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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, July 27, 2022, at 4140 Patterson Avenue, Baltimore, Maryland 21215, commencing at 9:00 a.m. before Edward Bullock, Notary Public in and for the State of Maryland.

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

1 APPEARANCES:

2

3 MICHAEL CONTI, Assistant Attorney General

4 KATHERINE CUMMINGS, Assistant Attorney General

5 Office of the Attorney General

6 State of Maryland

7 Department of Health & Mental Hygiene

8 300 West Preston Street

9 Baltimore, Maryland 21201

10 410-767-3201

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1 BOARD MEMBER APPEARANCES:
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3 GARY HICKS, RN Member, Board President
4 ANN TURNER, RN Member, Board Secretary
5 M. DAWNE HAYWARD, RN Member
6 EMALIE GIBBONS-BAKER, APRN Member
7 AUDREY CASSIDY, Consumer Member
8 NICOLE BEESON, Administrator Member
9 SUSAN STEINBERG, Consumer Member
10 ROBIN HILL, RN Member, Practical Nursing Educator
11 HEATHER WESTERFIELD, RN Member
12 CHRISTINE LECHLITER, RN Member
13 DAMARE VICKERS, LPN Member (via telephone)
14 SUSAN LYONS, APRN 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 KAREN BROWN, PIA Coordinator

6 IMAN FARID, Health Policy Analyst (via telephone)

7 MONICA MENTZER, Manager, Practice

8 BRIAN STALLSMITH, MBON, IT Specialist

9 SHAWNTA' BATES, Investigations Division

10 SARA TONGUE, Enforcement Division

11 AMBER HAVENS-BERNAL, Discipline Division

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1 AUDIENCE MEMBERS:

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3 TIJUANA GRIFFIN, Washington Adventist University

4 CARMEN I. SAENZ, Dept. of Health & Human Services

5 OPPER CHIWESHE, Adventist Healthcare (via telephone)

6 CHARLOTTE ASARE, Intern, Chamberlain University

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

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3 MR. HICKS: Good morning, everyone. We are
4 going to go ahead and get started. If I could get a
5 motion to go into Open Session, please.

6 MS. CASSIDY: So moved, Cassidy.

7 MR. HICKS: Cassidy.

8 MS. TURNER: Second, Turner.

9 MR. HICKS: Turner. All in favor?

10 ALL: Aye.

11 MR. HICKS: Opposed?

12 (No oppositions)

13 MR. HICKS: Motion carries. We will start with
14 roll call in the room.

15 MS. HAYWARD: Dawne Hayward, RN member.

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

18 MS. TURNER: Ann Turner, RN member.

19 MS. CASSIDY: Audrey Cassidy, consumer member.

20 MS. BEESON: Nicole Beeson, administrator member.

21 MS. STEINBERG: Susan Steinberg, consumer member.

1 MS. ROBIN HILL: Dr. Robin Hill, practical nursing
2 educator member.

3 MS. WESTERFIELD: Dr. Heather Westerfield, RN
4 member, associate degree programs.

5 MR. HICKS: All right. And we will go online.
6 Damare Vickers, are you online?

7 MS. VICKERS: Damare Vickers, LPN member.

8 MR. HICKS: Charlene, are you online?

9 (No response)

10 MR. HICKS: Anyone else online?

11 MS. LYONS: Good morning. This is Susan Lyons.

12 MR. HICKS: Good morning, Susan. Any other board
13 members online?

14 (No response)

15 MR. HICKS: All right. We will go ahead and get
16 started with Ms. Evans to give us any updates from the
17 Board.

18 MS. EVANS: Good morning, everyone.

19 ALL: Good morning.

20 MS. EVANS: So, I just wanted to give a timeline
21 of how fast applications are being processed. Please

1 remember that we are still on MiFi and we have limited
2 functionality. It still takes approximately fifteen to
3 twenty minutes to process one license or certification.
4 All of these timeframes are for those individuals who
5 have completed -- who have submitted, rather, a completed
6 application, where we don't have to send something back
7 or get more information from them.

8 So, on average for an initial application for
9 licensure and certifications it is anywhere from fourteen
10 to twenty-one days if it's a complete application. For
11 renewals, it's from five to ten days as long as someone
12 hasn't stated that they have any discipline, that's how
13 long that will take. They are still automatically
14 renewed, but there will be some other items, or if someone
15 has a tax hold or a child support hold, that also holds
16 things up. Endorsement, however, is different.
17 Endorsement can take anywhere from six to eight weeks.
18 So, I ask anyone who is endorsing to get a temporary
19 license and apply for the permanent license so that they
20 can work under the temporary license if they don't have a
21 compact license. If they have a compact license they can

1 work. It takes that long because we are waiting for
2 verifications from the other states that their license is
3 active without any concerns on it, as well as schools,
4 getting approvals through to make sure their school is
5 substantially equivalent. I can't tell you how many
6 schools that we have since 2019 have approved. I'm still
7 approving, but it's definitely well over 500 that we have
8 approved, which is on our website.

9 We've made some changes on our website to make it
10 easier for individuals who are applying for initial
11 licensure, as well as for endorsements. For initial
12 license, a lot of individuals were completing the wrong
13 application for initial. They were completing the
14 endorsement application instead, and then they would have
15 to fill out - legally, we have to have them fill out the
16 correct application. So, we made some adjustments there.
17 We also made some adjustments on the Board Meeting
18 website -- I mean, the Board's website, too. I do need
19 to update the board members. We do have a new board
20 member that will be starting. I thought she was coming
21 to this meeting, but I will find out what happened with

1 that. But on the board meeting it was separated so it's
2 easy for individuals to follow. So, we have the board
3 members, the board meeting dates, we have board reports,
4 and I'm missing one.

5 Carol?

6 MS. LECHLITER: Sorry, I'm late.

7 MS. EVANS: No, it's okay.

8 MS. LECHLITER: I'm Christine Lechliter.

9 MS. EVANS: Christine. I'm sorry.

10 MS. LECHLITER: I misjudged traffic.

11 MS. EVANS: It's okay.

12 MR. HICKS: You're good.

13 MS. EVANS: Welcome.

14 MS. LECHLITER: Thank you.

15 MS. EVANS: So, that's where we stand with that.

16 As everyone walked in today, you saw that the Board
17 was boarded at a window. We were vandalized last night,
18 and so that's why the window is boarded. So, I have been
19 working with the management team here at Reisterstown Road
20 Plaza, as well as DGS, last evening, and the security
21 company. The police did come out. We're working on some

1 things. As of 8:30 this morning, nothing seems to be
2 taken, however, it was in a critical area that we were
3 vandalized in. So, I am very concerned about that. So, I
4 had asked the team members this morning to check their
5 areas to make sure everything is there.

6 As you know, Leslie - I think I shared at the last
7 meeting that Leslie has moved on to a new position. So, I
8 do not have an executive assistant, however, I do have
9 Karen Brown, who has been filling in. She's also our PIA
10 coordinator, so she's quite busy with the Public
11 Information as well. I also had another resignation so
12 right now we have approximately forty-two staff members,
13 where we should have sixty. So, I just ask that everyone
14 maintain patience. We are working as fast as we can. I've
15 given overtime to the team. That's what I can do at this
16 moment.

17 The last item is, we have several reports due to the
18 legislators. One report is with Delegate Pena-Melnyk and
19 Delegate Kelly. We're going to do a similar report to what
20 we did last year for the Joint Chairman's report. We are
21 working with Lindsay Rowe from DLS. We've started the

1 communication this past Monday. We had a couple of
2 exchanges yesterday. So, they will be asking some questions
3 as to the operations of the Board; what needs to happen;
4 what needs to be done different. They're going to make a
5 recommendation of where the Board should be operationally,
6 as well as who they should be under by January of this year.
7 So, I definitely will keep all of you posted with that.

8 Are there any questions?

9 MR. HICKS: Karen, were we the only agency in this
10 area that was vandalized, or was there anyone else?

11 MS. EVANS: As far as I know, we were the only ones.
12 Because most of the other boards are across the street, and
13 they have more 24-hour security than we do. We have it
14 during the time that we're here.

15 MR. HICKS: But no other businesses on the other
16 side?

17 MS. EVANS: Not as far as I know.

18 MR. HICKS: Okay. And I think one of things, also,
19 to kind of piggyback on what Karen was saying. I think it's
20 important that folks understand that although a student may
21 get notification that they have successfully passed the

1 boards, does not necessarily mean that the Board, themselves,
2 has gotten all of the information together. Because, you
3 know, the students can pay that special fee and, you know,
4 call in within a certain amount of time and get a yea or nay.
5 And then they run back to their employer and say, "I passed
6 my boards. I passed my boards." And then the employer is
7 like, "Well, why aren't you licensing that person?" Well,
8 because we haven't gotten the official notification maybe
9 from NSCBN or there may be a hold up with background or
10 something along those lines. So, although the student may
11 say it, doesn't necessarily mean that we're ready to process
12 and license at that particular time.

13 MS. EVANS: And to add to that, we have one person,
14 where we used to have two. And this is our busiest time of
15 the year, so normally for initial licenses via exam, it's
16 anywhere from 3-- to 5,000. And I have just one person who
17 has been handling this since the beginning of May. The
18 majority of the time the student - the day the student gets
19 it, we may get it 48 to 72 hours, and it's a large download
20 that we have to do. But we are on MiFi and it takes hours
21 for her to download everything so that we can then make sure

1 that everything else is complete, and if not, the problem is
2 usually backgrounds, and I've worked out a different process
3 for that. So, as far as working with legal, we will see that
4 we continue to stay positive with that, but we will see.

5 MS. BEESON: Question for you. I think when we look
6 at the graduate nurse position and going into COMAR, when
7 will that move be there, or is that already there?

8 MS. EVANS: Yes. Iman, are you on?

9 MS. BEESON: I think that takes a huge level of
10 burden off of your team if they can be working in that
11 position while waiting, I guess is my point.

12 MS. EVANS: Yes.

13 MS. BEESON: And we should really, to all of the
14 higher institutions around the state, be aware that this is
15 in place to accommodate for these gaps that you have right
16 now in staffing. Leveraging, that is really critical.

17 MS. EVANS: Yes. So, we are still waiting for
18 things to be signed from the Secretary. We had a call
19 yesterday with the Secretary's Office, and we did ask them --
20 I don't think that I asked for that specific one, but I know
21 Iman has been communicating with them.

1 MS. BEESON: Yeah.

2 MS. EVANS: So, during the legislative part, when
3 Iman is on, we can ask her at that time what the status of
4 that is.

5 The other one we're definitely concerned about is
6 the CMS. And so, for that one, I don't want to put it out
7 there of the approximate time until it really happens. But,
8 you know, my goal for the CMS regulations is that -- it's
9 coming up to a year, and we don't want to start that process
10 all over again. And so, I did speak to the Office about that
11 as well. So, they're going to be working with us on that, as
12 well as the TNA regulations. We're still working on the
13 dialysis tech regulations. So, there's a lot of regulations.

14 MS. BEESON: I think that's all the criticality of
15 the one year, and this containment measure related to the
16 nurse graduate is critical for the state to keep providing
17 care at the levels that we need to be able to. So, of all
18 of those, I think it's really critical.

19 MS. EVANS: Yes. So, when Iman gets on, we can ask.

20 MS. HAVENS-BERNAL: She's on.

21 MS. EVANS: Oh, she's on? Iman?

1 MS. FARID: Hi. Yes, good morning. I'm here.

2 MS. EVANS: Iman, can you provide us with the status
3 of the nurse graduate regulations that we put into place?

4 MS. FARID: Yes, absolutely. So, as Karen has
5 mentioned, we had a meeting with the Department of Health
6 regulatory coordinator. When it pertains to the nursing
7 graduates, for COMAR 10.27.01, she said that currently it's
8 out of the hands of the Department of Health, and are
9 currently with the General Assembly. They are waiting for
10 the particular committee and the legislature to approve it,
11 and she did provide a timeline within the next few business
12 days for the regulations to be approved and then to be
13 published online.

14 MS. BEESON: Thanks. That's great. And when are
15 you going to socialize that message?

16 MS. EVANS: So, once it's officially done, I would
17 be happy to, and I can send out a blast email to everyone
18 for that, and place it on the website on the front page and
19 the Breaking News.

20 MR. HICKS: Elections? Do you just want to talk
21 about elections?

1 MS. EVANS: Oh, yes. Thank you. And we had our
2 elections last month for Board Secretary as well as Board
3 President. For Board Secretary, thank you, Ann Turner for
4 taking over that role. We appreciate it. So, we are happy
5 to have you, definitely. And we are also happy to have our
6 current and now continued Board President Gary Hicks that the
7 Board members voted in last month. I am happy for all of you
8 being here. That's myself, my own personal happiness, in
9 helping us move the Board forward in these times that we're
10 in right now.

11 So, that's it.

12 MR. HICKS: All right. Any questions for Ms. Evans?

13 (No questions posed)

14 MR. HICKS: All right. So, now that she's got
15 herself settled there a little bit, I wanted to go ahead and
16 take a minute to welcome Christine. Christine, can you say
17 your last name for me?

18 MS. LECHLITER: Lechliter.

19 MR. HICKS: Lechliter, okay. It will take me a
20 minute to get that understood. Welcome to the Board. This
21 is her first board meeting so she will be taking in a lot

1 today.

2 MS. EVANS: Can I say one thing?

3 MR. HICKS: Mm-hmm.

4 MS. EVANS: I'm sorry, I forgot to share. In the
5 back, Charlotte, can you please stand, please.

6 MS. ASARE: Sure.

7 MS. EVANS: Charlotte is a student at Chamberlain
8 University who will be working with me. I have given her
9 the dialysis tech to assist with that. She's in her
10 master's program on health policy. Healthcare policy is
11 her major.

12 Let me see if we're still on. Brian, the system
13 isn't responding.

14 (Whereupon, the online connection was interrupted,
15 and then re-established.)

16 MS. EVANS: Thank you, Brian.

17 MR. HICKS: Sorry, folks, for some reason we lost
18 connection. Ms. Evans' last comment was about the Board
19 elections.

20 MS. EVANS: Yes.

21 MR. HICKS: So, did everyone hear that online?

1 MS. FARID: Yes.

2 MR. HICKS: Perfect.

3 MS. EVANS: And the last thing is, we did bid for
4 microphones. We do have someone who will be putting in
5 our microphones and projectors, however, they have to wait
6 because of COVID and the supply chain and everything like
7 that. So, hopefully, by the end of October we will have
8 microphones. And if it comes any sooner, that will be
9 great, but we will get everything where it needs to be.

10 MR. HICKS: The president will be very happy.

11 MS. EVANS: Ed, our court reporter, is happy as
12 well.

13 MR. HICKS: All right. So, moving on. Any
14 questions for Ms. Evans?

15 (No questions posed)

16 MR. HICKS: All right, hearing none. We will move
17 on to Approval of the Open Session Minutes. Is there a
18 motion to approve?

19 MS. TURNER: So moved, Turner.

20 MR. HICKS: Actually, let me backtrack. So, the
21 minutes that we would be approving are for January 22,

1 2020; February 26, 2020; April 22, 2020; May 27, 2020;
2 July 22, 2020; August 26, 2020; and September 23, 2020.

3 So, if I can have a motion?

4 MS. TURNER: So moved, Turner.

5 MR. HICKS: Turner.

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

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

8 ALL: Aye.

9 MR. HICKS: Opposed?

10 (No oppositions)

11 MR. HICKS: Motion carries.

12 MS. WESTERFIELD: Westerfield is abstaining. I was
13 not here in 2020.

14 MR. HICKS: Okay. Noted, Westerfield is abstaining.

15 We will move down to the Approval of the Consent
16 Agenda.

17 MS. WESTERFIELD: Gary, before we go there, can I
18 ask a question?

19 MR. HICKS: Yes.

20 MS. WESTERFIELD: So, these minutes are from two
21 years ago. What is the general process for the minutes

1 for 2021 and now it's 2022 since they have not been
2 approved?

3 MS. EVANS: So, the individuals that are hired to do
4 the minutes have come and gone. So, we are trying to catch
5 up on the minutes. So, as soon as they are completed, we
6 will have that done. I just -- again, another person just
7 left recently, and so now I have to locate another person.
8 And, please, be reminded that it takes a long time to hire
9 someone. So, I'm working as fast as I can. Right now, my
10 priority -- the minutes are, yes, very important. My
11 priority is to make sure that we don't interfere with the
12 workforce, and that is licensing and certifying individuals.
13 So, with the 42 out of 60 individuals that I have, I have
14 to set that particular priority and still hire someone to
15 get it done.

16 MS. WESTERFIELD: That's fine. I just wasn't sure
17 of the process. So, that's not done by someone in this
18 room; it's not done by our secretary; it's not done by the
19 reporter; it's done by a completely different individual?

20 MS. EVANS: Yes. So, the court reporter, every
21 month, downloads and transmits the information to us. So,

1 we do have those on file. And what the other person does
2 is just makes it easier for reading so that you can be able
3 to assess what's there, and also to determine if something
4 is missing that's critical. So, yes, it's done by another
5 person.

6 MS. WESTERFIELD: Okay.

7 MR. HICKS: And then the eyes get put on by the
8 Board Secretary, just kind of like a final
9 check-off.

10 MS. WESTERFIELD: That was my question with the new
11 secretary. If we're looking at '21 and '22, our old
12 secretary would have looked at that is no longer here.
13 So, that's why I asked.

14 MR. HICKS: And, actually, this is actually a good
15 point where we're at because we were extremely behind on
16 other minutes prior to. And so, we actually had a former
17 Board member, who was also the secretary at the time,
18 actually, extend her time and work on catching up with
19 those minutes.

20 MS. EVANS: And I've also asked that same person to
21 come back to help us with the minutes, and so, she is

1 willing. I just have to go through the process that we
2 have to go through. But she is willing to come back and
3 help us out. So, that's great. So, we will be able to get
4 that done. I moved to already get that done. But, you
5 know, what I have to do every day is set priorities and
6 determine what is needed for our constituents first, and I
7 do that several times throughout the day. But for me and,
8 I'm sure, for the legislators as well, they want to make
9 sure that their constituents are working in to help out the
10 workforce even though we're not the only reason why the
11 workforce is what it is, right? So, we have a great
12 reservation during COVID and it seems like it's continuing
13 from what I'm gathering from not just healthcare, but from
14 other organizations as well. We don't want to be the cause.

15 MR. HICKS: And, you know, as I said in a call
16 earlier this week that Karen and I participated in with the
17 delegates, unfortunately, we're not any different than
18 anyone else in the country right now in terms of staffing.
19 You can go into a restaurant tonight and have a two-hour
20 wait, but there are tables open, like, eight or ten tables,
21 but they don't have the waitstaff to seat you. And so, just

1 like everyone else, we are trying as hard as we can with what
2 we have. It's kind of like the emergency room, right? You
3 could be down eight staff members in the emergency room, but
4 the patients are going to still keep coming, and you've got
5 to still do what you have to do.

6 So, our constituents are still going to keep coming.
7 They are going to still be graduating and passing the boards
8 and all those things we want them to do. So, we are trying
9 to navigate through these waters of how to get the things done
10 that we need to get done. So, hopefully there will be some
11 light at the end of the tunnel at some point but, you know,
12 we're dependent upon how many people that we get that apply
13 for a particular position. And then, as I've directed to
14 Karen -- I don't necessarily have to direct her because her
15 thoughts are the same as mine. We're not just going to put
16 somebody in a position to put somebody in a position. We
17 need to make sure that the person is qualified to be in that
18 position, and it's a person that once they get into the
19 position is going to do the work that we need them to do.
20 We've gotten ourselves into trouble previously by just
21 filling a position with somebody, right? And then the Board

1 is, you know, we have the same problem: Why isn't this
2 getting done? Why isn't that getting done? And it's,
3 unfortunately, some of those folks that we had in positions
4 that they would come and they would do what they wanted to
5 do, essentially. So, you know, we're trying to change
6 the Board overall, and part of that is trying to replace the
7 folks that are leaving with the right folks to be in those
8 positions so that the work that has to be done can get done.

9 MS. EVANS: And a second piece to that is, we've had
10 to repost for the director of licensure four times since
11 November of 2021. We did attempt to hire someone, but we
12 could not meet their salary that they requested. So, it's
13 not -- it's a salary requirement. And then someone for
14 child support, right, Rhonda?

15 MS. SCOTT: A paralegal.

16 MS. EVANS: A paralegal, we couldn't meet their
17 salary requirement. So, we're still losing good people
18 because of salary that we have limited control over that
19 as well.

20 MR. HICKS: So, we will keep climbing the mountain.

21

1 Moving on. Is there a motion to approve the Consent
2 Agenda?

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

4 MR. HICKS: Gibbons-Baker.

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. We will move on to
11 Discussion of Items Removed from the Consent Agenda, Ms.
12 Evans.

13 MS. EVANS: No, it's Education.

14 MR. HICKS: Oh, I'm sorry. Education, Ms. Evans?

15 MS. EVANS: Thank you. Stevenson University, we
16 were notified that Dr. Feustle has left, and so they have a
17 new administrator. And so, Dr. Vanessa Velez has joined
18 Stevenson University as the program director. That was
19 effective June 6, 2022. She will also serve as the chief
20 nurse administrator with the overall responsibility for all
21 undergraduate and graduate nursing programs in compliance

1 with both COMAR 10.27.03.07 and CCNE standards. Her CV, she
2 has met all the requirements under 10.27.03.07.

3 So, the recommendation from the Practice and
4 Education Committee is that they would like for you to
5 consider and to approve Dr. Vanessa Velez.

6 MR. HICKS: Is there a motion to approve Dr. Vanessa
7 Velez as Stevenson University's program administrator and
8 chief nurse administrator?

9 MS. STEINBERG: So moved, Steinberg.

10 MR. HICKS: Steinberg.

11 MS. HAYWARD: Second, Hayward.

12 MR. HICKS: Hayward. All in favor?

13 ALL: Aye.

14 MR. HICKS: Opposed?

15 (No oppositions)

16 MR. HICKS: Motion carries.

17 MS. EVANS: The next time is for determining if a
18 school is substantially equivalent. So, this is in regards
19 to Everest College, formerly located in Vienna and McLean,
20 Virginia. They were both associate degree RN programs.

21 To give a little bit of background: In March of '22

1 the Maryland Board of Nursing received a request to assess
2 the closed associate degree nursing education program,
3 Everest College, which was in operation from 2010 to 2015,
4 formerly located in Vienna and McLean, Virginia to determine
5 to substantial equivalency. The findings are that when the
6 Board staff reviewed the submitted application and completed
7 consultation with Ms. Jacqueline Wilmoth, who is the deputy
8 executive director for the Virginia Board of Nursing. Ms.
9 Wilmoth notified MBON that the program closed voluntary.
10 There was not record of any Board order against the program.
11 Further review of Everest College indicated that this is a
12 system of colleges in The United States.

13 The following information was identified regarding
14 Everest College: The United States Government supported 90
15 percent of funding for the program; support funded from its
16 parent company. The Everest College system filed bankruptcy
17 and closed in 2015. There was historical public information
18 regarding the college's legal issues of consumer fraud. The
19 U.S. Department of Education instituted de-recognition of the
20 ACICS accrediting agency, which Everest College was a member.

21 Everest College is not substantially equivalent to

1 Maryland-approved associate degree education programs.

2 The recommendation from the Practice and Education
3 Committee is to accept the findings that the closed Everest
4 College, formerly located in Vienna and McLean, Virginia, is
5 not substantially equivalent to Maryland-approved associate
6 degree nursing education programs. So, the Practice and
7 Education Committee is bringing it to the Board for their
8 final determination.

9 MR. HICKS: Is there a motion to accept the findings
10 from Everest College that they are not substantially
11 equivalent?

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

13 MR. HICKS: Gibbons-Baker.

14 MS. STEINBERG: Second, Steinberg.

15 MR. HICKS: Steinberg. All in favor?

16 ALL: Aye.

17 MR. HICKS: Opposed?

18 (No oppositions)

19 MR. HICKS: Motion carries.

20 MS. EVANS: So, the next item is the Alternative to
21 English Language Proficiency which went through the Practice

1 and Education Committee as well. This has been first
2 introduced to us by the Welcome Back Center. Thank you for
3 being here today.

4 MS. SAENZ: Thank you. Thank you for working with
5 us.

6 MS. EVANS: You're quite welcome. We've also
7 received letters from Johns Hopkins as well as some agencies
8 throughout the state.

9 So, we've had an opportunity to review with the help
10 of Mike Zimmer, who also assisted us with providing
11 information. We did an assessment. It took us a couple of
12 months, but we wanted to make sure that we provided a good
13 review of the different English Language Proficiency exams
14 for the Board to consider.

15 So, Iman has done great work on this. So, Iman, if
16 you can please continue.

17 MS. FARID: Absolutely. Thank you so much, Karen,
18 for that introduction. Before I start, I would like to make
19 sure that everyone has access to this report because there
20 are some numbers that may get a little confusing, so I just
21 wanted to make sure everyone is able to view the document.

1 MR. HICKS: Yes. Go ahead, Iman.

2 MS. FARID: Thank you, Mr. Hicks. So, the first
3 exam up for discussion is the Test of English as a Foreign
4 Language Internet Based Test, which I will refer to as
5 TOEFL-IBT. This exam has already been approved by the Board,
6 however, there has been some recommendations to align the
7 Board regulations with the recommendations from the National
8 Council of State Boards of Nursing. So, as you see, NCSBN
9 recommends the following TOEFL-IBT overall score in speaking
10 score, which is published back in August of 2009, the overall
11 score is 84; a minimum speaking score of 26. The Board
12 currently requires these current TEOFL-IBT overscores in
13 minimum passing scores. These scores are found in COMAR
14 10.27.91,05., which I have hyperlinked in the document. So,
15 currently the Board requires an overall score of 94;
16 listening score of 22; reading of 22; speaking of 26; and
17 writing of 24.

18 The Practice and Education Committee recommends
19 adopting the following scores to align with NCSBN
20 recommendations; an overall score of 84, a listening score
21 of 21, reading score of 19, speaking of 26, and writing of

1 19.

2 Are there any questions related to TOEFL-IBT?

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

4 (No questions posed)

5 MR. HICKS: All right, hearing none. Is there a
6 motion to accept the recommendations that were outlined by
7 Iman and adopt the scores?

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

9 MR. HICKS: Gibbons-Baker.

10 MS. BEESON: Second, Beeson.

11 MR. HICKS: Beeson. All in favor?

12 ALL: Aye.

13 MR. HICKS: Opposed?

14 (No oppositions)

15 MR. HICKS: Motion carries.

16 MS. FARID: Thank you very much. The next exam is
17 the International English Language Testing System, IELTS.
18 This is another exam that has been previously approved by
19 the Board. It is being presented today to align the
20 regulations with NCSBN recommendations.

21 As you may see, I have highlighted the particular

1 score that is not in alignment with NCSBN, which is the
2 speaking score of 7.0, and NCSBN recommends a speaking score
3 of 6.0. The Practice and Education Committee recommends
4 adopting speaking score of 6.0 to align with NCSBN
5 recommendations.

6 Are there any questions about IELTS?

7 MR. HICKS: Any questions for Iman?

8 (No questions posed)

9 MR. HICKS: Okay. Is there a motion to approve the
10 recommendations to align with NCSBN's minimum speaking score
11 to 6.0?

12 MS. BEESON: So moved, Beeson.

13 MR. HICKS: Beeson.

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

15 MR. HICKS: Gibbons-Baker.

16 MS. CHIWESHE: I'm sorry, I had some trouble
17 unmuting. Can you hear me?

18 MR. HICKS: Yes.

19 MS. CHIWESHE: Okay. Thank so much, Iman, for that
20 presentation. My name is Opper Chiweshe from Adventist
21 Healthcare, and I have been formally vetted because we have

1 been having trouble with getting our international nursing
2 licenses. I just wanted to come back to understand that I
3 understand the score. I wanted to understand what are the
4 changes or what is in align right now. Is it only the
5 speaking score, or is it the other categories?

6 MR. HICKS: So, we just voted to approve the
7 speaking score only.

8 MS CHIWESHE: Okay.

9 MR. HICKS: To change that from 7.0 to 6.0.

10 MS. EVANS: Everything else aligns, Gary.

11 MR. HICKS: Everything else aligns with the NCSBN
12 standards.

13 MS. CHIWESHE: Okay. Thank you so much.

14 MR. HICKS: Mm-hmm.

15 MR. CONTI: We have a first and a second.

16 MR. HICKS: Yes, Beeson and Gibbons-Baker.

17 All in favor?

18 ALL: Aye.

19 MR. HICKS: Opposed?

20 (No oppositions)

21 MR. HICKS: Motion carries.

1 MS. EVANS: Iman?

2 MS. FARID: The third exam is the Michigan English
3 Test. This will be a new alternative English Language
4 Proficiency exam for the Board. Currently, there are
5 seven state boards of nursing that have approved the use of
6 the MET. They include; Alabama, Florida, Idaho, Nebraska,
7 North Dakota, Oklahoma, and Wyoming. And currently, Maine
8 has accepted the MET with formal adoption pending.

9 NCSBN recommended the following MET total scaled
10 score and CEFR score, and CEFR stands for Common European
11 Framework of Reference. So, NCSBN has a minimum scale of
12 exception score between 53 to 55, and that corresponds to
13 a CEFR of B2, which translates for the test taker,
14 independent confidence in the English language.

15 There are two recommendations. The first, the
16 Practice and Education Committee recommends adopting the MET
17 as an alternative English Language Proficiency exam. The
18 second recommendation from the Practice and Education
19 Committee is to adopt the following minimum passing scores
20 for MET, which would be a minimum score of 53 on each of the
21 four sections for listening, reading, speaking, and writing.

1 Are there any questions?

2 MR. HICKS: Any questions for Iman?

3 MS. WESTERFIELD: This is Heather Westerfield. I
4 have a question.

5 MS. FARID: Yes.

6 MS. WESTERFIELD: So, while that meets the section
7 score, are we addressing the CEFR score and confidence as
8 the National Council did of B2 and independent?

9 MS. EVANS: I'm not quite sure what you're asking.

10 MS. WESTERFIELD: So, on this document it says the
11 National Council recommends a score of 53 to 55; the CEFR of
12 B2, and the confidence of independent.

13 What we're being asked to do is to address the
14 listening score, reading score, speaking score, and writing
15 score of 53. Are we addressing the CEFR score of B2 in a
16 confidence or independence as well as the National Council
17 does?

18 MS. EVANS: Yes.

19 MS. WESTERFIELD: So, those scores will equal a B2
20 and independent?

21 MS. EVANS: Correct.

1 MR. CONTI: Yeah, that scale corresponds to those
2 measures.

3 MS. WESTERFIELD: Thank you.

4 MS. EVANS: Thank you for the clarification. I
5 appreciate it.

6 MR. HICKS: Any other questions?

7 (No questions posed)

8 MR. HICKS: All right. So, the first motion is to
9 approve the Michigan English Test, or MET, as one of the
10 testing measures as recommended by NCSBN. Is there a
11 motion?

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

13 MR. HICKS: Gibbons-Baker.

14 MS. STEINBERG: Second, Steinberg.

15 MR. HICKS: Steinberg. All in favor?

16 ALL: Aye.

17 MR. HICKS: Opposed?

18 (No oppositions)

19 MR. HICKS: Motion carries. The second motion is to
20 approve the recommendations to adopt the minimum passing
21 scores for the MET. That's a listening score of 53;

1 reading score of 53; speaking score of 53; and writing
2 score of 53 as recommended by NCSBN.

3 MS. EVANS: As well as the B2.

4 MR. HICKS: As well as the B2, independent
5 confidence. Is there a motion?

6 MS. STEINBERG: So moved, Steinberg.

7 MR. HICKS: Steinberg.

8 MS. HAYWARD: Second, Hayward.

9 MR. HICKS: Hayward. All in favor?

10 ALL: Aye.

11 MR. HICKS: Opposed?

12 (No oppositions)

13 MR. HICKS: Motion carries.

14 MS. FARID: The last exam is the Pearson Test of
15 English, PTE, Academic. This would also be a new exam for
16 the Board of Nursing to approve.

17 Currently there are eight schools of nursing that
18 have approved the use of the PTE Academic. They include;
19 Alabama, Arizona, Arkansas, Massachusetts, Nebraska, Nevada,
20 Pennsylvania, and Texas. The State of Illinois has approved
21 the usage of the PTE Academic, but is awaiting final ruling

1 of promulgation.

2 NCSBN recommends the following passing standards of
3 their report that was published in June of 2010: An overall
4 score of 55; a listening, reading, speaking, and writing
5 score of 50; and a CEFR score of B1. There are two
6 recommendations for this exam. The first, the P&E Committee
7 recommends the PTE Academic as an alternative English
8 Language Proficiency exam, and recommends adopting the
9 following overall score and minimum section scores: The
10 overall score of 59, which I have highlighted; a minimum
11 score of 50 for the listening, reading, speaking, and
12 writing; and a CEFR score of B2. I would like to highlight
13 that the overall score and the CEFR score are different in
14 NCSBN, and the reason for this is because is, to align with
15 the other exams that the Board now recognizes, they all have
16 the corresponding CEFR score of B2, and NCSBN has recommended
17 B1. So, just to align the B2 CEFR from the other exam, that
18 is why there has been a change to the overall score and the
19 CEFR score.

20 Are there any questions?

21 MR. HICKS: Any questions for Iman?

1 (No questions posed)

2 MR. HICKS: All right, hearing none. Is there a
3 motion to approve the Pearson Test of English, the PTE, as
4 an analysis by the Board?

5 MS. WESTERFIELD: So moved, Westerfield.

6 MR. HICKS: Westerfield.

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

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

9 ALL: Aye.

10 MR. HICKS: Opposed?

11 (No oppositions)

12 MR. HICKS: Motion carries. The second motion is to
13 adopt the following overall scores, the minimum section
14 scores of the PTE overall score of 59; listening, 50;
15 reading, 50; speaking, 50; writing, 50; and CEFR B2?

16 MS. WESTERFIELD: So moved, Westerfield.

17 MR. HICKS: Westerfield.

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

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

20 ALL: Aye.

21 MR. HICKS: Opposed?

1 (No oppositions)

2 MR. HICKS: Motion carries. I will just make a
3 notation that although these are approved, they still need
4 to go through the regulatory process. So, until that
5 process is completed, the current standards still are in
6 play. So, until all that occurs, we still have to follow
7 what's in regulation.

8 Thank you, Iman.

9 MS. FARID: Thank you very much.

10 MR. HICKS: We will move down to Licensure and -
11 nope, sorry, Legislative Affairs. Iman?

12 MS. FARID: I have no items under Legislative
13 Affairs this time.

14 MR. HICKS: Thank you. We will move down to Monica
15 for Direct-Entry Midwifery and Electrology.

16 MS. MENTZER: Good morning, everyone. You should
17 have in front of you a memorandum for 8A, as well as a
18 document attached to it for review. This is the review and
19 request for approval from the Direct-Entry Midwifery
20 Advisory Committee to the Board to accept the updated data
21 collection form.

1 Pursuant to and in accordance with the Maryland Code
2 Annotated Health Occupation, Section
3 8-6(c)-10, the licensed direct-entry midwives are required
4 to complete and submit an annual data collection form
5 approved by the Maryland Board of Nursing. The annual basis
6 is, the report must be received by October 1st of each
7 calendar year. The annual data collection form requires that
8 the licensed direct-entry midwives report certain data to the
9 Board regarding their clients and practice between July 1st
10 and June 30th of each year. That's the reporting period.

11 The committee, the Direct-Entry Midwifery Advisory
12 Committee, reviews and aggregates the data collected from
13 this reporting period submitted by each license direct-entry
14 midwife, and then reports the results to the Maryland Board
15 of Nursing. The Maryland Board of Nursing then reports
16 these results to the Maryland General Assembly.

17 The committee has reviewed the currently approved
18 annual data collection form at its committee meetings on
19 April 1, 2022 and June 3, 2022. The committee identified
20 several areas on the currently approved annual data
21 collection form, and believes that additional clarification

1 to ensure that the licensed direct-entry midwives are
2 completing this form and interpreting the items on the form
3 correctly and providing accurate data.

4 At its Open Session meeting on July 1, 2022 the
5 committee finalized the recommendations regarding updates to
6 the annual data collection form. The Maryland Board of
7 Nursing Practice and Education Committee reviewed the
8 updated annual data collection form at its meeting on
9 July 15, 2022, and agrees with the committee to recommend to
10 the Board to approve the updated annual data collection form.

11 MR. HICKS: Are there any questions for Monica?

12 (No questions posed)

13 MR. HICKS: All right, hearing none. Is there a
14 motion to approve the updated direct-entry midwife annual
15 data collection form?

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

17 MR. HICKS: Gibbons-Baker.

18 MS. CASSIDY: Second, Cassidy.

19 MR. HICKS: Cassidy. All in favor?

20 ALL: Aye.

21 MR. HICKS: Opposed?

1 (No oppositions)

2 MR. HICKS: Motion carries.

3 MS. MENTZER: Thank you very much. The committee
4 worked very hard on getting those documents finalized.

5 Moving on to 8B. This is the Electrology Practice
6 Committee request to the Board. What it is, is information
7 the Board actually requested of the committee as expert
8 subject matters.

9 So, pursuant to and in accordance with Maryland Code
10 Annotated Health Occupation, Section
11 8-6(b)-06; Committee's Powers and Duties, specifically
12 Section 8-6(b)-0610, and Section 8-6(b)-0611, the Board may
13 request to the Electrology Practice Committee to arrange for
14 and to conduct an onsite survey visit to a licensed
15 electrologist's office practice.

16 At its January 27, 2022 board meeting, the Board
17 requested to the committee as expert subject matters and in
18 accordance with 8-6(b)0612, to provide guidance to the Board
19 as to under what circumstances the Board may request to the
20 committee to conduct an onsite survey of a licensed
21 electrologist's office practice regarding the current

1 regulatory requirements found in the Code of Maryland
2 Regulations, Title 10, Subtitle 53, Chapter 7, Electrologist
3 Office; Chapter 8, Instruments and Procedures; and Chapter 9,
4 Sterilization Procedures and report the committee's findings
5 to the Board.

6 The findings of the office inspection include the
7 electrologist's notes and regulations that an office should
8 follow based on Title 10, Subtitle 53; Gives the committee
9 of the request of the Board to conduct an inspection. The
10 committee believes the following reasons would require the
11 Board to consider a recommendation to the committee to
12 inspect an office; 1, a newly license first office; 2, moved
13 the location to a new office; 3, opened a second office; 4,
14 due to a complaint, and that would be at the request of the
15 Maryland Board of Nursing inspector; and 5, a home office
16 compliance concern.

17 In the eight years on the committee, we have had two
18 inspections based on the change of address and on a
19 sterilization complaint. The inspection includes the process
20 of completing the inspection report, and you do have a copy
21 of that document for review, which details each regulation;

1 2, committee members shall observe and note their
2 observations regarding compliance to the state's regulations
3 for offices and sterilization; 3, the licensee can
4 demonstrate or explain any procedure or method required by
5 the state regulations; 4, verify the documentation, the
6 medical case history waivers, fee schedule, and office
7 policy; 5, compliance to HIPAA for any medical case history
8 forms.

9 Completion of an Inspection: The report is
10 submitted to the committee for review upon review of the
11 state regulations have been met no further action, and upon
12 review if inaccuracies or omission to comply with state
13 regulations. A second inspection could occur based on the
14 Board's recommendations, and Number 4, options to comply
15 with state regulations.

16 And this was submitted to the committee and approved
17 by the committee members and was submitted by Ms. Debra
18 Larsen, the chairperson.

19 Are there any questions about these recommendations
20 as far as guidance goes to the Board regarding when
21 inspections may and the process of the inspection itself?

1 MR. HICKS: Any questions for Monica?

2 (No questions posed)

3 MR. HICKS: Is there a motion to approve the
4 committee's guidance to the Board regarding onsite survey
5 inspection of the electrologist's practice?

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

7 MS. TURNER: Second, Turner.

8 MR. HICKS: Turner. All in favor?

9 ALL: Aye.

10 MR. HICKS: Opposed?

11 (No oppositions)

12 MR. HICKS: Motion carries. Thank you, Monica.

13 MS. MENTZER: Thank you.

14 MR. HICKS: All right. We will now go down the list
15 of quarterly reports. We will start with Safe Practice
16 Committee. Shawnta'?

17 MS. BATES: Good morning.

18 ALL: Good morning.

19 MS. BATES: I am going to do a report for the Safe
20 Practice Committee in absence of the coordinator, Valencia
21 Jackson.

1 MR. HICKS: Okay.

2 MS. BATES: So, the committee meetings for this
3 quarter were held on the first two Thursdays of each month.
4 For the month of April, the committee was doing an internal
5 audit, so there are no stats for the month of April.

6 For the scheduled committee meetings for May, there
7 were 21; for June, there were 26; for the quarter total of
8 47. New program admissions for May there were 5, and for
9 June there was 1; for a quarter total of 6. Individuals
10 expelled for non-compliance, there were 2 in May; 1 in June;
11 a quarter total of 3. Successfully discharged from the
12 program, there were 2 in May; 2 in June; a quarter total of
13 4. Referred to complaints and investigations due to no-show,
14 in May there were two individuals; and in June there were
15 three; for a quarter total of five. Referred to CID for not
16 completing the program, monitoring aspect properly; four in
17 May; two in June; for a total of six. And there are
18 currently 68 active participants.

19 MR. HICKS: Are there any questions for Shawnta'?

20 (No questions posed)

21 MR. HICKS: Thank you very much, Shawnta'.

1 Actually, Shawnta', do you want to do G while you're there?

2 MS. BATES: Yes.

3 MR. HICKS: Okay. We will go down to Investigations
4 Status Report.

5 MS. BATES: So, for CI stats for April, May, and
6 June; complaints received in April, 60; May, 62; June, 59; a
7 quarter total of 181. Complaints closed by take no action;
8 April, 53; May, 46; June, 51; for a quarter total of 150.
9 Complaints closed by charges; April, 6; May, 4; and June, 2;
10 for a quarter total of 12.

11 Cold case, complaints closed by take no action
12 backlog review; 54 for the quarter. Complaints closed
13 administratively, cold case; 12 for the quarter. An average
14 number of days between receipt of complaint and ROI
15 submission; for April, 668, which also includes several cold
16 cases backdated from 2017; May, 212; and June, 466; for a
17 quarter total of 449 days. The complaints total cold case,
18 2,774; and current case total, 2,776.

19 MR. HICKS: All right. Just for a point of
20 clarification, when you look at the average number of days
21 between receipt of complaint and the ROI submission, the 449

1 is an average.

2 MS. BATES: Average number of days.

3 MR. HICKS: It's not a breakdown of different
4 priorities.

5 MS. BATES: No.

6 MS. HICKS: So, that's just an overall average
7 number.

8 MS. EVANS: And remember, we have -- what is it,
9 500?

10 MS. BATES: 540 days.

11 MS. EVANS: Thank you, 540 days in order to complete
12 a case. Also, please keep in mind that due to the limited
13 amount of investigators, however, there's also when we do an
14 investigation, we sometimes are waiting on the healthcare
15 facilities to submit information to us. I know there was one
16 case that we had that we received four boxes filled - I mean,
17 nice sized boxed filled with data that the investigators had
18 to go through. So, I need everyone - when we're waiting on
19 other agencies to provide us with information, that takes
20 time, which is why we have that amount of time to do the case.
21 If we can do it sooner than that, we do. But I just want

1 everyone to understand that it is not just we get a case, we
2 go investigate it. And sometimes we have to find the
3 respondents to get them to communicate with us as well. So,
4 there's a lot of different caveats that go to it. So, I just
5 wanted to make sure that everyone has a true understanding of
6 what the investigation team has to go through on an everyday
7 basis just to put together an ROI. That doesn't include the
8 rest of what they have to do.

9 MR. HICKS: Do we have the data of how long the
10 average time it takes to do the Priority 1s, 2s, 3s?

11 MS. TONGUE: So, I broke it down from complex to
12 non-complex.

13 MR. HICKS: Okay.

14 MS. TONGUE: It's a little bit different from your
15 priorities because you may have a Priority 1 that's a
16 non-complex case, or you may have a Priority 3 that is a
17 severely complex case. So, it really depends, but I did
18 break down the time tables between a complex and non-complex
19 down to the minute.

20 MR. HICKS: So, that could be the complex could be a
21 1 and a 3?

1 MS. TONGUE: Yes.

2 MR. HICKS: I understand.

3 MS. EVANS: I also want to state that this Board has
4 been working with another national agency for the last four
5 years, and that takes up an extreme amount of time.
6 Additionally, we have other states communicating not only
7 with Sara's team, but with me, for us to educate them on how
8 we are doing things here at the Board. I would say -- well,
9 I should ask you, Sara. I don't want to speak for you.

10 On average, with that particular agency, how many
11 hours do you spend a week?

12 MS. TONGUE: It was almost a daily contact with that
13 agency, and they have access to participate in a special
14 project. That special project, itself, easily to complete
15 it, easily 20 hours a week just for that particular
16 collaboration, and that really depends on a lot of different
17 factors. So, that itself takes a lot of our time. Shawnta'
18 and I have really been the go-to people for these particular
19 investigations where they reach out to us to obtain our
20 assistance. We've done several trainings with other state
21 boards regarding that. They utilize our information, our

1 investigative techniques, and also, we do share
2 investigative findings with that particular other agency
3 when they ask us for a little more assistance. So, they
4 rely heavily on us to help with their case, and that takes a
5 significant amount of time, significant. And Shawnta' and I
6 really are the only two people that's on that case for many
7 reasons. But that, itself, is quite some time.

8 MS. EVANS: So, remember, we have five
9 investigators. One deals with cold case, and that's all,
10 all the cold cases. So, that leaves two to do all of the
11 other heavy lifting that happens, of course, with guidance
12 from both Shawnta' and Sara, and we do have a tremendous
13 amount of cases. On average, each of the investigators,
14 including Shawnta' and Sara, have over 400 cases each.

15 MS. TURNER: Just to kind of fill in, because you
16 guys do a fantastic job, I think, the cases we look at are
17 only, like, two months. So, we're looking at, what, May,
18 maybe May, but June. So, it's not like we're looking at
19 cases way back from January and February. But some of the
20 complaints are ridiculous, but that still means we have to
21 look at them. And then you have very limited information

1 so you have to, most times, investigate further because
2 this is just a complaint, and my complaint is three
3 sentences, and I can't do anything sometimes with three
4 sentences. So, they have to go back and, again, as for
5 more information from the hospital. So, it is a very
6 laborious process, to say the least, and you guys work
7 real hard. And they have everything ready for us when we
8 look at it. They've done a nice job.

9 MS. TONGUE: Thank you. And I will say that, I'm
10 going back to breaking down another case, I was able to
11 document continuous work on a case. If you do continuous
12 work on a time table, the average closure from what it
13 takes from receipt to really get everything that you need
14 to close a case took about nine months of continuous
15 working on a complex-type of case. So, just, you know, as
16 Ms. Evans mentioned, we have one investigator who
17 volunteered -- who volunteered to take on the backlog.
18 This wasn't something that was originally assigned to her.
19 Our team is wonderful. I can't begin to explain how
20 wonderful our team is. They come in every single day with
21 knowing the backlog, knowing the work that we have to, and

1 we work it through and get as much done as possible.

2 So, the steps that we provide to you is the best
3 that we're doing for the very limited resources that we
4 have. However, we are also ensuring that our team is
5 operating every single day. So, if anything comes up as a,
6 you know, an extreme public safety, we handle that
7 immediately. So, I don't want you to think that it's just
8 sitting, so we do triage that way. And Shawnta' and I are
9 very hands-on. We will take something in a minute. I'm
10 very proud of, you know, Shawnta', she got a case in, and
11 she completed the report in four hours, and it's ready for
12 you today. So, I just want to let you know that you have a
13 wonderful enforcement team, wonderful investigators. We are
14 pushing through every single day, I promise you that, but we
15 need more staff.

16 MR. HICKS: I will echo what Ms. Turner had to say.
17 I mean, the investigations team is incredible in what they
18 do, and the amount of work they do given the limited amount
19 of staffing that they have.

20 We are challenged all the time, especially from
21 delegates and legislators, about how can we think outside

1 the box? How can we move people from one department to
2 another department to ensure that the work gets done? But
3 this is unfortunately one of those departments that we just
4 can't move someone out of licensing and put them into
5 investigations. These are specialty folks. They have
6 special training. It's very comprehensive what they have to
7 know and do and process. So, it's not like we can just throw
8 somebody in and say, "Oh, here's ten people to help your
9 team."

10 So, kudos to you and your team for continuing to
11 push through. We know it's really difficult and challenging
12 for you, and we appreciate everything you all do from the
13 investigation team.

14 MS. TONGUE: Thank you.

15 MS. BATES: Thank you.

16 MR. HICKS: Are there any questions?

17 (No questions posed)

18 MR. HICKS: Thank you so much.

19 MS. BATES: Thank you.

20 MS. TONGUE: Thank you.

21 MR. HICKS: All right. So, we will go back up to A.

1 Amber, for Discipline and Compliance.

2 MS. HAVENS-BERNAL: Good morning. I'm Amber
3 Havens-Bernal, and I head up the Board's Discipline Program.
4 I am presenting this morning for both the Discipline and the
5 Compliance Programs of the Board. Compliance is also called
6 Probation.

7 The first is the Discipline Status Report. For this
8 quarter there was a total of seventeen cases voted for
9 charges and transferred to the Office of the Attorney General
10 for prosecution. There was a total of seventeen summary
11 suspension orders issued, and this includes orders that
12 continue summary suspension following a Show Cause hearing.
13 We scheduled twelve cases for a case resolution conference.
14 There was a total of seven consent orders executed, nine
15 voluntary surrenders, and that also includes permanent
16 voluntary surrenders. Two cases were voted to rescind and
17 dismiss. This quarter there were no default cases
18 sanctioned. And we held a total of eleven hearings, that's
19 Show Cause and Evidentiary.

20 For the Compliance Status Report, during this
21 quarter there were four probation orders initiated; two

1 reprimands with conditions initiated; four cases were
2 scheduled to meet with the program case managers; one
3 probation order was terminated; four cases were presented
4 to the Board for violation of probation. There are
5 currently sixty-six cases on probation with the Board.

6 Are there any questions?

7 MR. HICKS: Any questions for Amber?

8 (No questions posed)

9 MR. HICKS: Thank you, Amber.

10 MS. HAVENS-BERNAL: Thank you.

11 MR. HICKS: We will move down to C. Jaray?

12 (No response)

13 MR. HICKS: Okay. Monica, while we're waiting for
14 Jaray we will go to Monica for Direct-Entry Midwife
15 Advisory Committee.

16 MS. MENTZER: Okay. For 9D, that's our Direct-Entry
17 Midwifery Advisory Committee report to the Board for the
18 fourth quarter FY22.

19 We do have seven members of the committee. So, we
20 do have full members, all appointed recently and in place.
21 So, that's all been worked on throughout this quarter.

1 Meetings: The committee holds scheduled meetings on
2 the first Friday of each month. The committee meets as
3 necessary to conduct committee business. The meetings are
4 held when there are sufficient agenda items, or when the
5 Board receives applications for initial licensure as a
6 direct-entry midwife. During the fourth quarter FY22; April
7 1st through June 30th, the committee met twice on April 1st
8 and June 3rd. They currently have 33 active licensed
9 direct-entry midwives in Maryland.

10 Status of Work Completed: There was none.

11 Status of Work in Progress: We did conduct this
12 review of the annual data collection form, which was
13 presented to you at this meeting. I am not going to repeat
14 it because it's basically what I just read to you from the
15 memo for 8A.

16 Membership on the Committee: The Board did request
17 to the President of the Association of Independent Midwives
18 of Maryland, AIM, an additional list of names for the Board
19 to consider to provide for an appointment to fill the vacancy
20 for Ms. Elizabeth Reiner, whose term expired on December 31st,
21 and then the Board did vote to approve the appointment of Ms.

1 Paige Barocca, licensed direct-entry midwife, as a new member
2 to the committee at its open meeting on June 22nd to replace
3 Ms. Elizabeth Reiner, whose term ended December 31, 2021.

4 The next meetings of the Direct-Entry Midwifery
5 Advisory Committee have been scheduled for August 5th,
6 September 2nd, and October 14th.

7 Any questions about that committee?

8 MR. HICKS: Any questions for Monica?

9 (No questions posed)

10 MR. HICKS: All right. Monica, do you want to do
11 the Electrology?

12 MS. MENTZER: Yes, 9E is our Electrology Practice
13 Committee, fourth quarter, FY22 quarterly report to the
14 Board. We do have the three members on this committee.
15 The meetings were held as necessary to conduct committee
16 business, and also when there are sufficient agenda items,
17 or when the Board receives an initial or renewal application
18 for licensure as an electrologist or electrology instructor.

19 The committee met twice during the fourth quarter on
20 April 13th and June 8th. Currently, there are 47 actively
21 licensed electrologists and two active electrology

1 instructors licensed in Maryland.

2 Status of Work Completed - Review of an Initial
3 Application for Licensure as an Electrologist: The
4 committee reviewed one application for initial licensure to
5 practice electrology, and has not been able to move forward
6 as the applicant has not demonstrated that she has been able
7 to successfully pass the theory portion of the examination
8 administered by Pro Metrics. Therefore, the applicant is
9 unable to be scheduled for the clinical portion of the
10 required examination at this time.

11 Status of Work in Progress: This, again, is
12 reflected of the report that I gave to the Board for Item 8B,
13 the standardized processes for the onsite survey of the
14 electrology practice office.

15 And then our membership, Ms. Debra Larsen is our
16 chair of the committee, and she has completed her second
17 four-year term on June 30, 2021. The Board has posted a
18 notice on its website requesting interested licensed
19 electrologists who meet all of the requirements for the Board
20 to consider an appointment on the committee to submit a letter
21 of interest with their resume to the Board. To date, the

1 Board has not received any potential candidates interested in
2 being considered for an appointment to replace Ms. Larsen.
3 And Ms. Larsen is able to continue to serve until a successor
4 is appointed and qualifies in accordance with Maryland Code
5 Annotated Health Occupation, Section 8-6(b)-05(f)3.

6 The Next Meetings of the Committee: We did have our
7 meeting on July 13th, and we are scheduled to meet again on
8 August 10th and September 14th.

9 MR. HICKS: Any questions for Monica?

10 (No questions posed)

11 MR. HICKS: Okay. Thank you, Monica.

12 MS. MENTZER: You're welcome.

13 MR. HICKS: The CNA Advisory Committee and
14 Certification is tabled. So, you can mark that off, as well
15 as Practice and Education Committee is tabled as well as
16 Background Reviews is tabled, and the Fiscal Management
17 Report is tabled as well.

18 I will now open up the floor. If there's anybody
19 online or in the room that would like to address the Board,
20 now is your time.

21 MS. SAENZ: Good morning. I just want to thank the

1 Board, Mr. President Hicks, Karen, and everybody in Education
2 and Practice Committee for your consideration and approving
3 these changes. We are hoping that this might give more
4 options to the internationally trained and help them with the
5 transition to RN. And also, Mr. Mike Zimmer from World
6 Communication Services, who may now not be on the call. He
7 was here this morning. We are hopeful that this may help us
8 smooth the transition into our licensure. We would be very
9 happy to report back to you how this goes. Thank you very
10 much.

11 MR. HICKS: Thank you for working with us.

12 MS. SAENZ: Our pleasure. We are hopeful for these
13 changes to impact this process.

14 MS. EVANS: And, please, let Mr. Zimmer know that as
15 well.

16 MS. SAENZ: Yes. I know he had to leave by 10:00.
17 He called me, actually, to be very grateful for all that you
18 have done, and thank you very much.

19 MR. HICKS: Thank you.

20 MS. EVANS: Thank you so much.

21 MR. HICKS: Anyone else online?

1 MS. CHIWESHE: I would like to echo that sentiment
2 of gratitude. Thank you so much, Iman and team, for working
3 on those English courses. We really welcome the changes, and
4 we're looking forward to more.

5 As my question earlier on, I have wanted to find out
6 if there was more work to be done on addressing the other
7 exams?

8 MR. HICKS: Was that a question?

9 MS. CHIWESHE: Yes. My question was, is the
10 Education Committee going to address the other bills on the
11 IELTS exam, or is that work done already with the English
12 course?

13 MS. EVANS: The work is done at this time for
14 reviewing that. The Practice and Education Committee did an
15 in-depth dive on that with not only the exams that were
16 presented - I mean, the English Language Proficiency exams
17 presented today, but we actually reviewed about eight
18 different exams, and this is what we came up with. And we
19 also wanted to make sure we were in accordance with NCSBN
20 because those are the individuals who write - well, Pearson
21 VUE writes the exam according to NCSBN guidelines. So, our

1 goal is always for the applicant, the exam taker, to be
2 successful on the exam so that then they can forward to the
3 workforces. We don't want to set them up for failure. We
4 really want them to be successful on the exam.

5 MS. CHIWESHE: Well, thank you so much again. We
6 appreciate the work done. Our second question would be, when
7 can we expect those changes to take effect? I just want to
8 find out because of our timeline to move forward.

9 MS. EVANS: Unfortunately, we cannot give you that
10 timeline because it depends on several factors from the
11 Secretary's Office to AELR. So, as we get closer to things,
12 we may be able to provide you with a timeline, but it's not
13 going to be next week or probably not next month because we
14 are put in as they receive the items. So, if there's any
15 changes, we definitely will let everyone know, as far as the
16 timeline.

17 MS. CHIWESHE: Thank you so much.

18 MS. SAENZ: You may respond to this question, but I
19 was curious about the other test that you were reviewing,
20 the Occupation English Test, that is another one of the
21 options that were reviewed. There was a specific reason for

1 not using that one?

2 MS. EVANS: We looked at all of the research that
3 was provided to us, and felt that it didn't meet the standards
4 for right now. We're not opposed to looking at it again if we
5 are able to gather further research on it. Because we like to
6 look at evidence based and standards.

7 MS. SAENZ: Absolutely.

8 MS. EVANS: And what other boards are doing as well
9 so that we're all in synch with one another. So, for right
10 now, those were the ones that the Practice and Education team
11 felt were strong for everyone to be successful. Our other goal
12 was to make sure that we opened up other exams, except for the
13 two, that we've had for a long time so that we can offer more
14 choices for our constituents.

15 MS. SAENZ: Absolutely. And this is going to be
16 very, very important. We are going to see that we have those
17 tests, even though they have not yet been provided. But I am
18 glad that you have openness to look at more things in the
19 future. I think I just wanted to mention that the academic
20 test -- and I am not an expert in tests. I am telling you the
21 experience from the Welcome Back Center, all right?

1 MS. EVANS: Okay.

2 MS. SAENZ: That we were one of the ones to
3 successfully transitioned to the registered nurse using a
4 former test that was approved by the Board, the Oral
5 Proficiency, that was more focused on workforce. Like I said,
6 we will bring Mike to tell you more about this as we move
7 along, but those non-academic tests focus on the profession of
8 the nursing practice. They are very important because they are
9 enhancing their English in that area. This is my opinion from
10 my experience at the center. We have people who have been
11 retained for eleven years in the organization moving up with
12 those tests. We need to go by your reviews and all that, but
13 I think it would be important as we move along to see how this
14 goes. Again, we can bring Mr. Zimmer to give more information
15 about those other tests if that's something you may want to
16 consider.

17 Thank you very much.

18 MS. EVANS: You're very welcome.

19 MR. HICKS: Is there anyone else?

20 MS. EVANS: I do have one more thing. We did get a
21 compliment, everyone. So, Mr. Hicks doesn't know yet because

1 I haven't had an opportunity to share with him. But we did
2 receive from a constituent that they were very happy for the
3 Implicit Bias training that is happening right now. They felt
4 it was important and needed, and that they were very proud of
5 the Board for making sure that this happened. So, I just
6 wanted to make sure that everyone heard that compliment that
7 we did receive from the Implicit Bias training.

8 MR. HICKS: Good for you.

9 MS. EVANS: Yes.

10 MR. HICKS: In a moment I'm going to ask if there is
11 a motion to close the Open Session, but first I'm going to
12 walk us through the written statement that is required by the
13 Open Meetings Act to ensure that all Board members agree with
14 its 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 3-305(b)13, which gives
18 the Board the authority to close the Open Session, to comply
19 with the specific constitutional, statutory, or judicial
20 imposed requirement that prevents public disclosures about
21 particular matters or proceedings. The topic to be discussed

1 during Closed Session is applications for licensure and/or
2 certification. The reason for discussing this topic in Closed
3 Session is to discuss confidential matters that are prohibited
4 from public disclosures by the Annotated Code of Maryland,
5 Health Occupations Article 8-303(f), Health Occupations
6 Article 8-320(a), and Health Occupations Article 1-401, and
7 General Provisions Article 4-333. In addition, the Board may
8 also perform Quasi Judicial as well as administrative
9 functions, involving disciplinary matters during the Closed
10 Session.

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

14 MS. TURNER: So moved, Turner

15 MR. HICKS: Turner.

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

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

18 ALL: Aye.

19 MR. HICKS: Opposed?

20 (No oppositions)

21 MR. HICKS: Motion carries. Thank you, everyone.

1 Have a great day.

2 (Whereupon, at 10:26 a.m. the Open Session was
3 adjourned.)

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1 CERTIFICATE OF NOTARY

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

7 I further certify I am not of counsel to any of the
8 parties, nor an employee of counsel, nor related to any of
9 the parties, nor in any way interested in the outcome of
10 this action as witness my hand and notarial seal this
11 27th day of July, 2022.

12

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Edward Bullock, Notary Public

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in and for the State of Maryland

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20 My commission expires: May, 13, 2023

21

Script for Closing Open Session

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

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

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

MARYLAND BOARD OF NURSING

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

1. Recorded vote to close the meeting: Date: 7/27/22 Time: 10:25 am
Location: Md Board of Nursing office; teleconference line
Motion to close meeting made by: Turner Seconded by R. Hill
Members in favor: Hayward, Gibbons-Baker, Turner, Cassidy, Hicks, Beeson, Steinberg,
Opposed: None Abstaining: None
Absent: J. Hill, Owuamana, ~~Aggona~~

R. Hill,
Westerfield,
Vickers,
Lyons,
Lechliter

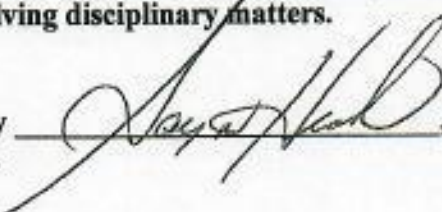
2. Statutory authority to close session. This meeting will be closed under General Provisions § 3-305(b) only:

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

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

Citation	Topic	Reason for closed-session discussion of topic
§ 3-305(b) (13)	Applications for licensure and certification	To discuss confidential matters related to applications for licensure and certification that are prohibited from public disclosure by MD. Code Ann., Health occ. §§ 8-303(f),
§ 3-305(b) ()		8-320(a), and 1-401 et seq., as well as General Prov. § 4-333
§ 3-305(b) ()		

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

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