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, April 27, 2022, at 4140 Patterson Avenue, Baltimore, Maryland 21215, commencing at 9:05 a.m. before Edward Bullock, Notary Public in and for the State of Maryland.

REPORTED BY: Edward Bullock, Notary Public

AUDIO RECORDING TRANSCRIBED BY: Edward Bullock, DCR

APPEARANCES:

MICHAEL CONTI, Assistant Attorney General
MARGARET LANKFORD, Assistant Attorney General
KATHERINE CUMMINGS, 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, RN Member, Board President
EMALIE GIBBONS-BAKER, APRN Member (via telephone)
M. DAWNE HAYWARD, RN Member
AUDREY CASSIDY, Consumer Member
JACQUELINE HILL, RN Member
SUSAN STEINBERG, Consumer Member
SUSAN LYONS, APRN Member
HEATHER WESTERFIELD, RN Member
DAMARE VICKERS, LPN Member (via telephone)

ALSO PRESENT:

KAREN E.B. EVANS, Executive Director
RHONDA SCOTT, Deputy Director
LESLIE JOHNSON, Executive Assistant
JOYCE CLEARY, CNA Training Programs
IMAN FARID, Health Policy Analyst (via telephone)
MONICA MENTZER, Manager, Practice
BRIAN STALLSMITH, Information Technology
AMBER HAVENS-BERNAL, Discipline & Compliance Programs
SHAWNTA' BATES, Investigations
TONYA SPRUILL, Safe Practice Committee
SARA TONGUE, Investigations
MAXINE TRAYNHAM, Fiscal Management
MILLICENT NWOLISA, Fiscal Management

AUDIENCE MEMBERS:

TIJUANA GRIFFIN, Washington Adventist University

JANE KRIENKE, Chief Nursing Officer (via telephone)

C O N T E N T S

P R O C E E D I N G S

MR. HICKS: Good morning. We are going to go ahead and get started. Thank you for your patience.

We will start this morning with a motion to go into Open Session.

MS. TURNER: So moved, Turner.

MS. GIBBONS-BAKER: So moved, Emalie.

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

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. We will start with roll call. We will start within the room.

MS. STEINBERG: Good morning. Susan Steinberg, consumer member.

MS. TURNER: Ann Turner, RN member.

MS. HAYWARD: Dawne Hayward, RN member.

MS. CASSIDY: Good morning. Audrey Cassidy, consumer member.

MS. LYONS: Susan Lyons, RN member, advanced practice nursing.

MS. WESTERFIELD: Good morning. Heather Westerfield, RN member, associate's degree nursing programs.

MS. JACQUELINE HILL: Dr. Jacqueline Hill, RN member, baccalaureate degree programs.

MR. HICKS: All right. Then we will go online. Emalie?

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

MR. HICKS: And Damare?

MS. VICKERS: Good morning. Damare Vickers, LPN member.

MR. HICKS: Any other board members online?

(No responses)

MR. HICKS: All right. Thank you, all. So, we will start with Ms. Evans who will give us some Board updates.

MS. EVANS: Good morning, everyone.

ALL: Good morning.

MS. EVANS: I just wanted to provide you the status of our IT. We are still in the same place; limited

functionality, capability. We continue to have to navigate through two different networks in order to license a person. We have to go onto one, get out of that one, go into another, and then go back to the original. So, we are still on Wi-Fi. So, I just want to, again, thank everyone for being patient. We're working diligently to move forward with what we have.

Implicit Bias: We are working - I'm trying to get individuals down at the Minorities Health and Minorities Disabilities to work with so that you will have access to all of the current programs. I am giving individuals some of the names of who to contact in order to do a program to get it approved. It has to go through that particular department - I mean, division under the Maryland Department of Health. So, as soon as I have more information, I will place it on our website.

I have been receiving a lot of complaints concerning GNA testing through Concentra, which is our new vendor. They were still part of the old vendor under Pearson VUE, the old testing company. They are now the new testing company and they are taking over that, and it's not doing well at all. So, I will be setting up a meeting with senior leadership. I will

ask for a consult as well as President Hicks to participate so that we can get our constituents who need to take the GNA exam to take it. There's been a lot of cancellations, there's been a lot of - a lot of unnecessary things. So, I had asked the programs to send me information they have. I am putting together some data so that I will be able to present that when we speak with senior leadership.

English Language Proficiency: The Welcome Center from Montgomery County met with us two months ago. I just want to let everyone know that's still on our radar. I have given this to the Education and Exam team to review and to be able to provide a report to the Board. So, that will be next month.

And as the last items, as you know as we have been working - I forgot to state one thing under IT. As we've been working under this new normal since the incident - the cyber incident on December 4th, we haven't been able to post our public orders the normal way. So, we have now found a way to be able to do that. They are up on our website, and that's how we will continue until we get our databases truly where they need to be.

The last item is, I provided education to the Safe

Practice Committee a couple of weeks ago, and I reviewed with them compact items, such as licensure and the Alternative to Discipline Program. We are getting ready to go through a huge audit from the Nursing Licensure Compact. And I have sent to all of the Board members this morning a copy of what the audit tool looks like and all the criteria requirements that we have to meet. It's a lot. It's 33 pages. So, we have begun the audit - the internal audit, I should say, with the Alternative to Discipline Program, which is our Safe Practice Program, from A through Z. Our new director - I forgot to announce that. Our new director of enforcement, which is Sara Tongue, is in charge of doing that piece. So, we'll have alternates and other departments reviewing the departments just to make sure that everything is objective. So, there are a lot of things that have come up throughout the audit, and even when I spoke to the committee members two weeks ago. So, I would like for the Board - and Mr. Conti, our Board counsel, was there as well, they have a lot of different questions that I think the Board needs to participate in. I would like to reinstitute the Board's Oversight Committee for the Safe Practice Program. So, that is my request this morning.

MR. HICKS: So, if there's anyone that is willing to volunteer to be on that Oversight Committee, please let Karen and myself know so that we can get that started. I think it's really important that we do that just like we have any other committee that, you know, has some type of Board oversight, that committee should be one as well. So, if anyone's interested, just let us know.

MS. EVANS: Yes, Dr. Hill?

MS. JACQUELINE HILL: What's the time needed for it?

MS. EVANS: You can set your own meetings. You don't have to attend the Safe Practice meeting because that's a confidential. We try to keep everything confidential with that. What we're really looking for is review of the agreements as far as what's in the agreement, is it still current, if there's some questions concerning whether or not there needs to be - if they have a question about altering the agreement.

Mike, can you come up with some other things? Those are just the things off the top of my head.

MS. SCOTT: Authorities.

MS. EVANS: Authority is a subcommittee, yes.

MS. SCOTT: They can answer the questions about

that. They need more input and data.

MS. EVANS: So, it's Ad Hoc, so to speak. So, it can really work around the Oversight Committee's schedule.

Oh, good news, so we've put in a bid for mics, yea. So, we're just waiting. We had to put it out again to repost because we only had one vendor come in. Hopefully, next month I will be able to tell you they're coming some time soon. So, that will help out with our communication to our constituents during our Open Session meetings. So, I'm excited about that. That's it.

MR. HICKS: Thank you, Karen. Any questions for Karen? Dr. Hill?

MS. JACQUELINE HILL: When will the Open Sessions resume for people to get in the room?

MS. EVANS: They can. We started - I'm not sure if people are still comfortable, especially with the numbers rising again in our favorite topic of COVID. But, yeah, they can come; students can come; everybody can come. What I can do is put something on the website to remind everyone that we are open.

Oh, one last thing. We also need Safe Practice Program committee members, and I will put that on the website as

well.

MR. HICKS: Thank you, Karen. Next is a motion to approve the Consent Agenda.

MS. JACQUELNE Hill: Motion to approve, Dr. Jackie Hill.

MR. HICKS: Dr. Jacqueline Hill.

MS. TURNER: Second, Turner.

MR. HICKS: Turner. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. Next is Karen, again.

MS. EVANS: So, everyone, we have two programs. The Certified Nursing Assistant Training Program is seeking Board approval for additional sites, didactically and clinically. I will do them each individually.

University of Maryland Medical Center, they have met all of the expectations under 10.39.02. We were just waiting for a letter to include didactic. We have received the letter, and that was the only part that was missing. It did go through the CNA Advisory Committee, and they said that as long as we

received the letter, we could move forward with it.

So, I just wanted bring here that we received a letter, and I am asking for the Board's approval of this additional didactic and clinical site for the University of Maryland Medical Center.

MR. HICKS: Is there a motion to approve the University of Maryland Medical Center's CNA program?

MS. LYONS: Motion to approve, Lyons.

MR. HICKS: Lyons.

MS. TURNER: Second, Turner.

MR. HICKS: Turner. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. EVANS: University of Maryland Midtown Campus, for an additional didactic and clinical sites. Also was awaiting a letter for them. We received it, and it has gone, again, through the CNA Advisory Committee. That was the only portion that was missing.

So, I am requesting approval for the University of

Maryland Midtown Campus site for didactic and clinical.

MR. HICKS: Is there a motion to approve?

MS. HAYWARD: Motion to approve, Hayward.

MR. HICKS: Hayward.

MS. TURNER: Second, Turner.

MR. HICKS: Turner. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. EVANS: Thank you.

MR. HICKS: All right. We will move down to Legislative Affairs. Iman, are you online?

MS. FARID: Yes, good morning. I'm here. Can you hear me all right?

MR. HICKS: Yep. Are you there, Iman?

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

MR. HICKS: Yep, we can hear you.

MS. FARID: Okay, perfect. Thank you. Good morning, everyone, and happy Wednesday. Today I will be presenting Item 7A, which is a memo that provides a list of

bills assigned to the Board for their meeting from the week of March 14th through the week of April 11th.

Starting, we have House Bill 49, cross-filed with Senate Bill 380: Public Health Emergency and Allergy Treatment Program Nurse Practitioners. This bill allows registered nurse practitioners to prescribe and dispense auto-injectable epinephrine to certificate holders who operate youth camps. The Board submitted a Letter of Support with Amendments.

Next is House Bill 55, cross-filed with Senate Bill 1011: Health Occupations Nurse Anesthetists Drug Authority. This bill authorizes a nurse anesthetist to prescribe, order, and administer drugs under certain circumstances. The Board submitted a Letter of Support.

House Bill 112, cross-filed with Senate Bill 230: Health Occupations Service Members, Veterans, and Military Spouses Temporary Licensure, Certification, Registration, and Permitting. This Bill requires the Board to issue an expedited temporary license or certificate to a service member, veteran, or military spouse. It requires the Board to include a certain item on a license or certification application. The Board submitted a Letter of Support with Amendments.

Next is House Bill 218: Health Occupations Nursing Dialysis Technicians. This bill establishes a separate category of dialysis technicians. It repeals the requirement that a dialysis technician be a certified nursing assistant. This bill also alters the composition of the Board advisory committee. The Board submitted a Letter of Support with Amendments.

House Bill 276, cross-filed with Senate Bill 513: Health Occupations Clinical Nurse Specialists Prescribing Authority. This bill alters the definition of "clinical nurse specialist" and "practice as a clinical nurse specialist" for the purpose of authorizing clinical nurse specialists to prescribe drugs and durable medical equipment. In addition, it alters the definition of "authorized prescriber" for the purposes of the Maryland Pharmacy Act. It authorizes a licensed physician to personally prepare and dispense a prescription written by a clinical nurse specialist. The Board submitted a Letter of Support with Amendments.

House Bill 384: Public and Nonpublic Schools Bronchodilator and Epinephrine Availability and Use Policies. This bill requires each county board of education to establish

and update policies for administering bronchodilators and auto-injectable epinephrine. It requires the State Department of Education to develop training to identify symptoms of anaphylaxis, asthma, or respiratory distress. The Board submitted a Letter of Concern.

House Bill 462, cross-filed with Senate Bill 159: Health Occupations Authorized Prescribers Financial Reporting. This bill requires an authorized prescriber who receive a financial incentive from a pharmaceutical entity to file a financial disclosure form. The Board submitted a Letter of Opposition.

House Bill 533, cross-filed with Senate Bill 523: Health Occupations Licenses, Certificates, and Registration Immigrants. This bill prohibits the Board from denying licensure or certification to an immigrant, if the individual meets certain requirements. It requires each applicant to disclose either a Social Security Number or Individual Taxpayer Identification Number on their application. The Board submitted a Letter of Information.

House Bill 625, cross-filed with Senate Bill 440: Commission to Study the Health Care Workforce Crisis in Maryland

Establishment. This bill establishes a Commission to study the Health Care Workforce Crisis in Maryland to be charged with examining certain topic areas. The Board submitted a Letter of Opposition.

House Bill 821, cross-filed Senate Bill 518: Career Pathways for Health Care Workers Program. This bill establishes the Career Pathways for Heath Care Workers Program in the Maryland Department of Labor for the purpose of providing matching grants to eligible employers for training programs attended by heath care workers. The Board submitted a Letter of Support.

House Bill 975, cross-filed with Senate Bill 696: Maryland Loan Assistance Repayment for Nurses and Nursing Support Staff Program Establishment and Funding. This bill establishes the Maryland Loan Assistance Repayment Program and Fund to assist certain nurses and nursing support staff with the repayment of certain education loans. It requires the Comptroller to distribute a certain amount of money received by the Board of Nursing to make certain grants for the Program. And lastly, it requires the Department of Health to convene a stakeholder workgroup for a certain purpose. The Board submitted

a Letter of Opposition.

House Bill 1188: Public Health Sickle Cell Disease. This bill renames the Statewide Steering Committee on Sickle Cell Disease. It requires the Maryland Department of Health to establish and implement a system of providing information on the sickle cell or thalassemia traits to certain individuals. It requires the Department to maintain on its website a certain list of resources. The Board took no position.

House Bill 1208: Health Occupations Healthcare Workforce Expansion. This bill establishes requirements related to the expansion of the workforce in nursing-related fields. It establishes the Licensed Practical Nurse and Registered Nurse Preceptorship Tax Credit Fund. It requires the Department of Health to convene stakeholder work groups to study expanding the State apprenticeship program to the healthcare workforce. The Board submitted a Letter of Support with Amendments.

And, in addition, I wanted to provide a status update on where the bill is currently. The Board is currently waiting for the governor to sign the bill so that we can promulgate regulations in accordance of the federal status.

This specifically addresses temporary nursing assistants, which is language that has been included in the bill.

Moving on, we have House Bill 1346, cross-filed with Senate Bill 812: State Government Cybersecurity Coordination and Governance. This bill establishes the Office of Security Management and Cybersecurity Coordination and Operations Unit. It requires the Unit to establish assistance groups to deliver or coordinate support services. Additionally, it requires the Unit to offer training opportunities, and it requires each unit of the Executive Branch to report certain cybersecurity incidents. The bill also requires the Maryland Cybersecurity Coordination Council to study aspects of the State's cybersecurity vulnerabilities. The Board took no position.

Senate Bill 77: Health Occupations Boards Investigations Right to Counsel. This bill allows a licensee or certificate holder to be represented by counsel during an investigation that could result in charges or sanctions. The Board submitted a Joint Letter of Opposition with the Board of Physicians.

And the last bill is Senate Bill 355: HIV

Prevention Drugs Prescribing and Dispensing by Pharmacists and Insurance Requirements. This bill authorizes pharmacist to prescribe and dispense pre-exposure and post-exposure prophylaxis medications for HIV prevention under certain circumstances. The Board submitted a Letter of Information.

With that, I would be happy to take any questions.

MR. HICKS: Are there any questions for Iman?

(No questions posed)

MR. HICKS: All right, hearing none. Is there a motion to accept the recommendations of the Legislative Committee?

MS. STEINBERG: So moved, Steinberg.

MR. HICKS: Steinberg.

MS. CASSIDY: Second, Cassidy.

MR. HICKS: Cassidy. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. Thank you, Iman. It was a very busy session this session.

MS. FARID: Thank you so much.

MR. HICKS: All right. We will go down to Monica, Direct-Entry Midwives and Electrology.

MS. MENTZER: Good morning. We are going to start with 8A: Report of an Onsite Visit to an Electrology Practice Office.

Memorandum: At its meeting on January 26th, the Board of Nursing directed the Electrology Practice Committee to conduct an inspection of an electrology practice office newly opened by Ms. Chablis Lakes, licensed electrologist, License Number E01472, located at 909 Baltimore Boulevard, Number 155, Westminster, Maryland pursuant to and accordance with the statute in 8-6(b)-06 of the Health Occupations Article of Maryland Annotated Code.

On March 27, 2022 two members of the committee, both licensed electrologists, conducted an onsite visit to inspect and survey the electrology practice office of Ms. Chablis Lakes, licensed electrologist, License Number E01472, to determine its compliance with the applicable laws and regulations. At the committee's meeting on April 13, 2022 the committee reviewed and discussed the surveyor's findings set forth in their respective

electrology office inspection report attached to this memorandum for the Board's review. The surveyor's reported that Ms. Chablis Lakes' electrology practice office met all the applicable regulatory requirements as set forth in the Code of Maryland Regulations 10.53.07, Electrology Office Requirements; COMAR 10.53.08, Instrument and Procedures; and COMAR 10.53.09, Sterilization Procedures.

Given these findings, the committee therefore recommends to the Board that no further action with respect to Ms. Chablis Lakes, licensed to practice in electrology, for her electrology practice office located at 909 Baltimore Boulevard, Number 155, Westminster, Maryland at this time. On this basis, the committee recommends to the Board; Number One, to accept the committee's electrology office report inspection and inspection reports; and Number Two, to approve the committee's recommendation to take no action with respect to Ms. Chablis Lakes' license to practice electrology under License Number E01472, or her electrology practice office located at 909 Baltimore Boulevard, Number 155, Westminster, Maryland at this time.

Are there any questions?

MR. HICKS: Are there any questions for Monica?

(No questions posed)

MR. HICKS: Is there a motion to accept the committee's recommendations?

MS. JACQUELINE HILL: Motion to accept the recommendations.

MR. HICKS: Dr. Hill.

MS. HAYWARD: Second, Hayward.

MR. HICKS: Hayward. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. EVANS: She can do her quarterly report while she's there.

MR. HICKS: Yeah, Monica, while your there do you want to do your quarterly report?

MS. MENTZER: Yes. I'm going to do the quarterly report under Section 9D on the agenda, Direct-Entry Midwifery Advisory Committee.

This is for the third quarter for fiscal year 2022.

There were seven members of the Direct-Entry Midwife Committee. Of those seven members, we do have one vacant position yet for the direct-entry midwife who completed her term on December 31, 2021.

Meetings: The committee will schedule meetings monthly on the first Friday of the month and, if deemed necessary, to conduct committee business. Meetings are held when there are sufficient agenda items or for when the Board receives an initial or renewal application for licensure as a direct-entry midwife.

During the third quarter, fiscal year 2022, from January 1, 2022 to March 31, 2022, the committee met twice, on February 4th and March the 4th. Currently, there are 33 active licenses for direct-entry midwives in Maryland.

Status of Work Completed: Review of initial applications for licensure as a direct-entry midwife. The committee received and reviewed two applications for initial licensure to practice direct-entry midwifery at its committee meeting on February 4, 2022, and recommended to the Board that it approved the applications for licensure for Luisely Melecio-Zambrano and Felicia Renee McMullen as licensed

direct-entry midwives. At the Board's Open Session meeting on February 23, 2022, the Board voted to accept the recommendation from the committee, and it approved the applications for initial licensure for Luisely Melecio-Zambrano and Felecia Renee McMullen. A letter of notification of initial licensure to practice direct-entry midwife in Maryland was sent to each of those individuals newly licensed on February 25, 2022 by U.S. Postal Service.

The second item is Review of Renewal Applications for Licensure as a Direct-Entry Midwife. At the December 3, 2021 meeting the committee reviewed an application for renewal of a license to practice direct-entry midwife, and recommended to the Board that it approved the renewal license application for Ms. Diane Sellers, LDEM, License Number DEM00003. The Board voted to approve the renewal application for Ms. Diane Sellers, licensed direct-entry midwife, License Number DEM00003 at its meeting on January 27, 2022.

Status of Work in Progress: First item, Review of Annual Data Collection Form Required by Maryland Code, Annotated

Health Occupations, Section 8-6(c)-10. The committee agreed to review the currently approved annual data collection form to see if any of the items on the form required additional clarification, including definition for terms to ensure that the licensed direct-entry midwives completing the required form are providing the correct information. The licensed direct-entry midwives are required to complete and submit this form to the Board by October 1st of each calendar year. See Maryland Code, Annotated Health Occupation, Section 8-6(c)-10, Governing the Report Requirements Captured in the Form.

Membership on the Committee: The committee reported to the Board at its Open Session meeting on November 17, 2021, the names of the four committee members whose appointment terms were set to expire on December 31, 2021. At its Open Session meeting on January 26, 2022; Number One, the Board voted to approve the re-appointment of Ms. Jessica Watkins, the consumer member on the committee to her second term. Number Two, the Board voted to approve the appointment of two new members to the committee; Dr. Monica Boucher, M.D., to replace Dr. Harold Fox, the Maryland Health Association representative member; and B,

Ms. Brittany Kaufman, licensed direct-entry midwife to replace Dr. Kai Parker, licensed direct-entry midwife. And Three, the Board requested that the President of the Association of Independent Midwives of Maryland provide an additional list of names for the Board to consider to fill the final vacancy for a third license direct-entry midwife member to the committee.

The next meetings of the direct-entry midwife advisory committee have occurred on April the 1st, and we have scheduled meetings for May the 6th and June the 3rd.

Are there any questions about this committee report?

MR HICKS: Are there any questions for Monica? I will just make a point of clarification, that's the first quarter report. I think I had heard third quarter report.

MS. MENTZER: It is the third quarter report.

MS. EVANS: It's third quarter.

MR. CONTI: Of 2021?

MS. MENTZER: No, 2022.

MR. CONTI: Oh, fiscal year. Sorry.

MR. HICKS: Sorry.

MS. MENTZER: January 1, 2022 to March 31, 2022 is

the third quarter.

MR. HICKS: Gotcha, understood. Thank you. Are there any questions?

(No questions posed)

MR. HICKS: All right. Thank you, Monica.

MS. MENTZER: You're welcome.

MR. HICKS: We will go back up to 9A. Amber?

MS. MENTZER: Wait, I have one more.

MR. HICKS: Oh, you have one more, sorry. Electrology.

MS. MENTZER: Yes, 9E.

MR. HICKS: Yes, 9E, sorry.

MS. MENTZER: Yes, we are moving on to 9E. This is the third quarter, fiscal year 2022, quarterly report to the Board for the Electrology Practice Committee.

The members of the Electrology Practice Committee include; Debra Larson, licensed electrologist chair; Elizabeth Spagnola, licensed electrologist committee member; and Jolene B. Harris, the consumer member of the committee.

Meetings: The Electrology Practice Committee meets as necessary to conduct to committee business, and if necessary,

when there are sufficient agenda items, or when the Maryland Board of Nursing receives an initial or a renewal application for licensure as an electrologist or an electrology instructor.

The committee met three times during the third quarter of fiscal year 2022; on January 12th, February 9th, and March 9, 2022. Currently, there are 47 active electrologists and two active electrology instructors licensed in Maryland.

Status of Work Completed: The committee reviewed one application for initial licensure to practice electrology that has not been able to move forward as the applicant has not demonstrated that she has been able to successfully pass the theory portion of the examination administered. The applicant is therefore unable to be scheduled for the clinical portion of the required examination at this time.

Review of Reinstatement Application for Licensure as an Electrologist: During the third quarter the committee received two applications to reinstate an expired license that was to reinstate to the Board. The committee reviewed and recommended to the Board that it approved the reinstatement application for Ms. Angelina Waight, licensed electrologist, License Number E01096 as meeting all the requirements for

reinstatement of her non-renewed electrology license.

The committee reviewed and recommended that the Board deny the reinstatement application for Ms. Ann Coscia, licensed electrologist, License Number E01385 as not meeting the requirements related to completion of approved continuing education units for reinstatement of a non-renewed electrology license.

The Board accepted the committee's recommendations in both case for Ms. Waight and Ms. Coscia, and on February 24, 2022 a letter was sent to Ms. Coscia notifying her of the Board's denial to accept the reinstatement application, and what the bases for that denial were.

And then, Onsite Visit, that was just Item Number 8A that we went over. This site visit occurred on March 27, 2022 at the request of the Board. The two members were both licensed electrologists, and that was Ms. Debra Larson and Ms. Elizabeth Spagnola. They conducted their onsite visit to inspect and survey the electrology practice office of Ms. Chablis Lakes, LE, License Number E01472 to determine its compliance with applicable laws and regulations, and the committee members used the form that reiterated each applicable regulatory requirement

for their survey and inspection review. The committee reviewed these results at their April meeting, and then presented it today at the Board meeting.

Status of Work in Progress, Onsite Visit at Electrology Office and Practice: In relation to the request of the Board to the committee, that the committee consider and make recommendations to the Board regarding establishing objective criteria and standardized processes with respect to determining when an onsite visit of an inspection of an electrology office is warranted. In addition, the committee is considering including in its recommendations to the Board; Number One, standards and processes for committee members and/or Board members or Board staff conducting an onsite inspection. I'm sorry, that was Board staff conducting an onsite inspection. And Number Two, standards and processes for evaluating the findings of an onsite inspection, including what potential next steps, such as; requiring the plan of correction, additional survey need for any disciplinary action is warranted. The committee has engaged in an initial inspection and is working to prepare a draft for the committee's final review and approval prior to submission to the Board.

Membership: Ms. Debra Larson, licensed electrologist and chairperson of the committee, has completed her second four-year term as the committee member on May 31, 2021. The Board has posted a notice on the website requesting that any interested electrologists are licensed and meet all the requirements for appointment on the committee to submit a letter of interest with resume to the Board. To date, the Board has not received any potential candidates interested in being considered for an appointment to replace Ms. Larson. Ms. Larson is able to continue to serve until a successor is appointed by the Board, and qualifies in accordance with Maryland Code, Annotated Health Occupation Section 8-6(b)-05(f)3. The next meeting the committee had occurred on April 13th, and is scheduled for May 11th and June 8th.

Any questions about this committee?

MR. HICKS: Are there any questions for Monica?

(No questions posed)

MR. HICKS: All right. Is there a motion to accept Monica's report and the recommendations by the committee?

MS. STEINBERG: So moved, Steinberg.

MR. HICKS: Okay.

MS. HAYWARD: Second, Hayward.

MR. HICKS: Hayward. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. MENTZER: Thank you very much.

MR. HICKS: Thank you, Monica. All right, Amber.

MS. HAVENS-BERNAL: Good morning. I'm Amber Havens-Bernal, and I will be presenting the quarterly reports for the Discipline and Compliance Programs of the Enforcement Division. This is for January through March of 2022.

MR. HICKS: Amber, if I could just have you speak up a little bit, please.

MS. HAVENS-BERNAL: For the Discipline Status Report first, cases that were voted for charges and transferred to the Office of the Attorney General for the quarter was eleven. Total summary suspensions issued, including orders that continue the summary suspension; for January there were three; February there were three; and March there were eight; for a total of fourteen. Cases scheduled for Case Resolution Conference for

this quarter, total five. Total Consent Orders executed by the Board, there were none during this time. Total voluntary surrenders that were executed by the Board, there's a total of nine for this quarter. No cases were voted to be rescinded/dismissed. Three cases were voted for sanctions by default. And there were six hearings held during this quarter.

For the Compliance Status Report, there were three probation orders initiated this quarter. No reprimands with conditions were initiated. Two cases were scheduled for the Program Case Managers, and two probation orders were terminated, and four cases were presented for violation of probation. Total cases of probation with the Board currently are sixty-seven.

Thank you.

MR. HICKS: Any questions for Amber?

(No questions posed)

MR. HICKS: All right. Thank you, Amber. All right, Tonya. Tonya is going to do Safe Practice Committee.

MS. SPRUILL: Good morning, everyone.

ALL: Good morning.

MS. SPRUILL: My name is Tonya Spruill, and I'm doing the quarterly report covering October through December of

2021. During that time the Safe Practice Program Committee met six-out-of-six times. We have a total of about between 74 and 78 participants in the program. We met with - well, the committee met with 61 individuals; three individuals were given agreements; zero were expelled; one individual was discharged; six individuals were sent back to CID for no-show; three individuals were sent back to CID for not being appropriate for the program; and 29 individuals were asked to maintain their agreements; and 18 were rescheduled. We also met - we also reviewed nine files for requests.

Any questions on the report?

MR. HICKS: Any questions for Tonya?

MS. WESTERFIELD: I have a question. Can you tell me the difference between, "expelled for non-compliance" and "discharged from the program"?

MS. SPRUILL: Expulsion is when the participant does not comply with the program's rules. And what we do is, we expel them, which means sending them back to CID to be charged.

MS. WESTERFIELD: And how is that different from being discharged from the program?

MS. SPRUILL: That is different from discharged

because the participant completes the program successfully.

MS. WESTERFIELD: Okay.

MR. HICKS: Dr. Hill, did you have a question?

MS. JACQUELINE HILL: CID?

MS. SPRUILL: I'm sorry, Complaints and Investigations Unit.

MR. HICKS: Anyone else have questions?

(No questions posed)

MR. HICKS: Thank you so much.

MS. SPRUILL: Rhonda and Karen asked me to bring forward the - I'm bringing forward a request from the Safe Practice Program to remove a committee member. The Safe Practice Program is requesting that the Board remove Jacqueline Payne Borden from the Safe Practice Committee due to non-attendance. Over the past 24 months the Safe Practice Program has met 45 times, Ms. Payne Borden attended three of those 45 meetings.

MR. HICKS: I'm sorry, I didn't hear that last part.

MR. CONTI: Three.

MR. HICKS: Three?

MS. SPRUILL: Three.

MR. HICKS: Out of 45?

MS. SPRUILL: Yes.

MR. HICKS: Are there any questions about that?

(No questions posed)

MR. HICKS: All right. Is there a motion to approve?

MS. JACQUELINE HILL: Motion to approve.

MR. HICKS: Dr. Jacqueline Hill.

MS. TURNER: Second, Turner.

MR. HICKS: Turner. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. SPRUILL: Thank you.

MR. HICKS: Tonya, did you have Investigations as well?

MS. EVANS: No, that's Sara.

MS. SPRUILL: No.

MR. HICKS: All right, sorry. Then, 9C is tabled, so we will go to F, Practice and Education Committee.

MS. EVANS: Tabled.

MR. HICKS: Oh, sorry, tabled. I didn't see that. So, G, Sara.

MS. BATES: Shawnta'.

MR. HICKS: Oh, Shawnta'.

MS. BATES: Good morning.

ALL: Good morning.

MS. BATES: I have the status for Complaints and Investigations for January through March of 2022.

For complaints received: January, 38; February, 55; and March, 52; for a quarter total of 146. Complaints closed by take no action, Complaint Triage Committee recommendation: January, 11; February, 20; and March, 16; for a total of 47. Complaints closed by take no action, Pre-charge Case Resolution Conference Committee recommendation: January, 2; February, 4; and March, 3; for a total of 9. Complaints closed by take no action, CNA Advisory Committee recommendation: The quarter total is zero. Complaints closed by take no action, ROI Review Committee recommendation: January, 2; February, 9; and March, 1; for a total of 12. Complaints closed by charges: January, 1; February, 2; and March, zero; for a quarter total of 3. Backlog complaints closed by take no action, Backlog Review:

January, 10; February, 70; March, zero; for a quarter total of 80. Backlog complaints closed administratively: January, 28; February, 31; and March, 59; for a quarter total of 108. Number of days between receipt of complaint and reported investigation submission: January, 369; February, 316; and March, 568; for an average quarterly total of 418.

For our total open complaints right now; cold cases are 3,363; current case total is 2,386. Our previous quarter total cold cases were 3,561; and the previous quarter total for current cases was 2,575.

MR. HICKS: Are there any questions for Shawnta'?

MS. JACQUELINE HILL: I do.

MR. HICKS: Dr. Jacqueline Hill.

MS. JACQUELINE HILL: On the numbers she spoke, I don't have those in mine.

MS. BATES: Which numbers?

MS. CASSIDY: Right, it's not on our Google drive.

MS. JACQUELINE HILL: I have a total of 2,657 for current case. All those numbers are different.

MS. BATES: This is the one given to Karen Brown.

MR. HICKS: Does that have a title on it?

MS. JACQUELINE HILL: Complaints and Investigations.

MS. CASSIDY: January through March.

MS. BATES: This is the one I sent to Karen Brown. I will send it to her again.

MR. HICKS: We'll look at that and have that uploaded, the proper report.

MS. EVANS: Shawnta', can you go over to email and send it to all of the Board members' email, and copy Karen Brown and ask her to upload it.

MS. BATES: Yes, okay.

MR. HICKS: Dr. Westerfield?

MS. WESTERFIELD: I just have a quick question. So, the number of days between received the complaint and ROI submission, did I hear that the average between the three months from the time a complaint is received until the report of investigation is 418 days?

MS. BATES: Yes, that's about how long it takes us to complete the investigation.

MS. EVANS: So, if I can chime in.

MS. WESTERFIELD: To complete the investigation?

MS. EVANS: Yes. So, right now - where's Sara?

Sara, how many investigators do we have currently?

MS. TONGUE: So, right now there's one investigator assigned to the cold cases. So, she has the 3,000-plus for herself. Then, for the current case investigators, there's literally only two full-time investigators, while the other two, myself, and Ms. Bates are split between joining multiple - like, picking up other items and handling other types of investigations that is not included into those numbers.

So, when you're looking at the dates, it's from the time that it's received through the time of the completion of the investigation. It really depends on multiple factors; how quickly we will get the documents, how quickly will somebody come in to complete the interview; or if we need to do follow-up interviews to get more document; having the Board finalized and it going through the review processes. So, there's multiple factors that come into play when you're looking at investigations.

MS. EVANS: Additionally, we have not had a full complement of investigators since I've been here. Right now, I'm at four-and-a-half years. They should have at least 12 to 20 for the number of cases we receive.

MS. SCOTT: Nineteen.

MS. EVANS: Nineteen is what we would need?

MS. SCOTT: Yes.

MS. EVANS: On average, we receive anywhere from 100 to 120 complaints a month.

MS. WESTERFIELD: So, is there anything - I guess the question is: Is there anything we can do to help with that? Because clearly that amount of time is not keeping our constituents safe.

MR. CONTI: I also want to point out, and correct me if I'm wrong, Sara. That average of time, that's a global average for all levels of priority of cases. So, like, the priority cases, Priority Ones, are I'm sure being completed much sooner than 418 days. But there are three or four different priority categories.

MS. SCOTT: Four.

MR. CONTI: Four different priority categories, so --

MS. WESTERFIELD: So, are we comfortable with the amount of time it is taking to resolve them based on their priority? I guess, is the question then.

MR. CONTI: We need to break it down.

MS. WESTERFIELD: If it would take 400 days for the average person, that does appear to be an excessive amount of time. However, are we comfortable with the amount of time that a Priority One, Priority Two is being addressed? I guess that's the question.

MS. EVANS: So - go ahead.

MS. SCOTT: What we can do is break it down by priority if that's what would help.

MS. WESTERFIELD: That would help.

MS. SCOTT: Okay.

MS. STEINBERG: How many vacant investigator PINs do you have versus how many PINs you actually need?

MS. EVANS: Sara, how many?

MS. TONGUE: I didn't hear the question.

MS. EVANS: How many vacant PINs?

MS. TONGUE: We have - what we should have is twelve investigators, but that's not enough.

MS. STEINBERG: But what are you currently funded for until those are filled?

MS. TONGUE: So, right now, we have 1, 2, 3 - four nurse investigators, two non-nurse investigators. We have an

opening for - so, I was nurse investigator, so there is one opening - well, not yet. We should have one posted for one of the nurse investigators out of the four. But we do have a posting up for two investigators - two non-nurse investigators.

MS. EVANS: Two non-nurse investigators.

MS. TONGUE: Two non-nurse investigators. And we do have some postings for administrative help, but right now we just have postings for two investigators. And the one vacant PIN we have for the nurse hasn't been posted yet.

MS. SCOTT: That person retired back at the end of last year in December, and we're still waiting for that to be cleared. We definitely need more PINs.

MS. TONGUE: Because the question that you asked is how many do we need. From the amount of investigations that we have - and the other situation that really kind of came up, we need a full taskforce for the cold cases. We need a full taskforce for the other type of investigations, and we need a full taskforce for the current cases. At minimum, we really need fifty investigators.

MS. STEINBERG: Do you know how many investigators the physician's board has?

MS. EVANS: I don't know, but I can find out.

MS. STEINBERG: I mean, you're what, semi-equivalent to it.

MS. EVANS: They handle things so much differently than we do. They handle things differently. I still can find out the information and bring it back. But when you compare, and I can't ask Iman this off-the-cuff, because we have looked at this and compared ourselves to the rest of the boards, nursing boards, and we are not even close to what they have as far as the number of constituents that they serve and the number of investigators that they have. So, what we can do is, bring that back at the next Board meeting because Iman has already investigated so that you will have those numbers just so you can compare to see what we have and what is needed. But as I stated in the meeting before, our biggest concern even now with the director of licensure, even with the director of legislative affairs we're so afraid we're going to lose these PINs because of the amount of time it takes to interview. But even prior to the interview, the amount of time it takes to go through that process just to get to the posting and getting the names and then to start

interviewing.

MS. STEINBERG: I'm fully aware of all that by being a state employee for years. How does it work with the Board? I mean, you have to cover your own budget from your income intake on licensure has to cover. So, would you have the income?

MS. EVANS: I don't think for the amount of investigators that we need, I don't think we have the income to cover. And remember, we haven't increased fees since 2007. So, we haven't had a cost-of-living increase as well, which also hurts us when it comes to customer service because we definitely need to have a call center so that the phone calls are answered.

MS. STEINBERG: My last question, just based on what you said, are your fees down because when the governor took office, he put a kabash on all the fees?

MS. EVANS: Yes, this administration doesn't believe in increasing fees.

MS. STEINBERG: Thanks.

MS. TURNER: Karen, can I just - to shed some light on it, they investigate and then it goes. That's not it. It goes through two more committees. A committee has to prioritize. So, it's a lot longer than before you actually have

enough information to make a decision.

MS. WESTERFIELD: I understand the process. I'm just trying to clarify what we need to do with the amount of days. And again, make sure it's clear that the Priority Ones are done in a certain amount of time because if anyone were to listen to that and they think, oh, if somebody filed a complaint and it took 400-and some days. Then the question is, well, what are we doing? Well, obviously they are prioritized. But I think it might be good information to share that depending on the priority is dependent on how long it takes.

MS. EVANS: And even with depending on that priority, it's giving the assistants, when we send out subpoenas, it's how long does it take for us to get the information back in? And that has taken up a lot of time as well with the witnesses and the team going out. So, there's a lot of factors that are in play. But, yes, what we will do is we will give - that would be Sara and Shawnta'. Can you take that on, please?

MS. TONGUE: Separating the priorities?

MS. EVANS: Yes, as far as the length of time it takes from the initial till end.

MR. HICKS: And if you would, just go one step further and break it down into nursing and non-nursing so that we can kind of differentiate those as well.

MS. EVANS: So, for licensure and certificate --

MR. HICKS: Yeah.

MS. EVANS: -- holders?

MS. WESTERFIELD: Thank you for what you do.

MR. HICKS: Thank you.

MS. TONGUE: Certainly.

MR. HICKS: We will go down to Maxine, Financial - or, Fiscal Management.

MR. CONTI: Did Background get tabled?

MR. HICKS: Yeah, Background got tabled. We are just waiting for Maxine.

(Whereupon, a brief recess was taken.)

MR. TRAYNHAM: Good morning, everyone.

ALL: Good morning.

MR. HICKS: Maxine, good morning. You're going to do the Fiscal Management Report?

MS. TRAYNHAM: Yes.

MR. HICKS: All right.

MS. TRAYNHAM: Should I go ahead and begin?

MR. HICKS: Yes, ma'am.

MS. TRAYNHAM: I just wanted to say good morning to everyone again. For those I did meet on my last brief session with you, I'm Maxine Traynham, the agency fiscal officer.

I am here to update you on the FY22 budget for the third quarter. We ended in a deficit. When you look at the gross net profit of $9400, it doesn't appear to be a significant deficit. However, when you look at the big picture, and in comparison to the same time in FY21, it was a loss of $20,000. Unfortunately, it doesn't get any better. The adjusted net profit for FY22, which is revenue specific to the Board, and as you can see a significant deficit. The numbers also show that there was actually a decrease in adjusted revenue from FY21 to FY22.

In analyzing the data, one of the main reasons for the increased expenses is associated with personnel costs, and that would include salaries as well as leave payout. Then there was the security incident we experienced which required us bringing on additional temporary personnel and the overtime that they worked to bring us up current with licensing for our

constituents. For about two months from December, 2021 to mid-February of 2022, we were unable to accurately track spending due to not having access to the network, which was the last month in Quarter 2, as well as the first half of Quarter 3. We experienced increases in records retention, as well as subscriptions, which include our online data services. And then there are the committee meetings. The line items for the committee meetings are in the red.

The change in adjusted revenue from FY21 to FY22 suggests we're not generating enough revenue to keep up with our expenses. The bottom line, expenses continue to rise and the adjusted revenue is falling short, cost of living is increasing, vendors have increased their fees, overall spending just continues to increase and we're just not generating enough revenue. It's my understanding that it's already been discussed with the Board that there is a need to increase revenue. My recommendations would be to generate some type of marketing campaign basically where we can get more people interested in becoming nurses and medicine technicians and the various other professions so we can generate more revenue; increase our fees; and you may want to look at a re-evaluation of the fees for the

committee meetings. When you have online meetings, possibly going to a tier fee system of maybe $50 or a little bit less or, you know, $100. But the $250, every time there's a meeting - a committee meeting, it's excessive.

Are there any questions?

MR. HICKS: Any questions?

MS. EVANS: So, I noticed that this report wasn't in your drive, so it will be sent to you.

MS. NWOLISA: We apologize for that.

MS. TRAYNHAM: We do, because it was uploaded. I'm sorry.

MS. EVANS: It's fine.

MS. NWOLISA: We will make a copy available to you today. Does anyone have any questions? I apologize. You may need to see this to connect what Maxine has shared with you. Does anybody have any questions about what was presented?

(No questions posed)

MR. HICKS: I would just make a comment that, you know, one of your recommendations was to look at the committee reimbursement - or, the committee coverage. We did do that last year. I believe it was within the last year or year-and-a-half

the Board did look at those rates and made some significant changes at that time on the committees based on the - basically, based on the workload of that committee, how long that committee was meeting, and those types of things.

So, just for the record, I want to just make it known that we did look at that and make some modifications to it about a year ago, I believe it was. But, yeah, we could definitely look at that again.

MS. WESTERFIELD: I just want to say, while I certainly appreciate that we absolutely have to look at all the ways of revenue. Whether a meeting is face-to-face or online, the commitment to preparing and actually participating does not change whether you are face-to-face or online. What does change is your mileage, and certainly you would save money that way. That's just something to think about as well in looking at that work.

MR. HICKS: Okay. Are there any questions for Maxine?

(No questions posed)

MR. HICKS: All right. Thank you, Maxine.

MS. TRAYNHAM: Thank you so much. Everybody, have a good day.

MS. EVANS: Can I just say something real quick?

MR. HICKS: Yep.

MS. EVANS: I just want to revisit the investigations piece as far as the amount of days. We actually have, as far as our managing for results, we actually have 540 days to complete an investigation. So, that's part of our managing for results. So, I know that you're - the amount of time seems very -- a lot, however that's the amount of time as far as our managing for results that we should be completing investigations that we submit every year for that.

MS. SCOTT: The other thing is, all of the investigators that are working cases are focused on Priority Ones. They make that obviously a priority, so that's what they work on. I just want everyone to keep in mind that all the factors that Sara mentioned that goes into the time it takes to compete the report and submit it for review. So, it is not just - it's, you know, taking the time to get witnesses and everything that she had mentioned previously. So, it is a pretty tedious process. But for the most part, the average that she gave does put us within the timeframe that we're in. And, of course, we would like to do it sooner, but we just have to be

realistic with the resources we have versus coupled with the factors that go into completing the investigation and submitting the report. But they are primarily focused on Priority One cases.

MR. HICKS: And I think it's also important to understand that the investigators that we do have don't have just one or two cases that they're working on.

MS. SCOTT: They have hundreds.

MR. HICKS: They have hundreds of cases each, each investigator.

MS. EVANS: On the average, 300 to 400 per person.

MR. HICKS: So, for that, you know, just that alone, by the time you do one case, it probably takes you a good thirty days to come back to that one case because you've got 299 more to go through.

MS. SCOTT: Keep in mind, when we lose investigators, the case that they are assigned have to be re-assigned. My first year, Gary, I think we lost about four investigators who all had a caseload. So, all of this starts to snowball.

MS. EVANS: And maybe Rhonda and I will be a little

more, for a lack of a better word, sensitive to it because these investigators always go above and beyond as far as team members go. They go above and beyond. So, I just want to make sure we don't lose the ones we have, and just continue to encourage them because I don't know where we would be without these particular investigators because they are definitely diligent in what they do, and they do a great job. But I just don't want to miss that fact, and I'm sensitive to that piece with them for that particular thing.

Dr. Hill?

MS. JACQUELINE HILL: How likely are we able to hire investigators? What's the likelihood with the administration changing?

MS. EVANS: As Sara stated that we have two non-nurse investigator - was it one?

MS. SCOTT: Two non-nurse investigators, one is contractual; and then we have the nurse investigator that we are waiting to get filled.

MS. TONGUE: It is getting filled.

MS. EVANS: So, it's getting filled. And even with those - even when we get those individuals, it's not an easy -

it takes time for them to learn it. We also send them for training through the National Council of State Boards of Nursing, and that's an interesting training of a 3-day training to get them ready. But for the variety of the areas or types of investigations that we have, they have to learn all of those. So, it's definitely a six-month to a year for them to be proficient at their craft that they have to do. And they will also work with a lot of different agencies.

MR. HICKS: And just the workload alone, I mean, that's an adjustment for some people to have come in and take on this number of cases.

MS. EVANS: And our fellow boards, they don't have the large average, as far as their investigators. They have twenty or less per investigator.

MS. SCOTT: One of the other things I just wanted to let you all know, it's going to be a huge undertaking for them to separate the cases, and I know that's good information to have. But it's going to be a huge undertaking to separate it by priority. So, it may, you know - we'll just have to look at ways they can get it done just because we're thinking about the number of cases that they get, the number of priorities, and the

number of investigators. It's going to be an undertaking so I don't know how soon they'll be able to do that. But I did just want to be upfront about it that it's going to be a huge undertaking for this team. So, I just wanted to put it out there.

MR. HICKS: Maybe we could just have them come back at the next quarterly report and give that information to us. That will give them enough time to pull that information. They don't have to get it to us in the next ten days or whatever, but maybe by the next quarterly report should be sufficient.

It's not going to change anything, right? I mean, it's just a knowledge that the Board wants to know. So, I think you can do it on the next quarterly report.

MS. SCOTT: Okay.

MR. HICKS: Any other questions?

MS. JACQUELINE HILL: Does the Board acknowledge today that today is an administrative professional day? Does the Board acknowledge that for individuals who are supporting this?

MR. HICKS: Yes.

MS. EVANS: Yes. I sent out a message to all of the

leaders last week, and everyone should be getting something today.

MR. HICKS: Thank you, Dr. Hill, for that.

So, we will go onto Other, Scope of Practice, for LPN.

MS. EVANS: So, everyone, I have been meeting with the chief nursing officers, at the very least, once a month. And they had some questions concerning LPN's scope of practice and what they would like. Some questions about if it can be expanded or not. So, I had asked - is Cecelia or Barbara on the call?

MS. KRIENKE: This is Jane Krienke.

MS. EVANS: Hi, Jane.

MS. KRIENKE: Unfortunately, I messed up the schedule. Cecilia and Barbara are not available. I can give you a quick update on the work that's been completed, if that's okay.

MS. EVANS: You're going to give a quick update on - I'm sorry, Jane, what was the rest of that?

MS. KRIENKE: Sure. We pulled together a small member group of the chief nursing officers to really look at the

LPN regulations and actually just to see where there are opportunities to use LPNs in the acute care environment.

During COVID, a lot of hospitals began recruiting and hiring LPNs to help address the significant workforce shortages. In some cases, they're actually using two LPNs to fill an RN vacancy, and also creating teams where you have an RN, LPN, and CNA working together. In addition, there are some other questions to bring on LPN graduates for the first time. We looked at the existing skillset within the regulations. And so, we're happy to provide an update at a future nursing board meeting if there's an interest in working together to see how we can really elevate the LPN in the acute care environment.

MR. HICKS: So, that would be great that you bring that back to us. I would just like to address two things: One, in your statement there you had talked about the LPN in the acute care facility. Just keep in mind that the regs cover LPNs. They don't differentiate acute care and long-term care. So, when you look at these regulations, or whatever your proposals are going to be, we don't differentiate the two. So, I'm just kind of putting that out there.

The second piece of it that I would really encourage

you to consider and look at, as you do this, is the actual curriculums in these programs, and the education levels that are offered to LPNs versus RNs. There is a significant difference between the two, that's why we have LPNs and we have RNs because of those levels. That's why the existing regs and scope of practice is what it is because the LPNs education curriculum is much different than what the RNs is. And I think we get a little cloudy when we look at this because many of us have LPNs in our facilities that are very - that have been there for years and are very knowledgeable and skilled and so on and so forth that, you know, I think that's what kind of drives us a little bit more than the new grad LPN or a new LPN that has a year or two of experience, and we can't let that necessarily drive us to changing regulations because those folks are very few and far between, at least in the acute care setting.

So, I really encourage you to look at that and think about that as you consider what regulations or scopes that you would consider or propose. And then there's the whole National piece of it as well. So, I'm not saying that there shouldn't be certain things that the LPN could or could not do, but I also understand the curriculums and how different they are. Their

clinicals are different, you know, and there's a lot of variance between the two, RN and LPN.

MS. KRIENKE: And I definitely appreciate that, and the vocation is at the forefront of the profession. I think it's more - I should say "expanding field," I think a lot of it is sessions around kind of clarifying, like, what does it mean. What is the comprehensive assessment is just the initial when the patient is coming to the hospital, which makes sense there should still be an RN, or maybe someone initial for the shift, could that be an LPN who could support?

So, I think it's more kind of clarifying some of those definitions and about no direct supervision. I think the current regulation says they have to be in the unit, but someone can be available by telephone. So, just some of those small changes just to make them able to practice their licenses within the acute setting.

So, I appreciate your feedback and offering that back to our group.

MR. HICKS: Yeah, and I think as you speak to that, I think a part of it, too, is when you look at that, you know, when you talked about, I will just use the "initial assessment"

for an example. You know, there are specifics in the regulations, you know, that speak to the LPN doing assessments as well as - sorry, it just walked right out my head. Shoot, it just walked right out of my head. I'm sorry.

So, what I'm trying to get at is, if they do an initial assessment and they determine that there is a problem, you know, that RN needs too kind of understand that. So, you're going to have to get the RN anyhow into the room to do the assessment. So, the initial assessments are set up to have the RN do it because of those circumstances. And it could be something very subtle, it could be just a change in lung assessment, it could be a change in GI assessment, and those type of things. I think just looking at that would almost be a little bit more burdensome for the RN than anything else because now you've got less staff because you're going to bring in more of these LPNs that you want to advance them. So, just food for thought there on that.

MS. KRIENKE: Okay, thank you. I appreciate your feedback.

MS. EVANS: Thanks, Jane.

MR. HICKS: Thank you.

MS. EVANS: I appreciate it.

MR. HICKS: Is there anything else for the open floor? Is there anyone online that would like to address the Board?

(No questions posed)

MR. HICKS: All right. Dr. Westerfield, I know you had something that you wanted to bring up.

MS. WESTERFIELD: I did. I had a couple of questions that were brought to me over the last couple weeks, and I just wanted to ask it here in our Open Session.

So, one of the questions was regarding our CNAs and the process for approving instructors. There was a question that all stemmed out of the acute care CNA program was that some community colleges are struggling with having CNA instructors approved so that they can further their programs. So, the question was, I did respond that we did approve CNA instructors every month, but I was not aware of how long that process took.

So, when a school asks for an instructor to be approved, how long is going to take to get to the Board for actual approval?

MS. EVANS: It depends on when we receive the

request.

MS. WESTERFIELD: Okay.

MS. EVANS: Let me just give you the normal process. Let's just say we received the request at the end of March, as long as we have all of the information, the requirements met as far as the application is concerned, as long as everything is there, then the next point that it moves to the CNA Advisory Committee, and then it moves to the Practice and Education, and then it comes it the Board. So, all of that will take thirty days or less if we get it at the end of the month.

MS. WESTERFIELD: And if you get it at the beginning of the month?

MS. EVANS: If it's anything after the first week it will have to go to the following month because the meetings' already have their general schedule of when they occur.

MS. WESTERFIELD: So, at the end of the month it will take about thirty days as long as you get everything that you request?

MS. EVANS: Requires, yes.

MS. WESTERFIELD: If it's after that, it takes about sixty days or about two months?

MS. EVANS: Right, only because the Board has to approve it.

MS. WESTERFIELD: And it has to go through the CNA Advisory Committee, the Practice and Education, and then the Board?

MS. EVANS: Correct.

MS. WESTERFIELD: Okay. And then the other question was, and unfortunately, I was not able to answer, but it was a question about the acute care CNA program and the process and how that process came about.

The concern that was voiced to me was that the community colleges were not aware of this or involved in the process. The program was developed over the course of the year, but the deans and directors and the president of the community colleges were not aware of this.

MS. EVANS: It wasn't developed over a course of a year. And as I stated to the chief nursing officers is that they have expanded on a curriculum that's already there. So, it's not a new. The focus is acute care for those particular programs, but our statutes and our regulations have not changed. So, they still - you see, the last time it was presented it was

a crosswalk. So, they did a crosswalk as to where they hit all of the items that were in the current curriculum to be approved, and then they have additional. That has always been there. That's nothing new.

So, I have dealt with CNA programs and GNA programs for over twenty years, I'd say, and even back then it was the same process. There's a section that you can add additional data, and so, they can. So, anybody can change or update their program whenever they want to.

The process was between three and four months, but --

MS. WESTERFIELD: Well, I mean, as you can imagine, by creating a program like this it is taking away from potentially other programs that have buy-in, because they will lose CNAs in their programs that will now go to this program instead because they wanted it here, they wanted it to be the hospital, and they wanted to additional things.

I am just bringing this for the concern, and I couldn't answer when this process started because I wasn't aware of it when we discussed it.

MS. EVANS: I guess I probably have to process this a little more. It's not a change in what the Board's

requirements are of a program. So, it's not a change because any program, whether you do a CNA program, CNA/GNA program or you want to have an acute phase to that program, the basic curriculum has to be there. I've been doing CNA programs for a long time, and every program whether it's a hospital, whether it's a geriatric program, whether it's a community college, they all have the opportunity to add those extra layers there. So, MHEC as well as some of the bills that have gone through this past legislation, have opened up severely for workforce. So, it's a, for a lack of a better term, a competition all the way around because they have increased it. At one time MHEC had closed a number of CNA - private career, I should say, CNA programs depending on what county you were in. They just opened all of that up. It's not a change there. They can, and the hospitals want to work with the community colleges, and that's one of the reasons why we're going to have the stakeholders' meeting concerning this. So, it wasn't the last meeting or the board meeting prior to that I have been working with Delegate Kelly on this stakeholders' meeting to have both the deans and directors as well as the CNOs together so they can have that conversation. And I can say that, at the CNO meeting, they want

to meet with the community colleges to discuss. So, it's there. It hasn't probably been a lot public because, honestly, my concentration has been getting people licensed with cyber incident. So, I'm still trying to pull things together, and I've been working with MHA, LifeSpan, HFAM, and the deans and directors. I did make them aware of some of it, probably not all of it. It just depends on what was the priority at the time. And that's one of the reasons why we thought it would be good to change how we did the CNA process for the colleges so that we can get more individuals into the workforce. So, I still haven't processed everything, but I hope I answered your question.

MR. HICKS: And I think that, you know, to Karen's point, the core is there, right? If they do an acute care program, they still have to have that foundational core of the CNA program. Really, what they're doing is, we're just bringing in the things that we would be doing after they've done their CNA. Essentially, there's about a two-week lull, I would say, of time between the time that the CNA course completes within the hospital till the time that their certificates are official, you know, that they have their certificate number. Those two

weeks of time, or three weeks or whatever it takes, what the acute care facilities are essentially doing is teaching them, you know, all of the things that are related to acute care. You know, whereas, with what we saw with this acute care curriculum, they're just bring that into the forefront, and then the two weeks is really on-unit orientation or whatever those things are that they have to do for onboarding purposes. That's all they're doing, is they're just bringing it forward earlier so that that graduate is ready to go within the acute care. And, honestly, I think you could potentially see more of these acute care programs developing because, to Karen's point, the hospitals are really pushing to try to get more CNAs in, and so they're going to build their own programs so that they can invest in their own folks, get them the training that they need. And at the same time, it makes sense, because as - and I will use ours as an example, our facility as an example. So, when we run a CNA program, if I have twelve or eighteen students in that CNA program, we pay for everything. Everything is covered, so the CNA student has to pay for absolutely nothing. That's a win there because what we see from the workforce development perspective, the limitations that the folks have to put finances

out to a college or a university to take these programs. So, we absorb that cost and put the through.

The other piece of it is, if I have eighteen CNA students, what I do is, if I have a unit that has five vacancies, and let's say I have three of them, right, what will happen is when they go to do their clinical rotations, I will put all five of them on that unit to do their clinicals. Because what I'm doing is, at the same time that they're doing their clinicals, they're orienting to that unit. So then, the orientation time is reduced significantly, almost down to a week because they've already been on the unit, they know the flow of the unit, they know all of those components of the unit.

MS. WESTERFIELD: You're speaking exactly to the concern on the other side of that coin because there are barriers in place for community colleges with the faculty requirements, we just spoke of them, where those barriers are not in place for the acute care programs because their faculty, their nurses are already - they don't have to go through the same process that they have to if they are in a community college.

MS. EVANS: Yes, they do.

MS. TURNER: Yes, they do.

MS. WESTERFIELD: They have two years' nursing experience in acute care within the last five years and Train the Trainer course, right?

MS. EVANS: Everybody has the same requirements. That doesn't change.

MS. WESTERFIELD: That is not the understanding.

MS. EVANS: The requirements don't change whether its acute care, long-term care. That doesn't change. And let me just add, I know that when I was on the call with the CNOs, they definitely want to partner with community colleges. So, not all of them want to go the route that Gary has just spoke about - Mr. Hicks has just spoke about. They want to partner, which is why I have to set that meeting up that I haven't set up yet.

MS. WESTERFIELD: Well, that's why I bring this, because I truly couldn't speak to it from the meeting we had - the one meeting we had regarding this about those requirements. So, these are the questions being asked. I think a stakeholders' meeting would probably be a good idea.

MS. EVANS: Yes, and I will be having that. And so,

we have to make sure that we maintain and focus as to what is ours as far as the Board is concerned, but I understand the concerns. I just want to make sure.

MR. HICKS: Our responsibility in this is really to, you know, if an organization or college or university wants to develop a program, that that program meets the COMAR regs as it's set forward and follows them, right? That's really our position, I guess, as a Board, is really just to follow that piece of it. What happens outside of these, you know, whether it's the college versus the hospitals or versus the whatevers, you know, that's a stakeholder's piece that Karen will work through. But, you know, anyone is - I mean, that's the thing, right? Anyone can put together the program as long as they meet the regs and the Board approves, and they continue to do what they're supposed to do.

MS. EVANS: I just want to make sure everyone understands that what goes for one curriculum it doesn't for - we don't look at it as acute and long-term care, we look at it as: Has it met all of the requirements that are set forth in 10.39.02?

MR. HICKS: There's a basic core there. Anything

else that you add to it, you know -

MS. TURNER: No matter where, the program, that instructor - that process still has to occur. Like, in our hospital we're doing a program where the instructor has to be approved the same way and meet the same criteria.

MS. WESTERFIELD: So, there are differences, but what you're saying is possible?

MS. TURNER: No, there's no difference.

MS. EVANS: There's no difference.

MR. HICKS: The form is the form.

MS. WESTERFIELD: The teacher teaching has one year experience of teaching.

MR. HICKS: What's that from?

MS. WESTERFIELD: It's that crosswalk, right? It says, CNA nursing faculty requires - this is what was sent out - Train the Trainer course or two years' experience teaching nursing program. The acute care is, Train the Trainer course or one year experience teaching in a nursing program; two years' experience with one year for elderly or chronically ill within the past five years; two years' experience in acute care with one in the last five.

MS. EVANS: So, let me - I will revisit it. I don't have it in front of me, and so, let me go back to the notes of the committee.

MS. WESTERFIELD: This is what the presidents were looking at when they looked at it.

MS. EVANS: I got it.

MR. HICKS: Gotcha.

MS. EVANS: But we're not going to change that.

MR. HICKS: Monica?

MS. WESTERFIELD: I'm not suggesting that.

MS. EVANS: No, no, no, no, no, please don't take it that way. I just want you to make it clear to the individuals that you're going to be speaking to, that we will follow regulations in Practice Act. That's what I get in trouble most for, for following it.

MR. HICKS: That's right. So, regardless of what that says, at the end of the day the form is the same regardless of acute versus long-term care. So, they've got to meet the requirements on that form, otherwise it won't move forward regardless of what that says.

MS. WESTERFIELD: Okay.

MR. HICKS: Monica?

MS. MENTZER: Yes. I just have a couple of comments. I've worked with these programs for about two years, and there were always a few that were in the hospital setting. What has changed is, with the pandemic and the look at the workforce and the idea of the other hospitals might be interested in having the program at their facility, that's what sort of, like, was the impetus for where there's been more interest in it lately.

But I want to comment on the statute, which is in 8-6(a)-14, Nursing Assistant Training Programs - Board Approval. The Board, in conjunction with the Maryland Higher Education Commission, shall approve each nursing assistant training program prior to its implementation and provide periodic survey of al programs in the State. B, Development of Regulations: The Board, in conjunction with the Department, Maryland Higher Education Commission, and the affected industry shall develop regulations for nursing assistant training programs. Which is why we're having a stakeholders. C, Curriculum Content: The curriculum content for an approved nursing assistant training program shall include: One, content consistent with State

licensing requirements in the Health General Article and all federal requirements. So, in the long-term care facilities, where again, they want to train their own individuals hoping they will reduce turnover in staff, et cetera. They have to be in compliance with in addition to the State, also the federal regulations. Two, all basic skills required of a nursing assistant regardless of the setting of the practice; and Three, any skills required for certification in a specific category.

D, Clinical Skills: Any additional clinical practice skills specific to a setting or practice shall be taught in that setting as a part of the employment training process in that setting. And then E is Survey, Visits, and Instruction.

So, again, in the statute, in that particular statute, I think we forget about them. We always look at the Regulation 10.39.02, which is a chapter in the regulations that speaks to the nursing assistant training programs, but the statute is the law. So, I just wanted to remind folks that it is there. It's just that we don't always look at it.

MR. HICKS: Thank you, Monica, for pointing that out.

MS. MENTZER: You're welcome.

MR. HICKS: Are there any other questions?

(No questions posed)

MR. HICKS: Anyone else that would like to address the Board?

MS. KRIENKE: This is Jane with MHA, again. I just want to thank the Board for working through the acute care curriculum. I just want to make a statement that if we get into a CNA training program, we are interested in working with all the stakeholders. I think that the board chair spoke to the rationale just ensuring that we are well equipped to be successful in the hospital setting.

MR. HICKS: Thank you, Jane. Anyone else?

(No questions posed)

MR. HICKS: All right, hearing none. In a moment I'm going to ask if there's a motion to close the Open Session, but first I'm going 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 Annotated Code of Maryland, General Provisions Article 3-305(b)13, which gives the Board the authority to close the Open Session, to comply with the specific constitutional, statutory, or judicial imposed requirement that prevents public disclosures about a particular matter or proceeding. The topic to be discussed during Closed Session pursuant to this statutory authority 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 8-303(f), Health Occupations Article 8-320(a), and Health Occupations Article 1-401, and General Provisions Article 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?

MS. JACQUELINE HILL: Motion to close.

MR. HICKS: Dr. Jacqueline Hill.

MS. CASSIDY: Second, Cassidy.

MR. HICKS: Cassidy. All those in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. Thank you, everyone. Have a great day.

(Whereupon, at 10:58 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 April, 2022

_____

Edward Bullock, Notary Public

in and for the State of Maryland

My commission expires: May, 13, 2023

Script for Closing Open Session
April, 2022

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 Annotated Code of Maryland, General Provisions Article § 3-305(b)(13), which gives the Board the authority to close an open session "to comply with a specific constitutional, statutory, or judicially imposed requirement that prevents public disclosures about a particular matter or proceeding." The topic to be discussed during closed session pursuant to this statutory authority is applications for licensure and/or certification. The reason for discussing this topic in closed session is to discuss confidential matters that are prohibited from public disclosure by the Annotated Code of Maryland, Health Occupations Article § 8-303(f), Health Occupations Article § 8-320(a), Health Occupations Article § 1-401 *et seq.*, and General Provisions Article § 4-333. In addition, the Board may also perform quasi-judicial and administrative functions involving disciplinary matters during the closed session.

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

MARYLAND STATE BOARD OF NURSING

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

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1. **Recorded vote to close the meeting:** Date: **April 27, 2022** Time: 10:55 am
Location: **Maryland Board of Nursing, 4140 Patterson Avenue, Baltimore, MD; Teleconference Line**
Motion to close meeting made by: J. Hill Seconded by Cassidy
Members in favor: Steinberg, Turner, Hayward, Cassidy, Lyons, Westerfield, J. Hill, G. Hicks, Gibbons-Baker, Vickers
Opposed: None Abstaining: None
Absent: Raymond, Owuamana, R. Hill, Beeson

2. **Statutory authority to close session.** This meeting will be closed under Md. Code Ann., Gen. Prov. § 3-305(b) only:

(1)__ "To discuss the appointment, employment, assignment, promotion, discipline, demotion, compensation, removal, resignation, or performance evaluation of appointees, employees, or officials over whom this public body has jurisdiction; any other personnel matter that affects one or more specific individuals"; **(2)**__ "To protect the privacy or reputation of individuals concerning a matter not related to public business"; **(3)**__ "To consider the acquisition of real property for a public purpose and matters directly related thereto"; **(4)**__ "To consider a matter that concerns the proposal for a business or industrial organization to locate, expand, or remain in the State"; **(5)**__ "To consider the investment of public funds"; **(6)**__ "To consider the marketing of public securities"; **(7)**__ "To consult with counsel to obtain legal advice"; **(8)**__ "To consult with staff, consultants, or other individuals about pending or potential litigation"; **(9)**__ "To conduct collective bargaining negotiations or consider matters that relate to the negotiations"; **(10)**__ "To discuss public security, if the public body determines that public discussion would constitute a risk to the public or to public security, including: (i) the deployment of fire and police services and staff; and (ii) the development and implementation of emergency plans"; **(11)**__ "To prepare, administer, or grade a scholastic, licensing, or qualifying examination"; **(12)**__ "To conduct or discuss an investigative proceeding on actual or possible criminal conduct"; **(13)**(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 State Board of Nursing's reason for discussing that topic in closed session.**

Citation	Topic	Reason for closed-session discussion of topic
§ 3-305(b) **(13)**	Applications for licensure and/or certification	To discuss confidential matters prohibited from public disclosure by Md. Code Ann., Health Occ. sections 8-303(f), 8-320(a), 1-401 *et seq.* and General Provisions section 4-333.
§ 3-305(b) ( )		

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