



# Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

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October 1, 2022

Governor Lawrence J. Hogan, Jr  
100 State Circle  
Annapolis, Maryland 21401-1925

The Honorable Bill Ferguson  
President  
Senate of Maryland  
State House, H-107  
Annapolis, MD 21401-1925

The Honorable Adrienne A. Jones  
Speaker  
Maryland House of Delegates  
State House, H-101  
Annapolis, MD 21401-1925

The Honorable Dennis R. Schrader  
Secretary of Health  
201 W. Preston Street  
Baltimore, MD 21201

Dear Governor, President, House Speaker, and Secretary:

The Maryland Board of Nursing respectfully submits the following annual report for Fiscal Year 2022, as required by the Health Occupations Article, § 8-205 (a)(8), Annotated Code of Maryland. All renewal numbers are from the biennial renewal year.

Thank you for your time and consideration. If you have any questions please contact Ms. Iman Farid, Health Planning and Development Administrator, at [iman.farid@maryland.gov](mailto:iman.farid@maryland.gov).

Sincerely,

Gary N. Hicks  
Board President

Karen E. B. Evans  
Executive Director

Cc: Sarah Albert, Mandated Reports Specialist, Maryland Department of Legislative Services  
Gary Hicks, Maryland Board of Nursing President



# Maryland Board of Nursing

## Annual Report Fiscal Year 2022

Gary N. Hicks, MS, RN, CEN, CNE Board President

Karen E.B. Evans, MSN, RN-BC, SD-CLTC, RN-CLTC, CLC Executive Director

*4140 Patterson Avenue  
Baltimore, MD 21215-2254  
Toll free: (888) – 202 – 9861; Local: (410) – 585 - 1900*

**Mission**

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

**Vision**

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

**Core Values**

Accountability, Customer Service, Equity, Innovation, Integrity

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

### *Strategic Initiative 1 – Engagement*

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

### *Strategic Initiative 2 – Excellence in Regulation*

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

### *Strategic Initiative 3 – Technology Initiative*

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

### *Strategic Initiative 4 – Compliance*

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

### *Strategic Initiative 5 – Accountability*

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

## **Board Members**

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

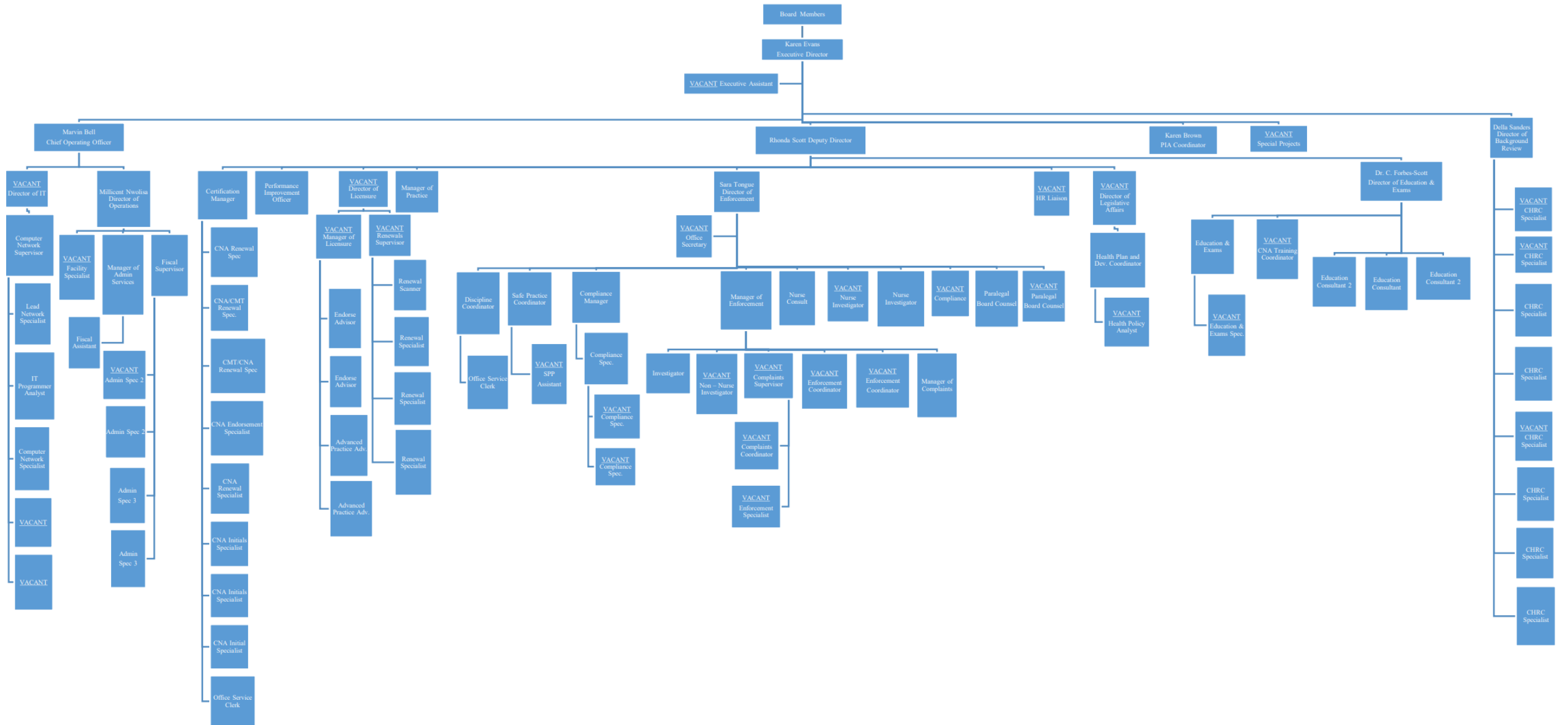
The nine RN members must consist of: (1) two APRNs; (2) one baccalaureate nursing educator; (3) one associate degree nursing educator; (4) one practical nursing educator; (5) one nursing administrator; (6) one nurse clinician with a master’s degree in nursing or public health; (7) one currently practicing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

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

**Table 1 – Current Board Members**

<b>Name</b>	<b>Position</b>	<b>Term Expiration</b>
Gary N. Hicks, RN	RN Member, Clinician, Board President	06/30/2024
Ann Turner, MSN, APRN – CNS, CCRN, CCNS	RN Member – Acute Care Nurse, Board Secretary	06/30/2025
Christine Lechliter, RN	RN Member, Nurse Administrator	06/30/2026
M. Dawne Hayward, RN	RN Member, Delegating Nurse – Group Living	06/30/2023
Emalie Gibbons Baker, CNM	Advanced Practice Member	06/30/2023
Charlene Harrod-Owuamana, LPN	LPN Member	06/30/2026
Susan Steinberg	Consumer Member	06/30/2026
Jacqueline J. Hill, Ph.D., RN, CNE	RN Member, Baccalaureate (BS) Nursing Educator	06/30/2026
Robin L. Hill, DNP, RN	RN Member, Practical Educator	06/30/2024
Heather V. Westerfield, DNP, RN, CNE, CMSRN	RN Member, Associate Degree Educator	06/30/2025
Audrey Cassidy	Consumer Member	06/30/2024
Nicole Beeson, MBA, MSN, RN	Licensed Nurse Member (RN)	09/30/2025
Damare A. Vickers, LPN	LPN Member	06/30/2026
Susan K. Lyons, NP	Advanced Practice Member	06/30/2025

**Figure 1 – Organizational Structure (as of August 2022)**



## Introduction

The Board submits the following annual report for Fiscal Year 2022, as required by § 8–205 (a)(8), of the Health Occupations Article, Annotated Code of Maryland. All renewal numbers are from the biennial renewal year.

The Board is the agency charged with the regulatory oversight of the practice of nursing in the State. The Board operates under the Maryland Nurse Practice Act, set forth in Title 8 of the Health Occupations Article. The Board has the authority to adopt regulations as necessary to carry out provisions of the law. The Board is mandated to regulate the practice of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Advanced Practice Registered Nurses (APRNs), Certified Nursing Assistants (CNAs), Certified Medication Technicians (CMTs), Certified Dialysis Technicians (DTs)<sup>1</sup>, Licensed Electrologists (LEs), Licensed Direct Entry Midwives (DEMs), and Licensed Certified Midwives (CMs). *Additional definitions included in the Appendix.*

In Fiscal Year (FY) 2022, the Board regulated approximately 113,030 active licensees and 128,162 active certificate holders. *Additional statistics included in the Appendix.*

## Synopsis of Revenue and Expenditures

Annual Budget FY 2020	
Revenue	\$7,309,115.00
Expenditures	\$8,547,518.00

Annual Budget FY 2021	
Revenue	\$8,140,616.00
Expenditures	\$8,352,000.47

Annual Budget FY 2022	
Revenue	\$8,296,781.79
Expenditures	\$8,760,700.38

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<sup>1</sup> During the 2022 legislative session, the Maryland Legislature passed House Bill (HB) 218, which established certified dialysis technicians (DT) as a separate and distinct certification. The legislation was enacted on July 1, 2022. The Board is in the process of adopting new regulations and procedures to outline the practice standards for certifying dialysis technicians.



## **Overview of the Board's Operations**

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

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

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

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

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

Education analyzes and approves new and established education programs, which prepare nurses, nursing assistants, and other allied health professions credentialed in Maryland. This unit conducts school site visits to ensure education programs comply with applicable State laws and regulations.

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

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

Information Technology (IT) maintains computer network systems for the Board, including safeguarding data and information, creating and updating necessary licensure databases, and providing assistance to Board staff with technological problems.

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

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

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

Public Information responds to requests for information related to licensing and certification, practice, education, and governance including providing reports that may be inspected by the public in accordance with applicable laws, such as the Maryland Public Information Act.

## **Description of the Board's Committees**

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

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

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

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

Complaint Triage Committee (CTC): The purpose of the CTC Committee is to review incoming complaints. The CTC Committee decides the next action to be taken (if any) and, if it recommends investigation, assigns a priority level (1 – 4, with 1 being the highest priority). The CTC may also review previously triaged complaints to consider making a disposition recommendation to the Board before the investigation is concluded.

Direct-Entry Midwifery (DEM) Advisory Committee (Health Occ. § 8-6C-11): The purpose of the DEM Advisory Committee is to review applications of direct-entry midwives for licensure, and review renewal applications for completion of required Continued Education Units (CEUs). In addition, this committee: (1) may investigate a complaint at the request of the Board; (2) prepares an

annual report for the Board's review; (3) advises the Board on matters related to the practice of direct entry midwifery, and (4) makes recommendations to the Board regarding the Maryland Nurse Practice Act and applicable regulations.

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

Forensic Nurse Examiners (FNE) Committee: The purpose of the FNE Committee is to facilitate the planning, development, implementation, and evaluation of FNE curriculum and training programs. In addition, this Committee: (1) fosters discussion and creates partnerships among FNE constituents, and (2) promotes and encourages research in the clinical practice of FNEs in the State of Maryland.

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

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

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

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

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

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

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

### **Direct Entry Midwifery Addendum**

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

## Board Statistics and Updates

Pursuant to and in accordance with § 8–205(a)(8) of the Health Occupations Article, the Board submits the following information and data from the Fiscal Year 2022 (FY 22) period.

**Table I: Initial Licenses and Certificates Issued by the Board in FY22**

Description	Count
<i>Initial Licenses</i>	
Registered Nurses	4,818
Licensed Practical Nurses	519
Licensed Electrologists	0
Licensed Electrologists Instructor	0
Licensed Direct-entry Midwives	4
Licensed Certified Midwives	0
<b>Total</b>	<b>5,341</b>

<i>Initial Certificates</i>	
Certified Nursing Assistants	13,228
Certified Medication Technicians	5,991
<b>Total</b>	<b>19,219</b>

**Table II: Renewal Licenses and Certificates Issued by the Board in FY22**

Description	Count
<i>Renewal Licenses</i>	
Registered Nurses	40,642
Licensed Practical Nurses	5,255
Licensed Electrologists	47
Licensed Electrologists Instructor	2
Licensed Direct-entry Midwives – Licensing started in January, 2017	29
Licensed Certified Midwives	0

<b>Total</b>	45,975
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<i>Renewal Certificates</i>	
Certified Nursing Assistants	40,380
Certified Medication Technicians	11,686
<b>Total</b>	52,066

**Table III: Criminal History Records Checks in FY22**

Description	Count
Positive Criminal History Record Check	306
Negative History Record Checks	11,470
<b>Total</b>	11,776

**Table IV: Denial of Licenses and Certificates in FY22**

Description	Count
Positive Criminal History Record Check	2
Denial for other reasons	0
<b>Total</b>	2

**Table V: Complaints in FY22**

Description	Count
New Complaints Received in FY 22	862
Total Open Complaints, Including Cold Cases <sup>2</sup> (At end of FY 22)	5,038  Direct Entry Midwives – 10 Electrologist – 1 Medication Technicians – 860 Licensed Practical Nurse/Registered Nurse/Advanced Practice – 2,827 Nursing Assistants – 1,340

<sup>2</sup> Definition of Cold Case: Any open investigative case that has been received by the Board from Fiscal Year (2017) or earlier.

**Table VI: Most Common Grounds for Complaints in FY22**

\*Please Note: A total number of 443 complaints were tracked from November 2021 to June 30, 2022<sup>3</sup>.

Description	Percentage
Out of State (Reciprocal) Discipline	20%
Standards of Practice (Failure to Comply)	17%
Abandonment/Neglect	14%
Diversion/Substance Abuse	10%
Abuse	5%

**Table VII: Number and Types of Disciplinary Action Taken by the Board in FY22**

Description	Count
Suspensions (not for child support)	30
Suspensions (for non-payment of child support)	0
Revocation	7
Reprimand	8
Probation	16
Denial of License or Certificate	12 (including 7 reinstatement denials)
Surrender of License for Violations	31

**Nursing Workforce Data**

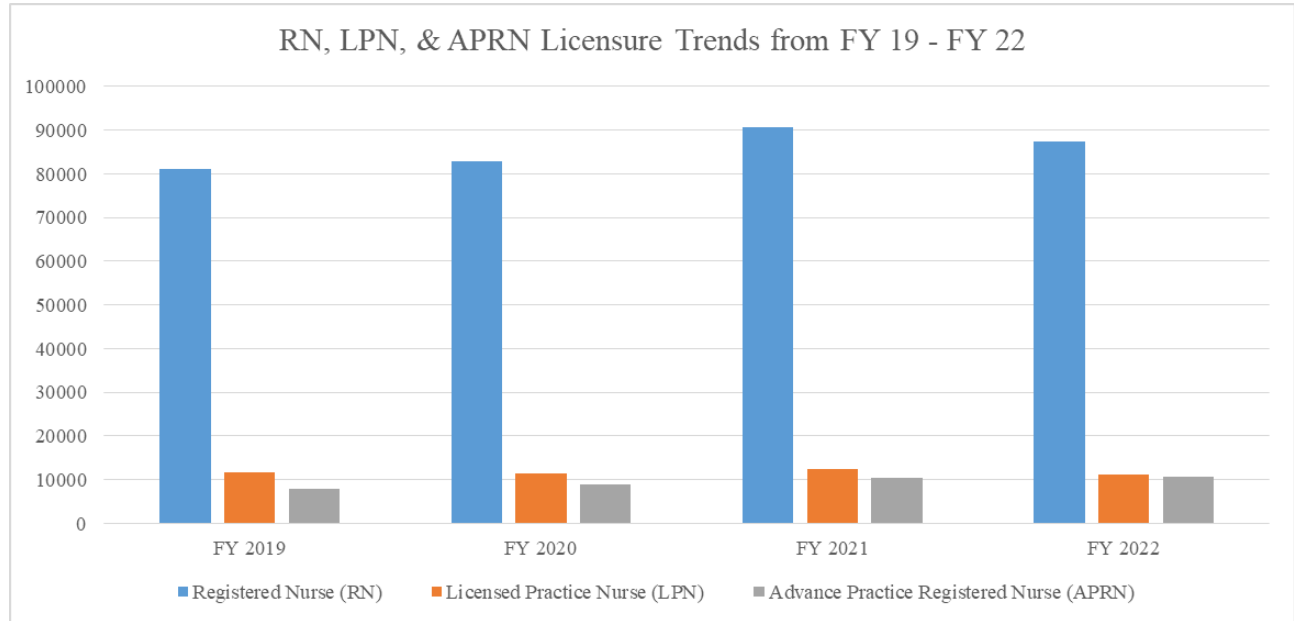
House Bill (HB) 1208, Chapter 675 (2022), requires the Board to collect and analyze information gathered from renewal applications submitted under §8–312 of the Health Occupations Article, and evaluate the State’s nursing workforce by certification level, region, and type of workplace (including hospitals and home health workers), effective June 1, 2022. The Board will publish data related to the nursing workforce starting Fiscal Year (FY) 2023, from July 1, 2022 through June 30, 2023.

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<sup>3</sup> A new tracking system was created subsequent to the December 2021 Maryland Department of Health (MDH) cybersecurity incident. The percentages outlined in Table IV are based on the total number of complaints pulled from the new tracker.

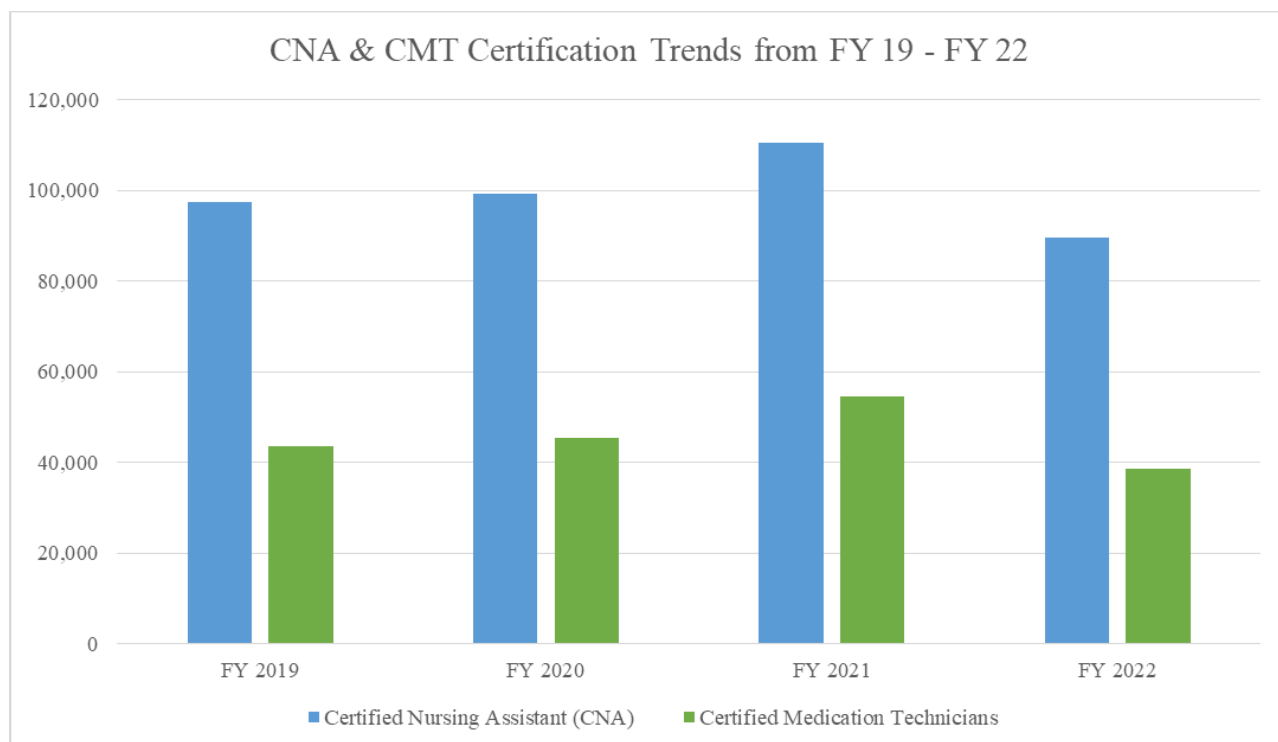


## Trends in Licensure & Certification



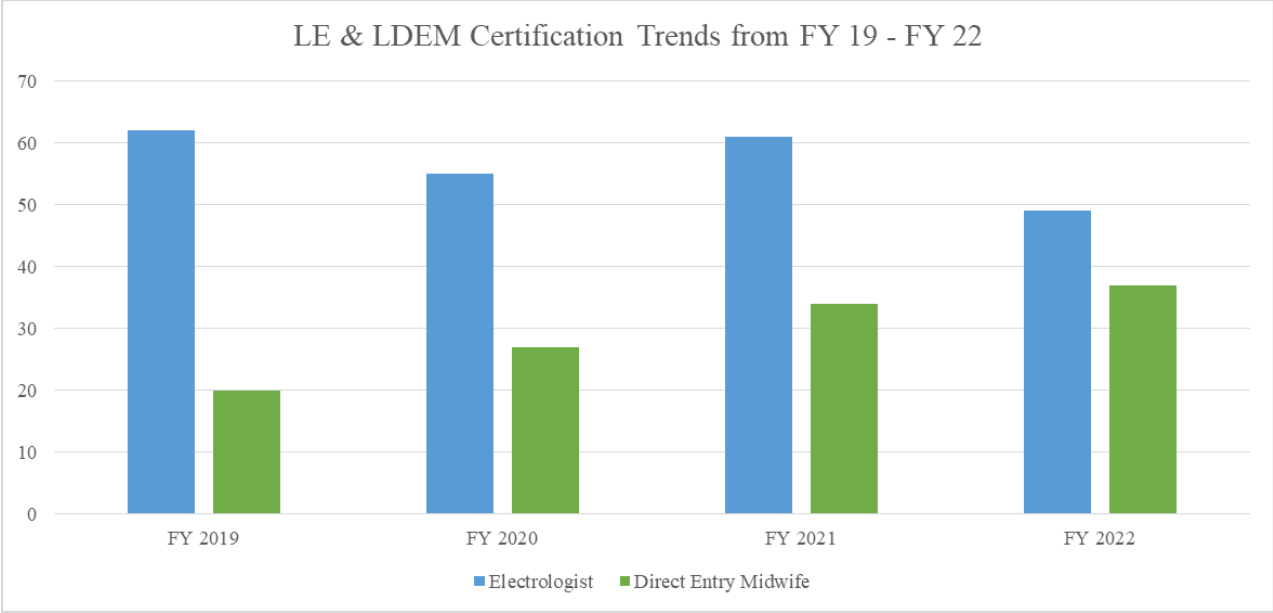
License	FY 2019	FY 2020	FY 2021	FY 2022
Registered Nurses (RNs)	81,238	82,872	90,631	87,485
Licensed Practical Nurses (LPNs)	11,617	11,507	12,365	11,269
Advanced Practice Certification (APRNs)	7,958	8,851	10,417	10,774

The number of active RN licensees has increased from 81,238 in FY 19 to 87,485 in FY 22 (an 8% increase). The number of advanced practice certificate holders has increased from 7,958 in FY 19 to 10,774 in FY 22 (a 35% increase). The number of active LPN licensees, however, has remained at an average of 11,600 since FY 19.



<b>Certification</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>
Certified Nursing Assistants (CNAs)	97,413	99,168	110,402	89,459
Certified Medication Technicians (CMTs)	43,475	45,468	54,611	38,617

The number of active CNA certificate holders has decreased significantly from 110,402 in FY 21 to 89,459 in FY 22 (an 8% decrease). The number of CMT certificate holders has also decreased significantly from 54,611 in FY 21 to 38,617 in FY 22 (an 11% decrease). These recent trends serve as an anomaly due to the previously increasing number of CNA and CMT certificate holders from FY 19 to FY 21.



<b>Certification</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>
Licensed Electrologists (LEs)	62	55	61	49
Licensed Direct Entry Midwives (LDEMs)	20	27	34	37

The number of active LE certificate holders has decreased significantly from 61 in FY 21 to 49 in FY 22 (a 20% decrease). The number of active LDEM certificate holders, however, has increased steadily from 20 in FY 19 to 37 in FY 22 (an 85% increase).

## **Important Legislative Updates**

### Career Pathways for Healthcare Workers Program

Career Pathways for Healthcare Workers Program.

Senate Bill (SB) 518, Chapter 403 (2022), establishes the Career Pathways for Healthcare Workers Program in the Maryland Department of Labor (Division of Workforce Development and Adult Learning) for the purpose of providing matching grants to eligible employers for training programs attended by healthcare workers.

### Certified Registered Nurse Anesthetists

Health Occupations – Nurse Anesthetists – Drug Authority.

House Bill (HB) 55, Chapter 686 (2022), authorizes a nurse anesthetist to prescribe, order, and administer drugs, including controlled dangerous substances, subject to certain limitations.

### Commission to Study the Healthcare Workforce Crisis

Commission to Study the Healthcare Workforce Crisis in Maryland – Establishment.

House Bill (HB) 625 and Senate Bill (SB) 440, Chapters 707 and 708 (2022), establishes the Commission to Study the Healthcare Workforce Crisis in Maryland to examine certain areas related to the healthcare workforce shortages in the State, including the extent of the workforce shortage, short-term solutions to the workforce shortage, future healthcare workforce needs, and the relationship between the Maryland Department of Health and the Health Occupations Boards.

### Certified Dialysis Technicians

Health Occupations – Nursing – Dialysis Technicians.

House Bill (HB) 218, Chapter 681 (2022), establishes a separate category of certified dialysis technicians and repeals the requirement that a dialysis technician be a certified nursing assistant except under certain circumstances. HB 218 additionally authorizes the Board to conduct site visits of certified dialysis technician training programs and alters the composition of the Board's Certified Nursing Assistant (CNA) Advisory Committee.

The Board is currently drafting regulations that outline the practice, certification, and application standards for certified dialysis technicians. Future plans include convening a series of stakeholder workgroups with prominent kidney dialysis centers within the state of Maryland.

## Emergency and Allergy Treatment Programs

Public Health – Emergency and Allergy Treatment Program – Nurse Practitioners.

House Bill (HB) 49 and Senate Bill (SB) 380, Chapters 262 and 263 (2022), authorizes registered nurse practitioners to prescribe and dispense auto-injectable epinephrine to certain certificate holders who operate youth camps.

## Healthcare Workforce Expansion

Health Occupations – Healthcare Workforce Expansion.

House Bill (HB) 1208, Chapter 675 (2022), establishes requirements on the State Board of Nursing related to the expansion of the workforce in nursing – related fields. HB 1208 additionally (1) establishes a State income tax credit for licensed practical nurses, advanced practice registered nurses, and registered nurses; (2) establishes the licensed practical nurse and registered nurse preceptorship tax credit fund; and (3) requires the Maryland Department of Health to work with the Maryland Department of Labor to convene a stakeholder workgroup to study expanding the State apprenticeship programs to the healthcare workforce.

The Board submitted emergency and formal proposals, in response to the termination of the Centers for Medicare and Medicaid Services (CMS) blanket waiver, that would authorize an individual who has been practicing as a temporary nursing assistant, in accordance with the waiver issued by the CMS on March 6, 2020, to apply on-the-job experience toward the total number of training hours required for certification as a geriatric nursing assistant. The emergency regulations governing the training, certification, and practice standards of temporary nursing assistants are currently under review by the Maryland General Assembly’s Joint Committee on Administrative, Executive, and Legislative Review (AELR).

## Maryland Loan Assistance Repayment

Maryland Loan Assistance Repayment for Nurses and Nursing Support Staff – Program Establishment and Funding.

Senate Bill (SB) 696, Chapter 314 (2022) establishes the Maryland Loan Assistance Repayment Program for Nurses and Nursing Support Staff to assist nurses and nursing support staff with the repayment of certain education loans. SB 696 additionally requires the Maryland Department of Health (MDH) to convene a stakeholder workgroup to examine how to further incentivize nursing

and nursing support staff students to practice in professional shortage and medically underserved areas in the State.

### Implicit Bias Training

Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities.

Effective April 1, 2022, House Bill (HB) 28 and Senate Bill (SB) 5, Chapters 744 and 745 (2021), requires an applicant for the renewal of a license or certificate issued by a health occupations board to attest that they have completed an implicit bias training program approved by the Cultural and Linguistic Health Care Professional Competency Program prior to their renewal.

### **Important Regulatory Updates**

#### Practice of Clinical Nurse Specialist (COMAR 10.27.27, .01 and .04)

The purpose of this action is to provide clarity to clinical nurse specialists (CNSs) on the acceptable standards of care for the profession, and to additionally provide a list of responsibilities that a CNS has been trained to perform in the clinical setting.

#### Examination and Licensure (COMAR 10.27.01, .01, .03, and .17)

The proposed changes: (1) define and clarify terms such as “advanced practice registered nurse”, “former licensee”, and “nursing assistant”; (2) authorize nursing graduates to practice for no more than 120 days under certain circumstances; and (3) require the Board to issue a temporary license for no more than 90 days to a former licensee who applies for reinstatement.

#### Electrology Practice Committee (COMAR 10.53, .08 and .09)

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

## Certification of Nursing Assistants (COMAR 10.39.01, .01, .04, .05, and .09)

The purpose of this action is to authorize temporary nurse aides (TNA) who worked during the coronavirus pandemic under the Centers for Medicare & Medicaid Services (CMS) 1135 blanket waiver to apply on-the-job experience as a nurse aide toward the total number of training hours required for certification as a geriatric nursing assistant (GNA).

## **Board Achievements in FY 22**

### Implicit Bias Attestation

To implement the provisions of House Bill (HB) 28 and Senate Bill (SB) 5, the Board has been working closely with the Office of Minority Health and Health Disparities (MHHD) and Continuing Education Units (CEU) Accreditors to review and approve implicit bias training programs relevant to the fields of nursing and nursing support staff. The Board will update all renewal licensure and certification applications to include an attestation to allow individuals the opportunity to attest they have completed an implicit bias training program.

### Building Partnerships

The coronavirus pandemic intensified healthcare workforce challenges, leading to inadequate staffing capacities and increased healthcare worker burnout. In the fall of 2021, the Board conducted a state-wide survey to learn more about the leading causes of the nursing workforce shortage within the state of Maryland. The Board anticipates the results of the survey will help: (1) employers and educators in developing policies and initiatives impacting the supply of nurses in the state; (2) further research on the investment of resources to recruit and retain nurses; and (3) collaboration amongst stakeholders to implement innovative ideas in improving workforce conditions. Subsequently, Board leadership has facilitated collaborative partnerships with the following agencies to implement solutions to improve the healthcare workforce: the Health Facilities Association of Maryland (HFAM), Maryland Hospital Association (MHA), Life Span Network, Chief Nursing Officers, Deans & Directors, Forensic Nurse Examiners (FNE), Maryland Nurses Association (MNA), Maryland Academy of Advanced Practice Clinicians (MAAPC), Nurse Practitioner Association of Maryland (NPAM), and other community stakeholders.

### National Advisory Council of Nursing Education and Practice

In Fiscal Year (FY) 2021, the Executive Director of the Board was appointed to the Health

Resources and Services Administration’s (HRSA) National Advisory Council on Nurse Education and Practice (NACNEP). The Council is charged with (1) enhancing the composition of the nursing workforce; (2) improving the distribution and utilization of nurses to meet the health needs of the nation; (3) expanding the knowledge, skills, and capabilities of nurses to enhance the quality of nursing practice; (4) developing and disseminating improved models of organization; (5) researching the finance and delivery of nursing services; and (6) promoting interdisciplinary approaches to the delivery of health services, particularly in the context of public health and primary care. The Council annually prepares and submits to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, a report describing the activities of the Advisory Council including its findings and recommendations.

### **Fiscal Year 2023 Goals**

#### Advanced Practice Registered Nurse Compact

The Advanced Practice Registered Nurse (APRN) Compact, adopted by the National Council of State Boards of Nursing (NCSBN) on August 12, 2020, allows an advanced practice registered nurse to hold one multistate license with the privilege to practice in other compact states. Senate Bill (SB) 154 introduced the Compact during the 2022 legislative session. The bill, however, did not progress past its first reading. In the interim, the Board, in partnership with the Maryland Nurses Association, the Maryland Academy of Advanced Practice Clinicians, and other professional advanced practice nursing organizations, has held stakeholder meetings in an effort to re-introduce the Compact during the 2023 legislative session.

#### English Language Proficiency Examinations

The Board, in collaboration with the Welcome Back Center of Suburban Maryland and World Education Services, evaluated testing formats that examined English language proficiency for internationally trained nurses. On July 27 and August 24, 2022, the Board voted to adopt overall and minimum passing standards that aligned with the National Council of State Boards of Nursing (NCSBN) recommendations. The following exams have been approved: Test of English as a Foreign Language Internet-Based Test (TOEFL iBT), International English Language Testing System (IELTS), Michigan English Test (MET), and Pearson Test of English (PTE) Academic, and Occupational English Test (OET). The Board will update COMAR 10.27.01.05 – Qualifications of



Applicants for Examination to reflect these changes.

#### Quarterly Board Newsletter

The Board hopes to publish a quarterly newsletter that will disseminate information to nurses, employers, healthcare providers, and the public concerning the laws and regulations that govern the practice of nursing in Maryland. The newsletter will provide information on current nursing regulation issues and trends, as well as the status of nursing education programs, licensure and nursing practice information, and disciplinary action taken against licensees who violated the Maryland Nurse Practice Act or applicable regulations.

#### **Hardships for the Board**

##### Current Staffing Conditions

In FY 11, the Board acquired 73.70 authorized positions that have been reduced over time to the current staffing ceiling of 60.0 authorized positions, 5 of which are allotted to the Health Occupations Prosecution and Litigation (HOPL) division. From these positions, the Board has successfully on-boarded 42.0 full-time employees. The Board continues to have difficulties filling vacant positions, particularly professional positions. Currently, there is an approximately 35% staff vacancy rate within the Board's 60 full-time employment positions. Vacancies persist due to a high staff turnover rate and an inability to find qualified applicants or offer qualified applicants competitive salaries. The Board remains concerned that the lack of staff will negatively impact the efficiency of the Board's operations and customer service efforts. Despite nationwide staffing shortages, the Board continues to actively advertise and recruit for all open positions.

##### Fiscal Analysis

The fees at the Board have remained unchanged since Fiscal Year 2008. A review of the Board's budgets for FY 17 through FY 22 indicates that expenditure exceeds revenue. Despite the Board receiving more applicants per year to review, the revenues generated from these applications cannot sufficiently support the Board's operations. The Board hopes to complete a thorough fiscal analysis in FY 23.

**Table 3 – Comparison of Board Licensure Fees**

<b>Date of Fee Origin</b>	<b>Fee Description</b>	<b>FY 06<sup>4</sup></b>	<b>FY 08</b>	<b>FY 16</b>	<b>FY 22</b>
09/30/1973	Registered Nurse (RN) & Licensed Practical Nurse (LPN) Licensure (Exam)	\$75	\$100	\$100	\$100
09/30/1973	RN & LPN Licensure (Endorsement)	\$75	\$100	\$100	\$100
09/30/1973	Temporary RN or LPN Licensure Fee	\$25	\$40	\$40	\$40
09/30/1973	Initial Advanced Practice (APRN) Certification			\$50	\$50
02/05/2001	Initial Certified Nursing Assistant (CNA) Certification			\$20	\$20
04/24/2006	Initial Medication Technician (MT) Certification			\$20	\$20
09/30/1991	Electrology Application			\$100	\$100
09/30/1973	Renewal of RN & LPN License	\$45	\$55	\$110	\$110
09/30/1973	Renewal of APRN Certification	\$5	\$5	\$25	\$25
02/05/2001	Renewal of CNA Certification			\$40	\$40
04/26/2006	Renewal of MT Certification			\$30	\$30
09/30/1991	Electrology Renewal			\$200	\$200

<sup>4</sup> Please note that Fiscal Years (FY) 2006 through 2008 reflect a one (1) year renewal cycle. A biennial or two (2) year renewal cycle was adopted after FY 2008.

## Appendix

### Definitions – Licenses, Certificate Holders, Nursing Disciplines

- a) Advanced Practice Registered Nurses (APRN) – a registered nurse who has a master’s, post-master’s certificate, or practice-focused Doctor of Nursing degree who is certified by the Board as: a certified nurse midwife (CNM), a certified registered nurse anesthetist (CRNA), a certified nurse practitioner (CRNP), or a clinical nurse specialist (CNS).
- b) Certified Dialysis Technician (DT) – an individual who is certified to provide care to patients with permanent kidney failure (end – stage renal disease).
- c) Certified Nurse Midwife (CNM) – a registered nurse with additional training as a midwife who delivers infants and provides prenatal and postpartum care, newborn care, and some routine care of women.
- d) Certified Nurse Practitioner (CRNP) – a registered nurse with additional training in completing comprehensive physical assessments of patients, as well as the diagnosis and management of acute and chronic diseases.
- e) Certified Nursing Assistants (CNA) – an individual who routinely performs nursing tasks delegated by a Registered Nurse (RN) or Licensed Practical Nurse (LPN).
- f) Certified Medication Technicians (CMT) – an individual who administers prescribed medications to patients and maintains related medical records under immediate supervision.
- g) Certified Registered Nurse Anesthetist (CRNA) – a registered nurse with additional training in providing anesthesia-related care in various healthcare settings (hospital surgical suites, obstetrical delivery rooms, pain management centers, etc.).
- h) Clinical Nurse Specialist (CNS) – a registered nurse responsible and accountable for diagnosis and treatment of health/illness states, disease management, health promotion, and prevention of illness and risk behaviors among individuals, groups, and communities.
- i) Forensic Nurse Examiner (FNE) – a nurse who is specially trained in sexual assault forensic care.
- j) Geriatric Nursing Assistants (GNA) – an individual who provides care for elderly individuals in the setting of a long-term care facility or nursing home.
- k) Licensed Certified Midwives (CM) – an individual who has received a bachelor’s degree in a health-related field other than nursing and has completed a graduate-level midwifery

degree program. This individual may conform to the same standards of practice as a CNM after passing the certification exam administered by the American Midwifery Certification Board. A nursing component (RN) is not required for this license.

- l) Licensed Direct Entry Midwives (DEM) – an individual educated in the discipline of midwifery through apprenticeship, self-study, a midwifery school, or a college/university-based program distinct from the discipline of nursing.
- m) Licensed Electrologists – an individual trained in the use of electrolysis (electric current) for removing moles, warts, or unwanted hair.
- n) Licensed Practical Nurses (LPN) – a nurse who has graduated from an accredited school of nursing and has become licensed to provide basic nursing care under the supervision of a physician or registered nurse.
- o) Registered Nurses (RN) – a nurse who has graduated from a college’s nursing program or from a school of nursing and has passed a national licensing exam. Additional disciplines within the expanded role of an RN include: a forensic nurse examiner (FNE) and a worker’s compensation case manager.
- p) Worker’s Compensation Case Manager (WCCM) – a nurse who is responsible for helping an injured worker to obtain the medical care he/she needs.

Table I: Active Status Licenses & Certifications by Type (as of July 1<sup>st</sup>, 2022)

<b>Nursing</b>	<b>Count</b>
Registered Nurse	87,485
Licensed Practical Nurse	11,269
Temporary Registered Nurse	56
Temporary Licensed Practice Nurse	715
APRN/PMH	144
APRN – Clinical Nurse Specialist	116
Certified Registered Nurse Midwife	309
CRNA	904
CRNP – Acute Care	850
CRNP – Acute Care Pediatrics	109
CRNP – Adult	1,502

CRNP – Family	4,387
CRNP – Geriatric	116
CRNP – Neonatal	148
CRNP – OB/GYN	223
CRNP – Pediatrics	577
CRNP – PMH	1,389

Advanced Compact (AC) – APRN/PMH	9
AC – APRN – Clinical Nurse Specialist	7
AC – CRNA	218
AC – CRN – Midwife	47
AC – CRNP – Acute Care	121
AC – CRNP – Acute Care Pediatrics	12
AC – CRNP – Adult	152
AC – CRNP – Family	1,043
AC – CRNP – Geriatric	5
AC – CRNP – Neonatal	30
AC – CRNP – OB/GYN	34
AC – CRNP – Pediatrics	48
AC – CRNP – PMH	240
RN Forensic Nurse Examiner (FNE) – Adult (A)	92
RN FNE – Pediatric (P)	1
RN FNE A – P	99
RN – Worker’s Compensation Case Manager (WCCM)	369
AC – FNE – A	5
AC – FNE – A – P	3
AC - WCCM	196

<b>Medication Technicians</b>	<b>Count</b>
Medication Technician	35,322
Assisted Living	1,196
School Health	362
DDA	1,725
Juvenile Services	12

<b>Nursing Assistants</b>	<b>Count</b>
CNA	59,192
CNA – Geriatric Nursing Assistant	24,740
CNA – Certified Medicine Aide	1,203
CNA – Home Health Aide	28
CNA – Dialysis Technician	1,807
CNA – School Health	307
CNA – 90 – Day – Letter	1,907
CNA – End – 90 – Day – Letter	171
CNA – DT – 90 – Day - Letter	104

<b>Electrology</b>	<b>Count</b>
Electrologist	47
Electrologist Instructor	2

<b>Direct Entry Midwifery</b>	<b>Count</b>
Direct Entry Midwife	37