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, October 27, 2021, at 4140 Patterson Avenue, Baltimore, Maryland 21215, commencing at 9:25 a.m., before Edward Bullock, Notary Public in and for the State of Maryland.

AUDIO RECORDING TRANSCRIBED BY: Edward Bullock, DCR

REPORTED BY: Edward Bullock, Notary Public

APPEARANCES:

MICHAEL CONTI, Assistant Attorney General
KATHERINE CUMMINGS, Assistant Attorney General
MARGARET LANKFORD, Assistant Attorney General
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State of Maryland
Department of Health & Mental Hygiene
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BOARD MEMBER APPEARANCES:

GARY HICKS, RN Member, Board President

KAREN E.B. EVANS, Executive Director

EMALIE GIBBONS-BAKER, APRN Member

M. DAWNE HAYWARD, RN Member

CHARLES NEUSTADT, Consumer Member

CHARLENE HARROD-OWUAMANA, LPN Member (via telephone)

ANN TURNER, RN Member

AUDREY CASSIDY, Consumer Member (via telephone)

LAURA POLK, RN Member

HEATHER WESTERFIELD, RN Member

ALSO PRESENT:

KAREN BROWN, PIA Coordinator

IMAN FARID, Health Policy Analyst (via telephone)

RHONDA SCOTT, Deputy Director

MONICA MENTZER, Manager, Practice

SHEILA GREEN, Nursing Education Consultant I

AMBER HAVENS-BERNAL, Enforcement Division

TONYA SPRUILL, Safe Practice Division

SHAWNTA' BATES, Investigations Division

MILLICENT NWOLISA, Director of Operations

AUDIENCE MEMBERS:
TIJUANA GRIFFIN, Washington Adventist University
RICK COOPER, Allegany College of Maryland
AIMEE YOUNKIN, Allegany College of Maryland
SANDY CLARK, Allegany College of Maryland
MARY SCOTT-HERRING, Maryland Association of Nurse Anesthetists
WILLIAM CRESS, Maryland Association of Nurse Anesthetists
SHIRLEY DEVARIS, Director, Policy Analysis & Legislation
JESSICA WATKINS, Direct-Entry Midwifery Advisory Committee Member
ELIZABETH REINER, Direct-Entry Midwifery Advisory Committee Member
KAI PARKER, Direct-Entry Midwifery Advisory Committee Member
TRACI LAVALLE, Maryland Hospital Association
KAREN WESTER, Direct-Entry Midwifery Advisory Committee Member
ROXANNE GORDON, Direct-Entry Midwifery Advisory Committee Member

AUDIENCE MEMBERS (Continued):

PAM KASEMEYER, Maryland Chapter of ACOG, Counsel

C O N T E N T S

P R O C E E D I N G S

MR. HICKS: Good morning, everyone. Sorry for the delay. We are going to go ahead and get started with the Open Session.

(Whereupon, an alarm sounded in the meeting room.)

MR. HICKS: Sorry, we just have an alarm going off in the room. So, let's start all over again.

We are going to go ahead and get started with Open Session. Thank you everyone for your patience while we get the Board members together.

I will start with the roll call. We will start online. Charlene Harrod-Owuamana?

MS. HARROD-OWUAMANA: Here.

MR. HICKS: Charlene, can you just identify yourself and your roll, please?

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

MR. HICKS: Audrey Cassidy?

MS. CASSIDY: Good morning. This is Audrey Cassidy. I am a consumer member to the Board of Maryland.

MR. HICKS: Thank you, Audrey. We will go into the

room.

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

MR. NEUSTADT: Charles Neustadt, consumer member.

MS. TURNER: Ann Turner, RN member.

MS. HAYWARD: Dawne Hayward, RN member.

MS. WESTERFIELD: Heather Westerfield, RN member.

MS. POLK: Laura Polk, RN member.

MR. HICKS: All right. Thank you all very much. So, we will start with Karen Evans for any updates from the Board.

MS. EVANS: Thank you. I just have one item for this morning, and that has to do with our phones. We are still having difficulty with our phones. We have been waiting for Verizon since June of 2021 to fix our phones so we can get more trunks so that you will be able to reach us. We are still waiting for them to come in and fix that. We have contacted the appropriate individuals for that. So, just so you know, not only are you having difficulty reaching us, but we have difficulty calling out to you. As well as internally, sometimes we can't reach each other internally, and we're right here. So,

I just want to thank you for your patience with this. Our C.O.O. has been working with Verizon for all of this time, and we're trying to work as fast as we can. So, I just want to thank you for your patience, and know that we're trying to do the best we can until this gets fixed. And we will let you know on our website. So, if you look at our website under "Breaking News," you will see that we have a message up there concerning our phones.

MR. HICKS: Thank you, Karen.

MS. EVANS: You're welcome.

MR. HICKS: If I can get a motion to approve the Consent Agenda.

MR. NEUSTADT: So moved, Neustadt.

MR. HICKS: Neustadt.

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

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

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. We will move down to Education. Dr. Green, are you online?

MS. GREEN: Yes. Good morning, everyone.

MR. HICKS: Good morning.

MS. GREEN: I trust everyone is well. Our first item for the Education Department is Washington Adventist University, their action plan process report. First of all, I would like to acknowledge Dr. Tijuana Griffin is present, I believe, at the Board. Dr. Griffin?

MR. HICKS: Hold on one second. She is coming up to the table.

MS. GREEN: All right.

MR. HICKS: Good morning.

MS. EVANS: Good morning, Dr. Griffin.

MR. HICKS: Do you want to introduce yourself, Dr. Griffin?

MS. GRIFFIN: Good morning, everyone. My name is Tijuana Griffin. I serve as the director of nursing at Washington Adventist University. Thank you for the opportunity to be here.

MR. HICKS: Thank you for coming in. All right, Dr. Green?

MS. GREEN: The reason for our presentation today is

to provide the Board with an update of the progress of their action plan that's now been in place for a year. Attachment A is the original action plan that was submitted to the Board on October 30th of 2020. Attachment B is the action plan progress report that was submitted September 30, 2021.

The information on your memorandum gives you an overview of all the things that are in alignment in terms of progress with the program. Dr. Kennedy and I completed a collaborative virtual site visit with CCNE from March 31st to April 2nd of 2021. That report was presented to the Board and PEC in August of 2021. The purpose to today's report is just to examine the

follow-up requirements that were stipulated in the report from August, 2021. In the second area of the purpose of today's report in the second paragraph, the Board approved the things that are listed on April 25, 2021 during the Open Session. I have given highlights of that, but today I just want to focus on Bullet Number 3 and Bullet Number 4 because the Board approved the request to have the action plan progress report submitted by October the 2nd based on the findings and the determination of what the next steps would be with the program.

So, on the second page of the memo, please note the supporting documents that are being provided. You have a copy the original action plan, that's Attachment A. Attachment B is the actual progress report submitted by Dr. Tijuana Griffin on September 30th of 2021 to fulfill the October 2nd deadline. Attachment C just provides the Board a summary of the course sequencing for Washington Adventist University. Attachment D provides the summary of the current progression requirements that were implemented in September of this year as a part of the catalog requirements for reporting with the university. Attachment E just gives the historical requirement just to show you the contrast of the difference. And the difference has to do with the passing grade requirement for each of the nursing courses. They must pass with at least a C-plus now, which is equivalent to 80 percent. And then, Attachment F just gives you, the Board, some supporting documents to see how much attention is being paid to the requirements for faculty development as well as student performance, some excerpts of minutes that might be of interest to you, as well as the reference to faculty.

So, the findings at the bottom of Page 2 of this

memorandum indicates that Washington Adventist University has deliberately defined progress towards NCLEX performance improvement in their pre-licensure program. Number 2, on Page 3 is that Washington Adventist University administration is supporting full-house faculty development, such as the inclusion of nurse workshop for nurse educated certification, Next Gen workshop to prepare for the Next Generation NCLEX examination, classroom assessment, the incorporation of testing analysis software, and the enhancement of simulation in training and development. I've included Washington Adventist administration supported and hired a full-time faculty member in August of 2021 whose primary responsibility now involves approaching and mentoring the students throughout the entire pre-licensure nursing education program experience. Number 4, that they had embraced and incorporated the recommendations of Dr. Benita Jenkins, who's a Board-approved consultant, to provide sequencing of courses as well as tutorial needs for students, they have incorporated master's certificate nurses with extensive clinical education and experience to support to them, and have increased the number

of tutors available for student growth and development. Number 5, the implementation of courses and the course sequencing that began in the Spring of 2021. The program curriculum is credit neutral. There have been no adjustments to the credits with the program. It remains the same, and the majority of the curriculum is still very much in keeping with what it was previously, but they looked closely at the sequencing of when to introduce certain courses that they thought would be of importance to student development. Number 6, Dr. Tijuana Griffin and Dr. Cheryl Kisunzu, the provost, established collaboratively an education relationship with Mrs. Vivian Kuawogai, the director of Prince George's Community College Nursing Education Program, to look at techniques and lessons learned and exemplars in terms of improving student achievement in NCLEX development. By way of that collaborative relationship, they have changed the passing grade requirement for Washington Adventist University to 80 percent, and that's now incorporated as of September of 2021.

There is a nursing positive trend in NCLEX success, and we will continue to monitor quarterly during fiscal year 2022, the progress in the program.

So, our recommendation to the Maryland Board of Nursing, it has been reviewed by the Practice and Education Committee in October, 2021, is first to acknowledge the action plan progress report that was submitted by Washington Adventist on September 30, 2021. They have met their deadline, which was October the 2nd. The second bullet is continuing the condition of standards for Washington Adventist University. The third is, after reviewing the program's NCLEX examination performance progress for the fiscal year 2022. Number 4, based upon the program's NCLEX examination performance in 2022, the Board with the determination of any additional requirements will be necessary in accordance with COMAR 10.27.03.16(d) regarding Unacceptable Performance on Licensure Examination. Number 5, if required, the Board of course has the ability to implement or initiate advancement to COMAR 10.27.03.17, which is Removal from the Approval List. And it also has at its discretion that the purpose meets the fiscal year 2022 Maryland required passing standard, and that we would continue to monitor their progress in fiscal year 2023 in accordance with COMAR 10.27.03.16(a) and (b), and continue conditional standing pending the outcome in fiscal year 2023 NCLEX examination.

So, I am respectfully available to answer any questions that the Board may have at this time regarding Washington Adventist University. And Dr. Tijuana Griffin, of course, is available to answer any questions the Board may have. Thank you.

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

(No questions posed)

MR. HICKS: Hearing none. The first is to take a vote on the acceptance of the progress report. So, if I can a motion to accept the progress report?

MS. TURNER: So moved, Turner.

MR. HICKS: Turner.

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

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

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. The second motion is to accept the recommendations that have been outlined to us as explained by Dr. Green.

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

MR. HICKS: Gibbons-Baker.

MS. TURNER: Second, Turner.

MR. HICKS: Turner. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. Thank you, Dr. Green.

MS. GREEN: Thank you very much, Dr. Griffin. It's been a pleasure. Have a beautiful day.

MS. GRIFFIN: Thank you, everybody.

MR. HICKS: All right.

MS. GREEN: My second item, 4B, is the report of the September 7th to 10th collaborative site visit that was concluded at Allegany College of Maryland, their associate degree nursing education program. May I ask if Mr. Rick Cooper is on the line from Allegany College of Maryland? If so, we would like to recognize you.

MR. COOPER: I am here.

MS. GREEN: Welcome. Is there anyone else with you that you would like to acknowledge as well, Mr. Cooper?

MR. COOPER: Yes, Aimee Younkin, the assistant director of online education; and Sandy Clark, the assistant program director is also online. Dr. Bill Rocks was here, the dean of Career Education, but he had to leave for another meeting.

MS. GREEN: Thank you. We apologize for having to wait for our time to start today, but we had to have a quorum, that's a good thing.

The Allegany College of Maryland, just to give you some background, Dr. Camille Forbes-Scott and I went physically to see the Allegany College of Maryland, and to meet with the team there. This was also a collaborative meeting with the Accrediting Commission for Education for Nurses, i.e., ACEN. And we wanted to assess the program's continued adherence to the State regulatory requirements for the entry level program that operates at the Allegany College of Maryland.

As I noted, this was an onsite visit which gave us an excellent opportunity to see the very fine things that are going on at Allegany College of Maryland. It was also very helpful to meet with faculty staff and students in person there as well, as well as administration.

Our findings for Allegany College of Maryland were that they met all of the COMAR standards except one, and it had to do with COMAR 10.27.03.09(b), Nursing Program Administrator, Minimum Teaching Load Requirement. The bullet underneath the findings here, we actually took the time to determine what was happening, perhaps with the teacher load requirement. For Mr. Cooper, the nursing program director, and Mrs. Aimee Younkin - our nearly Dr. Aimee Younkin, she is in the process of finishing her Ph.D. at this point, the assistant director of online nursing education, and Ms. Sandra Clark, the assistant program director, exceeded the college standards for the nursing administrative team. For the teaching load, the policy stipulated twelve credits for administrative duties in the nursing program, however there's been an increase in the administrative team-teaching requirements from four credits per calendar year to nine credits for calendar year in 2020 and 2021. It is recognized that these changes are related to increased enrollment and challenges the faculty recruitment in the Allegany County area, and this is a concern. We met with Dr. Kurt Hoffman, the senior vice president of Instructional and Student Affairs, as well as Dr. Bill Rocks, who's the dean of

Career Education, in collaboration with the ACEN peer reviewers do discuss the particular concerns.

Attached to this report in Bullet 2 under Findings, is the criteria summary chart regarding our onsite visit, which is Page 2. The program met all the requirements except for the one that was related to teaching load for the administrative team. I also want to bring to the Board's attention on the summary sheet, second page, COMAR 10.27.03.08(a) to (d), that the Allegany College of Maryland had two faculty members recognized by the Board under waiver requirements. Mrs. Elizabeth Smearman concluded her master's of science degree in education at Purdue University in the Spring of 2021, and so, she has met the requirements from that waiver. The second person is Mrs. Hannah Mullen, who initiated her master's degree studies in August, 2020 at Grand Canyon University, and is scheduled to complete the program in 2022.

Mr. Cooper, and correct me if I'm wrong, but I believe she has finished 20 of her credits at this time.

MR. COOPER: Yes, she has.

MS. GREEN: Thank you very much.

MR. COOPER: She has finished 24 credits.

MS. GREEN: Twenty-four, thank you very much. The other item on this criteria sheet, I've highlighted the one that is not met related to the faculty load. I also want to highlight COMAR 10.27.03.12(a) through (e) for the physical facility. The program certainly met these COMAR requirements, but we want to recognize that their new simulation lab, which began operation last October, is just stellar. It is an exemplar addition to their program. The students have a brand-new simulation lab equipment, the new Anatomage table, which essentially negates the need to
- historically in anatomy and physiology in nursing we have to use a lot of cadavers, but now that Anatomage table gives us enough information that might not be absolutely necessary, but it also helps support a lot of the simulation learning as well as classroom learning for students for later development. These are proven to be excellent assets to that program.

So, our recommendation to the Board, we had completed the review by the Practice and Education Committee in early October, but our request is to approve the onsite report, this recommendation to be approved for continuance as stipulated in COMAR 10.27.03.15(a)1; and to request a submission of an

action plan to be submitted to the Board by November 30th of 2021 which addresses the minimum teaching load requirements for the nursing program administrative in accordance with COMAR 10.27.03.09(b).

I am willing to attach the summary criteria. They also included in Attachment A the virtual site visit that we conducted in September 16th and 17th of 2020. Dr. Kennedy and I completed that with the Board's recommendations regarding the program. I will entertain any questions for you, both myself and for the faculty on the line. Thank you.

MR. HICKS: Are there any questions for Dr. Green or any of the faculty online?

(No questions posed)

MR. HICKS: Hearing none. Can I get a motion to approve the onsite report with the recommendation to continue the program for ten years as stipulated in COMAR 10.27.03.15(a)1?

MS. POLK: So moved, Polk.

MR. HICKS: Polk.

MS. TURNER: Second, Turner.

MR. HICKS: Turner. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. Next is a motion to request the submission of an action plan to be submitted the Board by November the 30th, 2021 which will address the minimum of teaching load requirements for the nursing program administrators in accordance with COMAR 10.27.03.09(b).

MS. POLK: So moved, Polk.

MR. HICKS: Polk.

MS. TURNER: Second, Turner.

MR. HICKS: Turner. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. Thank you.

MS. GREEN: Thank you very much. We appreciate that. Thank you, Mr. Cooper and nearly Dr. Younkin, and Mrs. Clark. We are deeply appreciative of all your help. Please give Dr. Rocks our regards as well. He has been very supportive.

MR. COOPER: Thank you, everyone. The action plan is underway. I think the Board will be pleased with what's been developed.

MS. GREEN: Perfect.

MR. HICKS: Thank you.

MS. GREEN: Thank you so much.

MR. HICKS: Dr. Green, 4C?

MS. GREEN: Our last report is Anne Arundel Community College, associate degree, registered nursing, and their practical nursing program. We completed a collaborative onsite visit, and it was conducted September 28th through the 30th, 2021. This also is a follow-up to our virtual site visit that was completed with Anne Arundel Community College staff, and approved by the Board on December 16th of 2020 to bring us into compliance with our requirements for review of our programs within the five-year period, which we were able to accomplish. This is the final piece in terms of being able to have a site visit with them. The same thing happened with Allegany College of Maryland, also.

With the Anne Arundel Community College, I would like to - is Mr. Scott Olden on the line from Anne Arundel

Community College?

(No response)

MS. GREEN: Okay. We will continue forward. I will follow up with Mr. Olden as well.

The background here is that we conducted our collaborative onsite visit, Dr. Camille Forbes-Scott and I. We also did that with the peer review representation from ACEN, and again, to access the continued adherence of the program to COMAR regulations. Our findings were that Anne Arundel Community College met all of their regulatory requirements in COMAR 10.27.02 through .16. Attached is the course criteria summary that also complements the full report that we completed a year ago. Let me just point out to you that on the second page, they met all COMAR requirements. And again, under COMAR 10.27.03.12(a) through (e) is in accordance with clinical facilities. This program moved into a brand-new health science building in August of 2021. It is an exemplar facility. It is shared with the other programs within the college. They thought of a lot when they built this building. It's huge. It's lots of walking, but it was great. Dr. Forbes-Scott and I were both very impressed with the fact

that they have a building designed that can meet the needs of nursing as well as health science students. The simulation lab, they have two Anatomage tables and other learning resources that are exemplar. They are major assets to the nursing education program.

I also just want to bring to the attention of the Board, this is the first time that we've been to an onsite visit and had over thirty-five community members present during the community meeting to support Anne Arundel Community College. It was truly an experience to see how much support and the efforts of the program are deeply appreciated by the community.

So, our recommendation to the Board, and that has been indeed recommended by the Practice and Education Committee for Board consideration, is to approve the onsite report with recommendation for continued program approval for ten years as stipulated. Their NCLEX scores are exemplar as well. So, there are no problems with that program.

I can answer any questions that you may have at this time.

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

(No questions posed)

MR. HICKS: Dr. Green, we are going to make one modification to the approval, and that is the actual COMAR. So, as I call for the motion, I will read the correct COMAR reg.

MS. GREEN: Thank you.

MR. HICKS: Is there a motion to accept the recommendation to approve the onsite report with continued program approval for ten years as stipulated in COMAR 10.27.03.18(e), 8(a) and 9(a)?

MS. POLK: So moved, Polk.

MR. HICKS: Polk.

MS. GIBBONS-BAKER: Second.

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

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. GREEN: Thank you very much. Thank you for that correction.

MR. HICKS: Thank you, Dr. Green.

MR. CONTI: We should probably go back and redo the Allegany College one as well.

MR. HICKS: Dr. Green, are you still online?

MS. GREEN: Yes, I am online.

MR. HICKS: We are going to go back and make a modification to 4B for Allegany College of Maryland.

MS. GREEN: Okay.

MR. HICKS: So, we just want to revise the actual COMAR to 10.27.03.18(e), 8(a) and 9(a). So, we can make those corrections in the minutes. Thank you, Dr. Green.

MS. GREEN: Thank you.

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

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

MR. HICKS: Good morning, yes.

MS. FARID: Good morning, everyone. Happy Wednesday.

Today we have three items on the legislative agenda to review. So, first we will start with item 7A, the Joint Chairman Report Revisions. Is everyone able to view or access? Are the Board members able to access this document?

MR. HICKS: Yes.

MS. FARID: Okay, thank you. So, as you may remember, the original version of this report was presented to the Board in August. As a quick summary, the Board was required to submit this report to illustrate the adequacy of current staffing levels, and to include a brief description of the Board's role in pandemic recovery and how that particular task affected the Board's ability to carry out its core mission. The original report was approved back in August, and was sent to the Office of Governmental Affairs for review. After sometime the Board received feedback from the office which included very helpful but extensive revisions. So, Board staff reviewed those suggestions, and has incorporated them into this current document. The only thing I would like to bring your attention to is a new section that was added on Page 16. This new section details the different initiatives the Board has taken to address the obstacles that had arisen due to the pandemic.

And with this report, I am requesting the Board to review and approve this document so that it can be submitted to the Department of Legislative Services by November 1st.

I would be happy to answer any questions that the Board members may have at this time.

MR. HICKS: Are there any questions for Iman?

(No questions posed)

MR. HICKS: Hearing none. Is there a motion to accept the Joint Commission chairman's report as outlined?

MR. NEUSTADT: So moved, Neustadt.

MR. HICKS: Neustadt.

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

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

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. FARID: Thank you. Next, we will move onto Item 7B, the Annual Report Revisions. The original version of this report was also presented to the Board in August, and was approved at that time as well. The Board received a few revisions from the Office of Governmental Affairs, and those revisions have been included in this current document. The revisions were not very substantial, just a few grammatical changes.

So, I am requesting the Board to review and approve

this annual report so that it can be submitted to the Department of Legislative Services by November 1st.

MR. HICKS: Motion to accept the annual report?

MS. POLK: So moved, Polk.

MR. HICKS: Polk.

MS. TURNER: Second, Turner.

MR. HICKS: Turner. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. FARID: Thank you. And the last item on the Legislative Agenda is Item 7C, CNRA legislation that will be introduced during the 2022 legislative session. And for this bill, I would like to introduce Ms. Mary Scott-Herring and Mr. Bill Cress, representative from the Maryland Association of Nurse Anesthetists, who will be presenting this legislation to the Board.

So, Mr. Cress and Ms. Herring are online?

MR. CRESS: I am. Thank you.

MS. SCOTT-HERRING: Good morning.

MS. FARID: Good morning. Thank you so much for your time. So, I will turn it over to you both for this presentation.

MR. CRESS: Thank you. I will kick it off. So, this legislation provides specific prescriptive authority for nurse anesthetists. To give you some background on this, going back to the late-70s with the regulations, and more recently when it's codified in the statute, the language provides that a nurse anesthetist may administer anesthetic agents. And so, that's fairly narrow when you think about the definition in these terms. In fact, during pre-operative and post-operative parts of a case a nurse anesthetist often gives medication that is not within the definition of anesthetic agents.

So, this bill will clarify current practice and codify current practice. Ms. Herring can give you some more information regarding what sort of medications they provide during procedures. But there are two other parts to this bill, the second part being that it would add an additional ten days of medication that could be prescribed post-operatively with no refills and limited to someone that a CNRA has a patient

relationship with.

And then thirdly, this bill provides that nurse anesthetist they collaborate with podiatrists. Currently the statute provides that they collaborate with physicians, dentists, and anesthesiologists. So, this would increase that access to care and make things much more simple for the patient and for CNRAs who are going to practice with podiatrists.

With that, I will turn it over to Mary Scott-Herring.

MS. SCOTT-HERRING: Thanks, Bill. I'm happy to answer questions that any of the Board members might have. You know, newly in the hospital setting we are taking care of inpatient population. In particular, we are ordering medication pre-operatively that don't fall under the anesthetic agent categories. We might be ordering medications to help them sleep or medications for anxiety or medications to prevent post-op nausea and vomiting, and then order additional medications in the morning before surgery and our post-operative orders. So, really the practice is that we are giving much more than angulation agents and induction agents. And in the outpatient setting it is certainly helpful reaching out to patients to be

able to prescribe those pain medications so they can have the same quality of care that we provide in a hospital setting and in an ambulatory setting. Unfortunately, we don't have that ability right now.

MS. HICKS: Are there any questions?

MS. DEVARIS: This is Shirley Devaris.

MR. HICKS: Hi Shirley. Are you there, Shirley?

MS. DEVARIS: I am. Do you want me to talk now?

MR. HICKS: Sure, go ahead.

MS. DEVARIS: I'm a legislative consultant to the Maryland Academy for Advanced Practice Clinicians, and they do support this proposal. It will help us in many ways to accomplish an ultimate goal of joining the APRN compact because these things are barriers to that. In keeping with all the future nursing reports in the Institute of Medicine, they've always recommended full practice authority for all advanced practice nurses. So, I would hope that the Board could support it. Thank you.

MS. SCOTT-HERRING: And this is not novel, there are twenty-seven other states where CNRAs have the prescriptive authority. So, it's not something new.

MR. HICKS: I just have one question, and that's in terms of, I think, the post-op piece. What does that volume look like that you would see prescriptions being written for a post-op procedure? I can understand the pre-op piece of it, you know, in case they have nausea or vomiting or they need to sleep or whatever. I am trying to understand a little bit more of the post-op piece as to the role of the CRNA versus the physician that would be doing the actual procedure.

MS. SCOTT-HERRING: Sure, and that's a great question. Thank you for asking. You know, and this is especially important in our outpatient population or ambulatory care where post-op they are expected to go home. Most commonly people are being admitted for post-op nausea and vomiting, so it's important to be able to prescribe medications to control that afterward. With some folks it's so severe that they would rather have pain than post-op nausea. So, it's important that they are able to get prescriptions, and certainly the CRNA being the last one in the house, making sure that the people are out of the recovery room having the ability to deliver that level of care to them.

MR. HICKS: Okay.

MS. GIBBONS-BAKER: Good morning. This is Emalie Gibbons-Baker. I just have a clarification that I would like to address, and it has to do with your recertification of the nurse anesthetist with this bill. And I see the necessity of this bill, absolutely. But in reference to the pharmacology recertification requirements, does that already include pre-op and post-op medications, and will that be included in the recertification process?

MS. SCOTT-HERRING: You cut out a bit, but I think that your question was, is there anything in recertification of the CRNA that addresses the pharmacology component, and there absolutely is. You know, as advanced practice nurses and CRNAs we have to be Board-certified to be able to continue to practice. That is not true of all healthcare professionals, right? And with our recertifications there is testing involved and there are components on airway in machines and disease process and pharmacology that needs to be met every cycle. So, there is indeed a continuing education for pharmacology.

MR. HICKS: I think the question was more along the terms of pre-op medications and post-op medication, not intraoperative medications.

MS. SCOTT-HERRING: Many of the medications that we give pre-operatively and post-operatively we're also giving intraoperatively through an intravenous form and not oral or rectal.

MS. GIBBONS-BAKER: Thank you.

MR. HICKS: So, those would be included on your recertification?

MS. SCOTT-HERRING: Yes, the broad categories of the medications that we administer, yes.

MR. HICKS: Any other questions?

MS. DEVARIS: Yes. If I might point out, it's also not mandatory for them to prescribe. We sort of ran into questions on a similar line with the clinical nurse specialist, would they have to go back and take courses? They don't because it's part of their certification. But on the other hand, no one has to prescribe them if they don't want assert their prescriptive authority. And the bill provides for that.

MR. HICKS: Thank you, Shirley.

MS. DEVARIS: You're welcome.

MR. HICKS: Any comments?

(No comments posed)

MR. HICKS: Is there a motion to support the legislative proposal?

MS. POLK: So moved, Polk.

MR. HICKS: Polk.

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

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

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. SCOTT-HERRING: Thank you very much.

MR. CRESS: Thank you.

MR. HICKS: Iman, anything else that you have?

MS. FARID: No, it was just those three items. Thank you so much.

MR. HICKS: Thank you. We will move down to Direct-Entry Midwives and Electrology. Monica?

MS. MENTZER: Yes, good morning. For 8A, I just want to check and see if there are any committee members from the Direct-Entry Advisory Committee on the line.

MS. WATKINS: Hi Monica. This is Jessica Watkins,

and I am present.

MS. REINER: Elizabeth Reiner is present.

MS. TUCKER: This is Dr. Kai Parker, present.

MS. MENTZER: If you want to go ahead, we will listen to the presentation from the committee members.

MS. WATKINS: Great, I will start. Good morning, everyone. My name is Jessica Watkins, and I am a consumer member of the Direct-Entry Midwifery Advisory Committee, and I am presenting on behalf of the committee.

As a brief history of the report, House Bill 1032, which was sponsored by Delegate Bonnie Cullison, was introduced to the 2021 Legislative Session to expand the scope of practice of licensed direct-entry midwives to include vaginal birth after Caesarean services. That legislation decision was unanimously supported by the Board of Nursing. That bill did not go to a vote, but the Health and Government Operations Committee referred that legislation to Interim Study by the Direct-Entry Midwife Advisory Committee.

The HGO Committee requested the study include input from key internal stakeholders including the state professional associations for licensed

direct-entry midwives, certified nurse midwives, and obstetricians, and the Maryland Hospital Association. So, this report is a result of that study.

On July 13, 2021, Delegate Ariana Kelly, chair of the HGO Committee, sent a letter asking our committee to complete a study and to provide a report to include the following four things: First, an evaluation of House Bill 1031; second, an evaluation of the statutes and regulations in other states that permit certified professional midwives to provide VBAC services; three, an evaluation of the risks associated with out of institutional VBAC; and four, a recommendation on the expansion of scope of practice for LDENs to include VBAC services.

So, this report includes all of the requested evaluations along with a recommendation and support of an expansion of the scope or practice for licensed direct-entry midwives consistent with the limitations outlined in the House Bill 1032. This report also includes direct input from each of the stakeholder representatives that participated in the interim study and discussion. This report will be shared with the HGO Committee for their use in the consideration of any future

legislation.

The Direct-Entry Midwifery Committee respectfully submits this report and an accompanying memorandum of understanding for the Board's information. Thank you.

MR. HICKS: Are there any questions or comments?

(No comments or questions posed)

MR. HICKS: All right. This does not require an action by the Board. It's just more of an informational and clarity. So, we will move on. Thank you, Jessica, for presenting that this morning.

MS. LAVALLE: Is there an opportunity to make public comments at this point?

MR. HICKS: Yes, uh-huh.

MS. LAVALLE: Okay. So, I will turn my video on. My name is Traci LaValle. I am from the Maryland Hospital Association. I am the senior vice president of Quality and Health Improvement. I just wanted to note for the Board members that I haven't seen the final report that's being submitted. But I do want to note, that there are very strong and opposing views about the expansion of scope. Dr. Harold Fox, who is a representative of the Maryland Hospital Association to the

Direct-Entry Midwife Advisory Committee, was not able to make it to the meeting today so I wanted to share comments on his behalf and on behalf of the hospital field.

We are very concerned that expanding the scope of practice to allow women who have a prior uterine scar, be there from a Caesarean section or some other type of surgery, allow those women to attempt birth at home is just too risky both for the mom and for the baby. Thankfully, serious problems don't happen very often, but when they do, they are an extreme surgical emergency, and the patient needs to be attended by a surgeon within minutes. And often there is not enough time to get the person from home to the hospital to do those lifesaving surgeries. So, that's the main point there.

I also would note that the study asks for the highlights that were just shared, and one of them is data. Like I said, I haven't seen the final report, but the data I have seen coming from Maryland, the data for outcomes by direct-entry midwives is all self-reported by the practitioner. So, there is no outside entity looking to make sure that all the information is reported or to assess that the information is correct. And what I have seen, and maybe there is other data that there's

something different that I haven't seen, but it's essentially very simple, like, how many births did you attend at home? And for example, I can't really give a quote directly, but for example what I saw was, like, ten births at home, what was the outcome? Maybe seven or eight had healthy mom and baby. One was transferred to the hospital. Well, seven or eight plus one doesn't equal ten. So, what happened to the other two? So, anyway, to me, it doesn't meet a high standard for showing information about what is actually happening.

So, I just wanted to share those views to make sure that the Board knows that the concerns of the hospital field. Thank you for your time.

MR. HICKS: Thank you. Anyone else online that would like to comment?

MS. WATKINS: This is Jessica Watkins, the consumer member of the committee, again. I just wanted to respond that these concerns were brought up in the discussion with the stakeholders, and the report that we are submitting does include letters of oppositions. There was one person on our advisory committee that was in opposition, and everybody else was in favor. I am a consumer member so I am not an expert on the

date, so if anybody else wants to speak to the data about the risks. We did talk about the risks, and we also weighed them against the risks of not having access to this care as well as the risks of having repeated C-sections in the hospital.

MS. WESTER: Hi, this is Karen Wester. I am midwife and licensed Direct-Entry Midwife Advisory Council member. I would like to speak to - I'm sorry that I am late to this call. I would like to speak to the fact that the reasons you're not seeing all the outcomes is that we were advised that we needed to list every person that came into our care. I live and -- I practice in three states. I'm licensed in two. So, I entered all of the clients that came into my care that were seen at any point during their care in Maryland. And so, you know, obviously it's not going to show -- those people gave birth in Pennsylvania, and other people gave birth in Pennsylvania and Delaware, so those outcomes won't be listed for Maryland. But, say you have sixty-six clients come into your care, and twenty-eight of them are in Maryland, you're going to have results for that twenty-eight. So, that's just to clarify that.

MR. HICKS: Thank you for that. Anyone else?

MS. REINER: Yes. This is Elizabeth Reiner. I just

wanted to also reply to one thing. So, yes, we did have a very robust discussion with all the stakeholders on the committee over the course of several months. We just wanted to bring to the Board's attention that the VBAC at home is already happening, which are nurse midwives' colleagues, and so this is just expanding the number of practitioners that consumers can access with additional restrictions, of course, as in the proposed legislation.

So, this is already something that is happening with the idea of out-of-hospital VBAC is not safe. There are concerns and we are prepared to create additional informed documents for clients to further educate themselves as to the risks, that the risks are on par with what is already in place just wanting and having an out-of-hospital birth. Our clients understand that they are taking on another set of risks. There are certain set of risks that happen giving birth in the hospital, and there's a certain set of risks that happen from not being in the hospital. So, our clients fully understand that when they choose out-of-hospital midwifery care. Thank you.

MR. HICKS: Thank you.

MS. PARKER: This is Dr. Kai Parker. I would like to say, just as was said, there are risks to out-of-hospital births, but there are also certified direct-entry midwives that are licensed in the same way as the direct-entry midwives in Maryland who are all certified across the country who are licensed and can legally attend these vaginal births after a Caesarean in homes, even as close as Virginia. It is very important to acknowledge the risks in not being able to access this care in Maryland because there are people that are coming to Virginia in labor to have their vaginal birth after Caesarean because it's legal there. So, we definitely look at the risks on both sides, and we thank you so much for allowing us to be here to discuss this today.

MR. HICKS: Thank you. Are there any other comments online?

MS. KASEMEYER: This is Pam Kasemeyer. I am counselor of the Maryland Chapter of ACOG, and also Med-Chi State Medical Society. To try to reiterate or support the comments already made by Mr. Bill from the hospital association, our professional associations are inline currently. We have concerns that are included in the reports. I won't

take a lot of time now. The only clarification I would make based on the comments made here today, there is a difference in training. These professional associations (indiscernible). There's a very big difference in training between certified nurse midwives versus direct-entry midwives. We are making that comparison because some of the advanced practice nurses aren't able to (indiscernible). Certified nurse midwives are doing this at home does not necessarily equate to the same level of training to also enable direct-entry midwives to perform VBACs at home. So, our letter outlines all of the objections. I did want to make that one clarification.

MR. HICKS: I'm sorry, I didn't catch your name and your affiliation. Could you speak up and repeat that for me?

MS. KASEMEYER: Yes. My name is Pam Kasemeyer, and I am counsel to the Maryland Chapter of the American College of Obstetricians and Gynecologists, and also Med-Chi State Medical Society.

MR. HICKS: Thank you. Anyone else?

MS. PARKER: This is Dr. Kai Parker, again. I would just like to reiterate that there are also certified professional midwives across the country who are licensed to

attend vaginal births after Caesarean out-of-hospital as well.

MR. HICKS: All right.

MS. REINER: This is Elizabeth Reiner again. And again, and as Dr. LaValle had brought up, the concern is the risks of not being in the hospital for the risks that can arise at a home birth. So, regardless of the training or the certification of the practitioner, the risk of being in the hospital or not being in the hospital. So, we've had many of these discussions and we're proud to present all of the different stakeholders' views in this letter.

MR. HICKS: Thank you. Anyone else?

MS. WEBSTER: Yes. Hi, this is Karen Webster again, member of the Midwifery Advisory Committee. Our training is very similar as far as dealing with out-of-hospital births, and we have the same skillset. It is part of our scope of practice, our professional scope of practice, as stated by the North American Registry of Midwives or the Midwifery Education Accreditation Council, and our professional organization. So, I think if you heard from the certified nurse midwives who are attending VBACs, you would find that they do not agree with the statement that our training is different. We are recognized by

the Department of Education as the only experts in out-of-hospital births. So, for what it's worth.

MR. HICKS: Thank you so much. Anyone else?

MS. GORDON: Yes. Hi, my name is Roxanne Gordon.

MR. HICKS: Okay.

MS. GORDON: Can you hear me?

MR. HICKS: Yes, uh-huh.

MS. GORDON: I am a certified nurse midwife. I have been a nurse for twenty-one years, and a midwife for sixteen. I have worked in all of the major hospitals in Maryland over the years, and began an at-home birth practice three years ago. I, myself, am on the LDEM Advisory Committee as one of two CNNS, and I support the expansion of the scope of practice for LDEMs in Maryland. I am well acquainted with members of the AIMM organization, the Association of Independent Maryland Midwives. And what I will tell you is that members who are seeking access to attempt the trial of labor, or labor after Caesarean, are meeting major obstacles in all of the hospitals in our State of Maryland. The VBAC rate, and I have inside information because I follow the morbidity and mortality and other outcomes for our state, show

that the rates in hospitals for successful vaginal births after a woman has had a prior Caesarean range from seven to ten percent. The midwives that I am acquainted with in the State of Maryland, D.C., and other places, whether they are certified nursing midwives or a certified professional midwife, our rates for success range from eighty-five to a hundred percent. I, myself, am a provider who offers vaginal birth after Caesarean, a trial of labor, to women who seek me out. They are well-educated; they have done their research; we are not risk takers; and we carefully screen and assess all our clients to see. We have certain criteria. They have to let us have access to their prior medical records to know what was the reason for the Caesarean. They were all non-emergency, and many were not necessary. Some were elective based on poor information and poor guidance.

What I have found that in the statistics, if you can look deep, and there isn't a lot of data yet for other states as well that are now having CPMs or LDEMs have access to be VBAC providers.

MR. HICKS: Thank you. Anyone else?

MS. WEBSTER: This is Karen Webster. I would like

to point out one more thing, and I think that is in the letter and again in the demonstration. We are one of only of seven of thirty-six states that license direct-entry midwives or CPMs who do not make any provision for VBAC at home with a licensed midwife, a licensed direct-entry CPM midwife. Seven, only seven states.

MR. HICKS: Thank you. Anyone else?

MS. PARKER: This is Dr. Kai Parker again. I would like to make one last quick point. It's important to recognize that many of the Maryland
direct-entry midwives are licensed in other states, according to the metropolitan area. Many of those are doing births in Virginia as well. So, we are already attending VBACs at home safely. I just wanted to make that quick point. It's already happening, it's just not happening in Maryland. As Karen just said, we are one of only seven states. This is not something that's new, it's not something that is different. This is already happening. We are just trying to make sure that the women of Maryland have the same access to care as they do across the country. Thank you.

MR. HICKS: Thank you. Last call.

(No further comments)

MR. HICKS: All right. Thank you, everyone, for your comments and discussions related to this topic.

We will move onto 8C, Monica. I'm sorry, 8B.

MS. MENTZER: Yes, 8B.1. This is a request for an approval of an application for initial licensure to practice direct-entry midwifery.

At its meeting on October 1st the Direct-Entry Midwifery Advisory Committee reviewed the application of Christine Kunkel, K-U-N-K-E-L, and finds that the applicant meets the minimum regulatory requirements in the Code of Maryland Regulations, Title 10, Subtitle 64, Chapter 1, specifically COMAR 10.64.01.15 and 10.64.01.16 for licensure as a direct-entry midwife in Maryland.

The committee therefore requests to the Board of Nursing to approve Christine Kunkel for licensure as a direct-entry midwife in Maryland.

MR. HICKS: Is there a motion to accept the committee's recommendation to approve Christine Kunkel for licensure as a direct-entry midwife in Maryland?

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

MR. HICKS: Gibbons-Baker.

MS. POLK: Second, Polk.

MR. HICKS: Polk. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. MENTZER: Moving onto 8C. We have individuals that have been reviewed with their applications for renewal of direct-entry midwife license in Maryland, and there are twenty-two. Would you like me to just go through one?

MR. HICKS: We already saw these. So, if you want to just give the recommendation of the committee or the denial of the committee, and then we can make that motion.

MS. MENTZER: Okay. So, the Direct-Entry Midwifery Advisory Committee has reviewed the renewal applications for twenty-two individuals that have submitted the minimum requirements of at least twenty acceptable CEUs required for renewal for licensure to practice as direct-entry midwives in Maryland, and the committee is making a recommendation to the Board to accept and approve the CEUs and the twenty-two 2021

renewal applications received to date.

MR. HICKS: All right. So, is there a motion to approve the renewal of the twenty-two applicants that's outlined on the agenda?

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

MR. HICKS: Gibbons-Baker.

MS. POLK: Second, Polk.

MR. HICKS: Polk. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. MENTZER: Moving onto 8D, 1 through 12, and there's an additional 13 through 19.

The Electrology Practice Committee, 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; 8-6(b)14(d)1 to 4; 8-6(b)14(e); and 8-6(b)14(f) have reviewed the supporting documentation for at least twenty CEUs that are acceptable submitted with the 2021 renewal applications for 1 through 19. Nineteen is also

requesting renewal of her electrology instructor license.

MR. HICKS: Is there a motion to approve the renewal applications for the nineteen individuals listed to practice as a licensed electrologist, and of note, Candidate Number 19, Sally McAleer for her electrology instructor renewals?

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

MR. HICKS: Gibbons-Baker.

MS. POLK: Second, Polk.

MR. HICKS: Polk. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. MENTZER: Okay. And then, if you would like me to do my quarterly reports, I can go ahead with those.

MR. HICKS: That's fine.

MS. MENTZER: Okay. Moving onto 9D, the Direct-Entry Midwifery Advisory Committee report to the Board for the first quarter fiscal year 2022. The committee members have been unchanged. The meetings have met three times during the first quarter FY2022 on July 14, August 11, and September

16. The licensees were sent renewal applications to fifty-nine active-licensed electrologists in Maryland.

Status of work completed, the committee completed their review of a proposed curriculum in theory and clinical for an electrology program received to the Board by Ms. Eileen Collins, LE, LEI. The committee members recommended the proposed curriculum be approved by the Board. The Practice and Education Committee reviewed the proposed curriculum with additional documentations submitted by Ms. Collins at their September 10, 2021 Practice and Education Committee meeting, and made an additional recommendation to the Board to approve the proposed curriculum for an electrology program as meeting the minimum requirements in COMAR 10.53.06.03, Theory Program; and to COMAR 10.53.06.04, Clinical Program. On September 22nd at it's Open Session meeting the Board approved the proposed curriculum for an electrology program. A letter of notification was sent to Ms. Eileen Collins on September 29, 2021 by U.S. Postal Service acknowledging the curriculum proposed had been approved by the Board.

The application for an electrology education program and the survey for out-of-state substantial equivalency for

electrology education program documents approved by the committee were presented to the Practice and Education Committee on September 10th to obtain recommendation to the Board to approve the documents. The documents were presented to the Board at the Open Session meeting on September 22, 2021, and the Board approved the application for an electrology education program and the survey for out-of-state substantial equivalency of an electrology program document. On August 6th an email notification was sent to the Board to each of the fifty-nine licensed electrologists on file to advise the licensed electrologists of the October 28, 2021 license expiration date and the scheduled meeting for the electrology association annual convention being noted as October 21st to 24th, 2021.

Status of work in progress, the committee reviewed each submitted application for renewal of a 2021 license to practice electrology with documentation of the required number of CEUs for renewal as required to meet the COMAR regulations in Title 10, Subtitle 53, Chapter 04, Continuing Education, with recommendations to the Board to approve the renewal applications meeting the regulatory requirements for renewal of an electrology license. Ms. Debra Larson, LE, chair of the

committee, has completed her second four-year term on June 30, 2021, and the notice of request for interested applicants who meet all of the requirements for consideration of an appointment to the committee to submit a letter of interest with a resume to the committee is on the Maryland Board of Nursing Electrologist Practice Committee website, but I have not received any interested candidates to date. The next committee meetings have been scheduled and occurred on October 13. October 15th was an extra meeting to review the additional renewal applications received, and will be meeting again on November 3rd. The meeting time has been changed from 9:30 to 11:30 a.m. from 10:00 a.m. till 12:00 noon, effective September 16, 2021.

Any questions about the quarterly report from the Electrology Committee?

MR. HICKS: Any questions for Monica?

(No questions posed)

MR. HICKS: Hearing none. Monica, do you want to do --

MS. MENTZER: 9E?

MR. HICKS: You did that.

MS. MENTZER: 9E, yes. The Direct-Entry Midwifery Advisory Committee report for the first quarter FY2022, to the

Board. The meetings that the committee held, additional meetings for this period. They were held five times; July 2nd, July 23rd, August 6th, August 20th, and September 3rd. There are currently thirty-two active licensed direct-entry midwives in Maryland. The committee was notified at an emergency meeting on July 23rd of a request to the Board, and specifically to this committee, to conduct a study regarding the provisions of House Bill 1032, expanding the scope of practice for licensed direct-entry midwives in Maryland. The committee was advised to seek extensive input from interested community stakeholders and provide those recommendations in a report to Delegate Ariana Kelly. The date was extended from September 30th, a request for an extension till the end of October was granted for that.

The committee invited all the stakeholders, and they participated, and the committee members finalized their report and presented today at the meeting just a few minutes ago, the results of the study and the report and recommendations from the committee. The committee reviewed the 2021 renewal application and the current annual data collection form at their July 2nd meeting before the documents were sent out to each licensed direct-entry midwife to renew their licenses timely, and to make

sure they had their annual data collection reports returned by October 1st. The committee reviewed one initial application for licensure to practice direct-entry midwifery at their August 20, 2021 meeting, and they did make recommendations for that applicant to be approved, and a letter of notification was sent to the licensed direct-entry midwife on August 30, 2021. The next meeting for the Direct-Entry Midwifery Advisory Committee is on November 5, 2021.

Any questions on that report?

MR. HICKS: Any questions?

(No questions posed)

MR. HICKS: Thank you, Monica.

MS. MENTZER: Thank you.

MR. HICKS: We will go down to our Quarterly Reports. Amber, for Discipline and Compliance?

MS. HAVENS-BERNAL: Good morning, everyone. My name is Amber Havens-Bernal, and I am presenting on behalf of the Enforcement Division's Discipline and Compliance Programs for the period of July through September of 2021.

During this quarter there were twenty cases that were voted for charges, and transferred to the Office of the

Attorney General for prosecution. There were no summary suspensions issued. There were two cases that were scheduled for a Case Resolution Committee. There were three consent orders executed by the Board, and two voluntary surrenders. No cases were voted to rescind and dismiss the charges. Four default cases were sanctioned, and three evidentiary hearings were held.

For the Compliance Program, there were three probation orders initiated; one reprimand with conditions initiated; no cases were scheduled with the program case managers; six probation orders were terminated; and there were four cases presented to the Board for violation of probation; and there are currently sixty-eight cases on probation with the Board.

Are there any questions?

MR. HICKS: Are there any questions for Amber?

(No questions posed)

MR. HICKS: Thank you, Amber.

MS. HAVENS-BERNAL: Thank you.

MR. HICKS: We will go to Tonya for Safe Practice.

MS. SPRUILL: Good morning, everyone. I'm Tonya

Spruill, the monitoring coordinator for the Safe Practice Program. Over the last quarter, the committee for the Safe Practice Program met six times. They met with fifty-nine individuals; three agreements were signed; six participants were expelled from the program; three were discharged from the program; and ten new participants were sent back to CID; and six was proven not candidates for the program; twenty-one individuals were asked to maintain their contracts; and twelve was rescheduled.

Any questions?

MR. HICKS: Any questions for Tonya?

(No questions posed)

MR. HICKS: Thank you. Next is the Investigation Status Report. Shawnta'?

MS. BATES: Good morning.

MR. HICKS: Good morning.

MS. BATES: For Investigations, complaints received in July, 64; August, 88; September, 37; for a quarter total of 189.

Complaints closed by take no action, Complaint Triage Committee recommendations, July 40; August, 29;

September, 28; for a quarter total of 97. Complaints closed by take no action, Pre-charge Case Resolution Conference Committee recommendations, July, 4; August, zero; September, 3; for a quarter total of 7. Complaints closed by take no action, CNA Advisory Committee recommendation, July, 2; August, 3; September, zero; for a quarter total of 5. Complaints closed by take no action, ROI Review Committee recommendation, July, 8; August, 5; September, 6; for a quarter total of 19. Complaints closed by charges, July, 9; August, 4; September, 5; for a quarter total of 18.

Backlog complaints closed by take no action, Backlog Review, there were none for the quarter. Backlog complaints closed administratively, July, 118; August, 72; September, 64; for a quarter total of 254.

Number of days between receipt of complaint to the Board and the Report of Investigation submission, July, 417; August, 331; September 87; for a quarter total of 278. Total open complaints, cold cases, we have 2,831. Our current case total is 2,533. The previous quarter cold cases were 3,085, and the current was 2,490.

Questions?

MR. HICKS: Shawnta', can you just explain the variations that we see between July, August, and September in terms of the number of days between receipt of a complaint to the Board and the ROI submission, and why is there the variability there?

MS. BATES: So, the variability would actually just be based on the investigator receiving the original complaint when the complaint was received by the Board and the time that it took to complete the investigation, which could have lots of variables, and then to turn in the report.

MR. HICKS: And I guess the extent of the investigation as well?

MS. BATES: Yeah, the extent of the investigation with the documents that they could be waiting for and the people they were waiting to interview.

MR. HICKS: All right. Thank you so much.

MS. BATES: You're welcome.

MR. HICKS: Were there any questions?

MS. BATES: Any other questions?

(No questions posed)

MR. HICKS: All right, thank you. We are going to

table H, and then we will move onto to the Fiscal Management. Melissa?

MS. NWOLISA: Hello everyone, and good morning.

ALL: Good morning.

MS. NWOLISA: Quarter One, at the end of Quarter One of fiscal year '22 we ended with a surplus of about 50,000, so that's good. That's in line with the previous fiscal years of FY20 and FY21.

Starting with revenue, based on our conversation during the last quarter, what I did is I broke out the percentage of - I broke out the percentage of revenue that actually belongs to the Board in comparison to the gross to revenue so that you could actually see how much was available to the Board. In the chart that I sent you can see in FY22, the revenue tranfers were eleven percent, so that means the actual percentage of our revenue that we kept inhouse was eighty-nine percent, and that's in line with the end of fiscal year - the numbers that I presented in fiscal year 2021. But looking at the average, I got the average for the entire three fiscal years. The average for Q1 for the adjusted revenue that actually belongs to the Board is eighty-eight percent.

Subsequently, that means that means that the percentage of the revenue transfer, the average that we give to for the nurse practitioner tax credits as well as to MACC is about twelve percent. So, these numbers are important because it allows us to be able to monitor, but it also allows us to be able to have numbers or percentages for internal budget projections when we need them.

So, looking at the revenue, the movement of revenue of Q1 from FY20 to FY22, I thought it was important to just show that we can see the effect of COVID-19, the pandemic, on the Board's budget over the fiscal years for Quarter One. You can see from '20 to '21 that there was a decrease in revenue by eight percent, which makes sense because COVID began March, 2020, and FY21 began in July, 2020, so that makes sense because we were still at the onset of the pandemic. But we also see that from FY21 to FY22, Quarter One, we see an increase of a pretty significant amount of about 21.75 percent increase in revenue.

And as we discussed last time, you know, expenses remain the same, a hundred percent of the expenses belongs to the Board, and we see a continued increase in expenses

throughout the fiscal years from FY20 to '21 to '22. And the most notable expense from FY21 to '22 is salaries and fringe benefits.

So, just to be frank, there's nothing remarkable that's out of the norm for the first quarter of this fiscal year in comparison to the last two fiscal years. But also, it's worth noting that the first quarter of a budget it doesn't really show the health, the overall health of the organization. And the fact that FY20 and '21 ended in the red in the previous years, one of the things that we're going to be monitoring - I'm curious to see if there's a trend throughout the quarters to see if there's the potential of maybe perhaps there's a particular period where numbers go up so that we can manage it and try to stay ahead of it. So, those are what the numbers show.

I also just wanted to mention that we have hired a manager of administrative services who is going to be serving as the Agency's fiscal officer. And so, for the next quarter I will most likely be presenting with her present, but after that she will most likely take over the presentation because she is going to be very much more hands-on in the finances for the Board.

MR. HICKS: Thank you so much. Are there any questions for Millicent?

(No questions posed)

MR. HICKS: Hearing none. I am going to open the floor up to the audience if anyone in the audience would like to address the Board.

Actually, before I do that, I failed to acknowledge Dr. Polk. This is Dr. Polk's last meeting. She served her four-year term, and will be going back to civil life. So, thank you, Dr. Polk, for all your service and your expertise and dedication to the Board in helping us really make a difference to our constituents.

MS. POLK: Thank you.

MR. HICKS: In place of Dr Polk is Dr. Heather Westerfield. So, Dr. Westerfield will be coming on as of today. Do you want to give us a little bit of background on yourself, Dr. Westerfield?

MS. WESTERFIELD: Sure. So, I've been a nurse for about twenty years, and I worked in med surge in a hospital setting. And for the last thirteen years I've been in education. I work at a community college here in Maryland as

the director of nursing, and I'm just really excited to be here. Thank you.

MR. HICKS: You're welcome, Dr. Westerfield. Now I will turn it over to the audience. Is there anyone in the audience that would like to address the Board?

(No discussion posed)

MR. HICKS: Hearing none. In a moment I'm going to ask if there's 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 the specific statutory requirements that prevents public disclosure 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 disclosure 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 reasons cited in the written statement, or any discussions thereof?

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

MR. HICKS: Gibbons-Baker.

MR. NEUSTADT: Second, Neustadt.

MR. HICKS: Neustadt. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. Everyone, have a great day. Board members online, we will reconvene in Closed Session at 11:10.

(Whereupon, at 10:57 a.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 27th day of October, 2021.

_____

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

My commission expires: May, 13, 2023

Script for Closing Open Session
October 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: 10/27/2021
Time:
Location: 4140 Patterson Avenue, Baltimore, MD; Conference Call Line
Motion to close meeting made by: Gibbons-Baker Seconded by Nvestadt
Members in favor: Gibbons-Baker, Hicks, Hayward, Polk, Nvestadt, Turner, Hgrrod-Owusmang, Cassidy
Opposed: None Abstaining: None
Absent: J. Hill, R. Hill, Dillon, Vickers, Raymond, Steele

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.