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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, November 15, 2023, 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

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1 APPEARANCES:

2 MICHAEL CONTI, Assistant Attorney General

3 KATHERINE CUMMINGS, Assistant Attorney General

4 CARLA BOYD, 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 ALSO PRESENT:

2 RHONDA SCOTT, Executive Director

3 SCHENEQUA BROWN, Executive Assistant

4 MICHELLE POWELL, Paralegal

5 LAKIA JACKSON, Paralegal

6 SHEILA GREEN, Education Consultant (via telephone)

7 MONICA MENTZER, Director, Manager

8 AMBER HAVENS-BERNAL, Discipline Division

9 CAROLYN BAILEY, Director of Licensure

10 SHAWNTA' BATES, Investigations

11 VALENCIA JACKSON, Safe Practice

12 MORINAT KUKOYI-SAMYAOLU, Director of Operations

13 MITZI FISHMAN, Director of Legal Affairs

14 JENNAY GHOWRWAL, Health Policy Analyst

15 ROSALYN JOHNSON, Complaints

16 DELLA SANDERS, Backgrounds

17 JARAY RICHARDSON, Certification Division

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1 BOARD MEMBER APPEARANCES:

2 GARY HICKS, RN Member, Board President

3 ANN TURNER, RN Member, Board Secretary

4 CHRISTINE LECHLITER, RN Member

5 AUDREY CASSIDY, Consumer Member

6 EMALIE GIBBONS-BAKER, APRN Member

7 M. DAWNE HAYWARD, RN Member

8 ROBIN HILL, RN Member

9 SUSAN STEINBERG, Consumer Member

10 JACQUELINE HILL, RN Member

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C O N T E N T S

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<p style="text-align: right;">Page 6</p> <p>1 PROCEEDINGS</p> <p>2 MR. HICKS: Good morning, everyone. We are</p> <p>3 going to go ahead and get started. If I could have a</p> <p>4 motion to go into Open Session.</p> <p>5 MS. JACQUELINE HILL: Motion to approve.</p> <p>6 MR. HICKS: Dr. Jacqueline Hill.</p> <p>7 MS. HAYWARD: Second.</p> <p>8 MR. HICKS: Hayward. All in favor?</p> <p>9 ALL: Aye.</p> <p>10 MR. HICKS: Opposed?</p> <p>11 (No oppositions)</p> <p>12 MR. HICKS: Motion carries. We will start with</p> <p>13 roll call.</p> <p>14 MS. LECHLITER: Christine Lechlitter, nurse</p> <p>15 administrator member.</p> <p>16 MS. GIBBONS-BAKER: Emalie Gibbons-Baker, RN,</p> <p>17 advanced practice.</p> <p>18 MS. HAYWARD: Dawne Hayward, RN member,</p> <p>19 delegation.</p> <p>20 MS. TURNER: Ann Turner, RN member.</p> <p>21 MS. JACQUELINE HILL: Dr. Jacqueline Hill, RN</p>	<p style="text-align: right;">Page 8</p> <p>1 Forbes-Scott has served this Board so well in her few</p> <p>2 years that she has been here, and we feel that she is</p> <p>3 going to make an excellent deputy director for the Board.</p> <p>4 Great news.</p> <p>5 With that being said, we're going to be</p> <p>6 recruiting for her current role, but until we actually</p> <p>7 hire and train someone, she will still be serving in the</p> <p>8 capacity as the Director of Education and Examination,</p> <p>9 meaning she will still be conducting site visits and</p> <p>10 working with the Education Team. She's done so much with</p> <p>11 that team with just standardizing operations and thing</p> <p>12 like that that we think she will be very instrumental in</p> <p>13 bringing on a new director for that role in getting them</p> <p>14 where they need to be.</p> <p>15 Did you have a question, Dr. Hill?</p> <p>16 MS. JACQUELINE HILL: So, basically, she's</p> <p>17 assuming your old role?</p> <p>18 MS. SCOTT: Yes, ma'am. Any other questions?</p> <p>19 (No questions posed)</p> <p>20 MS. SCOTT: The next thing, NCSBN had put out</p> <p>21 information on the new NLC, nurse licensure compact</p>
<p style="text-align: right;">Page 7</p> <p>1 educator member.</p> <p>2 MS. CASSIDY: Audrey Cassidy, consumer member.</p> <p>3 MS. ROBIN HILL: Dr. Robin Hill, RN practical</p> <p>4 nursing educator member.</p> <p>5 MS. STEINBERG: Susan Steinberg, consumer</p> <p>6 member.</p> <p>7 MR. HICKS: Thank you. We will move down to</p> <p>8 Board Updates.</p> <p>9 MS. SCOTT: Good morning, everyone. I hope</p> <p>10 everybody is having a good week. I wanted to first say</p> <p>11 happy nurse practitioner's week to all the advanced</p> <p>12 practice NPs out there. I hope you all are having a</p> <p>13 great week. That includes Board staff, Board members,</p> <p>14 and constituents.</p> <p>15 Next, I wanted to share some news that we have</p> <p>16 a deputy director who will be starting next week. Dr.</p> <p>17 Forbes-Scott, our current Director of Education and</p> <p>18 Examination has been appointed to the role of deputy</p> <p>19 director. I am extremely excited, probably an</p> <p>20 understatement. I am overjoyed. It's long overdue. We</p> <p>21 are very confident in our selection that Dr.</p>	<p style="text-align: right;">Page 9</p> <p>1 residency rule. So, beginning January 2nd, there will be</p> <p>2 a change to the requirement for how long a nurse has</p> <p>3 before they submit an application. So, basically, when</p> <p>4 someone is moving to Maryland from another compact state</p> <p>5 and they want to obtain a license to practice in</p> <p>6 Maryland, there's currently not a set time limit on how</p> <p>7 long they need to notify the Board they're here and are</p> <p>8 claiming Maryland as their primary state of residence.</p> <p>9 So, beginning January 2nd, the new residency rule will</p> <p>10 require that they do that within 60 days. There's a link</p> <p>11 on our website under "Breaking News" that will take you</p> <p>12 to an information page. There's a video and other</p> <p>13 information that can also lead you to NCSBN's website</p> <p>14 where you can get more information about the new rule</p> <p>15 when it goes into effect.</p> <p>16 And then, I know that we have had questions</p> <p>17 about the law that passed permitting applicants who had</p> <p>18 neither an ITIN or a social to apply for licensure, so we</p> <p>19 have posted the information on our website. There's a</p> <p>20 link that actually provides all the information to</p> <p>21 applicants who possess neither a social or ITIN. So,</p>

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1 they can go to the link, there’s instructions for each  
 2 application type, download the application. And then,  
 3 the alternate documentation that was mentioned in the law  
 4 is actually an affidavit attesting to the fact that they  
 5 had neither a social or an ITIN number.

6 Now, unfortunately, the way our licensing  
 7 system is set up you have to have something. So, when  
 8 paper applications are completed our team members have to  
 9 literally manually enter them into the system to get them  
 10 in. Unfortunately, our licensing system requires some  
 11 information numbers to be put in the field where it says  
 12 “Social Security Number.” So, until we update our system  
 13 and it meets the needs that we need to meet for our  
 14 constituents as well as our team members, we’re going to  
 15 have to assign these applicants numbers when we enter  
 16 them into the system, and then each applicant will get a  
 17 notice from the Board of the number that they have been  
 18 assigned should they not have an ITIN or a social when it  
 19 comes time for them to renew. That will be clear on the  
 20 page. We are still updating it with this information,  
 21 but I just wanted to let everyone know and give you a

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1 heads-up on how we’re going to have to proceed and what  
 2 the workaround is until we can update our licensing  
 3 system.

4 That’s all.

5 MR. HICKS: Any questions for Ms. Scott?  
 6 (No questions posed)

7 MR. HICKS: All right. Thank you, Ms. Scott.  
 8 If I can get a motion to approve the Consent  
 9 Agenda?

10 MS. TURNER: So moved. Turner.  
 11 MR. HICKS: Turner.  
 12 MS. HAYWARD: Second. Hayward.  
 13 MR. HICKS: Hayward. All in favor?  
 14 ALL: Aye.  
 15 MR. HICKS: Opposed?  
 16 (No oppositions)  
 17 MR. HICKS: Motion carries. We will move down  
 18 to items removed from the Consent Agenda.  
 19 MS. SCOTT: There’s nothing.  
 20 MR. CONTI: Well, let’s just clarify for the  
 21 record because all this stuff actually was. There are

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1 two approvals on the Consent Agenda, so let’s just  
 2 clarify that for Number 3.

3 MS. SCOTT: Nothing should be removed. This is  
 4 just a duplicate.

5 MR. HICKS: All right. We will go down to  
 6 Education. Dr. Green?

7 MS. GREEN: Good morning. This is Dr. Green.  
 8 Can you hear me?

9 MR. HICKS: Yes.

10 MS. GREEN: Thank you. Good morning, everyone.  
 11 The first item on our agenda today is the Item 4A, the  
 12 revised NCLEX-PN first-time candidate performance report.  
 13 We needed to revise the NCLEX-PN first-time  
 14 candidate performance report in order to add the  
 15 percentages for two first-time candidates to Prince  
 16 George’s Community College. That report is attached for  
 17 the Board’s consideration.

18 Our request to the Board is to approve the  
 19 revised FY2023 NCLEX-PN report to include the Prince  
 20 George’s Community College program. If there are any  
 21 questions I would be willing to address those for the

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1 Board.

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

4 (No questions posed)

5 MR. HICKS: Hearing none. Is there a motion to  
 6 approve the FY2023 NCLEX-PN Performance Summary Revision,  
 7 specifically looking at P.G. Community College?

8 MS. STEINBERG: So moved. Steinberg.  
 9 MR. HICKS: Steinberg.  
 10 MS. LECHLITER: Second.  
 11 MR. HICKS: Lechlitter. All in favor?  
 12 ALL: Aye.  
 13 MR. HICKS: Opposed?  
 14 (No oppositions)  
 15 MR. HICKS: Motion carries.  
 16 MS. GREEN: Thank you. The next item is 4B,  
 17 and this is regarding McDaniel College and the site  
 18 visit. This is a site visit report. The visit was  
 19 concluded November 3, 2023.

20 I would like to ask if Dr. Heather Gable, the  
 21 Director of Nursing for McDaniel College, are you on the

<p style="text-align: right;">Page 14</p> <p>1 line? We would like to acknowledge you this morning.</p> <p>2 MS. GABLE: Yes, ma'am. I am here.</p> <p>3 MS. GREEN: Good morning.</p> <p>4 MS. GABLE: Good morning.</p> <p>5 MS. GREEN: Thank you for being here.</p> <p>6 MS. GABLE: Thank you for inviting me.</p> <p>7 MS. GREEN: The purpose of our site visit was</p> <p>8 to assess the physical facility and the educational</p> <p>9 support services required to initiate a sustained plan</p> <p>10 bachelor of science in nursing prelicensure program at</p> <p>11 McDaniel College. The visit was requested by the Board</p> <p>12 at its October 25, 2022 Open Session Meeting in</p> <p>13 accordance with COMAR 10.27.02.18(a)2 and (d)2 regarding</p> <p>14 the program. The regulations require the conclusion of a</p> <p>15 site visit as part of the determination of initial</p> <p>16 approval for the program, and the Board will make a</p> <p>17 determination accordingly.</p> <p>18 So, the report is that the site visit was</p> <p>19 conducted on the 3rd. This is the actual report that the</p> <p>20 representatives concluded the site visit with Dr. Camille</p> <p>21 Forbes-Scott and myself. We met with Dr. Julia Jasken,</p>	<p style="text-align: right;">Page 16</p> <p>1 There will be a second site visit in 2026 once the new</p> <p>2 building is completed for us to actually go out and look</p> <p>3 at in preparation for usage of simulation and other</p> <p>4 support services that will be needed for the nursing</p> <p>5 education program. This building will be established</p> <p>6 near the front entrance of McDaniel College.</p> <p>7 Our findings were that the physical facilities</p> <p>8 and supportive services required for the prelicensure</p> <p>9 program at McDaniel College met our COMAR Requirement</p> <p>10 10.27.03.12(a) through (c). Please note that Item D and</p> <p>11 E of .12: Attendance, that McDaniel's final</p> <p>12 determinations for clinical facilities and clinical</p> <p>13 affiliation agreements as a part of the development in</p> <p>14 the program.</p> <p>15 The second finding is that they met COMAR</p> <p>16 10.27.03.14(d), which is the financial aid assistance and</p> <p>17 ethical practices. And also, that the program met COMAR</p> <p>18 10.27.02.18(a)2 and (b)2 to satisfy new programs and the</p> <p>19 potential for the Board to grant the initial approval.</p> <p>20 So, from the Board, we're asking for approval</p> <p>21 of the findings at McDaniel College Site Visit Report,</p>
<p style="text-align: right;">Page 15</p> <p>1 the president; Dr. Flavius Lilly; Mr. Eric Simon, who is</p> <p>2 the Vice President for Administration and Finance at the</p> <p>3 college; Dr. Vickie Mazer, the Dean of Graduate and</p> <p>4 Professional Studies, who was also gracious to provide us</p> <p>5 with an onsite tour at the time of our visit; and of</p> <p>6 course, Dr. Heather Gable, the Nursing Program Director.</p> <p>7 We did tour the facility and looked at places</p> <p>8 that would be identified for faculty as well as student</p> <p>9 classrooms and student study facilities. We noticed on</p> <p>10 the second floor the inclusion of Student Support</p> <p>11 Services, the computer lab, and additional student</p> <p>12 classrooms, by way of example. We also noted that it was</p> <p>13 very well organized with the use of two anatomage tables</p> <p>14 for student learning. The first two years they will be</p> <p>15 embracing the chemistry and biology courses by way of</p> <p>16 example. The library and the Student Support Center</p> <p>17 provides, of course, the opportunity the campus life for</p> <p>18 the students at McDaniel College.</p> <p>19 As noted on Page 2 of your documents, they are</p> <p>20 extremely supportive and committed the development and</p> <p>21 long-term requirement of the nursing education program.</p>	<p style="text-align: right;">Page 17</p> <p>1 and conclude determination for initial approval. We did</p> <p>2 complete the review with the Practice and Education</p> <p>3 Committee yesterday, and they expect to advance the</p> <p>4 report for advancement to the Board for its final</p> <p>5 determination.</p> <p>6 Included in the packet are the criteria for</p> <p>7 Part 1 of 10.27.02.18 for new programs as far as the</p> <p>8 criteria for nursing programs under 10.27.03.02 to .15.</p> <p>9 They meet the minimum requirements necessary to date to</p> <p>10 continue with the final developmental stages.</p> <p>11 If there are any questions, I will answer those</p> <p>12 for the Board at this time. Thank you.</p> <p>13 MR. HICKS: Are there any questions for Dr.</p> <p>14 Green or the administrative staff for McDaniel College?</p> <p>15 (No questions posed)</p> <p>16 MR. HICKS: All right. Hearing none, is there</p> <p>17 a motion to approve the findings of the McDaniel College</p> <p>18 Site Visit Report and complete the determination for</p> <p>19 initial approval with a start date of Fall of 2024?</p> <p>20 MS. TURNER: So moved. Turner.</p> <p>21 MS. LECHLITER: Lechlitter.</p>

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1 MR. HICKS: Turner, Lechliter. All in favor?  
 2 ALL: Aye.  
 3 MR. HICKS: Opposed?  
 4 (No oppositions)  
 5 MR. HICKS: Motion carries.  
 6 MS. GREEN: Thank you. Our next item for the  
 7 Board is Item 4C, a substantial modification of the  
 8 existing area of concentration in nursing infomatics  
 9 within the nursing program at the University of Maryland  
 10 School of Nursing, and this is supposed to begin in 2024.  
 11 May I ask if members of the administrative team  
 12 from the University of Maryland School of Nursing are you  
 13 on the line today?  
 14 MS. ELLIS: Yes, ma'am.  
 15 MS. GREEN: Very good. Is you, Dr. Elliott?  
 16 MS. ELLIS: Ms. Hines and Lori Edwards are on  
 17 the line.  
 18 MS. GREEN: Lori Edwards, very good. Thank you  
 19 very much. I apologize for the error of your last name.  
 20 Thank you very much, Dr. Ellis.  
 21 The background is that the University of

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1 Maryland School of Nursing under the leadership of Dr.  
 2 Lori Edwards, associate dean. They are requesting  
 3 approval of substantially to modify the master of science  
 4 in nursing infomatics program and establish a new  
 5 competency-based curriculum. This in keeping with the  
 6 revised standards.  
 7 Our findings are that the master of science in  
 8 nursing infomatics curriculum incorporates at the moment  
 9 30 credits with 135 practice hours. And the planned  
 10 modification to the curriculum is proposed to begin in  
 11 the Fall of 2024 and incorporates 76 credits and 500  
 12 classroom hours. The submitted program modification  
 13 package addresses the changes with the credit and  
 14 practice hours. It includes the transition plan that  
 15 they would need to have to move from the current plan to  
 16 full implementation of the revised plan of study. It is  
 17 identified that the 2022 curriculum would be phased out  
 18 by the Summer of 2026, and the 2024 revised competency-  
 19 based curriculum would be implemented by Summer of 2027.  
 20 There is a lot of support from the chancellor regarding  
 21 the proposed changes.

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1 The new competency-based curriculum meets our  
 2 COMAR 10.27.02.13(a)(b)(c) and (d) regarding nursing  
 3 education and curriculum, and also .14 regarding students  
 4 and compliance with ethical policies and also the general  
 5 requirements for students to be able to receive all the  
 6 necessary information through the university. The  
 7 Practice and Education Committee reviewed and accepted  
 8 the MSN Nursing Infomatics Modification Plan and is  
 9 advancing it to the Board today for final acknowledgement  
 10 of the planned curriculum.  
 11 If there are any questions that you may have, I  
 12 will answer those for you at this time. Thank you.  
 13 MR. HICKS: Are there any questions for Dr.  
 14 Green or Dr. Edwards?  
 15 (No questions posed)  
 16 MR. HICKS: All right. Hearing none, is there  
 17 a motion to approve the MSN substantial curriculum  
 18 modification plan for the University of Maryland School  
 19 of Nursing to begin in the Fall of 2024?  
 20 MS. GIBBONS-BAKER: So moved.  
 21 MR. HICKS: Gibbons-Baker.

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1 MS. CASSIDY: 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. GREEN: Thank you, Dr. Edwards and Mrs.  
 8 Harris for being present this morning. We appreciate  
 9 you.  
 10 Our next Board item is 4D, and this is  
 11 regarding Wor-Wic Community College's notification  
 12 regarding their enrollment increase for their certified  
 13 practical nursing program as well as notification that is  
 14 inclusion of a basic education with Ms. Jeanette Elliott  
 15 completed her master's degree. And the final  
 16 notification to the Board is inviting new faculty member  
 17 Catherine Love O'Donnell. You have the information  
 18 provided in your packet.  
 19 The findings are that Wor-Wic Community College  
 20 will increase their volume of students in this program  
 21 from 32 to 48 students each semester beginning in the

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1 Spring of 2024. This will increase the enrollment to 96  
 2 certified practical nursing program students for the  
 3 entire year. Dr. Mister verified that the increase in  
 4 enrollment does not require substantial modifications by  
 5 the Maryland Higher Education Commission. This  
 6 information was provided to the Board.  
 7 The previously granted education waiver of Mrs.  
 8 Jeanette Elliott that the Board approved was also  
 9 acknowledged that she successfully competed her master's  
 10 degree, and there is supporting documentation to verify  
 11 that and it is attached for the Board to consider. And  
 12 the last is they have hired a new faculty member  
 13 effective October 23rd, her name is Mrs. Jacqueline  
 14 O'Donnell, and her information is also included in the  
 15 packet. This packet was reported to the Practice and  
 16 Education Committee yesterday and is now advanced to the  
 17 Board for its acknowledgement to include its  
 18 acknowledgement to Dr. Mister.  
 19 If there are any questions the Board may have  
 20 we will address those at this time. Thank you.  
 21 Dr. Mister, are you on the line by any chance?

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1 MS. MISTER: Good morning. Can you hear me?  
 2 MS. GREEN: Yes, I can hear you. Thank you for  
 3 being here. We appreciate you.  
 4 MS. MISTER: Thank you.  
 5 MR. HICKS: Good morning. So, is there any  
 6 questions for either Dr. Mister or Dr. Green?  
 7 (No questions posed)  
 8 MR. HICKS: All right. Hearing none, I am  
 9 going to take these into three different votes. The  
 10 first vote is to increase the CPN enrollment starting in  
 11 Spring of 2024 for Wor-Wic Community College to 96 CPN  
 12 students per year. Is there a motion to approve?  
 13 MS. STEINBERG: So moved. Steinberg.  
 14 MR. HICKS: Steinberg.  
 15 MS. LECHLITER: Second.  
 16 MR. HICKS: Lechlitter. All in favor?  
 17 ALL: Aye.  
 18 MR. HICKS: Opposed?  
 19 (No oppositions)  
 20 MR. HICKS: Motion carries. The second is the  
 21 successful completion waiver approval for Ms. Jeannette

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1 Elliott.  
 2 MS. LECHLITER: Lechlitter.  
 3 MR. HICKS: Lechlitter.  
 4 MS. TURNER: Second. Turner.  
 5 MR. HICKS: Turner. All in favor?  
 6 ALL: Aye.  
 7 MR. HICKS: Opposed?  
 8 (No oppositions)  
 9 MR. HICKS: Motion carries. And then, finally,  
 10 the motion for approval of new faculty hire for Ms.  
 11 Catherine Love O'Donnell?  
 12 MS. STEINBERG: So moved.  
 13 MS. GIBBONS-BAKER: Second.  
 14 MR. HICKS: Steinberg and Gibbons-Baker. All  
 15 in favor?  
 16 ALL: Aye.  
 17 MR. HICKS: Opposed?  
 18 (No oppositions)  
 19 MR. HICKS: Motion carries. Thank you, Dr.  
 20 Mister.  
 21 MS. MISTER: Thank you.

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1 MS. GREEN: Thank you, Dr. Mister.  
 2 MS. MISTER: Thank you.  
 3 MS. GREEN: Bye-bye.  
 4 MS. MISTER: Bye-bye.  
 5 MS. GREEN: The next item for the Board's  
 6 consideration is Item 4F. We are going to table 4E for  
 7 additional information regarding the Montgomery College  
 8 Program request.  
 9 So, we are moving to 4F. This is regarding ITT  
 10 Technical Institute in addressing their school's nursing  
 11 and health sciences, which are both closed programs.  
 12 The request is for the consideration that this  
 13 program is not substantially equivalent for the time  
 14 periods of 2015 to 2016 for the Board's consideration.  
 15 Additionally, the background information, ITT  
 16 Technical College owned Breckenridge School of Nursing  
 17 and Health Sciences. The ITT Technical College closed in  
 18 2016 and also the Breckenridge School of Nursing is a  
 19 part of that. This is all due to bankruptcy in the  
 20 program. The program was also formally accredited by the  
 21 Accrediting Council for Independent Colleges and Schools,

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1 also known as ACICS, and The United States Department of  
 2 Education.  
 3       The findings that you have is focused upon the  
 4 Breckenridge School of Nursing and Health Sciences at  
 5 ITT. An online search was done for information regarding  
 6 Breckenridge School of Nursing and Health Sciences and  
 7 ITT was conducted and was determined that an agreement  
 8 was established by the Arizona Board of Nursing in 2015  
 9 by Joey Ridenour, the Executive Director of the Board at  
 10 that time. There were also allegations included in that  
 11 Arizona Board of Nursing consent agreement and identifies  
 12 the example of the issues that were brought forward as a  
 13 result of the site visits that had been conducted by the  
 14 Arizona Board of Nursing to the program. They were  
 15 concerned about documentation in the ITT catalog whereby  
 16 the nursing program does not require to give advance  
 17 notice to students of changes in the program. ITT is in  
 18 control of accepting requirements, daily schedules,  
 19 (indiscernible), and now is the purview of the faculty  
 20 and program administrator who were operating the program  
 21 in Arizona. The issues that student surveys in violation

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1 were not filed anonymously. The evaluation plan did not  
 2 include continuous quality improvement. The  
 3 methodologies and actual outcomes that are required in  
 4 program evaluation were in violation. (Indiscernible.)  
 5 (Poor telephonic audio.)  
 6       In view of the COMAR requirements in 10.27.03  
 7 is included in the attachment to the report. Also, you  
 8 have the copy of the actual consent agreement that was  
 9 initiated by the Maryland Board of Nursing with the  
 10 operating program within the 2015-2016 period of time.  
 11 There is also a copy of the supportive information from  
 12 the ITT catalog during the same referenced time period  
 13 for 2015 to 2016, and the final overview of ITT that led  
 14 to the final closure of the program.  
 15       Our request is that the Board determines that  
 16 the closed Breckenridge School of Nursing at ITT  
 17 Technical College formerly located at ITT Technical  
 18 College campuses is not substantially equivalent for the  
 19 2015-2016 time period. This was as associate's degree  
 20 program.  
 21       I will address any questions that you may have

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1 regarding this information. Thank you.  
 2       MR. HICKS: So, Dr. Green, just to clarify,  
 3 we're looking at Breckenridge as well as the ITT  
 4 Institute Evolution Health Academy; is that correct?  
 5       MS. GREEN: That is correct. This is for the  
 6 2015-2016. That is correct.  
 7       MR. HICKS: All right. So, is there a motion  
 8 to approve the recommendation that Breckenridge as well  
 9 as the ITT Institute Evolution Health Academy is not  
 10 substantially equivalent for their nursing program  
 11 specifically for the years 2015 through 2016?  
 12       MS. LECHLITER: So moved. Lechlitter.  
 13       MR. HICKS: Lechlitter.  
 14       MS. STEINBERG: 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. GREEN: Thank you so very much for your  
 21 time.

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1       MR. HICKS: Thank you, Dr. Green. Have a good  
 2 day.  
 3       MS. GREEN: Thank you.  
 4       MR. HICKS: Jaray?  
 5       MS. RICHARDSON: Good morning, everyone.  
 6       MR. HICKS: Good morning. This is Jaray's  
 7 monthly report that is a month late, I think, because we  
 8 postponed it last month.  
 9       MS. RICHARDSON: Yes.  
 10       MR. HICKS: Okay.  
 11       MS. RICHARDSON: Our current number of CNAs is  
 12 58,905; GNAs, 23,331; CMAs, 1,162; dialysis technicians,  
 13 1,898; school health aides, we have 265. The total  
 14 number of CNAs process in the month of October was 1,220;  
 15 the total number of initial CNAs processed on paper were  
 16 19; the total number of CNA initials processed online  
 17 were 612. The total number of CNA renewal applications  
 18 processed by paper was 71; the total number of CNA  
 19 renewal applications that we received online was 2,151.  
 20 Any applications that have not been processed during this  
 21 time we are still waiting on verification of employment



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1 or a background check.

2 For medication technicians, the current number

3 of medication technicians we currently have 39,910.

4 These are active CMTs. The total number of CMTs

5 processed in the month of October are 852; total number

6 of initial CMTs processed by paper was 15; total number

7 of initial CMTs received online were 879. Any initial

8 applications that have not been processed for CMTs they

9 must have a background check issue. That would be the

10 only reason that they would not be processed at this

11 time. Total number of CMT renewal application processed

12 by paper was 425; the total number of CMT renewal

13 applications received online were 869. Any applications

14 that were not processed, we are waiting for the RNs

15 approval or a clinical update from the RN.

16 MR. HICKS: Any questions for Jaray?

17 (No questions posed)

18 MR. HICKS: All right. Motion to approve the

19 monthly report?

20 MS. GIBBONS-BAKER: So moved.

21 MR. HICKS: Gibbons-Baker.

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1 MS. JACQUELINE HILL: Second.

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

3 ALL: Aye.

4 MR. HICKS: Opposed?

5 (No oppositions)

6 MR. HICKS: Motion carries. Thank you.

7 MS. RICHARDSON: Thank you.

8 MR. HICKS: We are going to skip Legislative

9 Affairs for a moment. I will remind all the Board

10 members to please make sure that you review the DT

11 regulations that they have put in or the explanation in

12 there.

13 We will move on to Direct Entry Midwifery and

14 Electrology.

15 MS. MENTZER: Good morning. We are going to

16 start with 8A.1. This is a request for approval of

17 renewal of application for licensure to practice direct

18 entry midwifery received to the Board on October 24th

19 from Aza Nedhari.

20 The Direct Entry Midwifery Advisory Committee

21 reviewed the application and considers it complete

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1 meeting all the requirements in the Statute

2 8-6(c)-18 and COMAR Regulations 10.64.01: The Renewal of

3 Licensure to Practice.

4 We request to the Board to approve.

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

6 (No questions posed)

7 MR. HICKS: Hearing none. Is there a motion to

8 approve?

9 MS. ROBIN HILL: So moved. Dr. Robin Hill.

10 MS. GIBBONS-BAKER: Second.

11 MR. HICKS: Dr. Robin Hill, Gibbons-Baker. All

12 in favor?

13 ALL: Aye.

14 MR. HICKS: Opposed?

15 (No oppositions)

16 MR. HICKS: Motion carries.

17 MS. MENTZER: And then, 8A.2 is Samantha

18 Sewell, license direct entry midwife, License Number

19 DEM00028. This application was reviewed by the Direct

20 Entry Midwifery Advisory Committee and meets the minimum

21 requirements for renewal of a license to practice direct

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1 entry midwifery in Maryland according to the Statute 8-

2 6(c)-18 and COMAR Regulation, Title 10, Subtitle 64,

3 Chapter 10.64.01.17 for renewal.

4 MR. HICKS: Is there a motion to approve

5 Samantha Sewell, DEM000284 for renewal of license to

6 practice direct entry midwifery?

7 MS. ROBIN HILL: So moved. Dr. Robin Hill.

8 MR. HICKS: Dr. Robin Hill.

9 MS. CASSIDY: Cassidy.

10 MR. HICKS: Cassidy. All in favor?

11 ALL: Aye.

12 MR. HICKS: Opposed?

13 (No oppositions)

14 MR. HICKS: Motion carries.

15 MS. MENTZER: Then 8A.3 is a direct entry

16 midwifery renewal application received by the Board on

17 October 24th from Nicole Jolley, licensed direct entry

18 midwife, License Number DEM00015.

19 The committee reviewed this application and

20 considers it complete and meeting all the minimum

21 requirements for renewal of a license to practice direct

Page 34	<p>1 entry midwifery in Maryland according to Statute                  2 8-6(c)-18 and COMAR Regulation 10.64.01.17.                  3 MR. HICKS: Is there a motion to approve Nicole                  4 Jolley, DEM00015 for renewal of license to practice                  5 direct entry midwifery?                  6 MS. GIBBONS-BAKER: So moved.                  7 MR. HICKS: Gibbons-Baker.                  8 MS. JACQUELINE HILL: Second.                  9 MR. HICKS: Dr. Jacqueline Hill. All in favor?                  10 ALL: Aye.                  11 MR. HICKS: Opposed?                  12 (No oppositions)                  13 MR. HICKS: Motion carries.                  14 MS. MENTZER: The last one is 8A.4. This                  15 application for renewal to practice direct entry                  16 midwifery was received by the Board on October 30th from                  17 Ryann Bernard, licensed direct entry midwife, License                  18 Number DEM00020. The committee believes the applicant                  19 meets minimum requirements according to the Annotated                  20 Code of Maryland, Health Occupations Statute 8-6(c)-18                  21 and COMAR regulations for renewal of a license to</p>	Page 36	<p>1 .12.                  2 MR. HICK: Is there a motion to approve Stacey                  3 Elder, E01288 for a renewal of license to practice                  4 electrology?                  5 MS. JACQUELINE HILL: Motion to approve.                  6 MR. HICKS: Dr. Jacqueline Hill.                  7 MS. GIBBONS-BAKER: 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.                  13 MS. MENTZER: 8B.2 is an application for                  14 renewal of a license to practice electrology received by                  15 the Board on October 26th and reviewed at its November                  16 1st Electrology Practice Committee meeting. The                  17 applicant Robin Hammerman, LE, License Number E01413 does                  18 meet all the minimum requirements for renewal of a                  19 license to practice as a licensed electrologist per                  20 Statute 8-6(b)-14 and COMAR Regulation 10.53.02.05.04 and                  21 .12</p>
Page 35	<p>1 practice direct entry midwifery COMAR 10.64.01.17.                  2 MR. HICKS: Is there a motion to approve Ryann                  3 Bernard, DEM00020 for renewal of license to practice                  4 direct entry midwifery?                  5 MS. ROBIN HILL: So moved. Dr. Robin Hill.                  6 MR. HICKS: Dr. Robin Hill.                  7 MS. STEINBERG: Second. Steinberg.                  8 MR. HICKS: Steinberg. All in favor?                  9 ALL: Aye.                  10 MR. HICKS: Opposed?                  11 (No oppositions)                  12 MR. HICKS: Motion carries.                  13 MS. MENTZER: Moving on to 8B, requests for                  14 applications for renewal for electrology.                  15 Starting with 8B.1 is Stacey Elder, licensed                  16 electrologist, License Number E01288. The committee                  17 reviewed this application received by the Board on                  18 October 20th at its November 1st meeting and found the                  19 applicant meets minimum requirements for renewal of a                  20 license to practice electrology in Maryland according to                  21 8-6(b)-14 statute and COMAR Regulation 10.53.02.05.04 and</p>	Page 37	<p>1 MR. HICKS: Is there a motion to approve Robin                  2 Hammerman, E01413 for renewal of license to practice                  3 electrology?                  4 MS. STEINBERG: So moved. Steinberg.                  5 MR. HICKS: Steinberg.                  6 MS. JACQUELINE HILL: Second.                  7 MR. HICKS: Dr. Jacqueline Hill. All in favor?                  8 ALL: Aye.                  9 MR. HICKS: Opposed?                  10 (No oppositions)                  11 MR. HICKS: Motion carries.                  12 MS. MENTZER: 8B.3 is Rosemarie Miller,                  13 licensed electrology, License Number E01106 submitted an                  14 application for renewal of license to practice                  15 electrology received by the Board on October 26th and                  16 reviewed at the November 1st Electrology Practice                  17 Committee meeting. The committee believes the applicant                  18 for renewal meets all the requirements pursuant to                  19 Statute 8-6(b)-14 and COMAR Regulation 10.53.02.05.04 and                  20 .12.                  21 MR. HICKS: Is there a motion to approve</p>

<p style="text-align: right;">Page 38</p> <p>1 Rosemarie Miller, E01106 for renewal of license to                  2 practice electrology?                  3 MS. GIBBONS-BAKER: So moved.                  4 MR. HICKS: Gibbons-Baker.                  5 MS. CASSIDY: Cassidy.                  6 MR. HICKS: Cassidy. All in favor?                  7 ALL: Aye.                  8 MR. HICKS: Opposed?                  9 (No oppositions)                  10 MR. HICKS: Motion carries.                  11 MS. MENTZER: 8B.4 is the application for                  12 renewal of license to practice electrology received by                  13 the Board on October 26th from Lara Iskander, licensed                  14 electrologist, License Number E01434. The committee                  15 reviewed this application and believes it meets the                  16 minimum requirements for renewal according to Statute                  17 8-6(b)-14 and COMAR Regulation 10.53.02.05 and COMAR                  18 10.53.04 and COMAR 10.53.12.                  19 MR. HICKS: Is there a motion to approve Lara                  20 Iskander, E01434 for renewal of license to practice                  21 electrology?</p>	<p style="text-align: right;">Page 40</p> <p>1 MS. CASSIDY: 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. MENTZER: The last one is 8B.6, application                  8 for renewal of license to practice electrology received                  9 by the Board on October 13th from Sarah Stauffer, License                  10 Number E01465. The committee reviewed this application                  11 at its November 1st meeting and found the applicant meets                  12 minimum requirements for renewal of a license to practice                  13 electrology in Maryland according to Statute 8-6(b)-14                  14 and COMAR Regulations 10.53.02.05, 10.53.04, and                  15 10.53.12.                  16 MR. HICKS: Is there a motion to approve Sarah                  17 Stauffer, E01465 for renewal of license to practice                  18 electrology?                  19 MS. ROBIN HILL: So moved. Dr. Robin Hill.                  20 MR. HICKS: Dr. Robin Hill.                  21 MS. GIBBONS-BAKER: Second.</p>
<p style="text-align: right;">Page 39</p> <p>1 MS. STEINBERG: So moved. Steinberg.                  2 MR. HICKS: Steinberg.                  3 MS. LECHLITER: Lechliter.                  4 MR. HICKS: Lechliter. All in favor?                  5 ALL: Aye.                  6 MR. HICKS: Opposed?                  7 (No oppositions)                  8 MR. HICKS: Motion carries.                  9 MS. MENTZER: 8B.5 is an application for                  10 renewal received by the Board on October 13th from                  11 Patricia Vazquez, licensed electrologist, License Number                  12 E01463. The committee reviewed this application at its                  13 October 18th and November 1st committee meetings and                  14 believes the applicant meets minimum requirements for                  15 renewal according to Statute 8-6(b)-14 and COMAR                  16 Regulation 10.53.02.05, 10.53.04, and 10.53.12.                  17 MR. HICKS: Is there a motion to approve                  18 Patricia Vazquez, E01463 for renewal of license to                  19 practice electrology?                  20 MS. GIBBONS-BAKER: So moved.                  21 MR. HICKS: Gibbons-Baker.</p>	<p style="text-align: right;">Page 41</p> <p>1 MR. HICKS: Gibbons-Baker. All in favor?                  2 ALL: Aye.                  3 MR. HICKS: Opposed?                  4 (No oppositions)                  5 MR. HICKS: Motion carries.                  6 MS. MENTZER: The next item is 8C. This is a                  7 request to the Board to accept the Direct Entry Midwifery                  8 Advisory Committee's annual report to the Board. The                  9 committee is required to compile the data from the annual                  10 data collection forms. You have in front of you the                  11 required elements of the summary of the data collected                  12 from the direct entry midwives as well as the                  13 recommendations from the committee to the Board.                  14 So, we can take a few minutes to look at it,                  15 and if you have any questions I would be happy to address                  16 the data collection which is included in Part 1, and the                  17 recommendations from the committee to the Board which                  18 include the following. These are required to be reviewed                  19 by the Board each year.                  20 The first one is the recommendations from the                  21 committee regarding the continuation and improvement of a</p>

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1 licensure of direct entry midwives in the State of  
 2 Maryland. The committee makes the same recommendations  
 3 made for 2022 with one additional recommendation. The  
 4 first one, the committee has concerns regarding the  
 5 lengthy procedures and timely renewal of licensure for  
 6 DEMs in Maryland. Specifically, the committee’s concern  
 7 renewal applications may not be received sufficiently in  
 8 advance for the committee to be reviewed and provide  
 9 recommendation prior to the expiration date.

10 The second one is, the committee recommends  
 11 amending Title 8, Subtitle 60 to offer DEMS a grace  
 12 period for renewal. This grace period currently is  
 13 available to licensed nurses and certified nursing  
 14 assistants, and provides that the Board may grant a  
 15 30-day extension beyond the expiration date of a license  
 16 or certificate so the licensee or certificate may renew  
 17 the license or certificate before it expires.

18 In addition, the committee is considering  
 19 amending the DEMs licensure renewal application materials  
 20 to clarify the process for renewal and notify licensed  
 21 direct entry midwives of the deadline to submit renewal

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1 applications well in advance of the expiration to permit  
 2 committee and Board review.

3 The second recommendation to the Board, again,  
 4 is the same as made for 2022. The committee recommends  
 5 the committee and the Board re-examine the application  
 6 fees to set forth in COMAR 10.64.01.18 in accordance with  
 7 Health Occupations Section 8-6(c)-15, the committee  
 8 proposes that the fees be reasonably compared to other  
 9 licensed certified professionals under the Board’s  
 10 jurisdiction to the extent that the fees cover the  
 11 approximate cost of the Board providing licensure and  
 12 other services to the direct entry midwives in Maryland.

13 And the third recommendation, and this is a new  
 14 one from the committee, is a recommendation to  
 15 collaborate with the Board including the Information  
 16 Technology Department to develop an electronic reporting  
 17 process for the correction of the annual data collection  
 18 forms required to be submitted by each licensed direct  
 19 entry midwife to the Direct Entry Midwifery Advisory  
 20 Committee by October 1st of each calendar year.

21 Any questions about those recommendations?

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1 MR. HICKS: Are there any questions for Monica  
 2 related to the recommendations?  
 3 (No questions posed)  
 4 MR. HICKS: All right. Hearing none, do we  
 5 accept the --  
 6 MS. MENTZER: I’m sorry, that was only Part 1.  
 7 We have Part 2.  
 8 MR. HICKS: Oh, I’m sorry.  
 9 MS. MENTZER: Part 2 is any recommendations  
 10 regarding expansion of licensed direct entry midwives.  
 11 I didn’t know if you wanted to review each one  
 12 separately and vote on them, or the total recommendation.  
 13 MR. HICKS: Are there any questions for the  
 14 first recommendation?  
 15 MS. MENTZER: Or concerns about those  
 16 recommendations?  
 17 MS. JACQUELINE HILL: I guess for me, it’s just  
 18 kind of hard to follow as listed in here with the  
 19 recommendations. I was looking for something more of a  
 20 set up where we could see exactly what the  
 21 recommendations are versus this. I can’t find it. I

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1 can’t find the way it’s listed on here.  
 2 MR. CONTI: It’s on Page 9 of the report.  
 3 MS. JACQUELINE HILL: That’s the first  
 4 recommendation on Page 9?  
 5 MR. CONTI: Yes. The first several pages go  
 6 through all of the data that’s reported in their annual  
 7 report. The bottom of Page 8 starts their  
 8 recommendations.  
 9 MS. JACQUELINE HILL: Oh, okay. This is so  
 10 lengthy that it’s kind of hard to follow, at least for  
 11 me.  
 12 MR. HICKS: So, if you look at Page 9 above 2,  
 13 those are the paragraphed recommendations from the  
 14 committee.  
 15 MS. JACQUELINE HILL: I see that.  
 16 MR. HICKS: So, all of those are the same ones  
 17 that Monica just went through.  
 18 MS. JACQUELINE HILL: Okay.  
 19 MR. HICKS: Are there any questions for Monica  
 20 related to those recommendations?  
 21 MS. LECHLITER: So, will the request to be to

<p style="text-align: right;">Page 46</p> <p>1 raise the fees or lower them, or what is that request?                  2 MS. MENTZER: The committee will be doing                  3 research. They weren't able to do it at the last meeting                  4 because they had to review all the renewals as well the                  5 annual data collection to finalize it. But they will be                  6 reviewing the jurisdictions that surround the area that                  7 do direct entry midwives to have an idea of what the cost                  8 is for initial licensure as well as renewal. And again,                  9 not every state are they under the Board of Nursing, in                  10 some states they're under the Board of Medicine. For                  11 example, in Delaware and Virginia, they are licensed                  12 under the Board of Medicine. But we will have that                  13 information to report. However, the cost for initial at                  14 \$900 and for renewal at \$800, the committee does believe                  15 that is way above what the other licensees and                  16 certificate holders do pay for their fees to renew or                  17 obtain initial licensure in Maryland for the licensees                  18 and certificate holders that are under the Boards of                  19 Nursing. At one time there were only eight or ten of                  20 them, and now we have licensed up to 41. There are some                  21 that haven't renewed, but in the beginning the numbers</p>	<p style="text-align: right;">Page 48</p> <p>1 care if the patient has a previous uterine surgery,                  2 including a Caesarean section or myomectomy. After                  3 careful consideration, including completion of a study                  4 with the recommendations at the request of Delegate                  5 Ariana Kelly, Chair of the House of Occupations and Long-                  6 term Care Subcommittee of the House's Health and                  7 Government and Operations Committee and input from                  8 various stakeholders, the committee recommends expansion                  9 of the scope of practice to include vaginal birth after                  10 Caesarean section in certain limited circumstances as set                  11 forth, and the initial bills were House Bill 1032 of the                  12 2020 Legislative Session. The committee believe by                  13 majority vote from the study report that was conducted                  14 that it does provide a full explanation of the                  15 committee's position regarding this matter, and this                  16 study report was submitted to Delegate Kelly on October                  17 1st of 2021 that was already reviewed by this Board.                  18 The third item paragraph does state that the                  19 committee continues to recommend expansion of the scope                  20 of practice of direct entry midwives to include vaginal                  21 birth after Caesarean section in certain limited</p>
<p style="text-align: right;">Page 47</p> <p>1 they believed were calculated to reflect that there                  2 weren't that many, and they had fees associated with the                  3 work involved with the committee. So, they are hoping                  4 that they may come down a little bit, to be honest with                  5 you.                  6 MR. HICKS: And just note, whatever that                  7 recommendation is from the committee would have to come                  8 to this Board for approval.                  9 MS. MENTZER: Yeah, they don't have number as                  10 far as they amount. They are going to be doing some                  11 research to look into what the average fees are being                  12 charged currently. They've been licensed, I believe the                  13 law was passed in 2015. Again, they haven't been looked                  14 at for a number of years.                  15 MR. HICKS: We will move on to 2.                  16 MS. MENTZER: The second recommendation                  17 regarding expansion of the scope of practice of licensed                  18 direct entry midwives. The committee, again, makes the                  19 same recommendations made for FY2022, which are the                  20 following: Currently, a direct entry midwife may not                  21 assume responsibility for a patient's pregnancy and birth</p>	<p style="text-align: right;">Page 49</p> <p>1 circumstances. And then it notes, as set forth in Senate                  2 Bill 376 and House Bill 351 of the fiscal year of the                  3 2023 Legislative Session. I believe that was the third                  4 time this bill was believe to have been put forth through                  5 legislative processes, and it did not pass in the last                  6 Legislative Session.                  7 So, the committee thanks you for this                  8 opportunity to update the Board on the activities of                  9 licensed direct entry midwives so that the Board can                  10 compile its annual report to the Board which is due to                  11 the Maryland General Assembly by December 1st of 2023.                  12 MR. HICKS: Any questions for Monica?                  13 (No questions posed)                  14 MR. HICKS: All right. Thank you, Monica. So,                  15 is there a motion to request the Board to accept the                  16 Licensed Direct Entry Midwifery Advisory Committee's                  17 annual report?                  18 MS. ROBIN HILL: So moved. Dr. Robin Hill.                  19 MR. HICKS: Dr. Robin Hill.                  20 MS. CASSIDY: Cassidy.                  21 MR. HICKS: Cassidy. All in favor?</p>

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1 ALL: Aye.

2 MR. HICKS: Any opposed?

3 (No oppositions)

4 MR. HICKS: Motion carries.

5 MS. MENTZER: Thank you. And then, moving to

6 8D. This is a request to the Board to place the license

7 of a licensed direct entry midwife upon inactive status

8 for noncompliance with submitted required annual data

9 collection form for FY2023. When we reviewed the annual

10 data collection forms, there were thirty-five reviewed

11 and there was one that was not submitted. A written

12 notification was attempted to be sent to this individual

13 however, it was returned unable to be delivered. So, we

14 want to make sure we follow the statute which does

15 require under Section 8-6(c)-18, Letter F and Letter G:

16 Duty of the Board to Renew; and G: The Board shall place

17 the licensee on inactive status if the licensee, Number

18 2, fails to submit an annual report required under

19 Statute 8-6(c)-10(a) of the subtitle.

20 MR. HICKS: Is there a motion to approve the

21 recommendation from the Direct Entry Midwifery Advisory

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1 Committee to place the licensed to practice direct entry

2 midwifery issue to Shawna DeWitt, DEM00012 in active

3 status for failure to comply with the statutory

4 requirements?

5 MS. JACQUELINE: Motion to approve.

6 MR. HICKS: Dr. Jacqueline Hill.

7 MS. STEINBERG: Second.

8 MR. HICKS: Steinberg. All in favor?

9 ALL: Aye.

10 MR. HICKS: Opposed?

11 (No oppositions)

12 MR. HICKS: Motion carries.

13 MS. MENTZER: And then the last item is 8E,

14 this is a request to approve the Board's annual data

15 Direct Entry Midwifery Advisory Committee report to the

16 Legislature with a cover letter to the Legislature due by

17 December 1st. So, I was waiting to make sure that the

18 committee did approve the annual report so the letter is

19 ready to be signed then to be submitted with the annual

20 data collection aggregate data report and recommendations

21 to the Legislature from the Board.

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1 MR. HICKS: Is there a motion to approve the

2 Direct Entry Midwifery Advisory Committee's

3 recommendation to the Board and the cover letter for the

4 Board's annual report to the General Assembly and

5 Legislature for the FY23 Direct Entry Midwifery Advisory

6 Board's report?

7 MS. ROBIN HILL: So moved. Dr. Robin Hill.

8 MR. HICKS: Dr. Robin Hill.

9 MS. GIBBONS-BAKER: Second.

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. MENTZER: Did you want me to do the

16 quarterly?

17 MR. HICKS: You can.

18 MS. MENTZER: 9D is our Direct Entry Midwifery

19 Advisory Committee report for first quarter of fiscal

20 year 2024.

21 Meetings: The committee holds scheduled

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1 meetings on the first Friday of the month and meets as

2 necessary to conduct committee business. Meetings are

3 held when there are sufficient agenda items or when the

4 Board receives applications for initial licensures or

5 renewal licensures as direct entry midwife. During the

6 first quarter the committee met twice, on June 2nd and

7 August 4th.

8 Licensees: As of September 30, 2023, there

9 were 36 active direct entry midwives in Maryland. All

10 licensed direct entry midwives are scheduled to expire on

11 October 28, 2023, and the renewal packets were sent on

12 June 29, 2023 to each active licensed direct entry

13 midwife.

14 Status of Work Completed: The Board approved

15 the update to COMAR 10.64.01.15 submitted to the Maryland

16 Department of Health for review as an emergency proposal

17 with a comment period ending August 28, 2023. The COMAR

18 Regulations 10.64.01.15 are now available online. They

19 have been made available to the public. The next

20 meetings were held on October 6th, October 13th, October

21 20th, and November 3rd.

<p style="text-align: right;">Page 54</p> <p>1 Any questions about that report?</p> <p>2 MR. HICKS: Any questions for Monica?</p> <p>3 (No questions posed)</p> <p>4 MR. HICKS: All right. Thank you, Monica. Do</p> <p>5 you want to do Electrology?</p> <p>6 MS. MENTZER: Yes. 9E, the Electrology</p> <p>7 Practice Committee, first quarter of fiscal year 2024</p> <p>8 report to the Board. The committee meets as necessary to</p> <p>9 conduct committee business and when there are sufficient</p> <p>10 agenda items or when the Board receives initial or a</p> <p>11 renewal application for licensure as an electrologist or</p> <p>12 a licensed instructor. The committee met twice during</p> <p>13 the first quarter, on July 12th and September 13th.</p> <p>14 There are currently 53 active-licensed electrologists and</p> <p>15 two active licensed active electrology instructors in</p> <p>16 Maryland. All active licensed instructors and licensed</p> <p>17 electrologists expired on October 31, 2023. The renewal</p> <p>18 packets were sent out on June 29, 2023.</p> <p>19 Status of Work in Progress: The Board approved</p> <p>20 the committee's recommendations for updates to COMAR</p> <p>21 Regulations 10.53.08 and 10.53.09, and the proposals were</p>	<p style="text-align: right;">Page 56</p> <p>1 in so she is still continuing to serve.</p> <p>2 Meetings of October 11th, October 18th, and</p> <p>3 November 1st have occurred.</p> <p>4 Any questions about the Electrology Practice</p> <p>5 Committee?</p> <p>6 MR. HICKS: Any questions for Monica?</p> <p>7 (No questions posed)</p> <p>8 MR. HICKS: All right. Thank you.</p> <p>9 MS. MENTZER: Thank you.</p> <p>10 MR. HICKS: Before we go back into any reports,</p> <p>11 let's go into Legislative Affairs and complete that</p> <p>12 section.</p> <p>13 MS. GHOWRAWL: Good morning, everyone. My name</p> <p>14 is Jennay Ghowrwal. I am the Health Policy Analyst for</p> <p>15 Legislative Affairs. It's nice to see you today.</p> <p>16 Under Legislative Affairs, 7A: The Board</p> <p>17 submits and addendum to the one-time processing report</p> <p>18 submitted at last month's meeting for fiscal year 2023 as</p> <p>19 required by Senate Bill 960 and House Bill 611 from 2023.</p> <p>20 The addendum discusses barriers to the timely processing</p> <p>21 of applications. In particular, it describes factors</p>
<p style="text-align: right;">Page 55</p> <p>1 submitted to the Department of Health and were approved</p> <p>2 by the Secretary of Health on May 19, 2023, and they have</p> <p>3 been published in the Maryland Register as proposed</p> <p>4 regulations. They are not still finalized in the August</p> <p>5 25, 2023 with the comment period ending September 25,</p> <p>6 2023. So, we are still waiting for the final approval</p> <p>7 for the regulations to be published in COMAR.</p> <p>8 Status of Work Completed: On July 22nd the</p> <p>9 Board requested that they Electrology Practice Committee</p> <p>10 provide for an onsite visit to a licensed electrologist</p> <p>11 practice office for Fatima Wakachu, licensed</p> <p>12 electrologist, E01479 located at Phenix Salon Suites,</p> <p>13 8661 Colesville Road, Number 129, Silver Spring,</p> <p>14 Maryland. The onsite visit was conducted on September</p> <p>15 18, 2023, and the report was presented from the committee</p> <p>16 to the Board for review and approval.</p> <p>17 Membership: Debra Larsen continues to remain,</p> <p>18 even though she's completed her fourth term, as committee</p> <p>19 member as the chairperson of the committee. We are still</p> <p>20 waiting to receive any additional candidates that may be</p> <p>21 potentially eligible for appointment, but none have come</p>	<p style="text-align: right;">Page 57</p> <p>1 that lead to processing delays across different</p> <p>2 categories. This includes licensure, endorsements, and</p> <p>3 licensure by examination, as well as electrology</p> <p>4 licensure and licensure for direct entry midwifery and</p> <p>5 certification applications. Some of the common factors</p> <p>6 include incomplete or inaccurate applications and</p> <p>7 adherence to specific procedural requirements.</p> <p>8 Were there any questions about the addendum?</p> <p>9 MR. HICKS: Any questions?</p> <p>10 (No questions posed)</p> <p>11 MR. HICKS: All right. Hearing none, is there</p> <p>12 a motion to approve the addendum to the processing timers</p> <p>13 for FY23?</p> <p>14 MS. JACQUELINE HILL: Motion to approve.</p> <p>15 MS. ROBIN HILL: Second. Dr. Robin Hill.</p> <p>16 MR. HICKS: Dr. Jacqueline Hill, Dr. Robin</p> <p>17 Hill. All in favor?</p> <p>18 ALL: Aye.</p> <p>19 MR. HICKS: Opposed?</p> <p>20 (No oppositions)</p> <p>21 MR. HICKS: Motion carries.</p>

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1 MS. GHORRWAL: Thank you. Under Item 7B, we  
 2 return once again to the CDT draft regulations package.  
 3 Before I move on, I believe we may have some of our CDT  
 4 stakeholders on the line. If so, could you please  
 5 introduce yourselves.  
 6 MS. NEGLEY: Good morning. My name is Cathy  
 7 Negley. I am the Director of Clinical Services and  
 8 stakeholder for DaVita.  
 9 MS. VALLANDINGHAM: Good morning. I am  
 10 Michelle Vallandingham, the Education Coordinator for the  
 11 Dialysis Foundation.  
 12 CALLER: Good morning. I am (indiscernible),  
 13 Assistant Manager of the Clinical Education for  
 14 Fresenius.  
 15 MS. MORELAND: Good morning. This is Kate  
 16 Moreland, clinical specialist and approved instructor  
 17 with U.S. Renal Care.  
 18 CALLER: This is (indiscernible), Senior  
 19 Manager of Clinical Applications for Fresenius Medical  
 20 Care.  
 21 MS. GHORRWAL: Is there anyone else?

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1 MR. HICKS: Anyone else online?  
 2 (No responses)  
 3 MR. HICKS: You may proceed.  
 4 MS. GHORRWAL: Per the Board's request we  
 5 submitted as grief reasoning explanation of checklist of  
 6 CDT preceptor models for your review. I hope the Board  
 7 was able to review the materials submitted for their  
 8 attention.  
 9 I would invite any questions at this time.  
 10 MR. HICKS: Were there any questions about the  
 11 checklists that were provided?  
 12 MS. TURNER: So, these are just samples?  
 13 MR. HICKS: Correct. We had asked what those  
 14 had looked like. I don't think there are any questions  
 15 related to the checklist.  
 16 So, it's my understanding that we are also  
 17 revisiting the DT regulations as well as the request for  
 18 the role of the preceptor in the training or precepting  
 19 of the dialysis techs. So, I will kind of put the first  
 20 piece out there, and that is the actual DT regulations.  
 21 Were there any questions related to the

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1 dialysis tech regulations?  
 2 (No questions posed)  
 3 MR. HICKS: This was originally presented in  
 4 September for the Board to review. Are there any  
 5 questions?  
 6 (No questions posed)  
 7 MR. HICKS: All right. The other piece of that  
 8 is the use of dialysis techs as preceptors. So, I will  
 9 open up the floor for that discussion to take place  
 10 before I call for the vote.  
 11 MS. LECHLITER: This is Christine Lechlitter. I  
 12 will just say that I appreciate all the information that  
 13 was submitted, but it does appear that they are very  
 14 varied, the checklist, and all of the sites are different  
 15 with the different programs. My concern is allowing the  
 16 DTs to assume the primary preceptor role. The RN is  
 17 still delegating to the DTs, and so, that's just my view  
 18 of the whole thing. My thought is that we continue  
 19 without the preceptor specific for the DT. I know that  
 20 the DT's trained on the skills with the other orienting  
 21 DTs, which makes sense. But for the primary sign-off, I

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1 feel like the RN is still in the position where they  
 2 should have some input with that.  
 3 MR. HICKS: And in looking at the documentation  
 4 that was brought, I'm not still clear as to what really  
 5 the role will be of the dialysis tech preceptor. It  
 6 still, to me, is very cloudy and so I would agree with  
 7 the comment that it should really be the role of the  
 8 primary nurse to act at the preceptor.  
 9 So, I will call for the motion. I believe what  
 10 I'm hearing is that we would approve the dialysis tech  
 11 regulations without the dialysis tech acting as the  
 12 preceptor. Is that what I'm understanding? So, it would  
 13 be drafted as it currently written. Is there a first?  
 14 MS. LECHLITER: I first.  
 15 MR. HICKS: Lechlitter. Is there a second?  
 16 MS. HAYWARD: Second.  
 17 MR. HICKS: Second. All in favor?  
 18 ALL: Aye.  
 19 MR. HICKS: Opposed?  
 20 (No oppositions)  
 21 MR. HICKS: Motion carries. Thank you.



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1 MS. NEGLEY: This is Cathy Negley from DaVita.  
 2 I just am curios then, so there's, like, no opportunity  
 3 for delegation then from the nurse to a DT with the  
 4 training? You're saying that 100 percent of the training  
 5 has to be done by the charge nurse or the nurse?  
 6 UNIDENTIFIED CALLER: I would like to speak to  
 7 that as well, please. There is oversight provided by the  
 8 nurse, but if you're expecting the nurse to be the  
 9 primary preceptor for these new technicians that are  
 10 coming onboard, that's just not realistic because that  
 11 nurse is generally in charge. The technicians are the  
 12 ones doing the direct patient care every day and their  
 13 skills are actually probably much better than any nurse  
 14 in any of our dialysis clinics since they are doing it  
 15 all the time.  
 16 MR. HICKS: We're not saying that the dialysis  
 17 tech can't help with the training, but there has to be --  
 18 UNIDENTIFIED CALLER: The language in the DT  
 19 doesn't say that. We had asked for this months ago when  
 20 we were having conversations. The language that you guys  
 21 are approving in that DT package does not have anything

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1 about any delegation in there to a dialysis technician  
 2 around training, and that's where this conversation has  
 3 been. We have been having this for, I don't know, six  
 4 months, I think we've been trying to talk about it.  
 5 UNIDENTIFIED CALLER: I can add to that. When  
 6 we are serving in the clinical setting, if the new  
 7 employee is not assigned directly with the charge nurse  
 8 or the staff nurse we are out of compliance. We need a  
 9 PCT CMA-DT to assist because, to the point earlier, that  
 10 new employee that we are teaching cannot be with that  
 11 nurse unless we are hiring more nurses, and that is  
 12 unrealistic.  
 13 MR. HICKS: So, as I explained, we wanted to  
 14 understand and get a clear delineation about what the  
 15 role of the dialysis tech in precepting. That  
 16 information was not provided us so that is what we are  
 17 basing our decision on.  
 18 UNIDENTIFIED CALLER: I did provide that  
 19 information to you.  
 20 MR. HICKS: There are some that provided it,  
 21 but not all of the parties provided their information.

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1 So, we are only going by what we have in front of us as  
 2 the information that we have requested.  
 3 MS. SCOTT: Can I ask a clarifying question,  
 4 also? Just when you all referenced "new employee,"  
 5 you're talking about employees who are not yet certified  
 6 as DTs to practice; is that correct, and not just new  
 7 employees who are already certified?  
 8 UNIDENTIFIED CALLER: Anybody on the team may  
 9 be. If they are out-of-state or they don't have CNA-DT  
 10 certification like some of the independent agencies are.  
 11 MS. SCOTT: So they've not yet completed the DT  
 12 training program?  
 13 UNIDENTIFIED CALLER: They have to have both.  
 14 They have to have both, their CMA-DT in order to work  
 15 independently. They have to be with a preceptor in order  
 16 to care for our patients.  
 17 MS. SCOTT: Okay, thank you.  
 18 MS. LECHLITER: Certain DTs are going to have  
 19 to help them and train them the skills for the  
 20 orientating DTs. We should put in Legislation somewhere  
 21 that makes all the programs --

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1 UNIDENTIFIED CALLER: And that's what we're --  
 2 MR. HICKS: I am going to ask that you, please,  
 3 let Ms. Lechlitter complete her thought before you  
 4 interject.  
 5 MS. LECHLITER: You don't want to remove the  
 6 nurse from having oversight.  
 7 MR. HICKS: Correct.  
 8 UNIDENTIFIED CALLER: I'm having a hard time  
 9 understanding her. Could she please speak a little  
 10 louder?  
 11 MS. LECHLITER: I said, I understand that the  
 12 DTs that are currently certified would help assist in  
 13 training and orienting DTs. That makes sense on the  
 14 skills. We should not put in Legislation something that  
 15 puts all the programs out of compliance with that, but we  
 16 also should not remove the RN oversight.  
 17 My confusion with this is that you provided a  
 18 variety of different skilled checklists. I haven't seen  
 19 anything that is a clear request of what you want put  
 20 into the bill to outline what the DT would do and what  
 21 the RN oversight would be.

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1 MR. HICKS: So, the way that the current  
 2 dialysis tech regulation package that is being presented  
 3 does state that a certified dialysis tech may assist in  
 4 aspects of the training program except for classroom and  
 5 clinical instruction. The clinical I would assume be the  
 6 final sign-off to complete the program. So, they can  
 7 assist with training new hires to do what they need to  
 8 do. So, the language is already in there to protect and  
 9 to help support the new hires piece.

10 MS. LECHLITER: Correct.

11 MR. HICKS: I am going to go back to my  
 12 original comment and that is, I am not a hundred percent  
 13 clear on what the role of these dialysis techs are in  
 14 terms of being a preceptor. We have some information  
 15 from some of the facilities, and then there are some that  
 16 we are not provided. So, I am uncomfortable with  
 17 approving something that I am not a hundred percent clear  
 18 on.

19 So, I believe we had a first and second.

20 UNIDENTIFIED CALLER: Just so I am clear, you  
 21 would like for all of us stakeholders to provide

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1 information on what the role of the preceptor is?

2 MR. HICKS: We asked for that last month, we  
 3 got a report. Not all the facilities provided that  
 4 information to us. We need all the information presented  
 5 to us before we can make a clear decision. So, until  
 6 that information is provided to us and we can look at it  
 7 and understand it and to try to get some clarity around  
 8 it, then we have to move forward with the regulations.

9 So, we have voted on those regulations and  
 10 passed the regulations as they currently stand. They  
 11 will be submitted for publication.

12 We will move down to the quarterly reports. We  
 13 will jump back into that. Amber?

14 MS. HAVENS-BERNAL: Good morning. I am Amber  
 15 Bernal with the Board's Discipline Program. I am here to  
 16 present the quarterly stats for July through September,  
 17 2023 for both the Discipline and the Compliance Programs.

18 We will first do Discipline Status Report:  
 19 There were 19 cases voted for charges and transferred to  
 20 the Office of the Attorney General; 23 summary suspension  
 21 orders were issued, this includes orders continuing

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1 summary suspension; 24 cases were scheduled for Case  
 2 Resolution Conference; 18 Consent Orders were executed; 8  
 3 voluntary surrenders were executed; no cases were voted  
 4 to rescind and dismiss; 10 cases were sanctioned by  
 5 default; and 17 hearings were held, this is show cause  
 6 and evidentiary hearings.

7 For the Compliance Program Status Report:  
 8 There were four probation orders initiated; no orders of  
 9 reprimand with conditions; six cases were scheduled to  
 10 meet with the program case managers; three probation  
 11 orders were terminated; two cases were presented to the  
 12 Board for violation of probation; and there are 59 cases  
 13 on probation with the Board right now.

14 Does anyone have any questions?  
 15 (No questions posed)

16 MR. HICKS: Thank you, Amber.

17 MS. HAVENS-BERNAL: Thank you.

18 MR. HICKS: We will go down to Safe Practice.

19 MS. JACKSON: Good morning, everyone. My name  
 20 is Valencia Jackson, and I am the manager of the Safe  
 21 Practice and Special Projects. Today I am going to be

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1 presenting the quarterly stats for July through  
 2 September, 2023.

3 Starting off with meetings scheduled; two for  
 4 each month, so six total quarter. Scheduled for  
 5 committee meetings; July, 18; August, 14; September, 19;  
 6 for a quarter total of 51.

7 Agreements Given: July, 2; August, 4;  
 8 September, 2; for a quarter total of 8.

9 Expelled for Non-compliance: July, 2; August,  
 10 zero; September, 2; for a quarter total of 4.

11 Successfully Discharged from the Program; July,  
 12 1; August, 1; September, 2; for a quarter total of 4.

13 Inactive Participants: Quarterly 60.

14 Does anyone have any questions?  
 15 (No questions posed)

16 MR. HICKS: Thank you. We will move down to  
 17 Investigations Status Report.

18 MS. JOHNSON: Good morning, everyone. I am  
 19 Rosalyn Johnson. I am the Manager of Complaints. I will  
 20 be reporting the CID quarterly stats.

21 Complaints received in July is 56; complaints

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1 received in August, 67; September, 48; for a quarterly  
 2 total of 171.  
 3 Priority One Complaints in July was 8; August,  
 4 26; September, 16; for a quarterly total of 50.  
 5 Complaints Closed by Take No Action: In July  
 6 it was 16; August, 42; September, 50; for a quarterly  
 7 total of 108.  
 8 Complaints Closed by Charges: In July was 7;  
 9 August, zero; September, 5; for a quarterly total of 12.  
 10 Cold Case Complaints Backlog Review Closed by  
 11 Take No Action; 149 in July; in August, zero; September,  
 12 46; for a quarterly total of 195.  
 13 Cold Cases Closed Administratively: In July  
 14 were 3; August, 17; September, 4; for a quarterly total  
 15 of 24.  
 16 Average Number of Days Received a Complaint for  
 17 ROI Submission: In July it was 560; August was deferred  
 18 to September; and September was 577; for an average total  
 19 of 568.  
 20 Total Complaints: Cold case, 2,963; and  
 21 current were 3,078.

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1 Are there any questions?  
 2 MR. HICKS: Any questions? Dr. Hill?  
 3 MS. JACQUELINE HILL: I am just looking at the  
 4 trend. What was going on in August that that we had so  
 5 many complaints compared to July and September? Did you  
 6 track what kind of complaints you were receiving?  
 7 MS. JOHNSON: They are categorized. They are  
 8 not categorized on the stats. We just had an update in  
 9 August.  
 10 MS. JACQUELINE HILL: If something was going on  
 11 in August unlike July and September that you noticed  
 12 complaints about times waiting?  
 13 MS. JOHNSON: No, it was how many we received.  
 14 That's just how many more came in August than in July.  
 15 MS. SCOTT: And that's also been historically,  
 16 Dr. Hill. There's really no rhyme or reason why we get  
 17 more than others in some months. I do know now that they  
 18 are now tracking the types that we are getting and  
 19 looking into that.  
 20 MS. JACQUELINE HILL: I was just curious.  
 21 MR. HICKS: It would be interesting, I think,

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1 if we would understand how many of these -- and it  
 2 doesn't matter what month for the companion cases, so  
 3 that we're not seeing a full 60 individuals, but maybe  
 4 there are ten that are companion cases, which means  
 5 they're all the same case but just different folks.  
 6 MS. SCOTT: I just wanted to mention that we do  
 7 have a plan to address the backlog and cold cases, and  
 8 one of the things that we're doing is we're looking at  
 9 all cases that were originally assigned as Priority 3,  
 10 which is the lowest risk complaints to take no action.  
 11 And so, what the department is going to do is taking them  
 12 back to the committee to review and just ensure they were  
 13 determined if that is the case that they wanted to do is  
 14 to take no action if they were properly assigned. We are  
 15 working through that.  
 16 And we also be posting very shortly a post to  
 17 recruit for ten non-nurse investigators to assist with  
 18 that. It's going to be one post with all ten positions  
 19 there. It should be going up soon. I can't remember  
 20 where we are with it, but that is part of the plan to get  
 21 the backlog addressed as timely as possible.

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1 MR. HICKS: Just a point of clarification for  
 2 everyone's knowledge that is listening, you know, we're  
 3 not just necessarily throwing out cold cases or just  
 4 saying let them go, there are criteria that we look at,  
 5 specifically in these cold cases as to what truly is the  
 6 alleged complaint, but then we also have to look at how  
 7 long that complaint has been there and then whether we  
 8 would be able to get sufficient evidence, whether we  
 9 would be able to get the witnesses should we have to call  
 10 that individual in for a hearing, et cetera. So, there  
 11 is a process and there are a number of things that we  
 12 look at in terms of how we decide on what to do wit those  
 13 cold cases. I don't want folks to think we have 2,000  
 14 cold cases that we're just going to get rid of. There is  
 15 a process and there are criteria we look at before we do  
 16 such removal of.  
 17 Thank you, Rosalyn.  
 18 MS. JOHNSON: Thank you.  
 19 MR. HICKS: We will move down to Background  
 20 Review.  
 21 MS. SANDERS: Good morning.

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1 MR. HICKS: Good morning.

2 MS. SANDERS: My name is Della Sanders. I'm

3 the manager of Background Review. This is the quarterly

4 report for July 1 through September 30, 2023. We had an

5 amazing quarter. We did one-third of what we did all

6 year in the first quarter.

7 So, those numbers, I would like to go over.

8 Nurse Endorsements, and these are background applicants

9 that we processed. So, nurse endorsements, 1,183; nurse

10 exams, 1,509; certified nursing assistants, 3,095; total

11 for the quarter, 5,787 people were cleared.

12 And then, the second major task that we do, we

13 process the criminal backgrounds. And so, we had 130

14 cases that went through the matrix. And the matrix

15 actually touches every case that we do and then the cases

16 are then directed to the committee and the Board

17 -- or, some of the cases are. So, 45 cases went to CHRC;

18 and 45 cases went to the Board.

19 As far as highlights, we are looking into

20 implementing another system that will allow us to track

21 nurse backgrounds all over The United States. It's going

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1 to take some time and assistance from other areas to see

2 if we can even get that done, but we're looking into

3 that. And then, on the second page you will see the

4 charts, and these are statistics that I just went over.

5 It kind of shows you the percentage of the work. So, of

6 the people that we cleared -- that 3,000 -- that's 55

7 percent of the people that we cleared, and those were

8 CNAs, and you will see that if you look the chart. And

9 then, the bottom chart is just a representation of the

10 positive cases that we prepared.

11 And then, the last page is just a picture of us

12 on a Friday showing some of the members of the Background

13 Review Team.

14 Any questions?

15 MR. HICKS: Any questions?

16 (No questions posed)

17 MR. HICKS: Thank you.

18 MS. SANDERS: Thank you.

19 MR. HICKS: We will move down to Fiscal

20 Management Report.

21 MS. KUKOI-SANYAOLU: Good morning.

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1 MR. HICKS: Good morning.

2 MS. KUKIO-SANYAOLU: My name is Morinat Kukoi-

3 Sanyaolu. I am the director of operations. I will be

4 presenting the first quarter report for fiscal year '24.

5 I will be going over the following items; the revenues,

6 the expenses, the budget comparisons, the notes, and the

7 suggested recommendations.

8 The total revenue received for fiscal year '24

9 is \$2,390,746.75. On this current slide you will see

10 that it's been divided or we allocated two different

11 payment sources, which is our check and money orders of

12 \$174,031.75. For our credit card payments, also, it's

13 \$2,216,715.00. It has also been divided or allocated

14 into online and walk-ins. It also shows the source of it

15 being from July, August, and September. You will see

16 that's it's been separated in that way for you to review.

17 On the next slide it shows the visual look of

18 our revenue by month and by the source. On this slide

19 the revenue review has been broken down by application

20 types. It shows where our revenue is from July, 2023 as

21 well as September, 2023. On the next slide it gives us a

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1 visual look on what it looks like by the type as well as

2 by month.

3 On the next slide we talk about the revenue

4 transfer. On this slide it shows us the transfer fees to

5 the Maryland Healthcare Commission and the Nurse

6 Practitioner Tax. It also show us the actual revenue

7 that belongs to the Board, which is \$2,090,360.00, which

8 is the gross revenue minus the transfer fees which equals

9 the adjusted revenue which gives us that total amount.

10 On the next slide it gives us a visual of what

11 it looks like month-to-month in July, August, and

12 September of this year.

13 On the next slide it shows our expenses. On

14 this slide it's broke down by category and by expense.

15 Are there any questions regarding this slide of our

16 expenses?

17 MR. HICKS: I guess I would ask the question

18 since there is a pretty significant increase from FY23 to

19 FY24 in the gross expense category. What drove that? Is

20 there one specific thing?

21 MS. KUKOI-SANYAOLU: We have increased the FT

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1 staffing.

2 MR. HICKS: That's what I wanted to hear.

3 MS. KUKOI-SANYAOLU: I had to think about that.

4 It also shows in the next slide when it comes to

5 salaries, it shows 1,962,939.00.

6 The next slide I will be talking about is our

7 comparison with the other fiscal years. In the other

8 fiscal year, FY22 and FY23. On this slide it just shows

9 that we ended this quarter in a deficit of \$296,476.00.

10 If you look towards the end after the adjusted revenue,

11 that belongs to the Board.

12 Any questions regarding this slide?

13 (No questions posed)

14 MS. KUKOI-SANYAOLU: The next slide just shows

15 a visual look of what it looks like from the previous

16 slide.

17 In regards to the notes and finding, as usual,

18 from the last quarter meeting we still ended in a deficit

19 and the lack of revenue. We are not generating enough

20 revenue to keep up with the current expenses. Also,

21 expenses continue to rise and our adjusted revenue can

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1 stand to fall short. So, the suggested recommendations

2 is to increase our current application fees, charge fees

3 for services for the following; late fees, revocation

4 fees, name and/or address change fees, training program

5 and site visits.

6 Any questions?

7 MS. SCOTT: Can I just add, I know the deficit

8 is a concern. Right now, pursuant to House Bill 611,

9 there is that assistance we are getting for

10 infrastructure costs from MDH, which currently is going

11 to be reimbursed on a quarterly basis. But that is not

12 going to be -- it's going to end at some point which is

13 why the recommendation to increase fees is there because

14 at some point we are going to need to be able to pay our

15 bills and still end each quarter and each fiscal year in

16 a surplus rather than a deficit. So that's the plan, and

17 right now we're working closely with MDH. They are

18 extremely supportive in helping us look at this. We're

19 looking at getting a budget analyst to help us determine

20 just how much we will need to increase our fees by in

21 order for us to maintain daily. So we want to do that

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1 before the assistance from the House Bill 611 that's in

2 law ends. So that's what we're working on now.

3 MS. KUKOI-SANYAOLU: Thank you, Rhonda.

4 MS. SCOTT: Thank you, Kukoi. Any questions

5 for me?

6 MR. HICKS: Dr. Hill?

7 MS. JACQUELINE HILL: What determines what the

8 fees would be?

9 MS. SCOTT: We just want to raise it, right,

10 without really knowing if it's really going to benefit us

11 in being able to come out of these deficits that we're

12 experiencing.

13 MS. KUKOI, SANYAOLU: Right.

14 MS. JACQUELINE HILL: My other question would

15 be: Do your recommendations for late fees and

16 verification fees, did you compare this to other

17 professional boards?

18 MS. KUKOI-SANYAOLU: Yes, we did. We pulled up

19 different data from other boards surrounding Maryland to

20 compare what they're charging versus what we are

21 charging. That's why we are working with MDH regarding

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1 increasing our fees.

2 MS. SCOTT: And this research was done -- I

3 don't know, it's been a while when Iman was here. She

4 conducted the initial research in surrounding states and

5 other states determining fees. I mean, there's evidence

6 that some states close to Maryland are charging double

7 what we are currently charging for licensure fees. The

8 other states that conduct site visits and things like

9 that charge for that while we do not.

10 So, these are just some of the things that we

11 had to research to determine. It's a lot of research

12 that went into this, and like I said, we're working with

13 MDH, too.

14 MR. HICKS: One of the things that we looked at

15 also, in terms of the programs, was the CNA programs. We

16 have a large number of CNA programs, and there's a lot of

17 work behind the scenes that takes place to do the initial

18 and the renewals. So, that's a revenue that we're really

19 losing out on where other states, when we did the

20 research, do charge for all of those services.

21 MS. SCOTT: There's a lot of man-hours that

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1 goes into what they do with the site visits and the  
 2 program reviews. It takes a lot of time.  
 3 MS. KUKOI-SANYAOLU: Any questions for Kukoi?  
 4 (No questions posed)  
 5 MR. HICK: Thank you.  
 6 MS. KUKOI-SANYAOLU: Thank you.  
 7 MR. HICKS: We will move down to the Other  
 8 section, and that is the Implicit Bias Training Program.  
 9 Is there anyone online? Ms. Germain?  
 10 MS. BROUSSARD: Yes, hi. Can you hear me?  
 11 This is Germaine Broussard.  
 12 MR. HICKS: Yes, we can hear you.  
 13 MS. SCOTT: Hi, Germaine. We presented this  
 14 last month, but unfortunately the Board members did not  
 15 have access to the information about the program. That  
 16 information was shared early on for you all to review.  
 17 At this point we're just asking if the Board would  
 18 recognize the Implicit Bias Program for approval by the  
 19 Office of Minority Health Disabilities.  
 20 MR. HICKS: Are there any questions about the  
 21 program now that you've had an opportunity to review

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1 that?  
 2 (No questions posed)  
 3 MR. HICKS: All right. Is there a motion to  
 4 approve the Implicit Bias Training Program that has been  
 5 presented to us?  
 6 MS. LECHLITER: Move to approve. Lechlitter.  
 7 MR. HICKS: Lechlitter.  
 8 MS. HAYWARD: Second.  
 9 MR. HICKS: Hayward. All in favor?  
 10 ALL: Aye.  
 11 MR. HICKS: Opposed?  
 12 (No oppositions)  
 13 MR. HICKS: Motion carries. Thank you,  
 14 Germaine.  
 15 MS. BROUSSARD: Thank you. Rhonda, should I  
 16 just follow up with you later?  
 17 MS. SCOTT: Yes, and I will reach out to our  
 18 contact at MHHD to let them know that the Board has  
 19 recognized it so that they can put it on their website as  
 20 an approved program once they conducted their final  
 21 review.

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1 MS. BROUSSARD: Okay, thank you so much. Thank  
 2 you all.  
 3 MS. SCOTT: Bye-bye.  
 4 MR. HICKS: All right. I will now open up the  
 5 floor for anyone to approach the Board. Any questions?  
 6 MS. KRIENKE: Mr. Chairman?  
 7 MR. HICKS: Yes?  
 8 MS. KRIENKE: Hi. This is Jane Krienke from  
 9 the Maryland Hospital Association.  
 10 MR. HICKS: Good morning.  
 11 MS. KRIENKE: I wasn't sure if it was  
 12 appropriate to ask during the direct entry midwives  
 13 report, but we just want to make a statement regarding  
 14 the annual report that was presented to you and voted on.  
 15 The recommendation to physically to expand the scope of  
 16 practice to include vaginal birth after Caesarean was not  
 17 unanimous in the Advisory Committee. That's probably  
 18 included in the report, but I just wanted to make that  
 19 note that it was not a unanimous recommendation and that  
 20 there was such a vote. I read the report and I am hoping  
 21 that document is there. I just wanted to make the Board

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1 aware of that.  
 2 MR. HICKS: Thank you for that.  
 3 MS. KRIENKE: Thank you.  
 4 MR. HICKS: Anyone else?  
 5 (No questions posed)  
 6 MR. HICKS: All right. In a moment I'm to ask  
 7 if there is a motion to close the Open Session, but first  
 8 I'm going to walk us through the written statement that  
 9 is required by the Open Meetings Act to ensure that all  
 10 Board members agree with its contents.  
 11 As documented in the written statement, the  
 12 statutory authority to close this Open Session and meet  
 13 in Closed Session is General Provisions 3-305(b)13, which  
 14 gives the Board the authority to close an Open Session to  
 15 comply with a specific constitutional, statutory, or  
 16 judicially imposed requirement that prevents public  
 17 disclosures about a particular matter or proceeding.  
 18 The topic to be discussed during Closed Session  
 19 is applications for licensure and/or certifications. The  
 20 reason for discussing this topic in Closed Session is to  
 21 discuss confidential matters that are prohibited from

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1 public disclosures by the Annotated Code of Maryland,  
 2 Health Occupations Article 8-303(f); Health Occupations  
 3 Article 8-320(a); and Health Occupations Article 1-401,  
 4 and General Provisions Article 4-333, including the  
 5 evaluation of criminal history of record information,  
 6 reviewing investigative reports, and recommendations for  
 7 disciplinary charges, and related disciplinary matters.  
 8 In addition, the Board may also perform quasi-judicial  
 9 and administrative functions involving disciplinary  
 10 matters during the Closed Session.

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

14 MS. GIBBONS-BAKER: So moved.  
 15 MR. HICKS: Gibbons-Baker.  
 16 MS. JACQUELINE HILL: Second.  
 17 MR. HICKS: Dr. Jacqueline Hill. All in favor?  
 18 ALL: Aye.  
 19 MR. HICKS: Opposed?  
 20 (No oppositions)  
 21 MR. HICKS: Motion carries. Thank you,

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1 everyone. Have a good day.  
 2 (Whereupon, at 10:54 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 of  
 3 Maryland, do hereby certify that the proceedings were  
 4 recorded via audio by me and that this transcript is a  
 5 true 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  
 8 the parties, nor an employee of counsel, nor related to  
 9 any of the parties, nor in any way interested in the  
 10 outcome of this action as witness my hand and notarial  
 11 seal this 15th day of November, 2023.

12 \_\_\_\_\_  
 13  
 14 Edward Bullock, Notary Public  
 15 in and for the State of Maryland  
 16  
 17  
 18  
 19 My commission expires: May, 13, 2027  
 20  
 21

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### 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, including the evaluation of criminal history record information, reviewing investigative reports and recommendations for disciplinary charges, and related disciplinary matters. 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 STATE BOARD OF NURSING


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

1. **Recorded vote to close the meeting:** Date: 11/15/2023 Time: 10:54  
Location: Maryland Board of Nursing, 4140 Patterson Avenue, Baltimore, MD  
Motion to close meeting made by: Gibbons-Baker Seconded by J. Hill  
Members in favor: Lechliter, Gibbons-Baker, Hayward, Turner, Hicks, J. Hill, Cassidy,  
Opposed: None Abstaining: None R. Hill,  
Absent: Buwamana, Lyons, Westerfield Steinberg
2. **Statutory authority to close session.** This meeting will be closed under Md. Code Ann., Gen. Prov. § 3-305(b) only:

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

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

Citation	Topic	Reason for closed-session discussion of topic
§ 3-305(b) (13)	Applications for licensure and/or certification	To discuss confidential matters prohibited from public disclosure by Md. Code Ann., Health Occ. sections 8-303(f), 8-320(a), 1-401 <i>et seq.</i> and General Provisions section 4-333, including the evaluation of criminal history record information, reviewing investigative reports and recommendations for disciplinary charges, and related disciplinary matters.
§ 3-305(b) ( )		
§ 3-305(b) ( )		

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

