MARYLAND BOARD OF NURSING

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OPEN SESSION

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The Maryland Board of Nursing board meeting was held on Wednesday, August 25, 2021, at 4140 Patterson Avenue, Baltimore, Maryland 21215, commencing at 9:10 a.m., before Edward Bullock, Notary Public in and for the State of Maryland.

Job No.: 56023
REPORTED BY: Edward Bullock, Notary Public
AUDIO RECORDING TRANSCRIBED BY: Edward Bullock, DCR

APPEARANCES:

MICHAEL CONTI, Assistant Attorney General
MARGARET LANKFORD, Assistant Attorney General
Office of the Attorney General
State of Maryland
Department of Health & Mental Hygiene
300 West Preston Street
Baltimore, Maryland 21201
410-767-3201

BOARD MEMBER APPEARANCES:

GARY HICKS, Board President
KAREN EVANS, Executive Director
GREGORY RAYMOND, RN Member, Board Secretary
EMALIE GIBBONS-BAKER, APRN Member
JENELL STEELE, RN Member
M. DAWNE HAYWARD, RN Member
CHARLES NEUSTADT, Consumer Member
LAURA POLK, RN Member
CHARLENE HARROD-OWUAMANA, LPN Member
ANN TURNER, RN Member (via telephone)
MARIAH DILLON, APRN Member
AUDREY CASSIDY, Consumer Member
ROBIN HILL, RN Member, Practical Educator

ALSO PRESENT:

SHEILA GREEN, Nursing Education Consultant I
PATRICIA KENNEDY, Director, Education and Exams
IMAN FARID, Health Policy Analyst (via telephone)
RHONDA SCOTT, Deputy Director
JARAY RICHARDSON, Manager, Certification
MONICA MENTZER, Manager, Practice
KELLIE SMITH, Manager, Renewals
KAREN BROWN, PIA Coordinator

AUDIENCE MEMBERS:

TIJUANA GRIFFIN, Washington Adventist University
CHERYL KISINZU, Washington Adventist University
VIVIAN KUAWOGAI, Prince George's Community College (via telephone)
ANGELA ANDERSON, Prince George's Community College (via telephone)
MARK O'NEILL, Hagerty Consulting Group
BARBARA JACOBS, Luminis Health (via telephone)

C O N T E N T S

P R O C E E D I N G S

MR. HICKS: Let's get started. If I could get a motion to go into Open Session.

MS. DILLON: So moved, Dillon.

MR. HICKS: Dillon.

MS. STEELE: Second, Steele.

MR. HICKS: Steele. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. We will do roll call this morning. We will do online first. I believe, Ann Turner?

MS. TURNER: Present, Ann Turner, RN member.

MR. HICKS: I don't believe I have anyone else online. Is there any other board members online?

(No responses)

MR. HICKS: All right, hearing none. We will go around the room.

MR. NEUSTADT: Charles Neustadt, consumer member.

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

MS. DILLON: Mariah Dillon, advanced practice board member.

MR. RAYMOND: Greg Raymond, board member.

MS. STEELE: Jenell Steele, RN member.

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

MS. HAYWARD: Dawne Hayward, RN member.

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

MS. CASSIDY: Audrey Cassidy, consumer member.

MS. POLK: Laura Polk, RN member.

MR. HICKS: All right, thank you everyone. So, we will go ahead and start with Ms. Evans with for and Board Updates.

MS. EVANS: Good morning everyone.

ALL: Good morning.

MS. EVANS: The first is, for me, it's a personal triumph. I will have an executive assistant on September 22nd.

(Applause)

MS. EVANS: So, I'm really excited about that. Other news that you should be made aware of is that the

Governor's Order is over. We received approximately 1,500 applications from August 13th to August 15th. That's it. So, one of the things, we had 40,000 who had not renewed at that time. But in the past, we really haven't done any type of research to see what the normal amount of individuals who do not renew. So, this could be a number that's already been there, we just don't know.

So, these are individuals who have not renewed since February of 2020. So, approximately 8,000 were LPNs and RNs; 15,000 CNAs; and 16,000 MTs. MTs, I'm not too concerned about because we usually have a period when they don't renew. There's usually a lot, and a lot of times it's because they're going on to do their CNAs. So, that number doesn't bother me. The two numbers that do, however, are the RNs, LPNs, as well as the CNAs. So, moving forward we will be looking at these numbers moving forward so that we can start tracking and do an analysis of it.

The Maryland Department of Health sent out a survey to all the individuals who are non-renewed. So, once I receive that feedback from the survey, I will let everyone know what it is. Just asking them, Gary and I assisted them with pulling a

survey together as far as why did the individuals leave. Now remember, we've been in COVID since March of 2020, right? And so, a lot of it can be people leave the profession. It's been taxing, you know? Throughout the country we've had suicides, we've had everything else. So, COVID has really done some damage in the nursing field. Individuals could have passed away. They could have moved to another state. We had a lot of people endorse in. So, that's possible. It could be some other reasons, they want to retire, whatever the case may be. So, hopefully that survey that MDH has put out for us will be able to provide us with some answers to that.

The next area is, I think, a win-win for the Maryland State as a whole. I have been elected into the National Counsel of State Boards of Nursing Board of Directors.

(Applause)

MS. EVANS: Thank you, as the Area 4 Director. So, that covers Maryland and all the up the east coast to the New England states.

Secondly, I was also selected to be a member of the National Advisory Council on Nursing Education and Practice.

(Applause)

MS. EVANS: So, I think it's a win-win for our Board for the amount of information that I learn that I can bring back, and a win-win for Maryland because we haven't been in these avenues for a very long time. So, I'm just happy to be able to represent Maryland and, of course, our Board, which is my favorite. I'm a little biased. But I think that will be a win-win for us with that.

One most important thing that's going on beginning tomorrow is that our website will be shut down. It's going through modernization with Share Point, and it will be down for three weeks. We will have a notice on there, so, just to let you know about that. Having said that today, I'm asking IT to remove

- update our website to remove federal tax ID numbers. We no longer can accept that. It's not part of the - Mike, what's the Health Occupation Code?

MR. CONTI: It's the Family Law Article, Section 10-119.3.

MS. EVANS: Okay. So, we can only accept Social Security numbers, okay? Yes, Dr. Hill?

MS. ROBIN HILL: With the website being down does

that mean we can't look up nursing license numbers?

MS. EVANS: No, we just can't make changes. You can still look up nursing. Everything else will be there as they migrate to the new Share Point. We just can't make any updates at all.

MS. STEELE: So, renewals won't be affected either?

MS. EVANS: No, nothing will be affected as far as looking up a license or renewing online, or initial applications that are online.

So, I just wanted to make everyone aware about the federal tax ID. Plus, it's not a part of NLC either, the nursing licensure compact.

NLC held its annual meeting last week as well as NCSBN. Long days, huh, Gary?

MR. HICKS: I'd say so.

MS. EVANS: The last item is, there are a lot of nurse practitioners getting scam calls from someone stating that they work for the Board of Nursing, and they send them a letter that is not on our letterhead. It's on our old letterhead, not our current letterhead. And so, what they're looking for is the DEA numbers. And they say that if you don't do this that we

have a case against them, we need their numbers. We would never ask for that, one, because that's not our area, that goes through DEA - and who's the other person, Rhonda?

MR. CONTI: OCSA.

MS. EVANS: OCSA, thank you. OCSA. So, I just want everyone to know that it's on our website so that everyone knows as far as any advanced care nurse practitioner or whoever has their DEA. But I just wanted to say it so that constituents who are on the call are aware that it is a scam.

That's all for now.

MR. HICKS: That was a lot. Any questions for Karen?

MS. STEELE: Congratulations.

MR. HICKS: That's great for Maryland and for the Maryland Board of Nursing.

MS. EVANS: Thank you.

MR. HICKS: And, you know, just a lot of thanks to Karen and Mike, over the last couple of weeks just trying to navigate through this massive number of folks that have not renewed and the Secretary, you know, weekly calls with the Secretary's Office to try to understand where we are and what we

need to do to get these folks recertified or renewed in their licenses. So, a lot of work has been done over the last couple of weeks. So, thank you both for doing that.

So, if I can get a motion to approve the Consent Agenda?

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

MR. HICKS: Dr. Hill.

MS. POLK: Second, Polk.

MR. HICKS: Polk. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. And for the record, that's Robin Hill, Dr. Robin Hill.

Moving on, Items for Removal from the Consent Agenda?

MS. EVANS: All right. We have a forensic nurses', FNE, Adult and Pediatric Training Program that was submitted by Jennifer McNew for seeking approval for Meritus Medical Center for an initial FNE Adult and Pediatric Training Program. They already have an Adult, but they want to do an Adult and

Pediatric course. They have met all of the requirements under COMAR 10.27.21 for the forensics. They have all of the information. They are also using the current curriculum that was approved - one was approved in March, the Adult was approved in March, the Pediatric was approved in May or June. So, they are using the current curriculum that was approved by the Board. You have the checklist in your documents and you will see that they have met everything.

So, I am asking for approval for the Adult and Pediatric Training Programs submitted by Jennifer McNew.

Can I ask, Jennifer, are you on the call?

(No response)

MS. EVANS: Okay.

MR. HICKS: All right. Is there a motion to approve Meritus Medical Center's FNE both for Adult and Pediatric Program?

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

MR. HICKS: Gibbons-Baker.

MS. STEELE: Second, Steele.

MR. HICKS: Steele. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. We will move down to 4, Education. Dr. Green, are you -- you're here. Okay.

MS. GREEN: Good morning.

MR. HICKS: Sorry, I didn't see you sitting in the corner, Dr. Green.

MS. GREEN: You get to really see me these days.

(Laughter)

MS. GREEN: There are two items that we would like to bring to your attention for the minutes. I'm sorry, my name is Dr. Sheila Green, and I am the education consultant with the Maryland Board of Nursing, and I am very delighted to be here with you this morning.

Our first item, 4A, is a report on Washington Adventist University and the collaborative virtual site visit report that we completed. The actual visit went March 31st through April 2nd of 2021. And this was collaborative because we were there on virtual at the same time that CCNE, the Commission for Collegiate Nursing Education, was engaged in their site visit as well. So, we did a collaborative visit

together.

This is Dr. Tijuana Griffin. She is the director of nursing at Washington Adventist University, and we also have Cohost Kisinzu, who is also from Washington Adventist University this morning. So, we thank you for being here, and you may join us here. Yes, thank you.

The documents that you have, 4A, references the fact that Dr. Kennedy and I finished the collaborative virtual site visit with the peer review of the Commission on Collegiate Nursing Education. The purpose of our visit, of course, was to assess the programs and nursing education operations at Washington Adventist in accordance with COMAR 10.27.03.02 through .16 in Nursing Education Programs, as well as Program Evaluation falling under COMAR 10.27.03.15(a) through (d), and .16. You're looking at the annual review and unacceptable performance on NCLEX licensure examination.

Our findings were that the Washington Adventist University's Entry Into Practice BSN Nursing Education Program met COMAR 10.27.03.02 through .15(a) through (d), Program Evaluation, and all of nursing program evaluations. The annual review, which is under COMAR 10.27.03.16(a) to (b), they did not

meet our COMAR 10.27.03.16(d), which is, Unacceptable Performance on Licensure Examination.

We put into our report a special note to say that the Washington Adventist University is currently operating under conditional status in accordance with COMAR 10.27.03.15 and .16 requirements. The program obtained Board approval November 18th of 2020 for their submitted Action Plan, which is Attachment A to the document that you have in front of you. And that Action Plan addressed the components here; the curriculum revisions, the review of faculty policies, review and additions of student learning outcomes and course outcomes, and more robust use of ATI resources, test taking strategies, NCLEX-RN examination preparation. They've embarked on a purchase of new equipment, particularly computers for students use, enriched classroom learning modalities, the realignment of philosophy and objectives for the program outcomes and evaluation, the engagement and use of a Board-approved consultant, that was Dr. Bonita Jenkins, which our Board did approve prior to utilization of her services. Dr. Griffin, our director of nursing program at Washington Adventist, submitted a copy of this CCNE visit report summary to the Board. That is also included in your

packet, and that occurred April 28th. They met all of the CCNE standards. The final CCNE determination will be provided to Washington Adventist in October of 2021, and they in turn will provide the Board a copy of the letter that they receive from CCNE regarding their standing.

Our recommendation, we've brought forward to the Practice and Education Committee on August 13, 2021 requesting approval and advancement to the Board for these recommendations that are before you now regarding Washington Adventist University. Our request is that the Board consider continuation of the conditional approval status for Washington Adventist University's Nursing Education Program in accordance with COMAR 10.27.03.16(d). And Bullet 2, accept the Maryland Board of Nursing virtual site visit conducted in March 31st to April 2nd as a required site visit, and accept the current report as identified in COMAR 10.27.03.16(d)(3) and (b). This is particularly - the second bullet is a particular interest to you because, number one, we are in compliance with the site visit requirements for Washington Adventist University; and, number two, we wanted to relate that with the COMAR requirement whereby a program that's in conditional status would be reviewed and

part of a site visit, which we now want to duly couple those together as a part of what we've accomplished with this particular visit if the Board is amenable to doing that. Number three, that the Board consider requiring a submission of an Action Plan Progress Report from Washington Adventist University on October 22, 2021. That would give us about a year, because the Board approved the initial Action Plan in November of 2020, and October 2021 brings us right around the annual time at which time our team within the Board staff would look at the report and provide that as a submission summary follow-up to the Board probably in November of 2021. And then finally, four, based on the findings of the Action Plan Progress Report due October 2, 2021 the Board will determine any additional requirements in accordance with COMAR 10.27.03.16(d) regarding annual review and acceptable licensure information. And if there may need to be advancement to 10.27.03.17 removal from the approval list, then that would be post the progress report that the Board would receive in November of this year.

Are there any questions that I can entertain? All of the supporting documents are here in terms of the actual site visit report as well as the Action Plan report, Attachment A,

and the CCNE report is Attachment B. And if there is anything else you all would like to add, please do so at this time.

MS. KISINZU: Thank you. I think we would like to express our appreciation. There's been an observation by John Maxwell, who is a recognized leader, that no organization rises any higher than its leaders, and Dr. Evans, Dr. Green, Dr. Kennedy represent in a stellar, compelling, rigorous way the State's commitment to excellence in healthcare and through excellence in nursing education.

It has been a rigorous renewal for us at Washington Adventist University, but it is humbly represented to you as a renewal. We are grateful to be able to certify to you that when students graduate from our nursing program that we have two benchmarks that confirm that they are NCLEX ready. What we have found, especially during this last year with the pandemic and even before, is that for our students the priorities of life's demands from a multi-cultural perspective impact their mindfulness of the importance of testing within 60 days of graduation. They come from diverse cultures. They are often influenced and expected to respond to those demands of those cultures. And blending that mindfulness of the sweetness of

those cultures they will need complete in a timely fashion that which they started on behalf of their own well-being and on behalf of those that they serve is a commitment that we are anchoring in their minds with greater intentionality.

So, we continue to also include in our review, not only a mindfulness of the mindset of our students, and degree progression requirements and competency requirements, but was there any other barrier that was keeping our students from testing in a timely fashion. At the University we have a practice that we had to implement by the Board that students do not have access to their transcripts or confirmation of degree confirm unless they paid off their balance because there were just huge balances that were being accumulated without that in place. However, when we noticed that our nursing students were not testing in a timely fashion, I was blessed to be able to go to the president, go to the Board and ask that we be able to waive that requirement for nursing students, such that we can let the Board know immediately upon confirmation of their degrees that they indeed were credentialled and ready to be able to be licensed in a timely fashion pending Dr. Griffin's signature, which is a huge statement by the Board on behalf of

the commitment of timely degree completion for our students.

We are blessed to also serve within a collaborative partnership with an entity called Adventist Healthcare System. It is the largest private employer in Montgomery County. We were birthed together in 1904, and nursing was their first - at that time it was a hospital-based program, as we know, because WAU program is the oldest here in the State of Maryland. And we quarterly with their VP for HR and with their nursing directors - I think you all know that I am a nurse. I think I shared that with you in the past. I love all the students, but there's a special love that I have for the renewal of this program because I think we all agree that never before has there been a need for healing in our state and our country and in our world.

Adventist Healthcare has made a formal commitment to the vibrancy of the program at WAU. They did so this year by giving $100,000; 50,000 of that was for scholarships. We meet with the nursing directors for each of their entities so that there is a preferred pathway for hiring for our graduates. The graduate schools, they can confirm as competent, but also reflecting the compassion as expressed for the lack in teachings of Christ. They also gave $50,000 for an endowed share in honor

of the work that Dr. Griffin has done for the program's renewal. When I met with their vice president for HR two weeks ago, they renewed that commitment.

We recognize that the credibility of the nursing students in a shared commitment, and we are confident that three-year affirmation through your continued support that not only will the standards for the Maryland Board of Nursing be met but, once again, the benchmark for the program of nursing at WAU that a 100 percent passage rate will be re-attained and sustained for such a time as this. Thank you.

MR. HICKS: Are there any questions for Dr. Green or Dr. Griffin?

(No questions posed)

MR. HICKS: I just have one question, and that is in terms of the report that's going to come in October. Is knowing that the Next Gen is coming as a new testing method, will that report reflect what your intent is to prepare your students for Next Gen? Because it's just going to get a little bit tougher, especially if you have a population of students that are stretching their time of testing.

MS. GRIFFIN: Yes, actually this summer we as a team

has had workshops ourselves to prepare us for the Next Gen. We are also having study groups weekly to prepare us to become certified nurse educators. And by God's grace we are in the process of hiring - and the first word I want to use for her is "caring". There's a lot of rules and regulations with nursing, but because of our population there's an extra need that they have, and so we are hiring a retention coach and she's known to be caring, but yet she is still firm. So, we're looking at that aggressively.

The Action Plan that we submitted last year has taken a 120 degree turn because we reached out to a school called South University, who uses ATI. We reached out to Dr. Jay Griffin, who's a specialist, who is also is meeting with our priest. That's amazing. This is a process that's been humbling. It's a process that takes quite a bit of time and energy. So, our mindset is for the success of the students. The emotions that they've experienced afterward have not been successful. It's not been pleasant, and we don't want that. And so, we're looking at Next Gen aggressively, really, to see how we can make it work, and by God's grace we will. Yes, we are looking at it aggressively.

MS. GREEN: That is incorporated in the initial Action Plan that we have in our possession now. It will be interesting to see what the progress report will show because that Next Generation is coming quickly now.

MR. HICKS: Correct, and you're not alone. You're not going to be alone in this, but knowing that you're already having some struggles with success rates, Next Gen is kind of going to add another layer to that.

MS. GRIFFIN: It is. There are multiple reading levels. And that was one of the things that we were talking about that some of the students, what can we do to strengthen it? But at the same time, if they didn't meet criteria, it's painful to say no now, but it's painful later if they have to bail out their first semester or get to the end of the program and they're not successful. So, we're really scrutinized in our criteria for admission. We are holding to it like we have to for their sake as well as ours, and then to give them their foundation. Yeah, it's important.

MR. HICKS: I would like to see in that report in October that what exactly you have done in terms of getting your students prepared for Next Gen, but also your faculty, right, to

make sure that your faculty is, you know, prepared for testing methods like Next Gen, so.

MS. KISINZU: Thank you.

MR. HICKS: Any other questions?

(No questions posed)

MR. HICKS: All right. So, we will -there's actually, I think, three votes here. The first is to accept the virtual visit report that Dr. Green has outlined for Washington Adventist from March 31st through April the 2nd.

Is there a motion to accept that report?

MS. DILLON: So moved, Dillon.

MR. HICKS: Dillon. Is there a second?

MS. HARROD-OWUAMANA: Second, Harrod-Owuamana.

MR. HICKS: Harrod-Owuamana. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. And then, the next is a motion to approve Washington Adventist to continue their program under a conditional status.

MS. DILLON: So moved, Dillon.

MR. HICKS: Dillon.

MS. POLK: Second, Polk.

MR. HICKS: Polk. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. And then, I think the third was to approve the requirement of submission of the Action Plan by Washington Adventist by 10/2021. That's correct, right?

MS. GREEN: That's correct, the Action Plan Progress Report, yes.

MR. HICKS: Okay.

MS. ROBIN HILL: So moved, Robin Hill.

MR. HICKS: Dr. Robin Hill.

MS. STEELE: Second, Steele.

MR. HICKS: Steele. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. I think that is

everything, correct?

MS. GREEN: That is correct. Thank you very much.

MS. KISINZU: Thank you all.

MS. GRIFFIN: Thank you so much.

MR. HICKS: Thank you.

MS. GREEN: The second report, 4B, from the Education Department is the fiscal year 2021 NCLEX-RN and NCLEX-PN performance summary report. And just to provide background to the Board, according to the memorandum attached, you have the actual summary reports. All Maryland-based nursing education programs received their four quarterly reports, their calendar year reports, and their fiscal year summary reports during the current fiscal year 2021 - well, it just ended any way - in accordance with COMAR 10.27.03.16(b).

Our findings were that there are four baccalaureate nursing education programs that did not meet COMAR 10.27.03.16(b) requirements; Bowie State University, Morgan State University, Notre Dame of Maryland University, and Washington Adventist University. All remaining nursing education programs met COMAR 10.27.03.16(b), and that includes our baccalaureate programs, our masters into practice programs,

and our associate degree programs.

Number two finding was Universidad del Turabo of Capitol Area Campus, also known as Anna G. Mendez del Turabo Campus, was a baccalaureate degree program that closed in the State of Maryland December 31, 2020 in accordance with the Maryland Higher Education Commission and the Maryland Board of Nursing regulatory requirements related to voluntary program closure. Both Maryland organizations worked very closely and collaboratively with this program to ensure the teach out requirements and the final student educational requirements were met.

Our third finding from this report is that Prince George's Community College met two consecutive fiscal years with pass rates above the Maryland standard requirements. The Action Plan progress report and the onboarding report were submitted in June, 2021 from Mrs. Vivian Kuawogai, who's at the helm of the program at Prince George's Community College. And this was required as a part of the Board-approved site visit report that occurred in April 28th of 2021. The Prince George's Community College's associate degree program has met the requirements stipulated by the Ad Hoc Committee - Board Committee, I'm sorry,

and those required as follow-up to the virtual site visit. Attached to your packet, Attachments A and B, are the progress reports for onboarding. They have done an incredible job in recruiting. They have brought on nine new faculty members and have successfully completed the onboarding process. The eight have stayed, the one did leave for personal reasons, and they have been in the process of finalizing the recruitment for the replacement for that person.

In Section A is the onboarding plan with Mrs. Kuawogai's summary of what has occurred since the onboarding plan was initiated. And then Attachment B is the Action Plan progress report. And if you'll note under Attachment B there is a summary of the COMAR, Prince George's Community College, where we looked at the standards under 10.27.03. And these are summaries of the areas that are included in the Action Plan progress report that's attached to this. I thought it would be helpful for the Board to have a summation of this information to know what has been met, and they have met all requirements. They've done a remarkable job in faculty development, student educational requirements, and they had achieved - they advanced from ACEN from advanced from accredited with good cause to full

accreditation, and their next ACEN visit is 2024. They have introduced an incredible amount of development, as I mentioned earlier, for faculty as well as enhanced a lot of information and requirements in learning for students. The resource usage has expanded at Prince George's Community College. The curriculum, they have done extensive mapping, they have looked at curriculum gap analyses. They did engage a Board-approved consultant, Dr. Janet McMahon, who worked with them, and this was in 2016-2017 academic year, in terms of what they needed to consider. And they have also engaged other consultants across the country like Dr. Linda Caputi, and they worked with a nurse team as well, and now their NCLEX success for fiscal year 2020 was 86.24 percent, and in fiscal year 2021, 88.89 percent. This information has been reviewed, both the actual performance for fiscal year 2021. Both the RN programs and the LPN programs are before you in addition to the things that we thought would be helpful in preparation for looking at Prince George's Community College.

Our final recommendations that request that the Board consider, first of all, is to approve the fiscal year 2021 NCLEX-RN and NCLEX-PN reports. They have been verified,

scrutinized, and they are accurately portrayed. The second is to notify in writing the four nursing education programs that did not meet the Maryland Board of Nursing pass rate requirements with inclusion of COMAR 10.27.03.16 and COMAR 10.27.03.17 relevant to each program. The third bullet requests the considerations to remove the current conditional status and reinstate Prince George's Community College to full approval status in accordance with COMAR 10.27.03.16(b). And the fourth is to officially recognize the Universidad del Turabo Capitol Area Campus, also known as Ana G. Mendez del Turabo Campus, as a closed nursing education program in the State of Maryland.

I would like to ask, Mrs. Kuawogai, are you on the line?

MS. KUAWOGAI: Good morning, Dr. Green, I am.

MS. GREEN: Very good.

MS. KUAWOGAI: I would like to thank all of you very much for all the support from the Board. I also have on here with me the dean of health sciences - I'm sorry, health, wellness, and hospitality division colleague.

Angie, can you hear me? Would you like to say something?

MS. ANDERSON: Hi, I'm here. Thank you for all your support.

MS. GREEN: Thank you. We thank you for being present on the line for this part of the report. If there's anything else you would like to add just let us know, the Board is right here.

MS. KUAWOGAI: I would just like to add I heard a question about Next Gen, and I want the Board to know that we actually had a workshop and we looked at all the nursing programs across the state. We are actively working and beginning to access for training on clinical instructions. So, we are actively working, and I really appreciate your support and the support of the Education Committee.

MS. GREEN: Thank you. Are there any questions from the Board?

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

(No questions posed)

MR. HICKS: All right. So, the first is that a motion to accept or approve the 2021 NCLEX report presented by Dr. Green.

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

MS. DILLON: Second, Dillon.

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

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. Next, motion to approve the Education Committee to notify the four programs, four BSN programs, that did not meet the Board minimum requirements.

MS. STEELE: So moved, Steele.

MR. HICKS: Steele.

MS. HARROD-OWUAMANA: Harrod-Owuamana.

MR. HICKS: Harrod-Owuamana. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. Third is a motion to remove the conditional status of Prince George's Community College and put them back on full approval status.

MS. STEELE: So moved, Steele.

MR. HICKS: Steele.

MS. GIBBONS-BAKER: Gibbons-Baker.

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

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. And the final is a motion to acknowledge the Universidad del Turabo is officially closed. So, is there a motion to accept?

MS. HARROD-OWUAMANA: Harrod-Owuamana.

MR. HICKS: Harrod-Owuamana.

MS. DILLON: Second, Dillon.

MR. HICKS: Dillon. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. Thank you.

MS. GREEN: Thank you. I just want to give accolades to us and to MHEC. Just so the Board is aware, that was a very intense period working with Universidad del Turabo, and our opportunity to meet with them at least monthly, because we had to safeguard our citizens of Maryland, i.e., the students in the program as well as the integrity of the program as they

were completing the teach out and the preparation of where these graduates or those who still needed to finish the program that they started, where they could go. And it was a valiant opportunity to look at the collaborative relationship between Maryland Higher Education Committee and the Board of Nursing in making sure that we were in synch with what was going on with that program.

MR. HICKS: Dr. Green, do you know how many students were affected by that?

MS. GREEN: It was at least 100 students that were affected. It was an interesting process looking at contacts with various schools in the area. And also, Universidad has an online component still operating in Florida, and many of the graduates finished through that avenue as well.

And so, we did all we could to not have anyone fall through the cracks. That was a major concern for us because we know how easily it can happen in a nursing education environment, any environment. So, it was, indeed, a wonderful working collaborative working relationship between the two organizations.

MR. HICKS: Good.

MS. GREEN: Yes, thank you. Thank you all very much.

MR. HICKS: Thank you. Karen?

MS. EVANS: I forgot to add something very important, and that is our Board president was elected to be part of NCSBN NCLEX item writer.

MR. HICKS: Correct.

(Applause)

MS. EVANS: I'm sorry. I knew there was something else, but I couldn't remember until Dr. Green spoke. And then I was like, 'Oh, my gosh, I forgot.' So, the Board is moving and we're moving in a positive direction. So, I thank you for going out there with me.

MR. HICKS: No problem. We will move onto the next item, which is Certification. Jaray?

MS. RICHARDSON: Good morning. Today I am going to do annual statistics for the fiscal years 2018 through 2021.

For certified nursing assistants in fiscal year 2018 we had 180,660; in 2019 it was a 1.04 percent increase; and 2020 it was a 1.03 increase; and in 2021 we have 203,303 CNAs, which is a 1.4 percent increase. For geriatric nursing assistants, in

fiscal year 2018 we had 80,858; in 2019 it was a 1.03 increase; and fiscal year 2020 it was a 1.02 increase; fiscal year 2021 it was a 1.1 percent increase; and we have 87,228. Certified medicine aides in fiscal year 2018 we had 4,728; in fiscal year 2019 we had a 1.2 increase; and fiscal year 2020 we had a 1.01 increase; and in 2021 we had a 1 percent increase, and we have 4,885 certified medicine aides. For home health aides, in fiscal year 2018 we had 550; in 2019 we had a .99 percent decrease. On the form it says increase, which is an error, it's a decrease. In 2019 there's a 1 percent decrease; and in 2021 it was a 1 percent decrease, and we have 549 home health aides. Dialysis technicians, fiscal year 2018 we had 2,947; in fiscal year 2019 it was a 1.09 increase; in 2020 it was a 1.06 increase; and 2021 it was a 1.8 percent increase, we have 3,745 dialysis technicians. School health aides, in fiscal year 2018 we had 917; in 2019 it was a 1.19 percent increase; in fiscal year 2020 it was a 1 percent increase; in fiscal year 2021 it was a 1 percent increase, and we have 1,101 school health aides. For medication technicians, in fiscal year 2018 we had 155,748; fiscal year 2019 it was a 1.06 increase; fiscal year 2020 it was a 1.04 increase; and fiscal year 2021 it was a 1.4 percent

increase, we have 179,318 medication technicians. That's it.

MR. HICKS: All right. Are there any questions for Jaray?

MS. STEELE: And these are all active?

MS. RICHARDSON: Yes.

MR. HICKS: Did you have a follow-up for that, Jenell?

MS. STEELE: No.

MR. HICKS: Any other questions?

(No questions posed)

MR. HICKS: All right, hearing none. Thank you.

MS. RICHARDSON: All right, thank you.

MR. HICKS: We will move onto Licensure and Advanced Practice. Kellie Smith?

MS. SMITH: Good morning.

MR. HICKS: Good morning.

MS. SMITH: I will be presenting the annual statistics for fiscal year 2018 to 2021. In fiscal year 2018 for registered nurse by exam we had 2,634; 2019, 1.02 increase; fiscal year 2020 we had 1.01 percent increase; by fiscal year 2021 we had 11.5 percent increase with a total of 3,137. For

registered nurse by endorsement in fiscal year 2018 we had 2,509; fiscal year 2019 we had an increase of 1.076 percent; in fiscal year 2020 we had a 0.75 percent increase; for fiscal year 2021 we had a 1.19 percent increase, we are at 2,423. For licensed practical nurse by exam for fiscal year 2018 we were at 297; 2019 we had an increase of 1.28 percent increase; for fiscal year 2020 we had 1.02 increase; and by fiscal year 2021 we had a 1.0 percent increase at 417. For licensed practical nurse by endorsement, fiscal year 2018 we had 254; fiscal year 2019 we had a 0.99 decrease; in fiscal year 2020 we had a 0.68 decrease; and by 2021 we had a 0.84 decrease, and we are at 144. Advanced compact nurses for fiscal year 2018 we were at 265; for fiscal year 2019 we had a 1.56 percent increase; 2020, 1.07 increase; and by 2021 we had a 1.30 increase, we are at 575. Advanced practice nurses in all categories in fiscal year 2018 we had 1,014; fiscal year 2019 we had a 1.24 percent increase; 2020 we had 0.98 percent decrease; and in 2021 we had a 1.06 percent increase, and we are at 1,313. Total advanced practice nurses, APRN, in fiscal year 2018 we had 1,279; fiscal year 2019 we had a 1.31 percent increase; 2020 we had a 1.0 increase; and in 2021 we had a 0.11 percent increase, and we are at 1,888.

Forensic nurse examiners for fiscal year 2018 we had 70; 2019, 70 as well with zero increase; fiscal year 2020 we had a 0.73 percent increase; in 2021 we had a 1.02 percent increase, and we are at 52. Worker's Compensation medical case managers in 2018 we had 110; in 2019 we had an increase of 1.23 percent; in fiscal year 2020 we had a 0.61 decrease; and in fiscal year 2021 we had a 0.72 percent decrease.

This is for renewals, the next section. In 2018 we had 4,903. We had an increase of 0.92 percent in fiscal year 2019; fiscal year 2020 we had an increase of 7.08 percent; and by 2020 we had a 1.33 percent increase, and we are at 42,339. Licensed practical nurse, fiscal year 2018 we had 1,058; in 2019 we had a decrease of 0.9 percent; in 2020 we had an increase of 4.05 percent; and in fiscal year 2021 we had an increase of 1.3 percent, 5,418. Advanced compact in fiscal year 2018 we had 101; in fiscal year 2019 we had an increase of 1.36 percent; in fiscal year 2020 we had 2.89 percent increase; and in fiscal year 2021 we had a 1.14 percent increase. Advanced practice nurses in all categories, fiscal year 2018 has 439 with an increase of 1.10 increase in 2019; in fiscal year 2020 we had an increase of 6.7 percent; in 2021 we had an increase of 1.48

percent, we are at 4,804. The total advanced practice registered nurse, APRN, for 2018 we had 540; 2019 we had an increase of 1.5 percent; in fiscal year 2020 we had an increase of 5.86 percent; and in 2021 fiscal year we had a 1.44 increase with a total of 5,255. Forensic nurse examiners for fiscal year 2018 we had 33 with an increase of 2.09 percent in fiscal year 2019; in fiscal year 2020 we had an increase of 1.14 percent increase; and in fiscal year 2021 we had a decrease of 0.85 percent, and we are at 67. Worker's Compensation medical case managers for fiscal year 2018 we had 72 with an increase of 1.38 percent in fiscal year 2019; in 2020 we had an increase of 1.73 percent; and in 2021 fiscal year we had an increase of 1.27 percent with a total of 217.

MS. EVANS: Thank you, Kellie. So, for Kellie and Jaray, let me just clarify the numbers. So, those are the amount of applications that we received that year, not the total amount that we have in our system. Does that help you? I was looking at the faces.

MS. STEELE: So, just to clarify for 5A, this is 203,000 applicants in 2021 for the CNAs?

MR. CONTI: I don't think so. I think the first one

is the overall number of certificate holders.

MS. EVANS: Kellie's is the applications and Jaray's is the overall numbers.

MS. STEELE: It would be helpful to see the statistics presented in this same way or labeled with more information.

MS. EVANS: Like a key?

MS. STEELE: Like a key, yes, to be able to absorb all of this and what she's saying.

MS. EVANS: Yes. So, I appreciate the feedback. Just know that I am trying to challenge the team members to provide better data to you. So, it's a work in progress. Thank you for the feedback.

MS. ROBIN HILL: I would be helpful to have Kellie's report put in the drive.

MS. EVANS: Yes, I didn't know it was not there. We will work on that as well. That's another work in progress. But, yes, we will. Because before you were just getting numbers and they really meant nothing, right?

MS. STEELE: Right.

MS. EVANS: So, our move is to provide information

to you. You're fine, Kellie.

(Laughter)

MS. SMITH: Thank you.

MS. SCOTT: Kellie didn't do the report.

MS. EVANS: Right, Kellie did not do these numbers. She's filling in for someone. So, but I value that feedback and we will make sure that we do that. We want to make sure that when you come to Open Session that it's meaningful and not just numbers that's nice to know, but what does it mean. So, what I'm doing is, I'm moving to quarterly reports for statistics of numbers instead of doing that every month just so you can see what has happened during the quarter, and then we will move to the annual when we get to next July.

MS. STEELE: Thank you.

MS. HARROD-OWUAMANA: It is helpful this way.

MS. STEELE: So, Kellie, that means you may or may not be able to clarify this for me.

MS. EVANS: You can ask her.

MS. STEELE: On the renewals, what's the difference between the advanced practice nurse in all categories and total advanced practice nurses?

MS. HARROD-OWUAMANA: One says APRN and one says -

MS. EVANS: Well, it's probably because it will include Workmen's Comp as well as FNEs.

MS. STEELE: Okay.

MR. HICKS: It might be interesting to break that out a little bit.

MS. EVANS: Yes. Thank you for your feedback.

MS. STEELE: Thank you for clarifying.

MS. EVANS: No problem.

MR. HICKS: Any other questions.

MS. HARROD-OWUAMANA: I just didn't know what the numbers mean. So, I was just looking at the numbers like, 'Whoa'.

MS. EVANS: Rhonda is going to have to put a key together to explain the numbers and the categories and everything. I talked to her about that. So, we thank you for participating in our infancy of moving forward.

MS. POLK: I do appreciate seeing the trend. So, the numbers are more meaningful in this report than previous reports that I've seen. I feel this is a building block and going in the right direction. Thank you to the team for putting

those together.

MS. EVANS: COVID has taught us a lot. For me, things that I had not been able to do when I first came onboard till now has taught us what we haven't done in the past as far as research, as far as tracking, and a few things that we're not doing that now we're going to be putting into practice. So, I thank you for your patience as we do these. So, I may be giving some of you a call as far as your tracking and researching things like that. So, I appreciate your patience.

MR. HICKS: Thank you.

MS. SMITH: You're welcome.

MR. HICKS: All right. We will move down to Legislative Affairs. Iman?

MS. FARID: Hi. Good morning, can everyone hear me?

MR. HICKS: Yep. We can hear you, Iman. Go ahead.

MS. FARID: Thank you. So, good morning everyone. Today I will be presenting an overview of the Board's 2021 annual report. This report was submitted to the Department of Health by September 1st, and to the General Assembly by October 1st. As this report is a bit lengthy, I will go over some sections superficially while others I will try to go more in

depth.

You will find, for starters, with this annual report in comparison to the ones that we submitted in the past that it is much more detailed. It's about 57 pages. This report not only includes the statistics that we are required to submit to the legislators, but it offers our constituents a better idea of the Board's operations as far as the goals and hardships the Board had to accomplish and overcome within this past year.

So, first I would like to draw your attention to Pages 2 through 5. These pages present an introduction to the Board's goals and its membership. Most of this information is already published on the Board's website. This report only consolidates that information. The new information that you will find within these pages are the vision statements, the core values, and initiatives. Just to go through the new information, the business statement currently reads, 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. The core values include; accountability, customer service, equity, innovation, and integrity.

If you move onto to Page 3 you will find the Board's strategic goals for the next five years. The overall goals include; engagement, excellence in regulation, technology initiative, compliance, and accountability.

If you move to Pages 4 and 5 you will find a list of the Board members as they are currently published on the Board's website. You will also find a brief description of the make-up of the Board and who sits on the Board currently in terms of the discipline that the Board oversees.

If you turn to Page 6 you will find a place holder for either the Board president or the executive director. If we move forward with including this section, the content will definitely be up to either Mr. Hicks or Ms. Evans on what they would like to write about.

On Page 7 you will find the Board's organizational structure. I apologize for the orientation, I wanted to make sure I could put everything on this page. This structure primarily outlines the different units that comply with the Board, how we are connected to each other, and definitely the reporting structure.

On Page 8, this provides an actual introduction to

the report and the reasons why the Board must submit it. There is a brief summary of the Board's authority and referencing the disciplines that we oversee. I've also included on the bottom of the page, the Board's annual budget for the past few years as well. So, fiscal year 2019, 2020, and 2021. This budget and the numbers that are provided were previously provided by the director of operations, so it should not be any new information.

On Pages 9 through 13 you will find an overview of the Board's operations and committees. The summary that was provided to you includes a brief statement on the responsibilities of each unit and committee. As a courtesy I won't go through each and every one, but this allows more transparency on the different units that the Board has, as well as the internal and external committees that the Board must oversee.

Starting from Page 14 through 16 you will find the Board's statistics. The Board is requested to submit this data to the General Assembly every year. So, I will be going through each table and presenting the numbers. So, Table 1, Initial Licenses; registered nurses, 5,560; licensed practical nurses, 561; licensed electrologists, 4; and licensed direct entry

midwives, 1; for a total of 6,121. Initial certificates; certified nursing assistants, 6,466; certified medication technicians, 5,969; for a total of 12,435.

Table 2, Renewal of Licenses; registered nurses; 47,143; licensed practical nurses; 5,418; licensed electrologists, 0; licensed electrologists instructors, 0; licensed direct entry midwives, 0; for a total of 52,561. Renewal of Certificates; certified nursing assistants, 25,121; certified medication technicians, 12,121; for a total of 37,242.

Table 3, Criminal History Record Checks; positive criminal history record check, 307; negative history record checks, 21,868; for a total of 22,175.

Table 4, Denial of Licenses and Certificates; for a positive criminal history record check, 1; and for denial for other reasons, 4; for a total of 5.

Table 5, Complaints; new complaints received in fiscal year 2021, 501; total open complaints including the backlog at the end of fiscal year 2021, 5,575.

Table 6, Most Common Grounds for Complaints; abandonment and neglect, 15 percent; standards of practice, 19 percent; abuse, 10 percent; diversion/substance abuse, 4

percent.

And Table 7, Numbers and Types of Disciplinary Actions Taken by the Board; suspensions not for child support, 28; suspensions for non-payment of child support, 2; revocation, 4; reprimand, 18; probation, 12; denial of license or certificate, 5; and surrender of license for violation, 19.

What you will also find is that I also included an addendum for the direct entry midwife report. This is to let the legislative know that the Board is also required to submit this report as a letter and to meet the deadline of December 1st.

On Pages 17 and 18 you will find a view graph and tables for trends in licensure and certification from fiscal year 2017 to 2021. These are graphs and tables including the total number of active licenses year-by-year. As you will see when looking at the graph and the tables, that the number of registered nurses has increased from approximately 81,000 in 2017 to be about 90,000 in 2012, that's a 12 percent increase. The number of licensed practical nurses, however, has stabilized at around 12,000 licensees since fiscal year 2017. And the number of advanced practice certifications has also increased,

similarly to the registered nurses, and back in 2017 it was around 8,500 to about 13,000 in 2021.

On Page 18 you will find the certifications, primarily the CNAs and the CMTs. The CNAs have increased from approximately 64,000 in 2017 to about 72,000 in 2021. That's about a 12 percent increase as well. And CMTs have increased about 36,000 to about 49,000. That's a 36 percent increase.

On Pages 19 to about 23, are the important updates that the Board has accomplished in the past year, as well as the hardships the Board has been experiencing, and that may be further discussed in the future. So, starting on Page 19, I would like to first go very briefly over the important legislative updates. Within this past Legislative Session, the Board was able to provide legislation, Senator Eckardt, regarding the CNA refresher course and the CNA Advisory Committee. Both of those will have passed and will be going into effect soon. The Board had also had a few important regulatory updates regarding licensure and examination, nursing education programs, and the teaching of nursing functions as it relates to medical cannabis administration in schools as well as having a code of ethics approved for the licensed direct entry

midwives.

What you will find at the bottom of Page 20 and going to Page 22 is a timeline of the Board's progress and current status with the Joint Department of Education and their compliance. As you may recall, the Board in early 2020 was reviewed by the USDOE staff, and in May of 2020 we had actually lost our accreditation as an agency for Maryland. After this suspension the Board had filed an appeal with the secretary of the Department of Education, had provided additional information about certain rcriteria that the Department of Education had said the Board was not compliant with. And luckily, in early 2021 the Board had received a continued recognition for the next twelve months under the condition that the Board would submit progress reports, and by 2022 submit a final report addressing all of the concerns that the Department of Education had at the time.

On Page 22, as of right now I have listed one goal for the Board, which includes restarting a quarterly Board newsletter. I believe it's been stated in the past this was a service that the Board had provided, but was discontinued. So, this is something that we'll be looking forward to in the future

and having this published for our constituents. You will also find the hardships for the Board. I have provided for you current staffing conditions and a brief fiscal analysis. The Board has been for some time understaffed. I have provided some numbers that in fiscal year 2011 the Board had acquired approximately 73 acquired positions, but those positions have reduced over time to the current 60 authorized positions. So, this is something that should definitely lead you to the increase in workload as well as productivity and efficiency of our Board's operation.

I've also included a fiscal analysis primarily for the fees that the Board has charged the constituents. As you will see the license fee for the Board has not changed since fiscal year 2008. They have stayed the same year-by-year with our current 2021 numbers. Although the Board has seen an increase in the number of licensees and certificate holders, the revenues that are generated by these applications cannot sufficiently support the Board's operations, as you may see through the revenues and expenditures that were listed earlier on in this report. So, our goal, hopefully, for the Board is to reassess these fees in fiscal year 2022 and continue to work on

improving them in making sure that the rates are both appropriate for our constituents, but also appropriate for continuing Board operations.

And finally, at the end of this report you will find an appendix. This report is just a definition for licensees, certificate holders, and nursing disciplines. And after the definitions you will find a table that is currently listed on the Board's website underneath the information tab. These numbers are from August 12, 2021, and it breaks down the different licensing and certificates, as well as the disciplines in the areas of interest for each of these disciplines.

So, this is the end of the report. I would be happy to answer any questions, comments, or concerns regarding the content that's been provided.

MR. HICKS: Any questions for Iman?

(No questions posed)

MR. HICKS: Iman, just one question on Page 25 with your active licenses and certifications.

MS. FARID: Yes.

MR. HICKS: For the total number of registered nurses, you have that number but then you have, like, the CRNAs

and the APRNs. Since they have to maintain a license, a registered nurse license as well as their advanced degree, is that 90,000 counted into that number? Do you know what I'm asking?

MS. STEELE: Does it include the advanced?

MR. HICKS: Yeah. Did we take out the CNRAs and the APRNs out of that big number because they technically still hold an RN license?

MS. EVANS: No, I think they count them under their APRN. We don't count them.

MR. HICKS: So, the 90,000 registered nurses are just those that have a registered nursing license?

MS. EVANS: I will double check.

MR. HICKS: Okay. So, just when we calculate these numbers, the accurate number that we're looking at.

MS. EVANS: I will double check.

MR. HICKS: That's fine. Any other questions? Yes, Monica?

MS. MENTZER: Iman, this is Monica. I just had a question about the number of initial direct entry midwife on the annual report. You did have some that were licensed this year.

MS. EVANS: Hold on, Monica.

MS. FARID: Monica, I couldn't hear you.

MS. EVANS: Monica, just hold on. I have Rhonda checking some things for us.

MS. MENTZER: Oh, okay.

MS. EVANS: So, just hold on for a second.

MS. CASSIDY: So, Iman, this is Audrey Cassidy. I have one suggestion if you want to take it. I think you said that Table 1 was all the statuses and certifications as of August 12, 2021. Do you think you should footnote that this is as of 8/12? Because you're going to present this report two months from now, and I think you need to probably have a date of where these numbers come from in case someone else looks on the website and they say, 'Oh, wait, 90,000, and I have 102, or whatever.' You know what I mean.

MS. EVANS: So, the process has changed. Yes, Iman can definitely add that. The process has changed for a couple of things this year. One of the reasons why we needed to bring it to the board meeting today is because we will need to get approval before we can send it to OGA. So, that's a process we have not had in the past. Once it goes to OGA then it's

forwarded to the legislator. So, that's a brand-new process that we just found out about.

MS. CASSIDY: Yeah.

MR. HICKS: So, we will table the vote for the approval of the Annual Report until we get some further clarification, but for time acknowledgment, we're going to keep moving forward.

MS. EVANS: Yes.

MR. HICKS: So, up next under Legislative Affairs - so, Iman, please stay on the line just until we do the vote.

MS. FARID: Absolutely.

MR. HICKS: Okay. So, the question that I raised was, in the overall RN number of 90,631, those advanced folks, such as APRNs, CRNAs, and so on and so forth, were they included in that 90,000; and the answer to that is yes. So, if you are looking at numbers then don't take, like, all of the CRNAs and so forth and add those to the 90,000 because they are already included in that number.

MS. EVANS: So, what we can do moving forward is we can make sure that's clear.

MR. HICKS: Yeah, okay.

MS. STEELE: Monica, what was your question? Or, do we not before we move on, do we need to?

MS. EVANS: Well, the question that was on hand had to do with the 90,000. That was the question on hand. So, were you going to speak to the 90,000, Monica?

MS. MENTZER: No, my question was related to the number of initial licensed direct entry midwives in the annual report.

MS. EVANS: What's your question?

MS. MENTZER: I believe the number Iman stated was zero, but there were. I don't have the number in front of me, but there were licensed direct entry midwives for initial licensure.

MR. HICKS: We have 34 on the report.

MS. HARROD-OWUAMANA: It was before that.

MS. EVANS: Was that number submitted?

MS. MENTZER: Yes, that number was submitted.

MS. EVANS: That's something we can -

MR. MENTER: I just wanted to check to make sure that number was correct.

MS. EVANS: All right. So, can you find out right

now because I would like to be able to add that so that the Board can make a decision and approve it? So, can you find out right this minute? So, Monica is saying it's more.

MS. HARROD-OWUAMANA: It says zero.

MR. CONTI: Yeah, Page 14 at the bottom.

MS. EVANS: Just so you know the process, before any of the information is put in here Rhonda sends out an email to all those who have parts in this and ask them to provide her with the information, and then that's passed on to Iman. So, that's why I asked the question whether it was submitted. I just wanted to make sure we have all the program numbers.

MS. ROBIN HILL: I sent Iman an email asking her to update my credentials for me because it doesn't have my DNP on it.

MS. EVANS: Yes, she took it off the website.

MS. ROBIN HILL: Yes, it's not on the website either.

MS. EVANS: I will get that as well. That's my fault. I forgot to tell her.

MS. HAYWARD: I have a question.

MR. HICKS: So, we are going to table -

MS. EVANS: Dawne has a question.

MR. HICKS: I'm sorry.

MS. HAYWARD: Page 26, with the CMTs, I wonder where 49,000 of them are since none of this adds up to anywhere close to that. Assisted living, school health, DDA; if there's any idea of where all of these people are practicing.

MS. EVANS: What number are you speaking of?

MS. HAYWARD: 26, the medication technicians count.

MS. STEELE: What page are you looking at?

MS. HAYWARD: Page 26.

MS. HARROD-OWUAMANA: And what about them?

MS. HAYWARD: It states that there's 49,000 medication technicians, but if you add up these areas of service it doesn't come close to that. So, I was curious as to where they are functioning. They need to be delegated to, so.

MS. EVANS: So, those are -

MS. HARROD-OWUAMANA: Those are just medicine techs, they're probably CNAs.

MS. EVANS: There's more medicine techs outside of that?

MS. HARROD-OWUAMANA: Yes.

MS. EVANS: So, those numbers, just like the APRN numbers, for those specific areas that's included in the 49,000.

MS. HARROD-OWUAMANA: So, some med techs stand alone, they're not CNAs.

MS. HAYWARD: Right.

MS. HARROD-OWUAMANA: I think that's why that number is so high.

MS. HAYWARD: So, are they included with the CNAs as well, or not?

MS. HARROD-OWUAMANA: I think, like, these assisted living, school, DDA, and juvenile -

MS. EVANS: Those are for specific areas.

MS. HARROD-OWUAMANA: Yeah.

MS. EVANS: So, Rhonda is checking on that. Here she is. Go ahead, Monica.

MS. MENTZER: Iman?

MS. FARID: Yes, I'm here.

MS. MENTZER: For the fiscal year 2021, the licensed electrologists that were initial licenses were four, and there was one initial licensed electrology instructor.

MS. FARID: Okay.

MS. MENTZER: For the direct entry midwives, the initial licensed -

MS. EVANS: Wait, hold on. For the instructor, was that in 2021 or was that in fiscal year 2022?

MS. MENTZER: No, it was 2021.

MS. EVANS: What month, Monica, do you remember?

MS. MENTZER: I believe it was May.

MS. EVANS: May, okay. Go ahead.

MS. MENTZER: On licensed direct entry midwives, initial licensure was 6; renewals were zero.

MS. FARID: Okay.

MS. EVANS: Okay. So -

MS. MENTZER: It was 6. I think you had said that it was zero.

MS. EVANS: It was one.

MS. HARROD-OWUAMANA: Yeah, it was one.

MS. EVANS: It was one. So, Iman can you make those corrections, please?

MS. FARID: Yes.

MS. EVANS: Okay.

MR. HICKS: So, we are going to table this until we

get what we need to vote.

We will move onto the JCR report. Mark O'Neill?

MS. EVANS: I need to say something first. So, everyone, this is Mark O'Neill. Mark, you can step up to the table. I just wanted to tell you the purpose of Mark's report.

So, the legislators asked for the Board to do a workload and staffing adequacy. And the Budget Committee are concerned with the staffing levels at the Board and its ability to meet workload demands. This is a particular concern given the additional burdens placed on the Board during COVID-19 pandemic in its role moving forward in expanding the nursing workforce. The Budget Committee's requests that the Board of Nursing submit a report on the adequacy of the current staffing levels given the current workloads. A discussion of the Board's role in COVID-19 recovery and the further staffing needs that may arise in fulfilling this duty. In this the staffing shortages are identified. A discussion of opportunities to address these shortages.

So, this is another report that we have to give to OGA by September 1st for it to be presented to legislator in October 1st of 2021. Mark is a consultant - oh, Mark, I forgot

the company, I'm sorry.

MR. O'NEILL: Hagerty.

MS. EVANS: Thank you. And so, he's been with us since July 12th meeting with all key directors, our Board counsel, our Board president, past employees here that have a knowledge of the Board. So, Mark's going to present the executive summary of the Board. But he's done intense work, and it's been eye opening for me as well, and for things that we need to do to improve the Board. And so, I'm glad that we have an objective person come in to see the Board as it is, and what we can do moving forward to take it to the next level.

Mark, thank you for being here.

MR. O'NEILL: Absolutely. Thank you, Karen, for the invitation and, Gary, to address you today, and the Board members. I appreciate you having me in.

As Karen mentioned, I'm Mark O'Neill with Hagerty Consulting. It's a disaster response and management firm out of Illinois, which at first glance may seem kind of odd. You know, what's the disaster? Well, there is one. I found it over the last six weeks. It is serious. There's some things in this report that may be difficult to read. But thanks to Karen's

transparency, and really everyone on her staff, no one here has been off limits. I have been given really free reign to speak to whomever I wished, including recent retirees and former employees. Digging deep into the records, and going back really into the late '70s to kind of figure out what is going on here. What's happened? This did not happen overnight.

As Karen mentioned, the original charge on the JCR report was to really look at - it was just supposed to be at COVID, how was the Board of Nursing impacted by COVID? And, of course, you pull on the thread, the issues go far beyond COVID. COVID is almost footnote in terms of being an effective explanation for what's happened in guiding what needs to be done going forward.

So, with that said, I've been here with twenty nurses plusing up the staff here. So, I've been working on this specific project with the JCR in doing the interviews and doing the research. Meanwhile, twenty RNs on a separate contract that Hagerty is managing, staff nurses have come in from different parts of the country to work the backlog. You know, 10,000 emails in a box that have been sitting, and they have been whittling that down now to a much more manageable level. I

don't have the most recent stats, but they're pretty amazing. That's a real success story that the most pressing customer service issues have been addressed. So, we can at least have that fire put out for the moment, but if changes aren't made, we're going to find ourselves right back in another fire very soon. So, that's the team that's been with me. They are here through September 30th. This is the end of my sixth week, and I'm likely going to be moving on, you know, to a new project shortly.

This all came about, you know, through COVID. Hagerty had a contract with MEMA, the Maryland Emergency Management Agency. It's important to know the background here of how I even got here. It took a fair amount of effort. A lot of folks had to be in agreement just to get this done. So, MDH asked MEMA for resources due to COVID. They are the lead agent on all the COVID issues related to the State of Maryland, and had asked that I go here with Karen's invitation and permission, which is great, which she kindly gave and also allowed the twenty nurses to come in. They were offered generously by the Secretary to provide some assistance. So, that's the route that led me here today.

Karen mentioned that I'm objective, and I think that's true. I'm also a sympathetic objective individual. My grandmother was a nurse, my great-great aunt was the first registered nurse in my home county in Pennsylvania. So, this is a very personal project for me. I did my graduate work at Hopkins in healthcare finance management, and then was commissioned in the Navy as a patient administration officer at Bethesda Naval Hospital where I was actually mentored by one of the original CRNPs. So, I really learned bread and butter hospital management administration not from a hospital administrator but from a nurse - from a nurse practitioner, who is my dear friend to this day who is just incredibly talented. So, that's just some of the background. I've been in the private sector for the last fifteen or so years managing physician groups, being the CEO of groups answering to a board. So, I've been in the hot seat in the past. So, that's kind of where I'm coming from.

It's been a great run here. The people I've talked with, the culture here has really, what I can tell, has changed dramatically from where it was, certainly when Karen first arrived. Some of the executive summary notes goes into that.

You know, a lot of work has been done to get us to this point. As serious as things are today, they were infinitely worse a year ago and two years ago. So, things are on the upswing, but it's a very sensitive time. I'm kind of liking it to a patient who is still in great trouble, and then the nurse says, you know, the next 24 hours are critical determining which way things are going to go. I think the Board really finds itself at this inflection point. It's either going to crest and we're going to enter a new golden age. I think that's how good things could be, but it is also in grave danger of rolling back down the hill, and there's a big pit that Karen has kind of been trying to pull the entire organization out of. So, that's kind of the preface to the remarks.

You know, what did I find? Get to it, Mark, what did you find? So, a number of things, on Page 4, what ails the Board of Nursing the most is a workforce breakdown that sees too few employees running the highly complex organization with an enormous mission where finances are inadequate, chronic vacancies abound, and limited IT resources contribute to inefficiencies and poor service. So, this is all wrapped around, really, the Operations Division in the Board of Nursing

staff area; Fiscal, IT, and HR. Organizations fail when those three entities are lacking, and all three are in serious trouble here. So, that's where a lot of the resources have to be put to start turning this around.

But jumping back to the summary, the first page, you know, this report is supposed to be helpful, right? It isn't just here to throw stones and make accusations. The goal is to get you money and people to fix a lot of the issues here. So, to do that you have to tell a compelling story. What I found is that most folks, and again it's certainly the general public and even within the state government, it's certainly within MDH, they don't understand what you do here. They really don't know, or they know just a sliver. There's a lot of what they think they know. And I came in, of course as a former patient admin officer, I did a little bit of hospital credentialing work, right, just enough to be dangerous, and all I thought of was, of course, licensures and certifications, right? Well, that's just the tip of the iceberg here, right? There are kind of four big elements as to what goes on here, right? Licensure and certification being the first, and then the enormous amount of people, but second is this accountability and this enforcement

apparatus. I've tried to describe it as, you know, similar to a county government. It's really its own detective agency. You know, you police your own. This is the Board of peers. That's huge, huge missions with the internal affairs, in a sense, for the nursing profession. You're IAB. I don't thing that's understood, nor the fact that you really have this judiciary function, you're a courthouse. You're not funded as such, but yet that mission is being carried out. Then we move into education and exams, right? No other board or commission in Maryland has this education mission to certify every education program. It's simply massive. And there's one individual, one single person, who's certifying and accrediting all of the CNA programs in the State of Maryland. That's a crushing workload. It's impossible, frankly, for anybody to do that effectively. So, these are the stories that have to be told, right? There's a big political element to this so you have to have anecdotes that resonate. I just can't read dry statistics and expect that people will understand what's going on here. So, there's a storytelling element that you'll find in this report.

And then finally, legislative policy, right? Legislators are looking for guidance from you, and yet the

director of Legislative Affairs retired in December of 2019. The position has been vacant. That is, like, one of the four core services that you provide, and we have a key leader who's absent. So, you can kind of see it, and these are themes that are repeated over and over again for years on end.

So, first, people have to understand what you do. So, that's elicited in the first page. The second page, and this is where I think we have endless conflicts with MDH, is they want to for expediency to say, 'Well, what are the other boards doing?' 'What's going on with the other boards and commissions?' Well, it's really irrelevant because this board doesn't have any peers. Nobody is anywhere close to your size, and no one else has this enormous education mission. So, whatever, you know, the Board of Podiatry is doing with, you know, 550 podiatrists, I think statewide, really has nothing to offer you, right? So, we have to start to change the paradigm here that we're not going to get a lot of help or guidance based on what other boards are doing. So, that's important. Seventy percent of all health occupational professionals in this state, that's everybody; doctors, nurses, everybody. It happens right here. It's huge. So, you have no true peers.

Next, there's a lot of confusion because they changed the name in 1987 from the Board of Nurse Examiners, which is really who you are, right, versus the Board of Nursing Staff. So, people are using the terms interchangeably but they don't mean the same things. Like, you're adjudicating issues very well here, right? The Board, 95 percent what the Board does is related to nursing practice and policy. That part is going well. When things get here, they are being adjudicated. The business of the State is getting done, but that's not where the lion's share of the problem is, right? It's all over here, for the most part, in the staff in office, right? But that's not clearly understood partly because you both have the same name. There's The Board and then there's The Board of Nursing. Now, is that clear as mud? Especially for the people who are in charge of your fate, if they don't understand that or that's unclear then that's not helpful. So, understanding that piece is another element.

Why so much trouble, right? Why are the legislators only hearing about the Board of Nursing? Why is MDH only hearing complaints about the Board of Nursing, right, in recent years, right? Well, I got deep into the history. The Board

enjoyed an incredible period of stability from about 1981 through about 2007. You had an executive director here, Donna Dorsey, you know, a 35-year run for the Board. The Board was operating well. From 2007 to date is a very unstable period, right? We've had a succession of executive directors, Karen is the latest and will hopefully be here for some time to come, but came in following kind of a murderer's row of previous executive directors, and there's always that period of transition. There was an interim that was here for an entire year. This level of instability makes it very difficult to make fundamental changes. Meanwhile, this leadership, you know, revolving door was going on the things in the staff office are going downhill, right? So, that's basically what's happened. That's important to note.

So, I made ten key findings after these six weeks of interviews. I am going to start with the most important, and I think it's the one that has the most political resonance to get you the help that you need. You know, the Board really has two missions, right, to protect the public, preserve the profession, if you had to boil it down to just two things that you do. That's why it's all on one page. No one wants to read more that a page. No one will read more than a page to get you the help

that you need. Public safety is in jeopardy in the Investigation Department within the accountability. Enforcement Division, it's frightening. It's the scariest thing I saw here. Word about this has to get out. There are four levels of priority, right? The top one, we have 715 cases, Priority 1 cases where there is serious danger to the public. We have six investigators carrying 250 to 300 cases each. That's outrageous, and that's been going on for years. The managing for results data indicates that you haven't met the low-level basic standard for investigations for over five years. So, none of this is new information in this report, too. I didn't uncover anything that was kind of previously unknown. All of this was kind of here. It was just, how do you get it out of the Board, how do you get the people that can help in the know? So, that's got to be number one, right? Life and death issues come first. So, let's get that fixed. That is going to have to be a collaborative effort with MDH, with the PIN Committee, with HR, with DBM. This is not something that can fixed internally. The problems are so deep and so entrenched here, we have to build better relationships with other entities, we have to leverage the relationships that you have in the legislature with

individuals like Senator Eckhardt, a great advocate, to push for meaningful change. You know, the things that can be done are being done by Karen and Rhonda and the team here. There's some fabulous people here, but it's asking too much of them to make some of these fundamental changes.

The leadership structure that I found was disorganized, span of control for the executive director was too wide, and that's no reflection on Karen's leadership. You can be a fabulous leader, but if your span of control is too wide, if you have too many direct reports. Those of you who have been out in the field, you know, a dozen people all reporting directly is not a good fit. It's inefficient, it just slows down the leadership. They can't make the strategic directional changes that need to be made because they're in the weeds dealing with operations. So, we have a new work chart that's in the packet here. That's just one of the issues. So, reduce the span of control. We have people that are dual-hatted in really, really important roles that can't be dual-hatted. You can dual-hat somebody to do two smaller things. For instance, we have a deputy director, and Rhonda is dual-hatted in running the Accountability Division. You can't run a division, especially a

division as critical as Enforcement. And the deputy director, typically in an organization, is running the day-to-day operations. The executive director, Karen, is supposed to be outward facing. She's the one interfacing with the legislators, with the National State Board of State - what is it?

MS. EVANS: The National Conference for State Board of Nursing.

MR. O'NEILL: Thank you. These enterprises and organizations that are external dealing with Maryland Board of Nursing, the Maryland Hospital Association, that's where your executive director should be most of the time, right? She should only really be into the organization when Rhonda says, 'Hey, I've got an issue here that's serious enough and is rising to the level where you need to get involved.' But that's not happening according to the multiple interviews. I can understand why when you have multiple fires, there's no time to go have meetings in Annapolis, there's no time to advocate for nursing policy because you're just trying to keep getting the phones answered. We have 10,000 emails in a box. This is madness, right?

So, we've got a new org chart proposed and endorsed

by Karen that I think will make a big difference, but everybody's got to be disciplined and committed to abide by that, right? You have to staff. You can't have giant holes, which we have right now, at the top of the org chart, right?

Number three, I kind of opened with this, right, what ails the Board the most is the operations divisional breakdown. So, that needs its own investigation to see what's going on there and to make those kinds of changes. But that's critical because Karen can't operate without a Fiscal, IT, and HR department that's effective. And I'm here to tell you, that department has really been vacant, what looks like, for years. That's appalling, that's shocking, but that's the truth. There's nobody home in this entire division. So, that is in serious, serious need of attention.

Let's talk about fiscal policy. Iman touched on this regarding the fees. Not raising the fees since 2008? Just what we're going through in the last year with inflation, let alone with what's going on, and when it was raised in 2008 it wasn't even raised enough then. It was, like, $35.00 to get your registration in 1975, so adjusted for inflation it should have been about $140.00 charged when they raised in 2008. So,

we're $40.00 short just to keep up with inflation, not to actually increase it because there's a whole lot more nursing going on than 1975. Nurses are everywhere. Healthcare is the porch of the economy, it's enormous. So, even at the last increase, right, which was long before anybody was here in this room, you know, the business wasn't being taken care of. And that's important to know, and that's why I started with the history of going back this far. It's very easy to scapegoat either current board members or the current leaders or this particular director, but we are way, way beyond that. These are problems that go back at least a decade. Closer to fifteen years now would be more accurate. So, everybody should always kind of take a breath and keep in mind that it was a long way to get into this hole, it's going to take some time to get out. It's supremely unhelpful to, you know, look for blaming any current actors on the stage. We want to spend all our time working on getting out of this. So, that starts with, let's get the fee increased approved here at the Board level and get it moving through the process, right? And people said, politically, fees are going to be difficult. That's true. The Governor is pretty against raising fees, but we need to try. We

need to at least raise the issue and bring it forward and let MDH help advocate because, you know, rubber is going to meet the road. The whole fee-based policy, of course, didn't think about something like COVID where 40,000 people suddenly won't renew. But when you are fee-based, right, that puts your entire -- your entire revenue model is at risk. So, it works outside pandemics, it doesn't really work so well when your fee-based and people stop paying fees, and you weren't charging enough in fees even to begin with. That's why it's not just about COVID. Even if you didn't have COVID you would have a problem because you weren't raising enough money.

Number five, lets talk about the Board, right? I mentioned that you're doing really well. You are a nursing policy, and that's your main mission, but there's still a board and a staff. And this board is not really functioning the way most boards do. And Mike and I chatted about this offline, and it's not really in the Nurse Practice Act necessarily. You know, you really don't have a mechanism that's clear and clean as to what oversight you're really supposed to be providing, right? Normally, outside of here boards provide, you know, fiscal oversight, resources oversight, and provide a broad

strategic direction and hire and monitor the executive director. So, that piece is being done, but the other three, it's pretty thin because most of your time is spent on these policy issues. So, this is not so much a criticism, it's just the whole way its structured really needs to be taken a look at, right? So, it would help for the staff to have a board that's more engaged. And maybe that looks like just forming an operations committee, you know, where members here who have governance experience. Not everybody - most of the Board - everybody on the Board is a subject matter of expert in nursing, right, because again, that's your main mission. But for those of you who have dual experience, either serving on boards, answering to a board at that level, that might be helpful to carve out those individuals for an operations committee to give the staff the greater integration there, right? So, that's something to think about.

Number six, a communication initiative is desperately needed. The Board isn't communicating. This story that I've just told is compelling, right? This incredible mission, it's so important, right, getting the, you know, dangerous or incompetent nurses out of practice, making sure programs are current, and training the best and the brightest.

It's a huge important mission. That story should be told. You know, people don't know it. If people don't know it that's not their fault for not knowing, right? That's your fault. You forgot telling the story, so that has to be addressed. And it just isn't one element, right? The website tells a terrible story, right? Some of the staff here answering the phones are not particularly serviced oriented. Now, Karen's done a lot to change that, and it takes years to change it. The depth of the culture problem here, and this was echoed by multiple people, where about up to half, certainly not less than 40 percent of the staff was really toxic. People had been hired here that should not have ever been hired because the HR mechanism was broken, right? Once people get in it's very hard to get people out. So, it does take, literally, years to change a culture, and that's across any state agency, that's not just here. So, Karen is, you know, almost four years into that effort, and that's why I say that we're at this critical moment. Because wonderful people have been brought in, but it's taken that long just to clear out some bad actors and then to recruit some wonderful people. Wonderful people don't stay if they're surrounded by toxic people, so that's where the really tricky

part is, right? And it's Karen's leadership, people have joined here because they like her vision, right, and the vision that Rhonda brings, right, which is alignment with Karen's. People want to be a part of that but they're only going to say so long unless they see that things are moving in the right direction. So, this is a very critical point, the website.

The lack of a call center, right? Part of the reason that we have 10,000 emails in a box is that staff don't have time to answer emails or to answer the phone. Any time they do, they have to stop working, right? So, that's a chronic problem, right? A call center with a well-trained core team to triage all those calls so the operation staff can actually do their jobs, you know, the work that needs to be done is critical.

Iman talked about the reduction in the number of PINs, right? There's fewer PIN positions here than there was in 2011 despite there being dramatically more work going on in every department. So, there's a complete disconnect, right? And again, that story is not being effectively communicated up the chain.

Improperly classified roles, this isn't just the

lack of positions, right? We have people - vacancies we need to feel, and then we have bad actors that need to be removed. The way people are in positions, they are just improperly classified, so they're getting low even though they deserve to be paid more, and then we have a retention issue because good people will leave. You can go to the Board of Physicians where they have a totally different classification system because they leverage their political chops to get some things done. That needs to be done here, right?

Number eight, update the strategic goals. This really tells the story, right? The strategic goals haven't been updated since 2014. Who provides strategic leadership? The Board? The executive director? What have they been doing? They've been trying to keep the place open for that long in terms of just meeting fundamental service standards. That's what they've been busy doing. So, part of this fixing these HR problems will allow your leaders to actually lead once they don't have to be putting out fires 24/7. And then COVID came in the midst of this which was, you know, certainly disruptive. But again, this goes way beyond just the past year. Let's get back. And goals can get people excited. Karen has a wonderful

vision that she's been sharing. Her senior leaders get it, but that needs to be communicated out to the whole staff. They need to see these goals, the public needs to see them, right?

Then in number nine, this issue of the 40,000 non-renewals. So, this kind of gets to the heart of the JCR question: How has COVID impacted the Board of Nursing? It speaks to the severity of the nursing shortage and COVID, right? The number of people who just left the profession, yeah, some places had nursing shortages but a lot of elected folks, right, things closed up. ASCs weren't doing elective positions, people just left the profession, but we don't really know why. But why is it 40,000? So, we have to figure that out. But it exposes the vulnerability of the budget model and that's a real problem when you're
fee-based. A vast number of individuals will decline to pay, the solvency of the Boards in jeopardy.

And ten, this is a long-term goal but it has to be at least on the radar. The Nurse Practice Act itself is a cause of considerable gridlock that we've seen over this last ten years, right? It's not MBON's fault, it's not MDH's fault, it's not the Board's fault. The Act itself has serious deficiencies.

I am sure it worked great in 1904, you know, and maybe it was great through the '60s. It is failing you dramatically at this point. One of the examples, I think, Mike pointed out is Section 1.203, "The Secretary of Health has no authority over plans, proposals, and projects of the Board. He has no authority to transfer staff." It's certainly clear who isn't in charge, right? That part is not in doubt. The part is, who is in charge then? Who is really driving the ship here? And that ambiguity is causing chaos and it's going to continue unless this is remedied. That's going to take a bill. That's going to take your advocates to come together. It's a great time to do it though, because it exposes this weakness and it relates to a lot of other things. Now is a great time. This is just one of the problems that you have. What a better time to form a task force with Mike, Gary, Karen, senators who are sympathetic and are in the know and many whom are aware of these longs. They were even tired of phone calls from constituents so they have a reason. The timing could be perfect to really do something that is kind of bold and daring here, like taking a stab at some serious revisions of the Nurse Practice Act as it relates to where this Board fits in because you need a mechanism, too. And

it's unclear on how you're really supposed to relate to the Board staff, the office that's doing the work, that prepares everything for you to adjudicate.

So anyway, there are ten recommendations. You guys can read those on your own time, but I wanted to just go through the ten findings. Yeah, there's levels of seriousness here. I started with most serious and kind of worked our way done. It's an exciting time to be here. I would love to be a part of what Karen's building long-term. Obviously, I was candid with you, and again, not to beat you up, but because it deserves a candid discussion. For all the problems that are here, there's a tremendously positive vision that's been presented. There's great work that's being done. It's so close, but yet it's a sensitive time, right? It can go either way. So, there's more in here in the report. You can leaf through it.

There's a new board chart, and I will just jump back to this. In green, it's in green because this is our greenhouse for leaders, right? This is your manager, right? These are your department heads, right? Again, everybody's so busy putting out fires, leaders aren't being grown in the staff offices. Accountability, which deals the most with the Board,

right, has, like, one person, one subject matter expert in every division with no bench. No one is being developed and that is what's so scary. When I talk about, 'Why are you so close to the edge?' Because people give up and key people leave, you could actually see collapse of entire divisions at the Board. So, that's why I say that it could go either way. It could be the greatest time. It could be back to a golden era with Donna Dorsey, or we could roll right back down the hill and be even in worse shape than we've been before Karen arrived. That's how serious it is. So, we've got to start by developing leaders. Again, if we go with this, this element, have Karen get exterior facing. She's going this way, and Rhonda is mostly one way going down, right, dealing with the organization day-to-day, and then we're growing leaders down here so that it's not a crisis every time somebody leaves, which is just what we have right now.

MS. EVANS: Mark, can you go over as far as Key Recommendations, Number 5, the HR piece. I think it's Number 5.

MR. O'NEILL: Which page, Karen?

MS. EVANS: Page 5.

MR. O'NEILL: Page 5, okay. Which one?

MS. EVANS: Number 5 on Page 5.

MR. O'NEILL: Okay. So, the Board has a number of great reports. This is something that was striking to me. I am glad you pointed this out. Great reports are not a problem for the Board, right? Identifying what the issues are, not a problem. That's not a -

MS. EVANS: Hold on for one second, Mark, please. Karen passed it out. She didn't give you all one? Hold on. Hold on for one second.

MR. O'NEILL: That's fine. I would be happy to take any questions in the interim.

MS. HARROD-OWUAMANA: So, what was the great parts about the Board that really stuck out?

MR. O'NEILL: The positive culture among the leaders. The key leaders that are here now will include Karen, Rhonda, Dr. Green, an incredible resource here and fortunate to have, basically the dean on the staff here, but again, she's only be here as long as this stays together; Dr. Forbes-Scott in Education; Dr. Ava Williams running Licensure; Millicent, the new Director of Operations is very strong. There's some real superstars here.

MS. HARROD-OWUAMANA: So, I'm going to the other part of the spectrum. What was some of the complaints from the employees?

MR. O'NEILL: Again, I focused on leadership here. So, I interviewed down to the manager and department head level. I did not get into, kind of, line staff. That's kind of a separate issue. Again, I think as you correct a lot of the problems up here there's going to be a swing effect down the other side.

MS. HARROD-OWUAMANA: Do you have any projection on how - should it be done in phases, or?

MR. O'NEILL: Yes, from the top. Fix and get these holes filled, right? So, we got to get Rhonda Scott replaced as the head of the Enforcement Division, right? So, that is urgent. Because if we really want to implement this org chart, which I think is absolutely critical. That can't be done, she can't run the organization day-to-day if she's running a line division. That's unfair, it's unworkable, it's too much work for anybody. Burn out is real, and you will burn out your bright lights if things continue to operate that way. These key fills will have a huge downstream impact because your leaders

are going to be able to mean and they are going to be able to manage people. People management has been very poor here because "I don't have time to do a lot of performance evaluations." "I don't have time to kind of mold you as a leader because 300 emails just came in, so our meeting for today is cancelled because the phone is ringing." This is going on all over, and then people leave again downstream.
So, we start to fix that up there.

MS. HARROD-OWUAMANA: I heard you talk about a call center. What would be the ideal type of call center or suggestion of a call center that would work in this type of operation?

MR. O'NEILL: You don't need, like, a massive phone bank, but we do need some key people who are knowledgeable in these various areas and have a good sense of what's going on. Again, a lot of the questions are the same that people are asking. So, get some key people trained up so that the phone isn't ringing at the desk of the person actually doing what they want to get done. Like, "Why aren't you getting my licensed renewed right now?" "Well, actually I was working on it right now but I had to stop, you know, to take these five phone

calls." So, then I'm further back. And now there's another five people calling, right? That's the idea behind it, I think, is that we get a small group to triage those calls. There's no triage being done. They are going to a voice mailbox, and they're getting angry.

MS. EVANS: And also, the timing of vendors is another question. Since the beginning of June, I've been asking for more trunks for phones because we don't have enough phone lines right now to serve the customers we currently have. So, what happens is not only do the external customers have problems calling in, we have problems calling out and calling each other in-house because we don't have enough trunks. So, since June, I've put in a request to Verizon. It is now August, the end of August. And we have another company, NEC, who can't move forward. Their part is done. They can't move forward with the phones until Verizon does its part.

MR. O'NEILL: But is multi-factorial. Even if we get the phones, even if we have the best phones in the world, we don't have people to answer them.

MS. EVANS: Correct.

MR. O'NEILL: It doesn't matter. The Board staff

have been dealing with an intractable, like 25 percent vacancy rate. It just never seems to get below 25 percent. Now, what enterprise is going to be effective if I take a quarter of the workforce away consistently? I am consistently going to ask you to do more work with 25 percent. And even if you had all that staff, that's likely inadequate, right? And it doesn't account for people still taking vacation, they still get sick.

MS. ROBIN HILL: How are you going to pay this 25 percent when we're already in the red?

MR. O'NEILL: That's right. Yeah, it's a train wreck now. You have multiple problems, which is why I've suggested MDH, that certainly on the HR front, it's so horrendous at this point. The State systems are built for the normal functioning of business, right? I'm here to fill routine vacancies, you know? Joe retired, we need to find a new person. It's not meant for 25 percent of an agency gone, right? And then there's a hiring freeze. So, they approved, like, two positions last month for all boards and commissions to fill vacancies. So, there's - it's going to require a very senior - there has to be a commitment at the top with Secretary Brinkley and Secretary Schrader to say this is a priority for us, we're

forming a joint task force with the people who are empowered to pull the trigger to do these hiring actions, because that's how bad it is. I normally wouldn't recommend that, but this is a special case. You are never going to get out of it. We were doing the normal and we can't seem to get above 25 percent vacancies, and that's at best. At times it's gone even higher.

MR. HICKS: Dr. Raymond?

MR. RAYMOND: Mark, thank you for this very detailed, illuminating, and validating report for Board recommendations. It's vey much appreciated. I have a couple of questions, and an observation about the org chart. So, one of the observations I had about the Board and something that I think is missing in it. Maybe some of it you saw as well and just chose not to put in the report, is the lack of the ability to utilize analytics at the leadership level because we don't really have a good handle on statistical analysis with the Board when we are looking in terms of data streams. I don't see that capability in this Board structure or any type of reporting mechanism to help Karen or the senior leaders in this org structure and use data analytics to help drive decision making or even strategic direction.

So, that's one thing that I would recommend from the Board's perspective in thinking about and moving forward and looking at how this can be restructured.

MR. O'NEILL: Let me just respond to that. You see there's two shaded little blocks here. These are kind of the aspirational departments, departments that don't currently exist but probably should, right? One is the call center and the other is Compliance. I think you could change the name, but the Compliance Division ideally would be the ones that are working on all these great reports that have been written, and give you the data feeding that back. Who's that mechanism? It can't all just be the executive director because she can't be the only line here. But this group, you know, Iman does that a little bit on the Legislative side. She's out there working in that realm. But in terms of the data, the vision that Karen and Rhonda and I discussed with this Compliance Office - again, it's not a dozen people, but a couple of key analysts, someone with a good command of the data and the IT system. So, it's perfectly positioned under Operations because it's going to touch on all three functional divisions. But your point is well taken, that is a need.

MR. RAYMOND: That relates to the second question I have, which is, given the weight and gravity of the fiscal impact to the Board's organizations and constituents. I'm curious as to why your recommendation or why we're looking at this with the fiscal component reporting up to a director of operations and putting that on equal footing with the rest of that level of leadership rather than pulling the fiscal responsibility out like you would see in other organizations and having something similar to a chief financial officer reporting directly to the executive director.

MR. O'NEILL: That's a very good point. This is kind of based along the lines of what is here now, but that's an interesting thought. It's basically creating a CFO role that's just focused on the financials, generating revenue, and spending.

MR. RAYMOND: Because in my mind I think you could pull the fiscal and the compliance data analytics out, and then that removes bias from the other departments and creates the separate governance component that Karen could have a direct oversight over.

MR. O'NEILL: I think that's a strong recommendation

that would make a lot of sense. Again, we got to get a PIN for that role, but I think long term - this chart is also a little bit aspirational, too.

MS. EVANS: I think it's something we can add.

MR. O'NEILL: Absolutely.

MS. EVANS: Because that's what we're striving for.

MR. O'NEILL: That's the kind of communication, this healthy dialogue with the Board, sees some things and says, 'You know, have you thought about this.' 'Have you thought about that?' That kind of a culture of communication on the ops, I know you do it on policy which is why things work so well, I think, on the nursing policy realm, but that's kind of fluid engagement that I think would really help Karen and Rhonda going forward, right?

MS. DILLON: Does your company or the companies stick around to see this carry out? Do you make suggestions and then after six months you're like, "Good luck."?

MR. O'NEILL: No. This is a long term -- one of the things that shocked me when I came here and started digging, because I was finding really well written great reports going back to 2010, the Sunset Evaluation. And then I found another

one from an independent, third party, Management Advisors International, the MAGI report that they did in 2013. There's multiple reports that are available, none of which relate - there's no evidence of any of them being implemented. Your point is well taken, that's where the stumbling block has been. It's not been the Board's inability of recognizing that it has a problem. No, there's been recognition of these problems, right? No one's denying it. Again, Karen was amazingly transparent. Her staff, I didn't hear, 'Hey, I don't know why you're here, things are great.' I didn't hear that from anybody, right? They were validating what was in these previous reports with this implementation piece. That was another part of the suggestion for the Compliance Division is, who is actually going to implement these suggestions? It can't be the Ops staff that already, you know, can't answer the emails or the phone. And that has been the expectation, is they write a great report and drop it off with a harried staff, and yeah, 'Let us know how it turns out.' It's crazy. So, they either need to hire - do a contract just to bring in consultants who will do nothing but implement the last ten years of reports, build some of those things are missing, like a finance department, and things that

need to be kind of put on a different level or identify some other individual, create a position for that person. That would be another to do it if you don't want to hire a consulting agency. They would have to stay on the ground for at least three months, probably closer to six, to really make sure that this is implemented. It's going to take some time, but, yeah. If they don't do that then this is just the next fancy binder to place on the shelf, you know.

MS. DILLON: This may be a question for everybody, how do we get - I mean, it's been years, how do we get help? I mean, I know you have to contact these offices and these persons that seem intangible. But this is concerning, how do we make it happen? Whose door do we knock on? What letter do we write? This is concerning.

MS. HAYWARD: Who of significance sees this next? Where does it go? How does it get there?

MS. DILLON: I know the Governor's Office is busy.

MS. EVANS: Senator Eckhardt is very concerned, which is why she asked for the workload study to be completed. She is willing to assist in whatever manner in getting the other legislators onboard so that the Board of Nursing can succeed.

I'm sure nursing organizations, MNA and others, can provide support, but we also need support from downtown. We need support from Secretary Schrader on the Department of Health's side, and we need assistance from Secretary Brinkley from the DBM side.

MR. O'NEILL: Part of the tricky part is that you don't want to lose your independence, right?

MS. EVANS: Correct.

MR. O'NEILL: You are independent in nursing policy, right? You don't MDH overriding decisions that you're making regarding the nursing practice in Maryland, but you also don't want so much independence. And this is, I think, part of the problem is that when MDH says you have these operational issues over here, you know, 'You're an independent board.' And it says in the Act, Secretary has no authority over plans, projects, 'So, why are you coming to me for help?' You know, and that's not a dig on him, that's the way the law is written. Do you see what I mean? So, you have two entities.

MS. EVANS: So, part of that would be writing regulation, or really statute at this point similar to what the Board of Physicians has as far as financial, as far as setting

their own classifications, setting up training for their staff biannually, having retreats, that's also critical in order to groom our individuals. The Practice Act is a problem.

MS. DILLON: I'm just referring to them, the very important basic things done, like the staffing, the 25 percent, you know, the vacancies.

MS. EVANS: Well, part of the problem is as all of you know is that my executive assistant left in April of 2021. My new executive assistant will be coming in September. It's taken all that time, including me calling down to DBM, calling HR. I can't tell you what I went through just to get a new executive assistant. Do you know how many - I can't tell you how many emails that I have right now that I'm not used to having, on top of COVID, and this is not just for my position. The fiscal manager, Tyera left almost a year ago, and we're still looking for that person. We're finally get interviews. The length of time it takes for us to put in a request to recruit, as Mark stated, they only approved two people for all of the boards, all 23 of us, each month which increases the delay. Then we have to wait till it's posted, which may take two weeks after they made the decision to give the PIN. After

that then it's posted depending on the position, anywhere from two to four weeks. After that they need to look at the qualifications of everyone, that's a three-week process. And then we get the names, and by that time a lot of people who we would like to interview have already found a job. And then a lot of those individuals, for instance for the nurse consulting role, they gave us someone who was - their education was Kiddie Care Academy, that's it, not a nurse. Kiddie Care Academy because that person had education. No, no, no, especially when the qualifications we put in, preferably Ph.D., has to have an MSN.

So, that's the struggle. And then once you do that, if you want to give them something above a certain salary - what is it, an 8 or a 9? Then we have to write why this person is more qualified to everybody on the list, which could be anywhere from three people to thirty, why this person is more qualified, and did we exhaust the list for that.

MS. O'NEILL: That would be a lot to do if you just had one vacancy let alone this many. You can't, because who's writing that up, if they expect someone to write it, who?

MS. EVANS: So, that is usually Rhonda and myself

who has to write it.

MR. HICKS: I think, also, over the last couple of months, I guess it's been a couple of months now, with our weekly calls with MDH in terms of looking at this big number of folks, you know, 40,000. I think at one point we were at 78,000 that had not been renewed. You know, that was one of the focuses that we were looking at, but also looking at how the issues that MDH is hearing, you know, the calls at the Secretary's Office, the Governor's Office is getting. You know, so we kind of were massaging out a couple of different things. So, I think MDH, at least, and the Secretary, at least, started to see a little bit of a light through the tunnel, not the big light through the tunnel but a little bit in terms of the staffing concerns which help bring in this number of folks to get the emails down, to get the phone calls down. And we were able to provide them with data to show, 'Look, since you've brought all these people in to help us, look how these numbers have dropped,' which kind of supports Mark's report of the need for all of these vacancies to be filled and these PINs need to be reissued, or whatever.

So, I think they have just on the tip of their

tongues a little bit of the flavor of what is coming their way in terms of this report. We still have a long way to go. The Secretary is aware, I think, of these issues. And so, you know, we will keep moving forward as much as we can in terms of trying to get the needs filled. But it's going to take, obviously, Mark's report, and I want to thank Mark for all of his work over the last couple of weeks. It's really been a benefit of having him here to open up Pandora's box again. Because we've had Pandora's box opened before and closed, and now it's back open. So, to Mark's point, it will be very interesting to see whether we close the box again, or how that box looks moving down the road.

MR. O'NEILL: Yeah, the report will go to the Secretary. It's great that he is interested. The fact that he did send twenty nurses and myself here indicates a greater than average interest in what's happening.

MR. HICKS: And he, I believe, is really - I think he's eager to see this report. You know, it's not just going to be another packet that comes across his desk. But I think from the standpoint of calls to the Governor's Office, the pressure is being put on the Secretary from the Governor's Office. I

think he really wants to eat this report and digest it very well and come up with the resolutions that we need to make the Board successful.

So, I think we're in a different place. I hope we're in a different place than we have been perhaps previously because the Secretary is there, you know, kind of waiting.

MS. RAYMOND: There is a term that we should rest on, which is, you never waste a good crisis.

MR. HICKS: Right.

MR. RAYMOND: We are in the middle of a pretty significant crisis coming, you know, still independent. I think that this pandemic has highlighted the need to have a high-functioning, well-oiled, and well-funded licensing board. In the past when this has come up, we have not had a similar crisis to help fuel the fire. I think Mark's point is well taken, we're in a different place now for this report to be illuminated onto those decision makers that can help us out, so we should take advantage of that.

MR. HICKS: Yeah, and I think the other good thing that Mark had put in his report is, you know, really about the fact that we are different than all the other boards. We do a

lot more than the other boards do.

MR. O'NEILL: Which is not generally understood.

MR. HICKS: Right. And so, you can't compare us to the Board of Podiatry. We are nowhere in that lane. And so, sometimes we've heard that from the Governor's Office or the Secretary's Office, 'Well, the Board of X, how can they do this but you guys can't?' 'Why are you so much in the red, but the Board of Podiatrists seem to be doing well?' So, you know, there's a big difference there.

MR. O'NEILL: Right. It is really written for a legislator, as this is not written for an expert. There needs to be more expertise. There needs to bean counters and analytical individuals to come in and they can dive in different parts of this report. I didn't go into every element, there's more details in the ladder pages that do a little bit of a deeper dive into some of the issues, but all these deserve. Again, if you request a Sunset Review, which is your right under the Maryland Act. They typically come out every ten years. There hasn't been one since 2010. The State sends internal experts and consultants to go in and analyze and do more analyses. This at least elucidates the larger themes, you know,

of what's going on.

So, it was absolutely my pleasure. Karen knows how to reach me if you have any follow-ups or, you know, kind of, 'Oh, by the way,' or if you have questions that come up. I'm happy to take those and answer them at any time.

MS. HAYWARD: One observation I wanted to make is, that you seemed like, with this report, that you had a lot of compassion for our constituents and a fairness in the report. I think being able to show some good with the bad may make it more palatable as well. I think you were the right person.

MR. HICKS: Any other questions or comments?

(No questions posed)

MR. HICKS: All right. Thank you very much, Mark, for all your work.

MR. O'NEILL: Thank you.

MR. HICKS: All right, we will move down to the Direct Entry Midwives. Monica?

MS. MENTZER: Yes, I have two items to report. We will start with 8A.1. This is the continuing education approval for renewal of an electrologist license for Mary Ellen E. Ebersole, LE. Her license number is E01074.

Pursuant to the duties and powers in the Annotated Code of Maryland, Health Occupations Article Title 8, Subtitle 8-6(b), Electrologist; Sections 8-6(b)06 and 8-6(b)-14(d)1 to 4 and (e) and (f), the Electrologist Practice Committee has reviewed the completed renewal application and supporting documentation for Mary Ellen Ebersole, LE, E01074. And at their meeting on August 11th, the Committee recommends to the Board that the Board accept the renewal education with continuing education units of at least 20 CEUs for the renewal of Mary Ellen Ebersole, E01074 as meeting requirements in the Code of Maryland Regulations, Title 10, Subtitle 53, Chapter 4, Continuing Education, specifically COMAR 10.53.04.01 through COMAR 10.53.04.04.

MR. HICKS: Motion to approve the committee's recommendation to accept the renewal application and CEUs for renewal for Mary Ellen Ebersole?

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

MR. HICKS: Dr. Robin Hill.

MS. HAYWARD: Second, Hayward.

MR. HICKS: Hayward. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. MENTZER: Moving on to A2. The renewal application of Colette E. Higgins, LE, License Number E01460.

Pursuant to the duties and powers in the Annotated Code of Maryland and Title 8, Subtitle 8-6(b), Electrologist, Section 8-6(b)06; 8-6(b)-14(d)1 to 4(e) and (f), the Electrologist Practice Committee, at their meeting on August 11, 2021 has reviewed that the requirement for at least twenty CEUs for Colette Higgins meets the requirements in the Code of Maryland Regulations, specifically COMAR 10.53.04.01 through COMAR 53.04.04.

MR. HICKS: All right. Motion to accept the committee's recommendation to accept the renewal application and CEUs for renewal for Colette Higgins?

MS. DILLON: So moved, Dillon.

MR. HICKS: Dillon.

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

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

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. MENTZER: Moving on to A3. Khloud A Houri, license electrologist, License Number E01462. Pursuant to the duties and powers in the Annotated Code of Maryland, Health Occupations Article Title 8, Subtitle 8-6(b), Electrologist; Section 8-6(b)06 and 8-6(b)14(d) 1 to 4(e) and (f), the Electrology Practice Committee, at their meeting on August 11th has reviewed the supporting documentation meeting the requirements of at least twenty CEUs for the renewal of Khloud, and it's spelled, K-H-L-O-U-D; A. Houri; H-O-U-R-I, licensed electrologist, License Number E01462 as meeting all of the requirements in the COMAR, specifically 10.53.04.01 through COMAR 10.53.04.04.

MR. HICKS: Motion to accept the committee's recommendation to accept the renewal application and CEUs for renewal on Khloud Houri?

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

MR. HICKS: Dr. Robin Hill.

MS. DILLON: Second, Dillon.

MR. HICKS: Dillon. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. MENTZER: A4 is Rosemarie Miller. Pursuant to duties and powers in the Annotated Code of Maryland, Health Occupations Article, Title 8, Subtitle 8-6(b), Electrologist, Section 8-6(b)06 and 8-6(b)14(d)1 to 4(e) and (f), the Electrology Practice Committee, at their committee meeting on August 11, 2021, has reviewed the supporting documentation for Rosemarie Miller, LE, and requests to the Board to accept the renewal application and documentation of CEUs as required in COMAR 10.53.04.01 through 10.53.04.04.

MR. HICKS: All right. Motion to accept the committee's recommendation to accept the renewal application and CEUs for renewal for Rosemarie Miller?

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

MR. HICKS: Dr. Robin Hill.

MS. DILLON: Second, Dillon.

MR. HICKS: Dillon. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. MENTZER: And then one more, 8-A5, Ruthann L. (Fran) O'Malley, licensed electrologist, E01270. Pursuant to duties and powers in the Annotated Code of Maryland, Health Occupations Article, Title 8, Subtitle 8-6(b), Section 8-6(b)06, and 8-6(b)-14(d)1 to 4, and (e) and (f), the Electrologist Practice Committee recommends to the Board that they reviewed the requirements as meeting at least twenty CEUs for the renewal of Ruthann L. (Fran) O'Malley, licensed electrologist, specifically meeting COMAR 10.53.04.01 through 10.53.04.04.

MR. HICKS: Motion to accept the committee's recommendation to accept the renewal application and CEUs for renewal of Ruthann O'Malley.

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

MR. HICKS: Gibbons-Baker.

MS. STEELE: Second, Steele.

MR. HICKS: Steele. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. MENTZER: And then for the direct entry midwives, I do have an FYI for the Board. I did receive a letter from one of the delegates, Delegate Kelly, and they requested that the direct entry midwives come together. And they've had meetings on July 23rd, August 6th, and August 20th to discuss with stakeholders, who were invited to the meetings. Some of the questions that Dr. Kelly specifically wanted addressed in relation to House Bill 1032 of the 2021 Legislative Session that did not pass that they possibly be reintroduced in the 2022 Legislative Session. So, the committee has met three additional times to look at the specific areas that are to be included in their report with recommendations to the Board next month. And then that report after the Board reviews it would go on to the Maryland General Assembly.

MR. HICKS: Okay.

MS. MENTZER: But we do, because we had these extra meetings, we do have an extra applicant that was reviewed. So, 9B.1 is Morgan A. Hughes. The application has been reviewed at

the August 20, 2021 by the Direct Entry Midwife Advisory Committee for initial licensure to practice direct entry midwifery in Maryland for Morgan A. Hughes, and finds that the applicant meets the minimum regulatory requirements in COMAR, Title 10, Subtitle 64, Chapter 01, specifically Regulations 10.64.01.15 and 10.64.01.16 for initial licensure as a direct entry midwife in Maryland.

MR. HICKS: Motion to accept the recommendation to approve Morgan Hughes to practice as a direct entry midwife?

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

MR. HICKS: Gibbons-Baker.

MS. STEELE: Second, Steele.

MR. HICKS: Steele. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

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

MS. MENTZER: Thank you.

MR. HICKS: There are no Quarterly Reports, so we will move down to 10, Other.

Barbara Jacobs, are you online?

MS. JACOBS: Yes, I am here.

MR. HICKS: I give you the floor.

MS. JACOBS: I am the chief officer at Anne Arundel Medical Center, and want you all to know how much we appreciate the work that you all are doing. I am confident that you could rally supporting the chief concern I have. What my request is, as we have all been talking, and as you know many of the hospitals around here are trying to staff and manage the volumes of vacancies we have. One of the things that we are doing is everyone is taking increasing numbers of new graduates to try to fill the vacancies, and we are seeing increases in those new graduates in failing their boards. What we found very helpful during the Governor's Emergency Order, we were allowed to use them as patient care technicians, which allowed them to continue to get experience at the bedside while they waited to take their boards. Now with the end of the order we will not be allowed to let them to do that. So, we're asking if there is any way that there could be a consideration that a student - a young person who graduates would be allowed to continue to practice as a nursing assistant, even if you want to put a timeframe on it. You will find for CNA certifications it takes too long. If you

have to put a time limit on that like six months or whatever, but it would greatly help the hospitals. So, we are asking for that stipulation. There were many other CNOs who supported, but we just could not - I definitely wanted to go to the meeting because I wanted to make sure you got this message across. But we just wanted to know if you would be supportive of this because we are trying to manage through this difficult time.

MR. HICKS: So, thank you, Ms. Jacobs, for your delivery there. The challenge that we have, or the issue that we have is that during the Governor's Executive Order we were able to do things outside of what the Practice Act defines, right?

MS. JACOBS: Right.

MR. HICKS: And so, we were able to use, like this particular scenario, those that were unsuccessful with their boards, we were able utilize for long-term CNAs or whatever role or capacity a hospital saw fit. However, unfortunately, because the Governor's Order has expired that requires us to go back into what the regulations and what the COMAR states. So, we have to follow those rules that are outlined by the regulation. So, with that being said, that means that those that were

unsuccessful with the boards, which is really the issue that they were unsuccessful with the boards, are not able to be extended to CNAs if they don't currently hold a certification as a CNA. So, we as a Board, unfortunately, we cannot change that regulation because that is statute. And so, we have to follow what the regulations currently have in them.

MS. JACOBS: How do we change the COMAR regs? Because that's what I'm saying, we need to get COMAR regs changed.

MR. HICKS: Right. So, that would require a whole legislative piece that we would have to propose new legislation, new COMAR regulations, and go through that process. So, we would have to rewrite the COMAR regs compared to what they are currently, which would then need to go through the legislative process for voting and approval and adoption.

MS. JACOBS: Well, it certainly is something that we've been dealing with critically in the hospitals. If there is some way that you can help us regarding this because we are just hurting ourselves right now. I just want to pass that along that we have to not let the Board fall to pieces.

MS. HICKS: Yeah, so, I guess, you know, my

recommendation to you would be if this is something that your group, which is probably your CNO groups in the state, if there is some type of organization that gets all of you together. If you realize that this is a problem that needs to be addressed, then perhaps we can kind of go offline and get with your group to talk about what that legislative process looks like to change the regs. But unfortunately, we're not able to offer an extension or change in regulation or COMAR because we do have to follow the regulations.

MS. JACOBS: I know the Monal group would write something for us to take up there and deliver.

MR. HICKS: The Monal group would be the ideal, if they realize that this is a problem that needs to be addressed. But just know that it does take time, this is not something that, you know, would occur rapidly. It may not ever occur in one Legislative Session if, you know, it's not voted on or whatever. So, just know that it won't happen overnight.

Mr. Neustadt?

MR. NEUSTADT: The previous edict that just expired, was that a legislative edict or was that from the Governor's Office because of COVID.

MR. CONTI: It was a Governor's Executive Order. Under his emergency powers, his statutory emergency powers, he was able to issue executive orders that permitted various state agencies to waive certain provisions of their statute or regulations in order to achieve an increase in the workforce. So, now that those have expired each of those state agencies has to revert back to all of the statutes.

MR. NEUSTADT: I understand that. Can an edict be given again? Can an emergency thing - I mean, COVID is rising, the hospitals are short of people, can that be - you know, the reason an edict was done before was because they didn't have time to go through the legislative process. There are people dying, and why can't this be, you know, attempted again?

MR. HICKS: It really is the Governor's call, you know?

MR. NEUSTADT: Yeah.

MR. HICKS: I mean, he's monitoring that and, you know, it will be up to him to say whether he feels the state is in such a dire need to have another executive order issued. But, you know, it's in his hands.

MR. NEUSTADT: But who goes to the governor to

request this? How does that take place?

MR. HICKS: So, I think he has folks under him that are monitoring these healthcare crises that we're seeing within the state. They report up to him and then he makes that ultimate decision. I'm sure that any constituent or any citizen in the state could actually, perhaps, write to him or call him. I don't know how much weight that has in terms of - because when he makes those orders it has significant impact. So, they are just not something that they flip the switch and say, 'Yep, we're going to create an executive order now.'

MR. NEUSTADT: I understand that.

MR. HICKS: And I think it's one of those things that when the order is made it has to be pretty relevant, right? It has to be pretty intense to make those things happen, so.

MR. RAYMOND: Ms. Jacobs, this is Dr. Raymond. Besides Monal, I would also recommend Maryland Hospital Association as the other entity to seek out efficacy.

MS. JACOBS: Okay. This is just one small piece, perhaps the Governor does not realize the crisis that hospitals are in. You know, this is just a tiny, tiny piece. These are just simple things.

MR. RAYMOND: For lasting change in COMAR related and to the students in extending the amount of time that we have for the students to continue to serve in the capacity of a CNA post-graduation having not passed NCLEX the first time, you know, there will have to be some sort of a time limit on it. But to extend the time limit we have to have legislative change which has to have efficacy, and I think MHA and Monal are those two organizations that would be a strong voice to initiate that change.

MS. JACOBS: Thank you.

MR. HICKS: Ms. Jacobs, just before you leave, I do want to offer you one suggestion or proposal, I guess, is that if there's a group of you for when you meet with your Monal group or your MHA group or whoever, if you have a committee source that works on this, that all of you identified as a major problem, you are welcome to look at what the existing standards are or what the Nurse Practice Act is and you can come forward to the Board with a proposal of the changes that you would like to see, and the Board could take that under consideration and advocate for you.

MS. JACOBS: Are you talking about the COMAR?

MR. HICKS: Yes, and I will give you COMAR, that would be COMAR -

MS. JACOBS: I've got the COMAR and what it says. It would be exactly, and then after that it would be changing that one line.

MR. HICKS: I just want to make sure that you know that that is an opportunity that you have is to come before the Board with a recommendation.

MS. JACOBS: So, we would come with the Monals, or whatever it is, and you would recommend that line be changed and then they would vote for that to change?

MR. HICKS: Well, let me just give you the COMAR just to make sure you have it. It's 10.27.01.03(c).

MS. JACOBS: Yes.

MR. HICKS: And then you're going to look at, particularly, you have 1, 2, 3, and 4 to make sure, you know, if there's any changes that need to be made then that's where you make those changes.

MS. JACOBS: And then bring it to you all and then that goes to legislators for the change?

MR. HICKS: Right. So, if your group, if that Monal

group gets together and says, 'Okay, these are the things that we believe need to be changed in that 10.27.01.03(c), you know, out of those four listings, you know, change whatever you think needs to be changed. Someone from your group, whether that's you as the representative or a couple of you from the Monal group as representative will contact us to come before the Board. Then you would propose what those changes are, and then the Board would consider those. If the Board feels that we can advocate for that then we will, you know, move forward with helping with change in regulation or COMAR. So, you know, we would start down that road.

MS. JACOBS: Okay. I'm sure we could do that.

MR. HICKS: All right. Thank you, Ms. Jacobs.

MS. JACOBS: Thank you.

MR. HICKS: We are going to go back to the Annual Report because we had some clarification that we needed to make on the Annual Report. So, Karen?

MS. EVANS: Yes, a couple of things. If we can go back to Page 25 where we spoke about the numbers for the registered nurses. So, that does include all advanced practice nurses except those - if you look on Page 26 that has the AC

numbers. The AC numbers are those individuals who have compact. So, they have their RN license in another state, but they want to be an APRN here in Maryland using their compact. So, that's a separate number. So, all those individuals are not included in that original RN number that we spoke about earlier. Is that clear with everyone?

ALL: Yes.

MS. EVANS: All right. The other question concerning med techs is that what is on here is correct. They; assisted living, school health, DDA, and juvenile services numbers are included in the med tech numbers. The rest of the med techs don't have a specialty. Okay? For the nursing assistants, for the GNAs, CMA, home health, dialysis tech, and school health those numbers are included in the CNA, and everyone else is
non-specific. Okay?

Now, what is not included in the CNA numbers are the last three, which are the 90-day letters. They're not included because they are only for 90-day letters, and then at the end they will be included in the CNA numbers once those individuals' background check has been completed. Is that a better

explanation for everyone?

MS. GIBBONS-BAKER: Yes, and I would ask with the reports a little asterisk at the bottom could clarify that with each number.

MS. EVANS: Yes, we will ask Iman to include that, yes.

MS. GIBBONS-BAKER: Excellent.

MS. EVANS: So, when the merge is over for the website, we will update the med site to reflect that as well with your recommendation. Okay? I know we won't be able to get it done by tomorrow. So, in three weeks we will make sure that it goes up on the website.

MR. HICKS: All right. Are there any questions about the Annual Report?

(No questions posed)

MR. HICKS: All right. So, given the changes we will make on the Annual Report that Karen just identified, is there a motion to accept the Annual Report?

MS. HARROD-OWUAMANA: Motion to accept, Harrod-Owuamana.

MR. HICKS: Harrod-Owuamana.

MS. DILLON: Second, Dillon.

MR. HICKS: Dillon. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. And then finally, I will open it up to the general audience if anyone wants to address the Board.

(No discussions posed)

MR. HICKS: All right, hearing none. 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 Provision 3-305(b)13, which gives the Board the authority to close an Open Session, to comply with the specific statutory requirements that prevents public disclosures about a particular matter or proceeding. The topic to be discussed during the 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 disclosures by the Annotated Code of Maryland, Health Occupations Article, Sections 8-303(f), 8-320(a), and 1-401, and General Provisions Article, Section 4-333. In addition, the Board may also perform Quasi Judicial and administrative functions involving disciplinary matters during the Closed Session.

Is there a motion to close this Open Session pursuant to the statutory authority and the treasons cited in the written statement, or any discussions thereof?

MS. STEELE: So moved, Steele.

MR. HICKS: Steele.

MS. GIBBONS-BAKER: Second.

MR. HICKS: Gibbons-Baker.

MR. HICKS: All in favor?

ALL: Aye.

MR. HICKS: Any opposed?

(No oppositions)

MR. HICKS: Thanks everyone.

(Whereupon, at 12:05 p.m. the Open Session was concluded.)

CERTIFICATE OF NOTARY

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

I further certify I am not of counsel to any of the parties, nor an employee of counsel, nor related to any of the parties, nor in any way interested in the outcome of this action as witness my hand and notarial seal this 25th day of August, 2021.

_____

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

My commission expires: May, 13, 2023

Script for Closing Open Session
August 2021

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 statutory requirement that prevents public disclosure about a particular mater 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, sections 8-303(f), 8-320(a), and 1-401 *et seq*., and General Provisions Article section 4-333. In addition, the Board may also perform quasi-judicial and administrative functions involving disciplinary matters during the closed session.

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

MARYLAND BOARD OF NURSING

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

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1. **Recorded vote to close the meeting:** Date: 8/25/2021 Time: 12:05 pm
Location: 4140 Patterson Avenue, Baltimore, MD; Conference Call Line
Motion to close meeting made by: Steele Seconded by Gibbons - Baker
Members in favor: Nvestadt, Gibbons-Baker, Dillon, Raymond, Hicks, Steele, Owoumana, Hayward, R. Hill, Cassidy, Polk, Turner
Opposed: None Abstaining: None
Absent: Vickers, J. Hill

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

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

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

Citation	Topic	Reason for closed-session discussion of topic
§ 3-305(b) (**13**)	Applicants for Licensure/Certification	To discuss confidential information that is prohibited from public disclosure pursuant to Md. Code Ann., Health Occ. §§ 8-303(f), 8-320(a), and 1-401 *et seq.*, and Gen. Prov. § 4-333.
§ 3-305(b) ( )		
§ 3-305(b) ( )		

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

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