It's an interesting approach now in nursing because
2 we're finding that there are people who - as you well know,
3 Dr. Hill, there are individuals that have bachelor's degrees
4 in other areas and have decided that they really want to
5 pursue nursing, but they don't want another bachelor's
6 degree. They would like to be able to move beyond the
7 bachelor's degree, and be recognized as an entry-level to
8 practice.

9 Does that help in terms of your question?

10 MS. JACQUELINE HILL: Yes, thank you.

11 MS. GREEN: Thank you.

12 MS. WESTERFIELD: This is Dr. Westerfield. I just
13 have a question. If they are not successful on boards,
14 what degree do they end up with?

15 MS. GREEN: They would still have their master's
16 entry degree because that's a degree that would be awarded
17 through Towson University. They would not be able to begin
18 nursing practice until they complete successfully the NCLEX
19 examination.

20 Some of the literature, Dr. Westerfield, indicates
21 that because the students who are coming back for a second

1 degree usually are - they also come with the mindset that
2 this is a goal that they are going to achieve, and that flows
3 over even to NCLEX performance. In looking at what our
4 performance indicators show us, for both University Maryland
5 School of Nursing as well as the Johns Hopkins University
6 School of Nursing, a master's entry-level program the
7 students' characteristics is that the students tend to do
8 exceptionally well on NCLEX examinations.

9 But your point is well taken, that if they are not
10 successful, they would have the degree, master's degree, but
11 they would not be able to enter practice until they
12 successfully meet NCLEX requirements.

13 Does that help?

14 MS. WESTERFIELD: Yes, thank you.

15 MS. GREEN: Thank you.

16 MS. JACQUELINE HILL: I have an additional question.
17 This is Dr. Jacqueline Hill. So, when you look at the pass
18 rates for those programs it would include undergraduates and
19 graduates, the first-time takers?

20 MS. GREEN: No. On our Board website, the
21 University of Maryland and Johns Hopkins University, you will

1 note that they have been identified both in terms of the
2 baccalaureate program that they have at their schools, which
3 will be the same for Towson. And then, there's a separate
4 section that is master's entry.

5 MS. JACQUELINE HILL: I see.

6 MS. GREEN: If you look at our website you will see
7 that the first is devoted to baccalaureate NCLEX performance,
8 the second component is that master's entry-level. It
9 currently includes the University of Maryland and Johns
10 Hopkins. The final part is the undergraduates in our
11 traditional associate's degree program. So, they are
12 included but they are identified. You will see their NCLEX
13 performance and standards in those particular areas. So,
14 yes, they will all be clearly identified. You will still
15 have Towson University's conditional undergrad of
16 baccalaureate students who are ready for NCLEX, and then you
17 will have Towson University's ELMS for master's entry that
18 they are proposing.

19 Now, the Board staff would be continuing a site
20 visit to Towson University prior to the graduation of their
21 first class. This is in keep in with our requirement. And

1 their new programs, although, well, this is a new program so
2 we would be doing that before their first class graduates.
3 But this has been the opportunity to move forward in final
4 development and implication of the program to date.

5 Does that help, Dr. Hill?

6 MS. JACQUELINE HILL: Thank you, quite helpful.

7 MS. GREEN: You're welcome.

8 MR. HICKS: Any other questions from the Board
9 members?

10 (No questions posed)

11 MR. HICKS: Hearing none. Is there a motion to
12 approve the modified proposal that would be added to Towson
13 University's existing program?

14 MS. JACQUELINE HILL: Motion for approval, Dr.
15 Jacqueline Hill.

16 MR. HICKS: Dr. Jacqueline Hill.

17 MS. ROBIN HILL: Second, Dr. Robin Hill.

18 MR. HICKS: Dr. Robin 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. Thank you, Drs.
3 Mark and Ogle for being present this morning. Is there
4 anything that you wanted to add?

5 MS. OGLE: This is Kathy Ogle. I just want to thank
6 you, Dr. Green, and the members of the Board for your help
7 and approval.

8 MS. MARK: This is Dr. Haylee Mark, I agree. Thank
9 you.

10 MS. GREEN: Okay. The last one, E, is for Adoni
11 Health Institute, formally known as Leeds School of
12 Technology, operating in Newark, Delaware. This is a
13 closed LPN program. It's not substantially equivalent;
14 does not meet the nursing education program requirements;
15 nor does it meet our Maryland Code of Annotated Health
16 Occupations 8-402(2). None of these were met by this
17 program.

18 In August, 2021 we received a request to assess this
19 closed program. In our documents we have articulated both
20 the Adoni Healthcare Institute name as well as the Leeds
21 School of Technology just so we know that they are one in

1 the same. The requirements were, first of all, that we
2 deemed the information, and also completed a consultation
3 with Dr. Pamela Zickafoose,
4 who is the president of the Delaware Board of Nursing. She
5 provided documentation which determined that Adoni Health
6 Institute, also formerly known as Leeds School of Technology,
7 is not substantially equivalent. The supporting documents in
8 your packet include the criteria reviewed, our COMAR
9 requirements, and our Health Occupation requirements that
10 they do not meet.

11 Please note, on the second page under COMAR
12 10.27.03.16(c), that unacceptable NCLEX performance. The
13 program never met initial approval to ever to be able to
14 complete an 80 percent pass rate in the State of Delaware.
15 And those who did pass the State of Delaware indicated that
16 they were only issued LPN licenses to practice only, solely
17 in the State of Delaware and not in Maryland, just so you
18 have that information. Please note that it took ten years
19 for the Board to complete its final determination with this
20 program because of the appeals that Adoni Health Institute
21 requested in the Court of Delaware, and those documents are

1 included to show you what some of the issues were related to
2 their inconsistency for curriculums, when the timeliness of
3 when graduation occurred, and when they released their
4 students in order to take the boards in Delaware. There were
5 concerns about discrepancies on what was reported to the
6 Board in its annual reports that all lead up to the
7 determination and the ultimate closure in the State of
8 Delaware.

9 Our recommendation to the Board is that they accept
10 the recommendations from the Practice and Education Committee
11 that was completed January 14, 2022, and determine that the
12 closed Adoni Health Institute's LPN program is not
13 substantially equivalent as this program does not meet our
14 Health Occupation requirements and our COMAR requirements.
15 Thank you.

16 I will entertain any questions you may have.

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

18 (No questions posed)

19 MR. HICKS: All right, hearing none. Is there a
20 motion to approve that Adoni Health Institute does not
21 substantially meet the equivalency?

1 MS. GIBBONS-BAKER: So moved, Gibbons-Baker.

2 MR. HICKS: Gibbons-Baker.

3 MS. HAYWARD: Second, Hayward.

4 MR. HICKS: Hayward. All in favor?

5 ALL: Aye.

6 MR. HICKS: Opposed?

7 (No oppositions)

8 MR. HICKS: Motion carries.

9 MS. GREEN: Thank you.

10 MR. HICKS: Thank you, Dr. Green. Moving onto,

11 Iman, Legislative Affairs.

12 MS. FARID: Good morning. Can everyone hear me all

13 right?

14 MR. HICKS: Yes. Good morning, Iman.

15 MS. FARID: Good morning. So, we have quite a few

16 items to discuss today on the legislative agenda. We will

17 be starting with Item 7A. This is just an FYI regarding the

18 clinical nurse specialist regulations, specifically the

19 amendment that was proposed to COMAR 10.27.27. As you may

20 recall, during the Board's May, 2021 Open Session we

21 reviewed and approved the proposed regulations. The

1 regulations
2 thereafter were printed in the Maryland Register between the
3 time periods of October 22nd to November 22nd, 2021. The
4 Board subsequently received two public comments, one from
5 MedChi and the other from the Maryland Radiological Society.
6 The Board submitted a letter to the Department of Health to
7 address MedChi's concerns, and provides some information, and
8 we are currently awaiting the letter's review and approval.
9 We are also currently drafting a response to the Radiology
10 Society, and
11 will submit that the Department as well. The regulations as of
12 right now have been paused as our letters are being reviewed by
13 the Department, but I will make sure to provide the Board with
14 an update on when the regulations move forward once again.

15 So, this was just a very quick FYI. Are there any
16 questions that are related to this update?

17 (No questions posed)

18 (Whereupon, Mr. Raymond took the seat to chair the
19 meeting while Mr. Hicks excused himself from the room.)

20 MR. RAYMOND: No questions, Iman. Go ahead and
21 continue.

1 MS. FARID: Thank you so much. So, moving onto Item
2 7B. This also serves as another FYI regarding the APRN
3 Delegation of Tasks Regulations. These regulations were very
4 briefly discussed at the Board's November, 2021 Open Session.
5 At the time the proposed regulations were reviewed, but they
6 decided that they should be taken back to the Board's
7 Legislative Committee for further discussion. The committee
8 has since then decided to convene a small stakeholders group
9 comprised of APRNs to review and edit the regulations so that
10 they adequately address the inactive statute from the 2021
11 legislative session. The committee has not yet reached out to
12 individuals to join this group, but I will also let the Board
13 know of any updates once the stakeholder group convenes.

14 Are there any question related to this FYI?

15 (Whereupon, Mr. Hicks returned to the room and
16 resumed the position of chairperson.)

17 MR. HICKS: Are there any questions?

18 (No questions posed)

19 MR. HICKS: None, Iman.

20 MS. FARID: Thank you. So, I will be handing Item C
21 over to Ms. Evans to present. But just very briefly before

1 she starts, there is a document provided in the Google Drive
2 that provides more detail on the statutes and regulations as
3 it pertains to the clinical nurse specialist.

4 MS. EVANS: Thank you, Iman. I've received a few
5 concerns from facilities that the clinical nurse specialist
6 title is being used by those that are not clinical nurse
7 specialists. They have not been trained. They have not met
8 all the requirements. So, I just want us to make a public
9 announcement that the only individuals that can use the title
10 of clinical nurse specialist must have met all of the
11 requirements under 10.27.12.

12 MR. CONTI: 27.

13 MS. EVANS: 27?

14 MR. CONTI: Yes, 10.27.27.

15 MS. EVANS: Oh, thank you, 10.27.27.

16 MR. HICKS: And be certified.

17 MS. EVANS: And be certified. So, no one else can
18 use that title for their job descriptions, for anything else.
19 So, please make sure that if you're utilizing the title of
20 CNS that you've met all of the requirements under 10.27.27.

21 Thank you, Iman. I will hand it back over to you.

1 MR. RAYMOND: Karen?

2 MS. EVANS: Yes.

3 MR. RAYMOND: Can I suggest that we make that also
4 through the Maryland Hospital Association and the CNO that
5 you're meeting with?

6 MS. EVANS: Sure, I am meeting with them tomorrow.

7 MR. RAYMOND: Okay.

8 MS. EVANS: Yes.

9 MR. HICKS: Okay, Iman.

10 MS. FARID: Thank you. Thanks, Karen. So, we will
11 move onto Item 7D, which you will also find the small
12 presentation in the Google Drive.

13 I am just going to go over a general overview of
14 timelines and the Board's responsibility during this current
15 legislative session. So, in the document, if you go to Page
16 2 you will find just a brief overview for the Legislative
17 Committee. The Legislative Committee acts on behalf of the
18 Board during the legislative session. Currently the committee
19 meets weekly on Monday from 4:00 to 6:00 p.m. It's comprised
20 of four Board members, three to five Board staff, and three
21 Board counsels. The main responsibility of the committee is

1 to review and discuss bills that have been assigned to the
2 Board. Through discussion the committee, if it finds
3 appropriate, will provide amendments, will discuss positions
4 and provide testimony, and determine if bills incur any fiscal,
5 operational, or legal impact if a bill was to be enacted.

6 If you move onto Page 3, this is a very quick
7 timeline of the legislative session. The most important date
8 for the Board to know is when this session started, which was
9 on January 12, 2022, and finally the adjournment of this
10 session will be on April 11, 2022. I've also noted that this
11 is an election year and as such there will be a heavy volume in
12 increased frequency of bill introductions and also review and
13 discussion.

14 If we move onto Page 4, this details the process of
15 a bill being assigned to the Board. The process starts with
16 delegates or senators introducing a bill to the Maryland
17 General Assembly, or MGA. Once a bill has been introduced it
18 will be reviewed by MGA staff. When that has been completed,
19 and if a bill relates to the Department of Health, the bill
20 will be sent to the Office of Governmental Affairs for their
21 review. Once they've reviewed a particular bill, they will

1 determine what administration would be impacted by the bill.
2 And if it so happens that the bill pertains to nursing or
3 Health Occupations it will be assigned to the Board for their
4 review. This is when the Board's Legislative Committee will
5 review the bill on a weekly basis and will discuss, if
6 necessary, if a position needs to be taken, if a letter needs
7 to be submitted, or oral testimony will be provided. The
8 legislative liaison, that would be my position, will orally
9 present the Board's position to the Office of Governmental
10 Affairs during the legislative liaison's meeting. In
11 preparation for a hearing date, I will also submit
12 a letter or indicate that testimony will be provided to the
13 General Assembly.

14 The last page, Page 5, is just a brief review of the
15 positions the Board can take when a bill is introduced. I
16 categorized the positions into three buckets; one, being
17 neutral; the second, in favor; and the third, in opposition.
18 The three positions that are neutral can be "no position".
19 This is when the Board has no policies or particular interest
20 on the subject of the bill. And also, when there might be
21 controversial topics introduced in the bill, the Board may

1 also decide to take no position.

2 The Letter of Information allows the Board to
3 provide additional information to the legislator on subject
4 matter. And a Letter of Information with amendments allows
5 the Board to provide additional information and submit
6 amendments that reflect current nursing practices or Board
7 operations. The two positions that are "in favor" are Letter
8 of Support, this indicates that the Board is in favor of the
9 bill passing; and a Letter of Support with Amendments, the
10 Board is in favor of the bill passing and will submit
11 amendments to provide further clarity.

12 The last category is In Opposition. A Letter of
13 Concern is submitted if the Board doesn't wish for a bill to
14 pass; the language or the impact of the bill may be unclear at
15 the time of introduction. A Letter of Opposition provides the
16 Board an opportunity to emphasize that they would like this
17 bill to be defeated or withdrawn by the bill sponsor. The bill
18 may create a fiscal or administrative authority for the Board.
19 For the purposes of this session, the Letter of Concern and the
20 Letter of Opposition will have the same gravity. They will both
21 be seen as equal levels of opposition even if the intent of the

1 letter may be different.

2 So, with that, I know I went through that quite
3 quickly, but are there any questions at this time?

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

5 (No questions posed)

6 MR. HICKS: All right, hearing none. You can go
7 ahead, Iman.

8 MS. FARID: Thank you. So, next we have Legislative
9 Item 7E. This memo provides a list of bills assigned to the
10 Board by the Department of Health for review from the week of
11 January 3, 2022 through the week of January 17th. After reading
12 the positions that have been taken, I will ask the Board to
13 ratify the positions taken by the committee.

14 So, first we will start with House Bill 49, titled,
15 Public Health-Emergency Allergy Treatment Programs-Nurse
16 Practitioners. This bill allows nurse practitioners to
17 prescribe and dispense auto injectable epinephrine, or epi pens,
18 to certain certificate holders who operate youth camps. The
19 Board submitted a Letter of Support with Amendments.

20 House Bill 55, Health Occupations-Nurse
21 Anesthetist-Drug Authority and Collaboration. This bill allows

1 the nurse anesthetist to prescribe, order, and administer drugs
2 without having to obtain approval from the collaborating
3 practitioner. This bill allows a nurse anesthetist to
4 additionally collaborate with podiatrists. The Board submitted
5 a Letter of Support.

6 House Bill 66, titled, Health Occupations-Licensed
7 Direct-Entry Midwives-Previous Caesarean Section. This bill
8 allows a licensed direct-entry midwife to take responsibility of
9 a patient who had a previous Caesarean section, only after
10 consulting with a healthcare practitioner. This bill requires a
11 licensed direct-entry midwife to provide the client with an
12 informed consent agreement specific to vaginal birth after
13 Caesarean. The Board submitted a Letter of Support with
14 Amendments.

15 House Bill 112, cross-filed with Senate Bill 230,
16 titled, Health Occupations-Service Members, Veterans and
17 Military Spouses-Temporary Licensure, Certification,
18 Registration, and Permitting. This bill requires the Board to
19 issue an expedited temporary license or certificate to a service
20 member, veteran, or military spouse. The Board submitted a
21 Letter of Support with Amendments.

1 Senate Bill 77, titled, Health Occupations
2 Boards-Investigations-Right to Counsel. This bill allows a
3 licensee or certificate holder to be represented by counsel
4 during an investigation that could result in charges or
5 sanctions. The Board submitted a Joint Letter of Opposition
6 with the Board of Physicians.

7 Senate Bill 82, Certified Nursing Assistants
8 Licensing Requirements. This bill requires a certified nursing
9 assistant to meet federal requirements and pass the competency
10 exam. This bill consolidates with certified nursing assistant
11 certifications into one designation. The Board submitted a
12 Letter of Support, and additionally submitted amendments to the
13 bill's sponsor.

14 Senate Bill 111, titled, Occupational Licenses or
15 Certificates-Pre-application Determinations-Criminal
16 Convictions. This bill requires the Board to provide a
17 potential applicant with a determination on whether their
18 application could be denied due to a previous criminal
19 conviction. The Board submitted a Joint Letter of Concern with
20 the Board of Funeral Directors and Morticians, as well as
21 various boards and commissions.

1 Senate Bill 154, titled, Advanced Practice
2 Registered Nurse, or APRN Compact. This bill enters the State
3 of Maryland into the APRN Compact. This bill additionally
4 allowed APRNs to practice in a party state under certain scope
5 of practice rules. The Board submitted a Letter of Information.

6 And finally, Senate Bill 159, titled, Health
7 Occupations-Authorized Subscribers-Reporting a Financial
8 Gratuity or Incentive. This bill requires an authorized
9 subscriber who receives a financial incentive from the
10 pharmaceutical entity to file a financial disclosure form to the
11 Board. The Board submitted a Letter of Information with
12 Amendments.

13 Are there any questions related to this legislative
14 memo?

15 MR. HICKS: Any questions for Iman?

16 (No questions posed)

17 MR. HICKS: I don't hear any, Iman. So, is there a
18 motion to ratify the positions as Iman has pointed out?

19 MS. JACQUELINE HILL: Motion to approve, Dr
20 Jacqueline Hill.

21 MR. HICKS: Dr. Jacqueline Hill.

1 MS. CASSIDY: Second, Cassidy.

2 MR. HICKS: Cassidy. All in favor?

3 ALL: Aye.

4 MR. HICKS: Opposed?

5 (No oppositions)

6 MR. HICKS: Motion carries.

7 MS. FARID: Thank you so much. So, I will hand the
8 last legislative item, 7F, to Ms. Evans to present on the
9 temporary nursing assistants.

10 MS. EVANS: Thank you, Iman. So, the temporary
11 nursing assistants for the post-acute services side, long-term
12 care, they were introduced as a means to address the nursing
13 workforce shortage during the public health emergency. So, the
14 - I will call them "TNAs" for short, are currently authorized to
15 practice under CMS waiver. And in the waiver training
16 requirements it allows that TNAs take an 8-hour course. There
17 has been a lot of concerns from the legislators as well as the
18 long-term care community about losing the number of TNAs that
19 are currently practicing once the public health emergency ends
20 or the CMS waiver ends. So, Delegate Kelly has had a strong
21 interest in keeping this workforce, and submitted a bill that

1 will authorize the Board to come up with a solution for
2 transitioning the TNAs into full GNAs. The Legislative
3 Committee has been looking at a few models instituted in other
4 states to address this transition of TNAs into the GNA status.
5 The committee will update the Board once a model has been deemed
6 appropriate, and once changes have been made to fall in line
7 with our current regulations and statutes.

8 MR. HICKS: Any questions for Ms. Evans?

9 (No questions posed)

10 MR. HICKS: Thank you, Karen.

11 MS. EVANS: You're welcome.

12 MR. HICKS: Iman, anything else?

13 MS. FARID: That is it from me. Thank you so much
14 for your time.

15 MR. HICKS: Thank you, Iman. We will move onto 8,
16 Direct-Entry Midwives and Electrology. Monica?

17 MS. MENTZER: Good morning. I have 8A to present.
18 This is a request from the Electrology Practice Committee that
19 the Board be notified that they have received and reviewed a
20 letter of notification from Ms. Chablis Lakes. She's a
21 licensed electrologist, License Number E01472.

1 The letter was dated October 20, 2021 of her intent
2 to open an electrolysis practice office on November 1, 2021.
3 On December 1, 2021 Ms. Lakes was contacted by phone to clarify
4 that the date of 11/1 provided in the letter of notification
5 was incorrect and that it should have been dated as December 1,
6 2021. She meets the requirements in COMAR 10.53.07.01(c).
7 They are required to give a 30-day notice.

8 As I've noted in the Annotated Code of Maryland
9 Health Occupations Article, Title 8, Subtitle 6B, Section
10 8-6B-06, Miscellaneous Powers and Duties. After a request to
11 the Board, after the Board has received notice that an
12 electrologist has opened an office, and after notifying the
13 electrologist conducted inspection to the office to determine
14 compliance with the Board's regulation related to the minimum
15 requirements for an office, then making recommendations to the
16 Board is necessary.

17 This information is being presented to the Board to
18 seek information from the Board as to whether or not further
19 action by the committee is requested by the Board regarding
20 this matter.

21 Any questions about that?

1 MR. HICKS: Any questions for Monica? The question
2 on the table is, do we want to send someone out to the facility
3 to do an inspection? That's a yes or no.

4 MS. GIBBONS-BAKER: Is it established as a current
5 practice?

6 MR. HICKS: I don't know, Monica, if we've had a
7 request.

8 MS. MENTZER: To my knowledge, it's not established
9 as a current practice, routinely, but it has happened on
10 occasion.

11 MR. HICKS: Monica, I didn't see anything. Was
12 there anything in the application that would raise concern that
13 would warrant an inspection?

14 MS. MENTZER: The individual has been licensed and
15 renewed. This was her first renewal period, so her license is
16 less than two years. She did renew this renewal cycle for 2021
17 in October. I really leave it to the Board, you know, whether
18 they feel it's necessary or not. It is one of the duties that
19 the committee has done in the past, going out, but it's not,
20 like I said, an established routine or practice.

21 MR. HICKS: She is new opening up her own practice.

1 MS. GIBBONS-BAKER: I could see where there could be
2 benefits to going out and taking a look at it, and also
3 providing resources and feedback.

4 MR. HICKS: Is that a motion?

5 MS. GIBBONS-BAKER: I would like to move that, yes,
6 we do inspect.

7 MR. HICKS: Motion by Gibbons-Baker to have an
8 inspection done of the electrologist's office.

9 MS. WESTERFIELD: Second, Westerfield.

10 MR. RAYMOND: I would just add to the discussion
11 that if we're going to do this that we establish criteria of
12 when we do this, when we go out, and that we just don't randomly
13 pick someone when we are going to send people out to do these
14 site visits, and that we actually have triggers for when we do
15 this. So, if it's with a new practice that is established, if
16 it's every single time a new practice is established, we send
17 somebody out for a site visit that's fine, but I don't think
18 it's okay to, you know, randomly select when we're going to
19 visit them. I'm not saying that we are randomly selecting. I
20 think we have had a little bit of discussion about why we are
21 sending it, but I think we should establish and codify the

1 criteria for why we are doing this, and then stick to that -
2 those parameters.

3 MS. GIBBONS-BAKER: Absolutely.

4 MR. HICKS: Monica, maybe we can charge the
5 committee to do that, set parameters as to when we would do
6 inspections of the sites.

7 MS. LYONS: I have a question. Who performs the
8 inspections? What are they inspecting?

9 MS. MENTZER: It would be members of the Licensed
10 Electrologists that would be present to review. I believe they
11 have a checklist that's been looked at that's been used in the
12 past. It's an established form that they utilize, and then they
13 ask question. They review records to make sure that the
14 regulations and requirements in the COMAR requirements are
15 required to be present as far as the equipment goes, procedures,
16 et cetera. And as I stated, they do have a form that they use
17 when they go out to do these. They have to give a minimum of
18 4-hours of notice that they are going to be requesting to be
19 able to go into the area to perform the inspection.

20 MR. HICKS: Dr. Raymond?

21 MR. RAYMOND: It sounds reasonable to me that any

1 newly established practice would have a visit to make sure that
2 those criteria are met. And I would ask that the committee
3 consider if there's a trigger related to complaints or a certain
4 number of complaints that are brought in or something that would
5 trigger that we would have concern as a Board that they are not
6 meeting requirements of public safety, that we would need to go
7 back in and make sure that everything is in place as it should
8 be.

9 MR. HICKS: Any other discussion?

10 (No discussion posed)

11 MR. HICKS: All right. So, there is a motion by
12 Gibbons-Baker, and a second by Westerfield to have an
13 inspection of the facility.

14 All in favor?

15 ALL: Aye.

16 MR. HICKS: Opposed?

17 (No oppositions)

18 MR. HICKS: Motion carries.

19 MS. MENTZER: Thank you. Moving onto 8B, this is
20 also a request from the Electrology Practice Committee.

21 The 2021 renewal application for Sarah Stauffer,

1 licensed electrologist, was submitted by Ms. Stauffer on
2 October 26, 2021, but was not processed until January, 2022
3 due to a delay in processing that occurred. The document was
4 received and renewed by the Electrology Practice Committee at
5 their January 12, 2022 committee meeting. And the committee
6 does find that the applicant meets all of the requirements
7 for at least twenty approved continuing education units for
8 the 2021 renewal of her license to practice electrology in
9 Maryland per COMAR 10.53.04 and COMAR 10.53.02.05, and the
10 committee therefore requests to the Board to accept and
11 approve the 2021 renewal application for Sarah Stauffer,
12 licensed electrologist, License Number E01465.

13 MR. HICKS: Motion to approve Sarah Stauffer,
14 E10465, to approve her 2021 renewal application to practice
15 electrology?

16 MR. RAYMOND: So moved, Dr. Raymond.

17 MR. HICKS: Dr. Raymond.

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

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

20 ALL: Aye.

21 MR. HICKS: Opposed?

1 (No oppositions)

2 MR. HICKS: Motion carries.

3 MS. MENTZER: Moving onto 8C, this is a notice to
4 the Board regarding the appointments to the Direct-Entry
5 Midwifery Advisory Committee.

6 I believe we mentioned this at the November Board
7 Open Session Meeting that there were several individuals who
8 would be completing their term of commitment to the committee
9 for their appointed terms at the end of December, but I don't
10 believe we discussed that in the December Open Session Meeting.

11 So, it's being presented today to the Maryland Board
12 of Nursing, Direct-Entry Midwife Advisory Committee, pursuant
13 to Annotated Code of Maryland Health Occupations Article,
14 Title 8, Subtitle 6C, Section 8-6C-11; and Section 8-6C-11B,
15 Membership, that the committee consists of seven members of
16 appointed by the Board. The following Direct-Entry Midwifery
17 Advisory Committee members have completed their appointment
18 terms to the committee on December 31, 2021: Dr. Harold Fox,
19 he was the representative from the Maryland Hospital
20 Association; Dr. Kai Parker was the member for the licensed
21 direct-entry midwife; and as was Elizabeth Reiner, also a

1 licensed direct-entry midwife member; Jessica Watkins,
2 our consumer member is seeking re-appointment to a second
3 four-year term.

4 The committee is requesting to the Board's
5 consideration of the Board to provide for the appointments for
6 the above-open positions to the committee. Included in your
7 packet is all the information I have received related to this
8 topic for your review and consideration.

9 Do you have any questions?

10 MR. HICKS: Any questions for Monica?

11 (No questions posed)

12 MR. HICKS: Hearing none. Is there a motion to
13 approve Dr. Harold Fox, the MHA representative -

14 MR. CONTI: These are the ones whose terms have
15 ended.

16 MR. HICKS: I'm sorry. So, motion to approve
17 Jessica Watkins for re-appointment to a second four-year term
18 as a consumer member? Is there a motion to approve?

19 MS. GIBBONS-BAKER: So moved, Gibbons-Baker.

20 MR. HICKS: Gibbons-Baker.

21 MS. ROBIN HILL: Second, Dr. Robin Hill.

1 MR. HICKS: Dr. Robin Hill. All in favor?
2 ALL: Aye.
3 MR. HICKS: Opposed?
4 (No oppositions)
5 MR. HICKS: Motion carries.
6 And then, is there a motion to approve Monica
7 Beuscher, Dr. Monica Beuscher, who is the MHA representative?
8 Is there a motion?
9 MS. GIBBONS-BAKER: So moved, Gibbons-Baker.
10 MR. HICKS: Gibbons-Baker.
11 MS. HAYWARD: Second, Hayward.
12 MR. HICKS: Hayward. All in favor?
13 ALL: Aye.
14 MR. HICKS: Opposed?
15 (No oppositions)
16 MR. HICKS: Motion carries. Motion to approve
17 Brittany Coffman to replace Dr. Kai Parker as the LDEM
18 member?
19 MR. RAYMOND: So moved, Raymond.
20 MR. HICKS: Dr. Raymond.
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. Thank you, Monica.

6 MS. MENTZER: You're welcome. Thank you. I will

7 reach out to see if they have any additional individuals that

8 they might be willing to recommend because that second LDEM

9 member are looking to --

10 MS. ROBIN HILL: There's another resume and

11 everything in here.

12 MS. CONTI: Do we need to reach out? So, their

13 eligibility issues of the other candidates, and we need to

14 reach out for additional candidates.

15 MS. MENTZER: I will make that contact and get the

16 information onto the Board.

17 MS. GIBBONS-BAKER: Thank you.

18 MS. MENTZER: Any other questions?

19 (No questions posed)

20 MS. MENTZER: Thank you.

21 MR. HICKS: Thank you, Monica. We will move down to

1 10. Karen? We're going to come back to 1, Karen.

2 MS. EVANS: So, the first one is Open Meetings Act.
3 The Board members need to take the training on the Open
4 Meetings Act. We have a lot of new Board members, and so to
5 make sure that at every Board meeting that we have a Board
6 member that has taken the training. I am requesting, and I
7 will send everyone the link to the training for every new
8 Board member to complete the Open Meetings Act training, and
9 then you will get a certificate at the end. Please submit
10 that to Leslie, my executive assistant, so that she can add
11 that to who we currently have. So, I will send that out by
12 Friday, and if you can complete it no later than March, that
13 would be great. Having said that, if you have not filed your
14 financial, you will have till April 30th, but please, do it
15 as soon as you possibly can.

16 MR. RAYMOND: Karen, can you send out the training
17 link to everybody.

18 MS. EVANS: Sure.

19 MS. JACQUELINE HILL: Where do we file the financial
20 information?

21 MS. EVANS: You should have received an email.

1 MR. CONTI: It's in an epic disclosure form.

2 MS. EVANS: If you have not, then I can copy you on
3 the email to Kim Bernardi, and we can link you.

4 MS. JACQUELINE HILL: Okay.

5 MS. EVANS: The next item is, it should be CNA
6 stakeholders' request. I am requesting that we develop or
7 lead a stakeholders' group for the CNAs. I met with the acute
8 care CNOs and they have concerns about the current curriculum
9 for CNA training, and so I would like to hold a stakeholders'
10 meeting for them to give us their concerns about the
11 curriculum and have a review and offer some recommendations
12 for that. So, I would like to be able to hold that, so I am
13 asking the Board if I can move forward with that.

14 MR. HICKS: Are you looking for a motion?

15 MS. EVANS: Yes.

16 MR. RAYMOND: This is Raymond. I move that we
17 support Executive Director Evans in moving forward with the
18 stakeholders' meeting.

19 MR. HICK: Motion by Dr. Raymond.

20 MS. TURNER: Second, Turner.

21 MR. HICKS: Turner. All in favor?

1 ALL: Aye.

2 MR. HICKS: Opposed?

3 (No oppositions)

4 MR. HICKS: Motion carries.

5 MR. EVANS: And before we move onto 1, if you don't
6 mind. I also have another request that's not on the agenda.
7 I just remembered, our initial notice that we had for
8 licensees that expired between November 21 and January 22,
9 will be expiring at the end of this month. We were hoping
10 that the cyber incident would be fixed by now, but it is not.
11 My concern is for February and March because remember our
12 systems are really not where they need to be. We have some
13 workarounds, but I don't want anyone - and I'm worried about
14 the acute care facilities - well, anybody that has a license
15 or are certificate holders, and we want to make sure they
16 maintain being active. I'm sure Joint Commission is coming
17 to somebody's building soon, as well as the State survey is
18 on the post-acute side. So, I am making a request if we can
19 extend this till --

20 MR. CONTI: Extend what?

21 MS. EVANS: Can we - remember when we did these

1 because of the cyber incident under 10.2.2.6?

2 MR. CONTI: Oh, right. So, under the state
3 government article there is a provision that allows
4 individuals by operation of law extends an individual's
5 license or certificate as active until the Board takes action
6 to either renew and process that application. The individual
7 has to submit that application at least two calendar weeks
8 prior to the expiration of their 30-day grace period in order
9 for that law to be triggered and to have their license or
10 certificate remain active by operation of law. So, it's
11 imperative that folks submit their renewal applications as
12 soon as possible, but at least two calendar weeks prior to
13 the expiration of the 30-day grace period.

14 MR. RAYMOND: I will speak to that. I don't think
15 that's well understood or well known by the administrative body
16 of our state - the hospital administrative body of our state. I
17 think what is floating out there in concern, and you get jumbled
18 up in that, is that we have taken action regarding licensure and
19 acceptance of licensure for practice outside compact within a
20 state and assigned that to the Federal Public Health Emergency
21 state of emergency. The governor has declared a new state of

1 emergency which expires on February 3rd.

2 MR. CONTI: So, just to be clear on that. The state
3 of emergency doesn't expire on February 3rd. That's still
4 open-ended as to when the state of emergency is going to be
5 terminated. The provision in the Executive Order that extended
6 the expiration of license dates, that ends on February 3rd,
7 unless he extends it. So, the 10.2.2.6 and that Executive Order
8 are overlaid on each other and it does cause confusion.

9 MR. RAYMOND: So, thank you for that clarity, right?
10 So, February 3rd, in the mind of administrators of hospitals or
11 the acute care settings, is a luminous date that's coming up
12 within the next week, right? So, I think what would be helpful
13 is if we sent out a communication or posted something on our
14 website that clearly outlined what you're describing and
15 provided some guidance to our facilities that allows us to
16 understand, how can administrators of our acute care facilities
17 best navigate the current situation with our licensees in order
18 to allow us to continue to provide the maximum number of
19 resources at the bedside to care for our Marylanders. Because
20 at the end of the day if we can't bring resources to the bedside
21 to care for Marylanders, we have a real problem. Right now, the

1 concern is, we will not have certified individuals at the
2 bedside based on the Board's inability to process and move
3 forward with licenses and certificates and the current state of
4 affairs in terms of declarations of emergencies and all, and so
5 on and so forth.

6 So, whatever clarity we can provide is what's going
7 to happen moving forward, I think it is incredibly helpful, and
8 needed.

9 MS. EVANS: And that's why I wanted to bring it up
10 today because I knew of the ending of the - that February 3rd
11 was coming up quickly, and I wanted to make sure that we had the
12 workforce out there to support all of the agencies.

13 MR. CONTI: To reiterate the point, I think we need
14 to encourage folks to renew as soon as possible and to try,
15 regardless of the Executive Order, to renew as soon as possible
16 and to do so at least two calendar weeks prior to that 30-day
17 grace period.

18 MR. RAYMOND: And I think within that we need to
19 give direction to what will be provided to individuals who have
20 engaged in the renewal. So, for example, if they engage in the
21 online renewal process, what is it that the Board - or, what is

1 it that they can print out from that process that they can hand
2 to their employers as evidence that they've gone through that
3 process, right? At the end of the day, the employer needs to
4 understand that they've gone through the process of renewal.
5 Does the Board provide them with anything? Is there a receipt?

6 So, that's the direction that the administrators
7 need to understand, what is the documentation that they will
8 have that they will be able to provide to regulators to say,
9 "No, there is this provision. We're legally covered that this
10 person is still licensed by the Board even though the expiration
11 date has passed," on the Board's website.

12 Does that make sense?

13 MS. EVANS: Yes, I can answer that question. So,
14 when someone applies online and they renew they receive an email
15 back stating that they successfully completed their application.
16 So, we have been asking for that when individuals come in. So,
17 that's one, for those who are applying online. Anybody that
18 applies in person will receive a receipt from the Board stating
19 the date and the time that they received their application.

20 MR. RAYMOND: So, I think examples of the email,
21 examples of the receipt posted on our website with some block

1 outs so it can't be replicated, right, and instructions saying:
2 Please provide this to your employer. And, note to employer:
3 This can be utilized moving forward. So, employers can then
4 bring up the website and point to that to regulators to say, "We
5 have a situation within our state where we are not able to
6 provide evidence of primary source, but we have this process in
7 place, the Board is supporting our acute care settings by doing
8 this, and this is how we are navigating this right now." I
9 think that would be incredibly helpful.

10 MS. EVANS: Okay.

11 MR. HICKS: So, the question on the table is, can we
12 authorize an extension -

13 MR. CONTI: We can't offer that extension. Are you
14 talking about the February 3rd?

15 MS. EVANS: No, we were talking about the -

16 MR. CONTI: The 10.2.2.6?

17 MS. EVANS: Yes.

18 MR. CONTI: That's in place. That's already in
19 place. That's part of the Maryland law, so we don't have to do
20 anything to extend that. That's an existing law.

21 MS. EVANS: But we would need to let our licensees

1 and certificate holders, because currently on our website we
2 have until January, 2022, from the last communication that we
3 sent out.

4 MR. CONTI: Understood. In the communication that
5 we're going to put out soon it will explain that this is a
6 Maryland law that applies in full force to everyone so long - in
7 perpetuity, as long as that law is on the books, so long as they
8 meet the requirements in that law. We will explain that.

9 MR. RAYMOND: And, here's the receipt and here's the
10 email.

11 MR. CONTI: Right.

12 MS. EVANS: Okay. No problem, Mike.

13 MR. HICKS: So, we don't have to vote on that.

14 MS. EVANS: We don't have to do anything.

15 MS. TURNER: So, recap this for me because it's
16 confusing me. So, February 3rd I have 30 days to show my
17 employer my receipt or confirmation from the Board that I have
18 gone through the renewal process. Is that what you're saying?

19 MR. CONTI: Yeah.

20 MS. TURNER: Because it wasn't until last week that
21 people could actually get online to apply, and there was no

1 paper applications available. This is, you know, extremely
2 confusing. There was no paper applications available unless you
3 came here. So, they have no way until last week, and February
4 3rd is -

5 MS. EVANS: Around the corner.

6 MS. TURNER: Yeah, and then you only have 30 days
7 past that.

8 MR. CONTI: Right. So, 30 days past the expiration
9 of the governor's extension of those date, that would be your
10 30-day grace period. So, in order to come within the safe
11 harbor of 10.2.2.6 in state government, you would have to file
12 and have a receipt that you filed a renewal application at least
13 two calendar weeks prior to the expiration of that 30-day grace
14 period.

15 MR. RAYMOND: But would not have necessarily filed
16 an application by January 28th, because we're now just getting
17 this out. So, there needs to be some sort of grace for that,
18 right? So, I don't know if we need to make a motion and vote on
19 the exact dates.

20 MR. CONTI: We can do it under the law. I mean, we
21 have a 30-day grace period under the law.

1 MR. RAYMOND: But, do you understand what I'm
2 saying, Michael? There's no way they're going to get that
3 two-week - or, meet that two-week requirement for January 28th.

4 MR. CONTI: Not January 28th.

5 MR. RAYMOND: Right.

6 MR. CONTI: The folks who are expiring on January
7 28th already have a 30-day grace period until February 28th
8 under the pre-existing law. Now you have to overlay the
9 Executive Order on there that extended everybody's date to
10 February 3rd. So, now you have to apply the 30-day grace period
11 to that date. So, everybody has a 30-day grace period till -
12 well, it will be a little bit past March 3rd because February
13 only has twenty-eight days.

14 MS. TURNER: But then you have to subtract two weeks
15 before that?

16 MR. CONTI: Then you have to subtract two weeks from
17 that in order to make sure that you come within the safe harbor
18 of 10.2.2.6 under state government.

19 MS. TURNER: I'm just not seeing how it's possible.

20 MR. CONTI: It is complicated. Calculating the
21 dates are complicated.

1 MS. WESTERFIELD: I'm not understanding, maybe. If
2 they just have to go online and apply, why would three weeks be
3 not enough time to do that? If they're waiting for this because
4 they don't want to expire, why would three weeks be not enough
5 time to log on and to reapply? Why is that not enough time?

6 MS. HAYWARD: What about the people who couldn't
7 have gone online?

8 MS. WESTERFIELD: Right, because they weren't
9 allowed to.

10 MS. HAYWARD: You know, way back when this first
11 started.

12 MR. RAYMOND: We should talk one at a time because
13 he's trying to capture everything we're discussing.

14 MR. CONTI: It's hard dealing with global
15 hypotheticals here. You kind of need a specific fact pattern in
16 order to apply these rules.

17 MR. RAYMOND: Right.

18 MR. CONTI: But suffice it to say that folks are
19 going to have to apply for renewal soon, and there will be a
20 limited amount of time in order to do it for the folks that are
21 about to expire. There will be a limited amount of time for

1 them to do it in order for them to come within the safe harbor
2 under State Government 10.2.2.6.

3 MR. RAYMOND: So, we need to aggressively get this
4 message out and be very clear, as clear as we possibly can on
5 the steps and the dates and the timelines, and then I think
6 monitor it very, very closely and seek feedback from our acute
7 care settings about how it's going. And whether or not they're
8 getting this back, because if it's getting close to the, I
9 guess, March 3rd deadline and we're not seeing it come back, we
10 have to do something. We will get into a situation where people
11 will be - my worry is, there's always a lag time in
12 communication, right? We get the communication out and people
13 won't see it or won't hear it. We need to be really aggressive
14 in pushing it because the pull on the communication won't be
15 there. We need to push it. Do you follow?

16 MS. EVANS: Yes.

17 MR. RAYMOND: I just think the February timeframe,
18 the 28 days plus the 3 days in March is very, very short from a
19 communication perspective. We just have to watch this very
20 carefully. And we don't know whether or not if there's going to
21 be an extension. If there is then that bides us a little bit of

1 time. But this has a huge impact on the state and our ability
2 to care for Marylanders.

3 MR. CONTI: There is no extension to the Executive
4 Order, and the Board can't really do much. I mean, we're
5 limited. We're very limited in what we can do. We cannot
6 simply waive the requirements under the law.

7 MR. RAYMOND: Understood. I think we have to
8 respond to it and at least work with our acute care sites to let
9 them know that and figure out if there's anything we can do. I
10 don't know what it is that we can do, Michael. I understand
11 that we are limited by the law, but we should really try to
12 explore every avenue we can because we can't leave our hospitals
13 hanging.

14 MS. EVANS: Right. So, one of the things that I am
15 doing is meeting with the CNOs and MHA every week. So, I can
16 definitely communicate that at that time. We will get something
17 together to send out to all constituent holders. And then, what
18 I normally do is also send it to MHA to send out to everyone, as
19 well as HFAM, Lifespan, Leading Edge, as well as the deans and
20 directors. So, I normally send whatever response we have to
21 those groups. If there's a group that you feel that I need to

1 send it out to, I would be happy to do that if you feel that I'm
2 missing somebody.

3 MR. HICKS: I think, Karen, you have a CNO meeting
4 tomorrow.

5 MS. EVANS: Yes.

6 MR. HICKS: If we can draft something or get
7 something together at least we can verbalize it to the CNO
8 group, perhaps give that document to the CNO group that they can
9 then disperse to their HR folks that, you know, internally - I
10 mean, that takes care of at least the acute care facilities,
11 unless there's long-term on that call. They can then send that
12 internally out to their employees that it would affect. So, at
13 least that message will get out that way. Again, it takes care
14 of a small subset of people until we can get it out to the
15 masses.

16 MS. EVANS: So, the next few meetings I have lined
17 up; one is the CNOs, and I'm also meeting with the HR
18 individuals from the acute care side next week. Next week, I'm
19 meeting with them as well. And I will take care of the
20 long-term care side, and the deans and directors. So, that's
21 not a problem. Is there another group you feel that I'm not

1 capturing?

2 MR. HICKS: I don't think so. I think that will
3 cover it in long-term and acute care. It should be good. And
4 then, you know, if you give that to the CNOs tomorrow, and the
5 HR people get it, then you can just follow up with them next
6 week and see if they have any questions or need clarification
7 related to that.

8 MS. EVANS: And I will ask HFAM to set up another
9 meeting because there I have all the administrators, directors
10 of nursing, as well as HR for the post-acute side.

11 MR. HICKS: That's good. I think that will cover
12 the majority. And for those areas that, you know, that are kind
13 of a one off, you know, that message will filter out, you know,
14 as the message gets out, so.

15 MS. EVANS: We will work on that, Dr. Raymond.

16 MR. RAYMOND: Thank you.

17 MS. EVANS: So, with Number One, is our PDMP
18 Committee Board Member Dr. Westerfield has been gracious enough,
19 thank you so much, to participate on that committee. So far as
20 I know, since COVID everything has been virtual, and prior to
21 that even when Bonnie was doing a lot of it, it was virtual as

1 well. So, thank you very much. I will submit your name. I
2 will copy you on the email to the team. They will be so happy.
3 So, again, I'm very grateful. Thank you.

4 MS. JACQUELINE HILL: And what is PDMP?

5 MS. EVANS: Prescription Drug - go ahead, Mike.

6 MR. CONTI: Prescription Drug Monitoring Program.

7 MR. HICKS: So, that concludes the agenda. I will
8 open up the -

9 MS. DEVARIS: Are you going to ask for audience
10 participation?

11 MR. HICKS: That's where I was going next, so just
12 give me a second.

13 MS. DEVARIS: Oh, I'm sorry.

14 MS. EVANS: Hi Shirley.

15 MR. HICKS: That concludes the agenda. I will now
16 turn the floor over to the audience if there's anyone that would
17 like to address the Board.

18 MS. DEVARIS: Yes, thank you. This is Shirley
19 Devaris. My problem, much more mine than yours in view of all
20 of this licensure issues. But I did not hear House Bill 276 on
21 our list this morning. That's the bill to give the CNSs

1 prescriptive authority. It's being heard next week in the House
2 on the first of February, and I would like to hope that the
3 Board is taking a favorable position on it.

4 MR. HICKS: I thought that that was on there,
5 Shirley.

6 MS. EVANS: Iman, are you still on?

7 MS. DEVARIS: No.

8 MS. FARID: Hi, yes, I'm still here. So, Ms.
9 Devaris, I submitted the legislative memo before the Legislative
10 Committee was able to discuss that particular bill, but the
11 Board has taken a position on the bill. I'm not sure due to the
12 current rules, the Department of Health rules, if I'm able to
13 share our position. I will have to defer to Mike.

14 MR. CONTI: I mean, if this bill is up for a hearing
15 next week the Board, today, can take a position on it.

16 MS. DEVARIS: I would hope so.

17 MS. EVANS: So, did the Legislative Committee take a
18 position, Iman, already?

19 MS. FARID: Yes, we did. And since the hearing is
20 next Tuesday, February 1st, the Board has submitted a Letter of
21 Support with Amendments for the CNS Prescribing Authority Bill.

1 MS. DEVARIS: Okay. I thought I would bring up to
2 you that there ought to be a favorable fiscal note on this bill
3 because we have to kinds of CNSs. We have the ones that do
4 clinical, and then we have the ones that do psych. There are
5 about over 180 of these clinical nurse psychiatric - clinical
6 specialists, psychiatric nurses. They are the ones that can
7 save the State a lot of money if they get prescriptive authority
8 because right now if a patient is seeing a CNS, the CNS cannot
9 prescribe to them. They can manage medications, but they can't
10 prescribe, which is really kind of strange. So, that means the
11 patient has to have a second consultation, establish a patient
12 relationship with another provider who can prescribe. And
13 getting that prescriptive authority could be - psych CNSs can
14 save a lot of money in the long run. So, I don't know what the
15 fiscal note said, or if you even had to do one, but that's
16 certainly one to keep in mind if you have a fiscal note to do.

17 MS. EVANS: We have, and we did.

18 MR. HICKS: Since we brought that up, is there a
19 motion to ratify the position for the CNS prescription? To
20 support with amendments is our stance on that.

21 MR. RAYMOND: So moved, Dr. Raymond.

1 MR. HICKS: Dr. Raymond.

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

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

4 ALL: Aye.

5 MR. HICKS: Opposed?

6 (No oppositions)

7 MR. HICKS: Motion carries. Thank you, Shirley.

8 MS. DEVARIS: Thank you.

9 MR. HICKS: All right. Anyone else online that
10 would like to address the Board?

11 (No comments posed)

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

17 As documented in the written statement, the
18 statutory authority to close this Open Session and meet in
19 Closed Session is Annotated Code of Maryland, General Provisions
20 Article 3-305(b)13, which gives the Board the authority to close
21 the Open Session, to comply with the specific constitutional,

1 statutory, or judicial imposed requirement that prevents public
2 disclosures about a particular matter or proceeding. The topic
3 to be discussed during the Closed Session pursuant to this
4 statue of authority is applications for licensure and/or
5 certification. The reason for discussing this topic in Closed
6 Session is to discuss confidential matters that are prohibited
7 from public disclosure by the Annotated Code of Maryland, Health
8 Occupations Article 8-303(f), Health Occupations Article
9 8-320(a), and Health Occupations Article 1-401, and General
10 Provisions Article 4-333. In addition, the Board may also
11 perform Quasi Judicial and administrative functions involving
12 disciplinary matters during the Closed Session.

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

16 MS. CASSIDY: So moved, Cassidy.

17 MR. HICKS: Cassidy.

18 MS. HAYWARD: Second, Hayward.

19 MR. HICKS: Hayward. All those in favor?

20 ALL: Aye.

21 MR. HICKS: Opposed?

1 (No oppositions)

2 MR. HICKS: Motion carries.

3 (Whereupon, at 11:08 a.m. the Open Session was
4 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 26th day of January, 2022

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

My commission expires: May, 13, 2023

Script for Closing Open Session

January, 2022

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 Annotated Code of Maryland, General Provisions Article § 3-305(b)(13), which gives the Board the authority to close an open session “to comply with a specific constitutional, statutory, or judicially imposed requirement that prevents public disclosures about a particular matter or proceeding.” The topic to be discussed during closed session pursuant to this statutory authority 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 § 8-303(f), Health Occupations Article § 8-320(a), Health Occupations Article § 1-401 *et seq.*, and General Provisions Article § 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: 1/26/22 Time: 11:06
Location: Md. Board of Nursing; conference call line
Motion to close meeting made by: Cassidy Seconded by Hayward
Members in favor: Vickers, Beeson, Steinberg, Gibbons-Baker, Turner, Hayward,
Opposed: None Abstaining: None
Absent: Owvama

Raymond,
Hicks,
Cassidy,
J. Hill,
Westerfield,
R. Hill,
Lyons

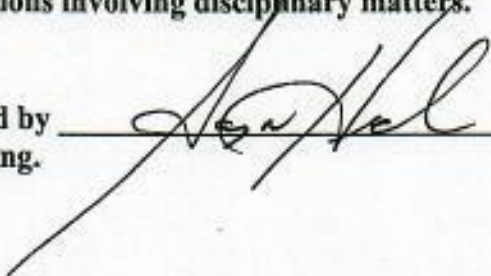
2. Statutory authority to close session. This meeting will be closed under General Provisions § 3-305(b) only:

(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) "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 et seq, 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.