

Maryland Board of Nursing

Budget Presentation
Before
The Senate Budget and Taxation Committee
Health, Education, and Human Resources
Subcommittee

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Maryland Board of Nursing Budget Overview

Vision

To be pre-eminent in promoting a dynamic and future oriented regulatory environment that advances quality nursing and health care.

Mission

To advance, for the protection of the public, safe, quality nursing care in Maryland through licensure, education, and accountability in practice.

Maryland Board of Nursing – Overview

The Board of Nursing (The Board) was established in 1904 for the purpose of licensing individuals who graduated from an approved school of nursing. In 1929, the Board recognized licensed practical nurses. Today, the Board issues more than 94,000 licenses to registered and licensed practical nurses. The Board also issues certificates to more than 123,000 nursing assistants and over 79,000 medication technicians. Additionally, the Board is responsible for the licensure of 74 electrologists. Information about the Board can be found on the Board's website at www.mbon.org.

The 13 member Board of Nursing, appointed by the Governor, includes 8 Registered Nurses, 3 Licensed Practical Nurses and 2 consumer members. The Board is specially funded out of the fees collected to cover the costs of its operation. Its responsibilities include:

- Determination of qualifications for licensure and certification;
- Examination and licensure of qualified applicants for a nursing license;
- Licensure of Registered Nurses and Licensed Practical Nurses;
- Administration and implementation of the Multistate Licensure Compact;
- Investigation of complaints;
- Discipline of nurses and certificate holders who violate the Nurse Practice Act;
- Reporting of discipline as required by federal and state agencies;
- Development of regulations to carry out the provisions of the law;
- Determination of scopes of practice;
- Functioning as a resource on the legal practice of nursing and nursing issues for schools, employers, nurse policy makers, and the public;

- Support and administration of the Rehabilitation Program;
- Approval and monitoring of all nursing education programs (The Board is an accredited US Department of Education accreditation agency);
- Certification of Advanced Practice Nurses (Nurse Practitioners, Nurses Midwives, Nurse Anesthetists, Clinical Nurse Specialists, and Advanced Practice Mental Health Nurses);
- Certification of Forensic Nurses and nurses working in Worker's Compensation;
- Certification of Nursing Assistants (including the specialized certifications of Geriatric Nursing Assistant, Home Health Aide, Medicine Aide, Dialysis Technician and DDA aide);
- Certification of Medication Technicians and approval of Medication Technician training programs;
- Approval and monitoring of Nursing Assistant training programs; and
- Licensure and discipline of Electrologists, approval of education programs, and continuing education for Electrologists.

Licenses and Certifications

Active Licenses

- 76,857 Registered Nurses
- 14,443 Licensed Practical Nurses
- 74 Electrologists, Electrologists Instructor

Active Certificates

- 5,161 Nurse Practitioners, Midwives, Nurse Psychotherapists, and Nurse Anesthetists, Worker's Compensation Case Managers, and Forensic Nurse Examiners, Compact State Nurses working in Maryland
- 128,119 Nursing Assistants (Includes 3,362 + Home Health Aides, Certified Medicine Aides, School Health Aides, DDA, and Dialysis Technicians)
- 28,056 Geriatric Nursing Assistants (Included in total number of Nursing Assistants)
- 74,960 Medication Technicians
(Includes 10,008 DDA, Assisted Living, Juvenile Services, and School Health Technicians) Total Active on DB end of December

Total Active Licenses and Certificates = 327,670 (FY 2012)

Issues

Online Processing Renewals

While the number of nurses using online renewal has remained at 98%, the number of Certified Nursing Assistants (CNA) utilizing the process has increased from 80% to 95% and Certified Medication Technicians (CMT) has increased from 70% to 84%. The Board now e-mails and mails renewal post card reminders to each nurse directing them to the web-site. The CNA and CMT renewal applicants are mailed a renewal reminder post card directing them to the web-site.

Initial Applications

The nurse endorsement applications are now completed online. The Board is receiving all but 5% online. By December, 2013, all remaining applications will be available online for all licensees and certificate holders. At that point, the Board will be completely paperless for all applications.

Final Orders

Effective July 2010, Final Public Orders became available on the Board's online verification site. Final Public Orders are obtainable or downloadable and printable in portable document format (PDF), beginning with July, 2010, going forward. Orders prior to July 2010 are being added. There is a link on the Board's verification site now for PDF orders. A new verification site is available. There are plans to have individual links under the look up a license function for each final order. This process started January 27, 2012.

Criminal History Record Check (CHRC)

The Board began the implementation of the CHRC process on all new licensees and nursing assistants October 1, 2006. Board staff began working with the State Police and the Department of Public Safety regarding fingerprinting and reporting processes. Delays in processing prompted the Board to request legislation allowing extensions of a temporary license for qualified applicants. The Board processed 27,269 initial and non-renewed CHRC in Fiscal Year 2012. There were 23,745 negative results, 2,524 positive results, and 883 that rejected. Of the 883 rejects, 60 required name check because of a dual rejection and 50 did not do a second re-print. Each positive has to be investigated. In the end of FY2012, August nurses and certified nursing assistants were required to complete a CHRC. The Board processed 1,520 renewals in the month of June. Of this total, 1,504 were negative and 16 were positive.

The Board has a pre-licensure and certification review committee that reviews positive background checks. Any positive criminal history record check that cannot be cleared by the committee for licensure or certification is referred to the Board for a final determination. In FY 2012 three individuals were referred to the Board for resolution. One was certified and two were denied.

BIENNIAL RENEWAL FOR LICENSED NURSES

On January 1, 2013, the Board began the biennial renewal for licensed nurses authorized by statute during the 2011 legislative session. The Board has always renewed licenses and certificates in the birth month of the licensee or the certificate holder. Due to the large number of licensed nurses that the board regulates the biennial renewal will be staggered. Beginning in calendar year 2013 every licensed nurse with an odd numbered birth year will renew for two years. Nurses with an even numbered birth year will renew for one year in 2013 and for two years beginning in 2014. Regulations were adopted for the biennial renewal.

Accomplishments

Online Survey

By the end of Fiscal Year 2011, the Board provided a link for all applicants to complete a 'Customer Satisfaction Survey'. To date there have been 2,036 responses. Of the total who responded, only 59% have left comments. Of the negative comments, many are based on full voice mail boxes, individuals not answering phones, lack of call backs, having to complete background fingerprints, and poor customer service. Although the Board has asked for contact information in order to better assist, only 25 individuals responded. This makes individual follow up is impossible.

LEGISLATIVE ACTIVITIES

House Bill 378 – 2011 Legislative Session

This legislation provided a temporary provision to allow a Certified Medication Technician (CMT) applicant to practice for 180 days while their application was processed. The provision is to sunset in April, 2013. The Board started working with providers in 2011 who employ CMT's to resolve the outstanding backlog of applications. The Board received very few reports from employers in 2013 that their CMT's were not certified in a timely manner.

Due to an unexpected delay in the implementation of the Board's final electronic program for certifying initial applicants, CMT's did not have the on-line application program available until early in 2013. It will take about a year to train everyone in the use of the new initial on-line application process for CMT's. The Board, together with the providers, asked that the sunset for the 180 day certification be extended for one year.

CMT on-line renewals are in excess of 84%. By the end of 2013 the Board anticipates that, with very few exceptions, all CMT applications will be done on-line. To facilitate on-line applications the Board has installed four computer kiosks in its lobby for use by CMT and CNA applicants. On-line renewals take 7-10 business days to process. Paper applications are currently taking about 6-8 weeks to process. Use of the on-line application process is faster and more accurate. It eliminates the time consuming task of having to read handwritten class lists and applications.

SB 337/House Bill 238 - State Board of Nursing – Nurses, Nursing Assistants, Medication Technicians, and Electrologists – Licensure and Certification Requirements - 2012 Legislative Session

This bill included a definition for Advanced Practice Nursing to conform with the references to Advanced Practice Nurses in the Affordable Care Act. The bill clarified how the Interstate Nurse Compact will be administered in regard to where an applicant for licensure can take the Nursing Licensure Exam. The provision for recognition of nurses who responded to a declared disaster was broadened to include any nurse from another state with an active unencumbered license. The statute of limitations was extended from one year to three years for filing misdemeanor charges against an individual for practicing without a license or certificate or fraudulently using a license or certificate. Also included in the bill were many technical and clarifying amendments to the Nurse Practice Act that included repealing obsolete language.

SB 921/HB 395 - State Board of Nursing- Sunset Extension and Revisions

The bill is the result of a full program evaluation completed in 2011. The Board's sunset date is extended for 10 years to July 1, 2023. The bill specified the type of information, calculated on a fiscal year, to be reported for future program evaluations. An obsolete provision that would have allowed the Board to use criminal history record checks completed by another state board of nursing was repealed. One certified medication technician was added to the Certified Nursing Assistant Advisory Committee. The bill provided for the Certified Nursing Assistant Advisory Committee to meet at least monthly. In uncodified language, the bill as amended, requires the Department of Budget and Management to perform a personnel study before October 1, 2013, to determine the necessity and allocation of additional staff and to report to the House Health and Government Operations and Senate Education, Health, and Environmental Affairs committees on the implementation and the Board's plan to implement the findings of the personnel study.

1.
 - a. The board should continue to prioritize certification of medication technicians; any statutory or regulatory changes related to the certification of medication technicians should be based on the findings of the report required by Chapter 123 of 2011, particularly the required staffing analysis. **(Report due by 2013); and**
 - b. The board should also include the provider community when developing policy related to the certification process and training requirements for medication technicians. **(Ongoing).**
2.
 - a. The board should monitor any staff efficiencies related to the online licensure process and the movement to biennial licensure and reallocate staff accordingly. **(Ongoing); and**
 - b. The board should also use its customer service survey to monitor customer satisfaction with both processes. **(Ongoing).**
3.
 - a. The board should maintain annual data on the number of applicants for licensure as an RN or LPN and certification as a CNA that are denied licensure or certification based on positive criminal history records check results. **(Complete & Ongoing); and**
 - b. Information should also be maintained on the number of applicants for certification as a CMT that are denied certification based on self-disclosure of criminal history **(Complete & Ongoing).**

4. The board should develop policy and procedure manuals on how the board handles positive criminal history records check results. These policies should be shared with board members and staff, and relevant policies should be published on the board's website. **(Under review)**.
5. The board should delay seeking legislation to require CMTs to submit to criminal history records checks until the board has **(Pending 2013)**;
 - a. (1) implemented its online certification process for CMTs in a manner that results in the timely processing of certificates; **(Online and in test mode; held for racial data program)**;
 - b. (2) analyzed the effectiveness in protecting the public of the current criminal history self-disclosure policy for CMTs; **(Ongoing)**;
 - c. (3) determined whether criminal history records checks are necessary in light of the self-disclosure policy; and **(Ongoing; analysis will be experiential based on CNA/GNA); and**
 - d. (4) made any personnel changes relating to the certification of CMTs as a result of the personnel study recommended by this report. If and when legislation is introduced to require CMTs to submit to criminal history records checks, the board should consult with the provider and advocacy communities that employ and represent medication technicians and take into consideration current statutory requirements related to criminal history records checks for adult dependent care programs. **(Pending 2013)**
6. Statute should be amended to remove the authorization for applicants for licensure as an RN or LPN and applicants for certification as a nursing assistant to be waived from a criminal history records check if they have completed such a check through another state board of nursing within the five years preceding the date of their application. Such waivers cannot be granted because obtaining the criminal history records information from other states violates federal law. **(Completed)**.
7. The board, in consultation with the Office of the Attorney General, should develop a policy and procedure manual related to the complaint resolution process, including guidelines to be used by complaint review committees and in settlement conferences. **(Under review)**.
8. BON should continue to assess its complaint backlog and, as necessary, hold additional hearings. **(Ongoing)**.
9. Board members should meet with all investigative staff to discuss their expectations for investigations, and should work with the nurse investigators to develop training for non-nurse investigators in order to prevent future delays. **(Complete & Ongoing)**.
10. The board should report again to the Senate Education, Health, and Environmental Affairs and House Health and Government Operations committees on its implementation and use of sanctioning guidelines by December 1, 2012 (by which time the board is expected to have been using the guidelines for about one year). **(Completed)**.
11. The board should utilize its complaint tracking capabilities to develop, run, and maintain a catalog of complaint data reports on a regular basis and use the results to make staffing and automation changes to improve the overall complaint resolution process. **(Ongoing)**.

12. BON should ensure that ACD operators have the appropriate training to handle frequently asked questions and that all staff who interact with the public are trained on phone etiquette for diffusing tense situations. **(Completed & Ongoing)**.
13.
 - a. The board should include all public board meetings under the “Public Meetings” link and **(Completed); and**
 - b. should make the entire website easier to follow by placing everything needed for RNs under one link, LPNs under another link, and so on. **(Ongoing)**.
14.
 - a. The board should ensure that posted disciplinary information is accurate, consistent, and up to date. **(Completed); and**
 - b. In addition, the board should include descriptions of what information is available and directions as to how to access the information. The board should consider eliminating the “MBN Alert” and “Public Order” links and **(MBN Alert is for GNA Registry); and**
 - c. Post disciplinary action by date with direct links to the public orders and include direct links to public orders in under the “Look-up a Licensee” link. **(Ongoing)**.
15.
 - a. The board should add questions to the “Customer Satisfaction Survey” that are specific to the interaction with BON staff. **(Ongoing); and**
 - b. Further, the board should encourage more responses to the customer service survey by including prompts to complete the survey after the submission of an application or complaint and requiring ACD operators and staff to inform licensees, certificate holders, or the public about the online survey. **(Under Review & working with Vendor)**.
16. The board should reestablish an online newsletter as an opportunity to enhance communications between the board, its licensees and certificate holders, and the public **(Under Review)**.
17. Rather than request additional regular positions, the board should consider hiring contractual employees to complete the transition to a paperless application process **(Pending)**.
18. Senate Bill 921, page 006, Section 2. AND BE IT FURTHER ENACTED, That: (a) (1) The Department of Budget and Management, shall contract with an independent entity to perform a management and personnel study. **(Ongoing)**:
 - a. (1) the number of applications and complaints the board receives;
 - b. (2) the number of employees at each step of each function; and
 - c. (3) the amount of time an application or compliant remains at each step of each function;
 - d. The personnel study should include an analysis of the impact of the online processing of licenses and certificates and the movements to biennial renewal on staffing needs; and
 - e. Finally, the study should make recommendations relating to the most effective use of current staff including cross-training and reassignment.
19. The board should work with the Department of Health and Mental Hygiene and the Governor’s Appointments Office to reappoint or replace board members as required by Chapters 53 and 54 of 2010. **(Ongoing)**.

20.
 - a. Statute should be amended to alter the membership of the Nursing Assistant Advisory Committee to include at least one certified medication technician and to require the advisory committee to meet at least once a month. **(Completed and ongoing); and**
 - b. In addition, the board should fill vacancies on the advisory committee and adopt regulations clarifying the advisory committee's role. **(Ongoing).**

21. The board should reinstate its policy of holding monthly staff meetings either with the entire staff or with division directors in order to enhance communication with and among board personnel. **(Ongoing).**

22.
 - a. The board should conduct cross-training for employees. **(completed and ongoing);**
 - b. Prepare more comprehensive documentation of board functions through the development of policy and procedural manuals. **(Under review); and**
 - c. and update its organizational chart and job descriptions. **(completed and ongoing).**

23. The board should develop an automated system for tracking applications that can generate reports on how long applications have been in the licensing system and how long the applications remain at step of the licensing process. **(Pending).**

24. **SB 921 & HB 395**
 - a. Statute should be amended to require the board to submit its annual report to General Assembly. **(completed and ongoing);**
 - b. in addition to the Secretary of Health and Mental Hygiene and the Governor. **(Completed and ongoing); and**
 - c. The report should include specific data calculated on a fiscal-year basis in order to provide a clearer picture of the workload of the board. **(Completed and ongoing).**

25. **SB 921 & HB 395**
 - a. Legislation should be enacted to extend the termination date for the board by 10 years to July 1, 2023. **(Completed)**
 - b. Additionally, uncodified language should be adopted to require the board to report, by October 1, 2013, to the Senate Education, Health, and Environmental Affairs and House Health and Government Operations committees on the implementation status of non-statutory recommendations made in this report.
 - c. In particular, the board should report on how it has improved its use of data collection and tracking for the application and complaint resolution processes. **(Under Review and ongoing).**

MAJOR REGULATORY CHANGES IN 2012

COMAR 10.27.26 – Sanctioning Guidelines - Regulations for sanctioning guidelines were adopted in March, 2012, under COMAR 10.29.26. In March, 2012, pending adoption, the Board used the guidelines for the first time. Board members find the guidelines to be helpful by providing

a useful framework for decisions. The guidelines have been especially useful to the new Board members who have not had prior experience in deliberating cases and recommending appropriate discipline. The Board submitted a report to the Legislature in December, 2012 about the use of the new sanctioning guidelines.

COMAR 10.27.27 – Practice of Clinical Nurse Specialist - This new Chapter to regulate Clinical Nurse Specialists was adopted October 1, 2012. Prior to this the Board only had regulations for the practice of clinical nurse specialist psychotherapists. This new chapter encompasses all areas of practice for Clinical Nurse Specialists and provides guidance for certification, certification by endorsement, renewal of certification, scope of practice, restrictions for use of professional titles, and unlawful practices.

COMAR 10.27.21 – Registered Nurse – Forensic Nurse Examiner - The Board held work groups over a two year period that drafted amendments for this entire chapter regulating the practice of forensic nursing. The amended regulations were adopted in March, 2012. The changes primarily clarified the requirements for certification, standards for training programs, and requirements for certification by endorsement.

COMAR 10.27.01 .02- Fees, 10.27.01.12 - Renewal of License, and 10.27.17 - Advanced Practice Nurse -User Fee Collection - The Board adopted regulations to comply with the biennial renewal for licensed nurses that began on January 1, 2013. At the same time it repealed obsolete COMAR Chapter 17 of Title 10 that required the Board to pay a user fee to HCAC for every advanced practice nurse it licenses. HCAC was disbanded in 1999 and since then the Board had been paying a user fee to MHCC for every registered nurse it licenses. The Board paid \$849,000.00 to the MHCC for user fees in FY 2013.

PARTICIPATION IN LEGISLATIVE WORK GROUPS

Expanded Authority for Pharmacists to Administer Vaccines - The Board participated in a work group during the interim in the House Health and Government Operations Committee to draft a proposal to expand authority for Pharmacists to administer vaccines. The series of meetings resulted in a proposal incorporated in SB 401/HB 179 for the 2013 legislative session. The proposal will authorize pharmacists to administer all vaccines on the CDC immunization schedule under certain constraints. Young adults will need a prescription from their health care provider. No prescription will be required for adult immunizations, including travel vaccines.

Abuser Registry Work Group - The Board participated in this work group held by OHCQ to see if an abuser registry for use by employers was an option for Maryland health care providers. The work group was an outgrowth of failed legislation introduced in two prior legislative sessions. The Board opposed establishing an abuser registry without a full investigation and final decision for an allegation of abuse. The report from the work group included concerns about the lack of due process and information about the existing federal registries.

Excelsior College Non-traditional Nursing Education Program - The House Health and Government Operations Committee held a briefing session in December, 2012, to consider licensure of Excelsior) Registered Nursing Graduates. The Board was invited to present a summary of its three prior work groups on Excelsior's non-traditional nursing program. Excelsior

also presented its views on why its AD nursing graduates who were licensed in other states should be licensed in Maryland. Excelsior has no supervised clinical experience in its education program. It does not meet the substantially equivalent requirement for endorsement in Maryland. In 2008 the Board changed its nursing education Regulation to allow Excelsior graduates to complete a supervised clinical experience either concurrent with the didactic component or after completion of the didactic program in order to allow them to take the Nurse Licensure Exam. After the December, 2012 briefing the Board proposed a compromise solution that would allow an Excelsior graduate with an unencumbered license from another state or territory to apply for licensure in Maryland if they completed 1,000 hours of clinical practice in the immediate 12 months before submitting an application to Maryland for a license by endorsement.

Activities in 2012

Technology Upgrades:

The Board continues to move forward with technology. This year the Board has received approximately 11,400 Initial Certified Nursing Assistant applications and approximately 1,600 Nurse Endorsement applications online. The Board continues to work with its Provider to comply with HB 114 (2010 Legislative Session).

Settlement Conferences

The Board continues to fine tune the process to resolve cases more effectively and efficiently. Settlement Conferences occur 9 times a month and have decreased processing time for an order by several months.

Presentations

Board staff continue to make presentations as requested. They have been utilized as consultants at the request of Health Care Facilities and Administrators. Board Directors participate in planning and development programs and conferences sponsored by the National Council of State Boards of Nursing. Board staff continue to work with the community employing nursing assistants and medication technicians to assist them in more fully utilizing the online processes. In 2012, the Director of the Board's IT department held 4 meetings with community providers to train them in the use of the Board's on-line processes. These training sessions will be repeated several times every year.

Rehabilitation Committee

Board staff received approval of a fifth Rehabilitation Committee. These Committees are responsible for monitoring individuals with substance abuse and/or mental health issues who are licensed or certified by the Maryland Board of Nursing.

Nursing Assessment Demonstration Project (NADP)

Board staff, together with members of the Developmental Disabilities Administration (DDA), and associations representing the DDA provider community began work in 2009 on a proposal to study the current assessment process performed by a Registered Nurse, Delegating Nurse/Case Manager (RN DN/CM).

The purpose of the NADP was to work with approved licensed DDA providers to determine the ability to safely allow an exception to the current regulation, COMAR 10.27.11 that requires a maximum of 45 days between nursing assessments performed by the RN DN/CM, and instead decrease the frequency of the nursing assessment to either 60 or 90 days. The 45-day nursing assessment is required because the nursing function of medication administration has been delegated to medication technicians. The assessment is to ensure that the client is receiving the correct medication and appropriate care is being provided.

Data collection did not start until late in 2011. Some of the providers who signed up originally decided not to participate. Review of the medical records for individuals entered into the study revealed a number of them had medical problems that made them ineligible. After 3 quarters of data collection it was apparent that the Board was not receiving enough data to make a determination and suspended the project in May, 2012. Board staff met in August, 2012, with the Director and Assistant Director of DDA and all agreed to terminate the project. The Board approved that decision at its October meeting. Staff emphasized that if this study is implemented again at some future date it should not be isolated to the DDA setting but should be extended to any area where nurses delegate to medication technicians.