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 26, 2022, at 4140 Patterson Avenue, Baltimore, Maryland 21215, commencing at 9:00 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
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State of Maryland
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BOARD MEMBER APPEARANCES:

GARY HICKS, RN Member, Board President
ANN TURNER, RN Member, Board Secretary
M. DAWNE HAYWARD, RN Member
EMALIE GIBBONS-BAKER, APRN Member (via telephone)
AUDREY CASSIDY, Consumer Member
SUSAN STEINBERG, Consumer Member
SUSAN LYONS, APRN Member
JACQUELINE HILL, RN Member, BS Educator
ROBIN HILL, RN Member, LPN Educator
HEATHER WESTERFIELD, RN Member
CHRISTINE LECHLITER, RN Member
NICOLE BEESON, RN, Administrator Member

ALSO PRESENT:

KAREN E.B. EVANS, Executive Director
RHONDA SCOTT, Deputy Director
KAREN BROWN, PIA Coordinator
CAROLYN BAILEY, Director of Licensure
LAKIA JACKSON, Paralegal
MONICA MENTZER, Manager, Practice
IMAN FARID, Health Policy Analyst (via telephone)
AMBER HAVENS-BERNAL, Discipline Department
SARA TONGUE, Investigations
SHAWNTA' BATES, Complaints/Investigations
MAXINE TRAYNHAM, Fiscal Management
LANIER DANIELS, Investigations
DELLA SANDERS, Backgrounds
VALENCIA JACKSON, Safe Practice

AUDIENCE MEMBERS:

TIJUANA GRIFFIN, Washington Adventist University

C O N T E N T S

P R O C E E D I N G S

MR. HICKS: Good morning, everyone. We are going to go ahead and get started. If we can get a motion to go into Open Session.

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

MR. HICKS: Dr. Robin Hill.

MS. HAYWARD: Second. Hayward.

MR. HICKS: Hayward. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. We will start with roll call in the room. Ms. Beeson?

MS. BEESON: Nicole Beeson, nurse administrator member.

MS. CASSIDY: Audrey Cassidy, consumer member.

MS. LECHLITER: Chrissy Lechliter, administrator member.

MS. TURNER: Ann Turner, RN member.

MS. HAYWARD: Dawne Hayward, RN member.

MS. JACQUELINE HILL: Dr. Jacqueline Hill, RN,

educator member.

MS. STEINBERG: Susan Lyons, consumer member.

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

MS. WESTERFIELD: Heather Westerfield, RN member, associate degree nursing.

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

MR. HICKS: Do I have any Board members online?

(No response)

MR. HICKS: All right. We will move onto Board of Nursing Updates. Ms. Evans?

MS. EVANS: Good morning, everyone.

ALL: Good morning.

MS. EVANS: The best of the news of the day for the Board is that we have a new director of licensure Carolyn Bailey. We are so excited.

(Applause)

MS. EVANS: So, welcome, Carolyn.

MS. BAILEY: Thank you. I am glad to be here.

MS. EVANS: We are going to orient her and give

her a few weeks before we let Gary meet her.

(Laughter)

MS. HAYWARD: You missed it. They already introduced themselves to each other.

MS. EVANS: Oh, they did?

MR. HICKS: I gave her the warning already.

(Laughter)

MS. EVANS: Okay. As far as with what the Board has been up to, we have had a lot of external meetings with Maryland Nursing Association as well as looking at the advanced practice compact. I was a panelist at the MNA convention, so I spoke on workforce shortages as well as compacts overall with a fellow executive officer from physical therapy. So, we were both there as well as NCSBN.

I did a site visit since I've last seen you at Morgan State University. We will get that information back to you. Both Iman, Rhonda, and I have been attending the Workforce Commission meetings and subcommittees for that over the last month. They are approximately every other week for some. We did receive

a 1135 waiver for long-term care for the temporary nursing assistant. So, I will be working with Dr. Tricia Nay this week, actually, to submit our monthly report on that. I have also set up a meeting with long-term care and the vendor, Credentia, to solve the concerns that they have. So, I will just be there as a mediator to get everything accomplished and to make sure that everyone understands their role.

We have sent out, as far as the TNAs are concerned, we have sent out applications. Everything is online for someone to download. I want to thank Mike and Katie -- well, I guess I will save Mike -- Katie for the guidance document she wrote for long-term care. Excellent job. It is online for you to see for yourself.

We also met with Senator Lee for the Chinese language for CNAs. They have a concern about meeting that community's needs as far as language is concerned. It was an easy fit, so that was wonderful. I don't get those every day. So, we were able to satisfy that particular community so we were happy about that. And also attending labor committees for workforce shortages,

and then there is the apprenticeship programs that they would like to do now. So, part of the labor committee is having LPNs in an apprenticeship program. And Howard Community College is getting ready to start one, and they just need to give us what we need.

I also want to tell you that we actually got a wonderful letter from the Maryland Community Center thanking us for everything that we do at the Board, as well as understanding that we don't have enough staff in order to properly function as a board. So, they just wanted to give their support to us, and I thought that was awesome, as well as the chief nursing officers. So, I don't want to leave them out. Yes, they've definitely given us their support and understanding that we are working with half of the staff that we even had last year. And so, we're doing the best we can. A couple of our team members are burning out, so I'm concerned because I don't want them to leave. But I just did want to give you that we did get those two letters, and the first letter was copied to the Secretary's Office.

Did I miss anything?

MR. HICKS: I don't think so.

MS. EVANS: Okay.

MR. HICKS: Any questions for Ms. Evans?

MS. JACQUELINE HILL: It's good to have some positive news.

MS. EVANS: Yes, it is. I can just say, the team has been working hard and working overtime to their best, but they are tired because we've been doing this for a while now. So, I just want to make sure that everyone stays healthy so we can maintain them.

MR HICKS: Thank you. So, we will move down for the Approval of the Consent Agenda. I do want to make a note before I call for the vote on the Consent Agenda that the folks that are listed, or the programs that are listed here, were actually reviewed by the Practice and Education Committee and not the CNA Advisory Committee. That committee continues to struggle to get a Quorum. So, just note that it has been reviewed by a committee, just not the CNA Advisory Committee.

MS. EVANS: Can I make a statement about that?

MR. HICKS: Sure.

MS. EVANS: So, for the CNA Advisory Committee, I am going to ask the Board, and probably Mr. Hicks, to please speak with them. This is the third month in a row that they have not met. It really causes -- it causes work that's needed for the Board not to be done, and luckily we have the Practice and Education Committee, but it really should be the CNA Advisory Committee that needs to do their job because there's other things that that committee does, it's not just the schools, it's also for the Discipline piece, as well as reviewing the Report of Investigations and seeing who needs to go farther. So, we haven't been able to do that piece which is not good because now I do not want to delay anybody's due process. So, I am going to ask if you can speak with them. I spoke with them this month and told them that I was bringing it to the Board. So, we need to do that.

The other item I would like for a suggestion is that now that we have a variety of categories for the CNA Advisory Committee, I don't think "CNA" is a great name for it anymore. It should be the Certification Advisory Committee because we have DTs; we have MTs; we have CNAs.

It's not just one category. So, that would require a statute change, but I would like to tell you to ask for that. The other piece is that I will be putting up four more members to come in, and they need to choose those new members as well.

MR. HICKS: If they are not there, the work doesn't get done. Like Karen said, it is a very vital committee to do what we have to do for our programs, for our constituents, and everything. So, I will be meeting with them.

MR. CONTI: Just as a point of statutory language, it actually just refers to it as an advisory committee. It doesn't actually say "CNA Advisory Committee". So, we can look at the regulations to see if those identify it as a CNA Advisory Committee, but the law just identifies it as an Advisory Committee.

MS. EVANS: Well, that's good. That will be an easy change.

MR. HICKS: So, with that being said, is there a motion to approve the Consent Agenda?

MS. JACQUELINE HILL: Motion to approve. Dr.

Jackie Hill.

MR. HICKS: Dr. Jacqueline Hill.

MS. BEESON: Second. Beeson.

MR. HICKS: Beeson. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries. We will move down to -- there is nothing to discuss for Removal of the Consent Agenda. We will table Education as well as Certification and Licensed and Advanced Practice, as well as Legislative.

MR. CONTI: For Legislative we do have some.

MR. HICKS: Iman, are you on?

MS. FARID: Yes, I am here. Can you hear me?

MR. HICKS: Yep. You have something to present for Legislative Affairs, correct?

MS. FARID: I do. Yes, I have a few items.

MR. HICKS: Okay.

MS. FARID: First, good morning, everyone. Happy Wednesday. We do have quite a few items to discuss

so we will start with Item 7A. This serves more as an FYI as it relates to two emergency proposals that were submitted by the Board of Nursing.

The first relates to COMAR 10.27.01: Examination and Licensure. This emergency proposal was submitted in early-Spring of this year, and was recently published in the Maryland Register on October 7th. Emergency status for these regulations began on September 7th of 2022, and this status will expire on March 5th of 2023. As a quick reminder, this emergency proposal governed the practice of nursing graduates. The amendments to these regulations would allow an individual to practice for a period of 120 days as a nursing graduate under certain circumstances.

The second emergency proposal that was submitted by the Board was COMAR 10.39.01: Certification of Nursing Assistants. This regulation governs the practice and certification of temporary nursing assistants that Ms. Evans had previously mentioned. These regulations were published in the Maryland Register on October 21st, emergency status began on September 22nd

of 2022 and is set to expire on March 30th of 2023.

With that, are there any questions related to these two emergency proposals?

MR. HICKS: Any questions for Iman?

(No questions posed)

MR. HICKS: All right, hearing none. You can continue, Iman.

MS. FARID: Okay. The next three items I have to present are the Board's Fiscal Year 2022 Joint Chairmen's Reports. These reports were sent directly to the Board members yesterday evening/earlier this morning.

We'll first be starting with Item 7B. This Joint Chairmen's Report details efforts to resolve repeat audit findings related to the absence of adequate controls over collections and deposits as identified by the Office of Legislative Audits.

Before I start, does everyone have access to these reports? Because they are quite lengthy so it may best serve the Board members to be able to visually see them.

MR. HICKS: Yes, Iman. We have them.

MS. FARID: Perfect. So, in this report the Office identified one finding and provided multiple recommendations. The Finding Number 3 states that controls over collections directly received at and the deposits made by the Board of Nursing were not adequate and duties related to cash receipts in licensing were not properly segregated.

The first recommendation that was provided by the Office of Legislative Audits, Recommendation 3A, states that the Board should perform documented verifications that credit card collections were deposited and properly recorded in the State's accounting records. The Board of Nursing estimates that this recommendation was completed by December 31st of 2012.

As a quick summary of its current status, the Board's manager of administrative services and director of operations are currently tasked with performing reviews, insuring documents, and verifications of credit card payments are being effectively managed. These reviews are conducted on a monthly basis and all standard operating procedures have been updated to reflect these

fiscal tasks.

Recommendation 3B states that the Board should continue investigative actions to determine whether the aforementioned $386,000.00 in unrecorded collections were deposited and properly recorded in the State's accounting records. The Board of Nursing completion date for this task was set as October 31st of 2022. The Board requested more information from the Department of Information Technology related to the aforementioned unrecorded collection. This particular issue was previously addressed and concluded by the manager of administrative services, and currently the Board is still awaiting a response from the Department.

Recommendation 3C is to ensure that employees processing collections are denied the system's capability to issue or renew licenses, certificates, or permits, or to update their related billing record. This particular recommendation was not applicable to the Board of Nursing.

Recommendation 3D in conjunction with the Maryland Department of Health, the Board of Nursing

should perform a documented consideration of the feasibility of using a bank lockbox account to receive collections. The Board of Nursing completion date for this recommendation was June 1st of 2022. The Board, in consultation with the Maryland State Treasury, confirmed that the State of Maryland will not open any lockbox account for the foreseeable future. The Board did, however, confirm with the State Treasury that the current collection system that the Board uses was sufficient for the storage and destruction of collected checks.

And finally, the last recommendation, Recommendation 3E, requires the Board to periodically reconcile licensing activity with the related collection. The completion date for this task was set at July 31st of 2022. The Board's director of operations and manager of administrative services have been trained to facilitate the license reconciliation process, and all standard operating procedures have been updated that govern this particular fiscal responsibility.

With that, are there any questions related to this Joint Chairmen's Report?

MR. HICKS: Any questions for Iman?

(No questions posed)

MR. HICKS: Everyone is shaking their head "no," Iman. So, you can move.

MS. FARID: Yes. I will actually need the Board to approve this Joint Chairmen's Report so that it can be submitted to the Department of Legislative Services on November 1st.

MR. HICKS: Okay. That's all you had to address with the Joint Chairmen's Report?

MS. FARID: There's two others, but I'm not sure if each report needs a separate vote.

(Whereupon, the Board President and Board Counsel had a brief caucus.)

MR. HICKS: With that, is there a motion to accept the report for the Joint Chairmen's Report as Iman has outlined?

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

MR. HICKS: Dr. Robin Hill.

MS. HAYWARD: Second. Hayward.

MR. HICKS: Hayward. All in favor?

ALL: Aye

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. FARID: Thank you. The second report, Item 7C, details efforts to resolve repeat audit findings related to providing sufficient oversight to ensure complaints against licensees were investigated timely, and passwords and account controls were sufficient and protect critical data as identified by the Office of Legislative Audits. The Office identifies three findings and multiple recommendations per finding.

Finding Number One: The Board of Nursing did not provide oversight to ensure that complaints against licensees were investigated timely. A review conducted by the Office of Legislative Audits disclosed that numerous complaints were not investigated within one year. Recommendation 1A states that the Board should properly monitor complaints and develop a strategy to ensure the timely disposition of complaints. The Board's estimated date for completion for this task is by

December 31st of 2023. The Board currently maintains multiple tracking logs that are reviewed on a weekly basis by the director and manager of enforcement. The Board also has plans to develop a focused audit tool once the improvement manager has been employed.

The Board currently has obtained three nurse investigators and one non-nurse investigator as part of the investigation unit. Due to the high volume of cases received on a monthly basis, experienced investigators are assigned a workload of approximately 400 or more cases each. The investigations unit reports that there are approximately 5,000 total cases for the Board to investigate, including cold cases. The Complaints Investigations Department collectively identified that they would need at least 17 additional full-time employees to manage current operational demands.

Recommendation 1B states that the Board should properly maintain tracking logs and ensure that the logs reflect all critical information including key dates, such as, initial receipt of a complaint. Efforts to maintain tracking logs were temporarily disrupted due to

the Maryland Department of Health's network security incident, however at this time the Complaints and Investigations Department has built modified tracking logs and has continued to review all complaints and investigatory documents to reflect the critical information that was outlined in Recommendation 1B.

Moving on to password and account control. There are two findings for this topic.

MS. EVANS: Iman?

MS. FARID: Yes.

MS. EVANS: Can you hold on for one second, please?

MS. FARID: Sure.

MS. EVANS: So, for the previous one that Iman stated, 1A, the Board of Nursing, I had two years ago requested an extension to the managing for results to take us from 270 to 540, which is our current standard of the last two years. So, OLA was in slightly before those two years. So, I just wanted to make it for the record that we really should be under 540 as opposed to one year because that's what we submitted to Managing for Results

and have been following for over the last two years.

So, is that something we can adjust to state where we are really?

MR. CONTI: You can state it on the record.

MS. EVANS: Yes. So, Iman, can you add that to know where we currently stand? As far as managing results are concerned, we are up to 540 days.

MS. FARID: Yes, absolutely.

MS. EVANS: Thank you.

MR. HICKS: Iman, you can continue.

MS. FARID: Finding Number 4: The Board of Nursing did not perform documented system access reviews of their licensing systems to ensure that user capabilities were adequately restricted. As a result, numerous users could unilaterally issue or renew licenses, and current or former employees had unnecessary system access. Recommendation 4A states that the Board should perform documented periodic access reviews of the licensing system. The Board completed this task back in July 31st of 2021. The Board has established procedures to ensure authorized staff have access to information

that is pertinent to their duties. At this time only executive leadership can grant approval to change staff member positions, and these permissions are reviewed on a quarterly to semi-annual basis.

Recommendation 4B states that the Board should establish online or manual controls to prevent users from unilaterally issuing or renewing licenses, including those noted above. The completion date for this task was on July 31st of 2021. Similar to the last recommendation, the Board has established controls to prevent staff from unilaterally issuing or renewing licenses. Access to license function has been revoked from certain staff members, and this process is once again monitored by executive leadership.

Recommendation 4C states that the Board should ensure that users are assigned only those capabilities needed to perform job duties and to eliminate unnecessary access, including those noted above. The Board of Nursing completed this recommendation on July 31st of 2021. An audit was conducted on June 23rd of 2021 where it identified several individuals with access to

functions that were beyond their scope of employment. Subsequent to that finding, restrictions to the online databases were then applied.

The last finding, Finding Number 5, states that passwords and account controls for the Board of Nursing were not sufficient to properly protect critical data.

Recommendation 5A states that the Board should implement strong controls over passwords and accounts with critical applications in accordance with the settings prescribed by the Information Technology Security manual. The estimated Board completion date for this task is January 31st of 2023.

As you may recall, on July 13th of 2022 the Board met in Open Session to discuss proposals by the Maryland Department of Health and the Department of Information Technology to restore network access to the Board. Based upon a review of written information that was submitted, the Board voted to select the Department of Information Technology Services to obtain full internet connectivity and information technology operations.

As a result of this vote, the Board must complete the following tasks prior to reconnection. The Board needs to establish a memorandum of understanding with DoIT, the Board must establish a cost model, purchase new computers, software, and security tools and implement standard operating procedures to detail all information technology efforts. All of these tasks must be completed prior to implementing strong controls over passwords and accounts for critical applications.

Lastly, Recommendation 5B: The Maryland Department of Health needs to determine the extent to which additional applications and account controls are needed to protect licensee data for the remaining boards and commissions. The completion date is estimated for May 31st of 2023. The Board cannot begin engaging in the process of supporting strong password requirements until network reconnection with the Department of Information Technology is complete.

With that, are there any questions related to this Joint Chairmen's Report?

MR. HICKS: Any questions for Iman?

(No questions posed)

MR. HICKS: All right, hearing none.

MS. JACQUELINE HILL: I have a question.

MR. HICKS: I'm sorry. Dr. Hill?

MS. JACQUELINE HILL: Thank you, Iman, for that comprehensive report. Under Recommendation 5A, where the Board completion is January 31st, are we in line with that timeline? Are we on track?

MS. FARID: I may need Karen --

MS. EVANS: I can answer.

MS. FARID: -- or Marvin to weigh-in to that.

MS. EVANS: No, I can answer that question. I just have to remember which one it was, sorry.

So, we may not be able to meet that timeline because we're dependent on DoIT. I signed the contract last week, I believe, or the week before last. So, I can say 2023. So, hopefully, the Winter of 2023 is what I'm praying for, but we don't have a final deadline date. The original date was for January of 2023, but since we just signed contracts and everything --

MS. JACQUELINE HILL: So, will we have to

submit an addendum or a revised letter if we don't meet the deadline?

MS. EVANS: So, I'm wondering if we could put dependent on when DoIT hardwires us again. Maybe we can add that addition to it.

MS. JACQUELINE HILL: Okay.

MS. WESTERFIELD: So, the cost model, the new computer purchase, software implementing operating procedures, those would all be good as long we get the contract, we will meet that deadline?

MS. EVANS: We already have the contract.

MS. WESTERFIELD: Well, as long as -- well, you said you were waiting for DoIT, too?

MS. EVANS: Well, we haven't been hardwired yet. So, I don't know where we are in the process with the other boards as far as who is going first with hardwiring.

MS. WESTERFIELD: Can we change the date on here, or no?

MS. EVANS: Well, that's why I stated that depending on when DoIT completes the -- I don't know how

you want to word that.

MR. HICKS: Contingent?

MR. CONTI: Contingent.

MS. EVANS: Intention?

MR. HICKS: Contingent.

MS. EVANS: Contingent, thank you. Contingent on DoIT. Do you have that, Iman?

MS. FARID: Yes, I do.

MS. EVANS: Any other questions?

MR. HICKS: Any other questions?

(No questions posed)

MR. HICKS: All right. So, is there a motion to approve the responses for the Joint Chairmen's Report that Iman has outlined and as amended?

MS. STEINBERG: So moved. Steinberg.

MR. HICKS: Steinberg.

MS. LYONS: Second. Lyons.

MR. HICKS: Lyons. All in favor?

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

MS. FARID: So, the last item for discussion is Item 7D. This Joint Chairmen's Report details operations related to the timeliness of investigations into complaints and the associated impediments caused by staffing issues. Please bear with me, this is quite a lengthy report. So, I will do my best to summarize and highlight each part.

The first topic that the Joint Chairmen's Report has requested the Board to address is to provide an overview of the process by which investigations into complaints are handled including each step from the receipt of the complaint to the conclusion.

The first step is the initial complaint intake. This is performed by the Complaint's manager. This employee is responsible for collecting certain information which includes; the full complaint being received, the priority of the complaint being identified and then given to the director of enforcement for review, a criminal history records check being performed, a review of other disciplinary actions that are taken

either by the Maryland Board of Nursing or another state board of nursing. Each complaint is then assigned a number and then a new file is created. Each complaint is then logged into several different tracking locations. These may include the incoming complaints log, a master tracking log, and tracked within MyLO. Each complaint is then uploaded into the Sure Drive folder and is prepped for the Complaint Triage Committee. Each month the Complaint Triage Committee convenes twice to review approximately 60 to 80 complaints. Each complaint is then subsequently assigned a course track. And from this track, the committee may make a following recommendation. I won't read the summary of each of the recommendations however I will highlight the titles. A case may be referred to the Safe Practice Committee. A case may be categorized as "Take No Action." A respondent may be invited to attend a Pre-charge Committee meeting. The case may be referred to another agency. A case may be assigned "Take No Action," but an internal database alert may be triggered. A respondent may be offered to voluntarily surrender their license or certificate. And

lastly, a case may be assigned to the Investigations Department with a priority number.

The next step usually is the Investigative Assignment. A case may be assigned one or more investigative types. I have provided the investigative types in Appendix A that is at the end of the report for more information. Each investigative type will be researched and analyzed using different methods depending on the constituent level of responsibility. I have provided an example. For example, an individual that has failed to renew their certificate to practice as a certified nursing assistant will need to have certain items reviewed including their wage and earnings during the time they were practicing under a non-renewed certificate. This may require the investigator to subpoena employee records to confirm the individual's employment and the number of hours worked. The investigator will additionally need to determine if any patient harm or discipline occurred during the time of non-renewal. The complainant and respondent will then need to be interviewed to determine if any attempts to

renew the certificate were made.

Next is the general investigation process. A respondent will be sent a contact letter informing them of the investigation and detailing the assigned investigator's contact information. At this time the investigator will submit subpoenas for records related to the investigation. These could include; facility investigative files, personnel records, facility policies and procedures, attendance records, medical records, financial records, video surveillance, autopsy reports and death verifications, police reports, and true test court documents. While the investigator waits for these documentations, as it can take quite a bit of time to receive, interviews will additionally be conducted with the complainant or complainants, the respondent, and witnesses. All records will be analyzed and synthesized to evaluate any applicable nursing practices. The investigator will also conduct thorough nursing research to determine best practices while utilizing their clinical judgment facility investigation. The investigator will ask to obtain a written statement from

the respondent as it relates to the allegations, and will then focus on any violations of the Nurse Practice Act. At the end of the investigative process a comprehensive Report of Investigation will be written to document all investigative records and will be subsequently referred to the Board and any committee for review and action.

The second item that the report addresses is the number of authorized positions dedicated to investigations, and positions filled from Fiscal Year 2020 through Fiscal Year 2022. As I mentioned in the previous Joint Chairmen's Report, the Investigations Department is currently composed of three nurse investigators and one non-nurse investigator. The Investigations Department currently has seven open job positions, which I have outlined. At full capacity, however, the Investigations Department should have a total of ten nurse investigators, four non-nurse investigators, a lead investigator, and four administrative specialists.

I've provided an example of some barriers that the Investigations Department has needed to address in

the past. The Board had previously attempted to reclassify an employee position as a non-nurse investigator. This role, however, was downgraded to a health occupations investigator, and then the position was subsequently frozen and was unattainable at the time. So, this action had caused the Investigations Department significant strain because they were unable to start recruitment for his position or interview potential candidates for this critical duty. I have also outlined a few staffing changes that have occurred during Fiscal 2020 through Fiscal 2022 that is outlined within bullet form.

Lastly, I wanted to provide more information on the number of cases that are handled by the Investigations Department. First, I think it's important to highlight that the Department is bifurcated between two categories; Cold Cases and Open Cases. Cold Cases are defined as any open investigative case that has been received by the Board from Fiscal Year 2017, 2018, or earlier. As of June 30th of 2022 the Investigations Department had approximately 5,000 cases to investigate.

Currently, there is one nurse investigator that has been solely assigned to investigate approximately 2,800 cold case files. This has let the team to only be able to utilize three remaining investigators to review the open cases. Each experienced investigator has been assigned approximately 4- to 500 cases each, and the director of enforcement additionally serves as a nurse investigator and has been assigned 600 open cases in addition to her other managerial job duties.

The manager of enforcement is another individual within the Investigations Department however she also assists the Complaints Department by processing complaints and facilitating committee meetings monthly. This, overall, has led approximately 1,500 cases unattended due to the current staffing capacity. And I think this really outlines that the current demands far outweigh the Board's staffing capacity and resources to be able to meet those demands.

The third topic in this report is to provide current data on the timeliness of the investigations through Fiscal 2022. So, I've provided two examples.

The first example relates to non-complex cases. An example of a non-complex case could be an allegation of a respondent working on a non-renewed license or certificate. The average amount of time conducting an investigation on a non-renewed allegation has been provided in the table below. The total time that it could take for this complaint could be 26.5 hours, and that includes all of the steps that I had outlined previously in the first section of this report.

The second example I have provided is for a complex case. The example that I included was drug diversion that involves multiple patients. I have provided a time estimate completed investigation that may involve five patients and six witnesses. The total time for this investigation is 71 hours on average.

I would like to note that not all cases fall directly within these two case types. It may actually take more time for certain cases because it depends on certain factors that the investigator must perform. A few examples could include; traveling to the courthouse to obtain true test copies of case dispositions, waiting

for the State Medical Examiner's Office to complete an autopsy report, or collaborating with vital records to obtain death certificates. Investigators may also meet and communicate with other enforcement agencies such as the Office of Controlled Substances or the Drug Enforcement Agency.

And lastly, the final topic was for the Board to identify barriers including staffing or other resources. I have outlined two main barriers, however, if there are any other barriers that should be outlined, I would be more than happy to include them.

The first is staff retention. The Investigations Department is severely understaffed and the Board needs to employee qualified and competent staff members to conduct thorough investigations.

The second category has been titled as, "An Inaccurate Comparison to Other State Occupations Boards." I have outlined in this report the amount of work that is conducted per case is tremendous and can often result in a report of investigation that could span between 12 to 30 pages for a relatively simple case, or up to 50 to 100

pages for a more complex case. The Board is continually compared to other health occupations boards within the State of Maryland in terms of the duties and responsibilities are performed. However, the Investigations Team, the effort to compile a comprehensive report is not being replicated by the other health occupations boards, however the comparison of investigative duties between boards is still occurring. The Board oversees several certificate and licensee holders, and I have outlined all of those designations within the first paragraph. Each investigator must be well-informed about the practice standards for each certificate or license holder including their setting and practice area. I have included an example for certified medication technicians that work within the developmental disability setting and the assisted living setting because their responsibilities and duties differ depending on that setting. An investigator must, nonetheless, be knowledgeable about the rules and regulations of each practice setting and the six rights of medication administration, as that is one of the most

common complaints that is received by the Board around medication errors. I have also provided another example that a Board investigator must also be well-versed in conducting nursing research that is within the advanced practice setting. I have included a number of advanced practice specialties, however this list does not include every specialty. Due to the scope of these specialties, investigators often need to conduct extensive research on clinical care standards; morbidity and mortality rates; labs and assessment; and best practices before conducting witness interviews or submitting subpoenas for further investigations.

So, I think this report really comprehensively shows the depth of research that the investigators must complete for each and every case, the amount of hours spent per case, and the report that is compiled as a result of this effort. I will add that although it's not mentioned in this report, the Board of Nursing has a gold standard on how it conducts its complaints and investigations process. Other boards of nursing often ask the Board of Nursing on inquiries on how we conduct

our process because it is so thorough. And we have also partnered with other agencies outside of the Health Occupations Board because we have been seen as reliable partners within the investigative process.

So, with that, are there any questions related to this Joint Chairmen's Report?

MR. HICKS: Nice job, Iman.

MS. ROBIN HILL: Beautiful job.

MS. CASSIDY: I have a question, or comment. Iman, this is great. I am a little confused about the title of "Inaccurate Comparison to Other State Health Boards." I understand it, but nowhere in the explanation does it tell me how this is inaccurately compared to other health boards. I get a gist of it. I think you're saying that the Board of Nursing reviews a lot of cases in these levels, whereas the Board of Pharmacy does this or the Board of Physicians does that. I'm a little confused by the title versus the information. And I love the information, I don't want to say that I don't. I think it's very important, but I'm wondering if there needs to be something else here or maybe it needs to be

titled something differently.

MS. EVANS: Iman?

MS. FARID: Yes.

MS. EVANS: Sara is in boardroom. I am going to ask if she can explain it and for you to take some notes and make some revisions. Okay?

MS. FARID: Absolutely.

MS. EVANS: Sara, I know I caught you off guard. Thank you so much.

MS. TONGUE: Good morning, everyone. My name is Sara, and I am the director with the Enforcement Division. I just want to give you a little bit more background of where that information came from.

So, our investigators are being compared to health occupations investigations. Other health occupation boards do not do what we do across the board, from our licensees and certificate holders, how much investigating we do. For instance, the nurses were originally classified as health facilities nurse surveyors, and within that classification that means they're going out to healthcare facilities serving the

building, which we do not do. So, that's one concern. Their surveys are checklists. We don't have checklists. Our investigations go over really in depth review of all our certificate holders and licensees, including advanced practice, direct-entry midwives, and we're not surveying those. So, that's a big concern.

Then, with the health occupations investigator, what they came back with, they're looking for six years of law enforcement. These are police officers that they are classifying the role as. We're not using police officers within our roles here. So, these are some of the differences between what they're classifying and how they're lumping all the investigators for the state versus what we truly do here.

MS. EVANS: And can you also go over the Review of Investigations as far as what you do and what the others do outside of the checklist?

MS. TONGUE: Yes. As you know, here, when we do our Report of Investigation and go through our peer review process and it goes to a final review, then it goes through the CNA Advisory for certificate holders, or

our ROI Review Committee for our licensees, and then it goes through our HOPL, Health Occupations Prosecution and Litigation, for recommendation of charges based on the information that's inside. Other health occupation boards may be submitting information just without a report and having the prosecutor or their attorney write up the report themselves. That's a big difference between, like, with us and another health board. Some, like, OHCQ they are not writing, you know, when they are going up for their surveys. It's not writing a whole report on their investigation. It's their investigation facility not personnel when it comes to the incidents.

So, those are some of the differences when it comes to our process. But again, I just don't think when I've got the report back of a health occupations investigator and they are looking more into law enforcement, that's a big concern for me because it completely takes out anyone that may have health experience, nurse that we truly need here to investigate complaints. And just to clarify some information, yes, we do have three nurse investigators on our team, but I

am occupied in one of those positions. I oversee Enforcement. Enforcement has six units within Enforcement itself. Our nurse investigator for cold case, she's one of our other nurse investigators. She, alone, along with Lanier, who is a new non-nurse investigator with us, they are handling all of the cold cases, which is about 2,800 cases in itself. Then that only leaves one of our other nurse investigators, who is Sophie, that takes pretty much anything else when it comes to practice-related. Our manager of enforcement, my partner, she is a non-nurse investigator, but she's also helping me out in other Enforcement Division duties. So, when you're looking at that number, we're actually working double duties.

We've recently received -- one of our investigator positions, our nurse investigator positions, was frozen. They felt as though the position was being overpaid and they froze the position. I had to do a reclass and truly identify the role of this nurse. And when they looked at it, the position actually came back much higher, and it took it out of the health facilities

nurse surveyor position and it took it to a nurse consultant, and this is what we need. The issue that I'm having is that with our non-nurse investigators, they are not being looked at -- they feel as though those positions should be occupied by a police officer or somebody with a minimum of six years criminal investigation history. That's not helpful to us. So, that position was frozen. I did the request for the nurse that came back as a consultant. They just released the PIN. It's been sitting for over six months. These are our issues. And I'm being honest with you, our team is burnt out. I am burnt out. We need help, and I've been screaming it from the top of my lungs for a very long time. We're doing what we can do at this point with the resources that we have, but I cannot continue to ask my team to run on fumes of fumes. We're not going to last.

MS. CASSIDY: Thank you. I appreciate that. I do understand the difference in the positions. My only comment that I need to go back to is that with that title.

MS. TONGUE: I do understand.

MS. CASSIDY: They're going to come back and say, "What do you mean by that?" "I don't understand." "How are you comparing A to B?" And that's all I'm saying. When I read the information there, I am just reading, this is everything that we do.

MS. TONGUE: And what I can -- so with the health facilities nurse surveyors position that MS22 showed the differences between the nurse consultant that we use here versus that position. I will make sure that Iman has both of those.

MS. CASSIDY: So, just looking at this report --

MS. TONGUE: No, I do understand that.

MS. CASSIDY: Thank you.

MS. TONGUE: You're welcome. And just to clarify another statement, Iman, remember our Triage Committee has two meetings per month to go over complaints. That is reviewing 60 to 80 complaints per meeting. So, on average, we're looking at 120 to 160 complaints per month.

MS. BEESON: I was going to add, you highlighted a lot of the competencies for the role that are very different and unique. I think in really identifying those higher level competencies that those require the clinical appreciation and understanding, but also the capacity to collate that into a full actionable report, is a competency well above what you highlighted in the other roles, and I would love to see some of that captured in that. I hope that would get us closer to what we need to get to here. And, thank you, for your service, truly.

MS. TONGUE: You're welcome.

MR. HICKS: Anyone else?

MS. BEESON: You guys are doing a great job.

MS. TONGUE: Thank you.

MR. HICKS: So, Iman, I think two other areas that perhaps we would like to add, or I think should be added into the Section 4, and primarily under Staff Retention, is really around the staff's requirement or need for staffing to cover other departments and complete the work that they have to do, and how that just

escalates burnt-out from the team. So, when you're looking at staff retention, you know, as we've already heard, you can only do so much before the burnout factor becomes real. So, I think that perhaps that has to be addressed here, and we definitely have examples of how one department needs to cover for another department to try to get things still moving, type of thing.

The other thing, and again this was just brought up recently, it was around the whole delay or, I don't know the right term, but the amount of time it takes --

MS. EVANS: The approval process.

MR. HICKS: Yes, thank you, Karen -- the approval process for PINs to be posted once approved because that in of itself can take months. Once the PIN is approved, you know, if it's approved today it may not get posted until January, which, you know, isn't helping anybody. So, I think that needs to be addressed in this report as well in terms of staffing because that impacts all of it.

MS. BEESON: Do we have that data to show from

the time of request to the time to approve? Because that could be really helpful.

MS. EVANS: Rhonda and I have been tracking. We have it. I can send you the grid, Iman.

MS. FARID: Perfect.

MS. CASSIDY: Maybe along with staff retention is, going back to what Sara said, is staff classification. You have this position classified as "A" but you really need "B". And so, that takes a while to reclass that job. Maybe that's part of it, too. I mean, maybe part of this can be an argument for the Board to reclassify the investigator positions out of this health facility thing to a nurse consultant to maybe -- you know what I mean, not a nurse consultant but --

MS. EVANS: Part of the problem is that the State works with these class specifications, and so they try to fit whatever role, and then they compare you to other agencies that we can't be compared to. We are very unique. So, including the Department of Labor we have been compared to. We're a totally different function. And our sister boards don't do everything that we do, nor

do they have the amount of disciplines that we oversee. They don't do approval of CNA programs or nursing programs or all those other things that we have to do. So, it's like comparing apples and oranges, and it's very difficult for them to understand that it's not a compare. I don't know how this can be done, but we need to be able to develop our own class specifications because it doesn't equate.

MS. CASSIDY: Exactly.

MS. HAYWARD: Plus, we get into the depth of not only approving the programs, but we approve those people that teach those programs.

MS. EVANS: Right.

MS. HAYWARD: And that piece is not on there. We have to go to that depth as well for approvals.

MS. EVANS: So, we have to the same accreditation status as MHEC as far as USDOE is concerned. No other board has that either, and there's only five boards in the United States, nursing boards I should say, that have that particular status.

MS. HAYWARD: I think it's a knowledge deficit,

and once that information is out there, we will have more support.

MS. EVANS: But you have to want to hear the knowledge.

MS. HAYWARD: Yes, but this is wonderful. It does help describe the process. And now, if you can't move a person from this desk to this desk because they don't have access to the information to do this job as suggested in the past that we just move people to where they're needed to do that inside these walls. We don't have access to that information.

MS. EVANS: Correct, and we have to make sure that what happens at the -- I will speak about administrative services, what happens at the front desk doesn't interfere what happens at the back end. But when you only have four people, and one is the manager, there's limitations. So, someone always, from the front desk, someone always has to be assigned to the back end. So that can be perceived as being a conflict, but they have to have access to those things so that we're able to function.

MS. HAYWARD: And that is what this is saying.

MS. EVANS: Correct, but we are working with what we have.

MR. HICKS: So, Iman, I think there is a lot of things that may need to be revised in this before calling for a vote to accept that. So, can you --

MS. HAYWARD: And not because she didn't do a fantastic job.

MR. HICKS: Yeah, absolutely not.

MS. HAYWARD: Put that on record somewhere that she did a fantastic job.

MR. HICKS: It was phenomenal. I just would like for -- I mean, there was a lot that was discussed about this, a lot of recommendations for supporting documentation, and I think if you can go back and just kind of update those and then bring it back to us.

MS. EVANS: Well, we have a deadline of November 1st. So, we won't have another board meeting. So, what I can suggest is that once Iman finishes it, if everyone can look at their email and then give approval that way. Make sure you copy Mike, Katie, Rhonda, and

myself on that email.

MR. CONTI: We will have to do an open meeting for that.

MS. EVANS: We will have to do an open meeting?

MR. CONTI: We could do an open emergency meeting.

MS. EVANS: Oh, we will do an emergency open meeting.

MR. CONTI: It can be online. I mean, it doesn't have to be in person.

MS. EVANS: We can do a virtual emergency open meeting.

MR. HICKS: So, we will follow up with that. Thank you, Iman.

MS. FARID: Thank you. And I also just wanted to just correct the timeline for this last report. So, this Chairmen's Report that we're referring to investigations is due November 15th.

MS. EVANS: Okay.

MR. HICKS: I would rather us have an emergency meeting early so that we can review this so that if there

are any other edits that need to be made can be made by the deadline. So, just watch out for that date to come up.

MS. FARID: Absolutely.

MS. EVANS: Thank you, Sara. I appreciate it.

MR. HICKS: Thank you, Sara.

ALL: Thank you.

MS. TONGUE: Absolutely.

MS. EVANS: Thank you, especially since I caught you off guard. Thank you.

MR. HICKS: We will move down to 9, Quarterly Reports. Amber?

MS. HAVENS-BERNAL: Good morning, everyone. I am Amber Havens-Bernal with the Enforcement Division's Discipline Program and Compliance Program.

This is the quarterly report for July, August, and September of 2022. So, first I will do the Discipline Program status report. Cases voted for charges and transferred to the Office of the Attorney General, 6. Total summary suspensions issued, including orders continuing summary suspension, 6. There were 13

cases scheduled for case resolution conference. There were a total of 6 consent orders executed; 7 voluntary surrenders; no cases were rescinded and dismissed; 16 default cases were sanctioned; and we had 7 hearings held, that includes show cause hearings and evidentiary hearings.

The compliance status report: Probation orders initiated, 4; reprimands with conditions initiated, 1; respondents scheduled with the program case manager, 3; probation orders terminated, 5; cases presented to the Board for violation of probation, 2; total cases on probation with the Board currently is 59.

Any questions?

MR. HICKS: Any questions for Amber?

(No questions posed)

MR. HICKS: Thank you, Amber. We will move down to Safe Practice Committee. Valencia?

MS. SCOTT: She's coming.

MR. HICKS: Okay. Monica, we will move down to you for Direct-Entry Midwifery.

MS. MENTZER: Good morning, everyone. For 9D

we are going to look at the quarterly report for the first quarter, FY23.

Meetings: The committee holds scheduled meetings monthly on the first Friday of each month. The committee meets as necessary to conduct committee business. The meetings are held when there are sufficient agenda items or when the Board received applications for initial licensure as a direct-entry midwife. During the first quarter FY2023, July 1, 2022 to September 30, 2022 the committee met twice, on July 1, 2022 and September 2, 2022.

Licensees: Currently there are 33 active direct-entry midwives licensed in Maryland.

Status of Work Completed: At its Open Session meeting on July 1, 2022 the committee finalized the recommendations regarding updates to the annual data collection form, committee reviewed its recommended changes to the annual data collection form at the July 1, 2022 meeting, and presented the requested changes to the form to the Practice and Education Committee on July 15, 2022 to obtain a recommendation for approval from the

Practice and Education Committee to the Board. On July 27, 2022 at its Open Session meeting the Board accepted the recommendation from the Practice and Education Committee and approved the updated form. A copy of the updated form was sent by U.S. Postal Service to the current address on file to each licensed direct-entry midwife with instructions to return the completed form to the Board by October 1, 2022.

Status of Work in Progress: Review of the annual data collection form as required by Maryland Code, Annotated Health Occupations, Section 8-6C-10. Pursuant to and in accordance with Maryland Code, Annotated Health Occupations, Section 8-6C10, licensed direct-entry midwives are required to complete and submit a data collection form approved by the Maryland Board of Nursing on an annual basis by October 1st of each calendar year. The annual data collection form requires that the licensed direct-entry midwives report certain data to the Board regarding their clients and practice between July 1st and June 30th of each year, the reporting period. The committee reviews and aggregates the data from the

reporting period submitted by the licensed direct-entry midwives and then reports the results to the Maryland Board of Nursing along with any recommendations from the committee regarding the following: The continuation and improvement of the licensure of licensed direct-entry midwives in the state; Number 2, any recommendations regarding expanding the role, scope of practice of licensed direct-entry midwives; and Number 3, any recommendations, including recommendations for legislation regarding the scope of practice of licensed direct-entry midwives to include vaginal birth after Caesarean. The Maryland Board of Nursing then reports these results to the Maryland General Assembly by December 1st of each calendar year.

Membership on Committee: The appointment member on the committee representing the Maryland Hospital Association is Dr. Monica Bucher, M.D. At its meeting on July 1st Dr. Bucher notified the committee that due to her clinic schedule she is unable to attend the committee meetings as scheduled on Friday mornings and may need to resign from her appointment to the

committee.

Meetings: The next meetings of the Direct-Entry Midwifery Advisory Committee had been scheduled and occurred on September 2, 2022 and October 14, 2022.

Any questions?

MR. HICKS: Any questions for Monica?

MS. JACQUELINE HILL: I have a question.

MR. HICKS: Dr. Hill?

MS. JACQUELINE HILL: How long was Dr. Bucher a part of the committee?

MS. MENTZER: She was appointed in -- her first term appointment occurred on January 31, 2022.

MS. JACQUELINE HILL: This year?

MS. MENTZER: Yeah, earlier this year. She did send an email, and I did share that email with Ms. Evans and with Ms. Scott notifying that she has commitments as chief of the department of the OB-GYN at one of the hospitals, and it's just not working for her. She wanted to know if the committee could change the date. And that was taken to the committee and discussed at our last

committee meeting, and the other members made it clear that they understood when they signed up to be on the committee what the commitment was, and they already have everything arranged so that they can be available. And I do have very good attendance from the other six members on this committee at the Friday meetings.

MS. JACQUELINE HILL: Well, perhaps Dr. Bucher could recommend someone.

MS. MENTZER: Well, the Board will be the ones that will receive any potential candidates for this position. I believe in the past that it was the Maryland Hospital Association, Jane Krienke, who researched who would be a potential applicant for the Board to consider to reappoint for this position.

MS. EVANS: We can reach out to Jane and provide her with what the position stated. Jane will assist us in that matter.

MS. MENTZER: She attended one meeting from January till our last meeting was held this month in October, early-October.

MS. EVANS: The Maryland Hospital Association

has been a great partner with the Board. They really have been.

MS. MENTZER: It's just they have to be sure when they recommend somebody that that person clearly does understand when the meetings are held and that they will be available.

MS. EVANS: Just send me what they need to know.

MS. MENZTER: Okay.

MS. EVANS: Send it to both, Rhonda and myself, and we will get it to Jane.

MR. HICKS: Any other questions for Monica about midwifery?

(No questions posed)

MR. HICKS: All right. Monica, you can continue with Electrology.

MS. MENTZER: Okay. For Electrology, this is 9E. First quarter report, FY2023 quarterly report to the Board, Electrology Practice Committee.

Meetings: The Electrology Practice Committee meets as necessary to conduct committee business. The

committee meets as necessary when there are sufficient agenda items or when the Maryland Board of Nursing received initial or renewal applications for licensure as an electrologist or an electrology instructor. The committee met twice during the first quarter of FY2023 on July 13, 2022 and September 14, 2022.

Licensees: Currently there are 47 active elcetrologists and 2 active electrology instructors licensed in Maryland.

Status of Work Completed: Review of initial applications for licensure as an electrologist or an electrology instructor. The committee reviewed one application received to the Board on October 7, 2021 for initial licensure to practice electrology that has not been able to move forward as the applicant has not demonstrated she has been able to successfully pass the theory portion of the examination administered by Pro Metrics. This applicant is unable to be scheduled for the clinical portion of the required examination at this time. This application will be considered abandoned if it is more than one year from the date the application

was received to the Board.

The committee reviewed one application received to the Board on September 12, 2022 for initial licensure to practice electrology. The Electrology Practice Committee members reviewed the initial application and was able to recommend approval of the applicant as meeting the requirements to schedule the theory examination administered by Pro Metrics. Ms. Debra Larsen, the committee chairperson, has contacted the applicant to provide the applicant with the information needed for the applicant to schedule the theory examination.

Review of Reinstatement Application for Licensure as Electrologist and/or Electrology Instructor: The committee received one application for reinstatement of an electrology license received to the Board on September 1, 2022 for a licensed electrologist that the Board has placed on an inactive status. The committee reviewed the application, and pending the official results of the criminal history record check that have not yet been received to the Board of Nursing Background

Review Department from the Criminal Justice Information System, was able to recommend to the Board that the Board approve the reinstatement of Ms. Debra Winters, License Number E01457, at its next scheduled Open Session meeting. So, we still do not have the results of that report in the Background Review Department yet. So, there's been a little bit of a delay, but that will be coming to you hopefully next month.

Standardized Processes for the Onsite Survey of the Licensed Electrologist Practice Office: The committee completed its recommendations to the Board regarding the Board's request to the committee to develop Board objective criteria and standardized processes with respect to determining when an onsite inspection of an electrology office is warranted. In addition, the committee is considering in including in its recommendations to the Board: Standards and processes for committee members and/or Board staff conducting an onsite inspection, and 2; standards and processes for evaluating the findings of an onsite inspection including potential next steps, such as; requiring a plan of

correction, additional survey, and/or disciplinary action if warranted. The committee's report with recommendations to the Board at its Open Session meeting was provided on September 27, 2022.

Membership: Ms. Debra Larsen, licensed electrologist and chair of the committee, has completed her second four-year term as a committee member on June 30, 2021. The Board has posted a notice on its website requesting any interested licensed electrologist who meet all of the requirements for an appointment to 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. Larsen. Ms. Larsen is able to continue to serve unless and until a successor is appointed and qualifies in accordance with Maryland Code, Annotated Health Occupations, Section 8-6B-05F3.

The next meetings of the committee have been scheduled for October 5th, which did occur, and on November 2, 2022.

MR. HICKS: Any questions for Monica?

(No questions posed)

MR. HICKS: Thank you.

MS. MENTZER: You're welcome.

MR. HICKS: We will go back up to 9B. Valencia?

MS. JACKSON: Good morning, everyone. My name is Valencia Jackson. I am currently the Safe Practice coordinator here at the Board. The stats that I will be giving today are reflected in the months of July through September.

So, meetings scheduled and held per quarter was a total of 6; two for each month. The participant number total -- the number of total participants in the program is 64.

Participants scheduled for committee meetings: July, 21; August, 15; September, 15; for a quarter total of 51.

New agreements given: July, 1; August, 2; September, 3; for a quarter total of 6.

Expelled due to non-compliance: July, 1; August, 2; September, 2; for a quarter total of 5.

Successful discharges from the program: July, 2; August, 1; September, 1; for a quarter total of 4.

MR. HICKS: Any questions?

(No questions posed)

MR. HICKS: Thank you so much.

MS. JACKSON: Thank you.

MR. HICKS: We will move down to 9G, Investigations Status Report. Rosalyn?

MS. BATES: Shawnta'

MR. HICKS: I'm sorry, Shawta'.

MS. BATES: It's okay. Good morning.

ALL: Good morning.

MS. BATES: I have the status for the Complaints and Investigations Department. So, complaints received, the numbers we have reflect are what they were for July through September. I just want to inform you that they have gone up and basically tripled. So, they were kind of low for those months, but we are back up to our normal of incoming complaints.

So, complaints received for July, there were 42; for August, 49; and for September, 52; for a quarter

total of 143. Complaints closed by take-no-action: July, 34; August, 18; and September, 27; for a quarter total of 79. Complaints closed by charges: July, zero; August, 1; September, 1; for a quarter total of 2.

Cold cases: Complaints closed by take-no-action backlog review; July and August were zero; 10 were closed in September; for a quarter total of 10. Cold cases closed administratively: July, 5; August, 2; September, 9; for a quarter total of 16.

The average number of days between receipt of the complaint and the report of investigations submission: July, 219; August, 553; September, 237; for a quarter average of 336. Our total open current cases right now are 2,838, and our total cold cases are 2,767.

MR. HICKS: Any questions?

MS. JACQUELINE HILL: Yes.

MR. HICKS: Yes, Dr. Hill?

MS. JACQUELINE HILL: Thank you for the report.

MS. BATES: You're welcome.

MS. JACQUELINE HILL: So, what do you attribute to the tripling of the numbers from the summer to

September?

MS. BATES: It's just the number of complaints that we're receiving. We start the month of October. We've just started receiving so many more complaints. Right now we are up to like 90 for the month, and the month isn't over.

MS. JACQUELINE HILL: Is that the normal pattern? In the summer they go down, and then they go up?

MS. BATES: Yes.

MS. JACQUELINE HILL: They must be vacationing a lot in the summer.

(Laughter)

MR. HICKS: Any other questions? Nicole?

MS. BEESON: When the complaints are first are inspected we don't really have eyes on the general themes or buckets of trends in the complaints, and I'm wondering if that's relevant to the Board for us having an appreciation of what's happening in the greater environment in the context of our healthcare systems.

MS. BATES: Our complaints range in the types

of complaints. So, we get a lot of neglect, not following practice standards, sexual abuse, abandonment, physical abuse, psychological abuse. Abuse is one of the highest ones, normally. It's a lot of neglect and abandonment, but it really just depends.

MR. HICKS: I think Nicole has a good point. If we had an opportunity to have the breakdown of all of those, because we know that perhaps there's probably in some cases one group of investigations maybe take longer than another group. And so, if we could see the trending where perhaps that longer time that it takes to do an investigation, that number is "X" whereas the lower time of investigation is "Y", right? And then we see that most of your cases were laying up in this "I" number of time of investigations. Just for reporting purposes, I think it would be nice for us to be able to see that.

MS. BATES: So, you want to see as far as the complaints coming in, or the investigations themselves?

MR. HICKS: I think what you should do, and I don't know if this is possible, but, yes, what are the complaints that are coming in, how many of those are you

getting on a month-to-month basis, where you stand total in the investigations, and then -- I don't know if it's doable, but do you have, like, an average time when it takes to do a child abuse case?

MS. TONGUE: We can, but it really is case dependent.

MR. HICKS: Okay.

MS. BATES: They are case dependent.

MS. TONGUE: But we can outline.

MR. HICKS: So, where your cases are, right, and those cases that we know may take a little bit longer to do.

MS. EVANS: So, one of the things is -- and, Sara and Shawnta', please correct me if I'm incorrect in this. But we try to handle all the immediate cases that have priority first. So, the timelines are skewed because we have to wait for witnesses; we send out subpoenas; they may not answer and will have to send it out again; or a subpoena is sent to an address that we have on file, and the person is no longer there. Then, if we're requesting hospital or facility documents,

depending on the amount of information we are requesting -- I remember one time Sara got six boxes for one case, big boxes. I said, "Help," because it was so -- lots. And so, based on the time they send it back to us, so it's kind of hard to give you a time. Did I get that correct?

MS. TONGUE: And another thing, another consideration that's a big factor with us, usually with our priority cases are either a physical abuse or sexual assault, theft, diversions, there has been a significant uptick recently. We have a lot of diversion coming in and substance abuse.

MS. BEESON: And that's the thing I was saying. In the broader perspective, I think as a Board it will be very helpful for us to understand where there's an uptick in something. We need an awareness of that, for sure.

The next question: What do we do with that information and how can we facilitate other conversations around those things?

MS. TONGUE: Sure. Another consideration for those particular type of cases, because either DEA is

involved or there has now been criminal charges, we pretty much are at a standstill for those investigations until the criminal case resolves. Sometimes, you know, DEA asks us to hold off on our investigation because they are doing an undercover investigation. So, it really depends on those, but usually it's that because, you know, we're waiting for the criminal investigation to resolve first in the criminal courts, and then we can follow up after, because we don't want to interview witnesses on our end before the prosecutor or defense attorney is able to interview on that end. So, that's one of another big significant timeline with us, is that the criminal case needs to resolve.

And also, I think that recently with these substance abuse and drug diversions, a lot of people don't know about our Safe Practice Program. We have revamped the program, and we are still in the process of revamping it. But we have done education with Ontario, Canada, other state boards, too, because they're learning about our program revitalization. They are asking more questions about it. There's a particular case that had

been where I had to go out to the facility because a situation happened, and they were not aware of our program at all, and this is a local facility. So, I think just doing some outreach to the community and education regarding that program will actually be very beneficial. We spoke about it in our committee meetings that we have twice a month. I just sit there as a liaison between the committee and the Board just in case they have any questions about that. So, they are very exciting. We are in the process of doing a program orientation. So, just that little piece alone, also. And usually, when we get those reports a lot of people are self-reporting themselves of drug usage or drug diversion. We give those to Safe Practice, but also the facility report overage is they don't meet -- there's certain criteria where they will not meet initiative to the program, but if they do, we try to gear them to our Safe Practice Program as well.

MS. BEESON: Thank you.

MR. HICKS: And the other data that I think would be important to report out is how many of those

cases do you get a month that are priority because, you know, if you get 50, and 45 of them are priority that's a struggle. And I just want to say, you know, with respect of your team's staffing, this is not something I want -- that we would expect tomorrow, but just at some point when you guys are able to breathe a little bit and you start doing your reporting, we can add that. It's not something that needs to occur right away.

MS. TONGUE: Sure.

MR. HICKS: Any other questions?

MS. EVANS: And I just also want to add, when we speak about the 540 days when we have to wait on things like DEA, that also affects our timeframe, which still means we get the ding for it, but we have to wait for others just like we have to wait for other federal agencies that also affects our timeline.

MS. SCOTT: And these are calendar days, not business days.

MS. EVANS: Yes.

MS. STEINBERG: Yeah, I have had cases with the DEA over the years. I mean, I had cases with the DEA and

two years later they are finally getting things together.

MS. EVANS: So, maybe what we need to do, Sara and Shawnta', maybe with those particular cases, identify them however you want to identify them just so why we know why this one is taking a little bit longer than the others. Do you understand what I mean?

MS. BATES: Yes.

MS. EVANS: So, when it comes down to auditing there's a rationale behind why something is taking longer.

MS. TONGUE: The investigators have a tracker, and our main tracker identifies our major processes and investigations and the dates. So, yeah, we can definitely do that.

MR. HICKS: And again, no pressure. We know you guys are working extremely hard and what you do is a priority. So, what you're doing is a priority. We can get those reports at a later date, but just put it on the to-do list, type of thing.

MS. ROBIN HILL: Can I ask a question?

MR. HICKS: Mm-hmm.

MS. ROBIN HILL: So, if a case comes in that's a priority case, say, for drug diversion, and they do their investigation, is that nurse still practicing during that time?

MS. BATES: Some of them are. If they are in the Safe Practice Program they can continue to work. They may have permission to continue to work, but we can't take any action. The Board can't take any action against them until -- if they are not in the Safe Practice Program, you all don't have the ability to take action against them until we have the report written and the investigation completed.

MS. TONGUE: So, if they are in the Safe Practice Program, they are not on the investigation side. So, there are pretty much two routes that that case can go. So, if it's in the investigation side, we do not summarily suspend them immediately

MS. ROBIN HILL: They could literally be practicing for 540 days?

MS. TONGUE: Absolutely.

MS. BATES: Absolutely.

MS. TONGUE: And more cases will come in, and that is another issue that we have. Unfortunately, the substance abuse is a monster. So, we may be investigating this one diversion from Hospital A; trying to get the subpoena for documents; this person is avoiding us even though we're doing a summons to appear; then the next in is Hospital B, submits in another complaint. So, that is another concern that we have.

MS. BATES: And one other thing I did want you all to understand with the Safe Practice, if a person is expelled from Safe Practice, their original complaint actually isn't closed until we finish the expulsion. And so, that leaves a lot. They can be in Safe Practice for three years and not be expelled for violating their contract with Safe Practice. And so, that one case has been open all this time because they've been in the program for three years, and now we have to write an expulsion based on their violation of their agreement with safe Practice, and then that doesn't close the original complaint until you all have voted.

MR. HICKS: And that just speaks to the

importance of us needing more investigators. Thank you.

MS. TONGUE: Thank you.

MR. HICKS: Up next is Della with Background Review.

MS. SANDERS: Good morning.

ALL: Good morning.

MS. SANDERS: As Gary said, I am with the Background Review team, and I would like to report Quarter 1 statistics for two functions that the Background Review team is responsible for handling.

The first area I would like to report on, the number of applicant backgrounds cleared by the Department. During the quarter, which was 4,949, the breakdown is 1,130 nurse endorsements; 1,475 nurses by exam; certified nursing assistant, 2,343; and one electrologist.

The second area that I would like to report the statistics on are the number of cases directed to Matrix, CHRC, and the CHRC Committee, and that was 116 for the quarter.

There's not much news other than the CHRC

Committee has really been working very hard to allow the applicants a chance to defend themselves after being charged with a misdemeanor or a felony. And we've started having the CHRC Pre-charge meetings to allow the members to get a better understanding of where the applicants are currently, if they're remorseful for past actions, and taking responsibility for their past. This has been a great change in processing the positive cases that we do have, and we've set up the procedures to kind of make it work seamlessly right after we have our normal committee meeting.

Other than that, we've hired a new person during the quarter and we look forward to hiring a couple of other people coming up very soon. That's it.

MR. HICKS: Thank you, Della.

MS. SANDERS: Yes.

MR. HICKS: Maxine, Fiscal Management report?

MS. TRAYNHAM: Good morning, everyone.

ALL: Good morning.

MS. TRAYNHAM: Does everyone have a copy of the report? The graph?

ALL: Yes.

MR. HICKS: It's uploaded, yes.

MS. TRAYNHAM: Okay. For anybody who may not be familiar with me, I am Maxine Traynham. I'm the Agency Fiscal Officer, in addition to being the Manager of Administrative Services.

Basically, this report is just giving us a snapshot of how we looked at the end of the first quarter for the new Fiscal Year 2023. Unfortunately, we ended in a deficit. The adjusted net, which is basically our taxable income for FY23p, ended in negative $342,000.00. The year-to-gross Quarter 1, the gross net for FY23 also ended in a deficit. That deficit is primarily due to our crude expenses, being that it is so early in the fiscal year. It's basically due to our crude expenses, which are basically expenses that we've allocated for, but they have yet to be paid out. We have a continued increase in the expenses across the quarter, basically, across the last couple of years from Fiscal Year 2021 to Fiscal Year 2023.

The lack of increase in our growth, as well as

the adjusted revenue, which is the income that is specific to the Board, suggests that we're just not generating enough revenue. Our expenses continue to increase, however we're not bringing in any revenue.

As far as the adjusted revenue, it also took a decline as well as our expenses increased as they normally do every year with everything increasing. And basically, the bottom line is, expenses are going to continue to rise, and we just have to figure out ways to generate revenue, and I think the most fundamental method to do so would be to raise fees. I mean, I know it's a very sensitive time right now because we have medical professionals, particularly nurses, that are leaving the profession due to burnout in what we've endured for the last two years. However, everybody is aware that everything is increasing; gas, food, housing, and we have to find ways to generate revenue.

Does anybody have any questions?

MS. EVANS: No, I agree. Remember, we have not raised our fees since 2008.

MS. STEINBERG: I was going to ask.

MS. EVANS: We have not been able to raise our fees due to administration.

MS. TRAYNHAM: Not allowing it?

MS. EVANS: Not allowing it.

MS. TRAYNHAM: Very interesting. Because I would think that with the adjusted net that that's something that the Treasury Office normally monitors. So, they're saying that nothing is increasing.

MS. EVANS: Our fees our in our regulations, and so they would need to be signed off on.

MR. HICKS: I've highlighted with Karen some of the areas that I think offer opportunity. Currently, our CNA programs that we accredit and the renewals, we do not charge for that, and so, yet it takes a lot of Board time to go through the whole process of the application process and the approval process for both just an initial and a renewal. So, there may be opportunity there.

MS. EVANS: It's already been set by other boards who actually have CNA programs. They do charge for not only CNA programs, but for nursing programs as well.

MR. HICKS: Because you have to cover the manpower that it takes to do all of that, and that's a lot.

MS. EVANS: So, every year the Board participates in what's called "The Core Program." That's nationwide as well as with the territories. So, we definitely have the nationwide data that's collected for years. So, actually, I did pull down some things. I just haven't been able to pull it together as far as a chart or anything for everyone just so you can see what the costs are. Iman, I know, has done, probably about two years ago, looked at the rates across the states that are by us as far as New Jersey, Philly, Delaware, Virginia, West Virginia to see what their particular fees are for renewal for license, or even for an initial license. So, we do have that particular data, but we probably need to update it.

MS. TRAYNHAM: That would be very helpful.

MS. EVANS: Yeah, because, our rent has gone up $16,000.00 since 2020. We are self-funded, so it is our cost, but it is difficult when you can't keep up with the

cost-of-living changes that have happened. So, we need that cost-of-living change.

MS. JACQUELINE HILL: So, what's the rationale for not charging fees for CNAs? What's been the rationale for that?

MS. EVANS: It was pre-Karen.

MR. CONTI: It's just never been done.

MS. JACQUELINE HILL: But everyone else pays as far as electrologists and nurses.

MS. EVANS: I mean, as far as the nursing programs, the CNAs do pay. They do pay as far as for their initial and their renewal license. They do pay for that. However, CNA training programs, we have not charged for that.

MR. HICKS: Initial or renewals.

MS. EVANS: Initial or renewals or nursing programs either.

MS. ROBIN HILL: Nursing programs don't pay either?

MR. HICKS: No.

MS. EVANS: So, but when you look at our sister

states that do charge, some of them I would never charge anybody. It's what, $5000.00 a visit? That's extreme. But what I'm saying is, these are other ways we can ramp up our revenue, and I think we need to do that. I mean, we do go out and it does take time. Having recently done a site visit myself, it's a lot of time.

MS. STEINBERG: There will be a change in administrative in January. I know the current administration not only did not allow increases, they cut fees throughout the whole department.

MS. EVANS: They did.

MS. WESTERFIELD: If it's been since 2008, that's more than this administration. That's been two administrations.

MS. STEINBERG: True, but I am just speaking to the current one.

MS. EVANS: I can't speak for pre-Karen, I can only speak for what I saw when I arrived here, and we are significantly, as far as fees are concerned, we don't even meet some of our sister states as far as fees. In order to have staff, we have to have money, correct, in

order to pay salaries. Not only do we have to have salaries, but we have to have all the things that come with the benefits, et cetera. So, we have to be able to afford that. We have to be able to afford computers and other things that the Board needs.

MR. HICKS: Necessities.

MS. EVANS: Now, even when we go to DoIT, that was not budgeted for this fiscal year, but we still have to --

MS. TRAYNHAM: That's what I was going to say. Nothing is included. Everything is extra, extra, extra. So, as we progress through the year everything becomes very expensive.

MS. EVANS: Right. So, I am adjusting with Maxine. We are looking to see where we might take money from so that we can pay for some of these things. I have asked Marvin to make a request to DoIT to see how we can be put on a payment plan.

MS. WESTERFIELD: So, what's the process? Can we create a proposal? I mean, we can say that we need money. So, what is the process for us to ask for that

money? How do we go about doing that?

MR. CONTI: Some of the comprehensive research has already been done by Iman in terms of comparisons to other states in terms of the fees. But what you need to do is put together a regulatory proposal to increase fees, add other fees for additional services that have historically not been subject to a fee, bring that proposal to the Board, have the Board review it, and if the Board approves it you send it in. If it gets approved, it gets approved; if it doesn't, it doesn't, but at least you tried.

MS. WESTERFIELD: Are we in the process of doing that? My thing is, how would somebody argue this since it's been 2008 and we're asking to do certain things now?

MS. EVANS: They can, and have. I was just waiting for the new administration to come in, but we can definitely have everything set. We have to put it in regulation.

MR. CONTI: Each and every fee that this Board charges has to be set by regulations.

MS. HAYWARD: And there's no fee yet for site visits or any of those things?

MR. CONTI: Right.

MR. HICKS: And to your point, Dr. Westerfield, looking at the budget, I mean, we have an obligation to try to balance the budget. And so, coming up with a proposal is one way to do that to show that, look, we are looking at the budget and we understand that we need to be fiscally sound and responsible. And so, to correct the deficit this is what we're proposing.

MS. EVANS: It has been asked twice since I've been here, and we still have the same fees that we have.

MS. JACQUELINE HILL: So, a proposal has been sent in the past and it was denied?

MS. EVANS: Just for an increase of fees. And, yes, to answer the second part of your question. Or, also, don't bother to submit.

MR. HICKS: And to Karen's point, understanding that the current administration is in effect just for another month and a half, essentially.

MS. STEINBERG: Till January.

MR. HICKS: What's that?

MS. STEINBERG: Till January when we get the new Secretary.

MR. HICKS: Right. It may behoove us to wait until the new Secretary comes in so that we can give a historical background and a current state and a recommendation so that they can look at all of that, but start working on it.

MS. EVANS: I was going to say, we can start working on it because I have the national data so I can pull that.

MS. WESERFIELD: We can proactive in being, like, one of the first to say, "This is what we've been dealing with. Help us fix it," or whatever it may be. And they may say, "No." But when we give these reports saying we need all this staffing, we can also say we have asked to help with this and we were denied.

MR. HICKS: Right.

MS. WESTERFIELD: But we can't say that we haven't asked since this administration.

MS. EVANS: No, we have asked.

MS. WESTERFIELD: I understand that you have asked and have been denied. But this is with the new administration.

MS. EVANS: Yes.

MR. HICKS: And that would be all included within the historical background for the new Secretary to know what our requests have been previously, so on and so forth.

MS. ROBIN HILL: Gary, you talked a couple of months ago about subcommittees and payment. Did that go anywhere?

MR. HICKS: No, not really.

MS. ROBIN HILL: That could potentially give some extra evidence.

MR. HICKS: It could, yes. But there was no real recommendations to make to that except for one committee.

MS. ROBIN HILL: Okay.

MR. HICKS: Thank you for that.

MS. TRAYNHAM: Thank you.

MR. HICKS: More to come. That concludes the

agenda. I will open up the floor to anyone that would like to address the Board. Anyone on line? Anyone in the room?

MS. ROBIN HILL: Karen, when will the cumulative fiscal year licensing rates -- not rates, but numbers come out for Testing '22?

MS. EVANS: July.

MR. CONTI: NCLEX pass rates.

MS. EVANS: We do it -- oh, when is it going to be posted?

MS. ROBIN HILL: Yeah.

MS. EVANS: It has to be approved by the Board, so it would have to be after November, after our next meeting. Have you not received your annual? Is that what you're saying to me?

MS. ROBIN HILL: No.

MS. EVANS: Oh, that's a different thing. Those can be sent. As far as posting it on the website, we normally give all of it and see where everyone is at. Did you not receive yours?

MS. ROBIN HILL: Maybe my boss just didn't

share it with me.

MS. EVANS: Okay. I thought they had been sent out.

MS. ROBIN HILL: Yeah, that might be.

MS. EVANS: Do you want to check?

MS. ROBIN HILL: I will.

MS. EVANS: Okay. If not, let me know.

MR. HICKS: We will bring it next meeting for approval and then we will post it on the site.

MS. WESTERFIELD: I just have a question. The Board of Nursing, the annual report for nursing schools last year was due in December, will that -- it was due December last year.

MS. EVANS: It was. It will be due in January.

MS. WESTERFIELD: So, schools should be expecting to receive the information that needs to be sent before then, and it will be due January this year.

MS. EVANS: You should have it in early November.

MS. WESTERFIELD: Okay, thank you.

MS. EVANS: You're welcome.

MR. HICKS: Anything else?

(No discussions posed)

MR. HICKS: All right. In a moment I am going to ask if there's a motion to close the Open Session, but first I'm 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 content.

As documented in the written statement, the statutory authority to close this Open Session and meet in Closed Session is 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 imposed requirement that prevents public disclosures about a particular matter 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 disclosures by the Annotated Code of Maryland, Health Occupations Article, Sections 8-303(f), 8-320(a), and 1-401, and General Provisions

Article Section 4-333. In addition, the Board may also perform Quasi Judicial and administrative functions involving disciplinary matters during the Closed Session.

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

MS. BEESON: So moved, Beeson.

MR. HICKS: Beeson.

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

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

ALL: Aye.

MR. HICKS: Opposed?

(No oppositions)

MR. HICKS: Motion carries.

(Whereupon, at 11:02 a.m. the Open Session was adjourned.)

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 26th day of October, 2022

_____

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

My commission expires: May, 13, 2023

**Script for Closing Open Session**

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 constitutional, statutory, or judicially imposed requirement that prevents public disclosures about a particular matter 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 § 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: 10/20/22 Time: 11:00 am
Location: **Maryland Board of Nursing, 4140 Patterson Avenue, Baltimore, MD**
Motion to close meeting made by: Beeson Seconded by Gibbons-Baker
Members in favor: Beeson, Cassidy, Lechliter, Turner, Hayward, Hicks, J. Hill, Steinberg, Lyons, Westerfield, R. Hill
Opposed: None Abstaining: None
Absent: Owoumana, Vickers, [redacted]

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

(1) pc "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) ( ) | | |
| § 3-305(b) ( ) | | |

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