



# Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

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August 31, 2022

The Honorable Guy Guzzone  
Chair, Budget and Taxation  
3 West Miller Senate Office Building  
11 Bladen Street  
Annapolis, MD 21401-1925

The Honorable Maggie McIntosh  
Chair Emeritus, Appropriations  
Room 121 House Office Building  
Annapolis, MD 21401-1925

Dear Senator Guzzone and Delegate McIntosh:

The Maryland Board of Nursing (the “Board”) respectfully requests an extension of time to submit two (2) reports addressing repeat audit findings, as required by the Joint Chairmen’s Report for Fiscal Year 2022 (hereinafter the “JCR”).

## **Controls over Collections and Deposits**

As stated in the JCR (pg. 96), the fiscal compliance report released by the Office of Legislative Audits (OLA) in January 2021 included a repeat audit finding that indicated that the Board did not have adequate controls over collections and deposits. The Board is required to submit a report identifying the steps taken to resolve this repeat audit finding.

## **Timely Investigations, Password, and Account Controls**

As stated in the JCR (pg. 97), the Board is required to submit a report detailing efforts to resolve repeat audit findings related to providing sufficient oversight to ensure complaints against licensees were investigated timely and password and account controls were sufficient to protect critical data as identified in the fiscal compliance report released in January 2021 by the OLA.

## **Request for Extension**

The ongoing Maryland Department of Health (MDH) cybersecurity incident has impacted the Board staff’s ability to sufficiently evaluate and address the recommendations provided by the OLA. The Board continues to remain at partial operational functionality despite its best efforts to prioritize workflow needs and readjust staffing capacities. The Board will need additional time to

thoroughly review, finalize, and approve corrective actions for each repeat audit finding for submission to the Department of Legislative Services (DLS). Two (2) comprehensive reports will be presented for approval on September 28, 2022, and will be subsequently submitted to MDH's Office of Governmental Affairs for further revisions on October 1, 2022. The Board's final reports will be submitted to DLS on or before November 1, 2022.

Thank you for your time and consideration. If you have any questions please contact Ms. Iman Farid, Health Planning and Development Administrator, at [iman.farid@maryland.gov](mailto:iman.farid@maryland.gov).

Sincerely,



Gary N. Hicks  
Board President



Karen E. B. Evans  
Executive Director

Cc: Sarah Albert, Mandated Reports Specialist, Maryland Department of Legislative Services  
Gary Hicks, Maryland Board of Nursing President  
Megan Peters, Acting Director, Maryland Department of Health  
Morgan Smith, Policy Analyst, Maryland Department of Legislative Services



# Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

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November 1, 2022

The Honorable Guy Guzzone  
Chair, Budget and Taxation  
3 West Miller Senate Office Building  
11 Bladen Street  
Annapolis, MD 21401-1925

The Honorable Maggie McIntosh  
Chair Emeritus, Appropriations  
Room 121 House Office Building  
Annapolis, MD 21401-1925

Dear Senator Guzzone and Delegate McIntosh:

The Maryland Board of Nursing (the “Board”) respectfully submits this Fiscal Year (FY) 2022 Joint Chairmen’s Report (pg. 97) detailing efforts to resolve repeat audit findings related to providing sufficient oversight to ensure complaints against licensees were investigated timely and password and account controls were sufficient to protect critical data as identified in the fiscal compliance audit released in January 2021 by the Office of Legislative Audits (OLA) for the Maryland Department of Health (MDH) Health Regulatory Services.

## **I. Complaints and Investigations**

**Office of Legislative Audits Finding #1:** The Board of Nursing did not provide oversight to ensure that complaints against licensees were investigated timely. A review conducted by the Office of Legislative Audits disclosed that numerous complaints were not investigated within one (1) year.

Subsequent to the Office of Legislative Audits’ compliance audit report being published, the Board was granted a revision to its Managing for Results (MFR) requirements. The Board must improve the percent of complaint investigations completed to 90 percent within 540 days.

**OLA Recommendation 1a:** Properly monitor complaints (such as periodically reviewing the tracking logs) and develop a strategy to ensure the timely disposition of complaints (repeat).

The Board would like to clarify that recommendation 1a is not a repeat audit finding. The Office of Legislative Audits did not previously reference the Board’s ability to properly track complaints against investigations during its Fiscal Year 2014 and 2017 audit compliance reports.

- Board of Nursing Estimated Completion Date: December 31, 2023.

The Board maintains several tracking logs that are reviewed on a weekly basis by the Complaints and Investigations Department (CID) Director of Enforcement and Manager of Enforcement. To further improve tracking methods, the Board will develop a focused audit tool once a performance improvement manager has been employed. CID receives approximately one hundred and twenty (120) to one hundred and fifty (150) complaints per month. These complaints are reviewed by a committee of Board members (the “complaint triage committee”) on a bimonthly basis, with approximately sixty (60) to eighty (80) cases being evaluated per session. As of October 1, 2022, CID is staffed with a complaints manager, supervisor, and coordinator. The complaints manager, in collaboration with the Manager of Enforcement, administers the complaint triage process, the report of investigation review process, and the pre-charge complaint resolution process. The complaints manager is also responsible for presenting case recommendations from the Complaint Triage Committee, the Report of Investigation Review Committee, and the Pre-Charge Complaint Resolution Committee to the Board. The complaints supervisor processes reciprocal complaints and composes discipline reports. Finally, the complaints coordinator evaluates all other complaints and drafts reports related to individuals that are expelled from the Board’s Safe Practice Program (a confidential alternative to discipline program for individuals with substance use disorder).

CID currently employs five (5.0) authorized positions for nurse and non-nurse investigators. These employees include: the Director of Enforcement, who also serves as a nurse investigator; the Manager of Enforcement, who also serves as a non-nurse investigator; two nurse investigators; and one non-nurse investigator. The Board is recruiting for three (3.0) additional positions, including one contractual; 1 merit non-nurse investigator; and one merit nurse investigator. Experienced investigators are assigned a workload of approximately four hundred (400) cases or more each. The Director of Enforcement and the Manager of Enforcement are also referred cases in addition to their managerial duties. There are approximately 5,038 total cases pending before the Board, including cold cases, which are defined as any open case that has been received from Fiscal Year 2018 or earlier. To ensure the timely disposition of complaints moving forward, the Board will need to employ at least seventeen (17) additional merit and contractual employees to manage current operational demands.

The Board employs various strategies to manage pending and incoming complaints, including scrutinizing the merits of a complaint throughout its lifespan at the Board and seeking opportunities to resolve complaints at the earliest stage via the complaint triage process, the report of investigation review, and pre-charge, and post-charge complaint resolution committees. In sum, the length of time needed to close investigations is not related to improper or adequate tracking and monitoring, but rather a result of a lack of human resources to address the volume of complaints received by the Board.

**OLA Recommendation 1b:** Properly maintain the tracking logs and ensure the logs reflect all critical information, including key dates such as initial receipt (repeat).

- Board of Nursing Estimated Completion Date: December 31, 2023.

Efforts to maintain tracking logs were temporarily disrupted due to the Maryland Department of Health (MDH) network security incident on December 4, 2021. CID did not have access to the internal shared drive where the complaints and investigation tracking logs were maintained. To continue administrative responsibilities, modified tracking logs were created on February 16, 2022. Subsequently, the Board's information technology staff regained access to the shared drive during the last week of February 2022. Since March 2022, the CID team has continued to review and merge all complaint and investigatory documents to reflect critical information, including key dates such as initial receipt. The tracking logs are also monitored and reviewed by the Director of Enforcement and Manager of Enforcement.

## II. Password and Account Controls

**Office of Legislative Audits Finding #4:** The Board of Nursing did not perform documented system access reviews of their licensing system to ensure that user access capabilities were adequately restricted. As a result, numerous users could unilaterally issue or renew licenses, and current or former employees had unnecessary system access.

**OLA Recommendation 4a:** Perform documented periodic access reviews of the licensing system.

- Board of Nursing Completion Date: July 31, 2021.

The Board has established procedures to ensure authorized staff have access to information that is pertinent to their duties. At this time, the Executive Director and/or the Deputy Director can grant approval to change staff member permissions. Reviews are conducted on a quarterly to semi – annual basis and records of documented changes and approvals are maintained within a binder. Information technology team members assigned the “administrators” security role are responsible for creating user accounts, resetting logins, and troubleshooting licensing platform issues. These individuals have been vetted for competency and knowledge of security protocols.

**OLA Recommendation 4b:** Establish online or manual controls to prevent users from unilaterally issuing or renewing licenses, including those noted above.

- Board of Nursing Completion Date: July 31, 2021.

The Board has established controls to prevent users from unilaterally issuing or renewing licenses. Access to the “renew” and “issue” license functions were revoked for certain non–managerial staff. This action has led executive leadership to manually approve staff who require access to these functions as part of their job duties. The Board's Executive Director and Deputy Director have continued to review and re–approve staff on a quarterly to semi–annual interval.

**OLA Recommendation 4c:** Ensure that users are assigned only those capabilities needed to perform job duties and to eliminate unnecessary access, including those noted above.

- Board of Nursing Completion Date: July 31, 2021.

An audit conducted on June 23, 2021, identified several individuals with access to functions beyond their scope of employment. Restrictions to online databases were applied to remove access to these critical functions. The Board's executive leadership has continued to conduct access reviews to ensure individual system capabilities are suitable to maintain business functions.

**Office of Legislative Audits Finding #5:** Password and account controls for the Board of Nursing were not sufficient to properly protect critical data.

**OLA Recommendation 5a:** Implement strong controls over passwords and accounts for critical applications in accordance with the settings prescribed by the *Information Technology Security Manual* (repeat).

- Board of Nursing Estimated Completion Date: January 31, 2023. This action is contingent on the Department of Information Technology connecting the Board to a secure system.

On July 13, 2022, a quorum of the Board met in open session to discuss proposals by the Maryland Department of Health Office of Enterprise Technology (OET) and the Department of Information Technology to restore network access to the Board. Based upon a review of written information submitted by OET and DoIT, the Board voted unanimously to select DoIT services to attain full internet connectivity and information technology operations. As a result, the Board must complete the following tasks prior to reconnection: (1) establish a memorandum of understanding with DoIT; (2) establish a cost model; (3) purchase new computers, software, and security tools; and (4) implement standard operating procedures to detail all information technology efforts.

The Board has an active help desk support ticket with its licensing application vendor to integrate single sign-on authentication against Microsoft's Active Directory (AD) technology. The Board is able to leverage AD's ability to enforce DOIT's recommendations for secure password controls once fully implemented.

**OLA Recommendation 5b:** The Maryland Department of Health (MDH) to determine the extent to which additional application password and account controls are needed to protect licensee data for the remaining boards and commissions (repeat).

- Board of Nursing Estimated Completion Date: May 31, 2023.

The Board cannot begin engaging in the process of supporting strong password requirements until network reconnection with the Department of Information Technology is complete. The updated platform will need to support passwords with upper-case and lower-case characters, numbers, and non-alphanumeric/special characters.

At this time, there is partial compliance with the password complexity requirements recommended by DoIT in the production licensing application. Security mitigations implemented in the aftermath of the cybersecurity incident have significantly hindered the ability to fully manage and perform upgrades on the production licensing application and to engage in remote support activity with the application vendor. Moderating some of the security mitigations will be necessary in order to load

and configure the necessary updates to the licensing software. Full compliance will be achieved once the updates can be installed and configured on the production application server.

Thank you for your time and consideration. If you have any questions please contact Ms. Iman Farid, Health Planning and Development Administrator, at [iman.farid@maryland.gov](mailto:iman.farid@maryland.gov).

Sincerely,



Gary N. Hicks  
Board President



Karen E. B. Evans  
Executive Director

Cc: Sarah Albert, Mandated Reports Specialist, Maryland Department of Legislative Services  
Gary Hicks, Maryland Board of Nursing President