



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Maryland Board of Nursing

Annual Report Fiscal Year 2025

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Rhonda Scott, JD, BSN, CRNI, SD-CLTC,
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Interpreter Services are available upon request.

Mission

The mission of the Maryland Board of Nursing is to preserve the field of nursing by advancing safe, quality care in Maryland through licensure, certification, education, and accountability for public protection.

Vision

To serve as a national leader that works to inspire public confidence in the profession of nursing through championing regulatory excellence and revering human dignity.

Core Values

Accountability, Customer Service, Equity, Innovation, Integrity

Board of Nursing Strategic Goals FY 2021 – 2026 (5 Year Plan)

Strategic Initiative 1 – Engagement

Foster trust and collaboration with constituents and stakeholders through interactive communication, education, and engagement in nursing regulation.

Strategic Initiative 2 – Excellence in Regulation

Implement evidence based regulatory standards and best practices in response to emerging national trends.

Strategic Initiative 3 – Technology Initiative

Develop an engaging and interactive website for constituents and stakeholders. Modernize technological processes to improve customer service efforts. Adopt an easy to navigate enterprise program for applicants.

Strategic Initiative 4 – Compliance

Maintain compliance with all oversight entities of the Board and achieve measurable results, accountability, efficiency, and continuous improvement in Board operations.

Strategic Initiative 5 – Accountability

Enforce scope of practice standards as outlined by the Maryland Nurse Practice Act (NPA) and the Code of Maryland Regulations (COMAR). Conduct timely investigations of alleged violations of the law and rules. Hold license and certificate holders accountable for statutory and regulatory requirements.

Board Members

Pursuant to Health Occupations Article § 8–202 the Maryland Board of Nursing (the “Board”) is composed of fourteen members appointed by the Governor: nine Registered Nurses (RN), one Licensed Nurse (either a Registered Nurse, a Licensed Practical Nurse (LPN), or an Advanced Practice Registered Nurse (APRN)), two Licensed Practical Nurses (at least one of which practices in a long-term care nursing facility), and two Consumers.

The nine RN members must consist of: (1) two APRNs; (2) one baccalaureate nursing educator; (3) one associate degree nursing educator; (4) one practical nursing educator; (5) one nursing administrator; (6) one nurse clinician with a master’s degree in nursing or public health; (7) one currently practicing nurse with five years of acute care experience; and (8) one currently practicing nurse with five years of experience as a delegating nurse in a supervised group living setting. Board members may serve two (2) consecutive four (4) – year terms.

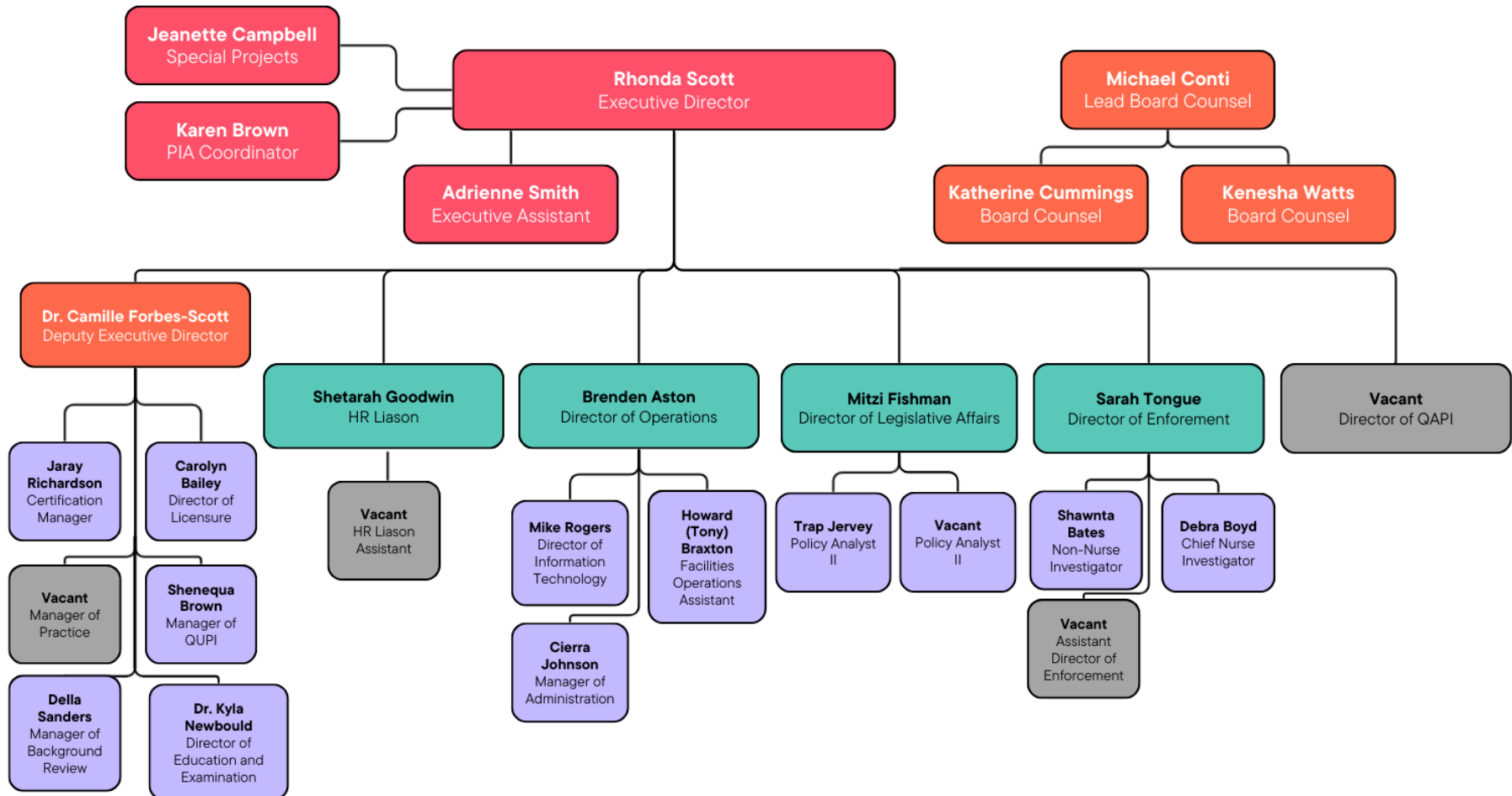
Table 1 includes a complete list of current Board members, their position, and term expiration. Figure 1 illustrates the organizational structure of the Board.

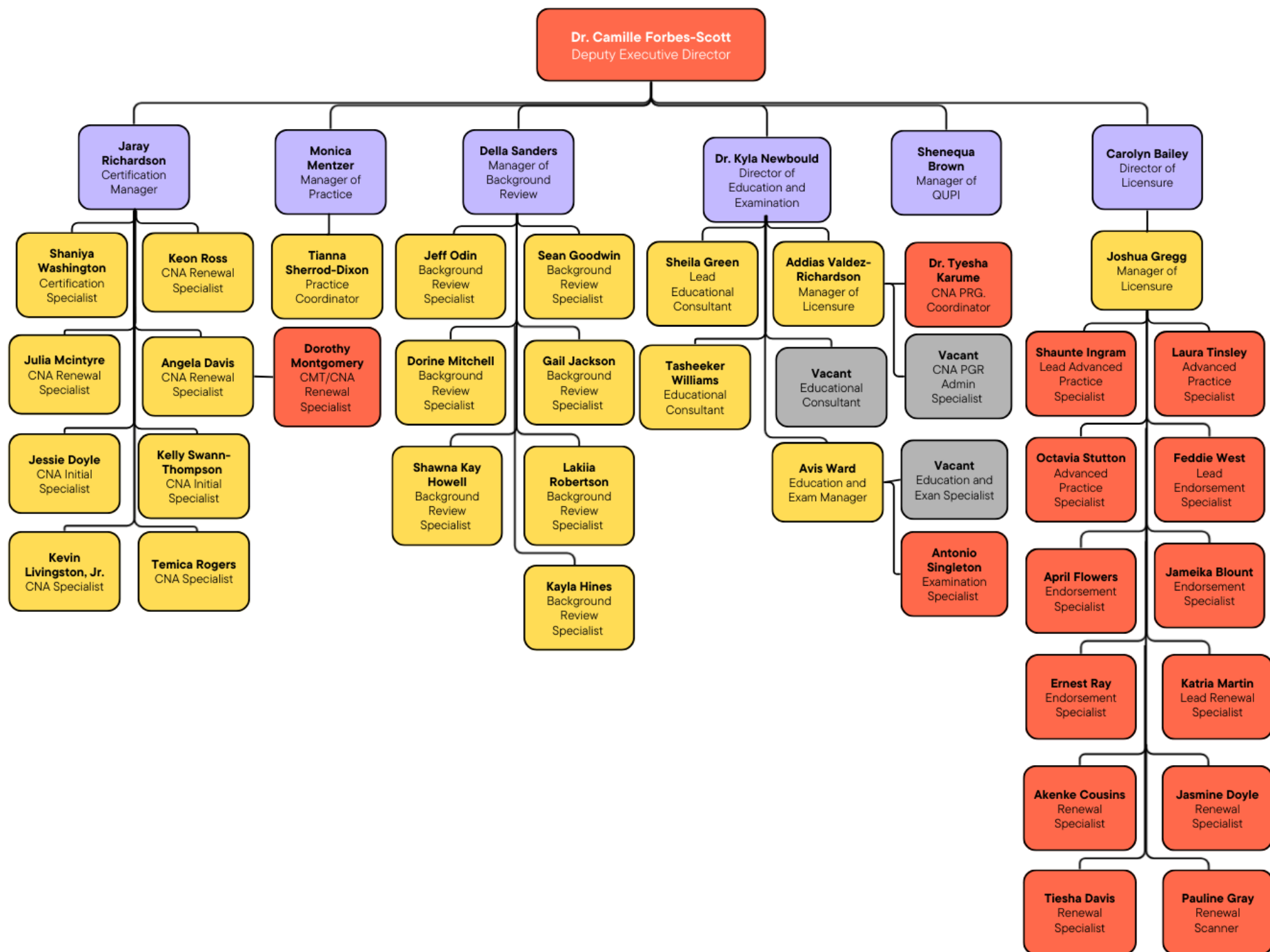
Table 1 – Current Board Members

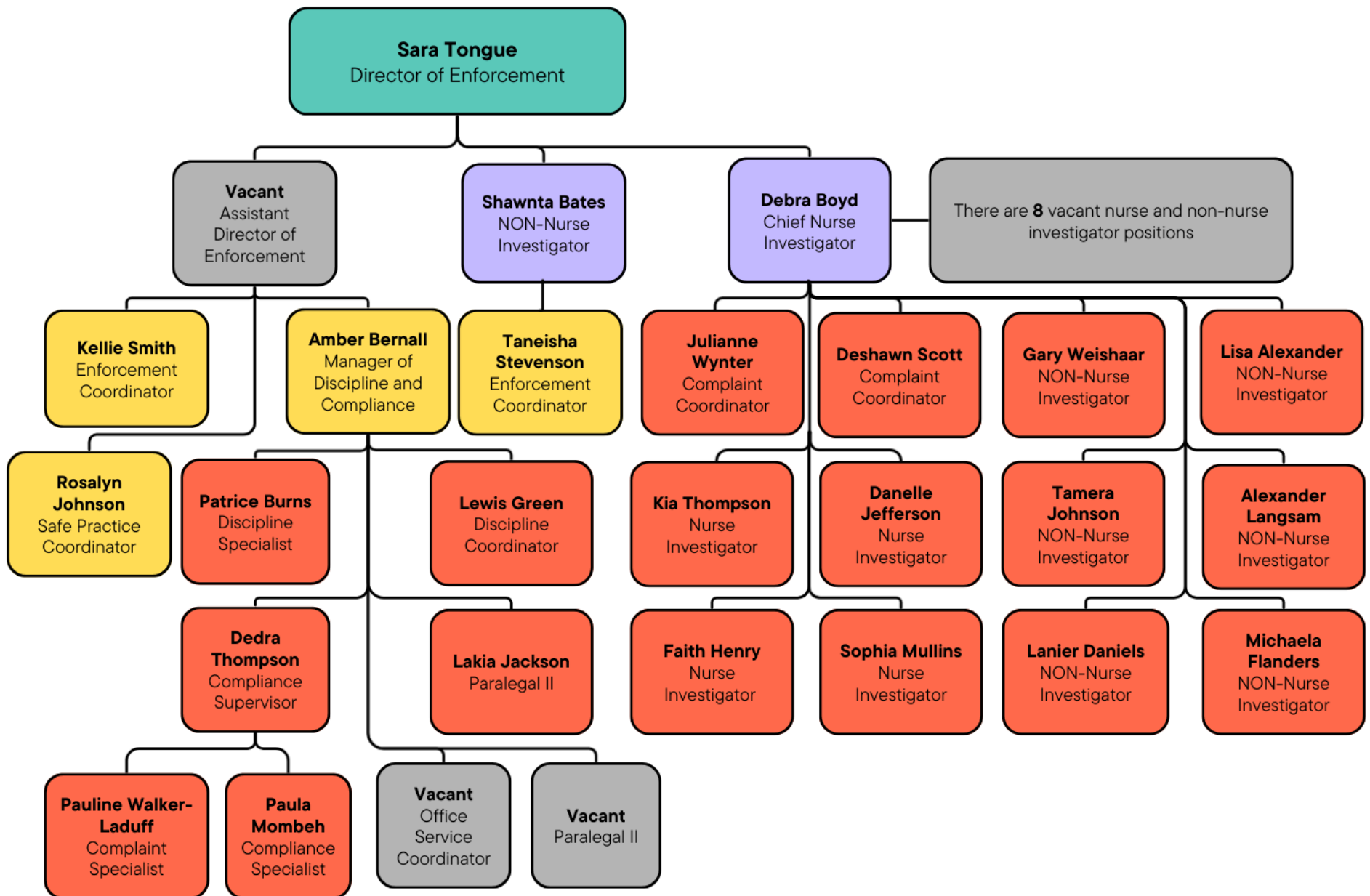
Name	Position
Christine Lechlitter, BSN, RN, MBA, NE-BC	RN Member, Nurse Administrator, Board President
Rachel Sherman, DNP, CRNP, FNP-BC, ACHPN	Advanced Practice Member, Board Secretary
Tyler Adamson, MPH	Consumer Member
M. Dawne Hayward, RN	RN Member, Delegating Nurse – Assisted Living
Dawn Pfluger, BSN, RN, CPN, CRRN, CWOCN	RN Member – Acute Care Nurse
Irene Molina, DrPH, MSN, RN, CCRN-K, CPH	RN Member, Associate Degree Educator
Iskra Gillis, MSN, RN, NEA-BC	Licensed Nurse Member (LPN, RN, APRN)
Ameera Chakravarthy, PhD, RN, ACNP-BC, CNE	Advanced Practice Member
Robin L. Hill, DNP, RN	RN Member, Practical Educator
Gary N. Hicks, DNP, RN, CEN, CNE	RN Clinician Member
VACANT	Consumer Member
VACANT	LPN Member
VACANT	LPN Member
VACANT	RN Member, Baccalaureate (BS) Nursing Educator

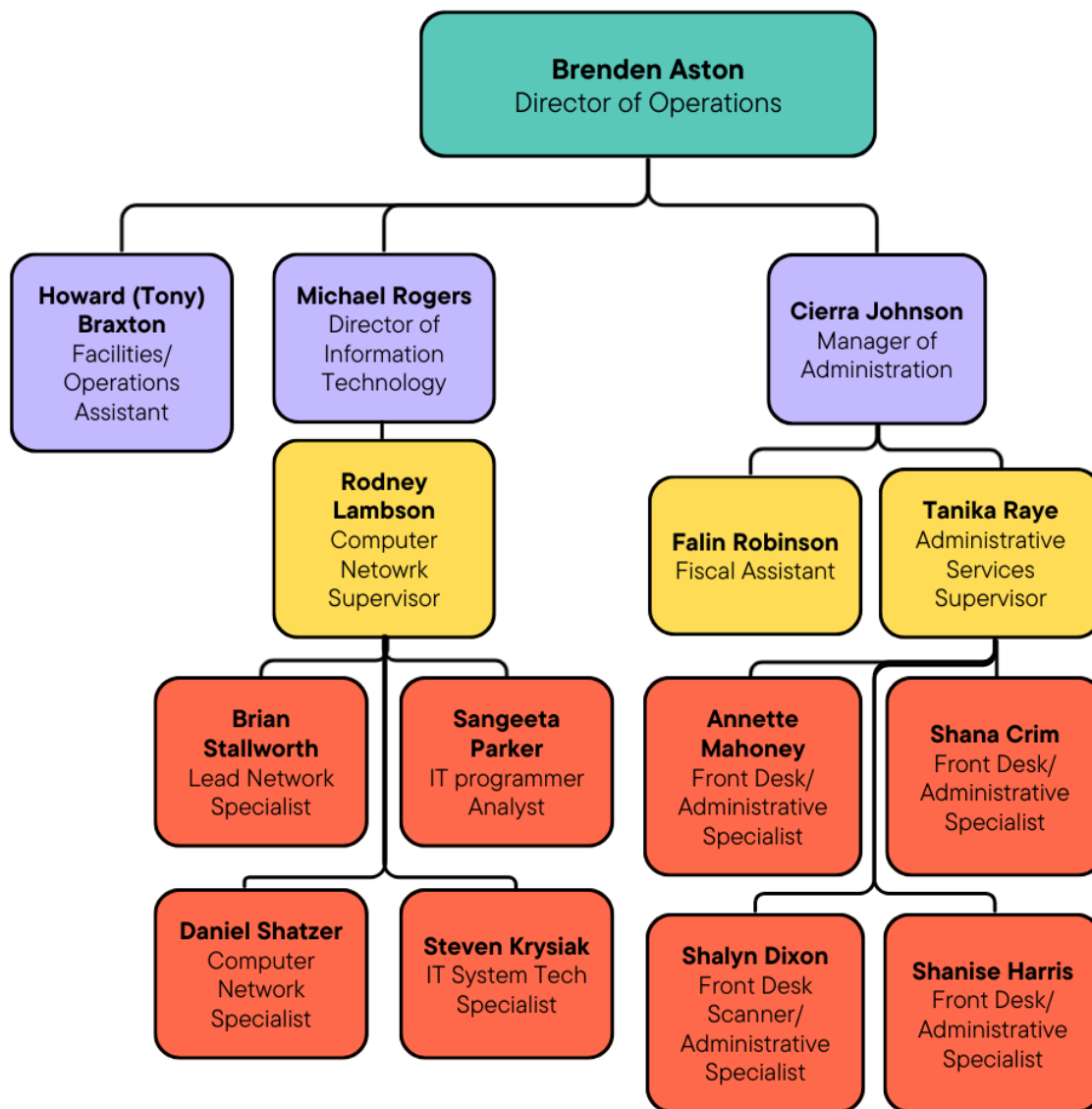
Figure 1 – Organizational Structure (as of May 27, 2025)

Board of Nursing Organizational Chart









Introduction

The Board submits the following annual report for Fiscal Year (FY) 2025, as required by § 8-205 (a)(8), of the Health Occupations Article, Annotated Code of Maryland. All renewal numbers are from the biennial renewal year.

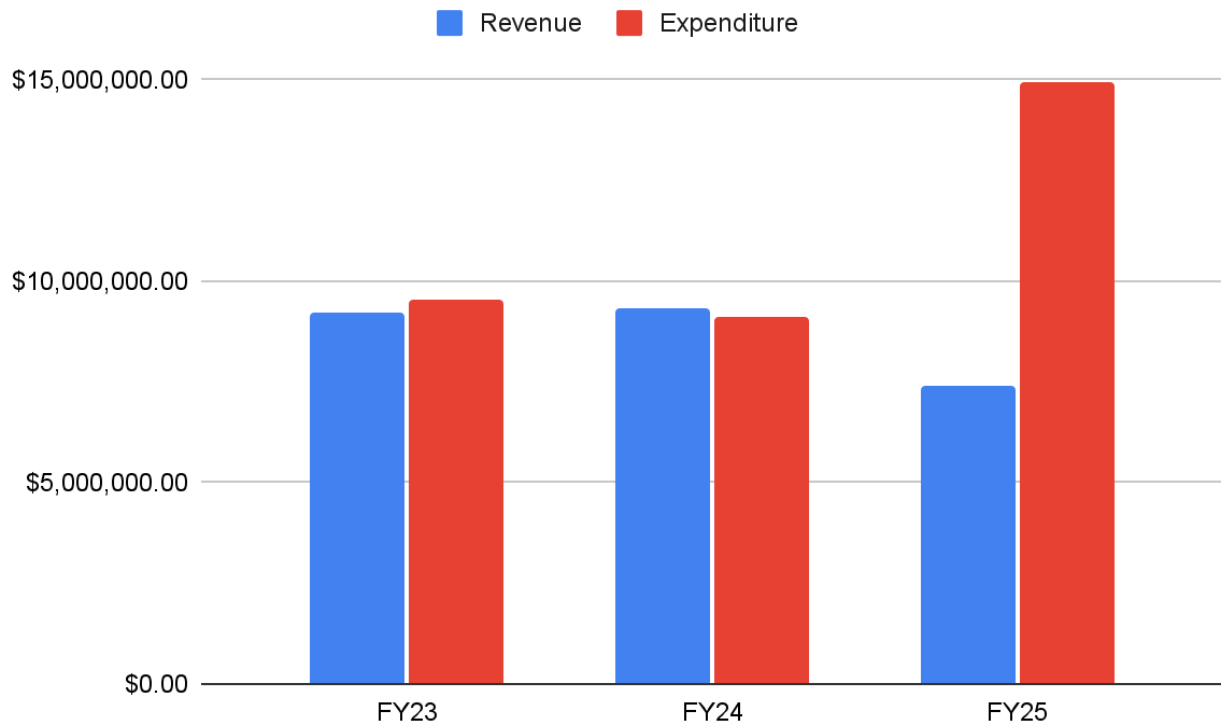
The Board is the agency charged with the regulatory oversight of the practice of nursing

in the State. The Board operates under the Maryland Nurse Practice Act, set forth in Title 8 of the Health Occupations Article. The Board has the authority to adopt regulations as necessary to carry out provisions of the law. The Board is mandated to regulate the practice of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Advanced Practice Registered Nurses (APRNs), Certified Nursing Assistants (CNAs), Certified Medication Technicians (CMTs), Certified Dialysis Technicians (CDTs), Licensed Electrologists (LEs), Licensed Direct Entry Midwives (DEMs), and Licensed Certified Midwives (CMs). *Additional definitions included in the Appendix.*

In FY 2025, the Board regulated approximately 119,131 active licensees and 109,025 active certificate holders. *Additional statistics included in the Appendix.*

Figure 2 details the Board's revenue and expenditures from FY 2023-2025. With oversight from the Secretary of Health, the FY25 budget shows lower income and higher expenditures due to several factors. In previous years, Maryland Health Care Commission (MHCC) and Nurse Practitioner (NP) fees collected by the Board were reflected as income; however, these fees are collected and subsequently remitted to their respective State agencies. FY25 expenditures include balloon payments for underpaid vendors from previous years, with added penalties and fines. Additionally, FY25 saw significant investments in IT infrastructure, telephonic services, staffing, and resources for hearings and investigations to address issues identified by consultants and concerns from constituents, the Department, and the Board. The Board's income was insufficient to cover operational expenses, leading to planned fee increases over FY26-28 to remediate the financial situation by FY28, when exceptional expenses are no longer a factor and increased income is fully realized.

Figure 2 - Synopsis of Revenue and Expenditures



Annual Budget FY 2023	
Revenue	\$9,218,815
Expenditures	\$9,524,618

Annual Budget FY 2024	
Revenue	\$9,339,173
Expenditures	\$9,133,224

Annual Budget FY 2025	
Revenue	\$7,410,349 <i>*Does not include MHCC and NP fees</i>

Expenditures	\$14,934,773
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Overview of the Board's Operations

The Board's various operational units work collaboratively toward meeting the strategic goals and objectives that contribute to the Board's success. The following will provide a general summary of each unit and their responsibilities:

Administration maintains a record of Board proceedings and a public register of all licensed nurses. This unit also compiles the information, and drafts the required annual reports to the Governor and the Maryland General Assembly. In addition, this unit: (1) conducts outreach to and sponsors presentations and events for hospitals, nursing programs, and constituents to address their needs, (2) facilitates activities of Board advisory committees, and (3) responds to and fields customer inquiries related to complaints or other matters.

Background Review processes fingerprint-based criminal history record checks of applicants for initial, renewed, and reinstated licensure and certification.

Compliance oversees aspects of probation, and ensures that individuals fulfill their mandated Board orders. This includes: (1) tracking and analyzing progress updates from individuals who are subject to a Board order of probation, and (2) assessing continued competence of nurses, nursing assistants, and other allied health professions.

Discipline prepares orders of summary suspension and notices of agency action against individuals who have allegedly violated the Maryland Nurse Practice Act and the Board's regulations. This unit also tracks and manages charged cases, from the time of charging through final resolution. In addition, the Discipline unit archives all disciplinary actions taken by the Board and ensures compliance with all State and federal disciplinary reporting requirements. The Board has legal authority to grant a license or certificate, deny a license or certificate, grant a probationary license or certificate, reprimand the license or certificate, or suspend or revoke a license or certificate, and/or impose a monetary penalty.

Education and Examination analyzes and presents new and established education programs to the Board for approval, which prepare nurses, nursing assistants, and other allied health

professions credentialed in Maryland. This unit conducts school site visits to ensure education programs comply with applicable State laws and regulations.

Enforcement oversees complaints, investigations, and disciplinary actions against licensees and certificate holders who are found to have violated provisions of the Maryland Nurse Practice Act. This unit also provides alternatives to discipline, including monitoring and remediation.

Fiscal Services manages all of the Board's revenues and expenditures, ensuring financial management necessary to support all business activities and operations.

Information Technology (IT) maintains the computing ecosystem for the Board. This includes: the operations and maintenance of all BON servers, computers, peripherals, and networking infrastructure, the safeguarding of electronic data and information relevant to the operation of the board, the creation and maintenance of all licensure databases, operations and support for the BON website, and providing technical assistance and support to Board staff as necessary. In addition to the operations and maintenance of the existing environment, IT is responsible for the modernization and technological enhancement of operations at the Board.

Investigation examines all allegations of violation(s) of the Maryland Nurse Practice Act and the Board's regulations. This unit prioritizes cases, collects evidence, and interviews witnesses to aid in evidentiary hearings.

Legislative Affairs keeps abreast of bills introduced during the legislative session that impact the Board's mission and the safe practice of nursing. This unit performs research and analysis of existing laws, regulations, and nursing policy and practice, and proposes amendments to statutes and regulations, as necessary, to reflect best practices in the field of nursing.

Licensure and Certification processes nursing applications for initial licensure by examination, interstate endorsement, and reinstatement. Additionally, this unit renews licenses and certificates biennially. This unit also ensures the safe practice of nurses that partake in interstate compacts, contracts or agreements through verification of state participation.

Public Information responds to requests for information related to licensing and certification, practice, education, and governance including providing reports that may be inspected

by the public in accordance with applicable laws, such as the Maryland Public Information Act.

Quality Assurance and Performance Improvement ensures that the services within the Board meet quality standards, improving work processes and efficiency.

Board Committees

The Board currently has thirteen committees, as described below. Committees that are subject to the Open Meetings Act post meeting dates, agendas, and minutes on the Maryland Board of Nursing website, and may conduct their business in either open session or closed session.

Criminal History Records Check (CHRC) Committee: The purpose of the CHRC Committee is to review applicants with positive background checks and present recommendations to the Board. Staff members for the CHRC Committee serve as case managers by collecting court and probationary documents.

Case Resolution Conference (CRC) Committee: The purpose of the CRC Committee is to attempt to find and agree to resolution of charges of violation(s) of the Maryland Nurse Practice Act with a respondent, in lieu of an evidentiary hearing.

Certified Nursing Assistant (CNA) Advisory Committee (Health Occ. § 8–6A–13): The purpose of the CNA Advisory Committee is to: (1) review, discuss, and make recommendations to the Board on reports of investigation; (2) review and make recommendations for the approval of CNA/Geriatric Nursing Assistants (GNAs)/Certified Medication Technician (CMT) and Certified Dialysis Technician (CDT) training programs and review active certifications, and (3) develop and recommend regulations to enforce provisions of the Maryland Nurse Practice Act, applicable to CNAs, GNAs, Certified Medicine Aides (CMAs), CMTs, and CDTs.

Direct–Entry Midwifery (DEM) Advisory Committee (Health Occ. § 8–6C–11): The purpose of the DEM Advisory Committee is to review applications of direct-entry midwives for licensure, and review renewal applications for completion of required Continued Education Units (CEUs). In addition, this committee: (1) may investigate a complaint at the request of the Board; (2) prepares an annual report for the Board’s review; (3) advises the Board on matters related to the practice of direct entry midwifery, and (4) makes recommendations to the Board regarding the

Maryland Nurse Practice Act and applicable regulations.

Electrology Practice Committee (Health Occ. § 8-6B-05): The purpose of the Electrology Practice Committee is to: (1) review initial and renewal applications for licensure as electrologists and electrology instructors to ensure the application meets applicable requirements; (2) review electrology education programs for approval or disapproval, and make recommendations to the Board; and (3) make recommendations to the Board regarding applicable statutes and regulations governing the practice of electrology. In addition, at the request of the Board, this Committee may investigate complaints against licensed electrologists.

Legislative Committee: The purpose of the Legislative Committee is to review legislation presented during the legislative session and to submit written or oral positions and testimony on behalf of the Board. All written and oral positions and testimony submitted on behalf of the Board are presented to the Board at monthly meetings and either ratified by the full Board or, when possible, approved in advance of submitting the position or testimony.

Matrix Committee: The purpose of the Matrix Committee is to review applicants with positive criminal history backgrounds in accordance with a Board-approved Matrix and to administratively license and certify an initial applicant or close an investigation into a licensee or certificate holder who has applied for renewal, only if the applicant has met certain criteria. The Board has delegated the authority to the Executive Director to deliberate and take action on these cases.

Practice and Education Committee: The purpose of the Practice and Education Committee is to: (1) review site reports regarding education programs, and requests for consultants, and (2) review and make recommendations to the Board related to practice and education issues.

Pre – Charge Case Resolution Conference Committee: The purpose of this Committee is to meet with respondents (and, if represented, their attorneys) regarding complaints received by the Board, prior to any charges being issued, and determine the disposition recommendations to be presented during the monthly Board meeting.

Probation and Reinstatement Review (PRR) Committee: The purpose of the PRR Committee is to review and make recommendations to the Board regarding: (1) violations of probation and requests from licensees and certificate holders to alter or amend existing probation orders, and (2) reinstatement requests.

Report of Investigation (ROI) Review Committee: The purpose of the ROI Review Committee is to review reports of investigation and prepare disposition recommendations to be presented during the monthly Board meetings.

Safe Practice Committee (Health Occ. § 8–208): The purpose of the Safe Practice Committee is to ensure patient safety by monitoring nursing professionals who are struggling with substance use disorders.

Regulations Committee: The purpose of this committee is to review regulatory changes and amend the COMAR pursuant to enacted legislation.

Direct Entry Midwifery Addendum

Pursuant to Health Occupations Article § 8–6C–12(c), the Board, on behalf of the DEM Advisory Committee, must submit on December 1st of each year an annual report to the General Assembly. Specifically, pursuant to Md. Code Ann., Health Occupations Article § 8–6C–10(a), each DEM shall report annually certain information regarding cases in which the DEM assisted during the previous fiscal year when the intended place of birth at the onset of care was an out-of-hospital setting. The DEM Advisory Committee must submit a report to the Board summarizing the information included in the DEMs' reports, and, in turn, the Board must submit this report to the Maryland General Assembly's Senate Education, Health, and Environmental Affairs Committee and House Health and Government Operations Committee.

Board Statistics and Updates

Pursuant to and in accordance with § 8-205(a)(8) of the Health Occupations Article, the Board submits the following information and data from the FY 2025 period.

Table 2 - Initial Licenses and Certificates Issued by the Board in FY 2025

Description	Count
<i>Initial Licenses</i>	
Registered Nurses	5,769
Licensed Practical Nurses	860
Licensed Electrologists	7
Licensed Electrologists Instructor	0
Licensed Direct-entry Midwives	6
Advanced Practice Registered Nurses	2,413
Total	9,055

<i>Initial Certificates</i>	
Certified Nursing Assistants	9,696
Certified Medication Technicians	10,958
Total	20,654

Table 3 - Renewal Licenses and Certificates Issued by the Board in FY 2025

Description	Count
<i>Renewal Licenses</i>	
Registered Nurses	43,080
Licensed Practical Nurses	5,296
Licensed Electrologists	0
Licensed Electrologists Instructor	0
Licensed Direct-entry Midwives	0
Advanced Practice Registered Nurses	7,582
Total	55,958

<i>Renewal Certificates</i>	
Certified Nursing Assistants	27,028
Certified Medication Technicians	11,349
Total	38,377

Table 4 - Criminal History Records Checks in FY 2025

Description	Count
Positive Criminal History Record Check	890
Negative History Record Checks	17,090

Total	17,980
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Table 5 - Denial of Licenses and Certificates in FY 2025

Description	Count
Positive Criminal History Record Check	1
Denial for other reasons	0
Total	1

Table 6 - Complaints in FY 2025

Description	Count
New Complaints Received in FY 25	930
Total Open Complaints, Including Cold Cases ¹ (At end of FY 25)	1,296 Direct Entry Midwives – 4 Electrologist – 0 Medication Technicians – 217 Licensed Practical Nurse/Registered Nurse/Advanced Practice – 882 Nursing Assistants – 193

¹ Definition of Cold Case: Any open investigative case that has been received by the Board from Fiscal Year (2019) or earlier.

Table 7 - Most Common Grounds for Complaints in FY 2025

Description	Percentage
Out of State (Reciprocal) Discipline	13%
Standards of Practice (Failure to Comply)	21%
Abandonment/Neglect	7%
Diversion/Substance Abuse	5%
Abuse	6%

Table 8 - Number and Types of Disciplinary Action Taken by the Board in FY 2025

Description	Count
Total Suspensions (not for child support)	<p>Continue Summary Suspension Total - 51</p> <p>RN - 13 LPN - 4 CNA - 15 MT - 13 Privilege - 5</p> <p>Summary Suspension Total - 75</p> <p>RN - 18 LPN - 8 CNA - 22 MT - 21 Privilege - 5</p> <p>Suspension Total - 27</p> <p>RN - 8 LPN - 3 CNA - 11 MT - 5 Privilege - 0</p>
Suspensions (for non-payment of child support)	<p>Total - 197</p> <p>RN - 5 LPN - 6</p>

	CNA - 65 MT - 121
Revocation	Revocation Total - 44 RN - 11 LPN - 2 CNA - 14 MT - 11 Privilege - 3
Reprimand	Reprimand Total - 33 RN - 8 LPN - 7 CNA - 9 MT - 6 Privilege - 1
Probation	Probation Total - 44 RN - 15 LPN - 3 CNA - 11 MT - 10 Privilege - 0 DEM - 1
Denial of License or Certificate	Denial of Application Total - 9 RN - 6 LPN - 1 CNA - 1 MT - 1
Surrender of License for Violations	Voluntary Surrender Total - 42 RN - 8 LPN - 3 CNA - 5 MT - 13 Privilege - 10

Table 9 - Work Region from Nurse Renewal Applications in FY 2025

County	Count
Allegany	637
Anne Arundel	2769
Baltimore City	8034

Baltimore Co	5492
Calvert	355
Caroline	72
Carroll	850
Cecil	446
Charles	510
Dorchester	133
Frederick	1244
Garrett	190
Harford	1142
Howard	1442
Kent	118
Montgomery	5070
Prince Georges	2954
Queen Annes	123
Somerset	419
St. Mary's	78
Talbot	413
Washington	995
Wicomico	830
Worcester	231

Table 10 - Type of Workplace from Nurse Renewal Applications in FY 2025

Workplace	Count
Addictions Treatment Center	170
Ambulatory Care Center	466
College/University	517
Comm Health	166
Employment Other Field	81
H.M.O.	13
Home Health	977
Hospice	193
Hospital	2369
Industry	23
Insurance Agency	35
Long Term Care	1033
Military	62
Not Employed in Nursing	150
Office Nursing	138
Other Employment in Nursing	480
Physician Practice	180
Private Duty	193

Private Practice	416
Rehab Center	289
Research	58
School Based Clinic	77
School System	228
Temporary Agency	33

Table 11 - Work Region from CNA Renewal Applications in FY 2025

County	Count
Allegany	206
Anne Arundel	792
Baltimore City	2575
Baltimore Co	2356
Calvert	137
Caroline	52
Carroll	276
Cecil	122
Charles	211
Dorchester	123
Frederick	475

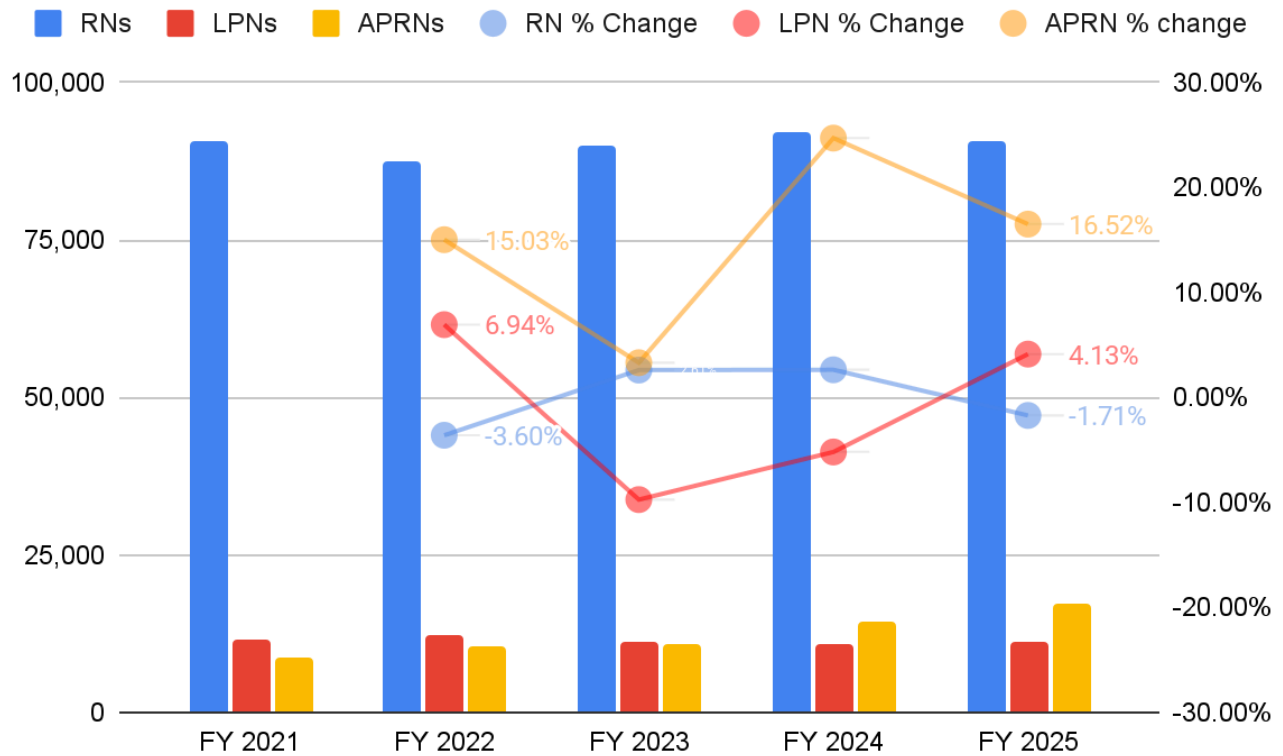
Garrett	97
Harford	289
Howard	525
Kent	70
Montgomery	3089
Prince Georges	1754
Queen Annes	36
Somerset	198
St. Mary's	56
Talbot	172
Washington	431
Wicomico	427
Worcester	103

Table 12 - Type of Workplace from CNA Renewal Applications in FY 2025

Workplace	Count
Assisted Living	2402
DDA	544

Day Care	81
HMO-Office	319
Home Care	2328
Hospice	237
Hospital	4438
Independent	332
Long Term Care	3934
Other	918
School Health	299

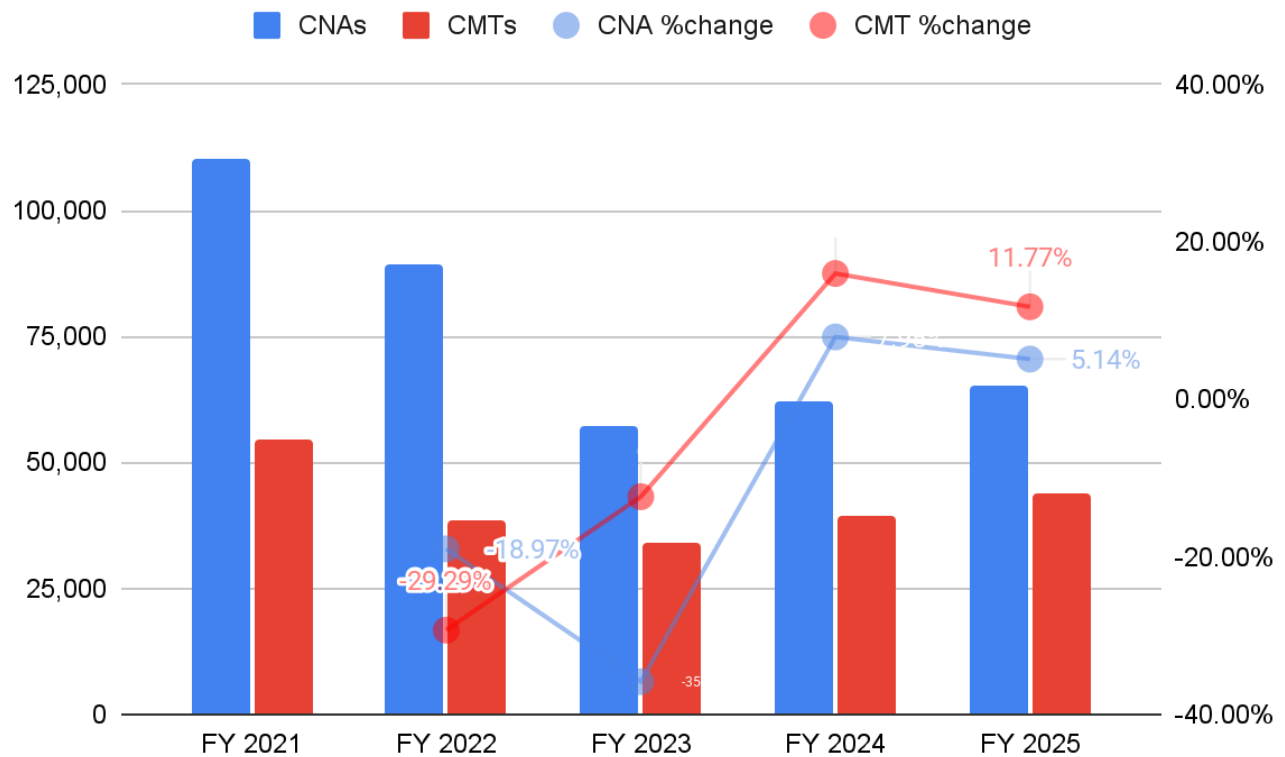
Figure 3 - Trends in Licensure (RN, LPN, APRN)



License	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Registered Nurses (RNs)	90,631	87,485	89,832	92,268	90,718
Licensed Practical Nurses (LPNs)	12,365	11,269	10,713	11,006	11,175
Advanced Practice Certification (APRNs)	10,417	10,774	14,310	15,738	17,141

The number of active RN licensees has decreased from 92,268 in FY 2024 to 90,718 in FY 2025 (a 1.7% decrease). The number of APRN certificate holders has significantly increased from 15,738 in FY 2024 to 17,141 in FY 2025 (a 16.5% increase). The number of active LPN licensees has increased from 11,006 in FY 2024 to 11,175 in FY 2025 (a 4.1% increase).

Figure 4 - Trends in Certification (CNA, CMT)

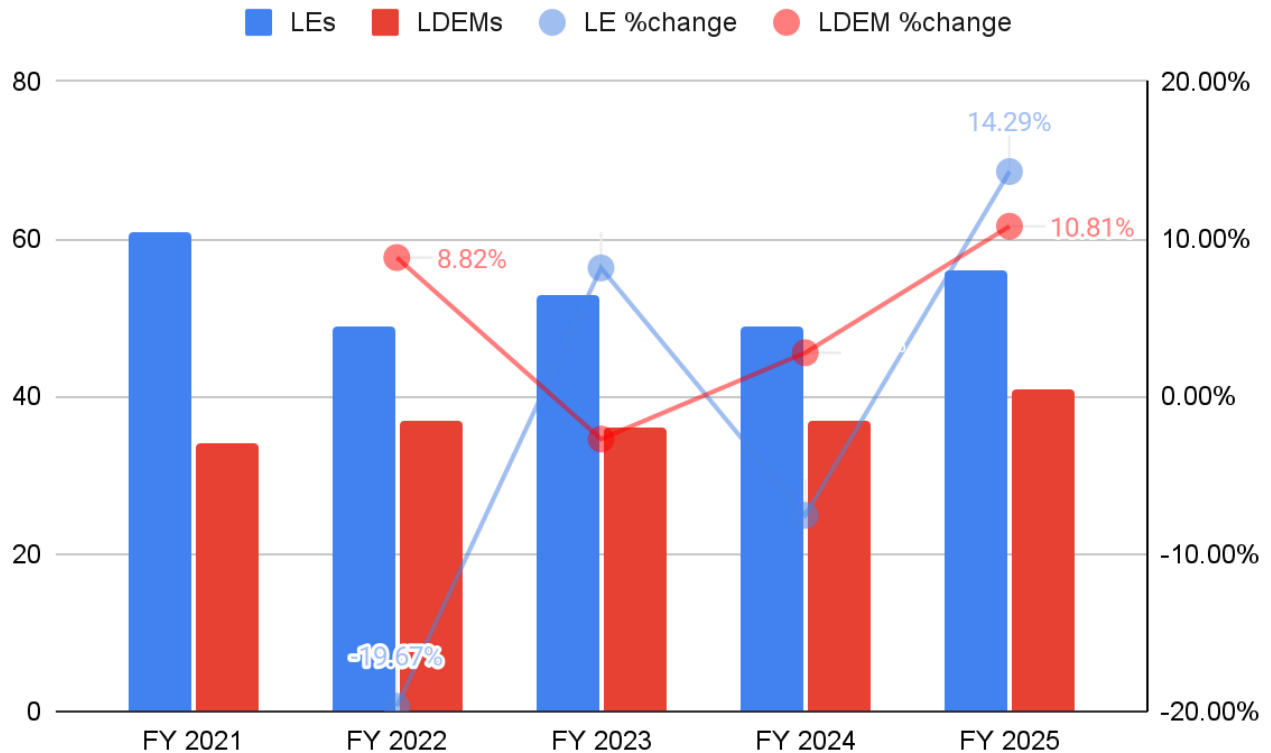


Certification	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Certified Nursing Assistants (CNAs)	110,402	89,459	57,394	61,954	65,136
Certified Medication Technicians (CMTs)	54,611	38,617	33,849	39,266	43,889

The number of active CNA certificate holders has increased from 61,954 in FY 2024 to 65,136 in FY 2025 (a 5% increase). The number of CMT certificate holders increased from 39,266 in FY 2024

to 43,889 in FY 2025 (an 11% increase). These increases are run against recent shortages in the health care sector. Research reveals that low wages, lack of respect, poor benefits, chronic staffing shortages and burnout are contributing factors in the decline of direct care providers.²

Figure 5 - Trends in Licensure (LE, LDEM)



License	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Licensed Electrologists (LEs)	61	49	53	49	56
Licensed Direct Entry Midwives (LDEMs)	34	37	36	37	41

The number of active LEs has increased from 49 in FY 2024 to 56 in FY 2025 (a 14.29%

² (Brown, 2022) “Low wages, low respect: CNA perceptions fuel staff exodus”.
<https://www.mcknights.com/news/low-wages-low-respect-cna-perceptions-fuel-staff-exodus/>

increase). The number of active LDEMs has increased from 37 in FY 2024 to 41 in FY 2025 (a 10.8% increase).

Important Legislative Updates

House Bill (HB) 19 ([Chapter 416](#)) - Health Occupations - Nursing - Loan Repayment, Education, and Sunset Extension (Building Opportunities for Nurses Act of 2025), effective date June 1, 2025

This departmental bill extends the termination date for the State Board of Nursing (MBON) by five years to July 1, 2030. The Secretary of Health continues to have authority over MBON infrastructure operations, but MBON special funds may be used to cover those costs. The bill expands eligibility to additional nurses and nursing support staff under the Maryland Loan Assistance Repayment Program (MLARP) for Nurses and Nursing Support Staff. The bill alters education requirements for licensure, adds an exception for licensure by endorsement, and repeals provisions regarding nursing assistant training programs. The bill delays the date by which (1) a certified nursing assistant (CNA) must obtain certification as a CNA-I or CNA-II to April 1, 2026, and (2) MBON must notify individuals of the licensure requirements and update regulations to January 1, 2026; it also conforms related definitions. The termination dates for specified preceptorship income tax credit programs are extended to June 30, 2030.

Senate Bill (SB) 67 ([Chapter 248](#)) - Health Occupations Boards - Notation of Veteran Status and Eligibility for Benefits, effective date October 1, 2025

This bill authorizes each health occupations board to establish a process to include a notation of an individual's veteran status on a license, certificate, registration, or public profile. The bill establishes additional specifications for any process implemented by a board. **This bill is enabling legislation, and does not require Board action.**

House Bill (HB) 367 ([Chapter 731](#)) / Senate Bill (SB) 72 ([Chapter 732](#)) - Health Occupations Boards - English Proficiency Requirements and Licensure by Endorsement for Nursing, effective date October 1, 2025

This bill prohibits a health occupations board from requiring an applicant to provide additional evidence of English proficiency if the individual holds a valid, unrestricted license, certification, or

registration from another state that requires such evidence for licensure, certification, or registration. Each health occupations board that requires evidence of English proficiency must prominently maintain on its website a statement that an applicant may not be required to provide additional evidence of English proficiency if the applicant holds a valid, unrestricted license, certification, or registration from another state that requires evidence of English proficiency for licensure, certification, or registration. The bill also alters English proficiency requirements for the State Board of Nursing (MBON) and the State Board of Pharmacy (MBOP) and the conditions of licensure by endorsement for MBON.

House Bill (HB) 466 ([Chapter 259](#)) / Senate Bill (SB) 277 ([Chapter 260](#)) - Health Equality for Service Members Act, effective date October 1, 2025

This bill generally establishes uniform definitions related to the military in the General Provisions, Health-General, Health Occupations, Housing and Community Development, and State Government Articles of the Maryland Code, primarily by reference to definitions in the U.S. Code. While numerous alterations within the bill represent only stylistic or technical changes, there are substantive changes. These changes generally make certain provisions applicable to all members of the uniformed services, thereby expanding eligibility for certain privileges, benefits, and disciplinary procedures (e.g., expedited health occupations licensing, fee exemptions for vital records, continued eligibility for certain waiver programs, punishment for license violations, etc.).

House Bill (HB) 602 ([Chapter 673](#)) / Senate Bill (SB) 407 ([Chapter 674](#)) - State Board of Nursing - Advanced Practice Nursing Licensure and Specialty Certification - Reciprocity Discussions (Maryland Border States Advanced Practice Nursing Act), effective date July 1, 2025

This bill requires the State Board of Nursing (MBON) to hold discussions with the state nursing licensing boards for Delaware, Pennsylvania, Virginia, West Virginia, and the District of Columbia to pursue reciprocity agreements for advanced practice nursing licensure and specialty certification. By November 1, 2025, and each November 1 thereafter for the next four years, MBON must submit a report regarding the discussions to specified committees of the General Assembly.

House Bill (HB) 783 ([Chapter 478](#)) - Health Occupations - Implicit Bias and Structural Racism Training, effective date October 1, 2025

This bill expands the scope of required training for individuals licensed or certified by a health occupations board to include implicit bias and structural racism. Applicants for the renewal of a license or certificate issued by a health occupations board must attest to completion of an approved implicit bias and structural racism training program the first time they renew their license or certificate after April 1, 2026. The Cultural and Linguistic Health Care Professional Competency Program, in coordination with the Office of Minority Health and Health Disparities (OMHHD), must identify and approve implicit bias and structural racism training programs, as specified.

House Bill (HB) 664 ([Chapter 392](#)) - Health Occupations - Licensed Direct-Entry Midwives - Disciplinary Actions, effective date October 1, 2025

This bill clarifies the actions that the State Board of Nursing (MBON) may take if an applicant to practice direct-entry midwifery or a licensed direct-entry midwife violates a ground for discipline. MBON may deny or grant a license (including a license subject to a reprimand, probation, or suspension) to an applicant, reprimand a license, place a licensee on probation, or suspend or revoke the license of a licensee.

House Bill (HB) 838 ([Chapter 645](#)) / Senate Bill (SB) 854 ([Chapter 644](#)) -Health Occupations - Licensed Direct-Entry Midwives - Revisions, effective date June 1, 2025

This bill specifies that the practice of direct-entry midwifery is independent and does not require oversight by another health care practitioner. The scope of “practice direct-entry midwifery” and the medical conditions under which a licensed direct-entry midwife must consult or transfer the care of a patient are altered. The bill also (1) repeals a reporting requirement; (2) alters the requirements for specified written plans and procedures for hospital transfer; (3) clarifies the actions the State Board of Nursing (MBON) may take if an applicant to practice direct-entry midwifery or a licensed direct-entry midwife violates a ground for discipline; (4) extends the termination date of Subtitle 6C, Title 8 of the Health Occupations Article (which governs direct-entry midwives) by five years to July 1, 2030; and (5) makes stylistic and conforming changes.

House Bill (HB) 1510 ([Chapter 695](#)) - Medical Records - Notice of Destruction - Method, effective date October 1, 2025

This bill requires that a notice about the destruction of a medical record or laboratory or x-ray report be made by first-class mail or email, rather than by both methods. However, if no response or delivery receipt is obtained from an email notice, a health care provider must provide notice by first-class mail at least 10 days before the date on which the record is to be destroyed.

Regulations Pending Publication (at the end of FY 2025)

Renewal Background Checks (COMAR 10.27.01.13)

This proposed action extends the scheduled years in which applicants applying for a license renewal must complete their criminal history records check.

APRN Delegation of Tasks (COMAR 10.27.28)

The proposed action requires the Board to (1) provide for the manner in which an APRN delegates a nursing or other technical task to an assistant; and (2) establish limitations on the authority of an APRN to delegate nursing or other technical tasks to an assistant.

Nursing Graduate (COMAR 10.27.01.01, .03, &.17)

The proposed action is to ensure that acute care settings are able to maintain adequate healthcare provider staffing. The regulations define and clarify certain terms; authorize nursing graduates to practice for a certain period of time under certain circumstances; and requires the Board to issue a temporary license to a former licensee who applies for reinstatement.

Dialysis Technicians (COMAR 10.39.06)

The proposed action is to create a separate certification for Certified Dialysis Technicians independent from the CNA designation, establishing a new CDT initial and renew process.

Licensed Certified Midwives (COMAR 10.69.01-.03)

The proposed action is to require the Board to set standards, and licensing and regulatory systems for the practice of licensed certified midwifery.

Medical Records - Destruction - Notice and Retrieval (COMAR 10.27 & 10.53)

The proposed action is to require licensees to maintain medical records in accordance with Health-General Article, Title 4, Subtitle 4, Annotated Code of Maryland.

Certified Nurse Midwife (COMAR 10.27.05.01, & .06)

The proposed action is to require the specific licensee to maintain medical records in accordance with Health-General Article, Title 4, Subtitle 4, Annotated Code of Maryland and comply with applicable State and federal law, pursuant to statutory requirements.

Electrology Sterilization Procedures (COMAR 10.53.09)

The proposed action is to bring the Board's regulations in conformance with the American Electrology Association's Infection Prevention Standards (Rev. 01/2019), which are based upon recommendations by the Centers for Disease Control and Prevention and in conformance with the current standard of practice of electrologists.

Fiscal Year 2025 Board Achievements

Fee Increases

For the first time since 2007, the Board is increasing its fees related to licensure and certification. Before rolling out the first phase of these increases, the Board conducted numerous public comment sessions and stakeholder engagement meetings to ensure all interested parties were given a voice in the deliberations. This phase focused on RN and LPN initial licensure and renewal fees under COMAR 10.27.01.02. These fees represent the largest share of the Board's revenue, but despite this scope, implementation has so far progressed without incident. The Board plans to build on this success as Phase two is rolled out next year.

Community Engagement

In March of 2025, the Board participated in the **B'more Healthy Expo**, an annual event held at the Baltimore Convention Center that aims to engage, entertain, educate, and empower families to make healthier choices and connect them with community resources to support their health and wellness goals. As part of its efforts to tackle the State's healthcare workforce shortage, the Board spoke with constituents and other members of the community regarding licensure and certification processes, and answered constituent questions about the Board and its operations.

The board held **two public town halls on Licensure and CNA Training Programs** to foster engagement in the regulatory process for two important changes coming to the Board. Both meetings had remarkable turnout and were significant milestones toward the implementation of Phase One of fee increases and the new CNA training guidelines respectively.

Constituent Services and Technology Updates

After years of relying on a legacy system, the Board **upgraded to a modern phone system that is able to meet the demands of the Board**. This system has allowed the Board's constituent service teams to be more responsive to calls and requests from licensees and applicants, and eliminate complications that had become common as a result of the antiquated system.

The Board's constituent services team also made a number of improvements to their process that have improved efficiency and reduced complications, including: the creation of a dedicated customer service email, published clear licensing timelines and performance metrics, the creation of multilingual resources for non-native english speakers, and establishing a Quality Assurance and Performance Improvement (QAPI) Department. Measurable improvements have been observed in constituent satisfaction, with 90% of emails being responded to within 24 hours, and a rapidly increasing google review rating of 3.5/5 stars.

Licensure by Endorsement (Alternate Pathways)

As part of the Board's ongoing efforts to alleviate the nursing shortage in the State, the Board worked with the Department of Health to add an alternative pathway for RN endorsement applicants who attended a non-substantially equivalent nursing education program. These applicants are able to meet the educational qualifications for licensure if they have successfully completed the requirements for an Associate or a Baccalaureate degree in nursing from an education program that is accredited, approved by their state, and have completed a certain amount of direct patient care practice hours.

Sunset Extension to 2030

The Maryland Program Evaluation Act requires each governmental unit (or agency) subject to termination to request legislation extending the unit or agency's termination date through the designated departmental legislation process. HB19 ([CH416](#)), the Board's departmental bill, included an extension to the Board's sunset provision for another 5 years, until 2030, ensuring continual regulatory oversight for all professions governed by the Board. The sunset also extends the Secretary of Health's oversight of the

Board's infrastructure operations.

Fiscal Year 2026 Goals

Phase 2 Fee Increases

With Phase 1 complete, the Board will begin implementation of Phase 2 of the Board's planned fee increases. These increases focus on two areas:

- ***Nurse Education Training Programs*** - Fee increase areas include initial program approval, initial additional program approvals, renewal of approval, renewal of additional program approvals, and additional site visits.
- ***CNA, CMA, and CDT Education Training Programs*** - Fee increase areas include initial program approval, initial additional program approvals, renewal of approval, renewal of additional program approvals, and additional site visits.

Certified Nursing Assistants - Licensing Requirements and Administrative Updates

In accordance with HB1125/[CH818](#) (2024) and HB19/[CH416](#) (2025), the Board is amending its regulations to streamline requirements for CNAs. The Board is scheduled to host a virtual townhall with stakeholders in September 2025, to assist with finalizing the draft regulations prior to the April 1, 2026 effective date.

Operational Goals

In FY 25, the Board hired a new Director of Operations, a position that oversees varied units including Fiscal and Information Technology. In FY 26, the Board will focus its operational resources on the following:

- Addressing longstanding and ongoing issues with repair and maintenance of the building and its amenities.
- Scoping and initiating a transformation from the legacy licensing system to the newly procured state-wide solution.
- Creating redundancies and regular internal audits to ensure compliance and fiscal responsibility.
- Creating a website advisory committee with regular updates from business units.

Hardships for the Board

Staffing Difficulties

Like many other State agencies, the Board has struggled with recruitment and retention since the COVID pandemic. Currently, the Board has an 11.7% vacancy rate, with the most unfilled positions in the Enforcement Division, which has 11 vacant positions or a 30.5% vacancy rate. This has been detrimental to the Board's ability to conduct thorough and timely investigations into allegations of misconduct. These vacancies remain a concern for the Board as the State began its freeze on new hires this year, but with the increased projected revenues from the scheduled fee increases, the Board is confident it will have the fiscal capacity to fill these gaps moving forward.

Table 13 – Comparison of Board Licensure Fees

Fee Description	FY 16	FY 17	FY 22	FY 23	FY 24	FY 25	FY 26
Registered Nurse (RN) & Licensed Practical Nurse (LPN) Licensure (Exam)	\$100	\$100	\$100	\$100	\$100	\$100	\$187
RN & LPN Licensure (Endorsement)	\$100	\$100	\$100	\$100	\$100	\$100	\$230
Temporary RN or LPN Licensure Fee	\$40	\$40	\$40	\$40	\$40	\$40	\$70
Initial Advanced Practice (APRN) Certification	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Initial Specialty Nursing Practice Certification (RN-FNE & RN-WCCM)	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Initial Certified Nursing Assistant (CNA) Certification	\$20	\$20	\$20	\$20	\$20	\$20	\$20

Initial Medication Technician (MT) Certification	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Electrology Application	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Direct Entry Midwife		\$900	\$900	\$900	\$900	\$900	\$900
Renewal of RN & LPN License	\$110	\$110	\$110	\$110	\$110	\$110	\$110
Renewal of APRN Certification	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Renewal of RN-FNE & RN-WCCM Certification	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Renewal of CNA Certification	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Renewal of MT Certification	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Electrology Renewal	\$200	\$200	\$200	\$200	\$200	\$200	\$200
Direct Entry Midwife Renewal		\$800	\$800	\$800	\$800	\$800	\$800

Appendix

Definitions – Licenses, Certificate Holders, Nursing Disciplines

- a) Advanced Practice Registered Nurses (APRN) – a registered nurse who has a master’s, post-master’s certificate, or practice-focused Doctor of Nursing degree who is certified by the Board as: a certified nurse midwife (CNM), a certified registered nurse anesthetist (CRNA), a certified nurse practitioner (CRNP), or a clinical nurse specialist (CNS).
- b) Certified Dialysis Technician (CDT) – an individual who is certified to provide care to patients with permanent kidney failure (end – stage renal disease).
- c) Certified Nurse Midwife (CNM) – a registered nurse with additional training as a midwife who delivers infants and provides prenatal and postpartum care, newborn care, and some

routine care of women.

- d) Certified Nurse Practitioner (CRNP) – a registered nurse with additional training in completing comprehensive physical assessments of patients, as well as the diagnosis and management of acute and chronic diseases.
- e) Certified Nursing Assistants (CNA) – an individual who routinely performs nursing tasks delegated by a Registered Nurse (RN) or Licensed Practical Nurse (LPN).
- f) Certified Medication Technicians (CMT) – an individual who administers prescribed medications to patients and maintains related medical records under immediate supervision.
- g) Certified Registered Nurse Anesthetist (CRNA) – a registered nurse with additional training in providing anesthesia-related care in various healthcare settings (hospital surgical suites, obstetrical delivery rooms, pain management centers, etc.).
- h) Clinical Nurse Specialist (CNS) – a registered nurse responsible and accountable for diagnosis and treatment of health/illness states, disease management, health promotion, and prevention of illness and risk behaviors among individuals, groups, and communities.
- i) Forensic Nurse Examiner (FNE) – a nurse who is specially trained in sexual assault forensic care.
- j) Geriatric Nursing Assistants (GNA) – an individual who provides care for elderly individuals in the setting of a long-term care facility or nursing home.
- k) Licensed Certified Midwives (LCM) – an individual who has received a bachelor's degree in a health-related field other than nursing and has completed a graduate-level midwifery degree program. This individual may conform to the same standards of practice as a CNM after passing the certification exam administered by the American Midwifery Certification Board. A nursing component (RN) is not required for this license.
- l) Licensed Direct Entry Midwives (LDEM) – an individual educated in the discipline of midwifery through apprenticeship, self-study, a midwifery school, or a college/university-based program distinct from the discipline of nursing.
- m) Licensed Electrologists (LE) – an individual trained in the use of electrolysis (electric current) for removing moles, warts, or unwanted hair.
- n) Licensed Practical Nurses (LPN) – a nurse who has graduated from an accredited school of nursing and has become licensed to provide basic nursing care under the supervision of a

physician or registered nurse.

- o) Registered Nurses (RN) – a nurse who has graduated from a college’s nursing program or from a school of nursing and has passed a national licensing exam. Additional disciplines within the expanded role of an RN include: a forensic nurse examiner (FNE) and a worker’s compensation case manager.
- p) Worker’s Compensation Case Manager (WCCM) – a nurse who is responsible for helping an injured worker to obtain the medical care he/she needs.

Table 14 - Active Licenses & Certifications by Type

Updated: July 1, 2025

NURSES	COUNT
REGISTERED NURSE	90,194
LICENSED PRACTICAL NURSE	11,175
TEMPORARY REGISTERED NURSE	169
TEMP LICENSED PRAC NURSE	19
APRN/PMH	95
APRN-CLINICAL NURSE SPECIALIST	143
CERTIFIED REG. NURSE MIDWIFE	348
CRNA	979
CRNP-ACUTE CARE	1,001
CRNP-ACUTE CARE PEDIATRICS	127
CRNP-ADULT	1,547

CRNP-FAMILY	5,501
CRNP-GERIATRIC	82
CRNP-NEONATAL	151
CRNP-OB/GYN	283
CRNP-PEDIATRICS	591
CRNP-PMH	2,643
AC-APRN/PMH	20
AC-APRN-CLINICAL NURSE SPECIALIST	9
AC-CRNA	274
AC-CRN-MIDWIFE	55
AC-CRNP-ACUTE CARE	173
AC-CRNP-ACUTE CARE PEDIATRICS	15
AC-CRNP-ADULT	284
AC-CRNP-FAMILY	1,950
AC-CRNP-GERIATRIC	5
AC-CRNP-NEONATAL	36

AC-CRNP-OB/GYN	62
AC-CRNP-PEDIATRICS	72
AC-CRNP-PMH	705
RN FNE - A	110
RN FNE - P	1
RN FNE A-P	92
RN-WCCM	321
AC-FNE-A	2
AC-FNE-A-P	7
AC-WCCM	292
MEDICATION TECHNICIANS	COUNT
MEDICATION TECHNICIAN	43,889
ASSISTED LIVING	900
SCHOOL HEALTH	301
DDA	2,767
JUVENILE SRVS	13

NURSING ASSISTANTS	COUNT
CNA	51,136
CNA - GERIATRIC NURSING ASSISTANT	24,326
CNA - CERTIFIED MEDICINE AIDE	1,087
CNA - HOME HEALTH AIDE	31
CNA - DIALYSIS TECHNICIAN	2,075
CNA - SCHOOL HEALTH	235
CNA - 90 - DAY - LETTER	277
CNA - END - 90- DAY - LETTER	38
CNA-DT-90-DAY-LETTER	4
ELECTROLOGY	COUNT
ELECTROLOGIST	56
ELECTROLOGIST INSTRUCTOR	2
DIRECT ENTRY MIDWIFERY	COUNT
DIRECT ENTRY MIDWIFE	41

