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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, June 1, 2022, at 4140 Patterson Avenue, Baltimore, Maryland 21215, commencing at 9:06 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 Office of the Attorney General

5 State of Maryland

6 Department of Health & Mental Hygiene

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8 Baltimore, Maryland 21201

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1 BOARD MEMBER APPEARANCES:

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3 GARY HICKS, RN Member, Board President

4 GREGORY RAYMOND, RN Member, Board Secretary

5 EMALIE GIBBONS-BAKER, APRN Member (via telephone)

6 M. DAWNE HAYWARD, RN Member

7 AUDREY CASSIDY, Consumer Member

8 JACQUELINE HILL, RN Member (via telephone)

9 SUSAN STEINBERG, Consumer Member

10 SUSAN LYONS, APRN Member (via telephone)

11 HEATHER WESTERFIELD, RN Member (via telephone)

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1 ALSO PRESENT:

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3 KAREN E.B. EVANS, Executive Director

4 RHONDA SCOTT, Deputy Director

5 LESLIE JOHNSON, Executive Assistant

6 KAREN BROWN, PIA Coordinator

7 RACHEL MORRIS, Board Counsel Law Clerk

8 JILL BELL, MBON Staff Member

9 SHEILA GREEN, Education Consultant

10 IMAN FARID, Health Policy Analyst (via telephone)

11 MONICA MENTZER, Manager, Practice

12 BRIAN STALLSMITH, MBON, IT Specialist

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1 AUDIENCE MEMBERS:

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3 MAIJA ANDERSON, Morgan State University (via telephone)

4 KIM SYDNOR, Morgan State University (via telephone)

5 JUDITH FEUSTLE, Stevenson University (via telephone)

6 JAMIE CARTER, Stevenson University (via telephone)

7 OPPER CHIWESHE, Adventist HealthCare (via telephone)

8 DOROTHY GRIFFIN, Bowie State University (via telephone)

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

2 MR. HICKS: Good morning, everyone. We are going to
3 go ahead and get started with Open Session. Sorry for the
4 delay.

5 If we can get a motion to go into Open Session,
6 please.

7 MS. TURNER: So moved, Turner.

8 MR. HICKS: Turner.

9 MS. HAYWARD: Second, Hayward.

10 MR. HICKS: Hayward. All in favor?

11 ALL: Aye.

12 MR. HICKS: Opposed?

13 (No oppositions)

14 MR. HICKS: All right. We will start this morning
15 with Karen Evans, who will give us an update for the
16 Board.

17 MS. EVANS: Good morning, everyone.

18 ALL: Good morning.

19 MS. EVANS: So, one of the items is the implicit
20 bias training. We have found out a little bit more
21 information that was not shared with us previously. We

1 have a meeting scheduled for later on this month. So, at
2 our next Board meeting I will provide you with an update
3 on what's next for implicit bias training.

4 We have a brand-new team member her name is Tammy
5 Harris. Tammy is here for our compliance auditor, so
6 she's going to take over all the audits that we have,
7 such as; OIG, OLA, joint chairman's report, and a few
8 other items. We also received from legislators, we have
9 four reports that we need to submit to the joint chairman
10 by October 1st - not October, excuse me, August 1st,
11 August 15th, September 1st, and September 15th.

12 So, I will give you an update on those.

13 We've had several - from out last Board meeting
14 we've had four resignations and one retirement. So, I
15 would like everyone just to continue to be patient as we
16 go through this. We are still on MiFi and do not have the
17 full functionality or capability. It is still taking us
18 fifteen minutes to license or certify a person, instead of,
19 we used to be able to do on the internet ten to ten. So,
20 we are still working with MDH and DoIT, and that's where
21 we stand right now. Happy June 1st.

1 MR. HICKS: All right. My apologies, I forgot to do
2 roll call this morning. So, if we could go around the room
3 for roll call.

4 MS. HAYWARD: Dawne Hayward, RN member.

5 MS. TURNER: Ann Turner, RN member.

6 MR. RAYMOND: Greg Raymond, RN member.

7 MS. CASSIDY: Audrey Cassidy, consumer member.

8 MS. ROBIN HILL: Dr. Robin Hill, practical nursing
9 educator member.

10 MS. STEINBERG: Susan Steinberg, consumer member.

11 MR. HICKS: All right. Any board members online?
12 Susan Lyons?

13 MS. LYONS: Susan Lyons, RN advanced practice
14 member.

15 MR. HICKS: Anyone else online?

16 MS. ANDERSON: This is Maija Anderson from Morgan
17 State.

18 MR. HICKS: Okay.

19 MS. SYDNOR: Hello. Kim Sydnor from Morgan State.

20 MS. FEUSTLE: Hi. This is Judy Feustle from
21 Stevenson University. I would also like to introduce a new

1 employee who started today with us, Dr. Jamie Carter, who's
2 going to be our department chair for undergraduate nursing.
3 Jamie, you can say hello.

4 MS. CARTER: Hi.

5 MR. HICKS: Good morning. So, we will go down to
6 Dr. Green for education. Dr. Green, are you online?

7 MS. EVANS: Did we do the Consent Agenda?

8 MR. HICKS: I'm sorry, I'm going backwards. I
9 apologize. So, is there approval for the Consent Agenda?

10 MS. TURNER: So moved, Turner.

11 MR. HICKS: Ann Turner.

12 MS. HAYWARD: Second, Hayward.

13 MR. HICKS: Hayward. All in favor?

14 ALL: Aye.

15 MR. HICKS: Opposed?

16 (No oppositions)

17 MR. HICKS: Motion carries. All right, Dr. Green,
18 are you online?

19 MS. GREEN: Good morning. This is Dr. Green. Can
20 you hear me?

21 MR. HICKS: Yep. Good morning, Dr. Green.

1 MS. GREEN: It's a pleasure to be here at the Board
2 this morning. We would like to start for the Department of
3 Education. We're starting with 4A, which is for Bowie
4 State University's baccalaureate program curriculum
5 revision.

6 The Board has the packet of information that has
7 been provided to us. As a part of the background, the
8 Board approved the action plan for Bowie State University
9 that Dr. Jacqueline Hill has now submitted the attached
10 revised curriculum plan for review. It was completed and
11 reviewed by the Practice and Education Committee, and now
12 is being presented to the Board.

13 Included in the packet is, of course, the cover
14 letter from Dr. Jacqueline Hill with the overview of what
15 was included in this actual document as well as a letter of
16 approval from Bowie State University's Curriculum Committee,
17 which is Attachment A; the letter of approval from Bowie
18 State University's Faculty, which is Attachment B; an
19 overview of the current baccalaureate curriculum, which is
20 Attachment C; an overview of the proposed baccalaureate
21 curriculum revision in Attachment D. Dr. Hill also

1 included a teach-out plan that includes student
2 notifications and policy statements that are necessary when
3 we are transitioning from a current curriculum to a revised
4 curriculum, and that is in Attachment E. And then the
5 final attachment, Attachment F, is a side-by-side comparison
6 for the present and the proposed curriculum.

7 Our findings are that the Board staff has received
8 the information that has been submitted, the required
9 approval for Bowie State University from the Curriculum
10 Committee and the faculty and staff are complete in the
11 packet. The last class was admitted to the program in May,
12 2022. The anticipated semester of graduation for the final
13 cohort under the current curriculum is June, 2024. The
14 faculty established a phase-in of the new curriculum starting
15 with the classes to be admitted in the Fall of 2022. They've
16 anticipated that the semester of graduation for that first
17 cohort will be the Fall of 2024.

18 We want to bring to your attention that if the
19 students in the Spring of 2022 cohort are not successful in
20 the course, as you find in the current curriculum, a
21 teach-out plan is in place for the students to retake an

1 equivalent course in the new curriculum and complete the BSN
2 program under the new curriculum. So, if someone should not
3 be successful in the current curriculum, there is a plan in
4 place determining where this incident may occur if the person
5 can't meet into the revised curriculum and then complete the
6 baccalaureate program.

7 The current and proposed accrediting, mutual, in the
8 current curriculum the total number of credits you have are
9 124. The proposed curriculum would be 121. And the reason
10 for that slight change is that there will be three new
11 courses in combination. First of all, the new courses, NURS
12 346, Pathopharmacology I and NURS 347, Pathopharmacology II,
13 and then NURS 380, The Cultural Diversity and Special
14 Population, is a combination of two former courses. So, that
15 made the difference in terms of the total credits for the new
16 curriculum. Please note that they will continue to have
17 nursing elective courses that can be elected by students while
18 they are in the program. The policy statement and student
19 notifications are included in this document along with the
20 rationale for the changes in the curriculum.

21 This document met COMAR 10.27.03.13(g)2, Curriculum

1 Revision, and we are requesting - The PEC recommended, the
2 recommendation was accepted on May 13, 2022, and we would
3 like to now advance the document forward for a final review
4 by the Board. Our recommendation to the Board is to accept
5 the report and consider approval of the Bowie State
6 University Curriculum Revision for the initiation in the
7 Fall of 2022. This is a very comprehensive detailed piece
8 of work. It's taken a lot of thought and process with the
9 faculty at Bowie State University under the leadership of
10 Dr. Hill. They need the information now in order to
11 complete what will be necessary for their catalog for the
12 current coming fiscal year.

13 So, if there any questions that the Board may have
14 regarding the adjustments and changes in the curriculum as
15 well as where they are now, please let me know.

16 I apologize, I should have acknowledged and asked if
17 there is anyone here from the Bowie State University that I
18 did not acknowledge before starting the presentation. I
19 apologize for that. Is there anyone present from Bowie?

20 MS. GRIFFIN: Good morning, yes. Dorothy Griffin
21 from Bowie State University.

1 MS. GREEN: Good morning, Dr. Griffin. Thank you.

2 MR. HICKS: Are there any questions from Dr. Green?

3 (No questions posed)

4 MR. HICKS: All right. Is there a motion to accept
5 the report submitted by Bowie State University, and accept
6 the revised or adjustments to the curriculum to be
7 implemented in Fall of 2022?

8 MR. RAYMOND: So moved, Raymond.

9 MR. HICKS: Dr. Raymond.

10 MS. ROBIN HILL: Second, Hill.

11 MS. LYONS: Second, Lyons.

12 MR. HICKS: Dr. Hill. All in favor?

13 ALL: Aye.

14 MR. HICKS: Opposed?

15 (No oppositions)

16 MR. HICKS: Motion carries.

17 MS. GREEN: Thank you. Thank you, Mrs. Griffin for
18 being here this morning. We appreciate you.

19 MS. GRIFFIN: Thank you very much.

20 MS. GREEN: Thank you. Our second report is Item
21 4B.1. This is for Notre Dame of Maryland University and

1 their collaborative site visit summary that occurred with
2 CCNE and the Board of Nursing. It was virtual. It
3 occurred March the 2nd through 4th of 2022.

4 Is there anyone present on the line from Notre Dame
5 of Maryland University that we would like to recognize,
6 please?

7 (No responses)

8 MS. GREEN: We will move forward. The background is
9 that Dr. Forbes-Scott, myself, and Mrs. Oettinger, who was
10 in orientation, completed a collaborative virtual site visit
11 with peer review representative from the Commission of
12 Collegiate Nursing Education at Notre Dame of Maryland
13 University on March the 2nd through the 4th, 2022. The site
14 visit included a review of the pre-licensure BSN program,
15 the post-licensure RN to BSN program, and the graduate
16 nursing education program offered at the university.

17 Our findings are that the Notre Dame of Maryland
18 University nursing program makes a significant contribution
19 to the education of nurses in the State of Maryland. The
20 NDMU action plan and the recommendation were approved by
21 the Maryland Board of Nursing in February of 2022 in

1 assisting them in directing their NCLEX examination
2 performance. This was a part of their requirement as their
3 second consecutive year of not having successful NCLEX
4 performance. The current visit that was just completed in
5 March, again, was conducted with CCNE peer reviewers. It
6 provided validation of findings from the pre-licensure BSN
7 site visit that we conducted in fiscal year 2020. The one
8 that we did in 2022 was a follow-up, but it also brings us
9 into compliance. It is also part of our requirement
10 in our newly revised 10.27.03 Regulations of Nursing
11 Education where we have collaborative visits with accredited
12 bodies, and so we are fulfilling that for the first time as
13 a part of the new regs of the revised regulations. The
14 current virtual site visit provided us with the opportunity
15 to accept the post-licensure, the RN to BSN program, as far
16 as a graduate program. And we are adding a footnote
17 regarding that the NMDU nursing education program will be
18 establishing advanced practice nursing education program,
19 nurse practitioner in the Fall of 2022. Dr. Jane Balcombe,
20 the baccalaureate NDMU nurse practitioner program director,
21 contacted both Dr. Forbes-Scott and myself in February

1 regarding the application processes. This will be a
2 continuation and a substantial change modification of an
3 approved graduate nursing education program, the
4 continuation from the standpoint that they had an
5 established master's program in nursing, and a substantial
6 modification from the vantage point that they are now moving
7 into the establishment of nurse practitioner program.

8 They have approval from the Maryland Higher
9 Education Commission, and they are moving forward with what
10 is necessary for the substantial modification information
11 for CCNE. A part of the CCNE requirement for the visit in
12 March was also to be an assessment of the current master's
13 program and in preparation for the nurse practitioner
14 program.

15 Just as a sidenote for the Board, as of yesterday we
16 do have the final documents that we reviewed from NDMU
17 regarding the nurse practitioner program. We will presenting
18 the composite package to Practice and Education at our June
19 meeting next week. Based on the findings of determination
20 for recommendation for PEC, hopefully will be coming forward
21 with their nurse practitioner information in the June Board

1 meeting this month.

2 So, our request is that the Board accept the
3 recommendations from the Practice and Education Committee
4 regarding the collaborative site visit at NDMU that was
5 conducted March 2nd through the 4th. This recommendation,
6 also, that the Maryland Board of Nursing know, is the complete
7 recommendation through Practice and Education Committee
8 regarding the proposed advanced practice nursing education
9 track to be offered at NDMU.

10 Included in your packet is a collaborative site
11 visit report summary indicating that all aspects of COMAR
12 10.27.03 were met, with the exception of .16 related to NCLEX
13 performance. The program is in compliance with having
14 provided the Board with all necessary information regarding
15 their action plan, and they have selected and have a
16 consultant onboard with them as well.

17 Are there any question that you may have? We will
18 be willing to address them at this time.

19 MR. HICKS: Dr. Green, just a point, I just want to
20 make sure that everyone's aware that the advanced practice
21 track of the nurse practitioner program would be an MS

1 program and not a DNP program, correct?

2 MS. GREEN: That is correct. That will be a
3 master's program and not a DNP program.

4 MR. HICKS: Gotcha.

5 MS. GREEN: Yes, that is correct.

6 MR. HICKS: All right. Are there any questions for
7 Dr. Green?

8 (No questions posed)

9 MR. HICKS: Is there a motion? Our first motion
10 would be to accept the advanced practice track that was
11 submitted by Dr. Green for Notre Dame of Maryland's nurse
12 practitioner program?

13 MS. STEINBERG: So moved, Steinberg.

14 MR. HICKS: Steinberg.

15 MR. RAYMOND: Second, Raymond.

16 MR. HICKS: Raymond. All in favor?

17 ALL: Aye.

18 MR. HICKS: Opposed?

19 (No oppositions)

20 MR. HICKS: Motion carries. Second is to accept the
21 collaborative site visit report that was conducted on March

1 the 2nd through the 4th with the recommendations submitted
2 by the Practice and Education Committee.

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

4 MR. HICKS: Dr. Robin Hill.

5 MS. HAYWARD: Second, Hayward.

6 MR. HICKS: Hayward. All in favor?

7 ALL: Aye.

8 MR. HICKS: Opposed?

9 (No oppositions)

10 MR. HICKS: Motion carries.

11 MS. GREEN: Thank you. The next item is 4B.2. This
12 is the Stevenson University as a collaborative site visit
13 summary report that we had with CCNE. Again, this was a
14 virtual visit. This occurred March 30th to April 1st, 2022.

15 I would like to acknowledge Dr. Judy Feustle and Dr.
16 Jamie Carter from Stevenson University. Hello.

17 MS. FEUSTLE: Good morning.

18 MS. CARTER: Hello.

19 MS. GREEN: Thank you for being here this morning.

20 The background here is that Mrs. Bonnie Oettinger,
21 again, in orientation, and I conducted a collaborative

1 virtual site visit with a peer reviewer from the Commission
2 of Collegiate Nursing Education that we have already
3 identified.

4 The visit was for the pre-licensure and graduate
5 nursing education programs at Stevenson University.

6 Our findings were that Stevenson met COMAR 10.27.03
7 requirements as evidence through review of the self-study
8 report, interviews with senior administration, nursing
9 faculty, support staff, students and community partners.
10 There were no concerns identified in the pre-licensure or
11 the graduate programs at Stevenson University.

12 Again, the Board conducted a virtual site visit in
13 2020 with Stevenson University in order to ensure compliance
14 with our requirements for Board site visits with the program.
15 This now, in 2022, provides an opportunity for us to do a
16 collaborative site visit in looking at all the 10.27.03
17 regarding an evaluation with our peer and reviews from an
18 accepted accredited body. So, this helps to corroborate and
19 validate information that we had from 2020 visit, that was
20 also virtual. When we have the opportunity we will do a site
21 visit, a physical site visit at Stevenson University, but

1 this visit with the CCNE was virtual at that time.

2 Our recommendations were accepted by the Practice
3 and Education Committee at the May 13, 2022 meeting. Our
4 recommendation to the Board is to accept the collaborative
5 site visit report for March 31st to April 1st, 2022. Included
6 in the packet is the Stevenson University collaborative site
7 visit report summary that indicates all standards for 10.27.03
8 have been met, and that the program is in good standing. The
9 only other piece that would be missing at this moment is the
10 final report from CCNE that will be relayed to us through
11 Stevenson University once they receive their final report, but
12 that won't be until October - I believe it's October of this
13 year.

14 MS. FEUSTLE: Correct.

15 MS. GREEN: If you have any questions, I would be
16 willing to entertain any. Thank you, Dr. Feustle.

17 MR. HICKS: Okay. Are there any questions for Dr.
18 Green or Dr. Feustle?

19 (No questions posed)

20 MR. HICKS: All right. Hearing none. Is there a
21 motion to accept the collaborative site visit that was

1 submitting to the Maryland Board of Nursing with the
2 recommendation to approve and continue the program in good
3 standing?

4 MR. RAYMOND: So moved, Raymond.

5 MR. HICKS: Dr. Raymond.

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

7 MR. HICKS: Dr. Hill. All in favor?

8 ALL: Aye.

9 MR. HICKS: Opposed?

10 (No oppositions)

11 MR. HICKS: Motion carries.

12 MS. FEUSTLE: Thank you very much.

13 MS. GREEN: Thank you, Dr. Feustle and Dr. Carter.

14 MS. CARTER: Thank you.

15 MS. GREEN: The next item on our agenda is 4C, and
16 it's from Morgan State University's revised action plan. I
17 believe I heard Dr. Maija Anderson and Dr. Sydnor are here
18 online; is that accurate?

19 MS. ANDERSON: That is correct.

20 MS. SYDNOR: We are.

21 MS. GREEN: Thank you for joining us this morning.

1 The background information is that Dr. Maija
2 Anderson, the director of nursing program at Morgan State
3 University, submitted an action plan report in accordance with
4 COMAR 10.27.03.16. The action plan provided preliminary
5 information related to unacceptable NCLEX examination
6 performance. It was noted through a review of the 2022 annual
7 report submitted by Dr. Anderson in December, 2021 provided us
8 more in-depth information regarding possible contributing
9 factors.

10 The Morgan State University annual report included
11 information that may contribute to the unacceptable NCLEX
12 examination report that the staff felt was important to bring
13 forward as well as the actual revised action plan.

14 The first bullet there, Nursing Program
15 Administrator Minimal Teaching Load concern. The second,
16 Faculty Development and Evaluation. The third, Resources,
17 Facilities, and Services. The Board staff was particularly
18 concerned about mold mitigation in the current Jenkins Hall
19 building where the program is currently having courses offered.
20 The curriculum gave us information necessary in terms of the
21 curriculum revision and the concerns related to the students.

1 They provided this information to the PEC Committee
2 in February, and the information was accepted. And the other
3 thing that occurred is that in February, the Board in its Open
4 Session meeting requested that Dr. Maija Anderson could revise
5 the submitted action plan at a minimum of the COMAR references
6 that we just identified above, and to consider whether or not
7 there would need to be establishment of a Board Ad Hoc
8 Committee to review the revised action plan based upon the
9 staff review and presentation to the Practice and Education
10 Committee, and that the Board may determine the need for a
11 site visit. All of these were referenced as it related to the
12 February 23, 2022 meeting.

13 Our findings are that this ought to help in keeping
14 the Board informed of the chronology of where we are in time
15 and place so that we can assist in any way possible and any
16 Board actions that may become necessary. In the findings for
17 the revised action plan report, the report provided the
18 following information in COMAR 10.27.03.05: Administration,
19 at Morgan State University, to improve funds for resources to
20 support students, including increased funding for five new
21 faculty that are scheduled for Fall of 2022. The second bullet

1 is 10.27.03.07: Increase oversight of curriculum implementation.
2 The reference was made to decrease workload requirements for Dr.
3 Anderson. However, the Board staff cannot determine if this has
4 actually been accomplished during this current school year.
5 COMAR 10.27.03.08 and .09, there are faculty who are very, in
6 this past fiscal year and current fiscal year, in their early
7 phases of development in getting acclimated to Morgan State
8 University's position of the program, policies, and procedure.
9 There's a concern about the need to continue that. There has
10 also been reference that they would be bringing five more
11 faculty on board this coming Fall. There would be a need for
12 continued onboarding requirements for the new faculty as well as
13 continuation of growth for the ones that are now onboard. We've
14 also mentioned what would need to be required as recruitment has
15 been initiated for five new faculty in preparation for Fall 2022
16 academic year? How will internal equity pay be preserved among
17 existing faculty to ensure faculty satisfaction and retention?

18 In COMAR 10.27.03.12 are the resources of the
19 facility and services. Dr. Yu, the provost and acting vice
20 president of academic affairs, provided a letter to the Board,
21 and these explicitly provided information on mold mitigation.

1 There was information on nursing administrative workload did not
2 carry a term of reduction in their workload and information
3 about faculty development. Dr. Yu also is planning to evaluate
4 with the curriculum and student learning requirements as
5 articulated in the letter that was submitted. There are
6 concerns that what that entails and how that will proceed and
7 how we will move forward.

8 So, our recommendation to Practice and Education
9 Committee, they accepted the revised action plan report from Dr.
10 Maija Anderson. We recommended that an Ad Hoc Committee be
11 considered. We would have a team and administration at Morgan
12 State University have opportunity to come and speak with the
13 Board about the Ad Hoc Committee of the Board, about where it
14 is, their findings, and what its plans are to achieve the goals
15 and objectives. We are asking the Board for a consideration at
16 this time for that to occur.

17 You have exhibits in the packets. Exhibit One is
18 the revised action plan. Exhibits 2 through - all of the
19 exhibits are here. I tried to streamline the packet so that
20 you would be able walk through what has been provided so far to
21 address issues which were identified through the action plan.

1 If there any questions that the Board may have at
2 this time, we would like to address those.

3 MR. HICKS: Dr. Green, Dr. Anderson just looking at
4 the revised curriculum - I'm sorry, the revised action plan, and
5 I'm trying to understand. I see that there's a column timeline
6 for improvement, but it looks like all of those dates have
7 pretty much passed. Is there a timeline for when these revised
8 actions would be actually implemented? You know, like, are we
9 giving a timeline when these things would be accomplished?

10 MS. ANDERSON: This is Dr. Anderson. A number of
11 these that you are looking at, these are ongoing. So, these
12 were implemented in about the Fall of 2020 and are ongoing.
13 We've already started evaluations of certain things for the
14 things that we've put into place. As a result of the
15 evaluation, we have moved to put whatever interventions into
16 place. But in order to increase the curriculum delivery and,
17 you know, how the students were passing classes, we did a really
18 in-depth assessment of how students were passing classes and we
19 found that the grade minimum rate was set at 72 percent, but
20 that factored into assignments. And so, what we found that
21 students were getting by on the sake of their assignments in

1 these courses, so we adjusted the rubrics for all the courses of
2 their syllabi so that the assignments are minimal and have a
3 minimal rate on the grade, but we also require now that there is
4 a 73 percent exam average before we factor in assignments to
5 make sure that the students are passing the classes and are
6 actually demonstrating the competency. So, we put these things
7 in place and we deal with the evaluation of strategies column.
8 You will see, you know, that we've already started to evaluate
9 strategies to see how they're working, and if they're not then
10 in the
11 follow-up column we have put - if they are working or if they
12 are not working, in the follow-up column we would put what the
13 anticipated modifications are.

14 MR. HICKS: Okay.

15 MS. GREEN: May I add to that? The curriculum, the
16 current curriculum is still in place. The new curriculum has
17 not been instituted; is that correct, Dr. Anderson?

18 MS. ANDERSON: That is correct.

19 MS. GREEN: And the delay in the implementation as
20 an occurred delay - and these are my terms, not Morgan State's -
21 my terms, because new faculty were introduced, they need to

1 complete onboarding to address orientation processes, as well as
2 a dramatic increase in student enrollment have precipitated the
3 need to stay right at this moment and in the current curriculum.
4 So, there is a need for continued revision of this action plan
5 because it's in process based on these other variables that have
6 occurred in the last two years. I am making no excuses for it.
7 I'm just giving you what the synopsis is at this point in time.
8 The team and Dr. Anderson are well aware that the New Generation
9 NCLEX starts in 2023, and Dr. Anderson has done a lot in terms
10 of developing faculty. But when young faculty development and
11 all these other things, there is not a finite date yet of when
12 they will be able to complete it because they are deep in the
13 process right now with all these variables, and it may be
14 helpful to have an Ad Hoc of the Board so we can get a good
15 sculptured picture of what is happening or what's happened at
16 Morgan over the last two years.

17 MR. HICKS: Okay. I guess what I'm looking for, and
18 I understand the Ad Hoc Committee, and that's going to be
19 crucial, which we can kind of, I guess, go through all these
20 issues.

21 Your faculty, your new faculty coming in the Fall,

1 are they experienced faculty?

2 MS. ANDERSON: They are.

3 MR. HICKS: Okay.

4 MR. ANDERSON: So, there are - so, we actually have
5 six positions, as I said, we've got another position. There are
6 - two of the six are faculty that started teaching last year and
7 have some education experience. And so, just to elaborate on
8 what Dr. Green said, one of the other concerns was that I needed
9 administrative support in terms of leadership. And so, of those
10 faculty that are coming in, their teaching workload is going to
11 be at 50 percent because they have administrative
12 responsibilities as well. So, to address the concern of the
13 workload, Dr. Green and Board, I will not be teaching because I
14 spent a lot of time last year mentoring the faculty that came in
15 and working with them on policies and getting them ready to
16 assume leadership and positions. And then, the faculty - the
17 remaining faculty that we are sending offer letters to are
18 experienced and are coming from other places.

19 MR. HICKS: So, will the new faculty have
20 administrative responsibilities from the get-go?

21 MS. ANDERSON: The few that started last year will.

1 MR. HICKS: Okay.

2 MS. ANDERSON: The ones that are coming will not.

3 MR. HICKS: All right.

4 MS. SYDNOR: I wanted to add one thing about the new
5 faculty coming in. The university has also reduced course load
6 for new faculty to have time for adjusting to orientation. So,
7 even if they don't have administrative duties, their course load
8 will be reduced as well.

9 MR. HICKS: Okay.

10 MS. SYDNOR: I hope that helps.

11 MR. HICKS: Yeah. Again, I understand the
12 importance of the Ad Hoc Committee, I'm just trying to make the
13 Board kind of - bring the Board up to speed, you know, get the
14 Board to understand.

15 I do have a little - there's in the back of my mind
16 I have some concern with the delay of this new curriculum. Do
17 we have a date as to when that new curriculum will start?
18 Because just thinking through this, I would think that you would
19 want to start the new curriculum at the same time that you got
20 new faculty coming in versus new faculty coming in under an old
21 curriculum that's going to have to transition to a new

1 curriculum. I'm also concerned because as you keep kicking the
2 can down the road, as we say, with implementing this new
3 curriculum, you're butting right up against New Gen being rolled
4 out, and you've already got some challenges in terms of success
5 with NCLEX. You are going to implement a new curriculum, and
6 Next Gen is coming. Next Gen is not going away. Next Gen is
7 coming very quickly. The train is on the track and coming very
8 fast.

9 So, in terms of looking for you all to have success
10 all around with your new faculty, with your NCLEX, with your
11 curriculum, I'm kind of hesitant or nervous that we haven't
12 implemented the new curriculum yet.

13 MS. ANDERSON: Can I speak to that? Having issue,
14 or a big part of the issue with faculty and the faculty
15 positions that we hadn't got approved until this year, with
16 regard to Next Generation, we've already started faculty
17 development for that and we actually purchased exam software.
18 And part of the administrative responsibility is that the
19 faculty's overtaking will be exam development with the present
20 faculty and the entry faculty. So, we've already been to
21 training. I've sent four faculty to training to the University

1 of Maryland through their Workforce Center, and two to be
2 trained by Nursing in America's training. And we are working on
3 exams over the summer and developing Next Generation questions
4 in addition to looking at the curriculum. One of the variables
5 that we have to consider now is that ACEN has now rolled out
6 minimal essentials which require that we go back and look this
7 new curriculum that we want to roll out and make sure that they
8 are incorporated. So, that will take place over the next year,
9 you know, looking at the essentials and making sure that they
10 are aligned with the new curriculum while we plan on rolling it
11 out, which will start in the next year - the year after, I'm
12 sorry.

13 MR. HICKS: So, are you anticipating that you may
14 have to modify the new curriculum?

15 MS. ANDERSON: Right. So, the ACEN essentials, you
16 have a published essentials they gave the year before last, and
17 they've given everybody a three-year window to roll them out.
18 And so, we have to take the new essentials for both the
19 undergraduate and the graduate programs and incorporate them
20 into the curriculum, the one that was approved by MBON, so that
21 we are not creating another need to submit the revised

1 curriculum and/or revise the curriculum after we've rolled out
2 the new one.

3 MR. HICKS: I hate to circle back, but I want to go
4 back to this action plan for a second. I still feel like - and
5 if anyone disagrees on the Board, please, speak up. But I feel
6 like although we have a timeline for improvement, and I
7 understand what that means, I guess what I'm looking for is:
8 Are there hard stops along the way to evaluate where we
9 currently stand moving forward? Because these are ongoing
10 action items, right? So, where are we stopping to say, "Oh,
11 okay, well COMAR 10.27.03.07, the Nursing Program
12 Administrator." Well, you know, are we stopping at some point
13 and saying, "Yep, we still meet that," or, "Oops, we need to
14 revise that, we need to change it." I guess that's what I'm
15 looking for in this action plan is: Are there stop points along
16 the way on this ongoing process to make sure that we're still
17 meeting? If we're meeting the outcomes that's great, but we
18 need to stop and say, "Yes, we are meeting that," or, "We're not
19 meeting that and we need to make some revisions."

20 Does that make sense?

21 MS. ANDERSON: It makes sense. I hear what you're

1 saying. So, in this action plan, you would like for me to
2 report out about the exam averages and what we're seeing in
3 terms of course outcomes and money outcomes? Because we give
4 the course reports at the end of the semester and the faculty
5 reviews the course report in the meetings to make sure that what
6 we are doing is working over the course of the semester. And at
7 the end of the year, we - at the beginning of the year we go
8 back over what was done the previous year. And over the summer
9 we are implementing changes as necessary based on what we've
10 seen in the previous year. So, for instance, with regard to
11 NCLEX clearance, I will tell you, we used to have a set date for
12 when we cleared students, but we realized last year and the year
13 before, that students were not meeting their post-graduation
14 study plan requirements. So, we had to go back and revise the
15 policy to say, 'We're not clearing you until you cleared 75
16 percent of those requirements with regard to your study plan and
17 testing before we send your name forward to any board of nursing
18 to be cleared to take the NCLEX.'

19 So, we won't necessarily know because this is the
20 second group that we are implementing it. And this is a full
21 implementation so we won't necessarily know until we learn that

1 it's actually working.

2 MS. SYDNOR: Dr. Anderson, I would like to comment
3 to the Board. This is Kim Sydnor. I'm dean at the school with
4 the nursing program. I know you might not be familiar with me.

5 I hear your concerns and certainly understand them.
6 So, let me first say, that we certainly can create intermediate
7 metrics to show that we are either benchmarking appropriately
8 and actively or accomplishing before a particular time. So, I
9 don't think we'll have any difficulty in creating those
10 intermediate benchmarks for you and making sure that they are
11 crystal clear so that the Board can feel comfortable that we are
12 making progress.

13 I think my second point would be, we are all
14 acknowledged in the moment of inflexion, both in higher ed and
15 in the nursing education in particular. And so, there are a lot
16 of changes and variables on the table, and we don't want to
17 react. We want to be proactive in responding to the moment.
18 Morgan has gone through major enrollment increase; a major
19 change in our resources and fundings; our aspirations. All
20 these things are playing out in the context of the nursing
21 program trying to deliver all these steps for a quality program.

1 So, it will be the nursing program's responsibility to the
2 Board and to the University. I think Dr. Anderson has done a
3 great job on trying to juggle all these pieces. But we do want
4 to be straight with the Board that we are heavily supporting our
5 nursing program's long-term investment and our nursing program,
6 and that Dr. Anderson will get the resources that she needs
7 along with the faculty to be successful. Because at the end of
8 the day I think we all want what we say we want, which is a
9 highly qualified, growing, diverse nursing workforce. I think
10 we're all in this together, and I think the work that reflected
11 in this action plan shows that Dr. Anderson is a very detailed
12 person and she covers all the bases, and she's also somebody who
13 is very in-tune with our students.

14 So, I think collectively we can certainly give the
15 Board what it needs, but we also want to make sure that we are
16 being proactive and not having to come back to the Board and
17 revisit somethings as we learn new things every day. Evaluation
18 is critical here, and we do it almost 24/7 given the moment in
19 time we're in. I just wanted to be clear with the Board that we
20 do have clarity, we can create benchmarks, but change is also
21 almost inevitable at this juncture. Thank you.

1 MR. HICKS: And I do respect that and I appreciate
2 that. And you're right, we're all in this together and we want
3 to make sure that Morgan is successful, and that's why I believe
4 that the Ad Hoc Committee is going to be essential in order to
5 make that occur.

6 In terms of your comment around increased
7 enrollment, I understand that, I respect that, but at the same
8 time with increased enrollment and the challenges and issues
9 that Morgan is currently having, increased enrollment could
10 result in an increased failure on NCLEX. So, you know, that's a
11 concern that I want to try to minimize.

12 MS. SYDNOR: With Morgan's enrollment that's
13 increasing, we are not trying to increase, as Dr. Anderson says,
14 the number of students. But Morgan
15 at-large is, and we are making these adjustments all the way
16 around. I was speaking more from the university perspective.

17 MR. HICKS: Thank you for that. Dr. Westerfield,
18 are you online?

19 (No response)

20 MR. HICKS: Dr. Westerfield?

21 (No response)

1 MR. HICKS: All right. I know Dr. Westerfield was
2 trying to -- I believe she might have had a question. I don't
3 know if I have the question.

4 MS. TURNER: She said, "You can't hear me."

5 MS. EVANS: What did she say?

6 MS. TURNER: She said, "You can't hear me."

7 MR. HICKS: No, Dr. Westerfield, we cannot hear you.
8 It's okay. I covered what Dr. Westerfield wanted to
9 communicate.

10 Thank you all. Did any other Board members have
11 questions? I didn't mean to monopolize that conversation, but I
12 felt that those issues were important to address.

13 (No questions posed)

14 MR. HICKS: All right. So, with that being said, is
15 there a motion to accept the revised action plan report from Dr.
16 Anderson, the nursing program director from Morgan State
17 University. Also, to recommend to the Board that an Ad Hoc
18 Committee be conveyed that Dr. Anderson and members of the
19 Morgan State University administration review the nursing
20 program, current options, operations in progress to date related
21 to the COMAR standards recognized by the Board staff?

1 MR. RAYMOND: So moved, Raymond.

2 MR. HICKS: Dr. Raymond.

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

4 MR HICKS: Dr. Hill. All in favor?

5 ALL: Aye.

6 MR. HICKS: Opposed?

7 (No oppositions)

8 MR. HICKS: Motion carries.

9 MS. GREEN: Thank you, Dr. Anderson and Dr. Sydnor,
10 for being here today, and thank you for sharing with the Board
11 as well. Thank you very much.

12 MS. ANDERSON: Thank you.

13 MS. GREEN: Item 4D.1 is Palm Beach School of
14 Nursing that was formerly located at 2695 North Military Trail,
15 Suite 17, West Palm Beach, Florida. This was a closed ADN-RN
16 program in Florida. It has been determined as not substantially
17 equivalent.

18 You can see the request to assess the program, and
19 the findings were that, in discussions with Dr. Sherri
20 Sutton-Johnson and the email information included in the packet,
21 the program was closed by the board in Florida. We also

1 consulted with Mrs. Sara Tongue, the Maryland Board of Nursing
2 Director of Investigations, regarding this program. We found
3 that the supporting documents that we have include the criteria
4 summary that supports the findings that this program is not
5 substantially equivalent. There's email correspondence,
6 Attachment B, April 26, 2022 from Dr. Sherri Sutton-Johnson
7 indicating that the program was terminated by the Florida Board
8 of Nursing for NCLEX performance.

9 And then, Attachment C, The Miami Herald report,
10 July 15, 2021, includes references to the Palm Beach School of
11 Nursing program, its regulatory deficiency, and fraudulent
12 activity in the program. The program, according to the article,
13 was producing transcripts without the actual program being
14 provided to the students who enrolled. They paid for a
15 transcript and then received it.

16 I would like to bring to your attention Attachment
17 D. There are two annual reports that are open to public
18 information by the Florida Board of Nursing. The first one,
19 each program operating in Florida has to provide an annual
20 report, just as we have in the State of Maryland. The first
21 annual report under Attachment D is identified as Med-Life

1 Institute. It has the same address as Palm Beach School of
2 Nursing in Palm Beach, Florida. That's the first annual report,
3 and the person of credential is noted there. From the second
4 annual report, including in the section, is identified here as
5 Palm Beach School of Nursing, the same address, still an ADN
6 program, and a different person has been deemed as the director
7 of the program. This information, again, is public information.

8 The last item that is referenced is a Florida
9 transcript that has the signature of the second person of
10 reference in the second annual report for Florida Board of
11 Nursing. There's some concerns about the origin of that actual
12 report.

13 So, our recommendation to the Board is to accept the
14 recommendation from PEC that the program is not substantially
15 equivalent, and to complete determination as not substantial
16 equivalency for the West Palm Beach, Florida program. Thank
17 you.

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

19 (No questions posed)

20 MR. HICKS: All right. Is there a motion to accept
21 the recommendation from the PEC Committee that the Palm Beach

1 School of Nursing in West Palm Beach, Florida is not
2 substantially equivalent?

3 MS. STEINBERG: So moved, Steinberg.

4 MR. HICKS: Steinberg.

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

6 MR. HICKS: Dr. Hill. All in favor?

7 ALL: Aye.

8 MR. HICKS: Opposed?

9 (No oppositions)

10 MR. HICKS: Motion carries.

11 MS GREEN: Thank you. The second item under 4D.2
12 is, again, a program that is deemed as not substantially
13 equivalent, it's the Chester Career College Practical Nursing
14 Education Program, and they are located in Chester, Virginia.
15 This is a closed LPN program.

16 We were contacted in order to accept this program
17 for determination of equivalency. The findings of the staff
18 indicate that it is not substantially equivalent. The criteria
19 sheet is included. The program has many problems here in terms
20 of - first of all, the program never moved beyond the Virginia
21 Board of Nursing granting initial approval of the program. It

1 was on conditional approval for some time, and then the Virginia
2 Board of Nursing withdrew approval of the program on August 31st
3 of 2020. It failed to show evidence that faculty members
4 formulating and accepting program philosophy and objectives; it
5 failed to submit required documents to the Virginia Board of
6 Nursing subject of complaints; student records of achievement,
7 by way of example; clinical affiliation agreements did not meet
8 regulatory requirements.

9 In item, COMAR 10.27.03.08 it is recognized that
10 faculty did not have evidence of being qualified to teach in the
11 program and did not have sufficient faculty to prepare students;
12 student-preceptor ratio was exceeded in one clinical site, and
13 some clinical hours were supervised by medical assistants and
14 not nurses. The physical facilities, and so forth, there were
15 concerns that the program had failed to provide adequate
16 instructional technology, particularly in a geriatric/pediatric
17 and all of the particular specialty areas in fulfilling the
18 clinical affiliation agreements. It did not meet out COMAR
19 requirement. The actual consent order before the Virginia Board
20 of Nursing is attached for reference to the fact that the
21 program did not meet the Virginia Board of Nursing requirements

1 and it is not substantially equivalent in Maryland.

2 I will address any questions that you may have.

3 Thank you.

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

5 (No questions posed)

6 MR. HICKS: Is there a motion to approve the PEC
7 Committee's recommendation that Chester Career College Practical
8 Nursing Program in Chester, Virginia is not substantially
9 equivalent?

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

11 MR. HICKS: Dr. Robin Hill.

12 MS. STEINBERG: Second, Steinberg.

13 MR. HICKS: Steinberg. All in favor?

14 ALL: Aye.

15 MR. HICKS: Opposed?

16 (No oppositions)

17 MR. HICKS: Motion carries.

18 MS. GREEN: Thank you. The final item from the
19 Education Department will be 4D.3. It is Camtech School of
20 Nursing and Technological Sciences, formerly located in Newport,
21 Delaware and in Wilmington, Delaware. This is a closed LPN

1 program. It has been determined with the staff review that it
2 is not substantially equivalent.

3 The Board staff in our findings we looked at the
4 Superior Court in the State of Delaware Appellant's Appeal of a
5 Decision of the Delaware Board of Nursing regarding the program.
6 A determination was made that the program was not substantially
7 equivalent, and also that the Board of Nursing in Delaware, the
8 affirmation of the Board of Nursing in Delaware, that defined
9 all the required regulatory standards in review of this program.

10

11 There is a criteria sheet listing on Page 2 there.
12 None of the standards were met. There's
13 cross-reference in the Superior Court of Delaware information
14 that was made available for our Board to review regarding the
15 program.

16 We request that our recommendation from the Practice
17 and Education Committee that occurred on May 13, 2022 to be
18 accepted, and that the Board complete its final determination
19 that Camtech School of Nursing and Technology, formerly located
20 in Newport, Delaware and Wilmington is not substantially
21 equivalent. Thank you.

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

2 (No questions posed)

3 MR. HICKS: Is there a motion to accept the PEC
4 Committee's recommendation that the Camtech School of Nursing
5 and Technology Sciences LPN Program, formerly located in
6 Newport, Delaware and Wilmington, Delaware, as not equivalent?

7 MR. RAYMOND: So moved, Raymond.

8 MR. HICKS: Dr. Raymond.

9 MS. HAYWARD: Second, Hayward.

10 MR. HICKS: Hayward. All in favor?

11 ALL: Aye.

12 MR. HICKS: Opposed?

13 (No oppositions)

14 MR. HICKS: Motion carries. Thank you, Dr. Green.
15 Anything else?

16 MS. GREEN: I thank the Board for your attention,
17 and thank you very much for your patience and understanding.

18 MR. HICKS: Thank you, Dr. Green, for all your work
19 on this. There's a lot there.

20 Five and Six are tabled. So, we will move to 7,
21 Legislative Affairs. Iman, are you online?

1 MS. FARID: Yes, I am here. Can you hear me?

2 MR. HICKS: Yes, good morning.

3 MS. FARID: Good morning and happy Wednesday,
4 everyone. We have a few legislative items to discuss this
5 morning. We'll first be starting with Item 7A, which is a
6 compilation of bills that have been signed by Governor Hogan
7 between the weeks of April
8 11th through the week of May 16th.

9 So, first we will be starting with House Bill 49,
10 cross-filed with Senate Bill 380, titled, Public Health
11 Emergency and Allergy Treatment Program Nurse Practitioners.
12 This bill authorizes registered nurse practitioners to prescribe
13 and dispense
14 auto-injectable epinephrine to certain certificate holders who
15 operate youth camps. The Board's final position on these bills
16 was Letters of Support with Amendments.

17 Next is House Bill 246, titled, Open Meeting Act
18 Notices and Closed Sessions Retention Records and Online
19 Posting. This bill requires public bodies to retain a certain
20 notice and written closing statement for a period of three
21 years. The Board took no position.

1 House Bill 375, cross-filed with Senate Bill 269,
2 titled, Open Meetings Act Application and Enhanced Requirements
3 (Maryland State Agency Transparency Act). This bill repeals
4 exemptions from the Open Meetings Act for certain independent
5 and regional units. It also establishes certain requirements
6 under the Open Meeting Act for specified public bodies. The
7 Board took no position.

8 House Bill 821, cross-filed with Senate Bill 518:
9 Career Pathways for Health Care Workers Program. This bill
10 establishes the Career Pathways for Health Care Workers Program
11 for the purpose of providing matching grants to eligible
12 employers for training programs attended by healthcare workers.
13 The Board submitted a Letter of Support.

14 House Bill 975, cross-filed with Senate Bill 696:
15 Maryland Loan Assistance Repayment for Nurses and Nursing
16 Support Staff Program Establishment and Funding. This bill
17 establishes the Maryland Loan Assistance Repayment Program and
18 Fund to assist certain nurses and nursing support staff with the
19 repayment of certain education loans. This bill also requires
20 the Maryland Department of Health to convene a stakeholder
21 workgroup for a certain purpose. The Board submitted a Letter

1 of Concern for the House Bill, and eventually withdrew the
2 Letter of Opposition for the Senate Bill as there were
3 introduction of amendments that addressed the Board's concerns.

4 Next, House Bill 1127, cross-filed with Senate Bill
5 984: Public Health State Designated Exchange Health Data
6 Utility. This bill requires the State designated exchange to
7 operate as a health data utility and provide data to support
8 public health goals. This bill also requires dispensers to
9 provide certain medication data and submit certain prescriptions
10 information to the exchange. The Board took no position.

11 House Bill 1148, cross-filed with Senate Bill 834:
12 Health Insurance Two-sided Incentive Arrangements and Capitated
13 Payments Authorization. This bill establishes that value-based
14 arrangements are exempt from certain provisions of state law
15 regulating health care practitioner referrals. This bill also
16 authorizes health care practitioners to accept certain capitated
17 payments. The Board took no position.

18 House Bill 1188: Public Health Sickle Cell
19 Disease. This bill renames the Statewide Steering Committee on
20 the Sickle Cell Disease. This bill requires the Maryland
21 Department of Health to establish a system of providing

1 information on sickle cell and thalassemia traits to certain
2 individuals. This bill additionally requires the Department to
3 maintain a list of resources on its website. The Board took no
4 position.

5 House Bill 1346, cross-filed with Senate Bill 812,
6 titled, State Government Cybersecurity Coordination and
7 Governance. This bill establishes the Offices of Security
8 Management and Maryland Cybersecurity Coordinating Council.
9 This bill requires the Secretary of Information Technology to
10 develop and maintain a statewide cybersecurity strategy. It
11 also requires certain governmental units to provide a yearly
12 report of information technology security incidents. The Board
13 submitted a Joint Letter of Support with Amendments.

14 House Bill 1412, cross-filed with Senate Bill 740:
15 Public Health Parkinson's Disease Registry Advisory Committee
16 Established. This bill requires the Maryland Department of
17 Health to establish a Parkinson's Disease Advisory Committee to
18 determine what data should be collected and stored in the
19 Registry. The Board took no position.

20 The last bill I have on this list is House Bill 937,
21 cross-filed with Senate Bill 890, titled, Abortion Care Access

1 Act. This bill establishes the Abortion Care Clinical Training
2 Program and Fund to ensure that there are a sufficient number of
3 health professionals that provide abortion care. This bill
4 additionally expands the types of providers that can perform an
5 abortion, and establishes certain insurance coverage for
6 services. The Board took no position.

7 At this time, I would be happy to answer any
8 questions that the Board may have.

9 MR. HICKS: Are there any question for Iman?

10 (No questions posed)

11 MR. HICKS: Hearing none. Is there a motion to
12 accept the compilation of bills that Iman outlined?

13 MS. ROBIN HILL: So moved, Dr. Hill.

14 MR. HICKS: Dr. Hill.

15 MS. STEINBERG: Steinberg.

16 MR. HICKS: Steinberg. All in favor?

17 ALL: Aye.

18 MR. HICKS: Opposed?

19 (No oppositions)

20 MR. HICKS: Motion carries.

21 MS. FARID: Perfect. Thank you so much. The next

1 item we will be discussing is Item 7B. These are proposed
2 regulations to COMAR 10.39.01, governing the certification of
3 nursing assistants.

4 Just to provide some additional context, these
5 proposed regulations are being presented to the Board in
6 response to the termination of the Centers for Medicare and
7 Medicaid Services blanket waiver. CMS recently announced on
8 April 7th of 2022 that their blanket waiver governing the
9 employment of nurse aides within certain long-term care
10 facilities will terminate on June 5th of 2022. Consequent to
11 the termination, long-term care facilities will need to continue
12 to follow federal guidelines related to nurse aides being
13 employed in those particular facilities.

14 During the coronavirus pandemic, while the blanket
15 waiver was instituted, these facilities had utilized individuals
16 who are termed as the temporary nurse aide. These nurse aides
17 did not - or, may not have been a part of - or, taken part of an
18 approved geriatric nursing assistant programs as part of the
19 alternative pathway to provide care in these particular
20 facilities. Now that this particular waiver is terminating,
21 these temporary nurse aides will need to follow certain

1 guidelines in order to be initially certified as a geriatric
2 nursing assistant. This is where the regulation provides some
3 additional context.

4 I've listed in the regulations there is some text,
5 which is the new amendments or regulatory revisions for
6 consideration. In the regulations there has been some
7 definition, including a definition for temporary nurse aide as
8 well as the definition for a temporary nurse aide training. If
9 you continue on through the regulations, there are a few
10 requirements that temporary nurse aides must fulfill in order to
11 be able to apply for initial certification as a geriatric
12 nursing assistant. Temporary nurse aides must have completed
13 the online 8-hour temporary nurse aide training course that was
14 provided by certain entities. TNAs must complete a minimum of
15 100 hours of on-the-job training as a TNA that has met certain
16 federal requirements under 42CFR. And in addition to the
17 minimum 100 hours of on-the-job training, a temporary nursing
18 assistant must also fulfill a minimum of 160 hours of practicing
19 competently as a TNA. If under any circumstance in which the
20 TNA did not meet all of the federal requirements, they may
21 receive supplemental training, which will be attested to by not

1 only the temporary nursing assistant, but also the RN instructor
2 that they may have as well as either the administrator director
3 of nursing or human resources representative at the particular
4 facility that the TNA was employed at.

5 The Board is requiring that the temporary nursing
6 assistant, or the applicant, alongside their RN instructor or
7 supervisor and the administrator, director of nursing at the
8 employer fill and submit a
9 Board-approved attestation form before October 4th, I believe,
10 of 2022, which still needs to be considered.

11 Those are the main highlights I wanted to provide
12 for these regulations. Please let me know if -- Karen, Mike, or
13 Rhonda if I'm missing anything else. At this time, I would be
14 happy take any questions or comments that the Board may have for
15 these particular proposed regulations.

16 MR. HICKS: Are there any question for Iman, Mike,
17 or Karen?

18 (No questions posed)

19 MR. HICKS: I guess one question that I did have is
20 the renewal process for these folks. Would they be required to
21 still maintain the minimum number of clinical hours?

1 MR. CONTI: Yeah. So, once they go through this
2 process, this initial process and the attestation process in
3 order to obtain initial certification as a GNA, they would then
4 have to meet all the regular requirements in order to maintain
5 that GNA moving forward.

6 MR. RAYMOND: So, they drop the temporary aide
7 title?

8 MR. CONTI: Correct.

9 MR. RAYMOND: And then gain the GNA title. This
10 also allows them to apply for the CNA, the way it's written, or
11 no? It looks like it does.

12 MS. EVANS: They would have to have both, the CNA
13 and GNA.

14 MR. RAYMOND: Right, so they can have the CNA and
15 GNA?

16 MS. EVANS: Yes. The only thing, in order for them
17 to obtain their GNA, they would need to take the written and
18 skills evaluation through Credentia. I am in the process of
19 working with Credentia to set up a code so that they can test.
20 So, we're still working through that with Credentia.

21 MR. RAYMOND: To be clear, someone could obtain a

1 CNA and not move forward with a GNA in this program as well, the
2 way this is written?

3 MS. EVANS: They would need to -

4 MR. CONTI: I suppose that's true because they would
5 be issued - if they meet these requirements, they would be
6 issued a CNA/GNA.

7 MR. RAYMOND: Okay. They have to go through the
8 entire process for GNA approval, which includes a CNA?

9 MR. CONTI: Right.

10 MR. RAYMOND: Can they stop before the written exam
11 and competency validation with just the CNA and not obtain the
12 GNA?

13 MR. CONTI: No. So, the purpose of this is to allow
14 them to test and obtain the GNA. Which as we know here in
15 Maryland, it's kind of unique in Maryland, the CNA is the base
16 certificate and the GNA is the certificate status that you get
17 attached to that CNA. So, I don't see that is how this would be
18 administered.

19 MS. EVANS: Because they're working in
20 long-term care now.

21 MR. CONTI: Right.

1 MS. EVANS: So, although they have a similar
2 curriculum, the point of having the temporary nursing assistant
3 wasn't valid for any place else but the
4 long-term care facility.

5 MR. RAYMOND: That's fine. My question is whether
6 or not they can jump that ship, right, and decide not to go into
7 the facility with a CNA. Because they will be issued both, and
8 you can have both and go to a different facility, right?

9 MS. EVANS: You're talking about post?

10 MR. RAYMOND: Anywhere, right? So, if you have a
11 base CNA and a GNA you can leave long-term care and go to
12 anywhere else within utilizing the CNA certificate?

13 MS. EVANS: Yes. I'm sorry, I misunderstood your
14 question. Yes.

15 MS. HAYWARD: And then if they don't renew their
16 GNA, they can still maintain their CNA? If they don't meet the
17 requirements for the long-term care hours -

18 MS. EVANS: Post.

19 MS. HAYWARD: -- and get signed off, yes.

20 MS. EVANS: Post.

21 MS. HAYWARD: So, if they don't maintain it, their

1 CNA can still be maintained.

2 MR. CONTI: Yes.

3 MS. EVANS: Yes.

4 MS. HAYWARD: Okay.

5 MR. CONTI: The point would be that their employer
6 is attesting to the fact that they have completed on-the-job
7 training that is equivalent to all of the federal requirements
8 for GNA training. I mean, GNA training includes even more
9 components -

10 MS. EVANS: Correct.

11 MR. CONTI: -- than the base CNA training.

12 MS. EVANS: Yes.

13 MR. CONTI: I think the Board would be fine with
14 allowing these folks to maintain a CNA if they don't want to
15 continue the GNA.

16 MS. HAYWARD: And most of the component is that
17 their training is in the long-term care facility.

18 MR. CONTI: Correct.

19 MS. EVANS: Correct.

20 MS. HAYWARD: That's what gives them the ability to
21 apply for that additional testing.

1 MR. CONTI: GNA, correct.

2 MS. HAYWARD: So then, they can maintain their CNA
3 then that they've gotten?

4 MR. CONTI: Yeah, but once they get this initial
5 certification through this attestation process, they will need
6 to meet all of the minimum requirements for renewal that every
7 other traditionally certified person does.

8 MS. EVANS: But they need this initial step first.

9 MR. CONTI: Correct.

10 MR. HICKS: I'm just wondering if that needs to be
11 in here that it's clear that they need to meet the already
12 established renewal requirements. It doesn't say that in this
13 document. So, I think that just to make sure everybody is clear
14 and there is no question to add that renewal piece, that they
15 would have to meet the established minimum requirements already
16 outlined. That way there's just no question there.

17 MR. RAYMOND: Does it flat out say that the
18 temporary nursing aide designation gets dropped? Because I
19 think that really meets the intent of what you're saying, Gary.
20 If it's clear that the temporary nursing aide gets dropped and
21 they move forward with the GNA, then it must meet all

1 requirements. Yeah, I think that probably makes sense.

2 MR. CONTI: Yeah, I mean, it's kind of built into
3 the structure of how the CMS waiver works and how this is going
4 to work in connection with that. I mean, when the CMS waiver
5 terminates these facilities will no longer be able to employ
6 TNAs for more than that
7 four-month period in order to get them certified. They will not
8 be able to hire additional TNAs because the CMS waiver has
9 terminated.

10 MR. RAYMOND: So, the fact though, it's time
11 limited.

12 MR. CONTI: Exactly.

13 MS. HAYWARD: So, there will only be so many in
14 that.

15 MR. CONTI: The TNA is a finite world. It's only
16 folks who came onboard during the course of the CMS waiver, and
17 that's how it's defined in these regs.

18 MR. HICKS: I can just vision someone coming in and
19 saying, "Oh, well, I was in this special category of TNA and I
20 didn't really understand it that I had to meet the same
21 requirements of someone who has a CNA/GNA at the time of

1 renewal, and I'm missing an 'X' number of hours," or something
2 like that.

3 MR. CONTI: We're also developing a guidance
4 document that's going to be disseminated with the application
5 process and the attestation form. That's the kind of
6 information that I think we could also highlight in that
7 guidance document to make sure it's clear to people that, you
8 know, this is a one-time process in order to transition TNAs
9 into GNAs. And then, once you're a CNA/GNA then you are
10 certified as such and you need to meet all applicable renewal
11 requirements in the Nurse Practice Act.

12 MR. HICKS: Right.

13 MS. HAYWARD: I would think that the agencies that
14 have them would want to keep them.

15 MR. CONTI: Yeah.

16 MR. HICKS: I guess I just, you know, working with
17 these agencies during this whole process, and when they develop
18 these programs and all that, I just think that as clear as we
19 can make it the better off we will be, because I don't want us
20 going down a whole other month, two months, three months, four
21 months of these folks that - I don't know, there may be none,

1 right? There may be none that do not meet the requirements, but
2 there will be one, potentially, that did not meet all of the
3 requirements and now they're fighting because they weren't quite
4 clear. I mean, maybe I'm making it a bigger issue. I just want
5 to try to make it as clear as possible for these people.
6 Because Karen can attest, and Mike and all, to get to this point
7 took a lot of work, and I just don't want there to be additional
8 work that has to be done because someone didn't understand what
9 it was to do a renewal.

10 MS. EVANS: And to that point, so, between Dr.
11 Raymond and yourself, we should add a little bit more language
12 to what they're signing, just to make sure that it's clear. And
13 then, also, we'll add that additional information to the
14 guidance document. Am I hearing that correctly?

15 MR. HICKS: Yeah.

16 MR. CONTI: Definitely. And, I mean, it will also
17 be clear in the guidance document that any individual who worked
18 as a temporary nursing aide during this time period and who
19 cannot, for whatever reason, meet these requirements of these
20 new regulations, that person is going to have to go back and
21 complete a traditional CNA/GNA training program. There's no way

1 around that.

2 MR. HICKS: That needs to be clear as well, yeah.

3 And then, I guess, the other question that I would have is:

4 What if the person would be unsuccessful on the GNA exam?

5 MS. EVANS: They would - currently, anyone who's
6 unsuccessful on the GNA exam, once they've taken it - I can't
7 remember the timeframe. Once they've taken it within a certain
8 amount of time post finishing the class, which for this would be
9 the attestation, if they do not pass the first time, they have
10 two years in which to pass.

11 MR. HICKS: Okay.

12 MS. EVANS: But I will make sure I have that
13 correctly. But that's normally when someone doesn't pass that
14 they have that amount of time to pass the exam.

15 MR. CONTI: And it also ties into the federal
16 regulations which indicate that if you have not worked as - in
17 the federal regs they call them "nurse aides - certified nurse
18 aides". But if you have not worked in that capacity for a
19 period of twenty-four months or longer, you're re required to
20 retrain, fully retrain.

21 MS. EVANS: Yeah.

1 MR. CONTI: So, it would just default back to, "You
2 have to complete a traditional CNA/GNA training program".

3 MS. EVANS: Right.

4 MR. HICKS: And the final question, and then I'll
5 stop talking, but -

6 MS. EVANS: We want to make sure it's clear for
7 everyone.

8 MR. HICKS: Yeah. Do we get reports on failures of
9 the GNAs?

10 MS. EVANS: Yes.

11 MR. HICKS: So, like, will we know how many of these
12 folks were successful with passing the GNA?

13 MS. EVANS: Yes, and that's why I want to give
14 everyone a special code. So, that's one way we can track them.
15 We can also track with their names. But currently, how we track
16 individuals is by the training program that they are in. So, I
17 need a special code for the TNA as a whole. And so, how we're
18 setting it up, as far as how to apply, we then can look at
19 facility base at that time. But all of these would have to be
20 submitted on paper because we have to gather all of the other
21 information in order to be able to process the individual.

1 MR. HICKS: Do we have an idea of how many we're
2 looking at?

3 MS. EVANS: From the meetings that we've had with
4 Life Span, HFAM, and Leading Edge it's approximately - I'll say
5 between 2,000 and 3,000 individuals.

6 MR. HICKS: That's a lot.

7 MS. EVANS: Yeah.

8 MR. HICKS: But that's only what we know from those
9 groups, right?

10 MS. EVANS: Correct.

11 MR. HICKS: Or do we think that there's other
12 agencies?

13 MS. EVANS: I'm not sure if all of them fall - is
14 Kevin Hefner or Joe DeMattos on the line?

15 (No responses)

16 MS. EVANS: If so, can you unmute yourself?

17 (No responses)

18 MS. EVANS: Because I think most of them have to
19 fall under those three entities. I'm not sure. I just wanted
20 to double-check myself.

21 MR. CONTI: I think that's going to constitute the

1 vast majority.

2 MS. EVANS: Yes.

3 MR. CONTI: There may be others, but I think those
4 organizations have the majority.

5 MS. EVANS: Yes.

6 MR. HICKS: I'm just curious if we're going to kind
7 of open Pandora's box a little bit knowing that we have these
8 agencies, but who else was doing this kind of work that we
9 didn't really know about.

10 MS. EVANS: I can touch base with all three
11 entities. I can send them an email to have a better idea.

12 MS. HAYWARD: The ones that have the licensed
13 long-term care facilities.

14 MR. HICKS: Yeah, but I'm just thinking in my county
15 alone, how many of those facilities are there and, you know,
16 maybe they did this temporary CNA or whatever, you know,
17 because they could, but we just didn't hear from them, type
18 of thing. You know what I'm saying?

19 MS. EVANS: But usually for long-term care, they are
20 under one of these entities, usually. I hear you. I can ask
21 the question.

1 MR. HICKS: I'm just thinking in terms of workload
2 being taxed.

3 MS. EVANS: It's going to be a tremendous workload
4 on the Board.

5 MR. HICKS: Correct.

6 MS. EVANS: Just getting through these initials,
7 we're definitely going to need staff just for that. I can't
8 remember, how many people did I ask for?

9 MR. HICKS: I mean, 3,000 people, alone, on paper
10 applications coming in and having to do all this, I mean, on a
11 Board that's already taxed in terms of staffing, that's why I
12 raised the question about what does the number really look like.
13 And again, we know a subset of folks but what does that look
14 like outside of that group? Just food for thought.

15 MS. EVANS: Yep. Thank you.

16 MR. HICKS: All right. That's all the questions I
17 have. Anyone else have a question? Comments? Concerns?

18 (No questions posed)

19 MR. HICKS: All right. Thank you, Iman. Do you
20 want to go to 7C?

21 MR. CONTI: We need to vote.

1 MR. HICKS: Yes, sorry. So, is there a motion to
2 approve the regulations that have been set forth for the TNA
3 with the amendments we'll make in terms of renewal?

4 MR. CONTI: I don't think we're going to need to put
5 the renewal information in the regs themselves. I think that's
6 more appropriate for the guidance document that they will need
7 to meet those requirements.

8 MR. HICKS: Okay.

9 MR. CONTI: And also, just to be clear, we're
10 submitting these for your review and approval as both emergency
11 regs and permanent regulations. We're going to pursue those
12 paths simultaneously because it's imperative that we get this
13 out and up and running as quickly as possible because the waiver
14 terminates on the sixth, and they only have that four-month
15 period in order to get certified. So, pursuing it as both
16 emergency and permanent.

17 MR. HICKS: Okay. So, is there a motion?

18 MS. HAYWARD: So moved, Hayward.

19 MR. HICKS: Hayward.

20 MS. CASSIDY: Second, Cassidy.

21 MR. HICKS: Cassidy. All in favor?

1 ALL: Aye.

2 MR. HICKS: Opposed?

3 (No oppositions)

4 MR. HICKS: Motion carries. Iman, 7C.

5 MS. FARID: Yes, thank you so much. The last item
6 on the Legislative Agenda is Item 7C. This serves more as an
7 FYI for the Board members. This is House Bill 460, titled,
8 Transfer with Success Act.

9 This bill was approved by the governor on May 18th
10 of 2021, so it is currently in effect. The two entities that
11 are affected by this particular legislation is the Maryland
12 Higher Education Commission as well as any public institution of
13 higher education. So, this does include our nursing programs in
14 the State of Maryland.

15 What this bill does in summary is that it references
16 on the transfer of credits and any subsequent denial of those
17 transfer credits for a student. There are a few actions that
18 must be taken. The Maryland Higher Education Commission must
19 establish regulations for any instance that a transfer credit is
20 denied by a receiving institution. That receiving institution
21 must send a notice of that denial to both the sending

1 institution, so the original institution from where the transfer
2 credit is originating from, as well as the student. Those
3 entities must be notified of the denial. There's additional
4 requirements and that governs that institutions after receiving
5 a Notice of Denial of that transfer credit they must conduct a
6 review within a certain time period that the Commission deems or
7 determines to be appropriate. The last requirement is that each
8 public institution of higher education must submit an annual
9 report to the Commission listing any denials of the transfer of
10 a credit or a course, and the reasons for such denial and the
11 rationale that may be appropriate.

12 So, this particular bill was brought to Karen's
13 attention, I believe, by the deans and directors, as the
14 statutory requirements would affect the particular institution.
15 So, this really serves as an FYI.

16 At this time, I would happy to take any questions or
17 concerns.

18 MR. EVANS: So, for everyone to understand, normally
19 for nursing programs most of the core courses are taken when you
20 transfer from one school to another but not the nursing courses
21 themselves. So, what happens here is that the schools will have

1 to now take the nursing courses from another program as long as
2 it is equal to the new school syllabus, which can create a
3 problem with teaching nursing because, you know, nursing is
4 unique in itself. So, that's some of the common concerns that
5 the deans and directors were voicing. So, I just wanted to
6 bring it to everyone's attention. And I also spoke with MHEC,
7 and they are going to follow everything to the "T" that's in the
8 bill.

9 MS. ROBIN HILL: So, does this mean that a school
10 has to accept a student in transfer from another school? There
11 are certain nursing programs in Maryland that have said, "We're
12 not accepting any transfers into the nursing program."

13 MS. EVANS: They have to.

14 MS. ROBIN HILL: But now they have to?

15 MS. EVANS: They have to unless there's a good
16 reason why a particular course doesn't meet. So, they would
17 have to be very detailed as to why Course 103 in this program
18 doesn't match 103 in this program.

19 MS. ROBIN HILL: And then, what happens to the
20 colleges that say, "Once you graduate from our college you have
21 to have 60 credits from our college."?

1 MS. EVANS: I don't know. That's an MHEC question.
2 I don't know the answer to that. I was really bringing the
3 concerns of the deans and directors in what they will be facing.
4 So, I just wanted to make sure that the Board was aware of a
5 potential that the nursing programs would be facing. I would
6 have to ask MHEC that question. I'm not quite sure concerning
7 that.

8 MR. HICKS: Yeah, that's a great question.

9 MS. EVANS: It's a good question.

10 MR. HICKS: That's a big deal because I think it's
11 MHEC that says that an institution cannot award the degree
12 unless the student has completed X number of credits at that
13 school.

14 Is there any - and you may not know this. Is there
15 any idea as to what this report that the school does annual
16 report to the Commission on all the denials of the transfers?
17 Like, what's the intent of that? Like, are they going to look
18 at that to say, "Hey, School X is really the outlier here."
19 "They're not taking transfers."? Like do we have any idea of
20 what the intent of the Commission is going to be?

21 You may not know that question, but that's a

1 question that I would be curious to understand. They're
2 providing this report, what's going to happen with that report?

3 MS. EVANS: I would say it's really to see how -
4 just from my brief conversation with MHEC, I think that will be
5 part of it, Gary, to track the schools who are denying more than
6 other schools. That would be one, but I can ask.

7 MR. CONTI: I don't see any penalty here --

8 MS. GREEN: Hi. This is Dr. Green. I'd like to ask
9 a question about this one, too.

10 MS. EVANS: Sure.

11 MS. GREEN: But I can wait.

12 MR. HICKS: I agree, Mike, there's nothing that says
13 "penalties" or anything like that yet, right? That's, I guess,
14 what I'm questioning. So, we have fifteen schools that
15 constantly are denying, or five schools or two schools,
16 whatever, you put the number on it. At what point does the
17 Commission say, "Hey, you've been submitting for the last two
18 years all of these denials so we're going to impose sanctions,"
19 or whatever. I don't know what that means, but it's just a
20 curiosity question.

21 MR. CONTI: I think just virtue of these procedural

1 mechanisms that they put in place it's meant to sort of
2 discourage this process of denying of transfer. I mean, because
3 now it's more onerous to deny transfers than it was before. So,
4 you know, they don't even really have to put a penalty in there.
5 The process itself is a deterrent.

6 MR. HICKS: Well, we hope, right? Or, we think.
7 But, again, I know how some programs can be in terms of, you
8 know, we want our own, especially if they have a very stringent
9 admission process, right? There are some schools that require
10 you to have a certain GPA; require you to have an interview;
11 have you required to, you know, maybe do some shadow time; maybe
12 an entrance exam; all of those things. And now, we've got this
13 filter of people that are coming through that, you know, I don't
14 know, may be struggling in this school, but may think, "Hey, I
15 could be more successful because they maybe have the resources
16 at this school that my school did not have that are going to
17 start filtering in and kind of, you know, change the scale a
18 little bit."

19 MS. EVANS: So, since we don't know what the regs
20 are going to look like yet, and then that may be able to provide
21 us with more information as to where all of that stands.

1 Yes, I understand.

2 MR. HICKS: It's just more of a curiosity. You
3 know, it's more conversation more than question or whatever
4 because I think it does - I can understand the deans and
5 directors in where they have some nervousness about this.

6 MS. EVANS: Yeah, it's different if someone is
7 coming in after fundamentals, right? Because that's a big
8 difference. But coming in senior year, and you don't know what
9 they really had junior year, that I think creates a problem for
10 the program, and understandably so, especially now that you're
11 looking at Next Generation coming over. What did they learn at
12 that level, and how is that going to affect our NCLEX scores and
13 everything else?

14 MR. HICKS: Dr. Green, did you have a question or a
15 comment?

16 MS. GREEN: Yeah. My comment is that there has to
17 be some leveling here. I just don't know where leveling folks
18 are. We have had programs across the country as well as in the
19 state that have different definitions of credit hours and what's
20 required in ours in the clinical setting. We do have an
21 articulation agreement that operates within the State of

1 Maryland, but this is also, I imagine, including out-of-state
2 transfers as well. That's a lot more complex.

3 I'm noticing some of the - in many other states the
4 articulation agreements are more prevalent than other states as
5 well as the State of Maryland. I'm just wondering if there is
6 some kind of tipping point or leveling point that we can build
7 to get through this process.

8 It's just a comment. Thank you.

9 MR. HICKS: I think this is another example of
10 people not really understanding our profession and what we do,
11 even at the nursing program level.

12 MS. EVANS: We're different than any other. It's
13 like apples and oranges. We equate differently.

14 MR. HICKS: Our programs are different, right?

15 MS. EVANS: Yeah.

16 MR. HICKS: I mean, we don't have a - we probably
17 don't have two programs in the state that match each other's
18 curriculums.

19 MS. GREEN: Correct. That is correct. But at the
20 same time, they meet our regulatory requirements and their
21 accrediting body's requirements, too.

1 MR. HICKS: Right.

2 MS. GREEN: Okay. I don't know about this one.

3 Thank you.

4 MR. HICKS: All right. Thank you, Iman. Anything
5 else?

6 MS. FARID: Just one very last piece of this item.
7 So, looking at COMAR that governs the Maryland Higher Education
8 Commission, there are currently no regulations under
9 13(b).06.01. This particular provision governs public
10 institutions with higher education and their authority and their
11 responsibilities. I will continue to keep an eye on this
12 particular regulation, and will update the Board accordingly if
13 I find any changes.

14 MR. HICKS: And this will come to the Legislative
15 Committee, correct, Iman?

16 MS. FARID: Yes, I can bring it to the Legislative
17 Committee.

18 MR. HICKS: As this rolls out a little bit more.
19 Yeah, it would be interesting to see if they put, like, a
20 committee together to help build these regulations that includes
21 deans and directors as well as the Board of Nursing, maybe MNA,

1 blah, blah, blah, you know.

2 MS. EVANS: I could make the suggestion.

3 MR. HICKS: Any questions for Iman?

4 (No questions posed)

5 MR. HICKS: Thank you, Iman.

6 MS. FARID: Thank you so much.

7 MR. HICKS: So, 8 is tabled. So, we will go down to

8 10A, Internationally Educated Nurses English Language

9 Proficiency Exam. Karen Evans?

10 MS. EVANS: So, back in March the Welcome Back

11 Center made a presentation to the Board concerning various

12 English Language Proficiency Exams. They provided us with some

13 documentation. The Practice and Education Committee has

14 reviewed, but we are still reviewing. Iman is going to do a

15 little bit more research for us. But because that was back in

16 March, I wanted to provide you with an update as to where we

17 are. And this has been a common concern, not just from the

18 Welcome Back Center, but through students from - graduates from

19 foreign countries, et cetera.

20 So, currently we use TOEFL and IELTS, and that's

21 also what NCSBN uses, but there are a few others that we're

1 researching of how many other boards of nursing use some of
2 these other English Proficiency exams. So, Iman has already
3 started the research and will continue.

4 So, that's one avenue. The other is also concerns
5 about just having one accrediting body for schools. As far as
6 CGFNS, there's lots of talk throughout the country with other
7 states that have concerns with some of the other bodies that vet
8 nursing programs from other countries. However, we have - is
9 Opper Chiweshe on the call?

10 MS. CHIWESHE: Yes, I am. Good morning, Karen.
11 Good morning, everyone.

12 MR. HICKS: Good morning.

13 MS. EVANS: Good morning. So, I did invite her.

14 She is from Adventist HealthCare, and she is the International
15 Nurse Program Manager for them, and she would like to provide
16 you with a brief presentation on some of the concerns that they
17 are finding with foreign graduates.

18 So, I am going to let you proceed.

19 MS. CHIWESHE: Thank you, Karen. Thank you for that
20 introduction. I am with Adventist HealthCare, and we serve
21 communities in Montgomery County at Shady Grove and White Oak

1 Medical Centers and PG County and Fort Washington Medical
2 Center.

3 So, like most other hospitals, we have the
4 unprecedented nursing shortages coupled with an unsustainable
5 cost of agency nurses. We are looking beyond borders to hire
6 international nurses. Now, the process for international nurses
7 to get employment rate immigration sponsorship is that they have
8 to obtain a visa screen from the CGFNS, and this process is
9 necessary for getting the NCLEX and getting the U.S. RN license
10 and then passing, for most of the country, passing an English
11 test, which is either the TOEFL or IELTS test. That's where the
12 problem lies. The difference between the English passing scores
13 that the CGFNS has posted compared to the Maryland Board of
14 Nursing. For the IELTS scores the CGFNS requires a score of 7,
15 passing score for speaking module, and a 6.5 for the overall
16 module for the overall score. Maryland mentions that 6.5 for
17 the overall, and a 7 for speaking, but we are the module of
18 mainly reading, writing, and listening that CGFNS requires, but
19 Maryland requires a 6 on all of the modules. So, the problem
20 here is that the international nurses are mainly guided by CGFNS
21 when they are obtaining their visa screen certificate for them

1 to be completing immigration. So, when we hire them, and then
2 we now know that they are licensed to Maryland, well that's
3 another story that they can never have Maryland as an initial
4 state of licensure. They always have to have some place else
5 where they don't require a Social Security Number outside.
6 That's a different topic.

7 So, when we want to endorse them to Maryland, that's
8 when the candidates where their score was less than 6 in any of
9 those modules, they would have to retake that test, and that's
10 more expensive for them and that is time and delay for us to get
11 them to the bedside. We have actually seen even some of our
12 staff that are in other positions and are in the process of
13 converting their licenses they are choosing to align even
14 neighboring states; Washington, D.C., Virginia because they
15 accept the CGFNS scores. And even if the International Nurses
16 Community wanted to (indiscernible) we have seen nurses that are
17 receiving offers just because they have that potential extra
18 step that they have to make sure they have to take for Maryland.
19 So, their goal really here is for Maryland consider removing
20 this barrier and to allow English test scores of CGFNS so that
21 we can get nurses to the bedside in our Maryland hospitals

1 faster and just have more numbers because God knows we need
2 them.

3 Thank you for your time. I know I didn't want to
4 take a lot of time, but I am here to take any questions that you
5 might have.

6 MR. HICKS: Are there any questions for Ms.
7 Chiweshe?

8 (No questions posed)

9 MR. HICKS: I guess one question that I do have is
10 do we know what the implication is, like, how many failures we
11 are actually seeing with our current standards?

12 MS. EVANS: I can find out that information.

13 MR. HICKS: I mean, I guess the reason I'm asking
14 that is if we don't have an issue with success rates of passing,
15 is there really a need to consider changing this?

16 MS. EVANS: I would say that in the past we have had
17 - I just don't have the numbers to tell you, but there have been
18 some individuals who have not been successful. I would say it's
19 at least a quarter percent of what we're bringing in.

20 MR. HICKS: Okay.

21 MS. EVANS: But I can't guarantee that number, but I

1 understand the need for - I mean, I understand the concerns that
2 everyone is voicing, and I would recommend, if possible, that we
3 look at NCSBN and look at their scores. And I would say NCSBN
4 because Pearson Vu is with them, and they are the ones that
5 create the NCLEX, which is what we're concerned about,
6 individuals passing the NCLEX. And so, those were those scores.
7 I know that Dr. Dickison has vetted everything out with those
8 scores to make sure that someone can be successful on NCLEX, if
9 that's the reason. And, of course, Social Security, that's a
10 state law. What is it, Mike, health?

11 MR. CONTI: So, it's the family law, 19.110.3, I
12 believe.

13 MS. EVANS: It's the family law?

14 MR. CONTI: Yeah. That requires each and every
15 health occupation to collect a Social Security Number from their
16 applicants. Although, I know there was some legislation this
17 session that was meant to address that, but I don't recall
18 whether or not that passed.

19 MS. SCOTT: It didn't.

20 MS. EVANS: It did not pass?

21 MS. SCOTT: No.

1 MS. EVANS: It did not pass.

2 MR. CONTI: All right.

3 MS. EVANS: It did not pass. And also, for a
4 compact license you would need a Social Security Number for as
5 well if someone wanted to have a compact. And that's why we
6 wanted to look at other English Proficiency exams outside of the
7 two. Iman would have the numbers, but I asked her to look at
8 which other English Language Proficiency exams five or more
9 states utilizing, because I thought that would be a good number
10 to go with to see. So that, what we could do is, if the Board
11 approves of those with the vetting that and the research that
12 Iman is doing, that we could offer more tests instead of just
13 the two that we have. That hopefully will help provide, that's
14 if depending on what is researched and what is brought back, if
15 the Board would agree to that, if it meets everyone's
16 qualifications. Right now, I just know that NCSBN does the two,
17 but it doesn't mean that the others as well as those particular
18 two.

19 MS. CHISHWE: Thank you, Karen. Can I just add to
20 that conversation? There seems to be two issues here because
21 the international nurses that we are referring to already have

1 passed the NCLEX; they already have an RN license from a
2 different state; they already have a visa screen and have an
3 immigrant visa they've been granted authorization to work in the
4 U.S. as RNs. It's just us trying to endorse them to the
5 Maryland license. So, if you're giving another test, it's not
6 really going to address this because it's still an extra cost
7 and extra time. Where our problem is, is with - I know the one
8 page that I submitted I get results for about six of the nurses
9 that we hired out of the
10 120-something that had scored less than 6 in any one of the
11 other three modules that CGFNS is required to, but Maryland
12 requires a 6. So, that is where the problem was. They had
13 already passed NCLEX and we are continuing to see that trend
14 with one of the scores is of 6 and that nurse cannot work in
15 Maryland, but they can go and work in any other state. And if
16 they get a compact license, they can come to Maryland but, you
17 know, the majority of the time they don't come back. They just
18 receive the offer and they are gone.

19 MR. HICKS: Then, I guess, another, I don't know,
20 curiosity question, I guess, for me, is how does that translate
21 to practice, right? So, is going from a 7 to a 6, or a 6.5 in

1 terms of practice, reading doctors' orders, implementing care,
2 all of those. It's one thing to pass the NCLEX, but there's a
3 second piece and that is the actual practice piece. You know,
4 to be able to read the question on an NCLEX and answer the
5 question and successfully pass it, but then on the other side,
6 practice. Is there any difference in that? I don't know that,
7 but it's just a curiosity question.

8 MS. EVANS: Understanding and speaking, I think, are
9 the key in understanding what the patient is requesting, and
10 they understand what you are asking. That's one of the key
11 pieces.

12 MR. HICKS: And the reason I bring that up is
13 because I do know that, you know, I sit on the NCLEX Committee
14 for NCSEB, and a lot of times when we're reviewing these
15 questions what does - I guess what makes sense for us in the
16 U.S. sometimes gets raised as a question whether this would be a
17 successful question on NCLEX for international Canadian nurses,
18 type of thing. So, I just, you know, wonder because that
19 question that's built is reflective of practice here in the
20 U.S., right? So, we may use specific terminology that's here in
21 the U.S. or a process that we use in the U.S. that's a constant

1 practice across the country. Would lowering that score,
2 changing the question on NCLEX doesn't really change to what
3 happens in practice though. Does that make a difference? Am I
4 making sense in what I'm saying?

5 MS. EVANS: Mm-hmm.

6 MR. HICKS: I'm just -

7 MR. RAYMOND: You are, but I think the practice end
8 of it has to be controlled at and - it has to be controlled and
9 managed by the entities that are hiring these nurses who have
10 passed the NCLEX, right?

11 MR. HICKS: You're right. And another example is, I
12 know that, you know, a number of hospitals have abroad and
13 Filipino nurses, and when they come into the clinical setting
14 there's a fair amount of work, I think, that needs to be done in
15 the institution itself to get them to understand orders and
16 processes and those type of things.

17 I'm just raising the question if changing the score
18 makes a difference or not in terms of that.

19 MR. RAYMOND: It might, right? It might. I don't
20 know that we will know that. I think each facility will have to
21 manage that when they choose to hire nurses. I mean, you

1 brought the international hiring. There's whole programs
2 designed around how to do that. Some institutions are utilizing
3 those programs. So, the reduction in the requirement may alter
4 the way they introduce the program. At the end of the day, we
5 have to determine as to whether or not we're comfortable with
6 that reduction from a passing perspective in the NCLEX. But
7 then, the actual delivery practice, as long as they are within
8 the bounds of the Nursing Practice Act, you know, it now becomes
9 the institution's performance manager.

10 MR. HICKS: Right. Any other questions?

11 (No questions posed)

12 MR. HICKS: All right. I believe this is coming
13 back to the Board at the end of the June for a final decision on
14 that.

15 Any other questions or comments?

16 (No responses)

17 MR. HICKS: All right. Thank you, Ms. Chiweshe for
18 your time this morning.

19 MS. CHIWESHE: Thank you.

20 MR. HICKS: Before we go to final, I guess, is there
21 anyone on the phone that would like to address the Board?

1 (No responses)

2 MR. HICKS: Okay, hearing none. We will be going
3 into 10C, and that is election for Board positions.

4 MS. EVANS: We have two. We have the Board
5 president and we have the Board secretary that we need to be
6 voting on at the end of this month by Board members. So, what
7 we need today is nominations for Board president and a
8 nomination for Board secretary.

9 MR. HICKS: So, I will open up the floor. If
10 there's anyone that wants to self-nominate for president or
11 secretary, or if there's anyone on the floor that would like to
12 nominate someone for secretary or president.

13 MS. ROBIN HILL: What are the requirements? Like,
14 do you have to have two years left on the Board?

15 MS. EVANS: It doesn't state that.

16 MR. HICKS: It does not say that, no. I would like
17 to make a nomination. Now, I don't know if she would accept,
18 but I would like to nominate Ann Turner for secretary. I don't
19 know if Ann would be interested in doing that.

20 MS. EVANS: Look at her face.

21 MS. TURNER: The color just drained from my face.

1 MS. EVANS: We can tell.

2 (Laughter)

3 MR. HICKS: You know, one of the things -- as we can
4 consider this, one of the things that we have to look at is
5 really, you know, the experience on the Board, right? And who
6 has the experience to run the presidency as well as the
7 Secretary of the Board because it does require there to be some
8 historical understanding of what the Board does, processes of
9 the Board, so on and so forth. Not to say that someone that's
10 been in a chair for two months could not do it, it would just
11 require us to work with those individuals or that individual to
12 get them to where they need to be. And, you know, Karen, Mike,
13 and even myself would be more than happy to help mentor and
14 guide those folks to that position.

15 One of the things that I would like to think about,
16 and I don't know how we do this, but it's a regulatory change,
17 I'm not a fan of nominations in May, elections in June. In some
18 cases, like what we're going to experience at the end of this
19 month is Dr. Raymond's term is done. And so, Dr. Raymond has
20 been the secretary for two years, now there's no mentoring of
21 that role. We were lucky to have Bonnie, who was - well,

1 decided to stay on, essentially, that could help mentor Dr.
2 Raymond into the role of secretary, but we don't always have the
3 luxury of that. So, somehow somehow we've got to think about
4 how we - I mean, we all know as nurses and administrators that
5 mentorship is key to success. How do we change to make that
6 work, right? That we don't have someone that takes Dr.
7 Raymond's position or my position and Dr. Raymond leaves the
8 next day, right? And it's like, "Eh, well now you're secretary.
9 Good luck. Here's the papers." You know, so on and so forth.

10 So, I'm sure Dr. Raymond would be very willing to
11 take a call or advise as necessary even after his term is done,
12 but we've got to get better at how we can bring -

13 MS. EVANS: Yeah, we can do the regulatory change.
14 That's just something we can get a sponsor for in order to do
15 that.

16 MR. HICKS: So, that's one piece.

17 MS. EVANS: And the secretary normally fills in for
18 the president when the president is not here.

19 MR. HICKS: Correct.

20 MS. EVANS: Which, I think, the secretary needs a
21 different name. But being in that position provides you - the

1 secretary's position provides you with a lot of knowledge and
2 understanding and really learning the Board and the Board
3 aspects and working with Board counsel and myself. It really is
4 a good way to learn more about the Board and processes.

5 MR. HICKS: So, Mike, did you want to -

6 MR. CONTI: There's only one minimum qualification
7 for the Board president and that is that the Board president
8 shall be a registered nurse.

9 MS. HAYWARD: And did you say last time that you
10 were still eligible to run again?

11 MR. HICKS: Correct. There is a nomination on the
12 text, I don't know who that's from, for me to remain as
13 president. Which I am willing to do that, but at the same time
14 I don't want to -- if someone else is interested in doing that
15 --

16 MS. ROBIN HILL: My vote is - and I know I'm not
17 voting because I won't be here at the end of the month, but if
18 you are eligible to stay that would be my vote.

19 MR. EVANS: I think this is a good time to help
20 grow. We have a lot of new Board members, and this really is an
21 opportunity if Gary and whoever the secretary is, this is just a

1 good time to grow the other Board members into just having a
2 better understanding. We sort of with COVID and change sort of
3 got wiped into a lot of things in a short period of time. And
4 not having the normal orientation for Board members and other
5 things like that has not been helpful. So, you're sort of
6 learning on the go, and we normally have a transfer when new
7 Board members come in, and we really haven't had that
8 opportunity. But it would definitely be good opportunity to
9 help grow.

10 MR. HICKS: So, any others?

11 MR. RAYMOND: The nomination for Gary to remain
12 president came in from Heather Westerfield. Susan Lyons
13 seconded the nomination for Gary to remain as president.

14 MS. EVANS: Okay. Heather and Susan Lyons?

15 MR. RAYMOND: Right.

16 MS. EVANS: Okay.

17 MR. CONTI: And they're online, they're just not
18 able to be heard?

19 MR. RAYMOND: Correct.

20 MR. CONTI: Okay.

21 MR. HICKS: So, any other nominations for president?

1 (No nominations posed)

2 MR. HICKS: Okay. Secretary?

3 MS. EVANS: So, for secretary so far, we have a
4 nomination for Ann Turner, but Ann hasn't accepted it yet.

5 MR. HICKS: Yeah. Any other nominations for anyone
6 for secretary?

7 (No nominations posed)

8 MR. HICKS: And it's a very important role, you
9 know, too. And, Dr. Raymond, do you want to kind of give a
10 highlight of what you do as the secretary?

11 MR. RAYMOND: Yeah. So, as Karen mentioned, filling
12 in for Gary is a really important role because he needs to not
13 be here sometimes. So, that's a big part of it, understanding
14 what's happening within the meeting structure and keeping it on
15 task so that we keep moving through, I think is a really big
16 part of this as well.

17 MR. HICKS: And then your role with the minutes?

18 MR. RAYMOND: The role with the minutes is to review
19 those, but we haven't had minutes come through for some time.

20 MS. EVANS: But we will at the end of the month.

21 MR. HICKS: So, Dr. Raymond will have to stay

1 overnight to sign them.

2 (Laughter)

3 MR. HICKS: But the minutes, you know, I think
4 people, when they think of minutes, they think of minutes that
5 you're in a meeting and you're taking minutes and you're trying
6 to get everybody's voice type of thing, but these minutes are
7 different because we have a transcript. The minutes are not in
8 depth, they are a very high-level type of minute, but all the
9 secretary is really doing is kind of reviewing the minutes and
10 what the transcript says to kind of make sure that they match.

11 MS. EVANS: So, in the back of the room is Jill
12 Bell, who takes the transcript and then puts them into minutes,
13 and then it's reviewed by both the secretary and legal, and then
14 we present it to the Board is how the minutes go.

15 MR. HICKS: So, there's a lot of review before it
16 even comes to the secretary for, you know, sign-off. So, it's
17 not like you're up all night reviewing the transcript that is a
18 thousand pages long.

19 MR. RAYMOND: Yeah, don't pile a thousand pages on
20 the secretary at the end of the month.

21 MS. EVANS: No, we're going to do something a little

1 different this month to help you out.

2 MR. HICKS: In terms of that piece of it, don't let
3 that be a deterrent that, "Oh my goodness, I've got to take all
4 these minutes and I've got to review all this information."
5 It's already gone through three levels before it even gets to
6 the secretary.

7 I think the biggest piece is basically filling in
8 for the president.

9 MR. RAYMOND: That's the most active piece. Until
10 the minutes come in, that's the most active piece.

11 MR. HICKS: Right. Which you're not alone, you've
12 got Karen on your left, Mike on your right in those times to
13 guide you should you need it. And I think even in the beginning
14 when Dr. Raymond came on, I let Dr. Raymond actually sit in the
15 chair so that he could run the meeting, and I just sat in his
16 chair and let him kind of run it and then providing feedback on
17 whatever may need to happen. So, it's not like you'd be thrown
18 into the chair just, you know, in July. Well, I don't know that
19 yet. No, I'm just teasing. But, you know, without there being
20 some sort of mentorship or opportunity for you to be in the
21 chair with me in the room and your resources that are here.

1 MS. EVANS: So, Ann, you've been nominated. What is
2 your decision?

3 MS. TURNER: I accept.

4 MS. EVANS: You accept, okay.

5 MR. HICKS: Thank you, Ann. Is there anybody else?

6 (No other nominations made)

7 MR. HICKS: All right. If anyone else does on the
8 way home think, "Ha, all right."

9 MR. CONTI: I mean, in the past you have
10 re-opened nominations on the day of the election as well.

11 MR. HICKS: Correct.

12 MR. CONTI: Because, I mean, there are some members
13 are not here today.

14 MR. HICKS: Yep. But if anyone is driving home
15 today and realizes, "Yeah, maybe I will want to be president."
16 You know, you can reach out to us or wait until election day
17 and make that decision.

18 MS. EVANS: Let me know because we're going to do
19 like we did the last time. We can do it online.

20 MS. ROBIN HILL: Dr. Hill wants to know what the
21 time commitment is.

1 MS. EVANS: For?

2 MS. ROBIN HILL: She just said, "What's the time
3 commitment?".

4 MS. EVANS: For which position?

5 MS. CASSIDY: She doesn't say.

6 MS. EVANS: Oh, she doesn't say.

7 MS. CASSIDY: No.

8 MR. HICKS: I don't know - Dr. Hill, are you online?

9 MS. CASSIDY: She is. I just don't know why -

10 MR. HICKS: Like Dr. Westerfield, we can't hear her.

11 MS. ROBIN HILL: She said either one.

12 MS. EVANS: They can't unmute?

13 MS. CASSIDY: I don't know. They've been having
14 trouble speaking up on the whole call, or being heard.

15 MR. CONTI: It's important to know who's here. So,
16 Dr. Westerfield, Dr. Lyons, and Dr. Hill are online.

17 MS. CASSIDY: And Emalie is on the call.

18 MS. EVANS: Emalie.

19 MR. CONTI: Okay.

20 MS. EVANS: So, is Damare or Charlene?

21 MS. ROBIN HILL: It doesn't say that they're on.

1 MR. CONTI: Okay.

2 MS. EVANS: All right. Do you want to do the time
3 commitment for the president?

4 MR. STALLSMITH: If they're muted, star-6. That's
5 why they're not able to talk.

6 MR. HICKS: For us to star-6?

7 MR. STALLSMITH: They need to star-6.

8 MR. HICKS: Oh, yeah. So, if you're online, try
9 star-6 to see if you can unmute.

10 MS. ROBIN HILL: Heather and Dr. Hill said they've
11 tried it multiple times and it's not working.

12 MS. EVANS: Okay. We'll have to fix that.

13 MR. HICKS: So, Dr. Raymond, I'll let you start with
14 secretary.

15 MR. RAYMOND: Well, again, the time commitment for
16 secretary is really dependent upon when the minutes come in.
17 Other than that, it's really the Board meeting times is what the
18 time commitment is, and then everything else is committee work
19 that everyone is part of anyway. So, the president has a much
20 greater time commitment than the secretary does unless you get
21 called in to assist with something. But there's really low

1 impact time on time commitment other than the Board meetings.

2 MR. HICKS: So, in terms of president, it's a lot of
3 time. It depends, right? It depends on what's happening. So,
4 Karen and I, we probably talk minimally three times a week.
5 Probably a good hour at least each time that we meet. That's a
6 minimum. Sometimes we talk almost every day, and it's really
7 around things that are happening here at the Board with Board
8 staff, interactions that she's having with entities outside of
9 the Board for maybe HR concerns or maybe secretary, all those
10 things.

11 Then there's also meetings with the Secretary that
12 could come up at any given time. We do have some meetings that
13 are already on the books, but the Secretary may call a meeting
14 with the chair or presidents from all boards, or just me if
15 there's a specific concern with the Board of Nursing.

16 In terms of, I guess, outside work, you know, that's
17 variable as well, kind of meeting with different folks, like
18 schools, to go and talk about what we do as a Board type of
19 thing. So, meeting with our public, which has been a big
20 mission of ours to kind of have the folks to understand what it
21 is the Board does and those types of things. I do get a lot of

1 emails, calls, texts from constituents asking about licenses or
2 renewals or anything. So, I have a lot of email correspondence
3 with Rhonda, with Jaray, with Karen. And that in of itself can
4 be kind of time consuming because one of my biggest things is to
5 address the concerns of the constituent as quickly as I possibly
6 can, try to get a response as quickly as I can, and close that
7 as quickly as I can. Which then, kind of requires me to keep a
8 list of people that are outstanding or whatever and then trying
9 to get back to them. I do get a fair number of emails, calls,
10 texts from hospital directors, ABPs, presidents, CNOs, those
11 type of things about different issues, whether they have a large
12 number of people that are delayed in getting their license or
13 renewals, or they might have a question or two about the
14 Practice Act or, you know, those types of things that you kind
15 of have to guide them to the Practice Act. So, it really does
16 depend.

17 I don't come to the Board a lot, you know, unless I
18 have to come to the Board, and that is to, you know, have a
19 meeting when Karen might be out or something like that, or Mike,
20 type of thing. But a lot of it is just a lot of that; just
21 trying to work with the constituents, trying to work with the

1 deans, directors, CNOs, those type of people that want something
2 done, like, yesterday, type of thing. I guess the most
3 frustrating piece of what I do is - I guess - I'll just say it,
4 I don't care - working with the Secretary in terms of getting
5 them to understand what we do from a Board perspective, right?
6 And that's no disrespect to the Secretary. It's just, you know,
7 as the Board president my job is to, you know, try to satisfy
8 everybody, the constituents, what the Secretary's expectations
9 are, what's Karen's expectations are, you know, all of those
10 things. And so, just trying having him understand what we do as
11 a Board, speak up for the Board, represent the Board or whatever
12 you want to call it. And sometimes feeling as though, you know,
13 I keep beating the drum, I guess is the best way to say it.

14 MS. EVANS: We're a unique board because we're the
15 only board that truly evaluates nursing programs, where no other
16 boards do. Nursing is just unique as a whole in understanding
17 the various disciplines that are under us. A lot of people want
18 to group all the boards together, but we're not because we have
19 different Practice Acts, we have different regulations, we have
20 different - like for us, we have MLC and other things that come
21 into play. And so, it's not like just pushing a button to

1 license or certify someone, there's other components to that.
2 And that's a big learning curve for a lot of agencies and the
3 legislators within the state. This is not common just to
4 Maryland, but a few other states have the same concerns as well.

5
6 But the other avenue that both Gary and I do is the
7 National Council of State Boards of Nursing. There's a
8 mandatory meeting for that where we meet with other - Gary meets
9 with other board presidents; I meet with other executive
10 directors, and we look at trends across the country. And it's
11 also valuable information that we can bring back to the Board as
12 to what is working in this board or what's happening. As
13 Maryland has been the lead on something that - we've just been
14 the lead and it just keeps on coming. And so, it's great to
15 network, but it's also great to get that other information to
16 bring back to see how we can be more successful here or make
17 sure we don't do some things that some boards have found are not
18 good across the way. But it's good to have those connections
19 and be able to.

20 The one thing I really enjoy about this role is
21 being able to reach out to another executive director and being

1 able to have that sounding board or to be able to get the
2 information right away so that the Maryland Board of Nursing is
3 able to function and get those things done.

4 MR. HICKS: So, my role doesn't really have a lot to
5 do with counsel. Sometimes Mike and I will talk about something
6 or whatever, but a lot of that is between Karen and Mike that
7 will then come up to me if it needs to. I do Karen's evals, her
8 performance evaluations, because that's the way the structure is
9 set up that the Board president evaluates the executive
10 director. And then I think, you know, each president comes with
11 their own kind of vision of, you know, where they would like to
12 see the Board go implementing different things. As many of you
13 know, I've been a big advocate of trying to get our newsletter
14 back up and running, but that becomes, you know, a balancing act
15 because I need more staff and a strong board in order to do
16 that, which is part of the reason why we haven't been successful
17 yet with getting the newsletter back up.
18 And then working, you know, with what the Board president's
19 vision is within the COMAR regulations of what I can and can't
20 do, because it's not like at my job where I can say, "Oh, well,
21 we're going to write a policy and the policy is going to state

1 that I'm going to bring in blah, blah, blah." So, like the
2 newsletter is a big thing that I still would like to see happen.

3 We also, you know, Mike cringes every time I say it,
4 but I still am kind of -- I would like to have, as the Board
5 president, some type of relationship with the schools and
6 expanding that relationship to look at how we could have
7 students at the Board to really understand in their leadership
8 course what this Board does behind the scenes. Because I think
9 that does a couple of things; one, it helps the Board here in
10 terms of having just a new perspective when students come in.
11 And all of us that have students, we learn from the students
12 just as much as the students learn from us. But then, you know,
13 there's no better way of having your constituents understand
14 what their Board does than have them at your Board and working
15 in areas such as renewals and licenses and whatever those things
16 are, understanding how a Board meeting goes. You know, all of
17 those things I think are key. So, how do we do that within the
18 confines of the COMAR regs, type of thing? And we're still
19 looking at that. Every once in a while, I try to chip at the
20 iceberg to see how I can make that happen. Maybe before I leave
21 that might be something that happens, I don't know. You know,

1 because if you think about it from a leadership perspective,
2 because all the programs have that in their courses, their
3 professional - all the schools call it something different.
4 But, you know, just to understand really what your Board does is
5 key in having students here to really go back and talk about
6 what they experienced at the Board. And then they become
7 advocates for the Board, right? So, they know what we do; they
8 understand what we do; and then once they've graduated, they're
9 like, "I did practicum time at the Board of Nursing. I know
10 exactly what they do."

11 So, that's the president role.

12 MS. CASSIDY: In a nutshell.

13 MR. HICKS: In a nutshell.

14 (Laughter)

15 MS. TURNER: Gary, Emalie texted in that she would
16 like to nominate Audrey for secretary.

17 MR. HICKS: Oh, okay.

18 MS. CASSIDY: Yes, she did.

19 MS. TURNER: See, you thought you were going to
20 slide by, didn't you?

21 MS. CASSIDY: I was hoping.

1 MR. HICKS: So, Audrey, do you accept the
2 nomination?

3 MS. CASSIDY: I'm going to have to decline.

4 MR. HICKS: Okay.

5 MS. CASSIDY: Thank you. I appreciate it, Emalie,
6 but I'm going to have to decline.

7 MR. HICKS: Okay.

8 MS. CASSIDY: I've been here just two years. I
9 still feel like - especially not being a nurse, I really don't
10 feel like I have - I have a handle, but I don't think I have a
11 handle enough to be secretary. I will put it that way. I mean,
12 I've listened to Dr. Raymond hold hearings, do hearings, and
13 then talk to us afterwards. I am thinking one way, and he's
14 like, "Think about this. Think about that." I'm thinking,
15 would I have said that? I don't think so. So, I just don't
16 feel that I have that finesse - not finesse, but that
17 attribute.

18 MR. HICKS: Thank you. Is there someone online that
19 was trying to say something?

20 (No response)

21 MR. HICKS: Again, on your drive home -

1 MS. EVANS: Send me a text.

2 MR. RAYMOND: No, not while they're driving.

3 MS. EVANS: Oh, no, not while they're driving.

4 MR. HICKS: Not while driving.

5 MS. EVANS: No, no, no, after you get home.

6 (Laughter)

7 MR. HICKS: Is there anything else that anybody
8 wants to bring up the Board during Open Session?

9 (No responses)

10 MR. HICKS: All right. In a moment I'm going to ask
11 if there is a motion to close the Open Session, but first I'm
12 going to walk us through the written statement that is required
13 by the Open Meetings Act to ensure that the Board members agree
14 to its contents.

15 As documented in the written statement, the
16 statutory authority to close this Open Session and meet in
17 Closed Session is General Provisions Article
18 3-305(b)1, which gives the Board the authority to close the
19 Open Session to discuss confidential matters over which it has
20 jurisdiction, and 3-305(b)13, which gives the Board the
21 authority to close an Open Session to comply with the specific

1 constitutional, statutory, or judicial imposed requirement that
2 prevents public disclosures about a particular matter or
3 proceeding. The topics to be discussed during Closed Session
4 are the status of specific members of the Board's IT staff with
5 respect to reconnection to either the Department of Health
6 Network or the Department of Information Technology Network, as
7 well as applications for licensure and/or certification. The
8 reasons for discussing these topics in Closed Session are to
9 discuss confidential employment status and assignments of
10 specific members of the Board's IT staff and to discuss
11 confidential matters that are prohibited from public disclosures
12 by the Annotated Code of Maryland, Health Occupations Article
13 8-303(f), Health Occupations Article 8-320(a), and Health
14 Occupations Article 1-401, and General Provisions Article 4-333.
15 In addition, the Board may also perform Quasi Judicial and
16 administrative functions involving disciplinary matters and
17 investigations as well as the Board's IT infrastructure during
18 the Closed Session.

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

1 MS. CASSIDY: So moved, Cassidy

2 MR. HICKS: Cassidy.

3 MS. HAYWOOD: Second, Haywood.

4 MR. HICKS: Haywood. All those in favor?

5 ALL: Aye.

6 MR. HICKS: Opposed?

7 (No oppositions)

8 MR. HICKS: Motion carries. Was that Emalie?

9 MS. GIBBONS-BAKER: Yes.

10 MR. HICKS: Hi, Emalie.

11 MS. GIBBONS-BAKER: Yes, this is Emalie. Hi.

12 MR. HICKS: So, we will take a ten-minute break, and

13 then we'll come back and go into Closed Session.

14 (Whereupon, at 11:42 a.m. the Open Session was

15 adjourned.)

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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 1st day of June, 2022

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

My commission expires: May, 13, 2023

Script for Closing Open Session

June 1, 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 General Provisions § 3-305(b)(1), which gives the Board the authority to close an open session to discuss confidential personnel matters over which it has jurisdiction, and § 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 topics to be discussed during the closed session are the status of specific members of the Board’s IT staff with respect to reconnection to either the Maryland Department of Health Network or the Department of Information Technology Network, as well as applications for licensure and/or certification. The reasons for discussing these topics in closed session are to discuss confidential employment status and assignments of specific members of the Board’s IT staff and 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 and investigations, as well as the Board's IT infrastructure, 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 STATE BOARD OF NURSING

Presiding Officer's Written Statement for Closing a Meeting
under the Open Meetings Act (Md. Code Ann., Gen. Prov. § 3-305)

1. Recorded vote to close the meeting: Date: June 1, 2022 Time: 11:40 am
Location: Maryland Board of Nursing, 4140 Patterson Avenue, Baltimore, MD;
Teleconference Line

Motion to close meeting made by: Cassidy Seconded by Hayward

Members in favor: Hayward, Turner, Raymond, Hicks, Cassidy, R Hill, Steinberg,

Opposed: None Abstaining: None

Absent: Harrod-Owumana, ~~Westerfield~~, ~~Gibbons-Ba~~, ~~J. Hill~~, ~~Beeson~~, Vickers


2. Statutory authority to close session. This meeting will be closed under Md. Code Ann., Gen. Prov. § 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."

Lyons,
Westerfield
J. Hill,
Gibbons-Ba

3. For each provision checked above, disclosure of the topic to be discussed and the Maryland State 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)	Applications for licensure and/or certification	To discuss confidential matters prohibited from public disclosure by Md. Code Ann., Health Occ. sections 8-303(f), 8-320(a), 1-401 <i>et seq.</i> and General Provisions section 4-333.
§ 3-305(b) (1)	Employment status and assignments of specific members of the BON's IT staff with respect to the Department's Network Reconnection Memorandum	To discuss confidential personnel matters relating to specific members of the BON's IT staff regarding proposals for reconnection to MDH Network or DOIT Network
§ 3-305(b) ()		

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