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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, March 23, 2022, at 4140 Patterson Avenue, Baltimore, Maryland 21215, commencing at 9:30 a.m. before Edward Bullock, Notary Public in and for the State of Maryland.

REPORTED BY: Edward Bullock, Notary Public
AUDIO RECORDING TRANSCRIBED BY: Edward Bullock, DCR

1 APPEARANCES:

2

3 MICHAEL CONTI, Assistant Attorney General

4 MARGARET LANKFORD, Assistant Attorney General

5 KATHERINE CUMMINGS, Assistant Attorney General

6 Office of the Attorney General

7 State of Maryland

8 Department of Health & Mental Hygiene

9 300 West Preston Street

10 Baltimore, Maryland 21201

11 410-767-3201

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1 BOARD MEMBER APPEARANCES:

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3 GARY HICKS, RN Member, Board President

4 EMALIE GIBBONS-BAKER, APRN Member

5 M. DAWNE HAYWARD, RN Member

6 ROBIN L. HILL, Practical Nurse Educator Member

7 AUDREY CASSIDY, Consumer Member

8 JACQUELINE HILL, RN Member

9 GREGORY RAYMOND, RN Member, Board Secretary

10 NICOLE BEESON, Nurse Administrator Member

11 SUSAN STEINBERG, Consumer Member

12 SUSAN LYONS, APRN Member

13 HEATHER WESTERFIELD, RN Member

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1 ALSO PRESENT:

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3 KAREN E.B. EVANS, Executive Director

4 JOYCE CLEARY, CNA Training Programs

5 IMAN FARID, Health Policy Analyst (via telephone)

6 RHONDA SCOTT, Deputy Director

7 MONICA MENTZER, Manager, Practice

8 LESLIE JOHNSON, Executive Assistant

9 BRIAN STALLSMITH, Information Technology

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1 AUDIENCE MEMBERS: (via telephone)

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3 CELIA GUARINO, Chief Nursing Officer

4 BARBARA JACOBS, Chief Nursing Officer

5 JANE KRIENKE, Chief Nursing Officer

6 CAROL CHANDLER, Chief Nursing Officer

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9 AUDIENCE MEMBERS: (in-person attendance)

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11 TIJUANA GRIFFIN, Washington Adventist University

12 CARMEN I. SAENZ, Dept. of Health and Human Services

13 MICHAEL ZIMMER, World Education Services

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1 P R O C E E D I N G S

2 MR. HICKS: So, we are going to go ahead. If we can
3 have a motion to go into Open Session.

4 MS. JACQUELINE HILL: So moved, Jackie Hill.

5 MS. CASSIDY: Second, Cassidy.

6 MR. HICKS: Dr. Hill, Cassidy. All in favor?

7 ALL: Aye.

8 MR. HICKS: Opposed?

9 (No oppositions)

10 MR. HICKS: Motion carries. We will do roll call.
11 Emalie?

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

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

16 MS. HAYWARD: Good morning. Dawne Hayward, RN
17 member.

18 MR. RAYMOND: Greg Raymond, RN member.

19 MS. JACQUELINE HILL: Good morning. Dr. Jacqueline
20 Hill, RN educator member.

21 MS. ROBIN HILL: Dr. Robin Hill, RN member,

1 practical nursing educator.

2 MS. STEINBERG: Susan Steinberg, consumer member.

3 MS. LYONS: Susan Lyons, RN member, advanced
4 practice.

5 MS. WESTERFIELD: Heather Westerfield, RN member,
6 associate degree programs.

7 MS. BEESON: Nicole Beeson, nurse administrator
8 member.

9 (Whereupon, a disturbance was created through the
10 phone lines.)

11 MR. HICKS: Folks online, if you can, put your
12 phones on mute, please. We're getting a lot of background
13 noise. Thank you.

14 We will start with any Board Updates. Karen Evans?

15 MS. EVANS: Good morning, everyone. Thank you, Mr.
16 Hicks.

17 So, I would still like to thank everyone for their
18 patience as we are continually working through the Ransomware
19 cyber incident as of December 4th. So, we still do not have
20 full functionality or capability at this time. So, again, we
21 thank you for your patience, and you definitely can reach out to

1 (Whereupon, a better connection on the telephone
2 line was established.)

3 MS. EVANS: Can everyone hear me?

4 UNIDENTIFIED CALLERS: Yes, now we can.

5 MS. EVANS: Okay, great.

6 I have been meeting with the chief nursing officers
7 monthly. That seems to be very beneficial for our collaboration
8 in getting things done, as well as I continue to meet with the
9 deans and directors, and I have a meeting with them this week.

10 Last week I attended, along with our Board
11 president, mid-year with the National Counsel of State Boards of
12 Nursing that provided us a lot of insight that's going on across
13 the country when it comes to nursing graduates, test scores for
14 both PN and RN. So, as soon as those items are released, I will
15 be able to release that and share that with the community. Two
16 of the things that they're also offering is an Alternative to
17 Discipline Study if the Board would like to participate in that,
18 as well as the Annual Report Study, which will provide us with
19 more data and statistics so that we can see how we're fairing up
20 amongst the other states.

21 As an update to the licensure compact, we currently

1 have thirty-nine states that have enacted the compact. There is
2 pending legislation in California, and believe it or not the
3 governor in New York has put in legislation. I am so happy.
4 So, that will be great, yes. The other states that have pending
5 legislation is Illinois and Michigan and Massachusetts. We have
6 several states that have enacted but have not implemented at
7 this time, and that is Vermont, Pennsylvania have not enacted,
8 and the Virgin Islands. And Guam is partially implemented.

9 So, those are all the highlights that I have at this
10 moment.

11 MR. HICKS: All right. Are there any questions for
12 Ms. Evans?

13 (No questions posed)

14 MR. HICKS: All right. Thank you, Karen. We will
15 move down. Do I have a motion to approve the Consent Agenda?

16 MS. JACQUELINE HILL: Motion to approve.

17 MR. HICKS: Dr. Jacqueline Hill.

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

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

20 ALL: Aye.

21 MR. HICKS: Opposed?

1 (No oppositions)

2 MR. HICKS: Motion carries. We will move down to
3 Removal of Items from the Consent Agenda.

4 MS. EVANS: Joyce will start.

5 MS. CLEARY: The first one is approval for faculty
6 member for Adventist Healthcare CNA Program, Katherine Polania.

7 MS. EVANS: I'm sorry, Joyce. Can I just stop you
8 for a second, please?

9 MS. CLEARY: Okay.

10 MS. EVANS: So, this is not on the current agenda,
11 so I need you to spell everything out for the Board members. It
12 has been uploaded to your iPads.

13 MS. CLEARY: So, you want me to -

14 MS. EVANS: Just so everyone can hear, because it
15 has to be part of the minutes.

16 MS. CLEARY: Okay.

17 MS. EVANS: Sorry, Gary.

18 MR. HICKS: That's fine.

19 MS. CLEARY: Approval for Faculty for Certified
20 Nursing Assistant Training Programs: Adventist Healthcare is
21 seeking approval to have Katherine Polania, RN Number 204725 to

1 be a faculty member in their CNA program.

2 Katherine has more than two years of nursing
3 experience. She has more than one year of caring for the
4 elderly and the chronically ill. She has been an education
5 specialist since 2020 at Adventist Healthcare. And she took the
6 Train the Trainer course in 2021.

7 MR. HICKS: Is there a motion to approve Katherine -
8 what's the last name? I apologize.

9 MS. CLEARY: It's, P-O-L-A-N-I-A.

10 MR. HICKS: Okay. For the Adventist Healthcare CNA
11 program?

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

13 MR. HICKS: Gibbons-Baker.

14 MS. STEINBERG: Second, Steinberg.

15 MR. HICKS: Steinberg. All in favor?

16 ALL: Aye.

17 MR. HICKS: Opposed?

18 (No oppositions)

19 MR. HICKS: Motion carries.

20 MS. CLEARY: The next one is Carroll Community
21 College seeking approval for Lindsay Sisler, RN Number 196888

1 for their CNA/GNA program.

2 Lindsay has two years of nursing experience and
3 years of experience working with the chronically ill. She's
4 been a clinical educator since 2019. She is an adjunct
5 professor since 2018 for Notre Dame University.

6 We are seeking approval.

7 MR. HICKS: Motion to approve Lindsay Sisler for the
8 CNA/GNA program at Carroll?

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

10 MR. HICKS: Dr. Hill.

11 MS. WESTERFIELD: Second, Westerfield.

12 MR. HICKS: Westerfield. All in favor?

13 ALL: Aye.

14 MR. HICKS: Opposed?

15 (No oppositions)

16 MR. HICKS: Motion carries.

17 MS. CLEARY: The next one is Carroll Community
18 College, again, for their CNA/GNA program.

19 Presenting Susan Bunting, RN Number 145259. She has
20 the two years' experience, and she has the years of experience
21 working with the chronically ill. She's an adjunct faculty

1 member for the Community College of Baltimore since 2008.

2 MR. HICKS: Is that a CNA/GNA program?

3 MS. CLEARY: CNA/GNA, yes.

4 MR. HICKS: All right. Motion to approve Susan
5 Bunting for Carroll Community College's CNA/GNA program?

6 MS. HAYWARD: So moved, Hayward.

7 MR. HICKS: Hayward.

8 MS. STEINBERG: Second, Steinberg.

9 MR. HICKS: Steinberg. All in favor?

10 ALL: Aye.

11 MR. HICKS: Opposed?

12 (No oppositions)

13 MR. HICKS: Motion carries.

14 MS. CLEARY: Frederick Community College CNA/GNA
15 program is presenting Nancy Shatto, S-H-A-T-T-O, RN Number
16 070037.

17 She has years of experience working with the
18 chronically ill and as a nurse. She is been an adjunct clinical
19 professor at Shenandoah University from 1996 through '99, and
20 then again, she started in 2018 and she's still there.

21 MR. HICKS: Motion to approve Nancy Shatto for

1 Frederick Community College's CNA/GNA program?

2 MS. WESTERFIELD: Westerfield.

3 MR. HICKS: Westerfield.

4 MS. LYONS: Second, Lyons.

5 MR. HICKS: Lyons. All in favor?

6 ALL: Aye.

7 MR. HICKS: Opposed?

8 (No oppositions)

9 MR. HICKS: Motion carries.

10 MS. CLEARY: IT Works Learning Center CNA/GNA

11 program, Shaunta Chapple, RN Number 192463.

12 She has the qualifications of years of experience in

13 working with the chronically ill and the elderly. She has a

14 masters of science in nursing education that she received in

15 2015, and she's been in staff development since 2016 to 2017.

16 MR. HICKS: Is that a CNA/GNA?

17 MS. CLEARY: CNA/GNA, yes.

18 MR. HICKS: Okay. Motion to approve Shaunta Chapple

19 for the IT Works Learning CNA/GNA program?

20 MS. HAYWARD: So moved, Hayward.

21 MR. HICKS: Hayward.

1 MS. STEINBERG: Second, Steinberg.

2 MR. HICKS: Steinberg. All in favor?

3 ALL: Aye.

4 MR. HICKS: Opposed?

5 (No oppositions)

6 MR. HICKS: Motion carries.

7 MS. CLEARY: EHL Nursing Solutions is a new program
8 presenting Kendra Isaac, RN Number 192266.

9 She has the years of nursing experience and the year
10 of caring for the elderly. She has a masters of nursing
11 education from Notre Dame. She's been a clinical instructor at
12 Towson University and Coppin State.

13 MR. HICKS: Motion to approve - what's the first
14 name? I'm sorry.

15 MS. CLEARY: Kendra.

16 MR. HICKS: Kendra Isaac for the EHL Nursing
17 Solutions' CNA/GNA program?

18 MS. CASSIDY: Cassidy.

19 MR. HICKS: Cassidy.

20 MS. GIBBONS-BAKER: Gibbons-Baker.

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

1 ALL: Aye.

2 MR. HICKS: Opposed?

3 (No oppositions)

4 MR. HICKS: Motion carries.

5 MS. CLEARY: EHL Nursing Solutions is presenting

6 Ursula Bishop for their CNA/GNA program, RN Number 148002.

7 She has the two years of experience and the one year

8 caring for the elderly. She has a masters of science in nursing

9 education. She's a clinical instructor at Coppin State

10 University.

11 MR. HICKS: Motion to approve Ursula Bishop for EHL

12 Nursing Solutions' CNA/GNA program?

13 MS. WESTERFIELD: Westerfield.

14 MR. HICKS: Westerfield.

15 MS. STEINBERG: Steinberg.

16 MR. HICKS: Steinberg. All in favor?

17 ALL: Aye.

18 MR. HICKS: Opposed?

19 (No oppositions)

20 MR. HICKS: Motion carries.

21 MS. CLEARY: EHL Nursing Solutions is presenting

1 Tiffany Sparkman, RN Number 182821.

2 She has two years of nursing experience and the year
3 of caring for the chronically ill. She has a masters of science
4 in nursing education. I'm sorry, no. Yeah, she has a masters
5 of science in nursing education she received from Morgan State
6 University, and she's also now a med/surg instructor there.

7 MR. HICKS: Motion to approve EHL Nursing Solutions'
8 Tiffany Sparkman for the CNA/GNA program?

9 MS. HAYWARD: So moved, Hayward.

10 MR. HICKS: Hayward.

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

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

13 ALL: Aye.

14 MR. HICKS: Opposed?

15 (No oppositions)

16 MR. HICKS: Motion carries.

17 MS. CLEARY: EHL Nursing Solutions is presenting Dr.
18 Erickia Simms, RN Number 170905.

19 She has the years of nursing experience and caring
20 for the chronically ill and elderly. She has a doctorate of
21 nursing practice. She has an MSN in education, and she's a

1 clinical faculty member at Coppin State University.

2 MR. HICKS: Motion to approve EHL Nursing Solutions'
3 Dr. Erickia Simms for their CNA/GNA program?

4 MS. WESTERFIELD: So moved, Westerfield.

5 MR. HICKS: Westerfield.

6 MS. STEINBERG: Second, Steinberg.

7 MR. HICKS: Steinberg. All in favor?

8 ALL: Aye.

9 MR. HICKS: Opposed?

10 (No oppositions)

11 MR. HICKS: Motion carries.

12 MS. CLEARY: Anne Arundel Medical Center, Luminis
13 Healthcare CNA program is presenting Malorie Yealdhall, that's,
14 Y-E-A-L-D-H-A-L-L, RN Number 192603.

15 Malorie has the years of experience as a nurse and
16 the years of experience of caring for the chronically ill. She
17 has a masters in nursing education, and is a clinical nurse and
18 supervisor at Morgan State University.

19 MR. HICKS: So, just for clarification, is it Anne
20 Arundel Medical Center or Luminis Health?

21 MS. CLEARY: Anne Arundel Medical Center has a

1 program, and they named their program Luminis Health.

2 MR. HICKS: Okay, I gotcha. So, approval for Anne
3 Arundel Medical Center's Malorie Yealdhall for their CNA/GNA
4 program?

5 MS. STEINBERG: So moved, Steinberg.

6 MR. HICKS: Steinberg.

7 MR. RAYMOND: Second, Raymond.

8 MR. HICKS: Raymond. All in favor?

9 ALL: Aye.

10 MR. RAYMOND: Opposed?

11 (No oppositions)

12 MR. RAYMOND: Motion carries.

13 MS. CLEARY: Anne Arundel Medical Center Luminis
14 Healthcare is presenting Juliana Wildey, RN Number 212047.

15 Juliana has the years of experience as a nurse and
16 the years of experience of caring for the chronically ill. She
17 has a masters in nursing and nursing education.

18 MR. HICKS: Motion to approve Anne Arundel Medical
19 Center's Juliana Wildey for their CNA/GNA program?

20 MS. LYONS: So moved, Lyons.

21 MR. HICKS: Lyons.

1 MR. RAYMOND: Second, Raymond.

2 MR. HICKS: Dr. Raymond. All in favor?

3 ALL: Aye.

4 MR. HICKS: Opposed?

5 (No oppositions)

6 MR. HICKS: Motion carries.

7 MS. EVANS: Is that your last faculty member?

8 MS. CLEARY: The next one is one nurse, but it's

9 with four or five different Genesis - six Genesis facilities.

10 MS. EVANS: Okay. Who is that?

11 MS. CLEARY: Taria Burr.

12 MS. EVANS: You said Burr?

13 MS. CLEARY: B-U-R-R. Taria Burr.

14 MS. EVANS: That's fine. She's on the Consent

15 Agenda, Ms. Burr.

16 MS. CLEARY: Okay.

17 MR. HICKS: Just for the record, all of those that

18 we just approved were on the Consent Agenda.

19 MS. EVANS: So, I have three more to present that

20 are not there.

21 MR. HICKS: Okay.

1 MS. EVANS: The first one is Stephanie Bopst,
2 B-O-P-S-T, RN number is R214886, for Upper Chesapeake Medical
3 Center.

4 She meets all of the requirements. She has a
5 masters of science in nursing education, and has been a nursing
6 education specialist for a year. She also meets all of the
7 other requirements.

8 MR. HICKS: Motion to approve Stephanie Bopst for
9 Upper Chesapeake Medical Center's CNA program?

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

11 MR. HICKS: Dr. Robin Hill.

12 MR. RAYMOND: Raymond.

13 MR. HICKS: Raymond. All in favor?

14 ALL: Aye.

15 MR. HICKS: Opposed?

16 (No oppositions)

17 MR. HICKS: Motion carries.

18 MS. EVANS: The next person is Brooke Celozzi,
19 C-E-L-O-Z-Z-I. Her license number is R228596, for University of
20 Maryland-Upper Chesapeake.

21 She has met all of the requirements. However, one

1 item needs to be submitted, which is her Train the Trainer
2 certificate. So, I am just asking that we just reach out to her
3 to obtain her Train the Trainer certificate, otherwise she has
4 met all of the requirements.

5 So, I am asking the Board to approve pending us
6 receiving her Train the Trainer certificate.

7 MR. RAYMOND: Motion to approve pending receiving
8 her Train the Trainer certificate, Raymond.

9 MR. HICKS: Dr. Raymond.

10 MS. ROBIN HILL: Second.

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

12 ALL: Aye.

13 MR. HICKS: Opposed?

14 (No oppositions)

15 MR. HICKS: Motion carries.

16 MS. EVANS: The last person has the same concern as
17 Ms. Celozzi. Her name is Lisa Johnson, RN Number is R157614,
18 for University of Maryland-Upper Chesapeake.

19 She has met all of the requirements. We're just
20 missing the Train the Trainer certificate. Once we receive that
21 she will be fine.

1 So, I'm asking for approval pending us receiving her
2 certificate.

3 MR. HICKS: And, for the record, we're going to
4 remove that request. The team members no longer - so, we don't
5 need to approve that.

6 MS. EVANS: Okay.

7 MS. CLEARY: I have one more to remove from the
8 Consent Agenda.

9 MS. EVANS: Who is it, Joyce?

10 MS. CLEARY: It's Allegany College of Maryland
11 requesting to add Allegany Health and Rehab Center as a clinical
12 site for their CNA program.

13 Allegany Health and Rehab Center has a sufficient
14 number of variety of clients to provide training. They have a
15 significant number of RNs and nursing personnel. And they have
16 a written agreement with the training program.

17 MR. HICKS: Okay. Is there a motion to approve
18 Allegany Health and Rehab Center under Allegany Health's CNA/GNA
19 program?

20 MS. CLEARY: It's a CMA.

21 MR. HICKS: CMA, I apologize. CMA program?

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

2 MR. HICKS: Dr. Robin Hill.

3 MS. STEINBERG: Second, Steinberg.

4 MR. HICKS: Steinberg. All in favor?

5 ALL: Aye.

6 MR. HICKS: Opposed?

7 (No oppositions)

8 MR. HICKS: Motion carries.

9 MS. WESTERFIED: Are we going to do Ms. Burr now
10 that we've voted on them?

11 MS. EVANS: She's on the Consent Agenda.

12 MR. HICKS: And then, Howard Community College?

13 MS. EVANS: Howard Community College's hybrid CNA
14 program renewal.

15 They have met all of the requirements for approval.
16 Howard Community College was our first hybrid program, so I
17 would like to continue with the approval of Howard Community
18 College hybrid program.

19 MR. HICKS: Motion to approve Howard Community
20 College's hybrid CNA program?

21 MS. JACQUELINE HILL: Move to approve, Dr. Jackie

1 Hill.

2 MR. HICKS: Dr. Jacqueline Hill.

3 MR. RAYMOND: Raymond.

4 MR. HICKS: Second, Raymond. All in favor?

5 ALL: Aye.

6 MR. HICKS: Opposed?

7 (No oppositions)

8 MR. HICKS: Motion carries. And then, CNA acute
9 care curriculum, Ms. Evans?

10 MS. EVANS: Yes. So, I have, again, I've met with
11 the chief nursing officers about some of their concerns with our
12 current curriculum.

13 Is Celia Guarino, Jane Krienke, and Barbara, are you
14 on the call?

15 ALL: Yes, we are.

16 MS. EVANS: Thank you. So, we have meeting, and
17 they have come up with an acute care curriculum for CNAs. It
18 has all of the components of the current curriculum under
19 10.39.02.05, I believe it is. So, it has met all of that. They
20 have additional curriculum that they are adding to their
21 curriculum. As you can see on your iPads, it's all there.

1 Do you have any questions?

2 MR. RAYMOND: No questions, but a comment. I think
3 the way this matches up actually provides a much more robust
4 curriculum for the CNAs that are working in acute care than what
5 currently exists in the curriculum that are being hired in the
6 hospitals. I'm really thankful that this curriculum that has
7 been proposed.

8 MS. EVANS: Yes. Any other comments or questions?

9 (No questions posed)

10 MS. EVANS: Celia or Barbara, do you have any
11 comments?

12 MS. JACOBS: We are most appreciative for this
13 coming before the Board. It really will help us to increase the
14 number of certified nursing assistants employed in acute care
15 hospitals, which for some reason there's been a terrible deficit
16 over the past two years. So, this will make a huge difference
17 for our acute care hospitals.

18 MR. HICKS: I just have one question. Will this
19 curriculum extend your current program? How long is this
20 program?

21 MS. JACOBS: I'm doing it with Carol Chandler, who

1 helped develop the curriculum. I can speak to that. I believe
2 it's a six-week curriculum. Carol?

3 MS. CHANDLER: Yes, it is. So, it extends the
4 amount of didactic and skills lab, directly focused on the acute
5 care setting. And then the clinicals are in a medical/surgical
6 unit in these hospitals.

7 MS. JACOBS: But the result is a much more acute
8 care focus training, which then obviates the need for a
9 supervisor to provide hospitals with additional training for
10 those that are otherwise educated in a more traditional CNA/GNA
11 program. They are able to focus on that, specifically, those
12 components that are most germane to the acute care patients.

13 MS. CHANDLER: We included in our program, also,
14 like the patient experience, de-escalation, and things that have
15 been very, very important to our employees across the hospital
16 because of the current work environment. So, it does expand on
17 their training.

18 MS. EVANS: So, Carol's program has already been
19 approved by the Board in the past - recently, actually, so, as
20 far as CNA program. And, of course, they handle all the chronic
21 care, which falls under our regs for - chronic care falls under

1 their purview as well. So, it's the current curriculum with
2 addition to it.

3 So, any other questions?

4 (No questions posed)

5 MR. HICKS: Is there a motion to approve the
6 modified curriculum?

7 MR. RAYMOND: This is Raymond. Motion to approve
8 the modified curriculum.

9 MR. HICKS: Dr. Raymond.

10 MS. WESTERFIELD: Second, Westerfield.

11 MR. HICKS: Dr. Westerfield. All in favor?

12 ALL: Aye.

13 MR. HICKS: Opposed?

14 (No oppositions)

15 MR. HICKS: Motion carries.

16 MS. EVANS: Thank you Barbara, Celia, and Jane. And
17 I'm missing someone, sorry. But thank you for joining the call.

18 MS. JACOBS: Thank you very much.

19 MR. HICKS: We'll move down to Education. Dr. Green
20 are you on -

21 MS. EVANS: There's nothing there.

1 MR. HICKS: Oh, sorry. Nothing for Education,
2 nothing for Certification.

3 So, we will move down to Licensure and Advanced
4 Practice. Ms. Evans?

5 MS. EVANS: Yes, good morning. We have had some
6 forensic nurse examiners who have sat out for a while over the
7 thirty-six months without, according to our regulations, they
8 would need to take a refresher course in order to be reinstated.
9 So, the forensic nurse examiners have developed a curriculum.
10 They pulled a lot of it from the curriculum we have already
11 approved for the general adults' curriculum. This is the
12 curriculum. I have reviewed it. It has met all of the
13 requirements under 10.27.21.08(a)(b), A through D. I think I
14 have that correct.

15 I would like to ask for this to be approved by the
16 Board so that, especially with the current climate we're in, we
17 need to get the forensic nurses who are willing to come back to
18 service back.

19 MR. HICKS: Is there a motion to approve the
20 forensic nurse examiner's reinstatement refresher course
21 curriculum?

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

2 MR. HICKS: Gibbons-Baker.

3 MS. LYONS: Second, Lyons.

4 MR. HICKS: Second, Lyons. All in favor?

5 ALL: Aye.

6 MR. HICKS: Opposed?

7 (No oppositions)

8 MR. HICKS: Motion carries. Moving down to

9 Legislative Affairs. Iman, are you online?

10 MS. FARID: Yes, I'm here. Can you hear me?

11 MR. HICKS: Yep, good morning.

12 MS. FARID: Good morning, everyone, and happy

13 Wednesday.

14 We will first be starting with Item 7A. This is a
15 memo that provides a list of the bills that were assigned to the
16 Board from the week of February 28th to the week of March 14th.

17 So, to start with we have House Bill 903: Maryland
18 Nondiscrimination in Healthcare Coverage Act. This bill
19 requires a healthcare provider or institution to ensure the
20 continuation of life sustaining care for a patient. It
21 prohibits a provider or institution from discontinuing life

1 sustaining care on the basis of cost effectiveness and other
2 circumstances.

3 The Board took no position.

4 House Bill 978: Income Tax Caregiver Tax Credit.
5 This bill allows a caregiver to be eligible to claim a credit
6 against the state income tax for expenses paid to support a
7 family member with long term care needs.

8 The Board submitted a Letter of Support.

9 House Bill 1000: Maryland Earn and Learn Act of
10 2022 Establishment. This bill requires a professional or
11 occupation licensing board to issue a license to an individual
12 who completes an apprenticeship. It authorizes a board to
13 develop a standard apprenticeship program.

14 The Board took no position.

15 House Bill 1004 cross-filed with Senate Bill 856:
16 Public Schools Health Services School Nurses. This bill
17 requires each county board of education to provide a full-time
18 registered nurse in each school.

19 The Board submitted a Letter of Support.

20 House Bill 1084 cross-filed with Senate Bill 840:
21 COVID-19 Response Act of 2022. This bill establishes and alters

1 requirements related to COVID for institutions of higher
2 education, home health agencies, nursing homes, and assisted
3 living programs. It requires the Board to establish an
4 apprentice geriatric nursing assistant program. It alters the
5 authority and responsibilities of pharmacists and pharmacy
6 technicians.

7 The Board submitted a Letter of Opposition for the
8 Senate Bill.

9 House Bill 1111: Prescription Drug Monitoring
10 Program Prescriber of Opioids Notification Requirement. This
11 bill requires a prescriber to notify the Prescription Drug
12 Monitoring Program of certain information relating to opioids
13 and opioid reversal drugs. It prohibits a prescriber from being
14 required to give notice more than once to a patient.

15 The Board took no position.

16 House Bill 1127 cross-filed with Senate Bill 984:
17 Public Health State Designated Exchange Health Data Utility.
18 This bill requires the State Designated Exchange to collect
19 health related data for the purposes of evaluating public health
20 interventions amongst other matters. It requires the Maryland
21 Department of Health and other entities to provide data to the

1 Exchange. This bill requires dispensers of medication to submit
2 prescription information to the Exchange.

3 The Board took no position.

4 House Bill 1130: Health Occupations Prohibition on
5 Expiration of Licenses, Certificates, Permits, and
6 Registrations. This bill prohibits licenses, certificates,
7 permits and registrations issued before a certain date from
8 expiring and requiring that they remain effective until the
9 Department of Information Technology restores the systems and
10 servers that were impacted by the cybersecurity attack. It
11 requires the Department of Information Technology to notify the
12 Department of Legislative Services after restoring all systems
13 and servers that were impacted by the cybersecurity attack.

14 The Board submitted a Letter of Support with
15 Amendments.

16 House Bill 1148 cross-filed with Senate Bill 834:
17 Health Insurance - Two-sided Incentive Arrangements and
18 Capitated Payments Authorization. This bill provides that
19 value-based arrangements are exempt from certain provisions of
20 State law regulating health care practitioner referrals.

21 The Board took no position.

1 House Bill 1169: Child Abuse and Neglect Training
2 of Healthcare Professionals. This bill requires the Maryland
3 Department of Health to provide the Board with a list of
4 recommended courses related to the obligation to report child
5 abuse and neglect and the identification of abused and neglected
6 children. It requires the Board to post certain information
7 prominently online.

8 The Board took no position.

9 House Bill 1185: Public Health Sickle Cell Disease
10 Referral for Transcranial Doppler Ultrasound. This bill
11 requires a provider to refer a minor patient who has been
12 diagnosed with sickle cell disease to a hematologist specialized
13 in sickle cell disease for a transcranial Doppler ultrasound.

14 The Board took no position.

15 House Bill 1188: Public Health Sickle Cell Disease
16 and Trait Information for Individuals and Health Care
17 Practitioners. This bill requires the Maryland Department of
18 Health to create a system and maintain a list of resources for
19 healthcare practitioners as it relates to the sickle cell
20 disease. It requires the Board to include certain information
21 in the renewal notices sent to licensees.

1 The Board submitted a Letter of Concern.

2 House Bill 1189: Public Health Vaccines
3 Administered Under Emergency Use Authorization Reporting of
4 Adverse Events. This bill requires a healthcare provider to
5 report an adverse event to the national Vaccine Adverse Event
6 Reporting System after administering a vaccine under an
7 emergency use authorization.

8 The Board took no position.

9 House Bill 1208: Health Occupations Healthcare
10 Workforce Expansion. This bill establishes requirements related
11 to the expansion of the workforce in nursing-related fields. It
12 establishes the Licensed Practical Nurse and Registered Nurse
13 Preceptorship Tax Credit Fund. It requires the Department of
14 Health, in consultation with the Division of Workforce
15 Development and Adult Learning to convene a work group to study
16 expanding apprenticeships to the healthcare field.

17 The Board submitted a Letter of Support with
18 Amendments.

19 House Bill 1329: Suicide Treatment Improvement Act.
20 This bill establishes requirements and prohibitions related to
21 the treatment of and response efforts for individuals who are

1 suicidal or who have attempted suicide.

2 The Board took no position.

3 House Bill 1335 cross-filed with Senate Bill 843:
4 Perinatal Care Drug and Alcohol Testing and Screening Consent.
5 This bill requires healthcare providers to receive written
6 consent before administering a drug or alcohol test to a
7 pregnant and perinatal patient and newborn infants. It requires
8 the Maryland Department of Health to provide a form that
9 describes the medial, legal, and collateral consequences of a
10 positive drug or alcohol test.

11 The Board submitted a Letter of Support with
12 Amendments.

13 House Bill 1346 cross-filed with Senate Bill 812:
14 State Government Cybersecurity Coordination and Governance.
15 This bill establishes the Office of Security Management and the
16 Maryland Cybersecurity Coordinating Council. It centralizes
17 authority and control of the procurement of all information
18 technology for the health occupations boards and other units of
19 the Executive Branch of State government under the Department of
20 Information Technology.

21 Both the Board and the Commission submitted a Joint

1 Letter of Support with Amendments for the Senate Bill.

2 House Bill 1360: Public Health Abortion Inducing
3 Drugs. This bill provides circumstances under which a person
4 may administer an abortion inducing drug to a pregnant woman.
5 It established reporting requirements for the practitioner.
6 This bill additionally requires the Department of Health to
7 develop a form and publish information on the use of abortion
8 inducing drugs.

9 The Board took no position.

10 House Bill 1364: Healthcare Freedom of Conscience
11 Act. This bill allows healthcare practitioners to decline to
12 participate in a service that violates their conscience. It
13 allows healthcare payers to decline to pay for certain services
14 or products that violate their conscience. This bill
15 additionally prohibits discrimination against practitioners that
16 decline to take certain actions.

17 The Board took no position.

18 House Bill 1412 cross-filed with Senate Bill 740:
19 Public Health Parkinson's Disease Registry Establishment.
20 This bill establishes a Parkinson's Disease registry in the
21 Maryland Department of Health. It requires the Department to

1 establish an Advisory Committee to determine what data shall be
2 collected and stored in the registry.

3 The Board took no position.

4 Senate Bill 716: Maryland Healthcare Workers Loan
5 Assistance Program Establishment and Funding. This bill
6 establishes the Maryland Healthcare Workers Loan Assistance
7 Program and Fund to provide assistance to certain healthcare
8 workers in repaying healthcare related education loans.

9 The Board submitted a Letter of Support with
10 Amendments.

11 Senate Bill 780: Cybersecurity Governance Act of
12 2022. This bill establishes the Office of Security Management
13 and the Maryland Cybersecurity Coordinating Council. It
14 additionally centralizes authority and control of the
15 procurement of all information technology for the health
16 occupations board and other units of the Executive Branch of
17 State government under the Department of Information Technology.

18 Both the Board and Commission submitted a Joint
19 Letter of Support with Amendments.

20 And finally, Senate Bill 891: Public Health -
21 Medical Procedures Parent or Guardian Notice (Maryland Parental

1 Involvement Enhancement Act). This bill alters the category of
2 women on whom a physician is prohibited from performing an
3 abortion. It alters the circumstances under which a physician
4 may perform certain medical procedures. This bill additionally
5 establishes a process for a certain individual to seek a
6 judicial waiver.

7 The Board took no position.

8 So, with that, I will be happy to answer any
9 questions you may have.

10 MR. HICKS: Are there any questions for Iman?

11 (No questions posed)

12 MR. HICKS: All right. So, is there a motion to
13 approve the recommendations that have been submitted?

14 MS. GIBBONS-BAKER: Gibbons-Baker.

15 MR. HICKS: Gibbons-Baker.

16 MS. STEINBERG: Second, Steinberg.

17 MR. HICKS: Steinberg. All in favor?

18 ALL: Aye.

19 MR. HICKS: Opposed?

20 (No oppositions)

21 MR. HICKS: Motion carries. We will move down to B,

1 the COMAR 10.27.01, Nursing Graduates.

2 MS. FARID: Yes, thank you. This second item refers
3 to what Mr. Hicks just said, COMAR Regulation 10.27.01. If I
4 recall correctly, the Board convened and approved these
5 emergency regulations in December of 2021. In the acceptance of
6 that emergency status, these recommendations began January 4th,
7 and are due to expire on July 3rd of this year. The specific
8 provision to review is the one that is highlighted under
9 10.27.01.03, which is on the second page.

10 This section currently allows under the emergency
11 regs a nursing graduate to practice for a period of 120 days if
12 the graduate submitted an application for licensure to the Board
13 but is either awaiting to take the NCLEX, awaiting the results
14 from NCLEX, or receipt of their criminal history records check.
15 When these recommendations expire, however, a nursing graduate
16 has to go back to practicing for a period of 90 days under
17 certain conditions.

18 So, the question to discuss is: If the application
19 of the registered nurse is expiring, would the Board want to
20 permanently change the time period a nursing graduate could
21 practice to 120 days instead of the 90 days that were authorized

1 previously?

2 MR. HICKS: So, the recommendation actually would be
3 to not look at the 120-timeframe versus the 90, but all of those
4 emergency regulations that were put into place and make all of
5 them permanent moving forward.

6 So, with that, that will be, the ask of the motion
7 is: Is there a motion to approve all of those emergency
8 regulations as permanent, and not just the one that Iman
9 discussed?

10 So, I will put that out there. Is there a motion?

11 MR. RAYMOND: Yes.

12 MR. HICKS: Dr. Raymond.

13 MS. GIBBONS-BAKER: Gibbons-Baker.

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

15 ALL: Aye.

16 MR. HICKS: Opposed?

17 (No oppositions)

18 MR. HICKS: Motion carries.

19 MS. JACQUELINE HILL: May I?

20 MR. HICKS: Sure. Discussion, Dr. Hill.

21 MS. JACQUELINE HILL: In light of what Ms. Evans

1 said about the meeting she attended with less than - there was
2 less success in taking an NCLEX in 60 days, why would we want to
3 go 120 days? I understand the emergency situation, but then
4 that's going to expand the amount of time when they wait to take
5 their exam.

6 MS. WESTERFIELD: I agree, and that is confirmed. I
7 mean, I understand some of these because of licensing and
8 timeframes and stuff like that, but to extend that, we already
9 have problems with students not taking it in a timely manner and
10 failing because they wait so long. To extend something like
11 that is going to be harmful. I don't see a positive for that on
12 the education side of things.

13 MR. RAYMOND: The other side of that is there are
14 constraints on the logistics and actually getting into taking
15 the exam. And so, you run into a situation where, yes, there
16 are those that would wait to take the exam, and then there are
17 those who can't actually get in to take the exam. So, the
18 organizations are trying to hire and employ these individuals.
19 In the situation where they've already employed them and they
20 have them working, and then they have to take them off of the
21 books as an employee because they are in that current timeframe.

1 MS. WESTERFIELD: My understanding from our last few
2 meetings is that in this state we have not had an issue with
3 people not being able to test for quite some time. So, that
4 issue is not necessarily one that we are having. I can tell you
5 that I have not - I have a small school I have not had one
6 student that was not able test in a timely manner all through
7 COVID. They were able to find a place.

8 So, I would just like to have a discussion about the
9 entire process and not just blanket the whole thing because I
10 haven't had time to process that myself. But that is a huge
11 concern from the educational standpoint.

12 MS. JACQUELINE HILL: I agree with that.

13 MS. WESTERFIELD: And we rely on the results for
14 many things for our school, too. I know, from the healthcare
15 field, you need people to work, but from the education side it's
16 a whole new thing. We can't practice if our students don't pass
17 in a timely way.

18 MS. BEESON: Do we have the data related to time
19 requests to actual test date provided in the state? I mean, I
20 know we said we can leave the state, but that doesn't really
21 seem reasonable. Asking people to leave the state doesn't seem

1 reasonable. We should be able to apply and take the test. I
2 don't know, what is reasonable? We're using language, but I'm
3 really not sure how to define it. Is it 30 days? Forty-five
4 days?

5 MS. EVANS: The onus is on the student.

6 MS. BEESON: To apply for testing?

7 MS. EVANS: To apply, right. So, for someone to
8 obtain the 120 days, they first have to apply to the Board of
9 Nursing to be able to test. So, some of the problems that the
10 students run into is financial. So, they have to pay the Board,
11 which is \$100. I am going to semi-quote Pearson, which I
12 believe is \$300 for them to take the exam. Once they pay for
13 both parts then they receive their authorization to test within
14 24 to 48 hours. So, they can test as soon as they want to.
15 There is a small percentage that wait and wait and wait. But as
16 far as in Maryland -- so far not in Maryland, but throughout The
17 United States, according to NCSBN, there has not been a wait for
18 the students to take the exam. It's more of, we need to
19 encourage them.

20 MS. BEESON: How are we defining "wait" though?

21 That's what I'm trying to understand. How do they define

1 "wait"?

2 MS. EVANS: I don't know their definition, but from
3 what I'm gathering from our discussion that we're having right
4 now is, that once the student receives - not student, excuse me,
5 but once the nursing graduate receives their authorization to
6 test, they can test as early as - well, whenever there's a first
7 opening, which usually is within a week or two, to whenever they
8 want to schedule it. They have, however, a limited time. So,
9 once their authorization to test is given, they have six months
10 in order to test. I do, however, every now and then, lately a
11 little bit more, receive requests from individuals who have
12 waited till the last minute to test within those six months. It
13 has to be an extenuating circumstance for that to be honored,
14 and that's few and far between.

15 MR. HICKS: So, just for a point of clarification,
16 this only extends it by 30 days, for one, and the other is, that
17 is reduced from what the initial request was, which was six
18 months. So, put that into perspective. And I don't think that,
19 generally, students really wait that long. I think they want to
20 get in and get their testing done as quickly as possible because
21 they need to work. They want to work, you know? And so, I

1 don't know how many are really going to fall into that bucket of
2 really needing to go to 120 days.

3 MR. RAYMOND: There's a salary incentive, as well.

4 MR. HICKS: Correct.

5 MR. RAYMOND: The other part of this is, as a
6 nursing graduate they have more opportunity within the facility
7 to have real work life experience that helps them with the exam.

8 MR. HICKS: Correct.

9 MR. RAYMOND: And I think that's what part of the
10 inference was for trying to give them more time for that. I
11 appreciate that there is a measuring term, right, on what
12 they've learned, and at some point, you cross that threshold
13 where they're not going to have the fresh knowledge.

14 MS. WESTERFIELD: Who is it helping to extend that?
15 I guess that's my question. So, who is it helping and what is
16 the purpose of extending that portion of it? Who benefits, if
17 we vote yes to that?

18 MS. JACQUELINE HILL: I would like to add to that.
19 So, I have been in academics for almost thirty years, and my
20 experience has shown, if the Board says you have 120 days before
21 you sit for the exam, for example, the students after not -

1 looking forward to getting RN salary, they're going to work and
2 not study for NCLEX. Some of them may wait till the last minute
3 and not study, sit for their NCLEX and fail. At least they are
4 going to have some money they made as an RN. So, some students
5 look at it that way. So, I always encourage students to take
6 NCLEX first, then start working. Sometimes it falls on deaf
7 ears. But if the Board extends it to 120 days, I promise you
8 they are going to wait 120 days and not study for NCLEX, and who
9 is that going to benefit?

10 MR. HICKS: But I guess I will push back a little
11 bit on that because I don't know how many of the students are
12 pushing the 90-day mark, right? So, I mean, there are some.
13 We're going to have that, right? But I don't - I don't think
14 that we have large volumes of students that are at that 90-day
15 mark and, like, "Oh, I got to get in and get testing." I think
16 it's the total opposite, and that is, they're getting into tests
17 as quickly as possible because they know that it's fresh to them
18 and they want to be successful on the exam.

19 And, to Dr. Raymond's point, for those that are at
20 least working in acute care facilities, you know, we're pushing
21 them to get this test done because that is an FTE that they are

1 taking up, and so we need to make sure that they get that done.
2 So, at least in the acute care facility, I think they've got a
3 little bit more of a push to get it done. Because, to Dr.
4 Raymond's point, there is obviously incentive there. There's RN
5 pay and benefits and those types of things within their
6 organization.

7 MS. EVANS: So, I can state that from the
8 presentation from mid-year, this is nationwide not just
9 necessarily Maryland, but nationwide it was 80 percent of
10 nursing graduates who take the exam within the first 60 days
11 across the country, not specifically for Maryland.

12 MS. WESTERFIELD: So, I guess my question still
13 stands to try to understand. The 120 days does not benefit
14 nursing schools. It does not seem to benefit healthcare because
15 they are now delayed even more from filling that FTE. So, who
16 does extending the 120 days help? What is the benefit of doing
17 that? Who are we trying to help with extending it? Is it
18 helping the student or the graduate? Who is it helping if they
19 can't? That's what I just don't understand.

20 MS. BEESON: It does help healthcare because we
21 would have to -

1 MR. RAYMOND: I think it does actually benefit the
2 acute care facility and the student. And the way that that
3 plays out is that if they reached the 90 days then the facility
4 gets caught and the student gets caught in a situation where
5 they can no longer work in the capacity that they are currently
6 working in. It allows the student to work under the scope of a
7 nurse graduate and it affords them the ability to do more at the
8 bedside then they would be able to do as a CNA, right? And
9 those activities where they are able to do more allows them to
10 work as a nurse, which reinforces what they learned that they
11 can apply to the NCLEX test.

12 So, it benefits the student that way it reinforces
13 them to what they have to respond to on the NCLEX. It benefits
14 the facility in that there's a whole lot of human resources
15 gyrations and Jiu Jitsu that you have to go through in order to
16 move them out of the position, and then move them back into the
17 RN position. And not only that, we would rather have them
18 working in the capacity of nurse graduate, which benefits the
19 patients and the nursing graduate and the nurse in a different
20 way. So, I think that's who it's benefitting for another 30
21 days.

1 MR. HICKS: Yeah, at to Dr. Raymond's point, keep in
2 my that that 120 would also encompass the time it takes for them
3 to actually get their license, so, to process their license, be
4 licensed. So, should there be a delay within the Board, at
5 least there is another
6 30-day buffer that would be available to them so they could
7 continue to work in that nursing graduate position, you know,
8 should there be a delay. So, that's also to add to that.

9 MS. RAYMOND: Do we know if we saw a decline in
10 NCLEX scores?

11 MS. EVANS: From last year?

12 MR. RAYMOND: Yes.

13 MS. EVANS: Yes, from last year. Because remember,
14 last year there were some programs who shortened their programs,
15 as well as the simulation piece until the executive order had
16 lifted. So, that went up till September of 2021.

17 MR. HICKS: There was significant decline of
18 first-timers taking the NCLEX, and then even second time. As we
19 heard previously, we know that that's going to happen the
20 longer, you know, the more times they take the exam. I shared
21 with the Board that data, so.

1 So, we have the motion by Dr. Raymond. Was there a
2 second?

3 MS. GIBBONS-BAKER: Yes.

4 MR. HICKS: Emalie Gibbons-Baker made the second.

5 So, following the discussion, does the original
6 first and second motion still stand?

7 MR. RAYMOND: Yes.

8 MS. GIBBONS-BAKER: Yes.

9 MR. HICKS: Okay.

10 MR. CONTI: Can I make one point?

11 MR. HICKS: Sure.

12 MR. CONTI: There was one point in the emergency
13 regs that was time limited. So, there was an adjustment made to
14 the licensure exception for RNs and LPNs who hold a current
15 active license in any other state or jurisdiction were able to
16 render nursing care for not more than 30 days or until June 29,
17 2022, whichever is later, to an individual who is visiting the
18 state for a medical, educational, personal reasons.

19 There would be no need to extend that particular
20 term permanently because it already would have been past. So,
21 with the exception of that one particular change --

1 MS. GIBBONS-BAKER: With the exception then.

2 MR. CONTI: -- all the other changes would be up for
3 the permanent.

4 MR. RAYMOND: Right, the motion excludes that
5 particular change related to the specific date.

6 MS. GIBBONS-BAKER: Again, second.

7 MR. HICKS: Seconded by Gibbons-Baker. All in
8 favor?

9 CERTAIN MEMBERS: Aye.

10 MR. HICKS: Opposed?

11 MS. WESTERFIELD: Westerfield.

12 MS. JACQUELINE HILL: Opposed.

13 MR. HICKS: All right. Dr. Jacqueline Hill and Dr.
14 Westerfield are both in opposition. The motion passes.

15 Thank you, Iman.

16 MS. FARID: Thank you so much.

17 MR. HICKS: All right. We will move down to Item
18 10, which Dr. Evans - or, Ms. Evans will present, Clinical
19 Nursing Programs Work Group.

20 MS. EVANS: Thank you, Mr. Hicks, for speaking that
21 into existence.

1 (Laughter)

2 MS. EVANS: The first, I forgot to state earlier, is
3 about Implicit Bias. Remember, as of April 1st of 2022, anyone
4 that renews will need to take an Implicit Bias course and then
5 attest to that on their application. So, that begins. So, we
6 will have something on our website that also gives the courses
7 that are available through MDH, the Maryland Department of
8 Health. We may have -- because of the cyber incident, we are
9 still waiting for the vendor to give us a timeline when that
10 attestation will actually go onto the actual application. But
11 it's a one-time, I just want to make it clear, it's a one-time
12 that when someone renews. It's only for renewals. It's not for
13 initials. It's only for those individuals who renew their first
14 time of renewing past April 1st of 2022, do they have to attest
15 to taking the Implicit Bias training. So, I don't want someone
16 thinking that it's every time they renew. It's one time that
17 they need to renew.

18 MS. ROBIN HILL: Where is the link for this Implicit
19 Bias training?

20 MS. EVANS: It's on our website. It will be.

21 MS. SCOTT: It will be there. It's not there yet.

1 MR. RAYMOND: When?

2 MS. EVANS: Today.

3 MS. JACQUELINE HILL: Are there going to be
4 instructions or will it redirect you to a link to do that?

5 MS. EVANS: You have to take Implicit Bias training
6 first before you renew.

7 MS. JACQUELINE HILL: So, that will be there in the
8 instructions?

9 MS. EVANS: Yes.

10 MS. JACQUELINE HILL: Okay.

11 MS. EVANS: The Implicit Bias training has to be
12 approved courses through the Maryland Department of Health.
13 There's a - is it three pages of four pages, Rhonda?

14 MS. SCOTT: On the link?

15 MS. EVANS: No, for the courses.

16 MS. SCOTT: Probably one or two.

17 MS. EVANS: Oh, two. That must be something else.
18 There's two pages of training programs that you can take.

19 MS. WESTERFIELD: So, does somebody verify that, or
20 is that an honor system by saying they did it?

21 MS. EVANS: Honor system.

1 MR. CONTI: Yeah, it's an honor system. It's an
2 attestation that you fill out on the renewal form indicating
3 that you have taken the class.

4 MS. ROBIN HILL: You don't have to upload a
5 certificate or anything?

6 MS. EVANS: Not at this time, no.

7 MS. SCOTT: No.

8 MR. RAYMOND: Is there a memo to this on the board
9 that's already posted for the Board to see?

10 MS. SCOTT: We are in the process. We will post
11 that today.

12 MR. RAYMOND: Okay.

13 MS. WESTERFIELD: What are the consequences? I
14 mean, as we all know, if something is required and if you were
15 not held accountable for it, you know - of course, this is the
16 most trusted profession, right?

17 MS. EVANS: Right.

18 MS. WESTERFIELD: And we hope to the that way,
19 however, I'm just trying to understand if things were put into
20 place, it's important, obviously. We're putting it into place -
21 I know it's hard to monitor, I imagine. You don't have the

1 staff to do what you currently have to do, but you require
2 something like that and not mandate it or -

3 MS. EVANS: We understand. We felt that it wasn't
4 really the Board's place to have this, however, the legislators
5 felt differently. So, there were a lot of Boards that felt it
6 should be in a place where they currently work. So, there was a
7 lot push back so the Boards received it. This was the best way
8 right now.

9 MS. WESTERFIELD: Okay.

10 MS. EVANS: That we can go on the honor system and
11 have individuals to attest to it. Is there something that we
12 can think about doing later on? Possibly. We could possibly
13 work with the Maryland Department of Health to get their sign-in
14 sheets.

15 MR. HICKS: Yeah. And to Karen's point, as we look
16 at the enterprise system looking to see how this can, perhaps,
17 be incorporated somehow, somehow that they have to upload or
18 whatever. I like it because it gives, I guess, for the first
19 time really an introduction to there being a requirement, a
20 training requirement for you to at least renew your license or
21 to renew license, understanding that my push has been for the

1 last two or three years now trying to make it mandatory to have
2 continuing education to renew your license. We are one of the
3 very few states that does require that in a profession that I
4 feel really needs to have that. So, at least this will be a
5 starting point, I guess, to say, you know, this is an important
6 training or sorts that you need to complete in hopes that at
7 some point we can move forward and legislation to require a
8 minimum CEU to renew your nursing license.

9 MS. JACQUELINE HILL: Maryland does not require it?

10 MR. HICKS: They do not.

11 MS. EVANS: So, let me also state that if we are -
12 if we change our current systems to a newer version until the
13 enterprise program is completed, which again for the Board of
14 Nursing, the licensing piece will take approximately
15 three-and-a-half years, in full system five years.

16 What I would like to do at another meeting is to
17 suggest that we may have to go down a different route in order
18 to update our database and merge two systems into one with one
19 of our licensing databases you are able to upload. And so,
20 currently because our systems function for what we need them to
21 function for now, but with all of the items that I am looking at

1 legislatively that the Board is given to do, we're going to
2 really need to be able to upload documents at that time. But
3 right now, we are unable to do that in where we are right now
4 with our functionality and capability. This was the best answer
5 for right now, but I definitely understand your concerns. If
6 there was something we could do differently, we would just limit
7 it to what we have.

8 MR. STALLSMITH: It wouldn't be any different than
9 the onus on the applicant to say they have 1,000 hours in the
10 last five years, and putting them on the honor system.

11 MS. EVANS: Yes, we do that as well.

12 The next item that I would like to speak about is
13 the case managers and delegating nurses. I would like to hold a
14 - develop a committee with stakeholders as well as Board members
15 on that committee. We haven't dealt with case managers and
16 delegating nurses in a long time, and so there are a lot of
17 things that are outdated and I would like to be able to hold
18 that committee meeting. So, I am asking the Board if I can move
19 forward with that?

20 MR. HICKS: Is there a motion to approve for moving
21 forward with having a stakeholders' meeting with the delegating

1 nurse and the case manager?

2 MS. EVANS: Well, there is one title, case manager
3 and delegating nurse.

4 MR. HICKS: Okay. Case managers/delegating nurse
5 work group?

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

7 MR. HICKS: Dr. Robin Hill.

8 MS. HAYWARD: Second.

9 MR. HICKS: Second, Hayward.

10 MR. HICKS: All in favor?

11 ALL: Aye.

12 MR. HICKS: Opposed?

13 (No oppositions)

14 MR. HICKS: Motion carries.

15 MS. EVANS: And also, for the current legislation,
16 by Delegate Kelly for House Bill 1208. We had spoken about the
17 clinical externs at our last Board meeting, and I did present
18 the concerns of the Board to Delegate Kelly. So, what she has
19 charged the Board with, which will be in her bill, is for us to
20 develop a work group with clinical, the chief nursing officers,
21 as well as the deans and directors. I am meeting with the deans

1 and directors to give them more of a definition of what that is.
2 But I would like to be able to be getting that work group with
3 those particular stakeholders, and I definitely will need some
4 Board members on there as well.

5 So, I'm asking for approval to move forward since
6 it's going to be legislation.

7 MR. HICKS: Is there a motion to approve?

8 MS. WESTERFIELD: Westerfield.

9 MR. HICKS: Dr. Westerfield.

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

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

12 ALL: Aye.

13 MR. HICKS: Opposed?

14 (No oppositions)

15 MR. HICKS: Motion carries.

16 MS. EVANS: Thank you all for those two committees.

17 I really, really appreciate it.

18 And now, I would like to introduce Carmen Saenz and
19 Mike Zimmer. Would you please step up?

20 (Whereupon, Ms. Saenz and Mr. Zimmerman approached
21 to meeting table.)

1 MS. EVANS: Thank you for coming.

2 MS. SAENZ: Thank you.

3 MS. EVANS: They are from the Welcome Back Center
4 and World Education Services. We have met with them a couple
5 of times to review the English language proficiency exams.

6 So, everyone has received and reviewed all of their
7 information. Currently, we have TOEFL and ILETS of what we
8 currently use for our English proficiency exams, so they would
9 like to offer some other suggestions for English proficiency
10 language exam - English language proficiency exams to offer to
11 see if the Board will think about adding them to the other two
12 that we currently utilize.

13 MR. CONTI: Which would be a regulatory change.

14 MS. EVANS: Which would be a regulatory change.

15 Thank you, Mike.

16 All right, please.

17 MS. SAENZ: Good morning. Thank you. I want to
18 thank you, Mrs. Evans and Mr. Hicks, for inviting us, and to
19 everybody who is here. I'm Carmen Saenz. I'm the manager of
20 the Welcome Back Center. I will share a personal short note. I
21 am from Costa Rica, originally. I did my industrial engineering

1 degree in Lima, Peru. My father was an international officer.
2 I did a masters degree here at the University of Wisconsin in
3 Madison.

4 I am honored to work in the health field. I know
5 there are many engineers, but that is not very well-known, but I
6 am very happy today to first meet all of you who have been so
7 supportive of our work of the Welcome Back Center. We have
8 internationally educated nurses to transition to the RN
9 licensure. People who are living here in the States who wants
10 to go back to the profession that many of you know how important
11 it is to have that vocation. I also want to also reiterate our
12 thanks to the staff of the Maryland Board of Nursing. Our
13 collaboration starts way back before my time with the program
14 in, I think, 2002. Wow, twenty years ago. When we engaged the
15 Latino health initiative of the Montgomery County Department of
16 Health and Human Services, that is where the Welcome Back Center
17 is housed. I have been with the program for seventeen years.
18 We have tremendous help from the staff, starting with Donna
19 Versa, who retired, and I want to mention three other people who
20 work with us, our client assistant specialist, Jose Amaya; Ms.
21 Avis Ward; and Ms. Patricia Kennedy; and recently Dr. Camille

1 Forbes-Scott. They have been tremendous support, and I am sure
2 there are a lot of people behind. But I want you to know that
3 this is what we have done together. We have helped 82 nurses
4 with degrees from around the globe to get their RN license and
5 to start working in Maryland.

6 So, before I give you the overview of the model of
7 the program with the Welcome Back Center, I want to share one
8 important story about one of our participants. She is a
9 registered nurse now. She's originally from Peru, and she
10 completed the program in 2010. That's the year we opened the
11 Welcome Back Center, which is part of the national network of
12 ten centers across the country. This was an effort that started
13 twenty years ago in San Francisco, and we joined, as I said, the
14 official opening was 2010, and the nurse has been working for
15 eleven years here in The United States. But there's a special
16 hallmark I want to mention. She completed the program with the
17 Welcome Back Center advancing her career at the very same
18 hospital. She has not moved from the hospital where she started
19 eleven years ago. It's one of the local large health systems
20 here in Maryland. She was promoted as a manager in a unit, and
21 she remembered us. She contacted us and said, "Do you have any

1 participants you would like to refer to us?" And we just hired
2 a newly RN, she applied, and she got the job. So, do you see, I
3 don't know how to say this well in English, but you have
4 somebody who started here and now she's in a manager position.
5 She values and understands the work, and internationally became
6 a nurse. She, herself, has gone through the staff, and she was
7 abled with the selection committee, the same rules that are for
8 anybody, she succeeded the position. I think it demonstrates
9 the work we do because we will have done that with helping the
10 nurse providing the licensures and helping her in this effort.
11 So, I wanted to make sure I clarified that, the great gratitude
12 we have.

13 We want to continue collaborating and working with
14 you. The program is the Welcome Back Center. Now, let me tell
15 you a little bit about the models of service of the Welcome Back
16 Center. It's a recognized model across the nation. We are part
17 of the Welcome Back Initiative. There are ten centers in the
18 different states. We have four critical components for the
19 program. Guidance and Support, which is the client assistant
20 specialist works with the participant to have a location and a
21 career plan from the moment they arrive in reaching licensure.

1 This also connects them with Financial Aid Services, which is
2 very critical for this, that are providing by the funding of the
3 County, as well as the Maryland Department of Labor, is one of
4 our founders. We have had added other founders throughout the
5 years.

6 The second component is Academic Training where we
7 with the community colleges in Maryland, mostly we have worked
8 mostly with Montgomery College, but also with Baltimore City
9 Community College, not for nurses, but for other participants
10 because we serve other professions, also. That academic
11 training is done by other individuals not in-house, but we
12 sometimes contract consultants to provide a specific program for
13 internationally trained and help to address their needs.

14 The third component that is very critical is the
15 On-the-Job Practical Exposure to the U.S. Healthcare System.
16 They internationally educate a nurse coming in as a CNA
17 capacity. I was amazed at the number of programs we have
18 around, and that's fantastic because starting as a CNA is a
19 great start for them to be exposed and they understand the
20 system. Many times, a nurse is a nurse. You are all nurses,
21 but I'm an engineer, but I've learned about nursing. And I have

1 a friend who is a nurse practitioner, and she said that the body
2 is the same in English as it is in Spanish. I'm hardly Chinese,
3 but you know what to do, but you need to learn how the system
4 works here in The United States to make sure you are of the
5 standards as of the place where we need to provide the safety to
6 our group.

7 And the last component is Job Readiness, Resume
8 Preparation, Interview Preparation. Applying now online, which
9 is the most - how you are literate on the computer so that you
10 can do that work that would also help that when you are on that
11 job as a registered nurse.

12 The challenge. Why we are here today, right?
13 Despite the help we provide, the nurses are facing challenges
14 and we want to share them with you. As Karen explained, we had
15 two prior meetings, and we are delighted to have our colleague,
16 Mike Zimmer, coming all the way from Michigan today to meet
17 in-person with us, and also from the Eastern Shore. It was
18 quite a long trip, but we are happy to be here.

19 We have partnered with World Education Services. I
20 will let Mike introduce himself. But we have partnered to do
21 this research given to the experts so that you can learn. I am

1 learning myself about the other options that are available,
2 options that are used by other states. And, Mike will answer
3 questions and present on that. So, thank you, Mike.

4 MR. ZIMMER: Thank you. As Carmen said, my name is
5 Mike Zimmer. I'm with World Education Services Global Talent
6 Bridge. We are a social enterprise organization that works on
7 integration strategies with a variety of states of how to get
8 professionally educated and trained immigrants back into their
9 career paths.

10 Thank you to the Board, President Hicks, Executive
11 Director Evans for the opportunity to present to you. I have to
12 initially say that this is a little bit of a - I'm having some
13 flashbacks this morning. In a prior life in Michigan, I was the
14 Director of the Department of Licensing, and other Regulatory
15 Boards were housed within me -- within my department. The Board
16 of Nursing was one of my two favorites in Michigan. I will not
17 tell you who my least favorites were, but you can probably
18 guess. It's true all over the country.

19 When we go into a state and sort of do a landscape
20 analysis of where they are, we look at three things. We look at
21 testing, what English language assessment options are available

1 in that state. We look at credential evaluation options, which
2 as I understand in Maryland is a statutory issue, so I promise
3 not to go too deep into that. And then we look at what the
4 scoring requirements are. In Maryland, as Executive Director
5 Evans indicated, you have the TOEFLs and IELTS. There are a
6 myriad of other options that are available out there in other
7 states; the Canadian's CELAB, the Canadian English Language
8 Benchmark assessment for nurses, the International Test of
9 English Language Proficiency, the Test of Written English, the
10 Test of Oral English. But I'm going to focus today on the tests
11 that are present right now in five or more states because some
12 of them are just sort of onesies. Like, there's a service
13 called ASHLYN, that I have never heard of until I did this
14 research, but one state has it.

15 In sort of order of size, there's the Pearson PTE
16 academic test, which is currently used in eight states and is
17 now being considered - actually, it had just been approved by
18 the Illinois Board of Nursing to be added in Illinois. Pearson
19 - a lot of these tests are based on a Cambridge Assessment
20 Model, which is how the TOEFL and IELTS are built, Pearson is as
21 well. There's a test for English for international

1 communication that is also used in eight states. That is an
2 older test that's been around for quite a bit. It has, again,
3 an oral, speaking, and a comprehension component.

4 There are two other tests I want to point out that -
5 it's a little awkward for me, it's called The Michigan English
6 Test. It's at the University of Michigan. I am a Michigan
7 State University Spartan, so I usually do not advocate anything
8 from the University of Michigan. But there is the Michigan
9 English Test, which is a successor. If you're a license geek,
10 like I am, there used to be a test called the MELAB, that's in a
11 whole bunch of states, not in Maryland. The MELAB was
12 discontinued in 2018, and those scores were good for two more
13 years. So, it really should have been discontinued in 2020, but
14 it's still on the books in about fourteen states as a test they
15 accept even though it's not offered. MET is the successor to
16 that. The other one is called the Occupational English Test,
17 which is predominant in Canada, but is now used in Florida,
18 Oregon, Washington, and pending approval in three other states.
19 Unlike the others - and let me preface this by saying, WES does
20 not advocate the use of one test or credential service over
21 another. We simply encourage states to adopt multiple options

1 for their candidates. So, I don't want to say I prefer one or
2 the other. I will point out that the Occupational English Test,
3 unlike the others, is created to test English competency within
4 the healthcare setting. So, it is not an academic test; it is
5 not a general English test. It is a healthcare academic test.

6 I have run through those fairly quickly. Are there
7 any questions on any of those tests - assessments? I'm sorry,
8 they call themselves assessments, not tests.

9 (No questions posed)

10 MR. ZIMMER: I will go over scoring very quickly.
11 The National Council of State Boards of Nursing has got
12 recommended scoring on four tests, one of which is the MELAB.
13 So, we will throw that one out. The IELTS is a 6.5 overall; 6.0
14 on any component. I will point out that Maryland is a little
15 higher, you have a 7. So, in that sense you exceed the National
16 Council of State Boards of Nursing's current recommendation by
17 one, on speaking. The TOEFLIBT, which, thank you, thank you,
18 thank you to the Maryland Board of Nursing for recently changing
19 that in making it more inline with the national standard. The
20 PTE, which is the Pearson test, has a score of 55 overall, and
21 50 on each component. NCSBN's recommendation is, every state

1 that I was able to check that uses Pearson uses those scoring
2 parameters. OET has a 300 overall, every single state that has
3 it uses the 300. The MET is 55 with no single score lower than
4 50. Every state that uses the MET, so far, has been fairly
5 specific on that. The TOEIC, which is the older test, and the
6 one, to be perfectly frank, I know least about the scores. The
7 state mandated scores range on that one significantly from 725
8 to 780, and they do have combined written and English scores
9 between 120 and 140, but again, that range is by state.

10 I would point out that the TOEFL and IELTS are
11 academic tests that are used for a variety of purposes,
12 including licensing. They have adopted some other scoring
13 mechanisms; My Best Scores, TOEFL Essential, which combine
14 scores and essentially, you know, it's sort of like when I took
15 the bar, if you've taken different component parts until you
16 pass, thank the Lord. The TOEFL Essentials is a bit like that.
17 You are allowed to merge scores at various efforts within a
18 certain of period. That is something that a lot of people are
19 looking at, but I will be frank with you, not a single State
20 Board of Nursing has adopted it yet. So, Maryland could be a
21 leader.

1 I ran through that all pretty fast. Are there any
2 questions at all? Again, this is not that there's anything
3 wrong with the IELTS or that there's anything wrong with the
4 TOEFL, but different - I am offering a variety of assessment
5 options. Groups like Welcome Back Center can develop training
6 modules that are test/course specific. So, if you look at the
7 different Welcome Back Centers, and I think you guys are in
8 eleven different states right now?

9 MS. SAENZ: Yes.

10 MR. ZIMMER: Each of those states tends to focus on
11 one or two different assessments to get their people ready for.

12 Any questions at all?

13 MR. HICKS: Are there any questions from any of the
14 Board members?

15 MR. ZIMMER: I know I threw a lot at you.

16 (No questions posed)

17 MR. HICKS: All right. Thank you very much for
18 coming in. We will take the information that you provided to us
19 under consideration. We will charge this to our Practice and
20 Education Committee that will kind of do a deep dive into this,
21 and then we will come back to the Board with a recommendation

1 after they've done their review.

2 MR. ZIMMER: Okay. And if you need contact
3 information on any of the resources that I have reviewed, I
4 would be very happy to make introductions.

5 MR. HICKS: Perfect.

6 MS. SAENZ: Thank you very much.

7 MR. HICKS: Thank you very much for taking the time
8 to come in today.

9 MS. SAENZ: It was nice meeting all of your
10 face-to-face.

11 MS. EVANS: Thank you.

12 MR. HICKS: All right. So, at this time I will open
13 the floor to the audience if anyone would like to address the
14 Board.

15 (No discussions posed)

16 MR. HICKS: All right, hearing none. In a moment I
17 am going to ask if there's a motion to close the Open Session,
18 but first I'm going walk us through the written statement that
19 is required by the Open Meetings Act to ensure that all Board
20 members agree with its contents.

21 As documented in the written statement, the

1 statutory authority to close this Open Session and meet in
2 Closed Session is Annotated Code of Maryland, General Provisions
3 Article 3-305(b)13, which gives the Board the authority to close
4 the Open Session, to comply with the specific constitutional,
5 statutory, or judicial imposed requirement that prevents public
6 disclosures about a particular matter or proceeding. The topic
7 to be discussed during Closed Session is applications for
8 licensure and/or certification. The reason for discussing this
9 topic in Closed Session is to discuss confidential matters that
10 are prohibited from public disclosures by the Annotated Code of
11 Maryland, Health Occupations Article 8-303(f), Health
12 Occupations Article 8-320(a), and Health Occupations Article
13 1-401, and General Provisions Article 4-333. In addition, the
14 Board may also perform Quasi Judicial and administrative
15 functions involving disciplinary matters during the Closed
16 Session.

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

20 MR. RAYMOND: So moved, Raymond.

21 MR. HICKS: Dr. Raymond.

1 MS. HAYWARD: Second, Hayward.

2 MR. HICKS: Hayward. All those in favor?

3 ALL: Aye.

4 MR. HICKS: Opposed?

5 (No oppositions)

6 MR. HICKS: Motion carries. Thank you, everyone.

7 Have a great day.

8 (Whereupon, at 10:58 a.m. the Open Session was

9 concluded.)

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1 CERTIFICATE OF NOTARY

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

7 I further certify I am not of counsel to any of the
8 parties, nor an employee of counsel, nor related to any of the
9 parties, nor in any way interested in the outcome of this action
10 as witness my hand and notarial seal this 23rd day of March,
11 2022.

12

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Edward Bullock, Notary Public

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in and for the State of Maryland

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19 My commission expires: May, 13, 2023

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21

Script for Closing Open Session

March 23, 2022

In a moment, I am going to ask if there is a motion to close the open session, but first I am going to walk us through the written statement that is required by the Open Meetings Act to ensure that all Board members agree with its contents.

As documented in the written statement, the statutory authority to close this open session and meet in closed session is 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 BOARD OF NURSING

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

1. **Recorded vote to close the meeting:** Date: March 23, 2022 Time: 11:00am
Location: 4140 Patterson Avenue, Baltimore MD
Motion to close meeting made by: Raymond Seconded by Heyward
Members in favor: Gibbons-Baker, Cassidy, Heyward, Raymond, J. Hill, Hicks, R. Hill, Stenberg,
Opposed: None Abstaining: None Lyons,
Absent: Turner, Vickers, Owoumana Westerfield,
Beeson

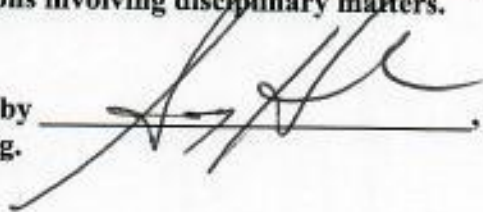
2. **Statutory authority to close session.** This meeting will be closed under General Provisions § 3-305(b) only:

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

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

Citation	Topic	Reason for closed-session discussion of topic
§ 3-305(b) (13)	Applications for licensure and/or certification	To discuss confidential matters prohibited from public disclosure by Md. Code Ann., HEALTH OCC. § 8-303(f), 8-320(a), 1-4a et seq. and Gen. Prov. § 4-333.
§ 3-305(b) ()		
§ 3-305(b) ()		

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

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