



Maryland Board of Nursing

Annual Report Fiscal Year 2021

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

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

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

Mission

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

Vision

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

Core Values

Accountability, Customer Service, Equity, Innovation, Integrity

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

Strategic Initiative 1 – Engagement

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

Strategic Initiative 2 – Excellence in Regulation

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

Strategic Initiative 3 – Technology Initiative

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

Strategic Initiative 4 – Compliance

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

Strategic Initiative 5 – Accountability

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

Board Members

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

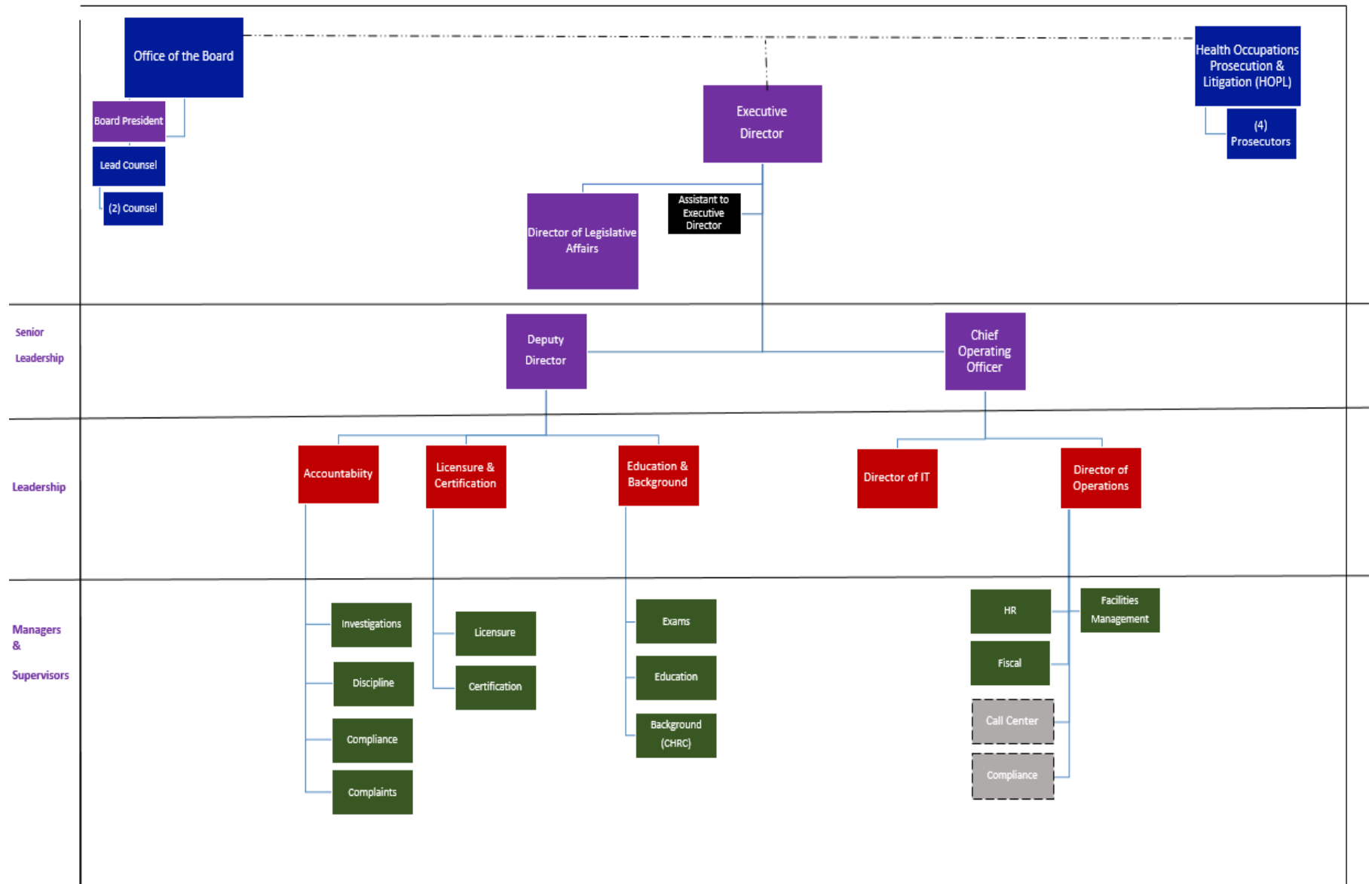
The nine RN members must consist of: (1) two APRNs; (2) one baccalaureate nursing educator; (3) one associate degree nursing educator; (4) one practical nursing educator; (5) one nursing administrator; (6) one nurse clinical with a master’s degree in nursing or public health; (7) one currently practicing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

Table 1 includes a complete list of current Board members, their position and term expiration. Table 2 illustrates the organizational structure of the Board.

Table 1 – Current Board Members

| Name | Position | Term Expiration |
|------------------------------------|----------------------------------------------------|------------------------|
| Gary N. Hicks, RN | RN Member, Clinician, Board President | 06/30/2024 |
| Gregory David Raymond, DNP, RN | RN Member, Nurse Administrator, Board Secretary | 06/30/2022 |
| M. Dawne Hayward, RN | RN Member, Delegating | 06/30/2023 |
| Emalie Gibbons Baker, APRN | APRN Member, Advanced Practice | 06/30/2023 |
| Charlene Harrod-Owuamana, LPN | LPN Member | 06/30/2022 |
| Charles Neustadt | Consumer Member | 06/30/2022 |
| Jacqueline Hill, Ph.D., RN | RN Member, Baccalaureate Nursing Educator | 06/30/2022 |
| Robin L. Hill, DNP, RN | RN Member, Practical Educator | 06/30/2024 |
| Heather V. Westerfield, DNP, RN | RN Member, Associate Degree Educator | 06/30/2025 |
| Audrey Cassidy | Consumer Member | 06/30/2024 |
| Jenell Steele, RN | RN Member, Licensed Nurse | 09/30/2021 |
| Damare A. Vickers, LPN | LPN Member | 06/30/2022 |
| Ann Turner, RN | RN Member, Acute Care Nurse | 06/30/2021 |
| Mariah Dillon, APRN | APRN Member, Advanced Practice | 06/30/2021 |

Table 2 – Organizational Structure



Introduction

The Board submits the following annual report for Fiscal Year 2021, as required by § 8-205 (a)(8), of the Health Occupations Article, Annotated Code of Maryland. All renewal numbers are from the biennial renewal year.

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

In Fiscal Year (FY) 2021, the Board regulated approximately 116,229 active licensees and 121,667 active certificate holders. *Additional statistics included in the Appendix.*

Synopsis of Revenue and Expenditures

| Annual Budget FY 2019 | |
|------------------------------|----------------|
| Revenue | \$7,728,208.00 |
| Expenditures | \$7,983,475.00 |

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

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

Overview of the Board's Operations

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

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

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

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

Discipline authorizes orders of summary suspension and notices of agency action against individuals who have allegedly violated the Maryland Nurse Practice Act and the Board's regulations. The Board may grant a probationary license or certificate, reprimand the license or certificate, or suspend or revoke a license or certificate.

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

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

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

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

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

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

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

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

Description of the Board's Committees

The Board is currently composed of fourteen committees, as described below. Committee meeting dates, agendas, and minutes are available for review on the Maryland Board of Nursing website. The Board's Committees may conduct its business and meetings in either open session or closed session in accordance with Maryland's Open Meetings Act.

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

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

Certified Nursing Assistant (CNA) Advisory Committee: The purposes of the CNA Advisory Committee is to: (1) review, discuss, and make recommendations to the Board on Reports of Investigation; (2) review and approve CNA/Geriatric Nursing Assistants (GNAs)/CMT training programs and review current and active certifications, and (3) develop and recommend regulations to enforce provisions of the Maryland Nurse Practice Act, applicable to CNAs, GNAs, CMAs, and CMTs.

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

Direct-Entry Midwife (DEM) Advisory Committee: The purpose of the DEM Advisory Committee is to review applications of direct-entry midwives for licensure, and review renewal applications for completion of required Continued Education Units (CEUs). In addition, this committee (1) reviews, discusses, and makes recommendations to the Board on Reports of

Investigation; (2) prepares an annual report for the Board's review; (3) advises the Board on matters related to the practice of direct entry midwifery, and (4) makes recommendations to the Board regarding the Maryland Nurse Practice Act and applicable regulations.

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

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

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

Matrix Committee: The purpose of the Matrix Committee is to administratively license and certify an initial applicant or close an investigation into a licensee or certificate holder who has applied for renewal, only if the applicant has met certain criteria. The Board has delegated the authority to the Executive Director to deliberate on these cases.

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

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

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

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

Safe Practice Committee: The purpose of the Safe Practice Committee is to ensure patient safety by monitoring nursing professionals who are struggling with substance use disorders.

Direct Entry Midwifery Addendum

Pursuant to Health Occupations Article § 8-6C-12(c), the Board, on behalf of the DEM Advisory Committee, must submit on December 1st of each year an annual report to the General Assembly.

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

Board Statistics and Updates

Pursuant to and in accordance with § 8-205(a)(8) of the Health Occupations Article, the Board submits the following information and data from the Fiscal Year 2021 (FY 21) reporting period.

Table I: Initial Licenses and Certificates Issued by the Board in FY21

| Description | Count |
|------------------------------------|--------------|
| <i>Initial Licenses</i> | |
| Registered Nurses | 5,560 |
| Licensed Practical Nurses | 561 |
| Licensed Electrologists | 4 |
| Licensed Electrologists Instructor | 1 |
| Licensed Direct-entry Midwives | 6 |
| Total | 6,121 |

| | |
|----------------------------------|---------------|
| <i>Initial Certificates</i> | |
| Certified Nursing Assistants | 6,466 |
| Certified Medication Technicians | 5,969 |
| Total | 12,435 |

Table II: Renewal Licenses and Certificates Issued by the Board in FY21

| Description | Count |
|------------------------------------------------------------------------|---------------|
| <i>Renewal Licenses</i> | |
| Registered Nurses | 47,143 |
| Licensed Practical Nurses | 5,418 |
| Licensed Electrologists | 0 |
| Licensed Electrologists Instructor | 0 |
| Licensed Direct-entry Midwives (Licensing started in January, 2017) | 0 |
| Total | 52,561 |

| | |
|----------------------------------|---------------|
| <i>Renewal Certificates</i> | |
| Certified Nursing Assistants | 25,121 |
| Certified Medication Technicians | 12,121 |
| Total | 37,242 |

Table III: Criminal History Records Checks in FY21

| Description | Count |
|----------------------------------------|---------------|
| Positive Criminal History Record Check | 307 |
| Negative History Record Checks | 21,868 |
| Total | 22,175 |

Table IV: Denial of Licenses and Certificates in FY21

| Description | Count |
|----------------------------------------|--------------|
| Positive Criminal History Record Check | 1 |
| Denial for other reasons | 4 |
| Total | 5 |

Table V: Complaints in FY21

| Description | Count |
|---------------------------------------------------------------|-------|
| New Complaints Received in FY 21 | 501 |
| Total Open Complaints, including backlog (At end of FY 21) | 5,575 |

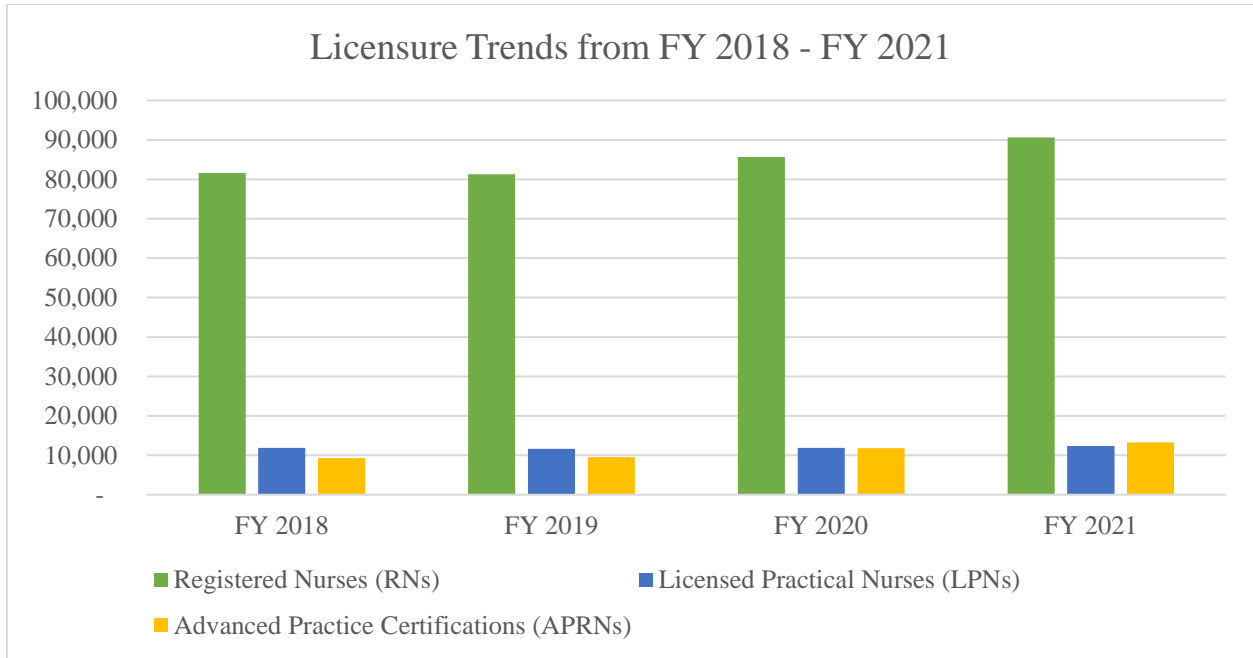
Table VI: Most Common Grounds for Complaints in FY21

| Description | Percentage |
|---------------------------|------------|
| Abandonment/Neglect | 15% |
| Standards of Practice | 19% |
| Abuse | 10% |
| Diversion/Substance Abuse | 4% |

Table VII: Number and Types of Disciplinary Action Taken by the Board in FY21

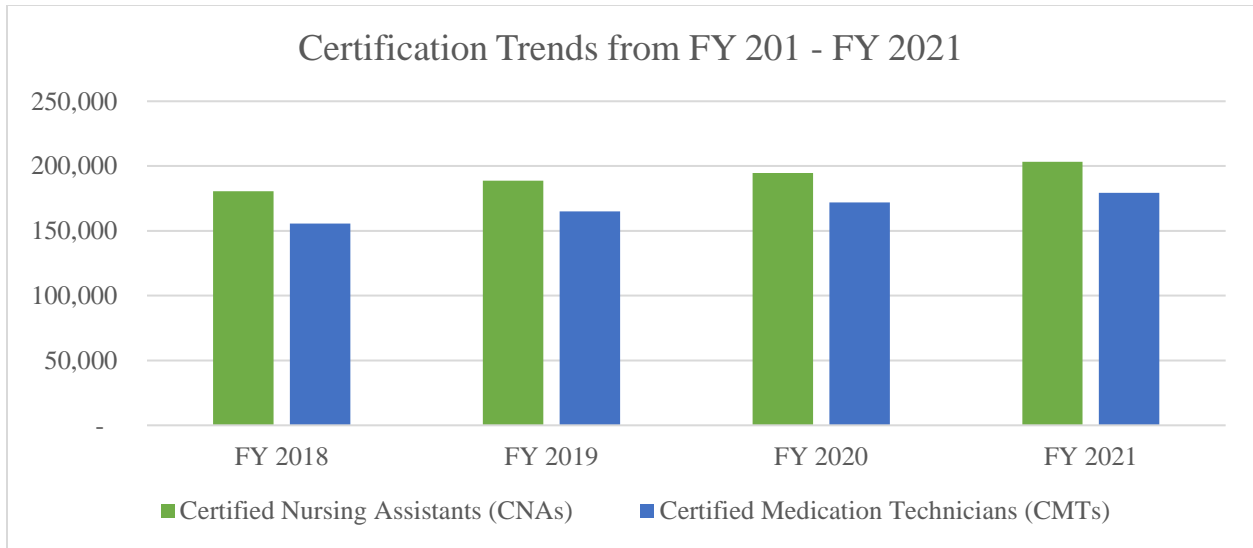
| Description | Count |
|------------------------------------------------|-------|
| Suspensions (not for child support) | 28 |
| Suspensions (for non-payment of child support) | 2 |
| Revocation | 4 |
| Reprimand | 18 |
| Probation | 12 |
| Denial of License or Certificate | 5 |
| Surrender of License for Violations | 19 |

Trends in Licensure & Certification



| Activity | FY 2018 | FY 2019 | FY 2020 | FY 2021 |
|----------------------------------------|----------------|----------------|----------------|----------------|
| Registered Nurses (RNs) | 81,607 | 81,238 | 85,653 | 90,631 |
| Licensed Practical Nurses (LPNs) | 11,863 | 11,617 | 11,867 | 12,365 |
| Advance Practice Certification (APRNs) | 9,266 | 9,557 | 11,821 | 13,233 |

The number of active RN licensees increased from 81,297 licensees in FY 17 to 90,631 licensees in FY 21 (a 12% increase). The number of active advanced practice certifications increased overall by 54% from FY 17 to FY 21. The number of active LPN licensees, however, stabilized around 12,000 licensees since FY 17.



| Activity | FY 2018 | FY 2019 | FY 2020 | FY 2021 |
|-----------------------------------------|----------------|----------------|----------------|----------------|
| Certified Nursing Assistants (CNAs) | 180,663 | 188,640 | 194,776 | 203,303 |
| Certified Medication Technicians (CMTs) | 155,748 | 165,037 | 172,061 | 179,318 |

The total number of CNAs increased from 180,663 certificate holders in FY 18 to 203,303 certificate holders in FY 21 (a 12.5% increase). The total number of CMTs increased from 155,748 certificate holders in FY 18 to 179,318 certificate holders in FY 21 (a 15.1% increase).

Important Legislative Updates

Certified Nursing Assistant (CNA) Refresher Course

Certified Nursing Assistants – Certificate Renewal – Training Program Requirements. Senate Bill (SB) 13, Chapter 161 (2021) allows a nursing assistant who has not completed the required hours of active practice the opportunity to take either an approved nursing assistant training program or an approved nursing assistant refresher training program as a condition of their renewal.

Certified Nursing Assistant (CNA) Advisory Committee

Start Board of Nursing – Certified Nursing Assistant Advisory Committee – Membership and Meetings. SB 744, Ch. 465 (2021) amends existing language to clarify the qualifications, duration, and number of individuals serving on the CNA Advisory Committee.

Important Regulatory Updates

Licensure and Examination (COMAR 10.27.01, .01, .05, and .10)

These amendments: (1) require testing for English competency of foreign nursing school graduates whose nursing education was not taught in English, (2) repeal the waiver for a clinical nursing education requirement for a nurse applying for a license by endorsement, (3) define competency in reading, speaking, writing, and listening in accordance with the Nurse Licensure Compact, and (4) repeal the requirement that the Board waive the supervised clinical learning experience requirement for nurse endorsement applicants who attended a nursing program without supervised clinical learning experience.

Nursing Education Programs (COMAR 10.27.03)

These amendments were promulgated to comply with the federal standards under Title VIII of the Public Health Services act and maintain recognition by the United States Department of Education as a reliable authority on the quality of nursing education.

These amendments are designed to clarify, reorganize, eliminate, and streamline existing language in order to reduce regulatory uncertainty and the overall regulatory burden on nursing education programs in Maryland.

Delegation of Nursing Functions (COMAR 10.27.11)

Public and Nonpublic Schools – Medical Cannabis – Policy for Administration during School Hours and Events (Connor and Raina’s Law). House Bill 617, Ch. 524 (2020) authorizes any designated school personnel to administer medical cannabis to a student who is a qualifying patient during school hours, school sponsored activities and while on a school bus.

The Board submitted amendments to make an exception to the requirement to administer medication under the delegation of nursing authority for certain designated school personnel who administer medical cannabis to students who are qualifying medical cannabis patients on school property, at school sponsored activities and while on a school bus in accordance with certain school health guidelines.

Code of Ethics for Licensed Direct Entry Midwives (COMAR 10.64.02)

The Board submitted new regulations .01–.03 under a new chapter, COMAR 10.64.02. These regulations outline a general framework for a code of ethics that will guide Licensed Direct Entry Midwives in maintaining safe practice processes.

United States Department of Education Compliance

For the purpose of determining eligibility for Federal assistance, pursuant to the Nurse Training Act of 1964, as amended (42 U.S.C. § 298(6)), the U.S. Secretary of Education is required to publish a list of recognized accrediting bodies, and of State agencies, that the Secretary determines to be reliable authorities as to the quality of training offered by schools and programs for diplomas, and associate, baccalaureate and graduate degrees in nursing.

The Board has been recognized by the Department of Education (DOE) to approve nursing education since 1985. In the State of Maryland, the Board is the only alternative approval agency for nursing education programs that are not accredited by the recognized national nursing accrediting agencies (e.g. Accreditation Commission for Education in Nursing and Commission on Collegiate Nursing Education). The Board’s approval of nursing programs allows access to Federal assistance under Title VIII of the Public Health Service Act.

Due to long – term staffing challenges, DOE staff conducted a site visit in 2019 and found the Board to have fallen out of compliance with accreditation standards as determined by the Senior Department Official (SDO) and National Advisory Committee on Institutional Quality

and Integrity (NACIQI). DOE staff prepared a report finding the Board non – compliant with the following criteria:

3. [The accrediting agency] [h]as an adequate organization and effective procedures, administered by a qualified board and staff, to maintain its operations on a professional basis. Among the factors to be considered are that the agency:
 - a. Uses experienced and qualified examiners to visit schools of nursing to examine educational objectives, to inspect courses, programs, administrative practices, services and facilities and to prepare written reports and recommendations for the use of the reviewing body – and causes such examination to be conducted under conditions that assure an impartial and objective judgement;
 - d. Enforces a well – defined set of standards regarding a school’s ethical practices, including recruitment and advertising;
 - g. Makes initial and periodic on – site inspections of each school of nursing accredited.

To provide additional information and to address the concerns presented, the Board’s executive director (ED) attended a NACIQI meeting scheduled on February 27, 2020. The ED while acknowledging persistent non – compliance, proffered an action plan to address the deficiencies listed above. There was, however, considerable concern from NACIQI members in the Board’s administrative capabilities in addressing inefficiencies within a 12 – month conditional period. After further review and consideration, the Board was denied its recognition as an accrediting agency for two (2) years by the SDO on May 27, 2020.

The Board, after receiving its suspension, filed an appeal to the DOE Secretary. The DOE Secretary, pursuant to his or her authority, shall make a decision based on regulatory requirements and the information provided. The record, upon inspection, show cased the Board’s proactive steps in addressing the deficiencies in criteria 3(a), 3(d), and 3(g). The Board provided an action plan outlining a timeline for when they would address and resolve each deficiency. Furthermore, the Board asserted that it had made significant progress on the proposing and amending its regulations to address criteria 3d. As a result, on January 19, 2021 the DOE Secretary granted the Board continued recognition for 12 months with the condition that it must submit a quarterly report and a final report demonstrating full compliance. The Board has thus

far submitted three compliance reports on time and is scheduled to submit its final report on January 15, 2022.

Fiscal Year 2022 Goals

Quarterly Board Newsletter

The Board hopes to publish a quarterly newsletter. The purpose of which will be to disseminate information to nurses, employers, health care providers, and the public concerning laws and regulations established related to the safe and legal practice of nursing. The newsletter will provide information on current issues and trends in nursing regulation, status of nursing education programs, information regarding licensure and nursing practice, and disciplinary action taken against licensees who violated the Maryland Nurse Practice Act or applicable regulations.

Hardships for the Board

Current Staffing Conditions

In FY 11, the Board acquired 73.70 authorized positions that have been reduced over time to the current 64.0 authorized positions, 5 of which are allotted to the Health Occupations Prosecution and Litigation (HOPL) division. The Board continues to have difficulties in filling vacant positions, particularly professional positions. Currently there is an approximately 25% staff vacancy rate within the Board's 64 full time employment positions. Vacancies persist due to a high staff turnover rate and an inability to find qualified applicants or offer qualified applicants' competitive salaries. As a result, the Board was required to relinquish three to four PIN and contractual positions permanently in FY 19 and FY 20. The Board remains concerned that the lack of staff will negatively impact the efficiency of the Board's operations and customer service efforts. Despite nationwide staffing shortages, the Board continues to actively advertise and recruit for all open positions.

To help alleviate some of the staffing concerns, the Maryland Department of Health (MDH), provided approximately 20 temporary clinical administrative staff from July through early September 2021, utilizing an existing staffing contract. The staff assisted with license/certificate applications, renewals, and related activities. Additionally, these employees were utilized by the Board to establish a call center to handle the large call volume. Furthermore,

MDH provided a full – time operations consultant to assist the Board. The Board, however, observed a significant increase in customer service inquiries and complaints once temporary staff were returned. Allotting more permanent positions to the Board would significantly decrease customer service concerns while improving operational outcomes, recruitment of qualified staff, efficiency in licensing/certifying individuals, and investigatory methods and timing for practice complaints to protect the health and safety of the public.

Fiscal Analysis

The fees at the Board have remained unchanged since Fiscal Year 2008. A review of the Board’s budgets for FY 17 through FY 21 indicates that expenditure exceeds revenue. Despite the Board receiving more applicants per year to review, the revenues generated from these applications cannot sufficiently support the Board’s operations. The Board hopes to complete a thorough fiscal analysis in FY 22.

Table 3 – Comparison of Board Licensure Fees

| Date of Fee Origin | Fee Description | FY 06 | FY 08 | FY 16 | FY 21 |
|---------------------------|-------------------------------------------------------------------------|--------------|--------------|--------------|--------------|
| 09/30/1973 | Registered Nurse (RN) & Licensed Practical Nurse (LPN) Licensure (Exam) | \$75 | \$100 | \$100 | \$100 |
| 09/30/1973 | RN & LPN Licensure (Endorsement) | \$75 | \$100 | \$100 | \$100 |
| 09/30/1973 | Temporary RN or LPN Licensure Fee | \$25 | \$40 | \$40 | \$40 |
| 09/30/1973 | Initial Advanced Practice (APRN) Certification | | | \$50 | \$50 |
| 02/05/2001 | Initial Certified Nursing Assistant (CNA) Certification | | | \$20 | \$20 |
| 04/24/2006 | Initial Medication Technician (MT) Certification | | | \$20 | \$20 |
| 09/30/1991 | Electrology Application | | | \$100 | \$100 |
| 09/30/1973 | Renewal of RN & LPN License | \$45 | \$55 | \$110 | \$110 |
| 09/30/1973 | Renewal of APRN Certification | \$5 | \$5 | \$25 | \$25 |
| 02/05/2001 | Renewal of CNA Certification | | | \$40 | \$40 |
| 04/26/2006 | Renewal of MT Certification | | | \$30 | \$30 |
| 09/30/1991 | Electrology Renewal | | | \$200 | \$200 |

Appendix

Definitions – Licenses, Certificate Holders, Nursing Disciplines

- a) Registered Nurses (RNs) – a nurse who has graduated from a college’s nursing program or from a school of nursing and has passed a national licensing exam. Additional disciplines within the expanded role of an RN include: a forensic nurse examiner (FNE) and a worker’s compensation case manager.
- b) Forensic Nurse Examiner (FNE) – a nurse who is specially trained in sexual assault forensic care.
- c) Worker’s Compensation Case Manager (WCCM) – a nurse who is responsible for helping an injured worker to obtain the medical care he/she needs.
- d) Licensed Practical Nurses (LPNs) – a nurse who has graduated from an accredited school of nursing and has become licensed to provide basic nursing care under the supervision of a physician or registered nurse.
- e) Advanced Practice Registered Nurses (APRNs) – a registered nurse who has a master’s, post-master’s certificate, or practice-focused Doctor of Nursing degree who is certified by the Board as: a certified nurse midwife (CNM), a certified registered nurse anesthetist (CRNA), a certified nurse practitioner (CRNP), or a clinical nurse specialist (CNS).
- f) Certified Nurse Midwife (CNM) – a registered nurse with additional training as a midwife who delivers infants and provides prenatal and postpartum care, newborn care, and some routine care of women.
- g) Certified Registered Nurse Anesthetist (CRNA) – a registered nurse with additional training in providing anesthesia-related care in various health care settings (hospital surgical suites, obstetrical delivery rooms, pain management centers, etc.).
- h) Certified Nurse Practitioner (CRNP) – a registered nurse with additional training in completing comprehensive physical assessments of patients, as well as the diagnosis and management of acute and chronic diseases.
- i) Clinical Nurse Specialist (CNS) – a registered nurse responsible and accountable for diagnosis and treatment of health/illness states, disease management, health promotion, and prevention of illness and risk behaviors among individuals, groups, and communities.

- j) Certified Nursing Assistants (CNAs) – an individual who routinely performs nursing tasks delegated by a Registered Nurse (RN) or Licensed Practical Nurse (LPN).
- k) Certified Medication Technicians (CMTs) – an individual who administers prescribed medications to patients and maintains related medical records under immediate supervision.
- l) Geriatric Nursing Assistants (GNAs) – an individual who provides care for elderly individuals in the setting of a long-term care facility or nursing home.
- m) Licensed Electrologists – an individual trained in the use of electrolysis (electric current) for removing moles, warts, or unwanted hair.
- n) Licensed Direct Entry Midwives (DEMs) – an individual educated in the discipline of midwifery through apprenticeship, self-study, a midwifery school, or a college/university-based program distinct from the discipline of nursing.

Table I: [Active Status Licenses & Certifications by Type](#) (as of August 12th, 2021)

| Nursing | Count |
|------------------------------------|--------------|
| Registered Nurse | 90,631 |
| Licensed Practical Nurse | 12,365 |
| Temporary Registered Nurse | 533 |
| Temporary Licensed Practice Nurse | 70 |
| APRN/PMH | 164 |
| APRN – Clinical Nurse Specialist | 130 |
| Certified Registered Nurse Midwife | 330 |
| CRNA | 967 |
| CRNP – Acute Care | 827 |
| CRNP – Acute Care Pediatrics | 106 |
| CRNP – Adult | 1,510 |
| CRNP – Family | 4,165 |
| CRNP – Geriatric | 129 |
| CRNP – Neonatal | 151 |
| CRNP – OB/GYN | 238 |
| CRNP – Pediatrics | 620 |
| CRNP – PMH | 1,080 |

| | |
|------------------------------------------------|-----|
| Advanced Compact (AC) – APRN/PMH | 12 |
| AC – APRN – Clinical Nurse Specialist | 7 |
| AC – CRNA | 247 |
| AC – CRN – Midwife | 44 |
| AC – CRNP – Acute Care | 123 |
| AC – CRNP – Acute Care Pediatrics | 12 |
| AC – CRNP – Adult | 158 |
| AC – CRNP – Family | 884 |
| AC – CRNP – Geriatric | 7 |
| AC – CRNP – Neonatal | 40 |
| AC – CRNP – OB/GYN | 36 |
| AC – CRNP – Pediatrics | 59 |
| AC – CRNP – PMH | 199 |
| RN Forensic Nurse Examiner (FNE) – Adult (A) | 171 |
| RN FNE – Pediatric (P) | 1 |
| RN FNE A – P | 105 |
| RN – Worker’s Compensation Case Manager (WCCM) | 445 |
| AC – FNE – A | 9 |
| AC – FNE – A – P | 3 |
| AC - WCCM | 254 |

| Medication Technicians | Count |
|-------------------------------|--------------|
| Medication Technician | 49,371 |
| Assisted Living | 1,945 |
| School Health | 535 |
| DDA | 2,738 |
| Juvenile Services | 22 |

| Nursing Assistants | Count |
|---------------------------|--------------|
|---------------------------|--------------|

| | |
|-----------------------------------|--------|
| CNA | 72,201 |
| CNA – Geriatric Nursing Assistant | 31,787 |
| CNA – Certified Medicine Aide | 1,528 |
| CNA – Home Health Aide | 41 |
| CNA – Dialysis Technician | 2,058 |
| CNA – School Health | 368 |
| CNA – 90 – Day – Letter | 2,144 |
| CNA – End – 90 – Day – Letter | 234 |
| CNA – DT – 90 – Day - Letter | 41 |

| Electrology | Count |
|--------------------------|--------------|
| Electrologist | 59 |
| Electrologist Instructor | 2 |

| Direct Entry Midwifery | Count |
|-------------------------------|--------------|
| Direct Entry Midwife | 34 |