

Maryland Board of Nursing

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

February 24, 2014

Patricia Ann Noble, MSN, RN
Executive Director, Maryland Board of Nursing

Maryland Board of Nursing

Budget Presentation
Before
The House Appropriations Subcommittee on
Health and Human Resources

February 19, 2014

Patricia Ann Noble, MSN, RN
Executive Director, Maryland Board of Nursing

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 135,000 nursing assistants and over 95,000 medication technicians. Additionally, the Board is responsible for the licensure of 75 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

- 79,138 Registered Nurses
- 14,443 Licensed Practical Nurses
- 75 Electrologists, Electrology Instructors

Active Certificates

- 5,850 Nurse Practitioners, Nurse Midwives, Nurse Psychotherapists, and Nurse Anesthetists, Worker's Compensation Case Managers, and Forensic Nurse Examiners, Compact State Nurses working in Maryland
- 135,090 Nursing Assistants (Includes 3,353 + Home Health Aides, Certified Medicine Aides, School Health Aides, DDA, and Dialysis Technicians)
- 28,938 Geriatric Nursing Assistants (Included in total number of Nursing Assistants)
- 95,394 Medication Technicians
(Includes 14,564 DDA, Assisted Living, Juvenile Services, and School Health Technicians)

Total Active Licenses and Certificates = 358,928 (FY 2013)

ISSUES

Online Processing Renewals

Percentages of on-line renewals reflect 98% for nurses, 95% Certified Nursing Assistants (CNA), and 84% Certified Medication Technicians (CMT). The Board now e-mails and mails renewal post card reminders to all nurses 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 initial application for CMTs was placed on-line in May 2013. The Board continues to move forward with placing all paper applications online. The Board is in the final review process and will have the RN & LPN exam applications online by the end of Fiscal Year 2014. The remaining few (Electrologist, CNA Endorsement, & Compact State Advanced Practice) should be on-line by December 2014.

Final Orders

Effective July 2010, Final Public Orders became available on the Board's online verification site and are downloadable and printable in portable document format (PDF). Orders prior to July 2010 are being added. There is a link on the Board's on-line verification site for all licensed nurses, certified nursing assistants, medication technicians, and electrologists. The Board also lists any denial of licensure or certification under public orders. This process started January 27, 2012.

Criminal History Record Check (CHRC)

The Board began the implementation of the CHRC on all new licensees and nursing assistants effective 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 31,609 initial and non-renewed CHRCs in Fiscal Year 2013. There were 28,340 negative results, 3,269 positive results, and 675 that were rejected. Of the 675 rejects, 40 required name check because of a dual rejection. Each positive result must be investigated.

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 2013, only six individuals were denied licensure or certification based on a positive CHRC result.

BIENNIAL RENEWAL FOR LICENSED NURSES

On January 1, 2013, the Board began the biennial renewal for licensed nurses as 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 renewed 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. The transition to biennial was seamless.

ACCOMPLISHMENTS

Online Survey

By the end of Fiscal Year 2013, there have been 3,552 responses to the online Customer Service survey. Of the total who responded, only 59% have left comments. The majority of responses were negative. These negative comments complain of full voice mail and the inability to leave a message, 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 67 individuals responded. This makes individual follow-up impossible; however the Board continues to resolve issues as they appear.

LEGISLATIVE ACTIVITIES

House Bill 225/Senate Bill 223 – Veterans Full Employment Act of 2013

The bill promotes assistance to veterans, active duty military, and their spouses by providing for ways to expedite their entry into the Maryland job market. The Health Occupation Boards were tasked with evaluating their credentials to see if they had a substantially equivalent education to that required by a similar health occupation in Maryland. The Boards are required to issue a license or certificate within 30 days after receiving all the required documents from applicants. The Board of Nursing has assigned two staff to work with military applicants and their spouses. A notice has been prominently posted on the Board's web-site. The notice has been effective in providing a link to staff either via e-mail or telephone. The Board has been able to issue a license or certificate to all applicants within 30 days of receiving their required documents.

House Bill 624/Senate Bill 501 – Board of Nursing – Licensure by Endorsement – Clinical Experience

Maryland, as all other states, requires a supervised clinical program as part of a nursing program curriculum. The Board stopped issuing nursing licenses to Excelsior College graduates in 2006 because they had no supervised clinical experience as a component of their nursing curriculum. After several intensive work groups with Excelsior, there was no agreement on how these students could be licensed in Maryland. This bill allowed graduates of Excelsior who are licensed in another

state to apply for a Maryland license if they have 1,000 hours of clinical practice in the immediate twelve months preceding their application as well as an unencumbered license. Thirty-one Excelsior graduates have applied for licensure in Maryland since the bill became effective in October 2013; of these, sixteen have been licensed and fifteen are pending receipt of a complete application.

House Bill 1151/Senate Bill 760 – Certified Nurse Midwives – Standards and Practice Guidelines – Withdrawn

The bill required the Board of Nursing to eliminate a collaborative plan for nurse midwives as a condition of practice. The bill was withdrawn and the Chairman of the House Health and Government Operations Committee and the Sponsor in the Senate sent letters to the Board that directed the Board to make the change by regulation since there was no statutory requirement for a collaborative plan. The collaborative plan was included in the Board's regulations under COMAR 10.27.05. The Board convened a work group to make the necessary regulatory changes. The amended regulations have been published.

House Bill 1014/Senate Bill 815 – Nonpublic Schools – Epinephrine Use – Policy and Immunity

The Board supported this bill to allow nonpublic schools to train staff in the use of Epinephrine pens. The Board supported a similar bill in 2012 for training staff in public schools. The number of anaphylactic reactions (severe allergic reactions) appears to be increasing, and this bill addresses the need to treat them quickly before they become life threatening.

House Bill 1202 – Health Occupations – Certified Professional Midwives – Pilot Program – Withdrawn

The bill would have developed a licensing scheme for Certified Professional Midwives. These practitioners do not attend a formal education program, but instead develop their skills by observation and experience. A self-study didactic program is part of their training. After they complete the required experience and their didactic component, they take a national exam given by the North American Registry of Midwives (NARM) and, upon successful completion, they are allowed to use the title "Certified Professional Midwife" (CPM). The Board opposed the bill. Instead, the Board was asked by the Chairman to convene a work group to study how other states regulate CPM's.

PARTICIPATION IN LEGISLATIVE WORK GROUPS

Certified Nurse Midwife Work Group to Amend Regulations

The Board held two sessions to amend the regulations for nurse midwives. The sessions were attended at various times by midwives and interested stakeholders. There was an agreement to remove the requirement for a collaborative plan. MedChi and the American College of Obstetricians still want the Board to require an attestation from every midwife that they would consult and collaborate with a physician or other health care provider as needed. The Board does

not think that is necessary because nurse midwives are required by their national certifying body, the American College of Nurse Midwives, to follow their standards of practice. Those standards include a requirement that Certified Nurse Midwives consult and collaborate with a physician or other health care provider as needed. The amendments eliminating the requirement for a collaborative plan have been published.

Certified Professional Midwives (CPM) work group

A work group held in 2012 considered by the House Committee did not result in any consensus on how or if CPMs should be regulated. During the 2013 legislative session, the Board of Nursing and the Board of Physicians asked that there be more discussion before any legislation was passed and that there be further work groups led by the Board of Nursing and Board of Physicians to include the sponsor of the bill, CPMs, Certified Nurse Midwives (CNMs) and a representative from the DHMH Public Health Services. The work group was tasked with examining statutes and regulations in other states for regulating CPMs and utilizing resources in the Department and other related organizations to study how CPMs might be regulated in Maryland to safely utilize their services. Visitors were allowed to offer comments at the end of each session as time allowed. The results of the work group were published in the Joint Report of Maryland Board of Nursing and Maryland Board of Physicians Workgroup to Study Possible Regulation of Certified Professional Midwives (CPM's), dated October 31, 2013. The group was not able to reach a consensus for most of the issues.

They did agree that:

- Safe access to home birth was important;
- The preferred certification would be a CPM from NARM;
- If regulated, there should be an advisory committee under a health occupation board;
- Any advisory committee should meet at least quarterly;
- An informed consent should be a mandatory requirement;
- No written agreement with another provider should be required;
- There should be a plan for a transfer of care to a provider or facility;
- There should be some kind of waiver of liability for providers or facilities who received a transfer of care from a home birth setting; and
- Formal Pharmacy education should be required if CPMs will be administering medication.

MAJOR REGULATORY CHANGES IN 2013

COMAR 10.27.09.04 – The Board has been jointly working with MIEMSS on specialty care transport regulations for several years. In 2013, a final version was approved by the Board of Nursing and MIEMSS. They have been published and are awaiting final adoption. The regulations provide rules for non-private ambulance companies. These cases are often of an emergent nature and require special care and guidance during the transport. The regulations provide rules for those instances when a registered nurse is available to assist but has not been certified by MIEMSS.

COMAR 10.27.17 – This Chapter was repealed because it became obsolete. The chapter provided for a user fee to be collected from all advance practice nurses for the Health Care Access and Cost Commission (HCACC). The HCACC no longer exists, and the fee has been collected from all Registered Nurses for several years. The fee was added as an item to COMAR 10.27.01.02.

ACTIVITIES IN 2013

Technology Upgrades:

The Board continues to improve its online services. We implemented on-line initial application for the Certified Medication Technicians and received 255 in 54 days.

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

Throughout FY 2013, the Rehabilitation Program Committees met five times monthly for face to face meetings with applicants and participants, quarterly reviews, and record reviews. More than 300 individuals are monitored by the committees. Quarterly meetings were held with supporting treatment facilities for interdisciplinary evaluation of participants' rehabilitation and progress. A compliance monitoring company, FirstLab, was contracted to assist the Program in monitoring compliance through web based case management, flexible toxicology testing for participants, and random selection via phone or web for participant compliance screening. Results for all aspects of compliance monitoring are on-line and available to the Rehabilitation Program Committees. Finally, a collaborative meeting with several counselors for the Employee Assistant Program of the University of Maryland Medical Center was conducted to foster better employer-Board relations and timely employer reporting of suspected violations of the Nurse Practice Act.

MBON Nursing School Presentations

The Board's Director of Education and Licensure made five school presentations to nursing programs in the Maryland. The nursing schools visited were: Baltimore City Community College (LPN and RN programs); Coppin University, Frederick Community College (LPN and RN programs) and Towson University (Towson and Hagerstown, Maryland locations). The nursing school presentations consist of a two hour-power point lecture entitled, "What is the Board of Nursing All About." Approximately 60-90 senior nursing students were in attendance at each

location. The role and responsibilities of the Maryland Board of Nursing, its functions and duties, disciplinary issues, compact state issues, NCLEX requirements, regulatory process, scope of practice, role and responsibilities of nurses, the Nurse Practice Act and delegation are among the topics discussed. Time is allotted for student question-and-answer information sessions.

MBON Certified Nursing Assistant Educators Annual Meeting

Every October, a community meeting is held with the certified nursing assistant training program representatives. The information session/community meeting is held in two sessions in an eight-hour day. The first four-hour session was hosted by the Board Rehabilitation and Discipline and Discipline and Compliance Departments in regard to certified nursing assistant disciplinary issues. The afternoon four-hour session features Board staff, the American Red Cross of the Susquehanna Valley, which schedules and administers the geriatric nursing assistant examination in Maryland, and Pearson Vue, the agency that develops the geriatric nursing assistant examination. This annual meeting is held to provide the community with updates and information on their respective agencies. There were approximately 80 individuals in attendance.

MBON and CNAH meetings (Committee on Nursing and Allied Health)

The Director of Nursing Education and Licensure and the Director of Nursing Practice are invited quarterly to meet with the CNAH committee. The CNAH committee consists of representatives from area colleges and community colleges of nursing and allied health. Board staff provide updates relative to nursing and certified nursing assistant issues. CNAH has agenda items that Board staff discuss and information is shared. There were approximately 40 representatives in attendance.

MBON and MHEC (Maryland Higher Education Commission) Meetings

Board staff has met with the staff of MHEC at least four times this fiscal year. The major issues for the meetings have been: review of the joint process by the Board and MHEC for approval of nursing assistant training programs and nursing programs, regulatory issues, and updates.

MBON and Prospective Certified Nursing Assistant Training Programs Owners

The Director of Nursing Education and Licensure and the Director of Nursing Practice met with approximately ten potential certified nursing assistant training program owners. The potential certified nursing assistant training program administrators submit initial program applications for Board staff review. A follow-up meeting is held to discuss the application, resubmission criteria, and other outstanding issues.