



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P. H., Secretary

Maryland Board of Nursing

Annual Report Fiscal Year 2024

Christine Lechliter, BSN, RN, MBA, NE-BC Board President
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Interpreter Services are available upon request.

Mission

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

Vision

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

Core Values

Accountability, Customer Service, Equity, Innovation, Integrity

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

Strategic Initiative 1 – Engagement

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

Strategic Initiative 2 – Excellence in Regulation

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

Strategic Initiative 3 – Technology Initiative

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

Strategic Initiative 4 – Compliance

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

Strategic Initiative 5 – Accountability

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

Board Members

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

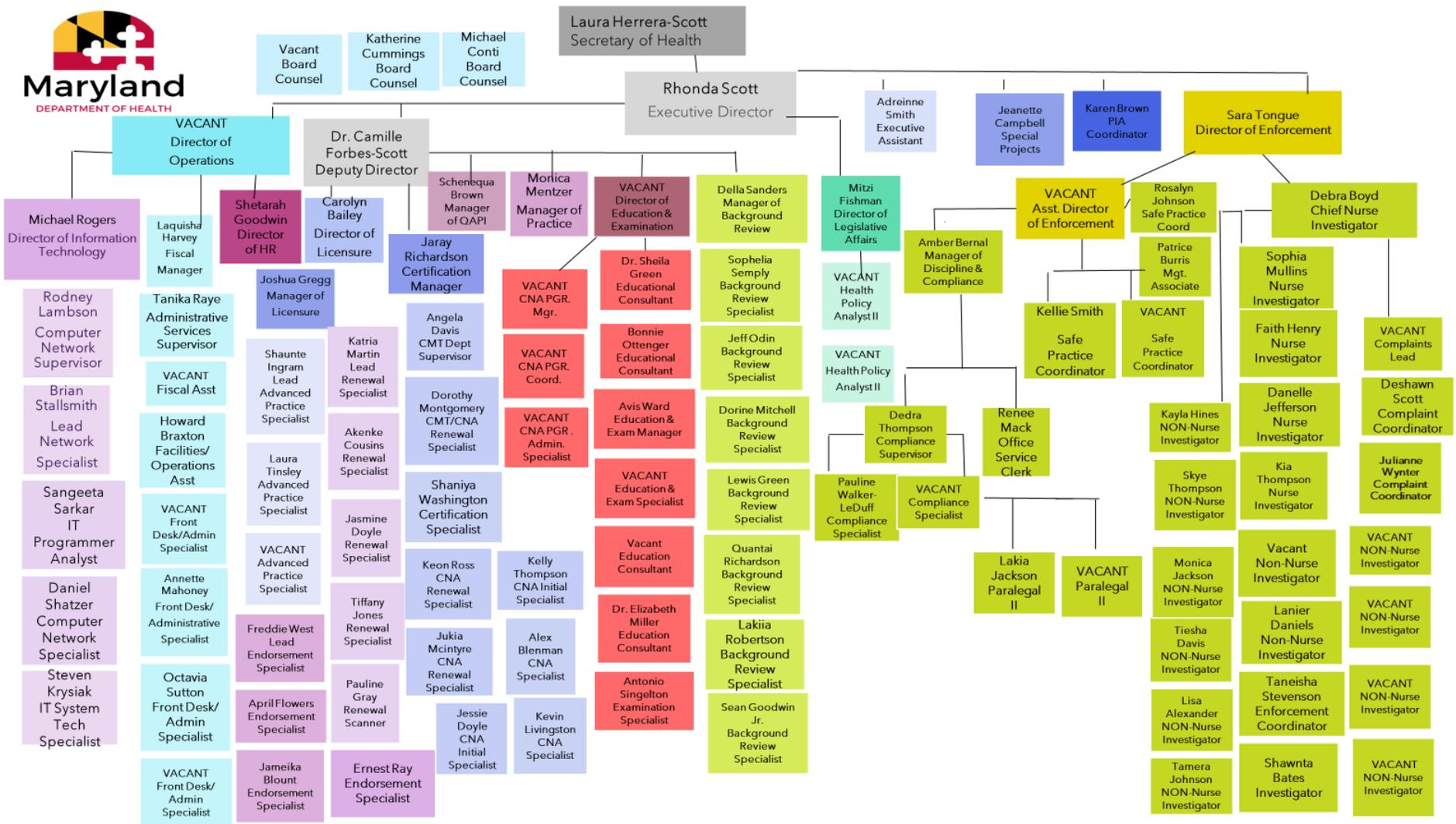
The nine RN members must consist of: (1) two APRNs; (2) one baccalaureate nursing educator; (3) one associate degree nursing educator; (4) one practical nursing educator; (5) one nursing administrator; (6) one nurse clinician with a master’s degree in nursing or public health; (7) one currently practicing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

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

Table 1 – Current Board Members

Name	Position	Term Expiration
Christine Lechliter, BSN, RN, MBA, NE-BC	RN Member, Nurse Administrator, Board President	06/30/2026
Rachel Sherman, DNP, CRNP, FNP-BC, ACHPN	Advanced Practice Member, Board Secretary	04/30/2027
Tyler Adamson, MPH	Consumer Member	10/31/2027
M. Dawne Hayward, RN	RN Member, Delegating Nurse – Group Living	06/30/2027
Dawn Pfluger, BSN, RN, CPN, CRRN, CWOCN	RN Member – Acute Care Nurse	04/30/2027
Irene Molina, DrPH, MSN, RN, CCRN-K, CPH	RN Member, Associate Degree Educator	04/30/2027
Iskra Gillis, MSN, RN, NEA-BC	Licensed Nurse Member (LPN, RN, APRN)	04/30/2027
Ameera Chakravarthy, PhD, RN, ACNP-BC, CNE	Advanced Practice Member	04/30/2027
Jacqueline J. Hill, Ph.D., RN, CNE	RN Member, Baccalaureate (BS) Nursing Educator	06/30/2026
Robin L. Hill, DNP, RN	RN Member, Practical Educator	06/30/2024
Gary N. Hicks, DNP, RN, CEN, CNE	RN Clinician Member	06/30/2024
VACANT	Consumer Member	
VACANT	LPN Member	
VACANT	LPN Member	

Figure 1 – Organizational Structure (as of July 22, 2024)



Introduction

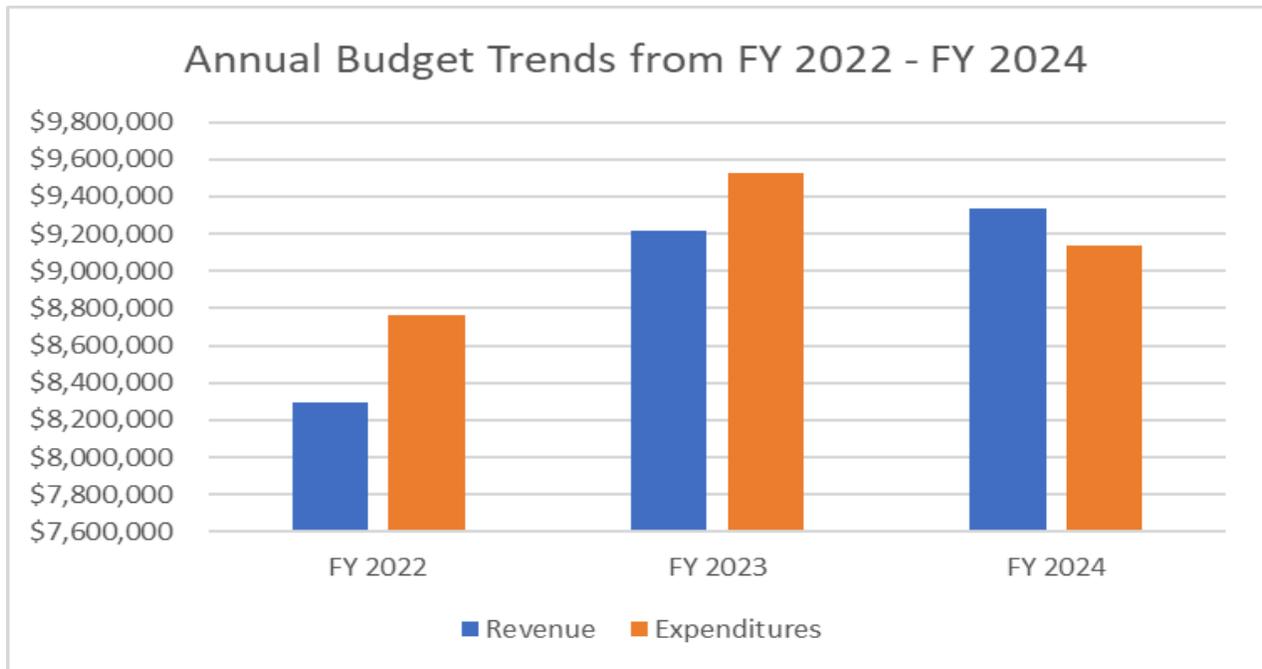
The Board submits the following annual report for Fiscal Year (FY) 2024, as required by § 8-205 (a)(8), of the Health Occupations Article, Annotated Code of Maryland. All renewal numbers are from the biennial renewal year.

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

In FY 2024, the Board regulated approximately 103,360 active licensees and 101,220 active certificate holders. *Additional statistics included in the Appendix.*

Figure 2 provides a synopsis of the Board's revenue and expenditures from FY 2022- FY 2024. Pursuant to HB 611/Ch.222 and SB 960/Ch.223 of the 2023 legislative session, the Secretary currently has authority over the Board's infrastructure operations, allowing for the reimbursement of Board infrastructure costs.

Figure 2 - Synopsis of Revenue and Expenditures



Annual Budget FY 2022	
Revenue	\$8,296,782
Expenditures	\$8,760,700

Annual Budget FY 2023	
Revenue	\$9,218,815
Expenditures	\$9,524,618

Annual Budget FY 2024	
Revenue	\$9,339,173
Expenditures	\$9,133,224

Overview of the Board's Operations

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

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

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

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

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

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

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

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

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

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

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

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

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

Quality Assurance and Performance Improvement ensures that the services within the Board meet quality standards, improving work processes and efficiency.

Description of the Board's Committees

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

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

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

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

Direct-Entry Midwifery (DEM) Advisory Committee (Health Occ. § 8-6C-11): The purpose of the DEM Advisory Committee is to review applications of direct-entry midwives for licensure, and review renewal applications for completion of required Continued Education Units (CEUs). In addition, this committee: (1) may investigate a complaint at the request of the Board; (2) prepares an annual report for the Board's review; (3) advises the Board on matters related to the practice of direct entry midwifery, and (4) makes recommendations to the Board regarding the Maryland Nurse Practice Act and applicable regulations.

Electrology Practice Committee (Health Occ. § 8-6B-05): The purpose of the Electrology Practice Committee is to: (1) review initial and renewal applications for licensure as

electrologists and electrology instructors to ensure the application meets applicable requirements; (2) review electrology education programs for approval or disapproval, and make recommendations to the Board; and (3) make recommendations to the Board regarding applicable statutes and regulations governing the practice of electrology. In addition, at the request of the Board, this Committee may investigate complaints against licensed electrologists.

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

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

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

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

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

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

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

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

Direct Entry Midwifery Addendum

Pursuant to Health Occupations Article § 8-6C-12(c), the Board, on behalf of the DEM Advisory Committee, must submit on December 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 Affairs 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 FY 2024 period.

Table 2 - Initial Licenses and Certificates Issued by the Board in FY 2024

Description	Count
<i>Initial Licenses</i>	
Registered Nurses	6,494
Licensed Practical Nurses	840
Licensed Electrologists	0
Licensed Electrologists Instructor	0
Licensed Direct-entry Midwives	3
Advanced Practice Registered Nurses	2,550
Total	9,887

<i>Initial Certificates</i>	
Certified Nursing Assistants	10,930
Certified Medication Technicians	10,193
Total	21,123

Table 3 - Renewal Licenses and Certificates Issued by the Board in FY 2024

Description	Count
<i>Renewal Licenses</i>	
Registered Nurses	42,303
Licensed Practical Nurses	5,128
Licensed Electrologists	49
Licensed Electrologists Instructor	2
Licensed Direct-entry Midwives	34
Advanced Practice Registered Nurses	6,896
Total	54,412

<i>Renewal Certificates</i>	
Certified Nursing Assistants	24,531
Certified Medication Technicians	10,314
Total	34,845

Table 4 - Criminal History Records Checks in FY 2024

Description	Count
Positive Criminal History Record Check	973

Negative History Record Checks	18,184
Total	19,157

Table 5 - Denial of Licenses and Certificates in FY 2024

Description	Count
Positive Criminal History Record Check	10
Denial for other reasons	0
Total	10

Table 6 - Complaints in FY 2024

Description	Count
New Complaints Received in FY 24	888
Total Open Complaints, Including Cold Cases ¹ (At end of FY 24)	1,440 Direct Entry Midwives – 8 Electrologist – 0 Medication Technicians – 215 Licensed Practical Nurse/Registered Nurse/Advanced Practice – 989 Nursing Assistants – 228

¹ Definition of Cold Case: Any open investigative case that has been received by the Board from Fiscal Year (2019) or earlier.

Table 7 - Most Common Grounds for Complaints in FY 2024

Description	Percentage
Out of State (Reciprocal) Discipline	13%
Standards of Practice (Failure to Comply)	21%
Abandonment/Neglect	7%
Diversion/Substance Abuse	5%
Abuse	6%

Table 8 - Number and Types of Disciplinary Action Taken by the Board in FY 2024

Description	Count
Total Suspensions (not for child support)	118 Continue Summary Suspension - 32 Summary Suspension - 52 Suspension Total - 34
Suspensions (for non-payment of child support)	0
Revocation	29
Reprimand	25
Probation	23
Denial of License or Certificate	6
Surrender of License for Violations	45

Table 9 - Work Region from Nurse Renewal Applications in FY 2024

County	Count
Allegany	602
Anne Arundel	2,656
Baltimore City	7,531
Baltimore Co	5,378
Calvert	338
Caroline	61
Carroll	840
Cecil	396
Charles	464
Dorchester	149
Frederick	1,234
Garrett	157
Harford	1,169
Howard	1,324
Kent	93
Montgomery	5,204
Prince Georges	2,861
Queen Annes	112
Somerset	65
St. Mary's	416

Talbot	371
Washington	936
Wicomico	816
Worcester	236

Table 10 - Type of Workplace from Nurse Renewal Applications in FY 2024

Workplace	Count
Addictions Treatment Center	159
Ambulatory Care Center	388
College/University	425
Comm Health	156
Employment Other Field	67
H.M.O.	8
Home Health	613
Hospice	116
Hospital	1,909
Industry	21
Insurance Agency	36
Long Term Care	762
Military	73
Not Employed in Nursing	110
Office Nursing	110

Other Employment in Nursing	367
Physician Practice	13,944
Private Duty	128
Private Practice	324
Rehab Center	187
Research	50
School Based Clinic	55
School System	157
Temporary Agency	28

Table 11 - Work Region from CNA Renewal Applications in FY 2024

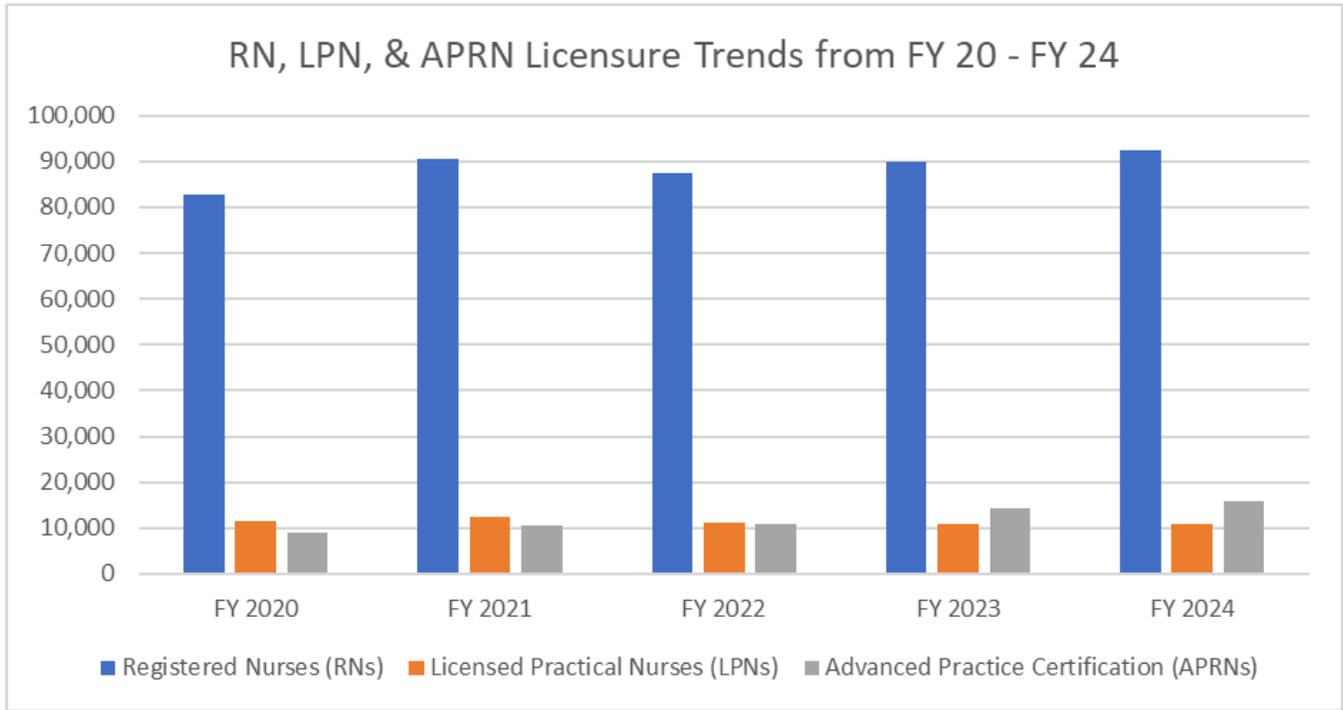
County	Count
Allegany	225
Anne Arundel	816
Baltimore City	2,455
Baltimore Co	2,282
Calvert	116
Caroline	62
Carroll	278
Cecil	111

Charles	224
Dorchester	125
Frederick	418
Garrett	91
Harford	309
Howard	473
Kent	66
Montgomery	3,085
Prince Georges	1,596
Queen Annes	35
Somerset	57
St. Mary's	166
Talbot	124
Washington	378
Wicomico	395
Worcester	76

Table 12 - Type of Workplace from CNA Renewal Applications in FY 2024

Workplace	Count
Assisted Living	2,188
DDA	539
Day Care	75
HMO-Office	279
Home Care	3,111
Hospice	221
Hospital	4,304
Independent	3,026
Long Term Care	3,673
Other	816
School Health	308

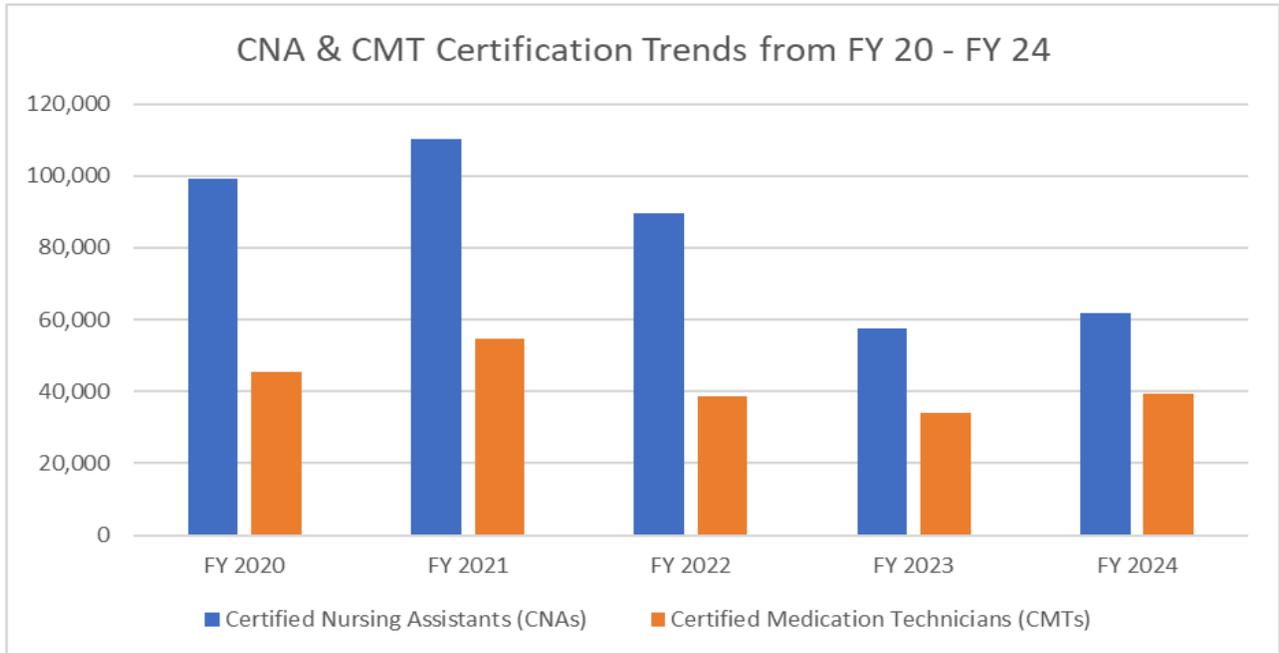
Figure 3 - Trends in Licensure (RN, LPN, APRN)



License	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Registered Nurses (RNs)	82,872	90,631	87,485	89,832	92,268
Licensed Practical Nurses (LPNs)	11,507	12,365	11,269	10,713	11,006
Advanced Practice Certification (APRNs)	8,851	10,417	10,774	14,310	15,738

The number of active RN licensees has increased from 82,872 in FY 2020 to 92,268 in FY 2024 (an 11% increase). The number of APRN certificate holders has significantly increased from 8,851 in FY 2020 to 15,738 in FY 2024 (a 78% increase). The number of active LPN licensees has decreased from 11,507 in FY 2020 to 11,006 in FY 2024 (a 4% decrease).

Figure 4 - Trends in Certification (CNA, CMT)



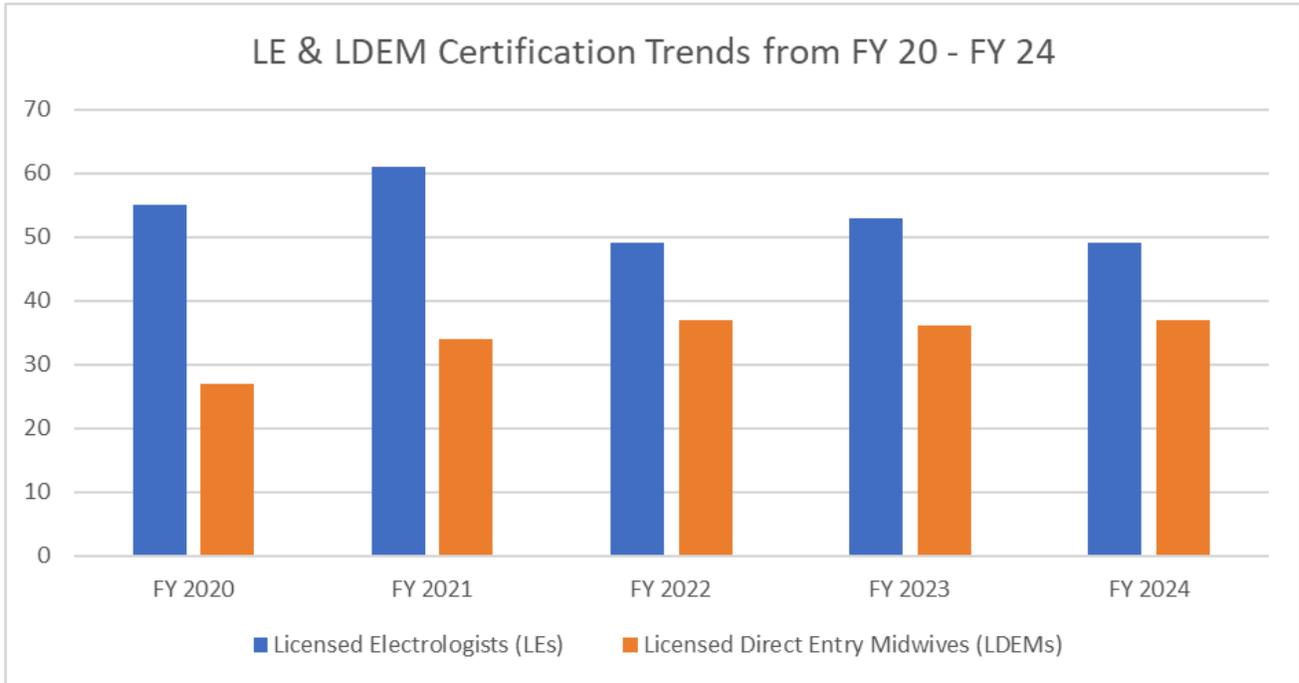
Certification	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Certified Nursing Assistants (CNAs)	99,168	110,402	89,459	57,394	61,954
Certified Medication Technicians (CMTs)	45,468	54,611	38,617	33,849	39,266

The number of active CNA certificate holders has significantly decreased from 99,168 in FY 2020 to 61,954 in FY 2024 (a 38% decrease). The number of CMT certificate holders also decreased from 45,468 in FY 2020 to 39,266 in FY 2024 (a 14% decrease). Research reveals that low wages, lack of respect, poor benefits, chronic staffing shortages and burnout are contributing factors in the decline of direct care providers.² Additionally, the COVID-19 pandemic added extraordinary personal and

² (Brown, 2022) “Low wages, low respect: CNA perceptions fuel staff exodus”. <https://www.mcknights.com/news/low-wages-low-respect-cna-perceptions-fuel-staff-exodus/>

professional stressors that led to widespread CNA staffing shortages.³ Although staffing shortages are nationwide, Maryland has seen an increase in active CNA and CMT certificate holders since FY 23.

Figure 5 - Trends in Licensure (LE, LDEM)



License	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Licensed Electrologists (LEs)	55	61	49	53	49
Licensed Direct Entry Midwives (LDEMs)	27	34	37	36	37

The number of active LEs has decreased from 55 in FY 2020 to 49 in FY 2024 (an 11% decrease). The number of active LDEMs has increased steadily from 27 in FY 2020 to 37 in FY 2024 (a 37% increase).

³ (Snyder, Barnes, White, & Cochran, 2023) (Ochieng & Chidambaram, 2022)

Important Legislative Updates

Medical Records Destruction

Medical Records - Destruction - Notice and Retrieval

House Bill (HB) 149 (Chapter 779) extends the time period from 5 to 7 years during which a health care provider is prohibited from destroying medical records and laboratory and X-ray reports; requires that the notice required to be provided regarding the destruction of medical records be made to the last known e-mail address of the patient or the parent or guardian of a minor; requires a health care provider to make a medical record available for retrieval by a patient or a parent or guardian of a minor within a certain time period and at a certain location; etc.

Licenses and Certificates Catalog

State Government – Permits, Licenses, and Certificates – Processing (Transparent Government Act of 2024)

House Bill (HB) 581 (Chapter 412) and Senate Bill (SB) 472 (Chapter 413) , require each principal department and independent unit to create a catalog of information relating to permits, licenses, and certificates issued by the department or independent unit and submit the catalog to the Governor on or before October 1, 2024; requires each principal department and independent unit to post a completed update of information relating to permits, licenses, and certificates on the website of the department or independent unit on or before October 1, 2025; and establishes the Government Efficiency Commission.

Professional Liability Insurance Coverage

Advanced Practice Registered Nurses - Professional Liability Insurance Coverage - Notification Requirements

House Bill (HB) 759 (Chapter 869) and Senate Bill (SB) 996 (Chapter 870) require advanced practice registered nurses practicing as an advanced practice registered nurse in the State to notify patients in writing if the nurse does not maintain professional liability insurance coverage or if the coverage has lapsed and not been renewed; requires that the notification be provided at certain visits and as part of certain informed consents, signed by a patient at certain times, and retained as part of the advanced practice registered nurse's patient records, etc.

Removal or Suspension of Members

Members of Boards, Committees, Commissions, Task Forces, or Workgroups – Removal or Suspension

House Bill (HB) 809 (Chapter 469) provides that a member of a board, committee, commission, task force, or workgroup created by State law may be removed or suspended for misconduct, incompetence, neglect of duties, or other good cause by the individual or entity that appointed the member under certain circumstances; authorizes the removal or suspension of an appointed member

only after consultation with the chair of the board, committee, commission, task force, or workgroup and the member has been given an opportunity to be heard regarding the removal or suspension; etc.

Certified Dialysis Technicians

Health Occupations - Certified Dialysis Technicians - Continuing Education Requirement

House Bill (HB) 959 (Chapter 843) alters the continuing education requirement for certified dialysis technicians to complete 3 hours of continuing education approved by the Board.

Board of Nursing Executive Director

State Board of Nursing - Executive Director Qualifications

House Bill (HB) 1053 (Chapter 855) alters the qualifications for the executive director of the State Board of Nursing.

Advanced Practice Registered Nurses

Advanced Practice Registered Nurses - Certification Requirement and Exceptions

House Bill (HB) 1105 (Chapter 890) requires an individual, subject to certain exceptions, to be certified as an advanced practice registered nurse before practicing advanced practice registered nursing in the State.

Certified Nursing Assistants

Certified Nursing Assistants - Licensing Requirements and Administrative Updates

House Bill (HB) 1125 (Chapter 818) and Senate Bill (SB) 999 (Chapter 819) exempts an individual who practices as a certain nursing assistant for less than 4 months under federal regulations from the State's certification requirement; alters the designation of, and licensure requirements for, certified nursing assistants and geriatric nursing assistants; requires an applicant for certification as a certified nursing assistant to complete a nursing assistant competency evaluation; etc.

Noncompete and Conflict of Interest Clauses

Labor and Employment - Noncompete and Conflict of Interest Clauses for Veterinary and Health Care Professionals and Study of the Health Care Market

House Bill (HB) 1388 (Chapter 378) applies to certain veterinary and health care professionals certain provisions of law stating that certain noncompete and conflict of interest provisions in certain employment contracts are null and void as being against the public policy of the State; establishes certain prohibitions regarding noncompete and conflict of interest provisions for certain health care employment contracts and similar documents and agreements; and requires the Maryland Health Care Commission to study certain issues related to the health care market in the State.

Regulations Pending Publication (at the end of FY 2024)

Examination and Licensure (COMAR 10.27.01.01, .03, and .17)

The proposed changes define and clarify terms such as “advanced practice registered nurse”, “former licensee”, and “nursing assistant”; authorizes nursing graduates to practice for a certain period of time under certain circumstances; requires the Board to issue a temporary license for a certain period of time to a former licensee who applies for reinstatement; and alters the licensure requirement exceptions for registered nursing and licensed practical nursing graduates.

Certification of Nursing Assistants (COMAR 10.39.01.01, .04, .05, and .09)

The proposed changes authorize temporary nurse aides (TNA) who worked during the coronavirus pandemic under the Centers for Medicare & Medicaid Services (CMS) 1134 blanket waiver to apply on –the–job experience as a nurse aide toward the total number of training hours required for certification as a geriatric nursing assistant (GNA).

Electrology Practice (COMAR 10.53.08.05 and 10.53.09.01—.04)

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

Qualifications of Applicants for Examination (COMAR 10.27.01.05)

The proposed changes update the number of English language proficiency examinations accepted within the state and outline the overall and minimum passing scores in accordance with recommendations published by the National Council of State Boards of Nursing (NCSBN).

Delegation of Acts by an Advanced Practice Registered Nurse (COMAR 10.27.28)

The proposed action provides for the manner in which an advanced practice registered nurse delegates a nursing or other technical task to an assistant and establishes limitations on the authority of an advanced practice registered nurse to delegate nursing or other technical tasks to an assistant.

Criminal History Records Check (COMAR 10.27.01.13 and COMAR 10.39.01.07)

The proposed amendments extend the scheduled years in which applicants applying for a license or certificate renewal must complete their criminal history records check.

Certified Dialysis Technicians (COMAR 10.39.06)

The proposed action establishes a new chapter for certified dialysis technicians (CDTs), outlining requirements for an approved dialysis technician training program and qualifications for certification and renewal for CDTs.

Licensed Certified Midwives (COMAR 10.69.01—.03)

The proposed action establishes new chapters .01—.03, under new subtitle, Board of Nursing—Licensed Certified Midwives (LCMs), and provides regulatory guidance for licensure, delegation, and ethics of LCMs.

Hearing Procedures (COMAR 10.27.02.01, .10 & .11)

The proposed amendments authorize the Board to utilize informal action (i.e., letters of admonishment and letters of education) to address and resolve complaints, as well as to ensure confidentiality of proceedings.

Nursing Assistant Training Programs (COMAR 10.39.02.02 and .11)

The proposed action establishes standards for the online provision of didactic instruction in a nursing assistant training program that meets the requirements established by the Board.

Fee Schedules (COMAR 10.27.01.02; 10.39.01.02; 10.39.04.03; 10.27.03.18 & .20; 10.39.02.03, .09, & .12; 10.39.03.07 & .08)

The proposed action increases fees for licenses and certificates, and establishes fees for program approvals and additional site visits conducted by the Board.

Board Achievements in FY 24

Organizational Structure

In April 2023, HB 611/Ch. 222 and SB 960/Ch. 223 were enacted, giving the Secretary authority over Board infrastructure operations and staffing. This required an update to the organizational structure of the Board in order to make leadership more effective and strengthen governance. As a result, former Board Deputy Director, Rhonda Scott, was appointed as Board Executive Director, and former Board Director of Education and Examination, Dr. Camille Forbes-Scott, was appointed as Board Deputy Director. Additionally, six new members have been appointed to serve on the Board, four previous Board members were reappointed, while four seats still remain vacant.

Website Updates

On June 26, 2024, the Board updated its website to reflect a snapshot of passed legislative bills that had the most impact on the Board and its constituents. This will provide easy access to important legislative updates that impact the healthcare community. By centralizing this information, the Board can enhance transparency, ensure constituents are well-informed, and empower them to stay engaged in the legislative process. Additionally, this resource will serve as an educational tool, helping individuals understand how legislation affects their roles and responsibilities, ultimately fostering a more knowledgeable and proactive community. The lists of

enacted bills begin with legislative session 2022 and can be found on the left hand side of the Board’s homepage, under “Legislative Resources”.

CNA Town Hall

On May 15, 2024, the Board successfully conducted its first virtual CNA Town Hall meeting, marking a significant milestone in its commitment to transparency and stakeholder engagement. The meeting saw an impressive turnout, reflecting the strong interest and dedication of stakeholders and healthcare community members. During the town hall, several critical topics were discussed, which included: passed legislation, examination updates from Credentia, review of the certification process, and CNA training program updates. The meeting concluded with a Q&A session, providing attendees the opportunity to engage directly with Board staff. This segment fostered a productive dialogue, allowing the Board to address specific concerns, as well as gather valuable feedback from the community.

Fiscal Year 2025 Goals

Advanced Practice Registered Nurse Compact

The Advanced Practice Registered Nurse (APRN) Compact, adopted by the National Council of State Boards of Nursing (NCSBN) on August 12, 2020, allows an advanced practice registered nurse to hold one multistate license with the privilege to practice in other compact states. House Bill (HB) 425 and Senate Bill (SB) 359 introduced the Compact during the 2024 legislative session. HB 425 passed overwhelmingly in its original chamber, however, did not progress past its first reading in its opposite chamber. SB 359 did not progress past its first hearing in its original chamber. In the interim, the Board, in partnership with the Maryland Nurses Association (MNA), the Maryland Academy of Advanced Practice Clinicians (MAAPC), NCSBN, and other professional advanced practice nursing organizations, will work towards re-introducing the Compact during the 2025 legislative session.

Community Engagement

The Board is committed to enhancing community engagement through several key initiatives. The Board anticipates hosting quarterly CNA town hall meetings to provide regular updates and foster dialogue. Additionally, the Board will introduce Licensure town hall meetings to offer insights and support for licensure candidates and relevant stakeholders. Participation in the B’more Healthy Expo and other community events will further strengthen its outreach efforts,

allowing the Board to connect with the community and provide valuable resources. These initiatives reflect the Board’s dedication to transparent communication and proactive support for its constituents.

Regulatory Review and Evaluation Act (RREA)

In 1985, the Regulatory Review and Evaluation Act (RREA) was created by an Executive Order and State Government Article, §§10-130 -- 10-139, Annotated Code of Maryland. The law was substantively changed during the 2001 Legislative Session. All chapters of COMAR must be reviewed and evaluated every 8 years in order to ensure that the regulations are necessary, supported by statutory authority and judicial opinion, or are otherwise obsolete or in need of amendments, UNLESS an exemption has been requested based on the fact that the regulations:

- (1) Are adopted to implement federally mandated or federally approved programs; or
- (2) Have been initially adopted or comprehensively amended with the preceding 8 years before the evaluation report due date.

In collaboration with the Office of Regulation and Policy Coordination (ORPC), the Board submitted its regulations review work plan on October 1, 2023 and is currently reviewing COMAR chapters under subtitles BOARD OF NURSING and BOARD OF NURSING—CERTIFIED NURSING ASSISTANTS, in order to determine if regulations are current, obsolete or otherwise appropriate for amendment or repeal. The Board will submit its report findings to MDH by August 30, 2024.

Major IT Development Project

The Board aims to enhance its efficiency and support for constituents by upgrading and updating its licensing system. This initiative will improve productivity, streamline processes, and ensure a more user-friendly experience for all stakeholders. Through these enhancements, the Board is committed to providing a more efficient and effective service to better meet the needs of the healthcare community. Implementation and go-live of a new system is slated for completion by the end of calendar year 2025.

Quarterly Board Newsletter

The Board hopes to publish a quarterly newsletter that will disseminate information to

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

Hardships for the Board

Current Staffing Conditions

At the start of FY 2024, the Board had a 25.6% vacancy rate, with 78 filled positions, 31 vacant positions, and 109 positions overall. During FY 2024, the Board had a total of 11 positions created, which included 10 non-nurse investigators and 1 Assistant Director of Enforcement. At the end of FY 2024, the vacancy rate was 28.4%, with 82 positions filled, and 27 positions vacant. There were 15 successful onboardings, and 32 separations due to resignations, 2 retirements, and terminations.

The Board remains concerned that lack of staff will negatively impact the efficiency of the Board's operations and customer service efforts. Despite these challenges, the Board continues to actively advertise and recruit for all open positions, and remains committed to supporting all staff members and optimizing its workforce to fulfill its mission effectively.

Fiscal Analysis

The fees at the Board have remained unchanged since FY 2007. A review of the Board's budgets indicate that expenditure continues to exceed revenue. Despite the Board's increase in applicants per year to review, the revenues generated from these applications cannot sufficiently support the Board's operations. According to a 2023 independent evaluation by Ernst & Young LLP (EY) and a 2023 evaluation by the Office of Program Evaluation and Government Accountability (OPEGA), the Board has been operating in a financial deficit and will need to collect additional revenue.

The Board has conducted extensive research on comparable fees across the country, striving to propose fees in line with its peer states and impose the most reasonable costs to its constituents. This research has shown that Maryland has been an outlier for having fees that are significantly less than its peer states. To that end, the Board has submitted fee structure

proposals to MDH with hopes to increase fee schedules in FY 2025.

Table 13 – Comparison of Board Licensure Fees

Fee Description	FY 06 ⁴	FY 07	FY 08	FY 16	FY 17	FY 22	FY 23	FY 24
Registered Nurse (RN) & Licensed Practical Nurse (LPN) Licensure (Exam)	\$75	\$100	\$100	\$100	\$100	\$100	\$100	\$100
RN & LPN Licensure (Endorsement)	\$75	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Temporary RN or LPN Licensure Fee	\$25	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Initial Advanced Practice (APRN) Certification			\$50	\$50	\$50	\$50	\$50	\$50
Initial Specialty Nursing Practice Certification (RN-FNE & RN-WCCM)				\$25	\$25	\$25	\$25	\$25
Initial Certified Nursing Assistant (CNA) Certification	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Initial Medication Technician (MT) Certification			\$20	\$20	\$20	\$20	\$20	\$20
Electrology Application				\$100	\$100	\$100	\$100	\$100
Direct Entry Midwife					\$900	\$900	\$900	\$900
Renewal of RN & LPN License	\$45	\$55	\$55	\$110	\$110	\$110	\$110	\$110
Renewal of APRN Certification	\$5	\$5	\$5	\$10	\$10	\$10	\$10	\$10
Renewal of RN-FNE & RN-WCCM Certification	\$5	\$5	\$5	\$10	\$10	\$10	\$10	\$10
Renewal of CNA Certification	\$30	\$40	\$40	\$40	\$40	\$40	\$40	\$40

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

Renewal of MT Certification			\$30	\$30	\$30	\$30	\$30	\$30
Electrology Renewal				\$200	\$200	\$200	\$200	\$200
Direct Entry Midwife Renewal					\$800	\$800	\$800	\$800

Appendix

Definitions – Licenses, Certificate Holders, Nursing Disciplines

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

care.

- j) Geriatric Nursing Assistants (GNA) – an individual who provides care for elderly individuals in the setting of a long-term care facility or nursing home.
- k) Licensed Certified Midwives (LCM) – an individual who has received a bachelor’s degree in a health–related field other than nursing and has completed a graduate–level midwifery degree program. This individual may conform to the same standards of practice as a CNM after passing the certification exam administered by the American Midwifery Certification Board. A nursing component (RN) is not required for this license.
- l) Licensed Direct Entry Midwives (LDEM) – an individual educated in the discipline of midwifery through apprenticeship, self-study, a midwifery school, or a college/university-based program distinct from the discipline of nursing.
- m) Licensed Electrologists (LE) – an individual trained in the use of electrolysis (electric current) for removing moles, warts, or unwanted hair.
- n) Licensed Practical Nurses (LPN) – a nurse who has graduated from an accredited school of nursing and has become licensed to provide basic nursing care under the supervision of a physician or registered nurse.
- o) Registered Nurses (RN) – a nurse who has graduated from a college’s nursing program or from a school of nursing and has passed a national licensing exam. Additional disciplines within the expanded role of an RN include: a forensic nurse examiner (FNE) and a worker’s compensation case manager.
- p) Worker’s Compensation Case Manager (WCCM) – a nurse who is responsible for helping an injured worker to obtain the medical care he/she needs.

Table 14 - Active Licenses & Certifications by Type

Updated: July 1, 2024

NURSES	COUNT
REGISTERED NURSE	88,807
LICENSED PRACTICAL NURSE	10,995
TEMPORARY REGISTERED NURSE	141

TEMP LICENSED PRAC NURSE	11
APRN/PMH	110
APRN-CLINICAL NURSE SPECIALIST	128
CERTIFIED REG. NURSE MIDWIFE	332
CRNA	968
CRNP-ACUTE CARE	956
CRNP-ACUTE CARE PEDIATRICS	124
CRNP-ADULT	1,541
CRNP-FAMILY	5,166
CRNP-GERIATRIC	96
CRNP-NEONATAL	150
CRNP-OB/GYN	277
CRNP-PEDIATRICS	586
CRNP-PMH	2,249
AC-APRN/PMH	6
AC-APRN-CLINICAL NURSE SPECIALIST	12

AC-CRNA	277
AC-CRN-MIDWIFE	59
AC-CRNP-ACUTE CARE	159
AC-CRNP-ACUTE CARE PEDIATRICS	14
AC-CRNP-ADULT	231
AC-CRNP-FAMILY	1,603
AC-CRNP-GERIATRIC	3
AC-CRNP-NEONATAL	35
AC-CRNP-OB/GYN	57
AC-CRNP-PEDIATRICS	65
AC-CRNP-PMH	534
RN FNE - A	119
RN FNE - P	1
RN FNE A-P	83
RN-WCCM	312
AC-FNE-A	4

AC-FNE-A-P	6
AC-WCCM	255
MEDICATION TECHNICIANS	COUNT
MEDICATION TECHNICIAN	39,266
ASSISTED LIVING	982
SCHOOL HEALTH	311
DDA	2,509
JUVENILE SRVS	13

NURSING ASSISTANTS	COUNT
CNA	61,954
CNA - GERIATRIC NURSING ASSISTANT	23,976
CNA - CERTIFIED MEDICINE AIDE	1,135
CNA - HOME HEALTH AIDE	37
CNA - DIALYSIS TECHNICIAN	2,013
CNA - SCHOOL HEALTH	252
CNA - 90 - DAY - LETTER	208

CNA - END - 90- DAY - LETTER	51
CNA-DT-90-DAY-LETTER	7
ELECTROLOGY	COUNT
ELECTROLOGIST	49
ELECTROLOGIST INSTRUCTOR	2
DIRECT ENTRY MIDWIFERY	COUNT
DIRECT ENTRY MIDWIFE	37