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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, August 24, 2022, at 4140 Patterson Avenue, Baltimore, Maryland 21215, commencing at 9:05 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 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

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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 SUSAN STEINBERG, Consumer Member
9 ROBIN HILL, RN Member, LPN Educator (via telephone)
10 HEATHER WESTERFIELD, RN Member
11 CHRISTINE LECHLITER, RN Member
12 SUSAN LYONS, APRN Member
13 CHARLENE HARROD-OWUAMANA, LPN Member
14 JACQUELINE HILL, RN Member, BS Educator
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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 BRIAN STALLSMITH, MBON, IT Technician

7 MONICA MENTZER, Manager, Practice

8 IMAN FARID, Health Policy Analyst (via telephone)

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1 AUDIENCE MEMBERS:

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3 TIJUANA GRIFFIN, Washington Adventist University

4 KEMI OPANUBI, Washington Adventist University

5 JERCILLA MURMU, Washington Adventist University

6 BASAVA JITTA, Washington Adventist University

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8 AUDIENCE MEMBERS (via telephone):

9 GARY NEALE, OET America

10 JOY INGWERSON, OET America

11 OPPER CHIWESHE, Adventist Healthcare

12 MAEVE HOWETT, University of Maryland

13 JANE KIRSCHLING, University of Maryland

14 ANN MECH, University of Maryland

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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
4 ahead and get started. If I can get a motion to into Open
5 Session.

6 MS. TURNER: So moved, Turner.

7 MR. HICKS: Turner.

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

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

10 ALL: Aye.

11 MR. HICKS: Opposed?

12 (No oppositions)

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

15 MS. HAYWARD: Dawne Hayward, RN member.

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

18 MS. TURNER: Ann Turner, RN member.

19 MS. LECHLITER: Christine Lechliter, nurse
20 administrator member.

21 MS. CASSIDY: Audrey Cassidy, consumer member.

1 MS. STEINBERG: Susan Steinberg, consumer member.

2 MS. LYONS: Susan Lyons, RN member, advanced
3 practice nursing.

4 MS. HARROD-OWUAMANA: Charlene
5 Harrod-Owuamana, LPN member.

6 MR. HICKS: Dr. Robin Hill, are you online?

7 MS. ROBIN HILL: Yes, I am.

8 MR. HICKS: Good morning. If you will, introduce
9 yourself.

10 MS. ROBIN HILL: This is Dr. Robin Hill. I am a
11 practical nursing educator, RN member with the Board of
12 Nursing.

13 MR. HICKS: Damare Vickers, are you online?
14 (No response)

15 MR. HICKS: Anyone else online that I may have
16 missed?
17 (No response)

18 MR. HICKS: Let the record reflect that Dr.
19 Jacqueline Hill is also present in the room, and Dr.
20 Westerfield is also present.

21 We will move down to Board of Nursing Updates. Ms.

1 Evans?

2 MS. EVANS: Good morning. I just wanted to provide
3 you with a few updates concerning staffing. There's
4 approximately 30 positions that are vacant. Rhonda and I,
5 yesterday, met with recruitment. So, we are working on the
6 recruitment efforts. They provided us with multiple choices
7 for recruitment. So, we're really excited about that. That
8 includes a job fair as well as being able to post outside of
9 the state website. So, we are going to continue to move
10 forward with that. It was a great conversation.

11 The other piece is, I wanted to give you an update
12 on our networking concerns. So, as all of you know, we had
13 the ransomware back on December 4th of 2021. We are still on
14 MiFi, so we are not hardwired at this point. The Board voted
15 last month to go with the Department of Informational
16 Technology, and from there we have - our C.O.O., Mr. Bell,
17 has been working with the Department of Informational
18 Technology. At this point we will not be hardwired until
19 sometime in January. They are, secondary to COVID, waiting
20 for parts to come in, is what we've heard from the Department
21 of Informational Technology. So, at this point, I'm going to

1 ask everyone to be patient because this is not something
2 that's in the Board's control. We still have limited
3 functionality and capability of our two databases that we
4 house information on. So, again, it takes us approximately,
5 on average, twenty minutes to license or certify a person
6 because we have to go into one network, come out, go into
7 another network, come out, and go back to the previous network
8 in order to certify. And because we're on MiFi we're being
9 kicked out every so often, so you would have to add that to the
10 mix of what is going on here. So, I just wanted to give you an
11 update on that. So, I'm asking everyone in our community and
12 our constituents, please, be patient. We know that it's been
13 difficult since we've had the ransomware. Unfortunately, I
14 can't change that. I wish I could.

15 Last week Mr. Hicks and I attended the National
16 Council of State Boards of Nursing in Chicago. We represented
17 Maryland at that time. It went extremely well. One of the key
18 pieces that was brought up, and it's a definite concern to
19 everyone in here and everyone on the call, is the workforce
20 shortage. And so, some of the highlights for the workforce
21 shortage is that - well, not highlights, really lowlights for

1 the workforce shortage is that, yes, nationally - it's not just
2 nationally, however it's globally as well. What they have
3 found is that the baby boomers, yes, they are retiring, but
4 not as fast as those under the age of 50 are leaving nursing,
5 which really was sad when I heard that. And that's a concern.
6 We want to make sure that we give all of our young nurses the
7 support that they need. It's a wonderful profession. I've
8 been doing it for 38 years. I love it, and I wish everyone
9 had that same thought. But we want to make sure we're not
10 overloading. COVID did overload all of us, right? So, you
11 know, there has been a lot of mental illness; there has just
12 been illness secondary to COVID side effects. So, there's a
13 lot of different things going on, but we want to make sure
14 that we preserve those that we have. So, the workforce
15 shortage is real. Part of that also is, what we're looking
16 at, not just in that committee, but I'm also on the National
17 Advisory Council of Nursing Education and Practice. We also
18 spoke about workforce. And what both groups are saying is
19 that we need faculty, but we need qualified faculty, and the
20 faculty needs to have more money for what they
21 do, which is true because it's a tough job. I did it at one

1 time, so it's a tough job to do. It's a rewarding job, but
2 all the same. You know, the faculty needs to be valued for
3 the worth of the work that they do.

4 The other piece is, Joyce Cleary is no longer here
5 for the CNA training programs. So, that position is being
6 split between Dr. Forbes-Scott and myself. So, I need all of
7 the CNA training programs and new programs, and I will put all
8 of this on our communications on our website. We understand
9 that some individuals are faxing in their information.
10 Please, do not fax because I don't know what fax you're
11 sending it to. I haven't found any on the faxes that we do
12 have. Everyone should be sending it to the CNA training
13 program's email. So, when I put the communications onboard,
14 you will have that email. Please, just send everything to
15 theirs, and we will be doing everything in order of when it
16 was given to us just to be on the fair side.

17 The last item is Implicit Bias training. So, I need
18 -- I would like to make a recommendation to the Board. I met
19 with all the boards, and Iman and I met with the person who's
20 heading the Implicit Bias training from the Department of
21 Health Minority Affairs the other day. So, this is how we

1 will handle -- the Board approves, I'm sorry, Implicit Bias
2 training.

3 So, from the meetings that I've had, everything has
4 been given back to the boards to do. So, what we would like
5 to do is recognize - Mike, do you have that, please?

6 MR. CONTI: Yes. I sent it to your email.

7 MS. EVANS: You sent it to my email, oh. So, the
8 Board approved, some time ago, what the Board would accept
9 for CEUs. So, they are; Area Health Education Centers, The
10 American Nurses Association, The American Nurses
11 Credentialling Center, professional organizations offering
12 CEUs for the purpose of renewing a national certification for
13 advanced practice registered nurses, local state or national
14 professional nursing associations that provide educational
15 nursing programs, The Maryland Nurses Association, The
16 National Council of State Boards of Nursing, and The National
17 League of Nursing.

18 So, those are the ones we approved for the Implicit
19 Bias, but what they're also accepting is The Accreditation
20 Counseling for Continuing Medical Education. So, that would
21 be one that we would need to add for the Implicit Bias. So, I

1 would like to add that particular one. All of the trainings
2 have to have implicit bias in it. What they have found is that
3 they are getting some that's talking about diversity, inclusion,
4 but it specifically has to be geared to implicit bias training.
5 So, first, we can approve, and then I can tell you what the
6 next step is.

7 I am making a recommendation that we approve that
8 these are the accrediting bodies that we already have for the
9 CEUs, plus the -

10 MR. CONTI: Accreditation Council for Continuing
11 Medical Education.

12 MS. EVANS: Thank you. If we can approve those that
13 the Board can accept Implicit Bias training from, I will start
14 there.

15 MR. HICKS: Is there a motion to accept the
16 recommendation to add the Accreditation Council for Continued
17 Medical Education to the list of CEU approvals?

18 MS. JACQUELINE HILL: Motion to approve.

19 MR. HICKS: Dr. Jacqueline Hill.

20 MS. HAYWARD: Second, Hayward.

21 MR. HICKS: Hayward. All in favor?

1 ALL: Aye.

2 MR. HICKS: Opposed?

3 (No oppositions)

4 MR HICKS: Motion carries.

5 MS. EVANS: So, the next step is, I will be putting
6 communication on our website. I'll also be sending the two
7 things out to all of our constituents by the end of the week,
8 the process in which you can submit an Implicit Bias training
9 program to the Board.

10 Once the Board has approved it, then it will go to
11 Minority Health Disparities - I'm sorry, I forget the title
12 right this minute - Health. They will do the final approval,
13 but they are looking to us to really vet the information. And
14 that's the process.

15 I think that's all I have.

16 MR. HICKS: Are there any questions for Ms. Evans?

17 (No questions posed)

18 MR. HICKS: All right, hearing none. We will go
19 down. Is there a motion to approve the Consent Agenda? I'm
20 sorry, we're going to go down to 3. Ms. Evans will present
21 Number 3.

1 MS. EVANS: Yes, thank you, Mr. Hicks. The first
2 is, we don't have anything under A as far as Initial Training
3 Programs, but under B we have Renewal of Approved Certified
4 Nursing Assistant Programs.

5 The first one is the Center of Applied Technology
6 for renewal, CNA/GNA program. They have met all of the
7 requirements under 10.39.02. They have the appropriate
8 accreditation from Middle States Accrediting System for High
9 Schools. They have - all the instructors have been approved,
10 and all of the instructional resources are up-to-date. They
11 have the written agreements that they need. The total is a
12 total of 508 hours for this program; 430 hours of didactic, 36
13 hours of lab, and 42 hours of clinical.

14 So, the Practice and Education has made a motion to
15 move this to the Board for final approval.

16 MR. HICKS: Is there a motion to approve the
17 recommendation to renew Center for Applied Technology's CNA/GNA
18 program?

19 MS. STEINBERG: So moved, Steinberg.

20 MS. GIBBONS-BAKER: Gibbons-Baker.

21 MR. HICKS: Steinberg, Gibbons-Baker. All in favor?

1 ALL: Aye.

2 MR. HICKS: Opposed?

3 (No oppositions)

4 MR. HICKS: Motion carries.

5 MS. EVANS: The next is Compassionate Academy for
6 CNA and GNA programs. They have met all of the requirements
7 under 10.39.02. All of the instructional resources are
8 up-to-date within the last five years. They have a clinical
9 agreement, written agreement. They have a total of 120 hours;
10 60 hours, didactic; 20 hours, lab; 40 hours, clinical.

11 So, the Practice and Education Committee had made a
12 recommendation to move this forward to the Board.

13 MR. HICKS: Motion to approve the Compassionate
14 Academy's CNA/GNA program?

15 MS. HAYWARD: So moved, Hayward.

16 MR. HICKS: Hayward.

17 MS. STEINBERG: Second, Steinberg.

18 MR. HICKS: Steinberg. All in favor?

19 ALL: Aye.

20 MR. HICKS: Opposed?

21 (No oppositions)

1 MR. HICKS: Motion carries.

2 MS. EVANS: The next is Harford Technical High
3 School for CNA/GNA program. They have, under Harford County
4 Board of Education, their accrediting body, MSDE has sent this
5 for approval. Their faculty has already been approved. Their
6 instructional resources are up-to-date with the latest edition
7 being 2022. Their clinical agreement is signed. They have a
8 total 210 hours; 150 of those didactic; 16, lab; and 44 hours
9 of clinical.

10 So, the Practice and Education has made a
11 recommendation to move this forward to the Board for final
12 approval.

13 MR. HICKS: Is there a motion to move Harford
14 Technical High School's CNA/GNA program?

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

16 MR. HICKS: Gibbons-Baker.

17 MS. TURNER: Second, Turner.

18 MR. HICKS: Turner. All in favor?

19 ALL: Aye.

20 MR. HICKS: Opposed?

21 (No oppositions)

1 MR. HICKS: Motion carries.

2 MS. EVANS: The next is Stein Academy for CNA/GNA
3 program. They have met all the requirements under 10.39.02.
4 Their faculty has already been approved. Their instructional
5 resources are within the last five years, 2019 is the date of
6 their last textbook. They have a written agreement for
7 clinical. As far as their curriculum hours, 115 hours; 50
8 hours, didactic; 25 hours, lab; and 40 hours, clinical.

9 So, the Practice and Education Committee would like
10 to move this forward to the Board for final approval.

11 MR. HICKS: Motion to approve Stein Academy's
12 CNA/GNA program?

13 MS. GIBBONS-BAKER: So moved.

14 MR. HICKS: Gibbons-Baker.

15 MS. STEINBERG: Second.

16 MR. HICKS: Steinberg. All in favor?

17 ALL: Aye.

18 MR. HICKS: Opposed?

19 (No oppositions)

20 MR. HICKS: Motion carries.

21 MS. EVANS: The next one is Quality First CNA

1 program. They have met all of the requirements under
2 10.39.02. They have their waiver from MHEC. They have all
3 of their faculty. The textbook is 2018, and they were
4 notified that they would need by their next renewal to
5 update their text so that it can be within five years.
6 Their clinical facility has been approved from the Office of
7 Health Care Quality. They have their written agreement.
8 Their program has a total of 120 hours; 60 hours, didactic;
9 18 hours, lab; and 42 hours of clinical.

10 The Practice and Education Committee has made a
11 recommendation to move it to the Board for final approval.

12 MR. HICKS: Motion to approve the Quality First CNA
13 program?

14 MS. LYONS: So moved, Lyons.

15 MR. HICKS: Lyons.

16 MS. CASSIDY: Second, Cassidy.

17 MR. HICKS: Cassidy. All in favor?

18 ALL: Aye.

19 MR. HICKS: Opposed?

20 (No oppositions)

21 MR. HICKS: Motion carries.

1 MS. EVANS: The last renewal training program is
2 Quality First GNA program. Again, has met MHEC and the Office
3 of Health Care Quality. They have their faculty. It's already
4 been approved. Again, for their instructional resources, as far
5 as the text is concerned, it's 2018, and they are aware that
6 they have to have a new text for the next renewal. They have
7 their clinical agreements. For this particular program the
8 students already have their CNA when they enter this particular
9 program. So, they have didactic, 21 hours; 18 hours of lab; and
10 40 hours of clinical. So, from the other program of being 120
11 hours from the CNA program you just approved, they have a total
12 of 79 hours here.

13 So, the Practice and Education Committee has made a
14 recommendation to move this program forward to the Board for
15 final approval.

16 MR. HICKS: Motion to approve Quality First GNA
17 program?

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

19 MR. HICKS: Gibbons-Baker.

20 MS. LYONS: Second, Lyons.

21 MR. HICKS: Lyons. All in favor?

1 ALL: Aye.

2 MR. HICKS: Opposed?

3 (No oppositions)

4 MR. HICKS: Motion carries.

5 MS. EVANS: Faculty, this first Christine Kanaras,
6 R212075 for Adventist HealthCare Shady Grove Medical Center.
7 She has met all the requirements under 10.39.02.05.
8 She has two years of experience; one year with the elderly,
9 and she has met the 16 hours of teaching experience. She has
10 a master's with education focus, and has been a Skills
11 instructor for Nova Medical Campus since 2020.
12 The recommendation from the Practice and Education
13 Committee is to move her forward.

14 MR. HICKS: Motion to approve Christine Kanaras,
15 R212075 for the Adventist HealthCare Shady Grove Medical
16 Center's CNA program?

17 MS. STEINBERG: So moved, Steinberg.

18 MR. HICKS: Steinberg.

19 MS. HAYWARD: Second, Hayward.

20 MR. HICKS: Hayward. All in favor?

21 ALL: Aye.

1 MR. HICKS: Opposed?

2 (No oppositions)

3 MR. HICKS: Motion carries.

4 MS. EVANS: The next person is Tsion Zerom, R228996
5 for the Adventist HealthCare Shady Grove Medical Center.

6 Has met the two years of nursing experience, one
7 year of caring for the elderly, and also took the Train the
8 Trainer course in June of 2022. Has met all the requirements
9 under 10.39.02.05.

10 The Practice and Education Committee has moved this
11 forward for final approval from the Board.

12 MR. HICKS: Motion to approve Tsion Zerom, R228996
13 for the Adventist HealthCare Shady Grove Medical Center's CAN
14 program?

15 MS. STEINBERG: So moved, Steinberg.

16 MR. HICKS: Steinberg.

17 MS. CASSIDY: Second, Cassidy.

18 MR. HICKS: Cassidy. All in favor?

19 ALL: Aye.

20 MR. HICKS: Opposed?

21 (No oppositions)

1 MR. HICKS: Motion carries.

2 MS. EVANS: Christine Kanaras, R212075 for Adventist
3 HealthCare White Oak Medical Center, has met all the
4 requirements under 10.30.02.05.

5 The Practice and Education Committee has made a
6 recommendation to move this forward to the Board for final
7 approval.

8 MR. HICKS: Is there a motion to approve Christine
9 Kanaras, R212075 for the Adventist HealthCare White Oak
10 Medical Center CNA program?

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

12 MR. HICKS: Gibbons-Baker.

13 MS. CASSIDY: Second, Cassidy.

14 MR. HICKS: Cassidy. All in favor?

15 ALL: Aye.

16 MR. HICKS: Opposed?

17 (No oppositions)

18 MR. HICKS: Motion passes.

19 MS. EVANS: Tsion Zerom, R228996 for Adventist
20 HealthCare White Oak Medical Center has met all of the
21 requirements under 10.39.02.05.

1 The Practice and Education Committee has made a
2 recommendation to move this forward to the Board for final
3 approval.

4 MR. HICKS: Motion to approve Tsion Zerom, R228996
5 for the Adventist HealthCare White Oak Medical Center CNA
6 program?

7 MS. LYONS: So moved, Lyons.

8 MR. HICKS: Lyons.

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

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

11 ALL: Aye.

12 MR. HICKS: Opposed?

13 (No oppositions)

14 MR. HICKS: Motion carries.

15 MS. EVANS: Martha Ikegw, R167359, Compassionate
16 Academy, has met all the requirements under 10.39.02.05 as a
17 faculty. They have two years' experience in nursing. They
18 have one year for caring for the chronically ill and elderly,
19 and has been an instructor since 2000, and currently is the
20 instructor of Capital Professional Training Center and
21 Healthcare in D.C.

1 So, the Practice and Education Committee has made a
2 recommendation to move this forward to the Board for final
3 approval.

4 MR. HICKS: Motion to approve Martha Ikegw, R167359
5 for the Compassionate Academy CNA program?

6 MS. HAYWARD: So moved, Hayward.

7 MS. TURNER: Second, Turner.

8 MR. HICKS: Hayward, Turner. All in favor?

9 ALL: Aye.

10 MR. HICKS: Opposed?

11 (No oppositions)

12 MR. HICKS: Motion carries.

13 MS. EVANS: The next person is Oluchi Ekeocha. She
14 is a multistate from Virginia. Her number is 0001309435.
15 For Heritage Care, she has met all of the requirements under
16 10.39.02.05. She has two years of nursing. One year of
17 caring for the elderly or chronically ill, and has been an
18 instructor since 2020 and has met the two-year requirement.

19 So, the Practice and Education Committee has made a
20 recommendation to move Oluchi Ekeocha to the Board for final
21 approval.

1 MR. HICKS: Is there a motion to approve Oluchi
2 Ekeocha, 0001309435, Virginia multistate license, for the
3 Heritage Care CNA program?

4 MS. LECHLITER: So moved, Lechliter.

5 MR. HICKS: Lechliter.

6 MS. CASSIDY: Second, Cassidy.

7 MR. HICKS: Cassidy. All in favor?

8 ALL: Aye.

9 MR. HICKS: Opposed?

10 (No oppositions)

11 MR. HICKS: Motion carries.

12 MS. EVANS: The next person is Paula C. Leonard,
13 R086361 for Howard Community College. Ms. Leonard has met
14 all of the requirements under 10.39.02.05. She has the two
15 years of nursing experience, has the one year of caring for
16 the elderly and chronically ill, and took the Train the
17 Trainer course in June of 2022.

18 So, the Practice and Education Committee has made a
19 recommendation to move this forward to the Board for final
20 approval.

21 MR. HICKS: Is there a motion to approve Paula

1 Leonard, R086361 for Howard Community College CNA program?

2 MS. LYONS: So moved, Lyons.

3 MR. HICKS: Lyons.

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

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

6 ALL: Aye.

7 MR. HICKS: Opposed?

8 (No oppositions)

9 MR. HICKS: Motion carries.

10 MS. EVANS: Sharonda Moses, R223820 for Howard

11 Community College. Has two years of experience, has met the

12 one-year working with the chronically ill and elderly, took

13 the Train the Trainer course in June of 2022. So, has met

14 all the requirements.

15 So, the Practice and Education Committee has made a

16 recommendation to move this forward to the Board for final

17 approval.

18 MR. HICKS: Motion to approve Sharonda Moses,

19 R223820 for Howard Community College's CNA program?

20 MS. HAYWARD: So moved, Hayward.

21 MR. HICKS: Hayward.

1 MS. TURNER: Second, Turner.

2 MR. HICKS: Turner. All in favor?

3 ALL: Aye.

4 MR. HICKS: Opposed?

5 (No oppositions)

6 MR. HICKS: Motion carries.

7 MS. EVANS: The next person is Michelle Bagdanove,
8 R229153 for IT Works Learning Center. She has met all the
9 requirements of the 10.30.02.05. She has the two years of
10 teaching experience, has the one year of caring for the
11 elderly and chronically ill. She has been teaching since
12 2017, and is an instructor at various long-term care
13 facilities.

14 So, the Practice and Education Committee is
15 recommending that we move her forward to the Board for final
16 approval.

17 MR. HICKS: Is there a motion to approve Michelle
18 Bagdanove, R229153 for IT Works Learning Center's CNA
19 program?

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

21 MR. HICKS: Gibbons-Baker.

1 MS. CASSIDY: Second, Cassidy.

2 MR. HICKS: Cassidy. All in favor?

3 ALL: Aye.

4 MR. HICKS: Opposed?

5 (No oppositions)

6 MR. HICKS: Motion carries.

7 MS. EVANS: The next person is Sheila Tates,
8 R212458, again, for the IT Works Learning Center. She has
9 the two years of experience, has the one year of working with
10 the elderly and chronically ill, has worked as an instructor
11 at Genesis HealthCare, and also an instructor at Baltimore
12 City Community College from 2016 to 2020. Ms. Tates has met
13 all of the requirements under 10.39.02.05.

14 So, the Practice and Education Committee has made a
15 recommendation to move this forward to the Board for final
16 approval.

17 MR. HICKS: Motion to approve Sheila Tates, R212458
18 for IT Works Learning Center's CNA program?

19 MS. HAYWARD: So moved, Hayward.

20 MR. HICKS: Hayward.

21 MS. CASSIDY: Second, Cassidy.

1 MR. HICKS: Cassidy. All in favor?

2 ALL: Aye

3 MR. HICKS: Opposed?

4 (No oppositions)

5 MR. HICKS: Motion carries.

6 MS. EVANS: Mineisha Green, R191758 from the
7 University of Maryland Medical Center.

8 So, the Practice and Education Committee did not
9 make a motion on this person. I have added her, but she has
10 met all of the requirements of 10.39.02.05. She has the two
11 years of teaching experience, has the one year of working
12 with the chronically ill, and has two years of nursing
13 experience. I did that out of order, but just work with me.

14 So, I am making a recommendation to the Board to
15 move along Ms. Green for approval as a faculty member.

16 MR. HICKS: Motion to approve Mineisha Green,
17 R191758 for the University of Maryland Medical Center's CNA
18 program?

19 MS. TURNER: So moved, Turner.

20 MR. HICKS: Turner.

21 MS. HAYWARD: Second, Hayward.

1 MR. HICKS: Hayward. All in favor?

2 ALL: Aye.

3 MR. HICKS: Opposed?

4 (No oppositions)

5 MR. HICKS: Motion carries.

6 MS. EVANS: The next is Approval for Additional

7 Clinical Sites for CNA Training Programs.

8 The first is, Caroline Center is requesting to add

9 Keswick Multi-Care Center as an additional site for their

10 CNA/GNA training program. They have met all of the

11 requirements.

12 The Practice and Education Committee has made a

13 recommendation to move this forward to the Board for final

14 approval.

15 MR. HICKS: Is there a motion to approve Keswick

16 Multi-Care Center to the Caroline Center's CNA/GNA training

17 program?

18 MS. LYONS: So moved, Lyons.

19 MR. HICKS: Lyons.

20 MS. TURNER: Second, Turner.

21 MR. HICKS: Turner. All in favor?

1 ALL: Aye.

2 MR. HICKS: Opposed?

3 (No oppositions)

4 MR. HICKS: Motion carries.

5 MS. EVANS: The last one under this is IT Works

6 Learning Center is requesting to add three additional sites;

7 Adelphi Nursing and Rehab Center, Bon Secours Community, and

8 St. Elizabeth's Rehab and Nursing Center.

9 The Practice and Education Committee has made a

10 recommendation to move this forward to the Board for final

11 approval.

12 MR. HICKS: Is there a motion to accept Adelphi

13 Nursing and Rehab Center Bon Secours Community, and St.

14 Elizabeth's Rehabilitation and Nursing Center to IT Works

15 Learning Center's CNA program?

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

17 MR. HICKS: Gibbons-Baker.

18 MS. TURNER: Second, Turner.

19 MR. HICKS: Turner. All in favor?

20 ALL: Aye.

21 MR. HICKS: Opposed?

1 (No oppositions)

2 MR. HICKS: Motion carries. We will move down to
3 Education. Ms. Evans is going present Education.

4 MS. EVANS: So, for Education for A is the
5 University of Maryland of Nursing Substantial Modification
6 to the Existing Academic Program: Bachelor of Science in
7 Nursing Program (Transition to Competency-Based Curriculum,
8 2022.)

9 Are there any members of the University of Maryland
10 School of Nursing online?

11 MS. HOWETT: This is Maeve Howett, associate dean
12 for the BSN program.

13 MS. KIRSCHLING: This is Jane Kirschling.

14 MS. EVANS: Thank you.

15 MS. MECH: Ann Mech, director of legal affairs.

16 MS. EVANS: Thank you. So, the background is that
17 the University of Maryland School of Nursing under the
18 leadership of Dr. Jane Kirschling, Dean and Dr. Maeve Howett,
19 professor associate dean for the baccalaureate of education,
20 provided the Maryland Board of Nursing their transition plan
21 for the competency-based curriculum. The plan exemplifies

1 requirements specified by the American Association of
2 Colleges of Nursing, 2021, accreditation standards.

3 Our finding is that the documents submitted by the
4 University of Maryland School of Nursing met COMAR 10.27.03
5 in its entirety; COMAR 10.27.03.08 for Nursing Faculty and
6 Clinical Faculty Requirements; COMAR 10.27.03.13, Curriculum
7 Requirements; and COMAR 10.27.03.14, Students Requirements,
8 including information for the student handbook, university
9 catalog, and policies governing ethical practices related to
10 recruitment, admission, and advertising.

11 The recommendation from the Practice and Education
12 Committee is to accept the University of Maryland School of
13 Nursing transition to
14 competency-based curriculum for the Board's final approval.

15 MR. HICKS: When will that curriculum go into
16 effect?

17 MS. EVANS: I can't remember.

18 MS. HOWETT: Fall, '22.

19 MR. HICKS: I'm sorry?

20 MS. HOWETT: Fall of '22.

21 MR. HICKS: Fall of '22.

1 MS. HOWETT: It will be a transition to take first
2 semester classes this fall in the new curriculum while we
3 teach out the old curriculum.

4 MR. HICKS: Thank you.

5 MS. EVANS: Thank you.

6 MR. HICKS: Is there a motion to approve the
7 University of Maryland School of Nursing's Transition to
8 Competency-Based Curriculum for the Fall of 2022 semester?

9 MS. STEINBERG: So moved, Steinberg.

10 MR. HICKS: Steinberg.

11 MS. LECHLITER: Second, Lechliter.

12 MR. HICKS: Lechliter. All in favor?

13 ALL: Aye.

14 MR. HICKS: Opposed?

15 (No oppositions)

16 MR. HICKS: Motion carries.

17 MS. EVANS: For the University of Maryland, would
18 you like to make any comments?

19 MS. HOWETT: Thanks to the Board members, and our
20 faculty has done a stellar job. We're really thrilled with
21 it. We are one of the first in the country to switch to the

1 new essentials. So, we will keep you posted. Thanks, Ms.

2 Evans, very much.

3 MS. EVANS: You are quite welcome. Thank you for

4 being here. We appreciate it.

5 MS. KIRSCHLING: This is Jane. I would just echo

6 Maeve's appreciation to the Board for all your timely

7 action on this. We appreciate all that you do.

8 MS. EVANS: Thank you.

9 MR. HICKS: Thank you.

10 MS. EVANS: Iman has the next one.

11 MR. HICKS: Iman is going to present 4B.

12 MS. FARID: Yes, good morning. Can you hear me?

13 MR. HICKS: Good morning, Iman.

14 MS. FARID: Good morning. I will be presenting 4B,

15 which are Revisions to the English Language Proficiency

16 Exams.

17 There are three exams that we will be discussing

18 today. We will be starting with the Pearson Test of English,

19 or PTE Academic. You may recall last month on July 27th the

20 Board voted to adopt the PTE Academic as an alternative

21 English language proficiency examination. In that meeting

1 the Board adopted the following overall score and minimum
2 section scores for the PTE Academic. So, this would include
3 an overall score of 59; a minimum section score of 50 for the
4 listening, reading, speaking, and writing portions of the exam.
5 After the July 4th meeting, the Practice and Education
6 Committee, after further consideration, recommends revising the
7 overall score and Common European Framework of Reference for
8 the PTE Academic to align with NCSBN recommendations. The
9 NCSBN recommends the following PTE passing standards as of
10 June of 2010 when they had published their report. The overall
11 score of 55; the listening, reading, speaking, and writing
12 section score of 50; and the CEFR of B1.

13 Are there any questions related to the PTE Academic?

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

15 (No questions posed)

16 MR. HICKS: All right. Is there a motion to approve
17 the revision to the PTE Academic to reflect an overall score of
18 55; listening, 50; reading, 50; speaking, 50; writing, 50; and
19 a CEFR of B1?

20 MS. LECHLITER: So moved, Lechliter.

21 MR. HICKS: Lechliter.

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

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

3 ALL: Aye.

4 MR. HICKS: Opposed?

5 (No oppositions)

6 MR. HICKS: Motion carries.

7 MS. FARID: Thank you so much. The next
8 exam is the Occupational English Test. I would like to
9 acknowledge Mr. Gary Neale and Ms. Joyce Ingwerson, the
10 representatives online, from OET America. Good morning.

11 MR. NEALE: Good morning. Thank you.

12 MS. INGWERSON: Good morning.

13 MS. FARID: So, the Occupational English
14 Test, OET, is currently approved for five state boards of
15 nursing; Florida, Massachusetts, Michigan, Oregon, and
16 Washington. The States of New Jersey and Illinois have
17 approved the use of the OET, but are still awaiting final
18 promulgation.

19 NCSBN has reviewed the OET and has invites the Board to
20 consider the OET for adoption. NCSBN has been in partnership
21 with the research and validity at Cambridge University to test

1 the validity and reliability of the exam and how it fits into
2 the existing IELTS scoring. There's been a recommendation
3 from NCSBN that the OET has also been recently listed by the
4 federal HRSA as an acceptable exam for the certificates.
5 There has not been, to my knowledge, a standard setting
6 exercise for the OET, mostly because it's mapped quite
7 accurately the IELTS scores.

8 So, with this information the Practice and
9 Education Committee recommends adopting the OET as an
10 alternative English language proficiency examination, and
11 recommends adopting the following minimum section scores for
12 the OET; a listening score of 300; a reading score of 300;
13 speaking score of 300; and writing score of 300.

14 Are there any questions about the OET?

15 MR. HICKS: Any questions for Iman?

16 (No questions posed)

17 MR. HICKS: All right, hearing none. Is there a
18 motion to approve the recommendation to adopt the OET an
19 alternative English language proficient exam with the
20 following minimum scores; listening score of 300; reading
21 score of 300; speaking score of 300; and writing score of

1 300?

2 MS. LYONS: So moved, Lyons.

3 MR. HICKS: Lyons.

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

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

6 ALL: Aye.

7 MR. HICKS: Opposed?

8 (No oppositions)

9 MR. HICKS: Motion carries.

10 MS. FARID: Thank you so much. Mr. Neale or
11 Ms. Ingwerson, do you have any other comments?

12 MR. NEALE: Just to say thank you very much
13 for your time, and we are looking forward to working with
14 the Welcome Back Center in Maryland. We hope to get some
15 candidates into practice quite soon. Thank you.

16 MS. INGWERSON: Thank you.

17 MS. FARID: Thank you so much. And the last
18 English exam that we have for today is the International
19 English Language Testing Service, IELTS.

20 Last month on July 27th the Board voted to
21 adopt a minimum speaking score of 6.0 for the IELTS.

1 That would result in the Board having an overall score of
2 6.5, and a minimum section score of 6.0 on the listening,
3 reading, speaking, and writing portions of the exam.

4 After the July 4th meeting the Practice and
5 Education Committee was requested by representatives from
6 Adventist HealthCare and the Maryland Hospital Association to
7 revise the IELTS scoring by removing the requirements for a
8 6.0 on all other modules of the test, and instead setting a
9 minimum score of 6.0 for every one module.

10 I would like to provide an example that was providing
11 to the Practice and Education Committee. If a nursing
12 testing candidate test score is a 6.5 for overall, but they
13 have scored a 5.5 on any of the remaining section scores that
14 may have scored higher than the 6.0, the nurse then, he or
15 she, has not met the 6.0 minimum requirement, and would have
16 to retake the exam.

17 The Practice and Education Committee on August 12th
18 reviewed a few of NCSBN's material on the IELTS. Mainly,
19 there is one table that has been published of IELTS scores and
20 what that means for the testing candidate. A band score of 6
21 includes a competence user of the English language. The

1 description that was provided includes the testing candidate
2 has a general effective command of the language despite some
3 inaccuracies and misunderstandings. The candidate can read
4 and understand fairly complex language, particularly in
5 familiar situations. The committee also reviewed a band score
6 of 5, which is placed to a modest user. The candidate has
7 partial command of the language coping with overall meaning in
8 most situations though is likely to make many mistakes. The
9 candidate should be able to handle basic communication in
10 their own field. This particular table was the main
11 consideration of the committee, and after further
12 consideration the committee was not comfortable the removal of
13 the minimum section score of 6.0 for the IELTS. The table
14 that's been published was the main rationale in not providing
15 a recommendation in changing the minimum section score.

16 Are there any questions related to the IELTS and the
17 committee's recommendation?

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

19 (No questions posed)

20 MR. HICKS: All right. Is there a motion to approve
21 the recommendation of the Practice and Education Committee

1 not to remove the minimum section scores of 6.0 from the
2 IELTS?

3 MS. HAYWARD: So moved, Hayward.

4 MR. HICKS: Hayward.

5 MS. LYONS: Second, Lyons.

6 MR. HICKS: Lyons. All in favor?

7 ALL: Aye.

8 MR. HICKS: Opposed?

9 (No oppositions)

10 MR. HICKS: Motion carries. Ms. Chiweshe, are you
11 online?

12 MS. CHIWESHE: This is Opper Chiweshe, yes.

13 MR. HICKS: Is there anything that you would like to
14 add?

15 MS. CHIWESHE: Thank you for giving me the time. I
16 must say I'm concerned because I was hoping that the Education
17 Committee would go with the NCSBN recommendation of any one
18 module. I understand what Ms. Iman had explained. It just
19 continues to be a burden to all the international boards to
20 foot the bill of having to retake this test when you consider
21 the (indiscernible) does not specify for the rest of the exam,

1 it only has the score for the overall and the speaking section.
2 So, we are going to have international nurses having to take
3 the test all over again or rather just not opt to come to
4 Maryland because of this. Thank you.

5 MR. HICKS: It's my understanding that we did follow
6 the recommendation from NCSBN. Is that correct, Iman?

7 MS. FARID: So, NCSBN's recommendation, as Ms.
8 Chiweshe is saying, is actually more general. I can read what
9 the recommendation.

10 So, based on NCSBN's deliberation they recommend an
11 overall 6.5 exam score with a minimum of 6.0 in any one module.
12 What the Board requires, which is different, is that a testing
13 candidate must have a 6.0 in the reading, writing, speaking,
14 and listening sections of the exam. The Board requires a
15 minimum of 6.0 on all modules, and NCSBN says there's a 6.0 in
16 any one module.

17 MR. HICKS: Thank you, Iman, for that clarification.

18 MS. FARID: You're welcome. And I do see that
19 (indiscernible) has her hand raised online.

20 CALLER: (Indiscernible)

21 MR. HICKS: Ma'am, I'm having a really hard time

1 hearing you. Can you speak up a little bit?

2 CALLER: Yes, yes. I wanted to (indiscernible due
3 to phone connection).

4 MR. HICKS: Thank you. We will move forward.
5 Moving onto Iman, while we have you online, Legislative
6 Affairs.

7 MS. FARID: Yes. So, under Legislative Affairs, we
8 will start with Item 7A: APRN Delegation of Tasks Regulations.

9 I hope, before you, you have two documents related
10 to this item. The first is the legislation for House Bill 95,
11 and the second document should be the regulations that are
12 before the Board for final approval.

13 In 2021 House Bill 95 was enacted, and this
14 particular legislation required the Board to adopt regulations
15 and to provide the following: Provide for the manner in which
16 an advanced practice registered nurse delegates a nursing or
17 other technical tasks to an assistant; establish limitations on
18 the authority of an advanced practice registered nurse to
19 delegate nursing or other technical tasks to an assistant; and
20 otherwise, clarify the scopes of the subsection.

21 Subsequent to the enactment of the legislation, the

1 Board has been convening APRN stakeholder meetings to draft,
2 revise, and further discuss the regulations that are before
3 you. These regulations would be under COMAR 10.27.28, and
4 there are a total of six sections under the particular
5 regulation. Very quickly to go through the language, we have
6 the section for the scope of the regulation that this chapter
7 governs the delegation of nursing or other technical tasks by
8 an advanced practice registered nurse to an assistant. We have
9 the definition section that includes what a delegating act may
10 be, the location in which a delegating act may be performed,
11 and to what an assistant means as well as the APRN, and further
12 definitions around asynchronous and synchronous telehealth
13 interactions; ,03 outlines the standards for delegation; and
14 .04 outlines the scope of delegation to an assistant; .05 and
15 .06 are related to the prohibited conduct and penalties and
16 the enforcement of any action that may violate the Nurse
17 Practice Act or COMAR.

18 These regulations were approved by the APRN
19 stakeholders, which are comprised or representatives from our
20 advanced practice nursing organization. Some of these
21 individuals include Maryland Academy of Advanced Practice

1 Clinicians; the Nurse Practitioner Association of Maryland;
2 the Maryland Nurses Association, just to list a few
3 individuals that were in attendance.

4 These regulations have been reviewed and are before
5 you for final approval. Are there any questions related to
6 these regulations, or comments?

7 MR. HICKS: Any questions for Iman?

8 MS. TURNER: I just want to make sure I clearly
9 understand this. Under .04 it talks about D, injecting IV
10 drugs. This is a non-certified person that we're delegating
11 this task to.

12 MR. CONTI: The APRN, yes.

13 MS. TURNER: It's in the .04. It's under -

14 MR. HICKS: D1.

15 MS. TURNER: D1.

16 MR. CONTI: So, that one is the requirement for that
17 particular task is direct supervision, which is defined
18 earlier as present at the same - no, I'm sorry, direct
19 supervision means the oversight exercised by a delegating APRN
20 who is personally treating the patient and in the physical
21 presence of the patient and the assistant.

1 MS. TURNER: Okay.

2 MR. HICKS: So, to ask the question or follow
3 through with that. So, are we saying to assist, does that
4 have to be a licensed person?

5 MR. CONTI: No.

6 MS. EVANS: They would have to have the appropriate
7 training and competency prior to performing the test.

8 MR. CONTI: The APRN who is delegating that task is
9 also obligated to train the individual on the task being done.
10 That's also included in this regulation. So, it would be to
11 train the person, and then directly supervising them for that
12 particular task.

13 MR. HICKS: So, could that be a CNA?

14 MR. CONTI: It could be any assistant.

15 MS. TURNER: It could be any assistant licensed in
16 Maryland.

17 MR. HICKS: So, a CNA could inject intravenous drugs
18 or contrast materials?

19 MS. HAYWARD: Under direct supervision. If they are
20 directly supervised.

21 MS. TURNER: Sorry, I just struggle with this.

1 MR. HICKS: That's a good point.

2 MS. EVANS: It's okay.

3 MR. CONTI: So, no, the scope of this doesn't. So,
4 this chapter may not be construed to apply to an individual
5 who is licensed, certified, or registered by a Health
6 Occupations Regulatory Board acting pursuant to the Health
7 Occupations Article, or to mean that this chapter overrides or
8 is to be used in lieu of more stringent regulations, policies,
9 and procedures established by state licensure or certification
10 requirements.

11 So, if it's not one of the scopes of practice of the
12 CNA, it wouldn't be permitted. So, this is really more for
13 unlicensed assistants.

14 MS. TURNER: Someone who takes a phone call and
15 assists -

16 MR. CONTI: And MA, MAs are unregulated in this
17 state. Physicians delegating tasks to MAs routinely. This is
18 sort of that same model. So that you, these regulations were
19 modeled off of the physician regulations that govern that
20 relationship between physicians and unlicensed persons.

21 MR. HICKS: Okay.

1 MS. WESTERFIELD: Just to be clear, who then can
2 make - are we saying they may delegate to? They have to be
3 certified?

4 MR. CONTI: No. This is - my understanding the
5 objective was to bring nurse practitioner on par with
6 physicians. Physicians are able to delegate medical tasks to
7 unlicensed individuals. So, this is to allow APRNs to do the
8 same thing under these guidelines.

9 MS. EVANS: So, it's not - they could not delegate
10 this task to a CAN because CNAs have a stricter scope or
11 practice. So, it would not be a CNA or anyone else under the
12 Health Occupational Board that already has a particular scope
13 of practice.

14 MS. WESTERFIELD: But it could be an administrative
15 assistant that doesn't have any medical background? They have
16 no scope of practice in medicine, so they could pull them in
17 and say, "Help me. I will tell you how to do this."?

18 MR. CONTI: Recall though, that this is already in
19 the law. These are just the regulations that are trying to
20 add some detail and scope to this law. The law has already
21 passed. They're already permitted lawfully to delegate

1 technical tasks to assistants. This is just trying to put
2 some kind of parameters on how that process will take place.

3 MS. WESTERFIELD: So, whether we agree with that or
4 not, we are not changing that. We are voting on whether we
5 agree with this giving more clarity to the advanced practice
6 nurse?

7 MR. CONTI: Correct. The law is already
8 established. This is just to add detail and scope to that
9 law.

10 MS. STEINBERG: But we could say though that - it
11 doesn't say in the statute "intravenous".

12 MR. CONTI: Correct.

13 MS. STEINBERG: So, we could take that out?

14 MR. CONTI: Correct.

15 MS. STEINBERG: Thank you.

16 MR. HICKS: Any other questions?

17 (No questions posed)

18 MR. HICKS: So, is there a motion to approve the
19 delegation of acts by an advanced practice registered
20 nurse's regulations that have been outlined?

21 MS. GIBBONS-BAKER: So moved.

1 MS. JACQUELINE HILL: I motion to approve. Dr.
2 Hill.

3 MR. HICKS: What's that?

4 MS. JACQUELINE HILL: I approve.

5 MR. HICKS: So, Gibbons-Baker; Dr. Jacqueline Hill.
6 All in favor?

7 ALL: Aye.

8 MR. HICKS: Opposed?

9 (No oppositions)

10 MR. HICKS: Motion carries.

11 MS. FARID: Thank you. The next item we have is
12 Item 7B. This is the Maryland Board of Nursing Fiscal Year
13 2022 annual report.

14 Much of this information has not changed from the
15 Fiscal Year 2021 annual report, although I would like to
16 highlight a few items that may interest the Board. We will
17 start with Page 2; mission, vision, and core values. These
18 were introduced by you during the Fiscal Year 2021 annual
19 report. They have remained unchanged and will be updated on
20 the Board's website shortly after this report.

21 That is the same for on Page 3, the Board's strategic

1 goals for Fiscal Year 2021 to 2026. Since this is a
2 five-year plan, this will remain in place until 2026 when
3 further evaluation will be conducted.

4 On Page 4 we have an introduction to the Board
5 members and the language that is included in the Health
6 Occupations Article 8-202. This provides a brief
7 introduction that the Board is composed of fourteen members
8 appointed by the governor. On Table 1, on the next page, this
9 is the current Board members, their positions on the Board,
10 and their term of expiration. I would just request that the
11 Board members make sure that their names have been spelled
12 correctly and that all of their professional titles are
13 correct in the listing. If there is anything that's missing,
14 please email me and I will make sure to update the table.
15 This table will also be published on the Board's website after
16 this report has been approved.

17 The next page, and I apologize for the small text,
18 is the Board's organizational structure as of August of 2022.
19 This includes Board leadership, directors, managers, and
20 direct reports. You will see that's there's been a change.
21 I've also included the Board's current vacancies and status,

1 as well as what departments those vacancies are a part of.

2 Next, we have a formal introduction to the annual
3 report. I've included all of the Board's designations, and we
4 may see that we have a new designation as the legislative
5 session of 2022, we certified technicians that were enacted
6 through House Bill 218. And we had, as well, our licensed
7 certified midwives, that were enacted in the 2021 legislative
8 session. I've also included the number of active licensees and
9 certificate holders that the Board has regulated in Fiscal Year
10 2022, and a synopsis of revenue and expenditures from Fiscal
11 Year 2020 through Fiscal Year 2022.

12 The next few pages, there's been slight changes to
13 the definitions, but overall, the material has remained the
14 same. On these next few pages provide an overview of the
15 Board's operations, all of the units and divisions and
16 responsibilities that the Board holds These are summaries, and
17 continue onto Page 10, which include the description of the
18 Board's committees. They include the internal and public
19 committees that have to meet the requirements of the Open
20 Meetings Act. The summaries have also remained the same since
21 Fiscal Year 2021 with only slight minor changes.

1 Starting from Page 12 and continuing on to Page 13,
2 we have an introduction of the Board's statistics. We have an
3 annual report that is submitted on behalf of the direct-entry
4 midwives with a deadline of December 1st. This particular
5 report summarizes information that's included on the midwives'
6 reports in which then are submitted to the Maryland General
7 Assembly. On Page 13 we have the Board statistics that are
8 required under 8-205(a)8 of the Health Occupations Article,
9 and I will go through the statistics one-by-one.

10 First, we will start with the initial licenses: For
11 registered nurses, that is 4,818; licensed practical nurses,
12 519; licensed electrologists, 0; licensed electrologist
13 instructor, 0; licensed direct-entry midwives, 4; licensed
14 certified midwives, 0; for a total of 5,341 initial licenses.

15 For initial certificates: Certified nursing
16 assistants, 13,228; certified medication technicians, 5,991;
17 for a total of 19,219 initial certificates.

18 For renewals: We have registered nurses, 40,642;
19 licensed practical nurses; 5,255; licensed electrologists, 47;
20 licensed electrologist instructor, 2; licensed direct-entry
21 midwives, 29; and licensed certified midwives; 0; for a total

1 of 45,975 renewed licenses.

2 Renewed certificates: Certified nursing
3 certificates, 40,380; certified medication technicians, 11,686;
4 for a total of 52,066 renewed certificates.

5 For criminal history: Positive criminal history
6 record check, 306; negative criminal history record check,
7 11,470.

8 For denials: Positive criminal history record
9 check, 2; denial for other reasons, 0.

10 Complaints: New complaints received in Fiscal Year
11 2022, 862; total open complaints including cold cases, 5,038.
12 Of those open complaints, 10 are for direct-entry midwives; one
13 for an electrologist; 860 for medication technicians; 2,827 for
14 licensed practical nurses; registered nurses and advanced
15 practice; and 1,340 for nursing assistants.

16 Most common grounds for complaints, a total of 443
17 complaints were tracked from November, 2021 to June 30, 2022.
18 The percentages: Out-of-state reciprocal discipline, 20
19 percent; standards of practice or failure to comply; 17 percent;
20 abandonment with neglect, 14 percent; diversion and substance
21 abuse; 10 percent; and abuse, 5 percent.

1 And lastly, the number and types of disciplinary
2 action taken by the Board: Suspensions, not for child support,
3 30; suspension for non-payment of child support, 0; revocation,
4 7; reprimand, 8; probation, 16; denial of license or
5 certificate, 12, seven of which are reinstatement denials; and
6 surrender of license for violations, 31.

7 I did also add a section under the data. House Bill
8 1208 was enacted this past legislative session. This bill
9 requires the Board to collect and analyze information that is
10 gathered from renewal applications to aid in evaluating the
11 state's nursing workforce by certification level, region, and
12 type of workplace. The action was effective June 1st of 2022.
13 The Board will be publishing data related to the nursing
14 workforce starting in Fiscal Year 2023 capturing data from July
15 1st of 2022 through June 30th of 2023. So, this is information
16 to come next year.

17 On Page 16, I have included a trend on licensure and
18 certification starting with RNs, LPNs, and APRN licensure
19 trends from Fiscal Year '19 to 2022. The number of active
20 licensees has increased by 8 percent since Fiscal Year 2019 to
21 Fiscal Year 2022. There has been a 35 percent increase in the

1 number of active advanced practice certificate holders from
2 Fiscal Year '19 to 2022. The number of active LPN licensees,
3 however, has remained at an average of 11,600 since 2019.

4 For certifications, there has been a slight change.
5 The number of active CNA certificates has decreased mainly
6 from Fiscal Year 2021 to 2022 by 8 percent. The same is for
7 CMT certificate holders by an 11 percent decrease. As you'll
8 see from the graph, from Fiscal Year 2019 to 2021 there's been
9 a steady increase in certificate holders, however there's been
10 a drastic change from 2021 to 2022 with that sharp decrease in
11 both CNA and CMT certificate holders.

12 There's also been a decrease in licensed
13 electrologists by 20 percent decrease. However, the
14 direct-entry midwives have had an 85 percent increase from
15 Fiscal Year '19 to 2022. So, the direct-entry midwives have
16 not decreased in numbers and has continued to steadily
17 increase.

18 The reason for this particular decrease in
19 certificate holders, I am unaware of the cause. I'm not sure
20 if it's just due to the time of year in which maybe not as many
21 individuals had renewed their licenses, or maybe individuals

1 have retired since Fiscal Year 2021 to 2022. The direct cause
2 I was unable to find, unfortunately.

3 Moving on to Page 19, we have important legislative
4 updates as of our past legislative session. There were a
5 number of bills that were introduced targeting either the
6 healthcare workforce, in general, or the nursing profession,
7 specifically. A few are the bills that have been enacted that
8 impact the Board of Nursing directly include Senate Bill 518,
9 which is establishing the career pathways for healthcare
10 workers program; House Bill 55, which authorizes nurse
11 anesthetists to have a certain drug authority; House Bill 625,
12 cross-filed with Senate Bill 40, which establishes the
13 commission to study the healthcare workforce crisis in
14 Maryland; House Bill 218, which includes a dialysis technician
15 as a new certificate -- as a separate certificate for the Board
16 of Nursing to regulate; House Bill 49, cross-filed with Senate
17 Bill 380, emergency and allergy treatment programs related to
18 nurse practitioners; House Bill 1208, which is related to the
19 healthcare workforce expansion; Senate Bill 696, which
20 establishes Maryland's loan assistance repayment programs for
21 nurses and nursing support staff; and lastly, this particular

1 bill was introduced in the 2021 Legislative Session that had
2 an effective date of 2022, Implicit Bias training, House Bill
3 28, Senate Bill 5, which Karen has mentioned earlier.

4 The next section are the four prominent regulations
5 that have been submitted to the Maryland Department of Health
6 to be uploaded online. The first, being, for the Practice of
7 Clinical Nurse Specialist, COMAR 10.27.27. The next is
8 Examination and Licensure, particularly for nursing graduates,
9 COMAR 10.27.01. The Electrology Practice Committee, COMAR
10 10.53, and for Temporary Nursing Aide, Certification of Nursing
11 Assistants, COMAR 10.39. All four regulations have been
12 submitted to the Maryland Department of Health, and all of the
13 regulations are currently in the Department of Health's
14 internal review process.

15 On Page 22, continuing on to Page 23, are the Fiscal
16 Year 2023 goals starting with the advanced practical nurse
17 compact. This piece of legislation was introduced through this
18 past legislative session as Senate Bill 154. The bill, however,
19 did not progress past its first meeting. So, in the interim,
20 the Board, in partnership with the Maryland Nurses Association,
21 Maryland Academy of Advanced Practice Clinicians, and other

1 professional advanced practice nursing organizations have held
2 continuous stakeholder meetings in an effort to reintroduce the
3 compact during the next legislative session.

4 The English language proficiency exams, as you are
5 all familiar with, this includes a list of the English language
6 exams that have been approved by the Board within this month
7 and last month, and the Board's goal will be to update COMAR
8 10.27.01.05 with particular changes.

9 And lastly, a quarterly Board newsletter. The Board
10 hopes to publish a quarterly newsletter that will disseminate
11 certain information to nurses, employers, healthcare providers,
12 and the public concerning laws and regulations that govern the
13 practice of nursing in Maryland.

14 The last section of this report are the hardships
15 that the Board has experienced. These are not new to Fiscal
16 Year 2022. These have been in existence for some years, but I
17 did want to provide just an update of where things stand. The
18 first is the current staffing conditions. I provided historical
19 concepts. In Fiscal Year 2011 the Board had acquired 73.7
20 authorized positions that have been reduced over time to fix the
21 authorized positions. From the particular positions, the Board

1 had onboarded 42 full-time employees. There's currently a 35
2 percent staff vacancy rate within the employment positions that
3 the Board currently has. And the reason for these vacancies
4 includes high staff turnover rate and the inability to find
5 qualified staff or to offer qualified applicants competitive
6 salaries to stay with the Board. The Board continues to
7 actively advertise and recruit for all of the positions despite
8 the nationwide staffing shortage.

9 The next hardship that the Board has experienced
10 fiscally, the Board licensure and certification fees have
11 remained unchanged since Fiscal Year 2008. In a review of the
12 Board's budget for Fiscal Year 2017 through 2022 indicates that
13 expenditures have exceeded revenue. Despite the Board receiving
14 more applicants per year, the revenues that are generated from
15 these applications cannot proficiently support the Board's
16 operations, so the Board hopes to complete a thorough fiscal
17 analysis in Fiscal Year 2023. I have also included on Page 24
18 a chart of the Board's licensure and certifications fees
19 starting from Fiscal Year 2006 all the way through Fiscal Year
20 2022. So, you can see that most of the licensure fees have
21 not changed since Fiscal Year 2008.

1 And lastly, in this report I have included an
2 appendix. The first page or two includes definitions of all
3 of the regulatory licensees and certificates that the Board
4 oversees; the definition of the particular licensees and
5 certificate holders. And the table, the active status of
6 licensees and certificate holders by type, these are published
7 on the Board's website and they are current as of July 1st of
8 2022.

9 I know that was a lot of information, but are there
10 any questions or comments at this time?

11 MR. HICKS: Any questions for Iman?

12 MS. HAYWARD: Thanks. Great job.

13 MR. HICKS: I did recommend to Karen that in this
14 report we should also add the achievements of the Board in FY22
15 so that folks that read the report know what we did over the
16 last year, which is very important because there was a lot of
17 work that was done in FY22. So, we will add that to this
18 report.

19 MR. CONTI: Can I note, also, that just on the
20 description of the Board committees, Board counsel will suggest
21 some language to clarify that some of these committees are

1 organized and authorized by statute while others are ad hoc.
2 So, some are subject to the Open Meetings Act while others are
3 not. And so, we will help to add some language in there and
4 clarify that.

5 MS. JACQUELINE HILL: When will this be open to the
6 public?

7 MS. EVANS: It's due to the legislators on September
8 1st. So, after that, yes.

9 MS. JACQUELINE HILL: Okay.

10 MS. EVANS: And for some of the reasons as far as
11 the CNAs and just general nurses, we did a survey last year to
12 ask what are some of the reasons why people have left the
13 profession, and the majority of it is pay, COVID-19, pursuing
14 another career, not feeling appreciated were the top ones.
15 And that was sent out to all of the certificate holders as
16 well as the license holders.

17 Iman, I can't remember how many came back, but we
18 had a pretty good number of individuals who completed our
19 survey. So, we were happy for that, the response from our
20 community.

21 I do want to state one note that I forgot to state

1 earlier, and keep your fingers crossed. So, we have
2 interviewed for the director of licensure, and as long as
3 everything goes well, hopefully they will be here within the
4 month. I'm so happy. It only took four posting, almost a
5 year, but it's done, we pray. So, that's good. That will
6 take a lot of the load off of Rhonda, who has been overseeing
7 not just licensure but he certification as well as all of the
8 enforcement. First, I wanted to thank you for all of your
9 hard work. She's been very diligent in following things. So,
10 I just wanted to say thank you to you and your team. We've
11 worked hard. Rhonda does approximately 90 to 100 hours every
12 two weeks. So, I just thank her for her dedication and time
13 to the Board. It's much appreciated.

14 MS. SCOTT: Not a problem.

15 MS. EVANS: And then, when I take a day off, she has
16 to be me, too. I pray for you on those days.

17 MS. SCOTT: One thing I will say, since we lost our
18 manager of licensure, supervisor of licensure, and our
19 director of licensure the team members that are left have
20 truly stepped up to the plate. They are assisting me with
21 helping them with the processes and things. They are working

1 very diligently with the very limited resources that we
2 currently have. So, when we get emails and inquiries, we're
3 not ignoring, we're just working them in order as quickly as
4 we can. So, please, thank you all for your patience and
5 understanding at this time. We really appreciate it. And I
6 thank the team for their assistance in helping me as well.

7 MR. HICKS: Any other questions?

8 (No questions posed)

9 MR. HICKS: All right. Is there a motion to approve
10 the FY22 annual report, understanding that there will be a
11 modification by the legal team, and then the addition to the
12 achievements for FY22. Is there a motion to approve?

13 MS. JACQUELINE HILL: Motion to approve.

14 MR. HICKS: Dr. Jacqueline Hill.

15 MS. HAYWARD: Second, Hayward.

16 MR. HICKS: Hayward. All in favor?

17 ALL: Aye.

18 MR. HICKS: Opposed?

19 (No oppositions)

20 MR. HICKS: Motion carries. Iman, C?

21 MS. FARID: For 7C we have a CNS regulation update.

1 This is to regulations that we submitted for COMAR 10.27.27.
2 We have been in contact with the Maryland Department of Health
3 regulatory coordinator. These regulations were introduced
4 late in 2021, and the current status is, the Board is currently
5 waiting for a final signature from the Secretary of Health.
6 There is a meeting scheduled for Monday, August 29th, in which
7 the coordinator will provide the Secretary with the final
8 action for these regulations. If the Secretary signs off on
9 the regulation, then it will be in place within a few business
10 days afterwards, I believe. This item serves more of an FYI
11 of where the regulations stand at this point.

12 MS. EVANS: Yes, we did meet with her yesterday. I
13 made it quite clear that it's been too long for these
14 regulations. If they're not signed off soon, we have to start
15 the process all over again. So, it's coming up to a year now,
16 and that just delays healthcare and delays workforce from doing
17 what they're supposed to do. So, I made it quite clear that
18 Delegate Kelly's bill of 1208 concerning workforce, not just for
19 this particular thing, we're also waiting for our emergency
20 regulations for the TNAs that we put in in June. We made it in
21 time for that particular meeting, but they still have not been

1 signed off yet. That's a major concern for me because we have
2 all of these nursing homes in this state that have
3 approximately 2,000 to 3,000 temporary nursing assistants. We
4 are coming up on the end date of October 6th, I believe.

5 Is that right, Mike, October 6th?

6 MR. CONTI: Yes.

7 MS. EVANS: That they won't be able to work if these
8 regulations, one, will not pass; and, two; that they need to
9 take the exam, the written and skills exam. That's a lot.

10 We have been working with Credentia. We have
11 everything set. We need the regulation so we can go. So, I'm
12 very concerned, and I know this is one of Delegate Kelly's
13 wishes to move this forward to help out the workforce, but the
14 Board has done everything it can do move this process forward.
15 We have everything ready to go, we just need the regulations
16 passed. So, my biggest concern is our constituents being able
17 to serve or license and certificate holders so that they can
18 serve our public and get that workforce out there and take care
19 of the residents, the patients, or whatever category you want
20 to choose. So, that's my biggest concern in this matter for
21 both entities, for the CNAs regulations as well as for the TNA

1 regulations.

2 MR. HICKS: All right. Any questions for Iman?

3 (No questions posed)

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

5 MS. FARID: Yes.

6 MR. HICKS: That concludes the Open Session agenda.

7 I will turn it over to the floor if anyone would like to

8 address the Board.

9 I see we have some guests in the room today. Would
10 you like to stand and introduce yourselves and tell us where
11 you're from?

12 MS. MURMU: Hello everybody. Jemi Opanubi. Thank
13 you for having us. We are from Washington Adventist
14 University's nursing program.

15 MR. HICKS: Thank you for coming.

16 MS. MURMU: Thank you.

17 MS. OPANUBI: Good morning, everyone. Thank you for
18 accommodating us. Basava Jitta, my name is, and I am also
19 from Washington Adventist University. I teach mental health
20 nursing and medical surgical nursing. Thank you.

21 MR. HICKS: Thank you.

1 MS. MURMU: Hello and good morning. I'm Jercilla
2 Murmu. I am also full-time faculty at Washington Adventist.

3 MR. HICKS: Thank you.

4 MS. GRIFFIN: Good morning, everybody. My name is
5 Dr. Tijuana Griffin. I am the director of nursing at
6 Washington Adventist University. I brought my colleagues so
7 that they can have this awesome experience also.

8 MS. EVANS: Thank you.

9 MR. HICKS: Thank you for doing that. You know, we
10 encourage folks to come in to the Open Session and be a part
11 of the audience. So, encourage your students to do that.
12 It's a great learning experience for them to understand what
13 their Board does.

14 Anyone online that would like address the Board?

15 (No discussions posed)

16 MR. HICKS: All right, hearing none. In a moment I
17 am going to ask -

18 CALLER: Hello?

19 MR. HICKS: Yes.

20 CALLER: I am (indiscernible). I was happy to
21 listen in and be part of the meeting. I am from Washington

1 Adventist University as well.

2 MR. HICKS: All right, great. Thank you. It's nice
3 to have you.

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

9 As documented in the written statement, the
10 statutory authority to close this Open Session and meet in
11 Closed Session is General Provisions Article
12 3-305(b)13, which gives the Board the authority to close the
13 Open Session, to comply with the specific constitutional,
14 statutory, or judicial imposed requirement that prevents
15 public disclosures about a particular matter or proceeding.
16 The topic to be discussed during Closed Session is
17 applications for licensure and/or certification. The reason
18 for discussing this topic in Closed Session is to discuss
19 confidential matters that are prohibited from public
20 disclosures by the Annotated Code of Maryland, Health
21 Occupations Article Sections 8-303(f), Health Occupations

1 Article 8-320(a), Health Occupations Article 1-401, and
2 General Provisions Article 4-333. In addition, the Board
3 may also perform quasi judicial and administrative functions
4 involving disciplinary matters during the Closed Session.

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

8 MS. HAYWARD: So moved, Hayward.

9 MR. HICKS: Hayward.

10 MS. CASSIDY: Second, Cassidy.

11 MR. HICKS: Cassidy. All in favor?

12 ALL: Aye.

13 MR. HICKS: Opposed?

14 (No oppositions)

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

16 Have a great day.

17 (Whereupon, at 10:45 a.m. the Open Session was
18 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 24th day of August, 2022

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

My commission expires: May, 13, 2023

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: August 24, 2022 Time: 10:45 am
Location: Maryland Board of Nursing, 9140 Paterson Ave., Baltimore MD
Motion to close meeting made by: Hayward Seconded by Cassidy
Members in favor: Hayward, Gibbons-Baker, Turner, Lechler, Hucks, Cassidy, Steinberg, Lyons, Anouman, J. Hill, Westerfield, R. Hill
Opposed: None Abstaining: None
Absent: Beeson, Vickers

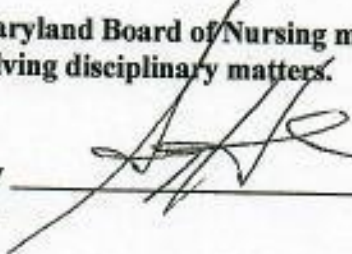
2. Statutory authority to close session. This meeting will be closed under General Provisions § 3-305(b) only:

(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/certification that are prohibited from public disclosure by Md. Code Ann., Health Occ. §§ 8-303(ff), §-320(a), and 1-401 et seq. as well as Gen. Prov. §4-333.
§ 3-305(b) ()		
§ 3-305(b) ()		

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

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