EVALUATION OF THE MARYLAND BOARD OF NURSING
DECEMBER 2023

OFFICE OF PROGRAM EVALUATION AND GOVERNMENT ACCOUNTABILITY
DEPARTMENT OF LEGISLATIVE SERVICES
MARYLAND GENERAL ASSEMBLY

Evaluation of the
Maryland Board of Nursing

Department of Legislative Services
Office of Program Evaluation and Government Accountability
Annapolis, Maryland

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December 21, 2023

Senator Clarence K. Lam, M.D., Senate Chair, Joint Audit and Evaluation Committee
Delegate Jared Solomon, House Chair, Joint Audit and Evaluation Committee
Members of the Joint Audit and Evaluation Committee

Dear Senator Lam, Delegate Chang, and Members:

At the request of the Executive Director of the Department of Legislative Services, the Office of Program Evaluation and Government Accountability has conducted an evaluation of the Maryland Board of Nursing (MBON). This evaluation was performed consistent with § 2-1234 of the State Government Article.

Chapter five summarizes several recommendations for improving the efficiency and effectiveness of MBON. Their response is included as Appendix A. Draft bills are in Appendix B.

We wish to express our appreciation for the cooperation and assistance provided by the board.

Respectfully submitted,

Michael Powell
Director

MP/mpd

Contents

Evaluation of the Maryland Board of Nursing
Executive Summary

Most licensing and certification applications are processed by the Maryland Board of Nursing (MBON) in a couple of days.

Workdays to Process Applications
Calendar 2017-2022

Application Type	Workdays				
	Average	**Median**	**Minimum**	**Maximum**	**# Sampled**
Initial Applications					
RN/LPN Licenses	172	66	23	832	22
APRN Licenses	8	7	3	21	6
Compact APRN License	7	3	1	22	4
Professional Certifications	38	16	5	142	5
Endorsement Applications					
RN/LPN Licenses	27	15	2	73	12
Renewal Applications					
RN/LPN Licenses	6	2	1	72	91
APRN Licenses	6	3	2	27	17
Professional Certifications	2	2	2	2	3

APRN: Advanced Practice Registered Nurse
LPN: Licensed Practical Nurse
RN: Registered Nurse

Source: Maryland Board of Nursing; Department of Legislative Services

However, the Licensing Application Retrieval System can only accept one attached document, requiring many applications to be submitted manually rather than electronically.

Licensing fees for Maryland applications are generally below national averages, and many other states in the region.

RN Initial Fees
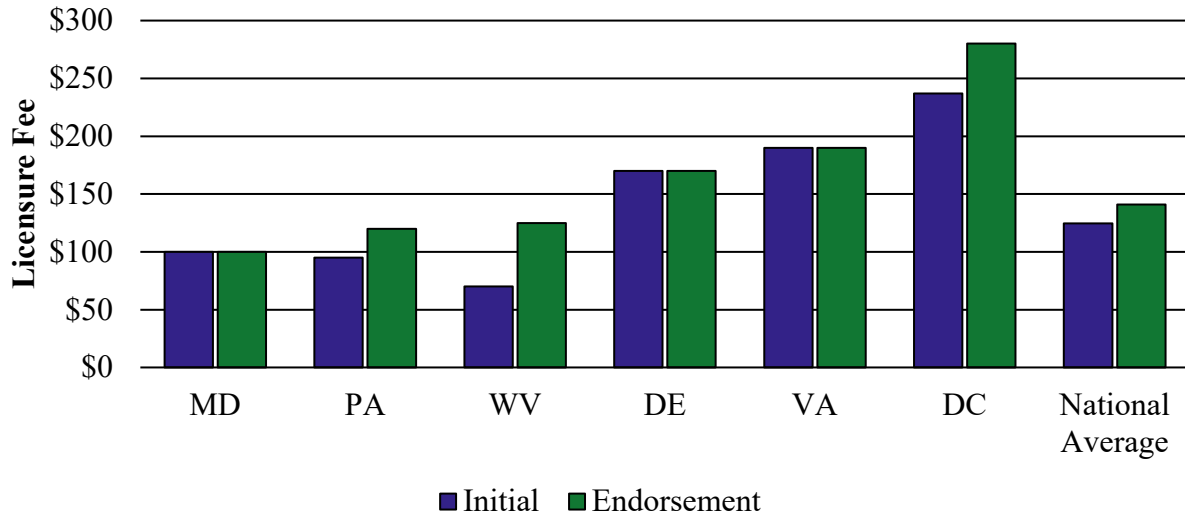
Licensure Fee (y-axis): $0, $50, $100, $150, $200, $250, $300

State	Initial	Endorsement
MD	$100	$100
PA	$95	$120
WV	$70	$125
DE	$170	$170
VA	$190	$190
DC	$237	$280
National Average	$125	$140

■ Initial   ■ Endorsement

RN: Registered Nurse

Source: Various state websites and/or statutes; Department of Legislative Services

MBON investigates complaints made against professionals they oversee. Many complaints, including the highest priority complaints, do not get triaged for investigation for weeks or months.

Days from Receiving a Complaint Until Getting Triaged

Complaints (y-axis): 0, 100, 200, 300

Days	Complaints
1-20 days	~45
21-40 days	~290
41-60 days	~260
61-80 days	~120
81-100 days	~40
101-200 days	~20
> 200 days	~10
Date unavailable	~8
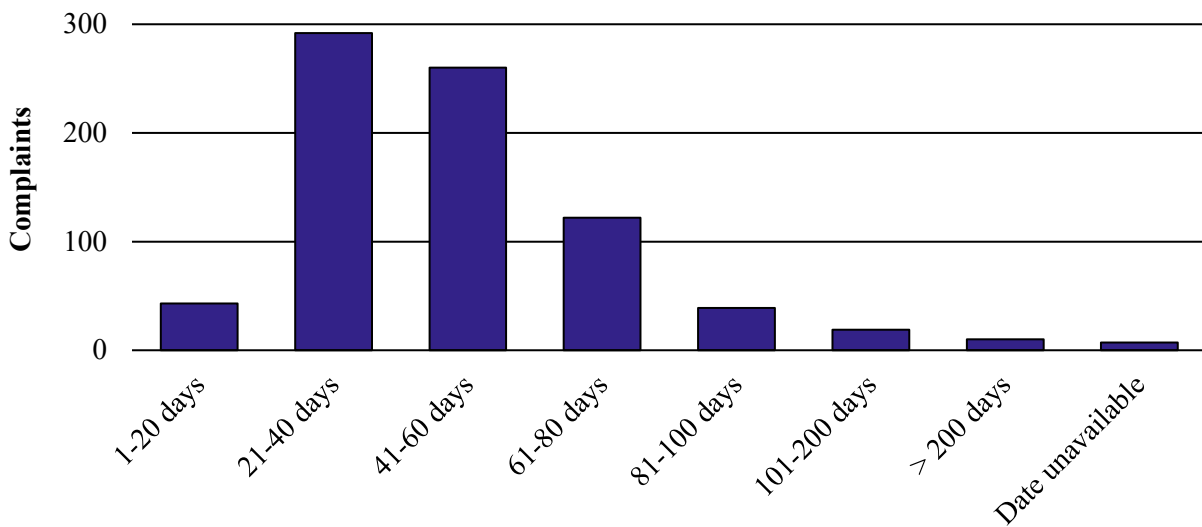
Source: Maryland Board of Nursing; Department of Legislative Services

Some complaints have been open for almost a decade. At the current rate of complaints resolution, it would take five years to clear the backlog, if no new complaints were received.

Open Complaints by Year Complaint Was Received
Calendar 2013-2022
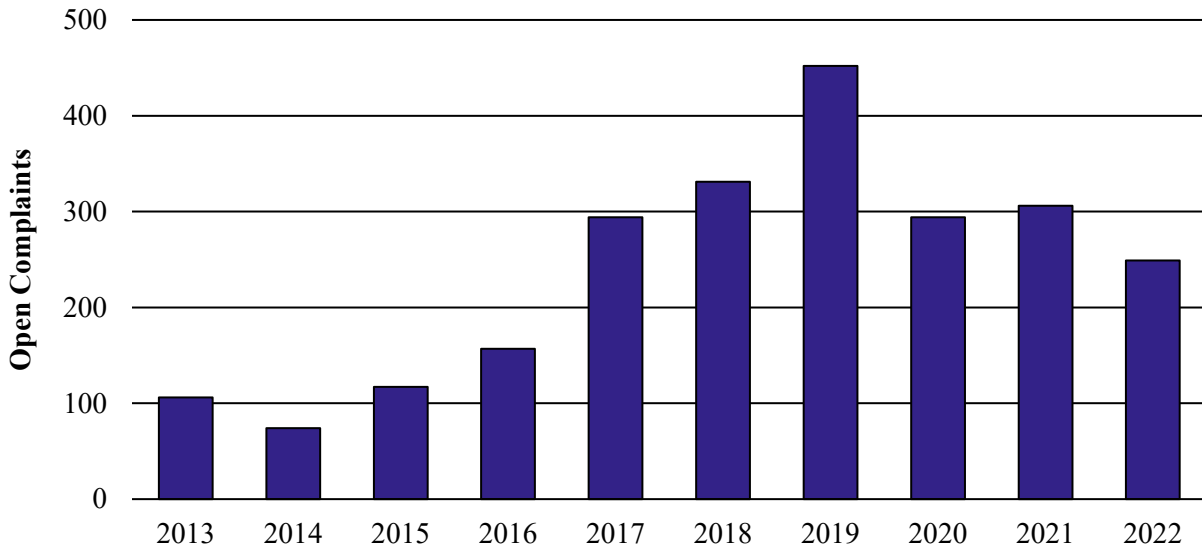
Source: Maryland Board of Nursing; Department of Legislative Services

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Many phone calls to MBON are not answered. The Office of Program Evaluation and Government Accountability called MBON 30 times; 8 calls were answered.

OPEGA Phone Calls Answered

MBON did not answer the phone — 22

MBON answered the phone — 8

Calls
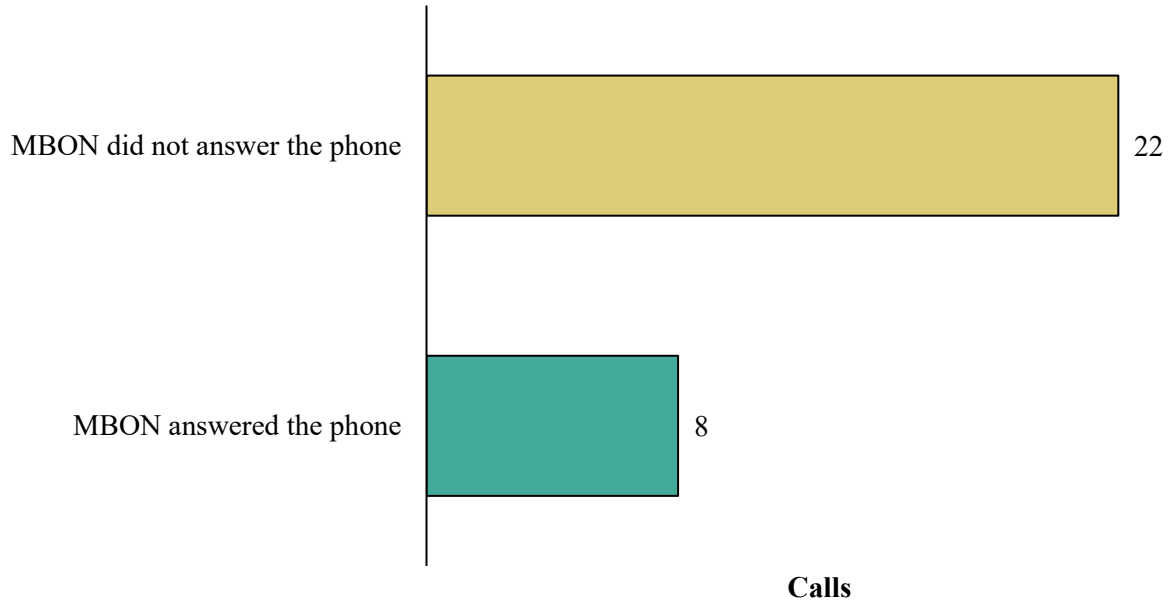
Source: Department of Legislative Services

Chapter 1. Introduction and Background

Introduction

The Maryland Board of Nursing (MBON) is the government agency responsible for the regulation and oversight of nursing professionals in the State. MBON issues licenses and certifications for nurses, nursing support staff, and related professions to allow them to legally practice in Maryland. They are also responsible for ensuring that Maryland nurses comply with federal and State laws governing the profession through the regulation and oversight of education and training programs and by taking disciplinary action against licensees and certificate holders when warranted.

Following a ransomware attack on Maryland Department of Health information systems in December 2021, Maryland legislators received calls and emails from constituents about MBON. Recent graduates of Maryland's nursing programs shared that they could not start working because their license applications were still pending. Hospital administrators shared that their staff could not legally show up for their assigned shifts because their licenses had expired. Hiring managers said that they could not fill open positions because they could not verify applicants' licenses.

As reported in a Department of Legislative Services (DLS) review of MBON in December 2022, the cybersecurity incident impeded MBON's ability to carry out its core licensing and enforcement functions and increased the time required by MBON staff to complete routine tasks. However, the DLS review also found that operational challenges had existed at MBON for several years. The cybersecurity incident had simply compounded those challenges.

Exhibit 1.1 shows Google Business reviews for MBON from January 2018 through December 2022. Google allows users to rate businesses on a scale of one to five stars, with 5 being the best. While there was an increase in negative reviews after the cybersecurity incident, the general sentiment toward MBON had been largely negative long before the ransomware attack.

Exhibit 1.1
Google Reviews of the Maryland Board of Nursing
Calendar 2018-2023
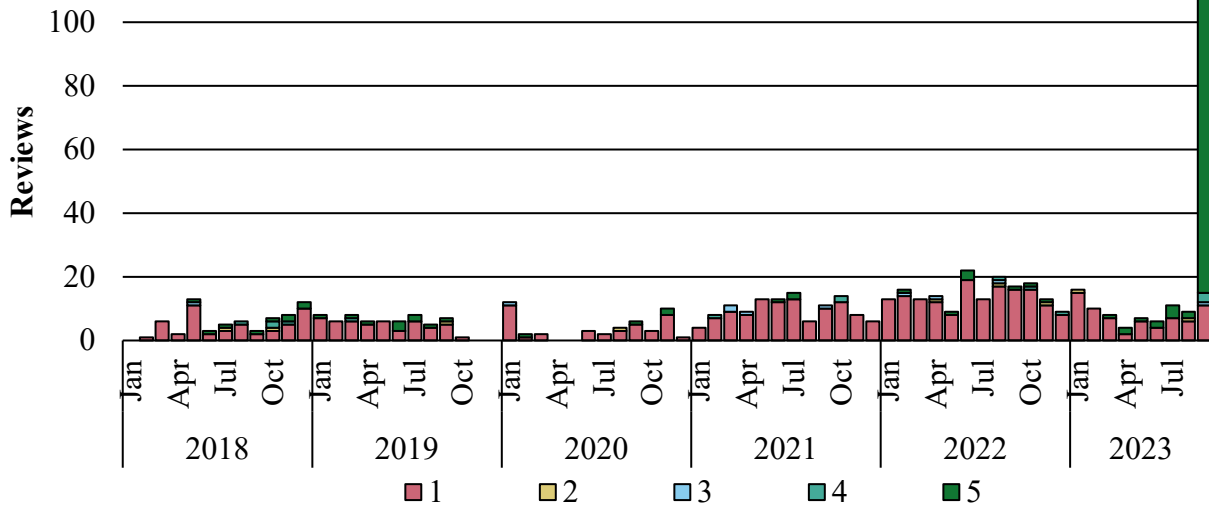
Source: Google; Department of Legislative Services

The Office of Program Evaluation and Government Accountability (OPEGA) conducted this evaluation to better understand how the State can best address concerns about MBON's performance. The research questions underlying this report were developed around the real experiences of Maryland's nursing professionals over the past several years. The following quotes were compiled from publicly available sources and interviews with MBON stakeholders. They provide some insight into the major concerns voiced by nurses, health care facilities, and community advocates that informed this evaluation.

- "It's common for phone calls to not be answered. I spoke with one of our members... She waited on hold five hours on two separate occasions to speak with someone. And when calls are answered, applicants are not always given correct information. Another nurse that I spoke with was told that they had to come in person to submit something and then when they got there in person and waited in long lines and got to the front, they were told no. You can only do this online, so they had wasted an entire day." – Professional Association Representative

- "The website is extremely frustrating to navigate. It's full of non-relevant information and the important links are difficult to find. I don't understand how some of the functions are not supported by common browsers." – Google Review (March 2023)

- "They informed me that they have no paperwork from me. They asked me if I took photos of my paperwork as proof that I completed it." – Reddit Post (2022)

- "I lost my dream job because of this board of nursing. I waited for WEEKS to MONTHS calling and emailing every day. After demanding to speak to someone… they informed me that my addresses didn't match up."– Google Review (January 2022)

- "The man who handled my request said that they discovered an IT issue that had caused my application to be lost. He said they would work on resolving it and that I should call back Monday to verify that the issue had been resolved." – Google Review (January 2020)

- "I started my renewal process over a month ago to just get a new paper application in the mail this week requiring a duplicate payment. The worst part is my license expires next Friday. They smiled in my face and told me 21 business days and better luck next time. So I am out $280 and may be laid off after Friday for not having a license." – Google Review (July 2022)

- "What you don't see is the people who don't show up because they don't want to go through the process and fail, or they show up on a day that the doors are locked for lunch and that's the only time that they can go there… We've got the capacity to do all of these pretty bold things as it relates to recruitment, but if they can't go down to the Board of Nursing and get certified, we're sort of spinning our wheels." – Professional Association Representative

Overview

MBON staff work across operational units, as described in **Exhibit 1.2**.

Exhibit 1.2
MBON Operational Units

Administration	• Maintains a record of board proceedings and a public register of all licensed nurses.
	• Compiles information and drafts the required annual reports to the Governor and the Maryland General Assembly.
	• Conducts outreach to hospitals, nursing programs, and constituents to address their needs.
	• Facilitates activities of board advisory committees.
	• 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:
	   • tracking and analyzing progress updates from individuals who are subject to a board order of probation; and
	   • assessing continued competence of nurses, nursing assistants, and other allied health professions that are subject to disciplinary action by the board.

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. • Tracks and manages charged cases, from the time of charging through final resolution. • Archives all disciplinary actions taken by the board and ensures compliance with all State and federal disciplinary reporting requirements.
Education	• Analyzes and approves new and established education programs, which prepare nurses, nursing assistants, and other allied health professions credentialed in Maryland. • 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. • Provides alternatives to discipline, including monitoring and remediation.
Fiscal Services and Management	• Manages all of the board's revenues and expenditures, ensuring financial management necessary to support all business activities and operations.
Information Technology	• 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. • Prioritizes cases, collects evidence, and interviews witnesses to create a comprehensive report to aid in evidentiary hearings.
Legislative Affairs	• Tracks bills introduced during the legislative session that impact the board's mission and the safe practice of nursing. • 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 & Certification	• Processes nursing applications for initial licensure by examination, interstate endorsement, and reinstatement.
	• Renews licenses and certificates biennially.
	• 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.

Source: Maryland Board of Nursing

Several of MBON's core functions are carried out by board committees instead of staff. There are currently 14 committees, as described in **Exhibit 1.3**.

Exhibit 1.3
MBON Committees

Criminal History Records Check	• Review applicants with positive background checks and present recommendations to the board.
Case Resolution Conference	• 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 Advisory	• Review, discuss, and make recommendations to the board on reports of investigation review.
	• Make recommendations for the approval of Certified Nursing Assistants (CAN)/Geriatric Nursing Assistants (GNA)/Certified Medication Technician (CMT), and Certified Dialysis Technician (CDT) training programs.
	• Review active certifications.
	• Develop and recommend regulations to enforce provisions of the Maryland Nurse Practice Act, applicable to CNAs, GNAs, Certified Medicine Aides, CMTs, and CDTs.
Complaint Triage	• Review incoming complaints and decide the next action to be taken (if any).
	• If it recommends investigation, assigns a priority level (1-4, with 1 being the highest priority).

Direct-Entry Midwifery Advisory	- Review applications of direct-entry midwives for licensure and review renewal applications for completion of required Continued Education Units. - May investigate a complaint at the request of the board. - Prepare an annual report for the board's review. - Advise the board on matters related to the practice of direct entry midwifery. - Make recommendations to the board regarding the Maryland Nurse Practice Act and applicable regulations.
Electrology Practice	- Review initial and renewal applications for licensure as electrologists and electrology instructors to ensure the application meets applicable requirements. - Review electrology education programs for approval or disapproval and make recommendations to the board. - Make recommendations to the board regarding applicable statues and regulations governing the practice of electrology. - May investigate complaints against licensed electrologists at the request of the board.
Forensic Nurse Examiners	- Facilitate the planning, development, implementation, and evaluation of Forensic Nurse Examiner (FNE) curriculum and training programs. - Fosters discussion and creates partnerships among FNE constituents. - Promotes and encourages research in the clinical practice of FNEs in the State of Maryland.
Legislative	- Review legislation presented during the legislative session. - Submit written or oral positions and testimony on behalf of the board.
Matrix	- 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	- Review site reports regarding education programs and requests for consultants. - Review and make recommendations to the board related to practice and education issues.
Pre-charge Case Resolution	- Meet with respondents (and, if represented, their attorneys) regarding complaints received by the board, prior to any charges being issued. - Determine the disposition recommendations.

Probation and Reinstatement Review	• Review and make recommendations to the board regarding: • Violations or probation. • Requests from licensees and certificate holders to alter or amend existing probation orders. • Reinstatement requests.
Report of Investigation Review	• Review reports of investigation and prepare disposition recommendations to be presented during the monthly board meetings.
Safe Practice (Alternative-to-Discipline)	• Ensure patient safety by monitoring nursing professionals who are struggling with substance use disorders.

Source: Maryland Board of Nursing

Purpose, Scope, and Methodology

In January 2023, the Executive Director of DLS directed OPEGA to conduct a performance evaluation of MBON, consistent with § 2-1234 of the State Government Article.

OPEGA conducted a stakeholder analysis that led to a focus on the efficiency and effectiveness of (1) the licensing process, including the renewal of licenses; (2) the complaint investigation process; and (3) the general management of the office.

A fuller explanation of the methodology for this evaluation can be found in **Appendix C**.

Data Limitations for this Evaluation

The state of MBON's current licensure systems limited OPEGA's ability to access data for this evaluation. To ensure accuracy, OPEGA cross-referenced data from information systems and staff tracking spreadsheets with external data from the National Council of State Boards of Nursing and the Maryland Department of Health. OPEGA also developed subsamples of licensees and discipline cases to be able to combine information about these processes from multiple sources into one complete picture. These samples are not representative of all practitioners regulated by MBON, but they can provide some insight into the experiences of individuals going through the licensure and investigations processes.

Chapter 2. Licensure

Licensing and Certification

Generally, to practice nursing in Maryland, an individual residing in Maryland must be licensed or certified by the Maryland Board of Nursing (MBON). MBON regulates a range of professions. The scope of practice and licensure or certification requirements of select regulated professions is outlined in **Exhibit 2.1**.

Exhibit 2.1
Professions Regulated by the Maryland Board of Nursing

Regulated Profession	Scope of Practice	Licensure/Certification Requirements
Registered Nurse (RN) – License	Performs acts requiring substantial specialized knowledge, judgment, and skill based on the biological, physiological, behavioral, or sociological sciences as the basis for assessment, nursing diagnosis, planning, implementation, and evaluation of the practice of nursing to maintain health, prevent illness, or care for or rehabilitate the ill, injured, or infirm. May administer medication and treatment under the direction of specified health care professionals.	Associates degree in Nursing Pass a National Council of State Boards of Nursing examination (the National Council Licensure Examination-Registered Nurse, commonly referred to as the "NCLEX")
Advanced Practice Registered Nurse – License	Practices registered nursing within in the area of specialty for which the individual holds a certification from a nationally recognized certifying body recognized by the Maryland Board of Nursing (MBON). May have prescriptive authority. Specialty areas include nurse practitioner (NP), clinical nurse specialist (CNS), certified nurse anesthetist, and certified nurse midwife.	Graduate-level degree from an accredited program for advanced practice registered nursing, and a specialty certification from a national certifying body recognized by MBON (in addition to the above RN requirements)
Licensed Practical Nurse (LPN) – License	Practices in partnership with specified health care professionals to administer treatment or medication, aid in the rehabilitation of patients, promote preventive measures in community health, give counsel to a patient, and safeguard life and health.	High School Diploma/Equivalent and MBON-approved one year Licensed Practical Nursing Program National Council of State Boards of Nursing examination (the National

Regulated Profession	Scope of Practice	Licensure/Certification Requirements
		Council Licensure Examination–Practical Nurse, commonly referred to as the "NCLEX")
Direct Entry Midwife – License	Provides maternal and newborn care consistent with the individual's training, education, and experience. Must identify and refer patients who require specified medical care to an appropriate health care provider. May not provide care to patients with specified medical conditions and must be assisted by specified individuals during the delivery of an infant.	High School Diploma/Equivalent. Must be 21 years of age Certified professional midwife credential from the North American Registry of Midwives and complete specified programs accredited by the Midwifery Education Accreditation Council or Accreditation Commission for Midwifery Education. Current CPR certification issued by the American Red Cross or American Heart Association and complete the American Academy of Pediatrics/American Heart Association Neonatal Resuscitation Program
Electrologist – License	Removes body hair permanently through the use of electrical instruments.	High School Diploma/Equivalent and MBON approved Electrology Program. Must be 18 years of age MBON approved clinical examination
Medication Technician – Certificate	Performs delegated medication administration, generally under the supervision of an RN	MBON approved medication administration course
Certified Nursing Assistant – Certificate	Performs nursing tasks delegated by an RN or LPN. May obtain additional certification as a geriatric nursing assistant, home health aide, certified medicine aide, or dialysis technician.	High School Diploma/Equivalent and MBON approved nursing assistant training program Must be 16 years of age

Source: Annotated Code of Maryland

There are four pathways by which an individual can work as a licensed nurse in Maryland, as outlined in **Exhibit 2.2**.

Exhibit 2.2
Pathways to Licensure

Initial	When an individual applies for a specific license or certification for the *first time*. The initial application for registered nurse (RN)/licensed practical nurse (LPN) licensure is also referred to as licensure by examination, and the license can be called an exam license.
Renewal	When an individual already holds a specific license or certification and applies to renew that license/certification.
Endorsement	When an individual who holds a license in another state or jurisdiction becomes a Maryland resident, they must transfer their license to Maryland. Legal residents of non-compact states who want to work in Maryland must also apply for an endorsement license.
Compact	When an individual holds a Nurse Licensure Compact RN/LPN license, they can practice as an RN/LPN in Maryland. Advanced practiced registered nurse licenses are not recognized under the compact.

Source: Maryland Board of Nursing

Application Requirements

Each application for licensure or certification submitted to MBON must have an accompanying Social Security number. (This requirement was eliminated in 2023 but was in effect when the evaluation began.) Initial applications must also include a passport-style photograph of the applicant. Individuals applying for licensure or certification for each MBON regulated profession must be of good moral character. Those seeking licensure as a registered nurse (RN) or licensed practical nurse (LPN) must also demonstrate English language competency.

Each new applicant for a license or certificate issued by MBON, with the exception of medication technicians, must complete a Criminal History Records Check (CHRC). Individuals with a license or certificate that has been expired for more than 12 months are also required to complete a CHRC. Additionally, a selected population of RN, LPN, and certified nursing assistant (CNA) renewal applicants are required to complete a CHRC to renew an existing license or certification.

Licensure and Certification – Outputs

MBON has the authority to regulate both nursing and non-nursing professions. **Exhibit 2.3** shows the professions regulated by MBON.

Exhibit 2.3
Professions Regulated by MBON

Regulated Profession	License/Certification Type	License/Certification Issued
Advanced Practice Registered Nurse – License	Certified Registered Nurse Practitioner (CRNP)	CRNP–Acute Care
		CRNP–Acute Care Pediatrics
		CRNP–Adult
		CRNP–Family
		CRNP–Geriatric
		CRNP–Neonatal
		CRNP–OB/GYN
		CRNP–Pediatrics
		CRNP–Psychiatric Mental Health
	Clinical Nurse Specialist	Clinical Nurse Specialist
	Certified Registered Nurse Anesthetist	Certified Registered Nurse Anesthetist
	Certified Registered Nurse Midwife	Certified Registered Nurse Midwife
Registered Nurse (RN) – License	Registered Nurse	Registered Nurse
		RN–Forensic Nurse Examiner - Pediatric
		RN–Forensic Nurse Examiner - Adult & Pediatric
		RN–Forensic Nurse Examiner - Adult
		RN–Workers Compensation Case Manager
Practical Nurse – License	Licensed Practical Nurse	Licensed Practical Nurse
Electrologist – License	Electrologist	Electrologist
		Electrologist Instructor
Direct Entry Midwife – License	Direct Entry Midwife	Direct Entry Midwife
Medication Technician –Certification	Medication Technician	Medication Technician
		Medication Technician – Assisted Living
		Medication Technician – Developmental Disabilities Administration
		Medication Technician – Juvenile Services
		Medication Technician – School Health
Nursing Assistant – Certification	Certified Nursing Assistant (CNA)	Certified Nursing Assistant
		CNA–Certified Medicine Aide
		CNA–Dialysis Technician
		CNA–Geriatric Nursing Assistant
		CNA–Home Health Aide
		CNA–School Health

Source: Maryland Board of Nursing

MBON oversaw an average of 100,000 active licenses and 300,000 active certificates each fiscal year between 2017 and 2022, as shown in **Exhibit 2.4**. An individual can hold multiple certificates at the same time.

Exhibit 2.4
Active Licenses and Certificates by Fiscal Year
Fiscal 2018-2022
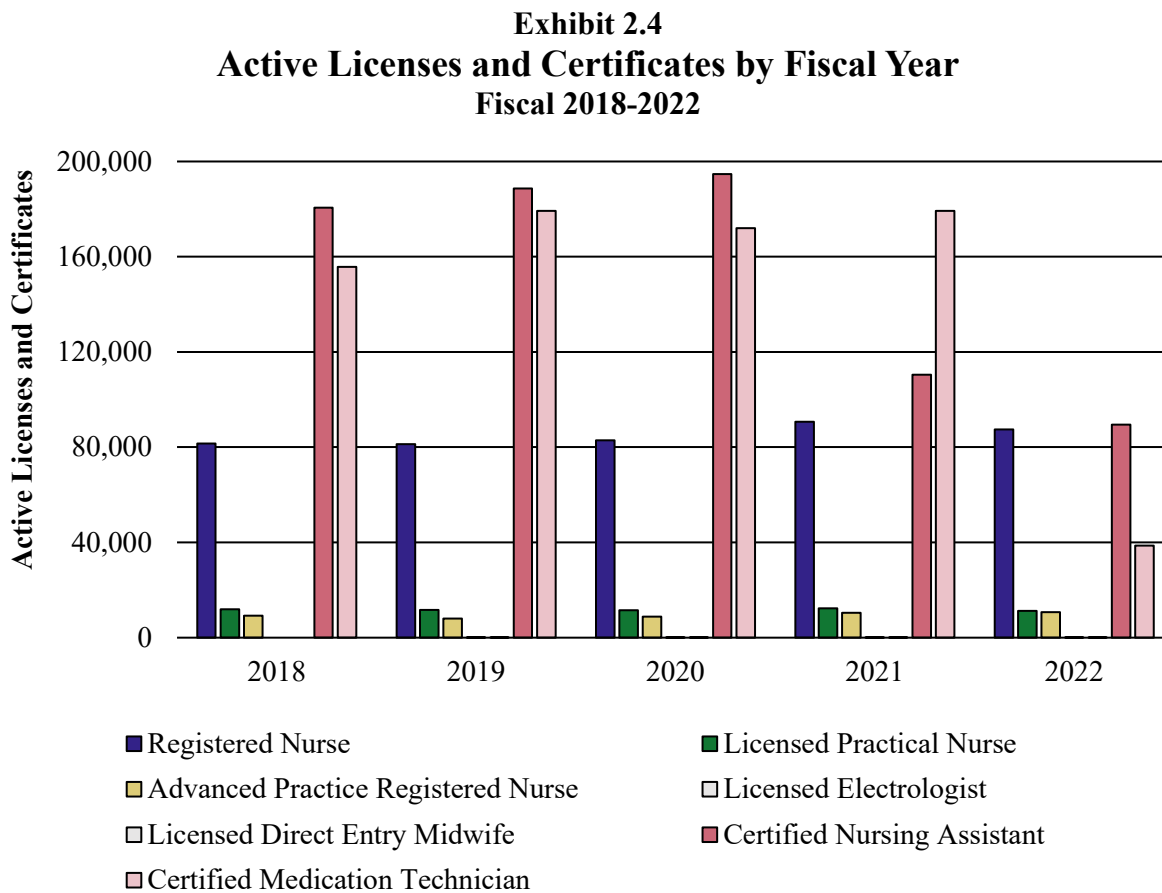
Source: Maryland Board of Nursing; Department of Legislative Services

Observation: There has been consistent growth in the number of initial advanced practice registered nurse (APRN) licenses issued each year.

MBON renews an average of about 50,000 nursing licenses each year. **Exhibit 2.5** shows that renewals follow a similar pattern as initial licenses – most renewals are for RN licenses, and there are a growing number of renewals for APRNs. As with initial APRN licenses, APRN renewal is a manual process that requires applicants to submit a paper form and supplemental documentation to MBON.

Exhibit 2.5
Nursing Licenses Renewed by Fiscal Year
Fiscal 2017-2022
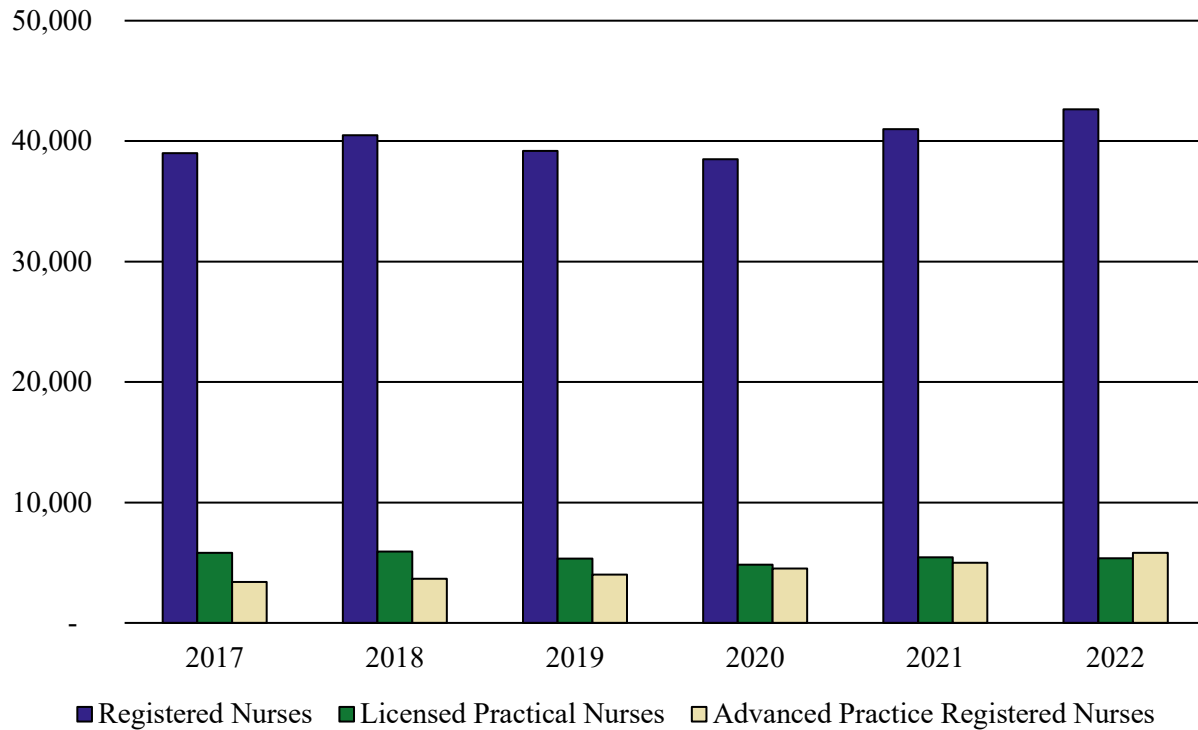
Source: Maryland Board of Nursing; Department of Legislative Services

MBON issues around 7,500 initial nursing licenses each year. **Exhibit 2.6** shows that most initial licenses are for RNs – around 5,100 each year. The number of initial LPN licenses issued each year is much smaller – about 500.

Exhibit 2.6
Initial Nursing Licenses Issued by Fiscal Year
Fiscal 2017-2022
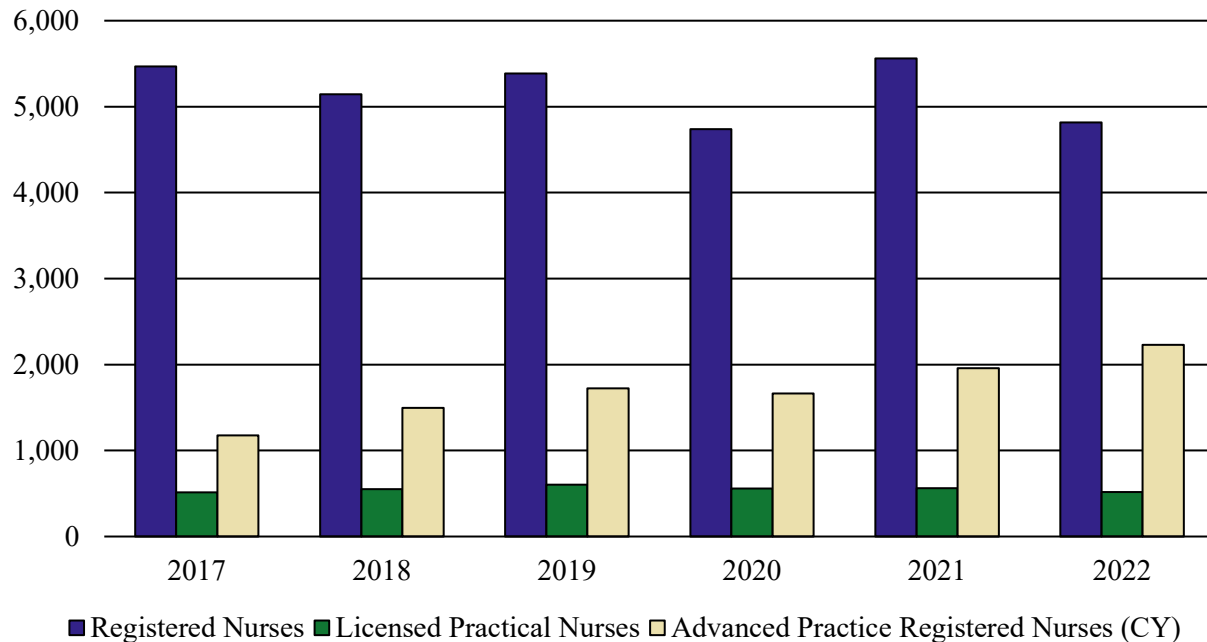
Source: Maryland Board of Nursing; Department of Legislative Services

While the number of initial RN and LPN licenses issued by MBON each year has remained steady, there has been consistent growth in the number of new APRN licenses issued. The number of initial APRN licenses issued each year grew by 89% between 2017 and 2022. All applications for APRN licensure require a paper form and manual processing. Thus, growth in initial APRN licensure represents a growing demand for staff time.

Exhibit 2.7 shows the number of RN and LPN endorsement licenses issued by MBON each fiscal year between 2017 and 2022. Except for 2020, MBON issued around 2,800 endorsement RN and LPN licenses each fiscal year. Endorsement licenses are for legal residents of non-compact states who want to work in Maryland and nurses who are changing their legal residency to Maryland.

Exhibit 2.7
RN and LPN Endorsement Licenses Issued by Fiscal Year
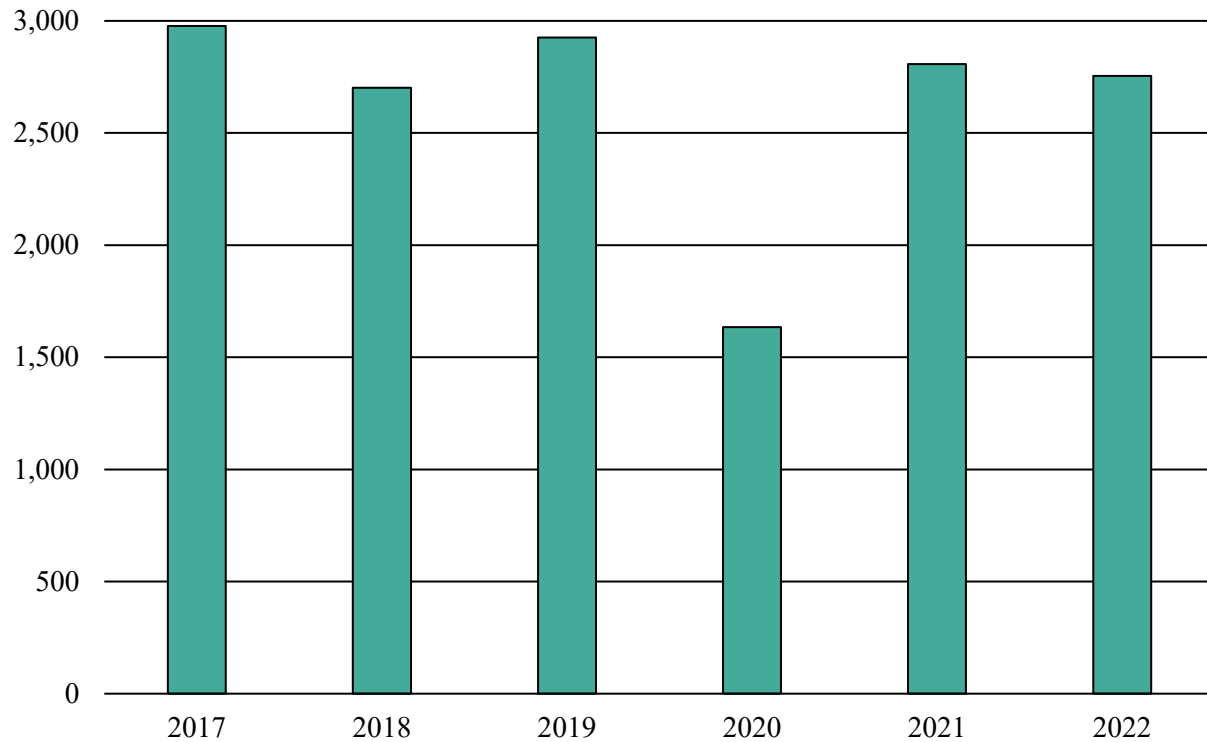
Source: Maryland Board of Nursing; Department of Legislative Services

MBON can use temporary licenses to get nurses into the workforce when an applicant has submitted all required materials, but MBON has not processed those materials to confirm the applicant is eligible for a permanent license. **Exhibit 2.8** shows that between 2017 and 2022, temporary licenses represented a little over 15% of all initial and endorsement RN and LPN licenses issued by MBON. The board's use of temporary licenses as a share of initial and endorsement licenses peaked in 2022.

Exhibit 2.8
Temporary Licenses as a Percentage of All Initial and Endorsement RN/PN Licenses by Calendar Year
Calendar 2017-2022
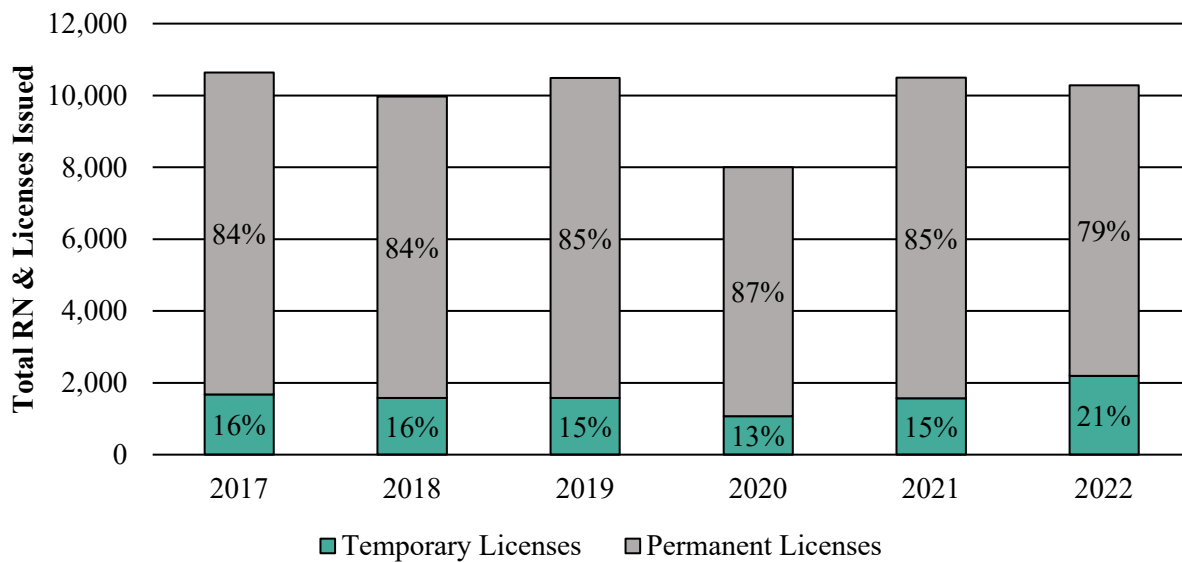
Source: Maryland Board of Nursing

Online Information

MBON does not provide straightforward information about how to apply for a nursing license.

Application instructions are available on the website but are challenging to locate and spread across several web pages. For example, as of September 2023, at least five different pages on the MBON website contained application instructions for an initial RN license.

Additionally, the information provided in the instructions can be confusing and even contradictory. For example, the following are all instructions to applicants for an initial RN license related to NCLEX registration:

- "To be eligible for the NCLEX-RN examination, you must complete satisfactorily and meet the following requirements," the last of which is "NCLEX Candidate Bulletin."

- "To receive the Authority to Test (ATT), you **MUST** first register with Pearson VUE."

- "Do NOT register with Pearson VUE until told to do so by the MBON."

Confusion about application requirements can result in application processing delays. As shown in **Exhibit 2.9**, some of the most common reasons for renewal processing delays are related to missing and/or incorrect application materials or an applicant not following the correct process for submitting their application.

Exhibit 2.9
Most Common Reasons for Renewal Processing Delays
Fiscal 2023
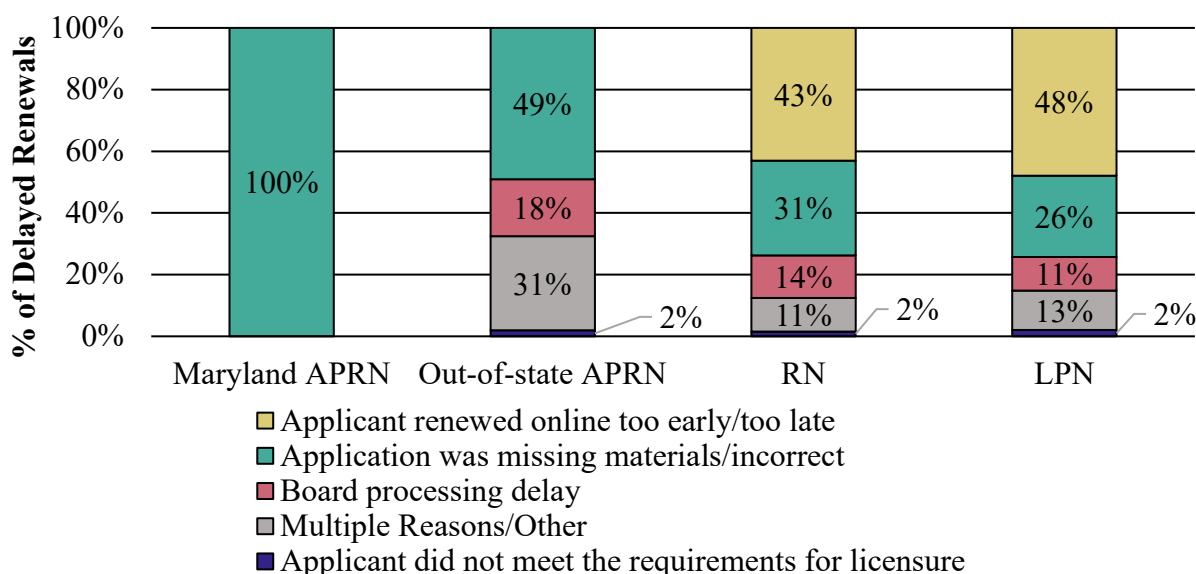
Source: Maryland Board of Nursing

Observation: Information provided on MBON's website is often incomplete or outdated, and many links on the site do not work.

MBON's website provides the basic information that users need to apply for a license or file a complaint. However, as of September 2023, the website contained broken links and missing, incomplete, or outdated information. Some examples of its deficiencies include:

- Six of the eight links on the Nurse Licensure Compact page, which are supposed to direct users to resources about the Nurse Licensure Compact, do not work.

- The Nursing Delegation page asks visitors to read the latest national guidelines for nursing delegation under the headline "Hot Off the Press!." The guidelines are from 2016.

- The Information page has a header for announcements, but the only announcement on the page pertains to a question the board considered at a 2014 meeting about the "intravesicular administration of chemotherapeutic and general medications."

- The Information page links to the 2017 National Nursing Workforce Study, even though 2020 and 2022 versions of the study are publicly available.

- There are multiple references on the website to the Maryland Department of Health and Mental Hygiene, the former name of the Maryland Department of Health (MDH) until it was changed in 2017.

- A frequently asked questions (FAQ) link on the Information page sends visitors to an FAQ page of the Electrology Practice Committee, rather than a FAQ page about MBON or the practice of nursing in Maryland generally.

- The Maryland Public Information Act page provides users with a link to view the Act's provisions; however, the link does not work.

Certifications

As of October 2023, information on MBON's website regarding certifications was plentiful but not organized in a logical way. A person visiting the site who is interested in becoming an APRN, CNA, or geriatric nursing assistant has to scroll through a variety of sometimes unrelated links to find what they need.

Recommendation: MBON should update their website to make sure it is user-friendly, organized, and current.

MBON should review their website, and should review the websites of some of their peers around that country with websites that appear more user-friendly. A few examples include:

- Arizona – https://www.azbn.gov/

- Georgia – https://sos.ga.gov/georgia-board-nursing

- Kansas – https://ksbn.kansas.gov/

- Mississippi – https://www.msbn.ms.gov/

- New Mexico – https://www.bon.nm.gov/

- Virginia – https://www.dhp.virginia.gov/Boards/Nursing/

- Washington – https://nursing.wa.gov/

Barriers to Timely Application Processing

A 2020 letter requested by the Health and Government Operations Committee (HGO) on MBON found severe delays in nurse licensure, especially compared to other health occupation boards in the State. The Office of Program Evaluation and Government Accountability (OPEGA) randomly sampled 160 applications received by MBON between 2017 and 2022 to understand better what might be behind these delays. **Exhibit 2.10** provides some basic information about the sampled applications. The processing times required for applications in the sample relate to the unique requirements for each type of application and the steps MBON takes to process them.

Exhibit 2.10
Workdays to Process Applications
Calendar 2017-2022

Application Type	Workdays				
	Average	**Median**	**Minimum**	**Maximum**	**# Sampled**
Initial Applications					
RN/LPN Licenses	172	66	23	832	22
APRN Licenses	8	7	3	21	6
Compact APRN License	7	3	1	22	4
Professional Certifications	38	16	5	142	5
Endorsement Applications					
RN/LPN Licenses	27	15	2	73	12
Renewal Applications					
RN/LPN Licenses	6	2	1	72	91
APRN Licenses	6	3	2	27	17
Professional Certifications	2	2	2	2	3

APRN: Advanced Practice Registered Nurse
LPN: Licensed Practical Nurse
RN: Registered Nurse

Source: Maryland Board of Nursing; Department of Legislative Services

Exhibit 2.11 shows the median workdays between when an application form is submitted and when MBON issues a license. Initial applications in the sample took the longest to process, followed by endorsement applications. Renewal applications, the majority of which are automatically processed online, generally took the least time.

Exhibit 2.11
Median Number of Workdays to Process Applications
Calendar 2017-2022

APRN: Advanced Practice Registered Nurse
LPN: Licensed Practical Nurse
PN: Practical Nurse
RN: Registered Nurse

Source: Maryland Board of Nursing; Department of Legislative Services

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Observation: The amount of time to process an initial RN or LPN license appears somewhat attributable to waiting for NCLEX examination results.

Recent graduates of nursing education programs apply through MBON's online application portal before taking their NCLEX examination. Once MBON receives an application for initial licensure, the education team verifies that the applicant has graduated from an approved education program and is eligible to sit for the examination. MBON registers eligible individuals as approved test-takers with Pearson VUE, the company that administers the NCLEX.

OPEGA's sample contained 22 initial RN and LPN licensure applications, also called "licensure by examination." **Exhibit 2.12** shows that MBON issued initial RN and LPN licenses in the sample 23 to 832 workdays after the applicant submitted the online form. The median processing time was 66 workdays.

Exhibit 2.12
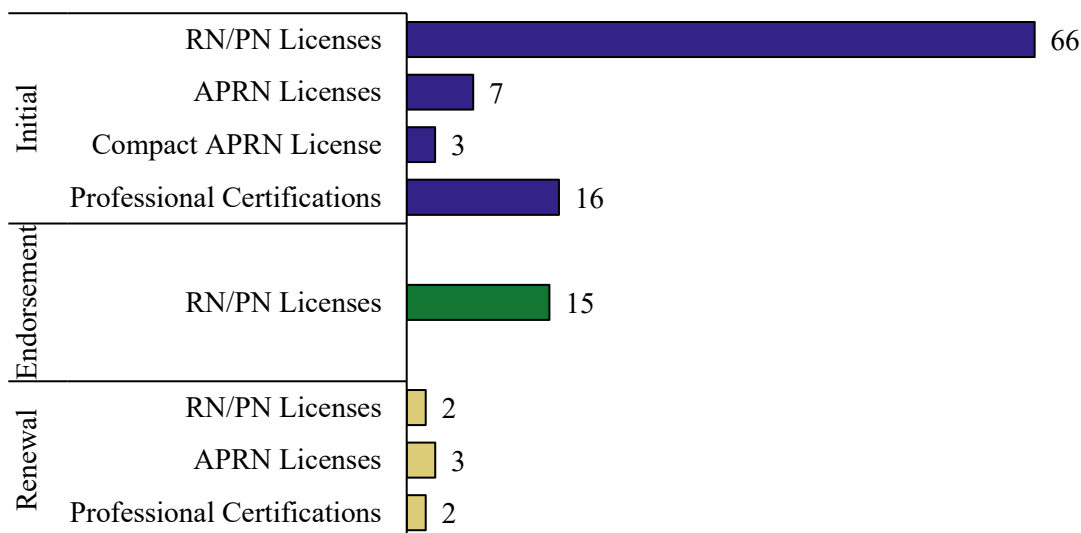**Workdays from Application to Licensure**
Initial RN/LPN Applicants
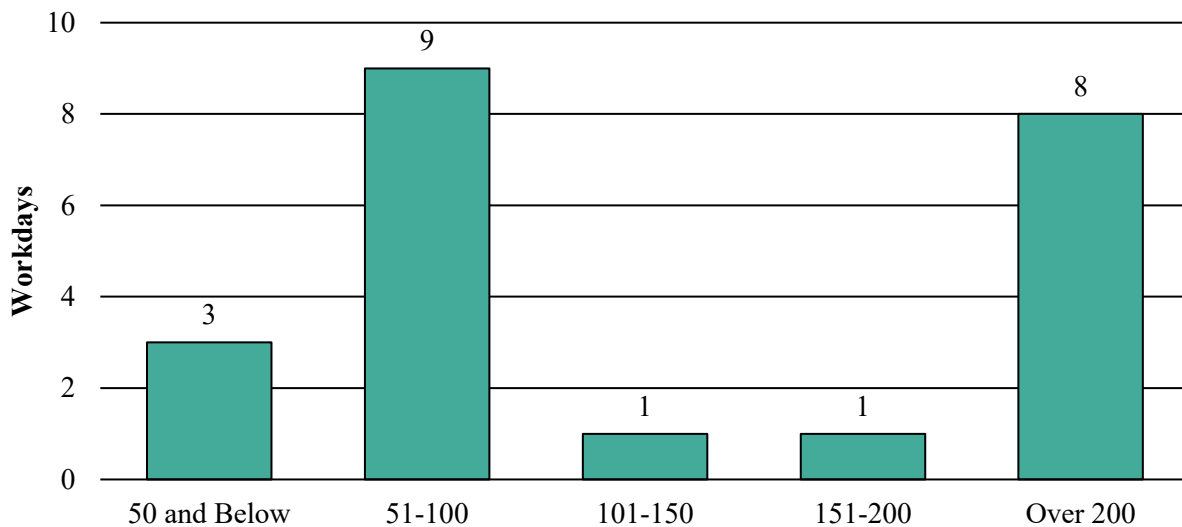
LPN: Licensed Practical Nurse
RN: Registered Nurse

Source: Maryland Board of Nursing; Department of Legislative Services

The application process takes longer when applicants do not pass the NCLEX exam on their first attempt. Once applicants in the sample passed their NCLEX, MBON issued a permanent RN/LPN license in an average of three workdays. For example, one applicant who submitted their initial form in March 2020 failed the NCLEX three times before passing in October 2021. MBON issued their license two days after the NCLEX scores were released.

Program Review

MBON regulates the State's prelicensure education programs for RNs and LPNs. RN/LPN applicants who attended out-of-state programs must demonstrate that their education meets the

minimum requirements that MBON has established for education programs in Maryland. This is called "substantial equivalency."

MBON publishes a list of approved out-of-state programs on the website, which is updated regularly with newly added programs. If an applicant's program is on this list, they do not need to go through the educational program review process. If their program is not on the approved list, the applicant must have their program submit detailed documentation to MBON.

Education program approval can cause processing delays for applicants who were educated out of state if MBON has not already reviewed their education program. This primarily affects applicants for an endorsement license.

OPEGA's sample contained 12 applications for RN/LPN endorsement. These applications took anywhere from 2 to 73 workdays to be processed by MBON, with the median being 15 workdays. **Exhibit 2.13** shows that MBON initially issued half of these applicants a temporary license while their education programs were under review. Permanent licenses for these individuals were issued 21 workdays later, on average.

Exhibit 2.13
Workdays from Application to Licensure
Endorsement RN/LPN Applicants

Workdays	License Issued
2	Temporary RN
3	Temporary LPN
3	Temporary RN
5	Temporary RN
8	Temporary RN
13	LPN
17	RN
30	LPN
48	Temporary RN
56	RN
65	RN
73	RN

LPN: Licensed Practical Nurse
RN: Registered Nurse

Source: Maryland Board of Nursing; Department of Legislative Services

OPEGA reviewed 164 endorsement applications received in August from the Endorsement unit's manual tracking logs. **Exhibit 2.14** shows that just under 25% of these endorsement applications in the file required education program approval.

Exhibit 2.14
Endorsement Applications Requiring Education Program Approval
August 2023

24%

76%

■ Require Education Program Review   ■ Education Program Already Approved
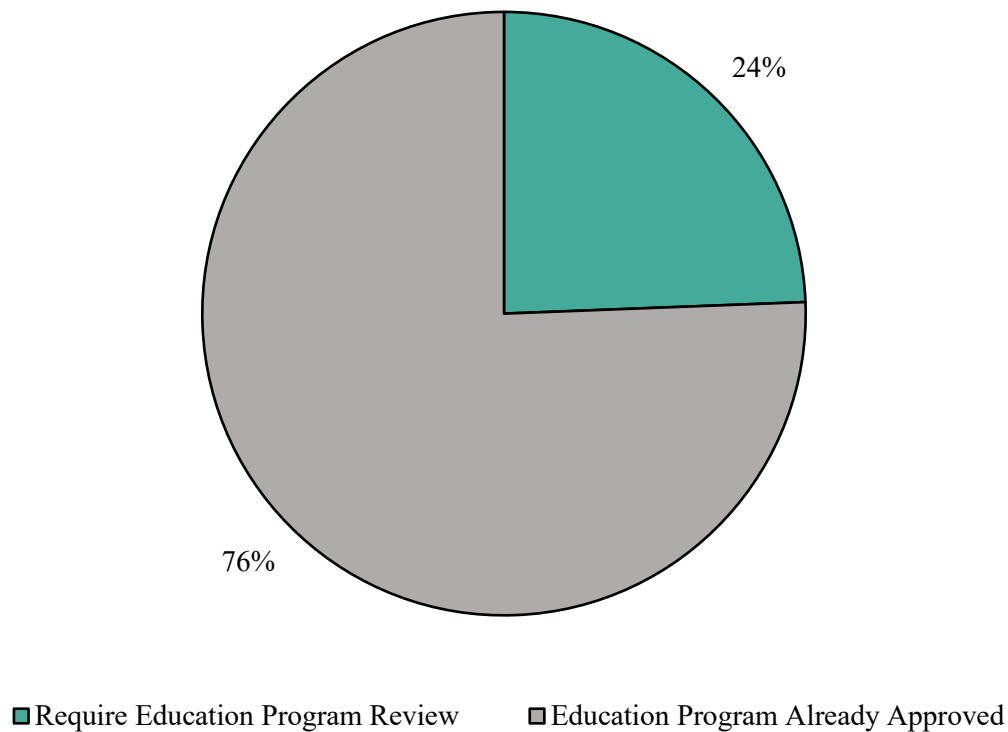
Source: Maryland Board of Nursing; Department of Legislative Services

Exhibit 2.15 shows the total number of RN/LPN prelicensure program approvals completed by the Education unit from January 2019 to September 2023.

Exhibit 2.15
Out-of-state RN/LPN Prelicensure Education Programs Approved by Year
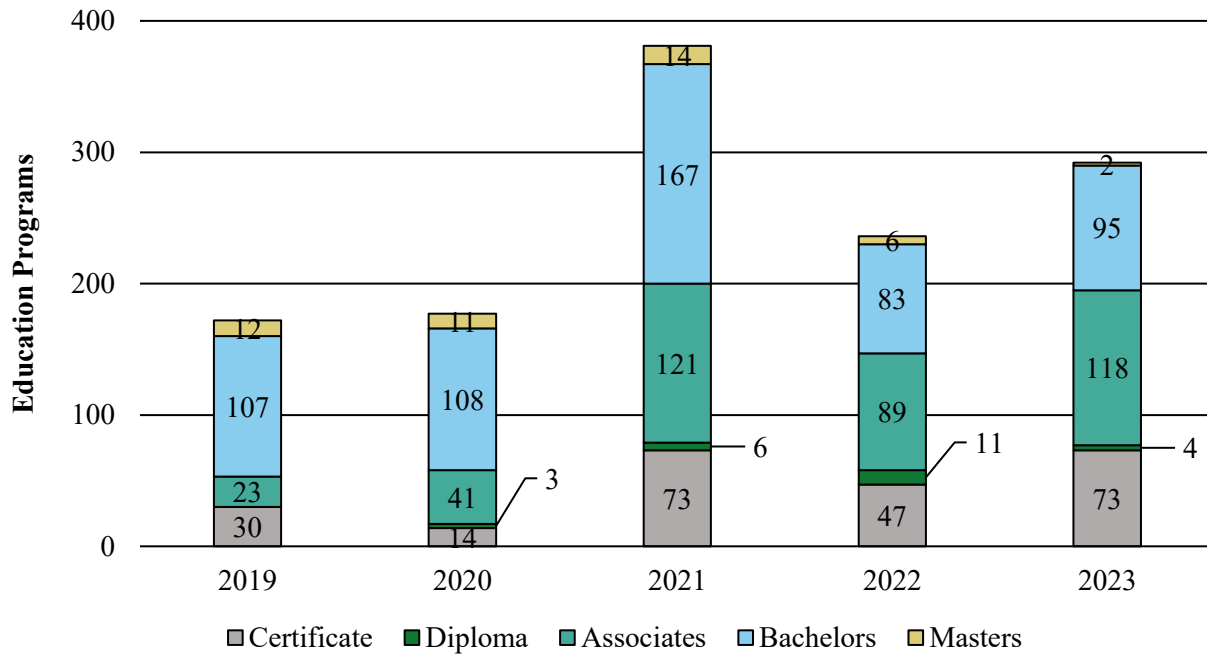
LPN: Licensed Practical Nurse
RN: Registered Nurse

Source: Maryland Board of Nursing; Department of Legislative Services

Exhibit 2.16 shows education program approvals by the program's jurisdiction. New York and Pennsylvania are not members of the Nurse Licensure Compact, which is likely why relatively more education programs from those states require MBON approval. If an RN/LPN licensed in one of those states would like to work in Maryland without changing their legal residence, they must apply for an endorsement license. Comparatively, an RN/LPN from Virginia can practice in Maryland with a Virginia license.

Exhibit 2.16
Out-of-state RN/LPN Prelicensure Education Programs
Approved by Jurisdiction
As of September 2023
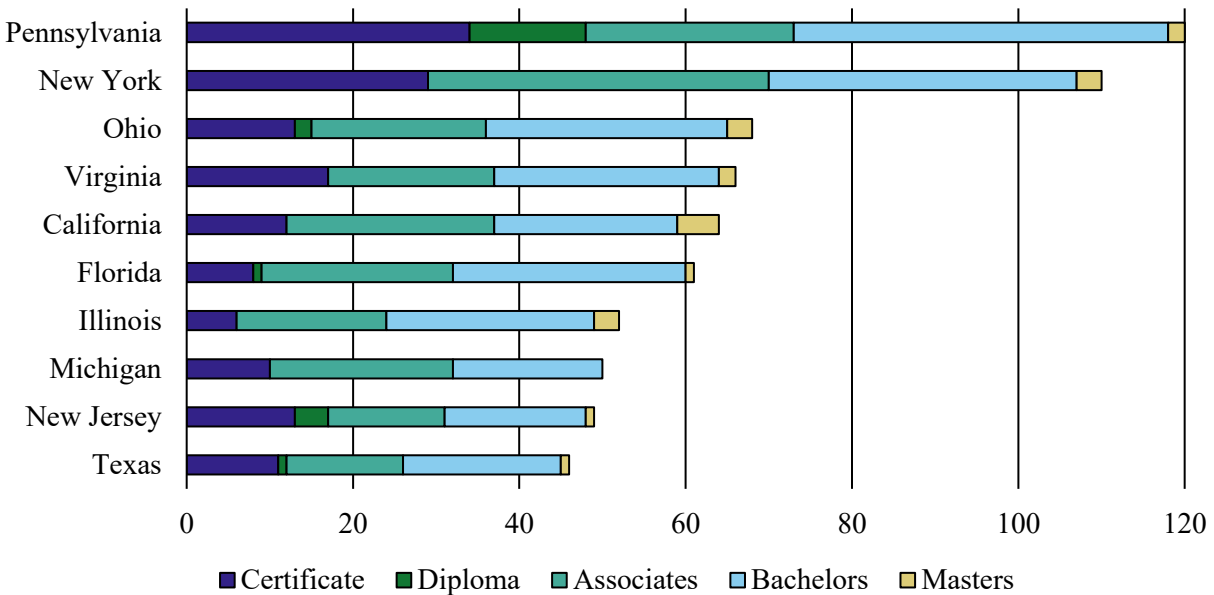
LPN: Licensed Practical Nurse
RN: Registered Nurse

Source: Maryland Board of Nursing; Department of Legislative Services

Criminal History Records Check

All applicants for an initial license or certification are asked to self-report their criminal history on their application. Except for medication technicians, initial applicants must also complete a fingerprint-based background check along with their application. MBON also requires a sample of renewal applicants to complete a background check each year based on the nurse's date of birth. Other renewal applicants are asked to self-report whether they have a new criminal conviction.

Applicants who self-report criminal history are required to submit additional documentation to support their application. This includes:

- a written explanation;

- court documentation; and

- two character references (one personal and one professional).

To complete the fingerprinting process, Maryland residents can print a form from the MBON website and take it to an approved electronic fingerprinting location. Applicants outside of Maryland must request a hard copy fingerprinting card from MBON, which MBON will mail to the applicant.

Fingerprinting vendors send completed fingerprints to the Criminal Justice Information Services (CJIS) unit (within the Maryland Department of Public Safety and Correctional Services) for processing. CJIS compiles a report from the Federal Bureau of Investigation (FBI) and a Maryland-specific report for each applicant. CJIS forwards those reports to the MBON Background Review team for review in a secured email. Criminal history reports are accessible to MBON for 90 days. The board advises that applicants for initial or renewal licensure complete their criminal history records check no earlier than six weeks prior to the submission of the individual's application. If the applicant completes their criminal history records check too early, they will be required to resubmit. Individuals report that long processing times require them to resubmit several times.

The Background Review team estimates they receive anywhere from 500 to 800 reports from CJIS daily. These reports are for all applicants who submitted fingerprints to CJIS, not just those with criminal histories. To clear an applicant, the criminal history records check team must review the FBI and State reports. If MBON does not clear an applicant within 90 days, they must contact CJIS and have them resend the report.

Background Review staff reported that they frequently contact CJIS to access expired reports. As a result, CJIS requested that they print out the reports daily so that the team could continue to access reports over 90 days old. As of August 2023, the Background Review team was printing, alphabetizing, and storing all incoming reports from CJIS on a daily basis. Once an applicant is cleared, the reports are shredded.

Observation: Applicants who disclosed their criminal history on their initial application were generally processed more quickly than applicants who did not disclose their criminal history.

The Background Review team compiles positive criminal history reports and the supplemental information provided by the applicant into a report for the Matrix Committee. The Matrix Committee reviews all applications with criminal history. The Matrix Committee can clear certain applicants who meet certain conditions, but all applicants who cannot be cleared are sent to the Background Review Committee. Only the full board can deny an applicant based on a criminal background.

For applications with convictions within the previous three years, the Matrix Committee sends their recommendation to the Criminal History Records Check Committee and then to the full board for a final vote.

Exhibit 2.17 shows the average number of days after an application was submitted that it took the Background Review team to compile a final report for the Matrix Committee in fiscal 2023. Applicants who disclosed their criminal history on their initial application were generally processed more quickly than applicants who did not disclose their criminal histories.

Exhibit 2.17
Days to Compile Criminal History Report for Board
Fiscal 2023
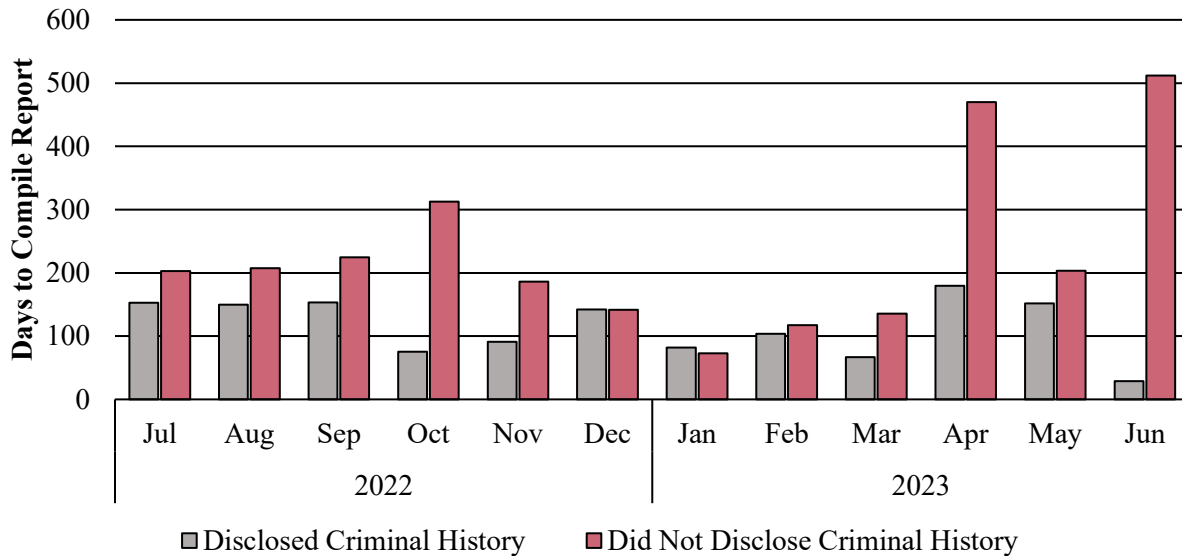
Source: Maryland Board of Nursing; Department of Legislative Services

Overall, it took the Background Review team around twice as long to send applicants to the Matrix Committee for review when an applicant did not disclose their criminal history on their application. This is because applicants who self-report can start to compile and submit all of the necessary documentation along with their application. Applicants who do not self-report may not begin to gather that documentation until they are contacted by the Background Review team when their criminal history report is flagged.

Applicants who self-disclosed their criminal history still waited several months to be processed by the Background Review team in fiscal 2023. MBON staff indicated that much of this delay is related to the manual processing of incoming reports.

Renewal applicants are asked to self-report new criminal convictions on their application. MBON does not verify the accuracy of self-reported information for all applicants each time they renew. Instead, MBON requires a subset of renewal applicants each year to complete an updated criminal history records check.

Observation: MBON does not participate in "Rap Back," which would eliminate the need for renewal applicants to submit fingerprints.

MBON is authorized in statute (§ 8-303 of the Public Safety Article) to participate in the FBI's Next Generation Identification Rap Back Service (Rap Back). Rap Back would eliminate the need for renewal applicants to submit updated fingerprints. Through Rap Back, MBON could access all new criminal convictions for active licensees reported to the FBI. As of September 2023, none of the health occupations boards are participating in Rap Back, even though they are authorized to do so.

MBON and other health occupations boards can also participate in the State-level system called Subscription Application Manager (SAM) that allows them to track criminal convictions within Maryland for active licensees. According to the Department of Public Safety and Correctional Services in September 2023, MBON had not updated their roster of active licensees since October 2022. Usage of the SAM system among other boards also appears to be mixed.

- The Maryland Board of Physicians most recently updated their roster in September 2023.

- The Maryland Board of Pharmacy had no activity in SAM.

- The Maryland Board of Social Work Examiners most recently updated their roster in February 2023.

Recommendation: MBON should participate in Rap Back and/or SAM.

Paper Applications

While most applications can be submitted online, there are several reasons why an applicant might be required to submit a paper application. These include:

- all APRN license applications must be submitted using the paper form;

- licenses that have been expired or inactive for more than one year;

- any applicants who check "yes" to criminal history, new discipline, or participation in the Safe Practice Program questions will be redirected to a paper form; and

- international applicants for initial licensure must request a paper application form from MBON by email.

    Observation: The License Application Retrieval System (LARS) application system cannot process more than one document with an application.

    MBON uses LARS to collect licensure and certification applications. The aforementioned applications must be submitted on paper because the LARS application system does not allow applicants to attach more than one document. In each of the above scenarios, multiple documents are required.

    Applications not submitted through the online portal take additional staff time to process. Manual processing also increases the chance that application materials go missing.

    Recommendation: MBON's license application system should allow applicants to upload all required documentation electronically.

Applications That "Get Stuck" or "Go Missing"

If applicants do not submit certain application materials or complete application steps in the required order, their application may "get stuck" somewhere in the licensing systems. When this happens, staff must manually search for the application to move it forward. Often, this search is triggered by an extended delay in processing that prompts the applicant to reach out to MBON and ask for an update.

One of the most common reasons an application "gets stuck" or "goes missing" is that a renewal was submitted too late or too early. Nurses can apply for renewal online up to 90 days before their current license expires.

MBON uses the My Licensing Office (MLO) system for recording licenses and certificates. Ninety days before a license is due for renewal, MLO automatically generates a renewal record. The information technology (IT) team manually transfers renewal records from MLO into the LARS application system. LARS sends an automatic message to the licensee's email on file indicating they are eligible for renewal online. Applications submitted during the correct timeframe can usually be automatically processed.

Renewal applications submitted more than one year after a license has expired can no longer be processed online. These applications will end up in the LARS Rejection Logs. MBON staff will contact applicants and request they resubmit their application and required supplementary materials using the paper form.

OPEGA reviewed over 1,700 renewal applications manually processed by MBON's renewal team (*i.e.*, not automatically processed online). As shown in **Exhibit 2.18**, almost 400 of

these renewal applications were found in the LARS Rejection Logs, which indicates that an applicant submitted their renewal application online after the grace period had ended.

Exhibit 2.18
Count of Manually Processed Renewal Applications by Source

<u>Application Source</u>	<u>Applications</u>
Paper Applications	1170
LARS Rejection Logs	377
Email	153
Phone	48
Other	5
Walk In	4
Website (IQ Form)	2

LARS: License Application Retrieval System

Source: Maryland Board of Nursing; Department of Legislative Services

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Renewal applications submitted before the application file is created in LARS will not match the license record in MLO. When IT staff attempt to transfer their application back into MLO, it will result in an error. These applications are placed in a shared workbasket in LARS until they are manually cleared and sorted by MBON licensing staff. MBON records indicate that around 13 renewal applications were located by MBON licensing staff after an applicant contacted the board to check the status of their application.

Applications can also get stuck and go missing for other reasons. These include:

- information provided on the application does not match up with MBON records;

- applicants submitted materials to the incorrect email account (and MBON staff do not forward those materials to the correct account); and

- materials submitted by mail are not scanned in and appropriately sorted by MBON staff.

Fees

MBON charges fees for initial and renewal licenses and certifications. MBON's fees have not been raised since 2008. MBON has lower licensing and certification fees for RN, LPN, and APRN applicants than many other states, but its renewal fees for RNs, LPNs, and APRNs are above the national average. MBON's current fees are in **Exhibit 2.19**.

Exhibit 2.19
MBON Fees

RN and LPN Exam	$100
RN and LPN Endorsement	$100
RN Biennial Renewal	$136
LPN Biennial Renewal	$110
First APRN Certification	$50
Additional APRN Certification	$25
Biennial APRN Renewal	$146
Initial CNA Certification	$20
CNA Endorsement	$20

APRN: Advanced Practice Registered Nurse
CNA: Certified Nursing Assistant
LPN: Licensed Practical Nurse
RN: Registered Nurse

Source: Maryland Board of Nursing

Observation: MBON's licensure fees for RNs and LPNs, by exam or endorsement, are around $20 to $40 lower than the national average.

Maryland's initial licensure fees for RNs and LPNs fall marginally below the national average. MBON charges a $100 fee to RN applicants seeking licensure by exam or endorsement. Sixteen states charge less than $100 to RN applicants seeking licensure by exam, while an additional 9 states charge the same $100 fee that Maryland does. For RN applicants seeking licensure by endorsement, Maryland is 1 of 16 states with fees of $100 or less for those applicants. Meanwhile, there are 17 states that impose a fee of $150 or greater for RN applicants seeking

licensure by endorsement. **Exhibit 2.20** shows how Maryland's RN license fees compare to other states.

Exhibit 2.20
RN Initial Licensure Fees by State
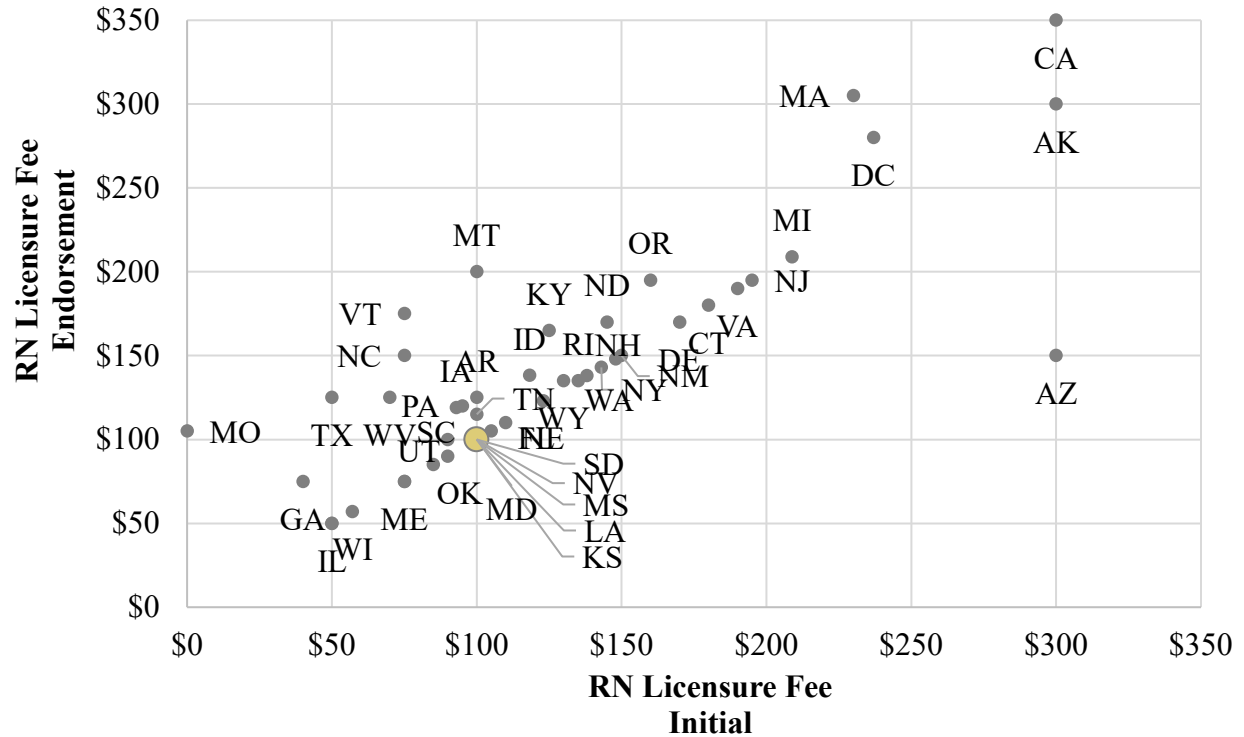
RN: Registered Nurse

Source: Various state websites and/or statutes; Department of Legislative Services

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MBON also charges a $100 fee to LPN applicants seeking licensure by exam or endorsement. Twenty-one states charge less than $100 to LPN applicants seeking licensure by exam, while 5 states charge the same $100 fee as Maryland. For LPN applicants seeking licensure by endorsement, 19 states have a fee of $100 or less.

Exhibits 2.21 and **2.22** show that MBON's licensure fees for RNs and LPNs are generally lower than neighboring states. Maryland's licensure fees for RNs and LPNs are similar to Pennsylvania's but lower than in Delaware, Virginia, and Washington, DC.

Exhibit 2.21
RN Initial Fees
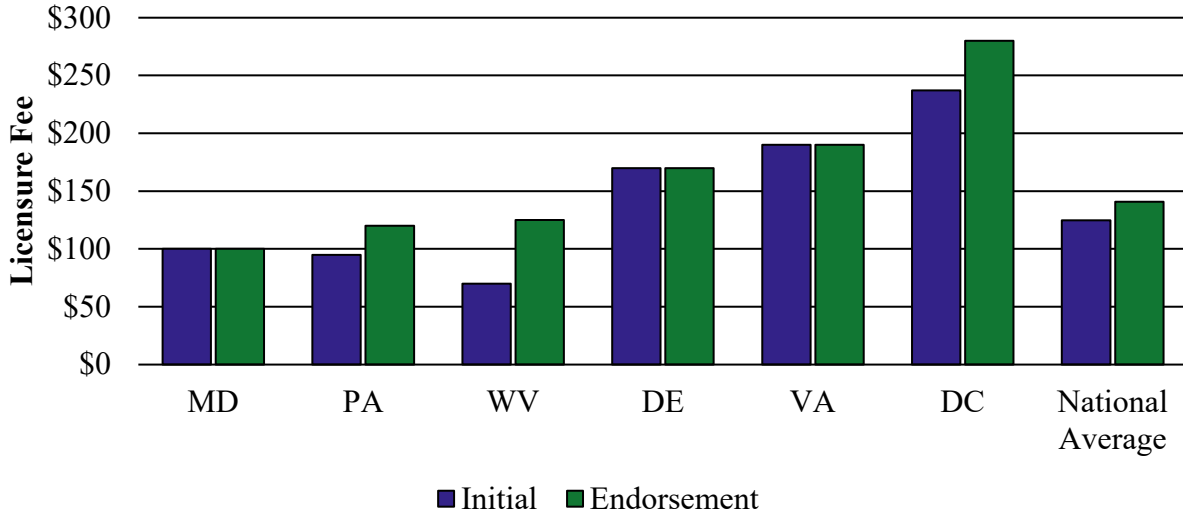
RN: Registered Nurse

Source: Various state websites and/or statutes; Department of Legislative Services

Exhibit 2.22
LPN Initial Fees
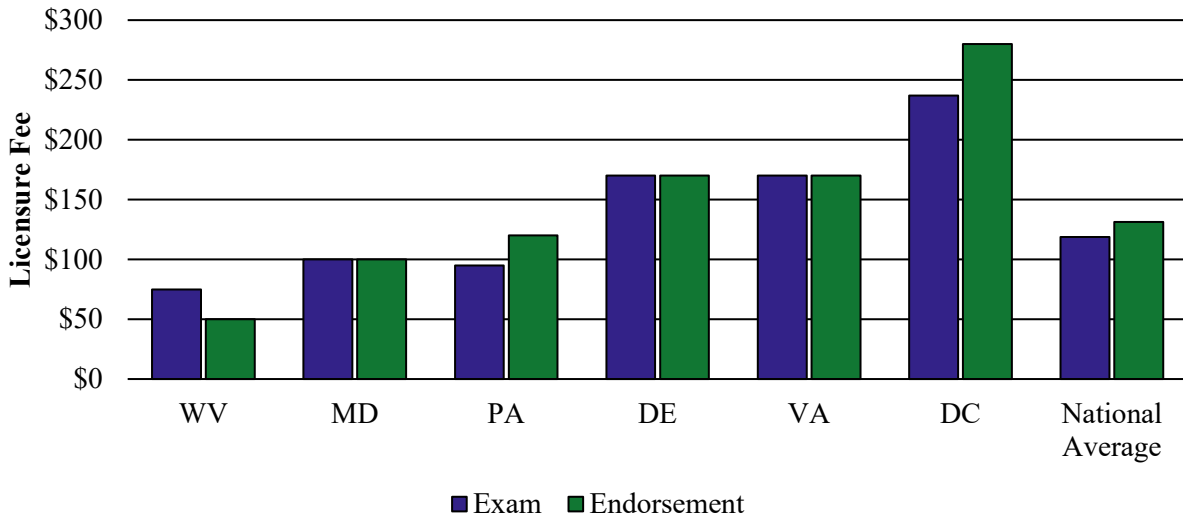
LPN: Licensed Practical Nurse

Source: Various state websites and/or statutes; Department of Legislative Services

Washington, DC's licensure fees for RNs and LPNs, by both exam and endorsement, are among the steepest in the nation. Only three states impose higher fees. Virginia's licensure fees for RNs and LPNs are in the top quartile of states.

Renewal Fees

RNs and LPNs in Maryland are required to renew their licenses every two years. More than 40 other states also require licenses to be renewed biennially, but there are several states that require licenses to be renewed annually and a few states that require license renewals only every third or fourth year.

MBON charges $136 and $110 to RNs and LPNs, respectively, to renew their licenses every two years. Accordingly, RNs pay $68 in renewal fees to MBON on an annualized basis and LPNs pay $55 in annualized renewal fees. MBON's renewal fee for APRN certifications is $146 every two years ($73 on an annualized basis).

As shown in **Exhibit 2.23**, MBON's annualized renewal fees are higher than the national average for RNs ($68 vs. $56) and APRNs ($73 vs. $51). Maryland is among the 10 states with the highest renewal fees for both RNs and APRNs. For LPNs, MBON's annualized renewal fees ($55 vs. $53) are just above the national average.

Exhibit 2.23
Regional Renewal Fees
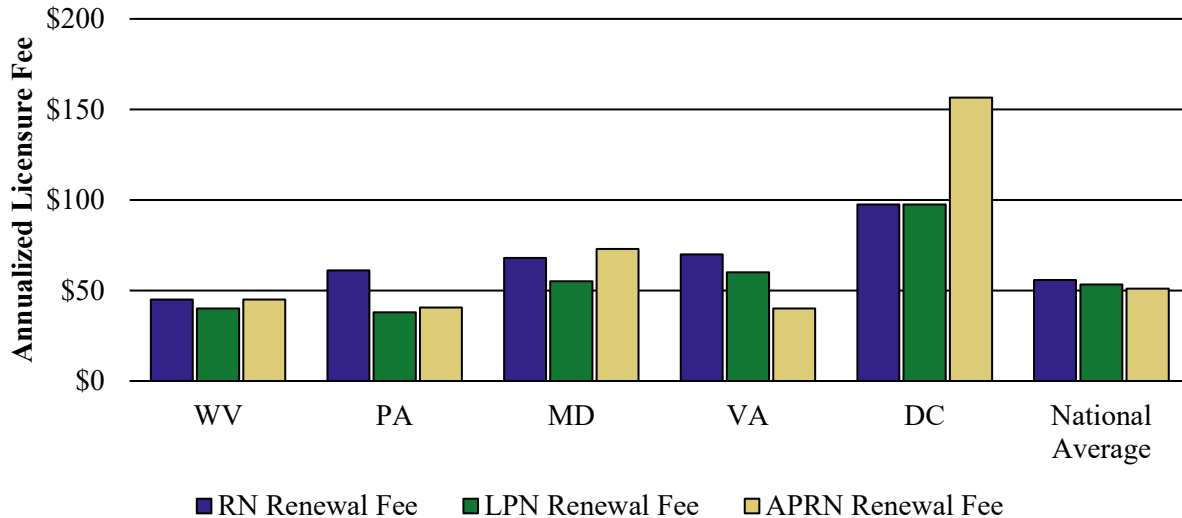
APRN: Advanced Practice Registered Nurse
LPN: Licensed Practical Nurse
RN: Registered Nurse

Note: Delaware did not respond to our request for information, and figures for renewal fees were not publicly available from the Delaware Board of Nursing. Except in West Virginia, other regional APRNs pay both an APRN and RN renewal fee.

Source: Various state websites and/or statutes

Recommendation: MBON should study its fee structure and issue a report.

The Health Occupations Article § 8-206 authorizes MBON to set reasonable fees for the issuance and renewal of licenses and its other services. On or before December 1, 2024, MBON should study its current fee structure and provide a written report to MDH, the Department of Budget and Management, HGO, and the Senate Finance Committee. This report should include analysis of how MBON could budget for onetime expenditures for technology upgrades.

In the aggregate, Maryland's licensing and renewal fees are in the middle of the pack nationally. Nonetheless, a review of MBON's fee structure is advisable for the following reasons:

- MBON has not increased its initial licensing or renewal fees in over a decade;

- MBON is self-funded and licensing fees constitute the largest share of its revenues;

- initial licensing fees for RNs and LPNs are below the national average; and

- initial APRN certification fees are among the lowest in the nation.

Chapter 3: Complaints and Investigations

The Maryland Board of Nursing (MBON) Enforcement Division is made up of seven subdivisions, as show in **Exhibit 3.1**.

Exhibit 3.1
MBON Enforcement Subdivisions

Subdivision	Responsibilities
Complaints	Intake and processing of all complaints regarding any licensee or certificate holder under the Maryland Board of Nursing (MBON) jurisdiction.
Investigations	Conduct investigations into complaints against certificate holders, licensees, and applicants under MBON's jurisdiction. Also, write and review reports for reciprocal disciplines.
Safe Practice Unit	MBON's alternative to discipline program for those with substance abuse or mental health issues.
Compliance	Monitor those who have received discipline by MBON and have limitations on their practice or monetary fines. Also, oversees reinstatement.
Discipline	Administer discipline and oversees the MBON administrative hearing process.
Background Review	Review all applicant's background checks, including initial, renewal, and endorsement applicants.
Board Paralegals	Draft orders for MBON counsel review, oversee reporting of orders to the national reporting database, and be responsible for suspending certificate holders and licensees due to child support court orders.

Source: Maryland Board of Nursing; Department of Legislative Services

The MBON Enforcement Division oversees any certificate holder, licensee, or applicant within MBON's jurisdiction. This part of our evaluation focused solely on registered nurses and licensed practical nurses.

Observation: Complaints against nurses have dropped since the COVID pandemic began in 2020.

MBON could receive complaints against nurses, certified nursing assistants, direct-entry midwives, electrologists, and medication technicians. MBON received 628 complaints against

nurses in 2022. **Exhibit 3.2** shows this was down 38% from 2019, when MBON received 1,008 complaints against nurses. Complaints against nurses have leveled off at around 600 per year from 2020 to 2022.

Exhibit 3.2
Complaints Against Nurses
Calendar 2013-2022
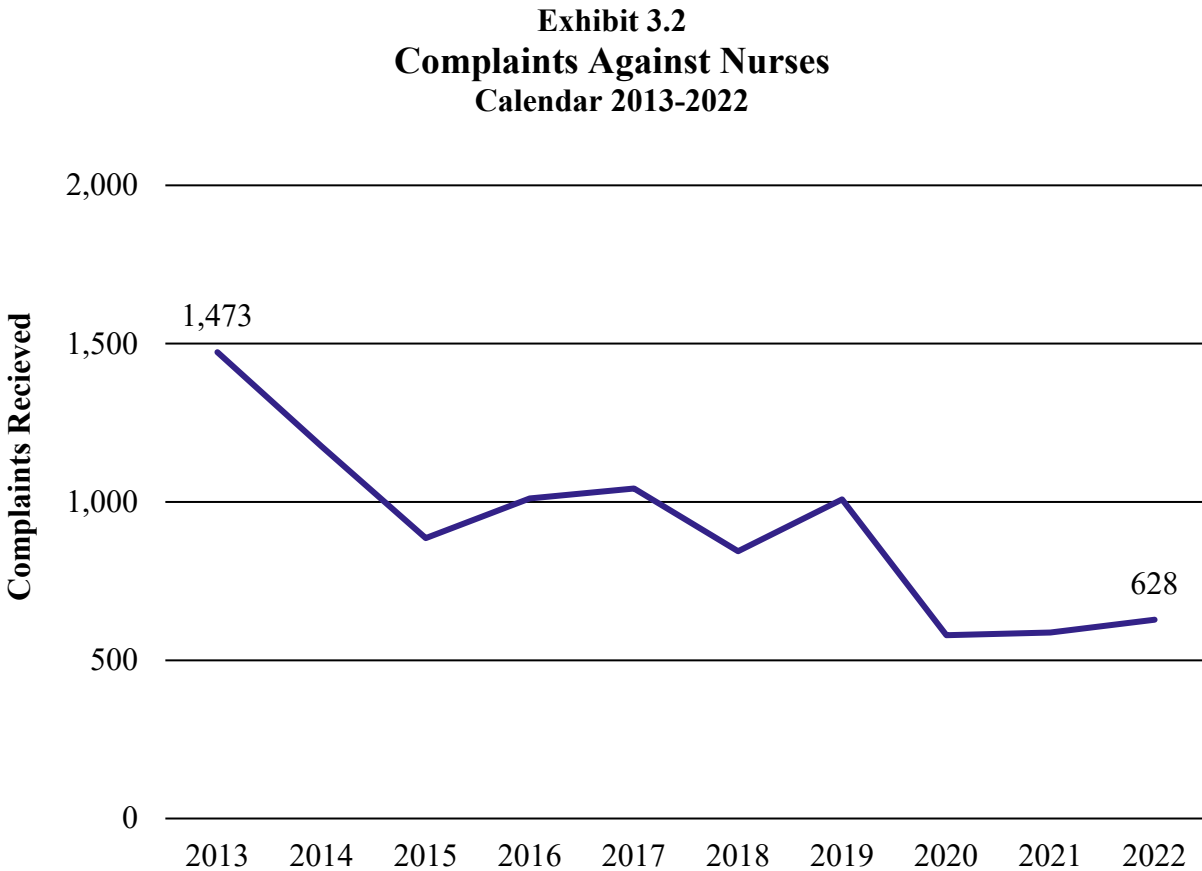
Source: Maryland Board of Nursing; Department of Legislative Services

Complaints against nurses make their way through the MBON complaint process, which involves the following steps:

1.   A complaint form, made available on the MBON website, is filed with MBON.

2.   MBON staff review the complaint form to ensure that it is complete and input the information into MBON's licensing database.

3.   The Triage Committee reviews the complaint to determine the severity of the action in the complaint.

4. If the Triage Committee decides that the complaint requires an investigation, it is given a priority number between 1 (highest) and 3 (lowest) and queued for assignment to an MBON investigator.

5. After an investigation has concluded, it is peer-reviewed by another MBON investigator.

6. Each investigation is reviewed by Health Occupations Prosecution and Litigation Division (HOPL) and the Report on Investigation Review Committee (ROIRC)

   - HOPL reviews the case to recommend what charges may be brought against the license or certificate holder based on the available evidence. This division provides recommendations for other State health boards in addition to MBON.

   - ROIRC reviews the report created by the MBON investigator to recommend to the entire board what action to take. ROIRC is made up of three board members, two MBON staff, and one MBON counsel.

7. The board makes all final dispositions.

   Observation: Many sources file complaints with MBON. Out-of-state boards of nursing filed approximately 20% of the complaints.

   The first step in the complaint process is for an individual or an entity to file a complaint. The MBON Enforcement Division manually tracks complaints against nurses in their Complaint Triage Log (CTL). The Office of Program Evaluation and Government Accountability (OPEGA) reviewed 792 CTL complaints received between November 1, 2021, and December 31, 2022. **Exhibit 3.3** shows that out-of-state boards of nursing filed the most complaints (157 of 792, or 20%), followed by long-term care/rehab facilities (10%) and hospitals (10%).

Exhibit 3.3
Sources of Complaints

Category	Value
	157
LTC/Rehab	83
	80
Individual	62
	48
Patient	44
	37
OHCQ	35
	33
Citizen	30
	22
DDA	22
	21
Other	18
	17
MBON	16
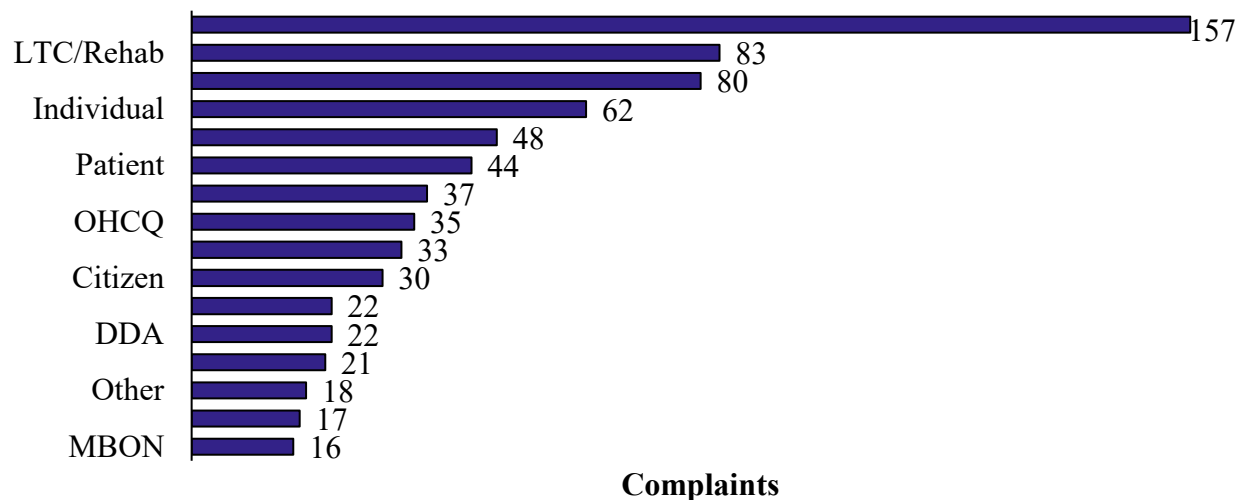
Complaints

DDA: Developmental Disabilities Administration
LTC: long-term care
MBON: Maryland Board of Nursing
OHCQ: Office of Health Care Quality

Source: Maryland Board of Nursing; Department of Legislative Services

The complaint form allows the person filing the complaint to identify themselves as a patient, relative of a patient, supervisor/administrator, co-worker, physician, regulatory agency, law enforcement, or concerned citizen. MBON staff may input the source of a complaint into the CTL with labels that are different than what the complainant reported. This may lead to inconsistencies in such categories as citizen and individual, depending on which MBON staff member inputs the information. If citizens, individuals, and family members are combined into one category, it would make up 14% of the source for complaints.

Out-of-state boards of nursing complaints generally result from another state's board of nursing alerting MBON of complaints against a person who received disciplinary action or summary suspension in their state. This is a requirement of the Nursing Licensure Compact.

Recommendation: MBON should standardize its complaint form and internal database to monitor complaint sources objectively.

This recommendation would help MBON to identify potential areas of concern proactively. Knowing that hospitals are the source of many complaints against nurses may seem intuitive. Still,

swings in the level of these complaints may push MBON to alter outreach strategies or provide their constituency with constructive information on best practices.

The standardization between the complaint form and the MBON internal database should be consistent. Source categories and any other information collected on the form should directly correlate to an input option to their internal database. This recommendation may be best implemented by refreshing the complaint form if MBON changes or upgrades its licensing software.

Observation: It took an average of 51 days for complaints to be seen by the Triage Committee.

Upon submission of a complaint, the complaint is given an initial review by MBON staff and prepared for further review by the Triage Committee. This committee, comprised of three board members, the MBON complaints manager, the chief nurse investigator, and an MBON attorney, meets on the first and second Tuesday of each month and reviews a maximum of 60 complaints at a time. If more than 60 complaints have been received and are pending review by the Triage Committee, the additional cases will be reviewed at a subsequent meeting.

The Triage Committee may do one or more of the following:

- designate for investigation with an assigned priority level;

- refer the complaint to safe practice, an alternative to discipline for nurses and certificate holders with substance abuse or mental health issues. This requires voluntary agreement by the license or certificate holder;

- request a psychological evaluation with the investigation;

- refer the complaint to another agency (for example, the Office of Health Care Quality);

- request immediate summary suspension; and

- take no action on a complaint.

The National Council of State Boards of Nursing (NCSBN) provides guidance for priority rankings. **Appendix D** of this evaluation includes NCSBN guidance for priority 1, 2, and 3 cases.

The average number of days between the date MBON received a complaint and the date that the Triage Committee decided what action to take was 51 days. Nineteen percent of these were triaged as high priority (priority 1). Complaints ultimately designated as priority 1 averaged 58 days before being triaged. **Exhibit 3.4** shows how long the 792 complaints in the CTL sample took to reach the Triage Committee.

Exhibit 3.4
Days from Receiving a Complaint Until Getting Triaged
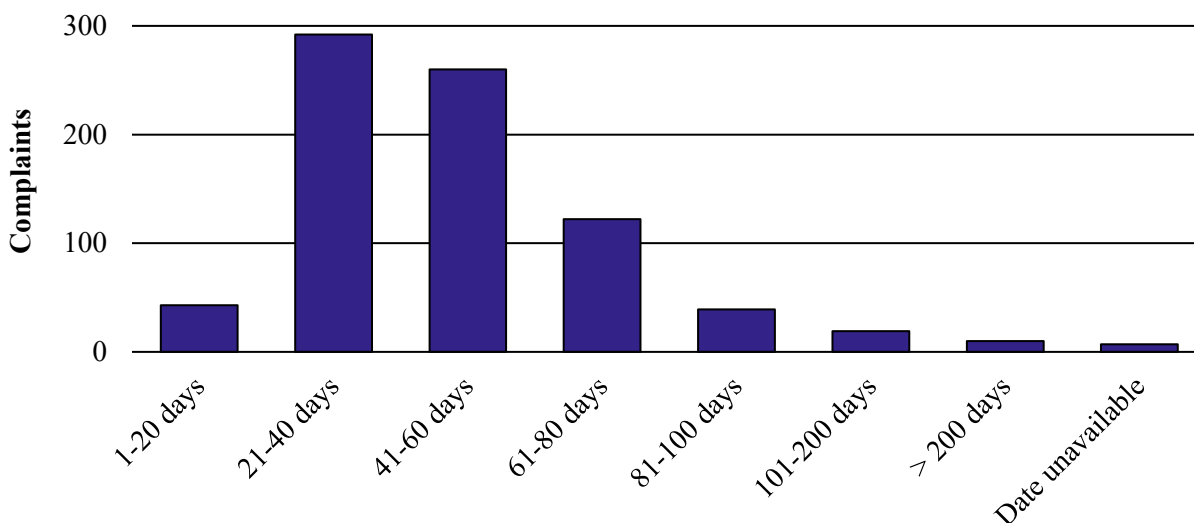
Source: Maryland Board of Nursing; Department of Legislative Services

Recommendation: MBON should have a written policy allowing staff to triage cases requiring immediate action.

Cases that require immediate action and threaten public safety have likely been referred by the nurse's employer or law enforcement. This evaluation did not look into the potential threat to public safety for individual complaints but did determine that those complaints that eventually received a priority 1 designation by the Triage Committee took an average of 58 days to reach triage. OPEGA was told that MBON staff are in the practice of taking measures to handle what they can with respect to those cases that may potentially pose a risk to public safety; however, written guidance on actions that can and cannot be taken by MBON staff before reaching the Triage Committee would add transparency and accountability to the processing of these complaints.

Observation: The Triage Committee triaged about half the complaints for investigation and for the other half recommended taking no action.

Complaints can receive a priority number from 1 (highest priority) to 3 (lowest priority) by the Triage Committee. These priority complaints are then referred back to MBON staff for further action. New higher priority cases take precedence over older lower priority cases. **Exhibit 3.5** shows that about half (53%) of the complaints in the CTL sample received a priority number from the Triage Committee, whereas 46% of the sample received a decision to take no action by the Triage Committee.

Exhibit 3.5
Triage Committee Decisions
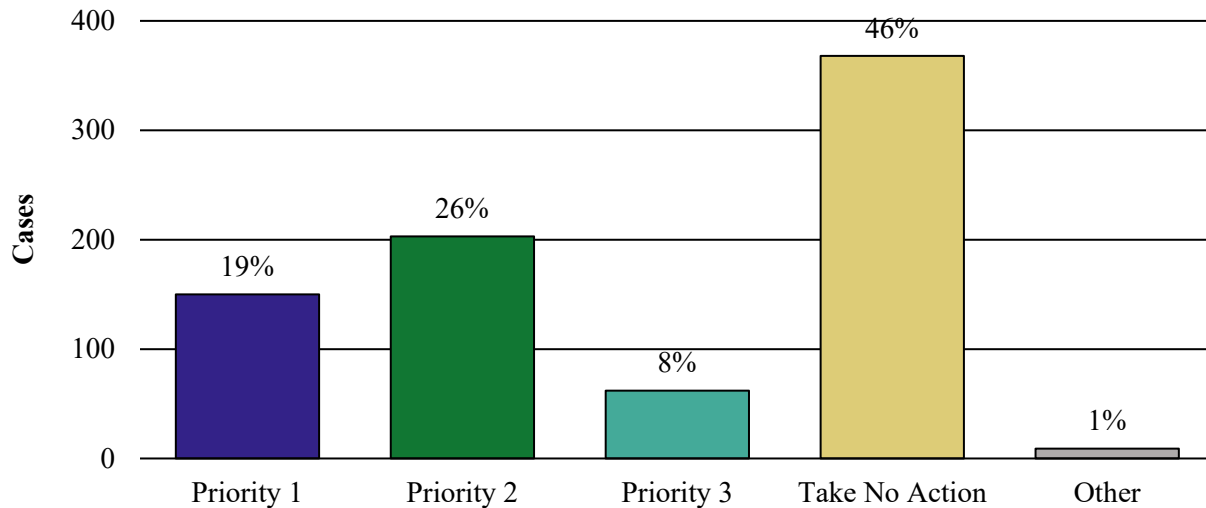
Source: Maryland Board of Nursing; Department of Legislative Services

Observation: Complaints likely to be designated "take no action" still wait to go to the Triage Committee.

The MBON complaint process requires all complaints to go to the Triage Committee first. MBON staff are not permitted to utilize their judgment on complaints. Cases with a high likelihood of not requiring any MBON disciplinary action cannot be designated as "take no action" by staff.

Cases with a high likelihood of receiving a priority 1 designation for investigation cannot be assigned to an investigator before the Triage Committee reviews them. **Exhibit 3.6** shows complaints broken down by complaint category and how frequently those types of complaints receive a Triage Committee decision to take no action. Complaint categories such as:

- board discipline: reciprocal action by MBON for notifications from other State's boards of nursing that a disciplinary action has been taken in their state;

- positive drug screen: specifically pre-employment drug screens;

- failure to renew: licensees and certificate holders are practicing without properly renewing their license; and

- ethics

received a decision to take no action by the Triage Committee over 70% of the time. Inversely, categories such as neglect, false documentation, physical abuse, and drug diversion received a Triage Committee decision to take no action 30% of the time or less.

Exhibit 3.6
Likelihood of Taking No Action, by Complaint Category
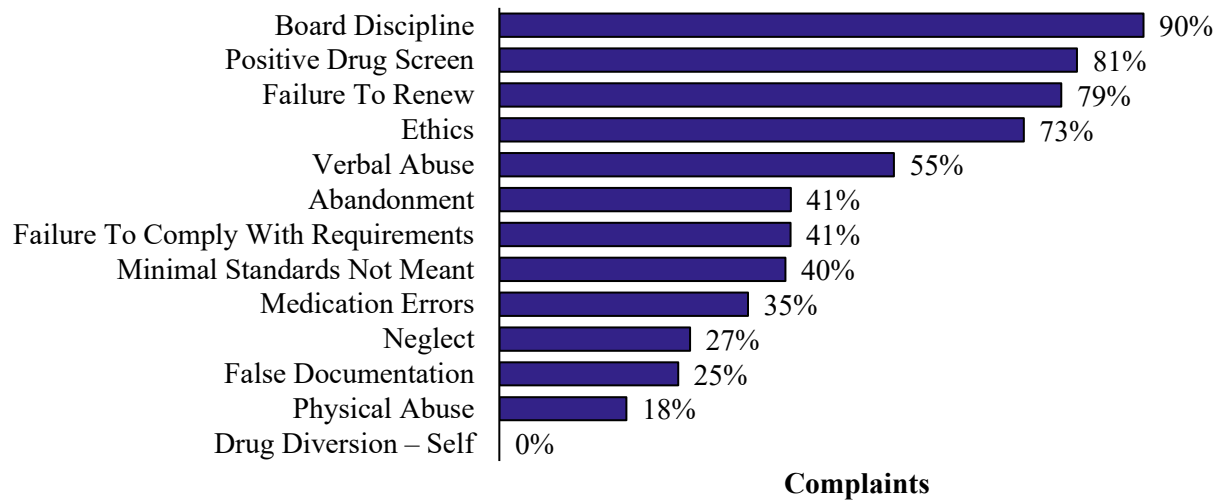
Category	Percentage
Board Discipline	90%
Positive Drug Screen	81%
Failure To Renew	79%
Ethics	73%
Verbal Abuse	55%
Abandonment	41%
Failure To Comply With Requirements	41%
Minimal Standards Not Meant	40%
Medication Errors	35%
Neglect	27%
False Documentation	25%
Physical Abuse	18%
Drug Diversion – Self	0%

Complaints

Source: Maryland Board of Nursing; Department of Legislative Services

Recommendation: The board should delegate certain triage authority to staff.

In addition to written guidance on actions that MBON staff may take on cases that could potentially threaten public safety, MBON staff should have delegated authority to make recommendations of take no action or send to investigation, based on precedent by the Triage Committee.

Since the Triage Committee only decides on 60 complaints per meeting and only meets twice a month, the queue of cases reviewed could pile up with types of complaints that have historically been handled the same way. If "Board Discipline" cases historically have a Triage Committee decision of take no action, then MBON staff should be allowed to use their judgment to submit a recommendation of take no action to the full board. Alternatively, if a complaint involving physical abuse goes to investigation 80% of the time, then MBON staff should be allowed to use their judgment to initiate an investigation. This could potentially eliminate redundancies at the front end of the discipline process and decrease issues where too many complaints are queued up for the Triage Committee. All recommendations would still require the approval of the full board.

Triage Committee

MBON reported in the 2022 *Joint Chairman's Report* that the Triage Committee reviews 60 to 80 complaints per meeting, which happen twice per month.

Observation: The Triage Committee only triaged 60 or more complaints twice in 27 sessions; on average, the committee triaged 44 complaints per meeting.

As shown in **Exhibit 3.7**, the Triage Committee held a total of 27 sessions from February 1, 2022, through July 31, 2023. Despite its purported aim of triaging 60 to 80 complaints per session, the Triage Committee only triaged more than 60 complaints on two occasions – April 12, 2022 (62) and November 1, 2022 (69). Even triaging 50 complaints was a rarity for the committee – that happened at just seven meetings. Overall, the Triage Committee reviewed fewer than 40 complaints nearly half the time (13 out of 27 meetings).

Exhibit 3.7
Complaints Reviewed at Triage Committee Sessions
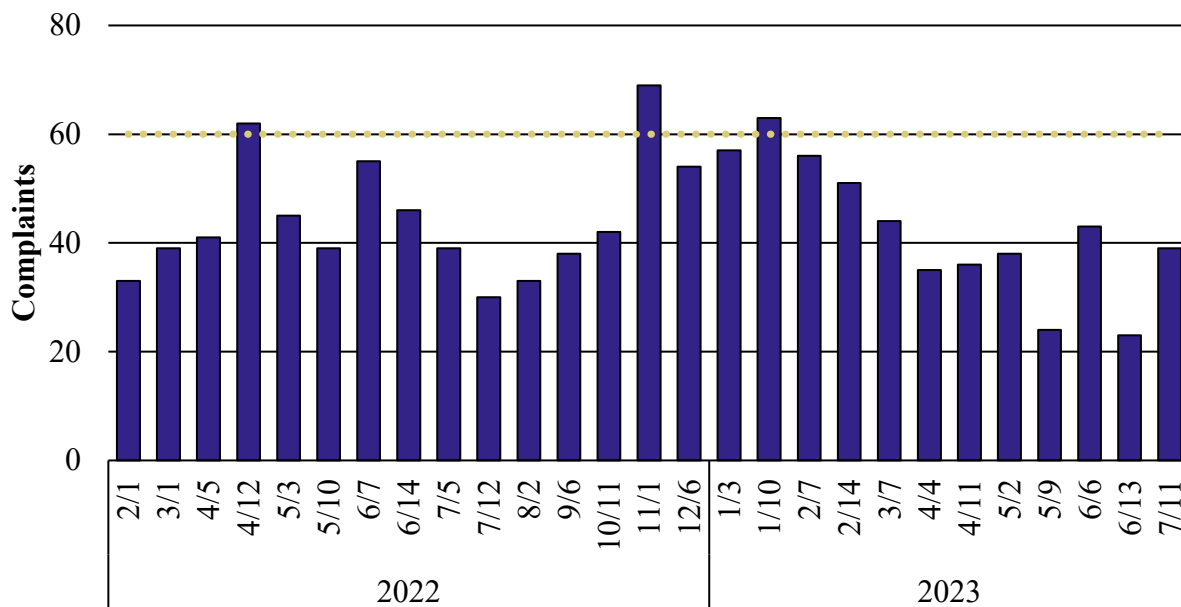
Source: Maryland Board of Nursing; Department of Legislative Services

MBON routinely had a backlog of complaints to triage, as evidenced by the average of 51 days that it took for complaints to be seen by the Triage Committee. The committee managed to triage only 44 complaints per meeting over an 18-month period.

Observation: Despite MBON specifying that the Triage Committee reviews complaints bimonthly, the committee only held 15 meetings in 2022.

The Triage Committee reviewed a total of only 33 complaints at its meeting on February 1, 2022, and did not convene again until March 1, 2022, when it triaged 39 complaints. Of the 39 complaints triaged on March 1, 2022, 35 of the complaints (90%) were received by MBON at least 60 days earlier (in November or December 2021). The Triage Committee did not meet a second time in March 2022, and when it convened next on April 5, 2022, 90% of the complaints (37 of 41) triaged at that session were again more than 60 days old.

The Triage Committee has maintained a more consistent schedule in 2023, holding bimonthly meetings in each of the first six months of the year. Only 4% of the complaints (18 of 509) that the committee reviewed were older than 60 days, and the percentage of complaints triaged within 30 days increased from 20% (135 of 665) to 59% (302 of 509). Even with this progress, however, only 18% of complaints (93 of 509) were triaged within 15 days of receipt, and 40% of complaints (205 of 509) took longer than 30 days to triage.

The Triage Committee is hampered, in part, by the sequencing of its meetings. Meetings are held on the first and second Tuesday of each month, which means that over three weeks elapse from the committee's second meeting of any given month until the first meeting of the subsequent month.

Recommendation: The Triage Committee should meet every two weeks, and the committee should ensure that every complaint that it reviews is triaged within 30 days of being received by MBON.

Observation: As of December 2022, almost two-thirds of open complaints had been open for at least three years.

Complaints that are given a priority number are queued for investigation. The newer, higher priority cases take precedence over lower priority cases. **Exhibit 3.8** shows the number of open complaints as of December 2022, based on the year MBON received the complaint. Sixty-four percent of open cases were received before 2020.

Exhibit 3.8
Open Complaints by Year Complaint Was Received
Calendar 2013-2022
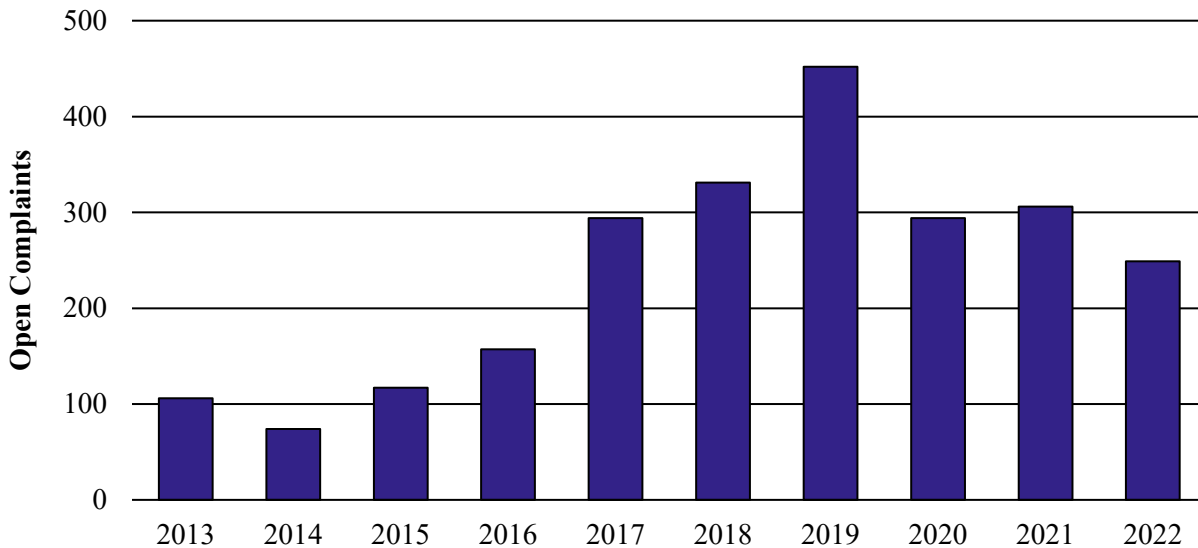
Source: Maryland Board of Nursing; Department of Legislative Services

Observation: At the current rate of complaint resolution, it would take five years to clear the backlog of complaints, if no new complaints were received.

When MBON receives more complaints against nurses in a year than they are able to close, it creates a backlog of cases. **Exhibit 3.9** shows the number of new complaints each year and the number of complaints closed each year. The difference between new and closed complaints represents a backlog of open cases in the following calendar year. As of the end of 2022, 2,808 open cases had accumulated since 2013. The average number of complaints closed by MBON over the last three years is 560. At a rate of 560 complaints closed yearly, it would take MBON over five years to take care of the backlog alone without dealing with any new complaints.

Exhibit 3.9
Complaint Backlog
Calendar 2013-2022
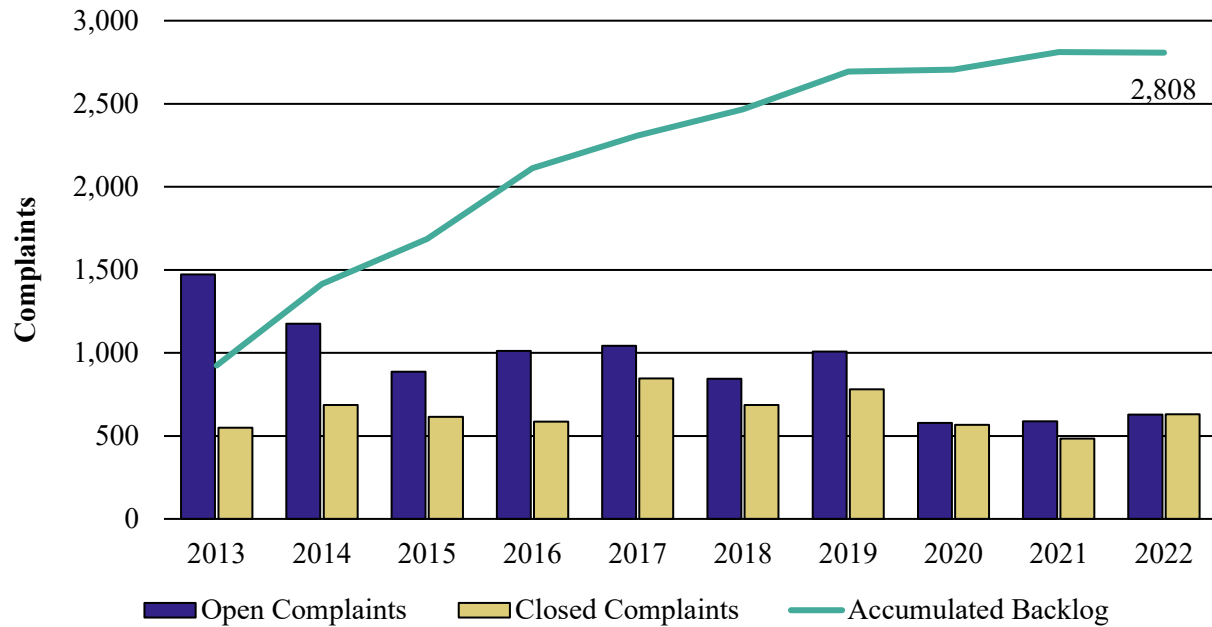
Source: Maryland Board of Nursing; Department of Legislative Services

OPEGA sampled 78 complaints that the Triage Committee gave a priority number and had received a board disposition. This represents cases that have gone through the investigation process. The average number of days from triage decision to board disposition was 176. **Exhibit 3.10** shows 76 of these complaints broken down into ranges as to the time between the triage decision date and the board disposition date. Two complaints had data entry errors specific to a necessary date measurement and could not be included.

Exhibit 3.10
Days Between Triage and Board Decision
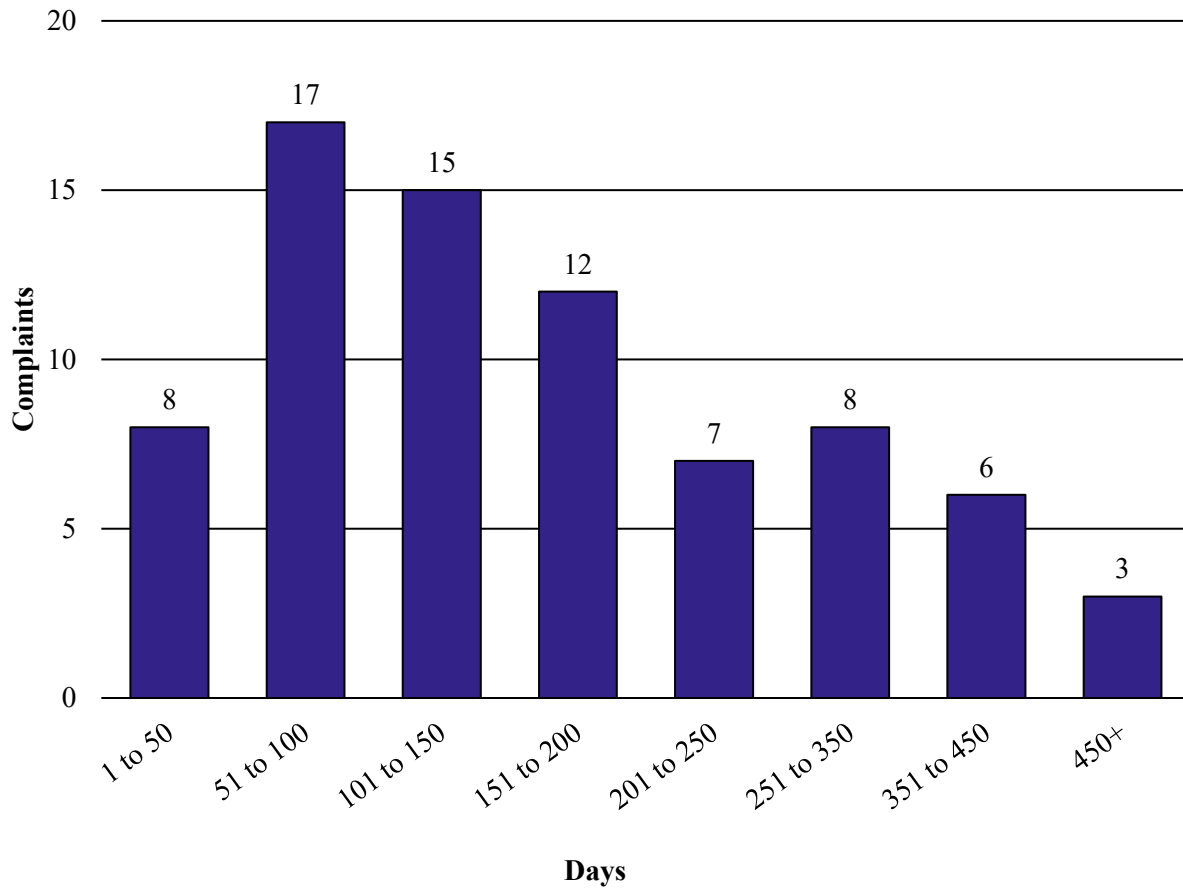
Source: Maryland Board of Nursing; Department of Legislative Services

Observation: **Complaints that received a priority 3 designation by the Triage Committee ended up with the board taking no action 94% of the time.**

Exhibit 3.11 shows that of the 78 cases having both a Triage Committee priority ranking and a final board disposition, 39% of priority 1 complaints received a take no action, 74% of priority 2 complaints received a take no action, and 94% of priority 3 complaints received a take no action. Priority 1 complaints were more likely to end with some form of action or discipline taken by the board (61%), while only 1 of the 16 priority 3 complaints received any action taken by the board.

Exhibit 3.11
Take No Action Complaints, by Priority

Triage Priority	Action Taken by Board	Take No Action by Board	Total	% Of Complaints Where the Board Took No Action After an Investigation
1	19	12	31	39%
2	8	23	31	74%
3	1	15	16	94%
Total	**28**	**50**	**78**	**64%**

Source: Maryland Board of Nursing; Department of Legislative Services

Recommendation: The full board should give more direction to the Triage Committee on what cases should be given priority 3.

Ninety-four percent of complaints that received a priority 3 designation received a final board decision to take no action. To the extent that cases take up MBON staff, time, and resources, but generally could be determined as take no action at the triage level because they almost always end up as a take no action at the board level, it would be more efficient to do so at triage.

Alternatively, ROIRC could create a document for each complaint stating why it made the decision that it did. These decisions could accumulate to provide guidance or feedback, potentially setting precedence for future Triage Committee decisions and future ROIRC decisions.

Chapter 4. Administration, Structure, and Management

Phones

The Maryland Board of Nursing (MBON) uses Global Navigator Pro as a visual interface to monitor incoming call activity. This interface allows MBON to have real-time views of the following information:

- number of calls queued to all splits (lines), an individual split, or an individual team;

- number of calls that have been answered;

- number of calls that have been abandoned, where callers hung up before being answered;

- number of agents on calls; and

- number of agents currently logged into the split.

> **Observation: Call volume fluctuates over time but requires agents to be logged into the system to receive calls. Agents were not logged in much during COVID.**

Exhibit 4.1 shows the number of monthly phone calls received by MBON between January 2019 and December 2022. The high point was close to 10,000 calls in March 2019, while the low was zero in April 2020. From April 2020 through April 2021 (13 months), the average number of calls received by MBON was 275 calls per month.

During COVID, agents were not logged into their work phone stations as often, as they worked remotely. MBON promotes the use of email communication as an alternative to phone calls.

Exhibit 4.1
Phone Calls Received
Calendar 2019-2022
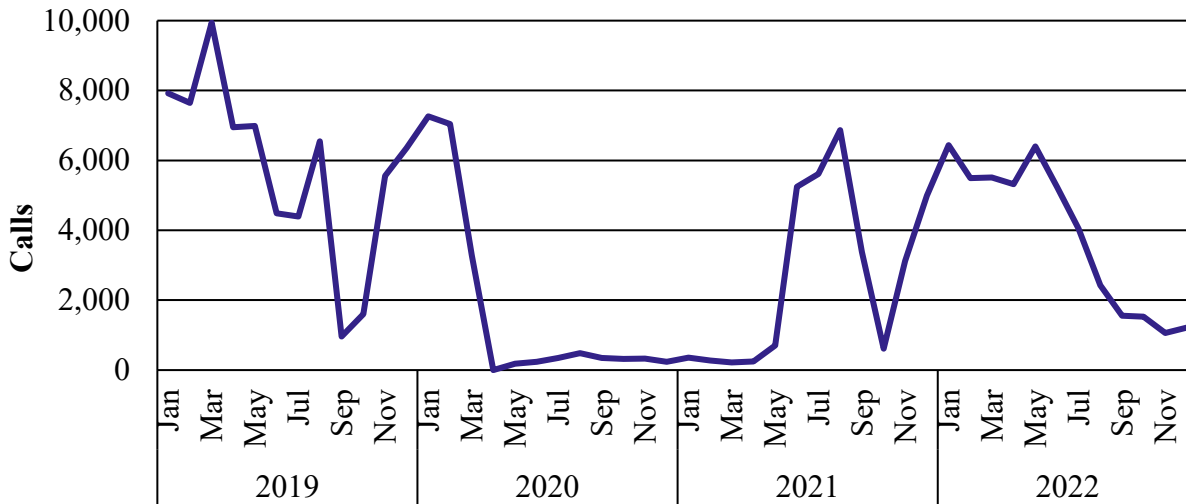
Source: Maryland Board of Nursing; Department of Legislative Services

If someone calls MBON, they are met with a recorded message and a menu of options depending on their inquiry topic. The path selected takes the caller to phones in a specific division within MBON. The MBON phone system tracks calls that are answered and abandoned. Abandoned calls are those where the caller hung up before the call was answered. It is unclear how calls are counted that are neither answered nor abandoned. For example, if the system hangs up on the caller after an automated message tells the caller "Goodbye."

> **Observation: The Office of Program Evaluation and Government Accountability (OPEGA) called MBON 30 times, and 8 of those calls were answered.**

OPEGA called the main MBON number 30 times periodically between August and October 2023. These calls were spread out on different days of the week, at different times of the workday, and to different MBON divisions. Most calls resulted in not reaching a person. **Exhibit 4.2** shows the breakdown of those calls answered and not answered.

Exhibit 4.2
OPEGA Phone Calls Answered

MBON did not answer the phone — 22

MBON answered the phone — 8
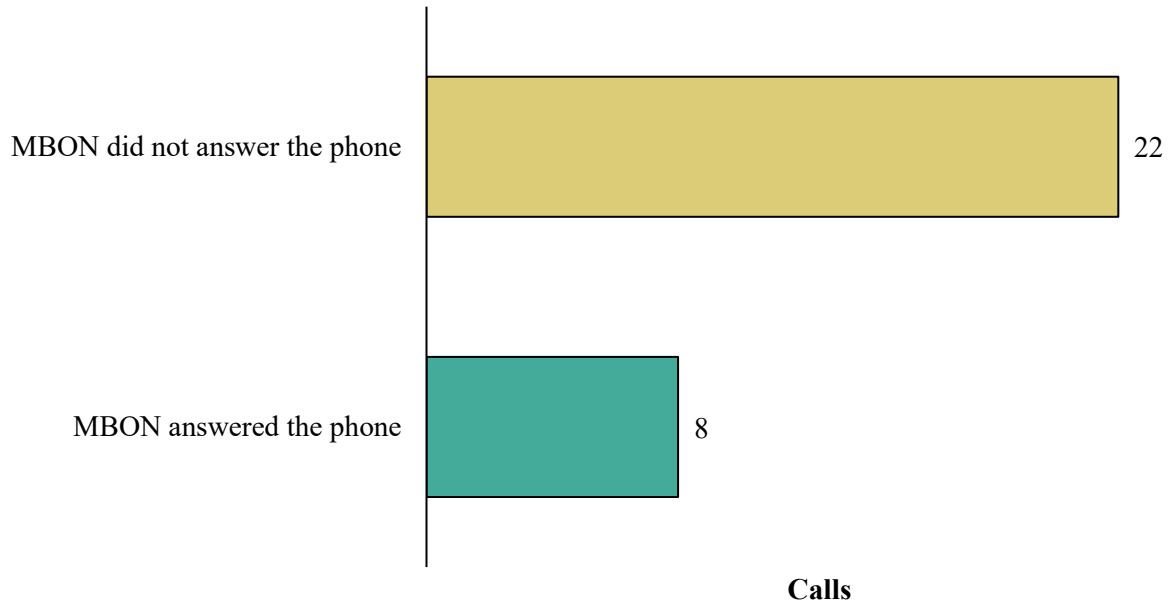
Calls

Source: Department of Legislative Services

Exhibit 4.3 shows the number of calls, as reported by MBON, answered and abandoned by division in 2022. The Enforcement division had the highest percentage of answered calls at 84%, while the Endorsement division had the lowest percentage of calls answered at 52%.

Exhibit 4.3
Abandonment Rate

Division	% Abandoned	% Answered
Endorsement	48%	52%
Exam	43%	57%
License Renewal	35%	65%
Certificates	34%	66%
Criminal History	31%	69%
Advanced Practice	31%	69%
Enforcement	16%	84%

☐ % Abandoned   ☐ % Answered
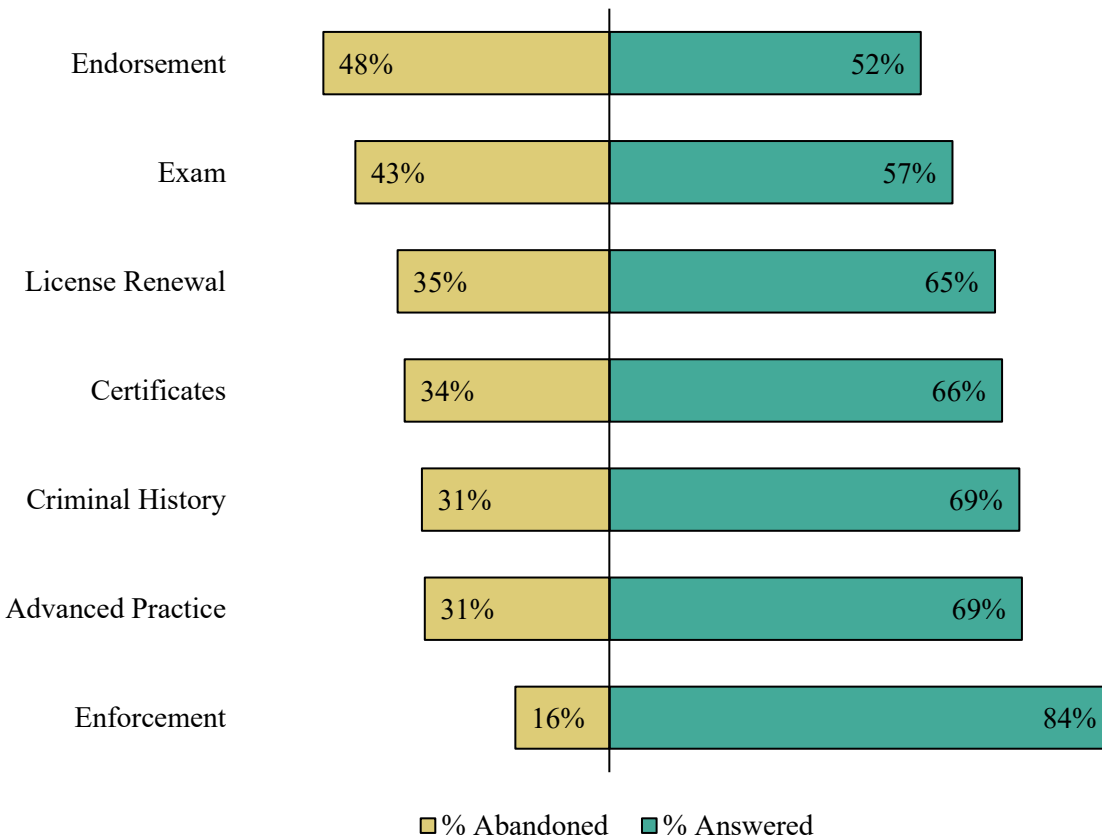
Source: Maryland Board of Nursing; Department of Legislative Services

Observation: Callers to MBON who eventually hung up without being helped spent an average of 15 minutes waiting for their call to be answered.

In 2022, over 60,000 phone calls to MBON were abandoned by callers. The accumulated time these callers spent waiting for help was over 15,000 hours. This means that callers who hung up before being able to reach MBON staff for assistance had an average wait time of about 15 minutes. **Exhibit 4.4** shows the breakdown of calls to MBON abandoned in 2022 by division with the associated average and cumulative wait times. The MBON phone system does not have a call queue or virtual waiting room for callers.

Exhibit 4.4
Wait Time by Division

Division	Abandoned	Average Wait Time (min:sec)
License Renewal	14,552	13:25
Certificates	21,417	11:34
Enforcement	720	13:14
Criminal History	3,312	16:47
Advance Practice	4,432	17:03
Endorsement	8,705	23:23
Exam	7,443	16:32
All Divisions	**60,581**	**15:01**

Source: Maryland Board of Nursing; Department of Legislative Services

Recommendation: MBON should staff at a level that ensures phone calls are answered.

MBON should hire enough staff that are capable of both answering most phone calls as well as sufficiently addressing their customers' needs and questions.

MBON's phone system does not support telework. Employees working remotely cannot answer phone calls to MBON's business lines. MBON should take their abandoned call rate into consideration when approving telework.

Information Technology

Reliance on outdated and obsolete information technology has contributed to inefficiencies and delays across MBON.

The MBON's licensure and complaint investigation activities rely on two separate database systems. These systems, which are not integrated with each other, were initially set up at the end of the 1990s. These systems have undergone periodic updates since they were first set up, but MBON has yet to upgrade to the most current versions of these systems.

- The **License Application Retrieval System (LARS)** is the system that MBON uses for collecting applications for licensure and certification. Most applications can be accepted through the LARS online platform. Application materials received by email or mail are

manually entered into LARS by MBON staff. LARS contains application materials going back to 1997. The MBON contract for the system ends in January 2024.

- **MyLicense Office (MLO)** is the system of record for all licenses and certifications issued by the board. It contains detailed information about the status of all licenses and certifications issued by the board. The MLO licensing system is used by many boards of nursing, other health occupations boards in Maryland, and other regulatory agencies across the country. However, other boards use an upgraded version that includes a web application portal, smart phone applications, and reporting features.

MBON staff, board members, and external partners all shared a general frustration with the current systems used for nurse licensure. Information technology (IT) staff at MBON agreed that the systems are outdated, but the systems are "doing what they are supposed to do as they were designed at the time they were created." MBON IT staff pointed out that additional functionalities that would improve workflow did not exist when the programs were created and MBON has experienced challenges in trying to upgrade them.

Challenges faced by applicants and MBON staff related to the current licensing systems include:

1.   LARS application portal can only accept one attachment.

- Applications that require additional documentation must be submitted by email, by mail, or in person.

- Staff time must be dedicated to sorting and scanning supplemental application materials.

- Applicants commonly complain about materials going missing if mailed or emailed, so they drive to the MBON office to submit materials in person.

2.   The LARS and MLO systems are not integrated with one another.

- MBON staff have to manually transfer records between the two systems.

- Application materials can go missing or get stuck in LARS if identifying information from one system does not match with identifying information in the other system. This can be caused by slightly different applicant information being entered into the two separate systems.

- Applicants cannot monitor the progress of their application.

3.   Both systems are extremely cumbersome to navigate, and reporting capabilities are limited.

- Staff manually copy information to tracking spreadsheets to monitor progress, which means key events in license applications or complaint resolution are not consistently documented or viewable across units.

- Because staff are not documenting everything in LARS or MLO, the reporting tools available provide incomplete or inaccurate information.

- MBON IT staff require the assistance of the software vendor to develop new reports.

The limitations of the current licensing systems are exacerbated by outdated computer infrastructure at MBON. Until summer 2023, MBON had not reconnected to the State network after a malware attack on the Maryland Department of Health (MDH) at the end of 2021. When OPEGA first spoke to the IT team in June 2023, they outlined the following challenges with the physical IT infrastructure:

- Staff were using desktop computers, many of which were old.

- There were two separate Internet connections for web browsing (*i.e.*, email, Google Drive, etc.) and licensure systems.

- All licensure systems are run through servers in the MBON office. When multiple people are trying to access those systems at the same time, they can become overloaded. Because of the malware attack, MBON chose to only use WiFi connections, and the increase in traffic caused performance issues.

In March 2023, the Office of Enterprise Technology at MDH began consultations with the MBON IT team to support them in getting reconnected to the State network. Since that time, staff have been upgraded to MDH laptops and the Wi-Fi has been upgraded. As summer 2023, MBON is reconnected to the State network, and staff have been transitioned to MDH laptops to replace the old desktop computers.

Recommendation: The Maryland General Assembly should consider requesting a report from MDH containing an action plan for acquisition of (1) a new electronic licensing system and (2) a new telephone system.

This report should be submitted by October 1, 2024. The licensing system should allow all initial and renewal licenses and applications for certification to be processed online, and the status of the application tracked by the applicant. The phone system should allow (1) all calls to be routed to the appropriate unit; (2) voice messages to be left outside office hours; and (3) tracking of call wait times. As needed, the phone system should support telework, and the action plan should include a plan to appropriately staff the telephone system. By March 1, 2025, MDH should report on the status of the acquisitions. All reports should be to the Senate Finance Committee and the House Health and Government Operations Committee.

Citizen Complaints

MDH's Office of Constituent Services (OCS) is located in the Office of the Secretary and functions as their customer service center by managing inquiries, casework, and direct correspondence via telephone, physical mail, and electronic mail. Inquiries to the Governor's Office, elected officials, direct inquiries to the MDH website, and correspondence to the Secretary and deputy secretaries are received, managed, and tracked through their software system, Intranet Quorum (IQ). OCS provides information, feedback, and resources to facilitate and assist in directing constituents to appropriate services and resources.

Observation: MBON receives more complaints than comparable health occupation boards.

MBON has received more IQ complaints than comparable health occupations boards between 2019 and 2022, as shown in **Exhibit 4.5**.

Exhibit 4.5
IQ Complaints per Year, Health Occupation Boards
Calendar 2019-2022
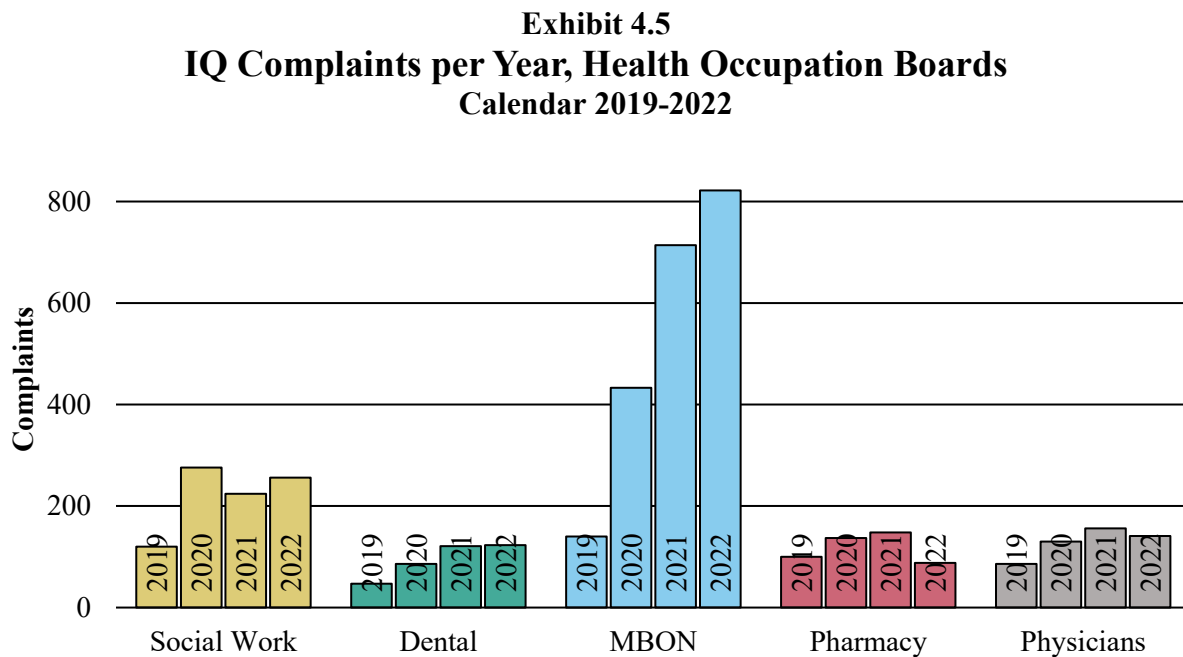
Source: Intranet Quorum Records (MDH); Department of Legislative Services

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As shown in **Exhibit 4.6**, between 2019 and 2022, MBON completed 74% of IQ Inquires by their due date, compared to 90% completed by comparable health occupations boards.

Exhibit 4.6
Complaints Resolved by Due Date, Health Occupation Boards
Calendar 2019-2022

Quarter	Board of Social Work Examiners	Board of Dental Examiners	Board of Nursing	Board of Physicians	Board of Pharmacy
2019					
Qtr1	75%	100%	43%	69%	77%
Qtr2	85%	100%	73%	84%	100%
Qtr3	87%	80%	96%	94%	81%
Qtr4	93%	92%	93%	94%	100%
2020					
Qtr1	100%	89%	95%	100%	87%
Qtr2	100%	100%	96%	93%	94%
Qtr3	100%	100%	97%	93%	100%
Qtr4	99%	67%	97%	100%	97%
2021					
Qtr1	100%	94%	90%	100%	95%
Qtr2	98%	85%	88%	97%	99%
Qtr3	97%	95%	77%	98%	85%
Qtr4	91%	96%	60%	81%	71%
2022					
Qtr1	100%	83%	58%	97%	93%
Qtr2	94%	73%	88%	88%	84%
Qtr3	81%	92%	55%	95%	94%
Qtr4	71%	100%	31%	94%	74%
Overall	**93%**	**91%**	**74%**	**93%**	**90%**

Source: Intranet Quorum Records (MDH); Department of Legislative Services

Board Structure

MBON consists of 14 board members who are appointed by and serve at the discretion of the Governor for a term of four years. Nine board members must be registered nurses (RN), two must be licensed practical nurses (LPN), one must be a RN or LPN, and two members are consumers appointed with the advice and consent of the Senate. For the appointment of an RN or LPN board member, the Governor must select an appointee from specified lists of qualified individuals furnished by designated nursing organizations. The board elects a president and secretary once every two years in June. Statute requires the president to be a registered nurse.

Chapters 222 and 223 of 2023 terminated the terms of the board members in office on the effective date of the bill as follows: seven members on May 1, 2023; and seven members on November 1, 2023. As of November 16, 2023, those board members are still in office.

The board is 1 of approximately 60 regulatory entities and activities subject to termination unless reauthorized periodically through statute. Chapters 222 and 223 extended the termination date for the board to July 1, 2025.

The National Council of State Boards of Nursing (NCSBN) conducted a series of surveys in 2022 of state nursing boards, polling 59 jurisdictions on the boards' activities. This included all 50 states and U.S. territories as well as states who operate more than one occupational licensing board for the nursing profession (California, Louisiana, Nebraska, and West Virginia). According to the survey, the majority of state nursing boards operate within an umbrella state agency (34 of 59 jurisdictions). Twenty-four boards, including Maryland, operate as an independent agency within state government. Only North Carolina's board operates as an independent agency outside of state government.

Observation: MBON is larger, and meets more frequently, than most state boards.

Exhibit 4.7 shows that Maryland has one of the largest nursing boards surveyed.

Exhibit 4.7
Size of State Nursing Boards

Total Mandated Board Members	Jurisdiction	Total Boards	Percentage of Total Boards
6-9	AK, AS, CA–RN, CNMI, GU, HI, IA, ID, IN, ME, MO, MT, ND, NE–APRN, NM, NV, NY, OR, VI, WI, WV–RN, WY	22	37%
10-13	AL, AR, AZ, CA–VN, CO, CT, DC, FL, GA, IL, KS, LA–PN, LA–RN, MS, NE, NH, OH, OK, PA, SC, SD, TN, TX, UT, VT, WV–PN	26	44%
14-17	DE, KY, MA, **Maryland**, MI, MN, NC, NJ, RI, VA, WA	11	19%

Source: National Council of State Boards of Nursing, 2022 Board Structure Survey; Department of Legislative Services

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While the NCSBN survey reports that 100% of state boards require nurse board members to be licensed within the jurisdiction at the time of appointment or election, 34 jurisdictions

(including Maryland) require nurse board members to be employed in nursing at the time they are appointed or elected, while 25 do not. Consistent with 34 other nursing boards, Maryland's board members serve four-year terms and, together with 44 other boards, the members are limited to two terms. The majority of state boards are responsible for initial licensure, renewal of licensure, establishing standards of practice, proposing legislation, establishing fees, imposing fines, conducting formal disciplinary hearings, and regulating advanced practice nursing. Along with 26 other jurisdictions, Maryland's board is subject to termination or "sunset."

The statutory requirement that MBON's executive director be an RN differs from the other four largest health occupations boards in Maryland, in that these boards do not require their respective executive directors to hold a license or certification issued by the board. MBON also employs nurse investigators to investigate complaints, while most other Maryland health occupations boards do not hire health practitioners as in-house investigators.

> **Recommendation: The Maryland General Assembly should consider repealing the requirement that the executive director of MBON be a licensed nurse.**

MDH should convene a stakeholder workgroup to discuss the status of MBON and the appropriate qualifications of an executive director. On or before December 1, 2024, the workgroup shall submit a report to the Senate Finance Committee and House Health and Government Operations Committee on its findings and any recommendations for statutory changes to the qualifications of the MBON executive director.

Like the majority of nursing boards, Maryland's board has a limited role in its budget process. The board, along with 11 other state boards, drafts its budget but has no role in approval. Seven boards approve their budgets, while 15 both draft and approve the board budget. Twenty-five nursing boards have no role in the budgeting process. Despite most boards limited budgetary authority, 26 boards (including Maryland) operate with a dedicated revenue account. Seven boards use a fund account not specific to nursing; 16 boards' funds may be reapportioned to the state's general fund; and seven states' revenue is deposited directly into the jurisdiction's general fund. Three states' revenue is split between a board fund and the state's general fund.

Thirty state boards are responsible for hiring an executive officer or executive director, while at 23 boards, the executive officer is hired by a state agency with no board input. Once an executive officer is hired, 42 state boards (including Maryland) vest authority to make internal staff hiring and termination decisions with that executive officer, while in 2 jurisdictions that authority remains with the board members. In the remaining 15 jurisdictions, an umbrella agency overseeing the board is responsible for internal staff.

Maryland is one of the jurisdictions in which the board of nursing meets most frequently. **Exhibit 4.8** shows that Maryland's board met more than once per month for a regular meeting during the fiscal year immediately preceding NCSBN's 2022 survey.

Exhibit 4.8
Regular Board Meetings Held in the Prior Fiscal Year

Regular Meetings	Jurisdictions	Boards	Percentage of Total Boards
1-4	AK, CA–RN, CA–VN, CNMI, ID, KS, LA–PN, ME, MT, ND, NE–APRN, NJ, NY, SD, TN, TX, WV–PN	17	29%
5-8	AL, AZ, DC, IL, KY, LA–RN, MI, MN, MS, NC, NM, NV, OH, OK, PA, SC, VA, VI, WA	19	32%
9-12	DE, FL, GU, HI, IA, IN, MA, NE, NH, OR, RI, UT, VT, WI, WV–RN, WY	16	27%
More than 12	AR, AS, CO, CT, GA, **Maryland**, MO	7	12%

Source: National Council of State Boards of Nursing, 2022 Board Structure Survey; Department of Legislative Services

Board Meetings

The Maryland Open Meetings Act requires a public body to publicly post either meeting minutes or archived video online as soon as practicable after an open session meeting occurs. On its website, MBON states that "meeting minutes are generally published two months after the pertinent Board meeting." As shown in **Exhibit 4.9**, as of June 2023, board meeting minutes had not been posted online since September 2020, despite MBON being notified of this issue as far back as December 2022.

Exhibit 4.9
Board Meeting Minutes Archive

Source: Maryland Board of Nursing

Since June 2023, MBON has posted meeting minutes for some past board meetings to its website. However, MBON has only posted meeting minutes online for 6 of its 12 board meetings held in 2021 and 8 of its 12 board meetings held in 2022. Additionally, MBON has only posted meeting minutes for its 2023 board meetings held from January to March.

In conducting this evaluation, OPEGA requested MBON to provide meeting minutes for all board meetings going back to fall 2020. MBON complied in part, providing OPEGA with meeting minutes for some board meetings for which meeting minutes had not been posted online. However, MBON still failed to provide OPEGA with meeting minutes for several scheduled board meetings, including three in 2023, one in 2022, and three in 2021. OPEGA has not seen evidence that those meetings took place.

Most other state boards of nursing, including the DC Board of Nursing and Virginia Board of Nursing, make agendas and meeting minutes for past board meetings publicly available. The DC Board of Nursing, Pennsylvania Board of Nursing, and West Virginia Board of Nursing have respectively posted meeting minutes on their websites for all open-session board meetings going back to 2015, 2017, and 2008.

Additionally, MBON's "Board Meeting Schedule" section of its website includes live video links to join past (and future) meetings, but these do not link to archived videos of the meetings.

There are a few committees of the board that support and advise MBON with respect to specific practice areas and issues, including the Certified Nursing Assistant (CNA) Advisory

Committee, Direct Entry Midwife Advisory Committee, and the Electrology Practice Committee. These committees, like the board, are subject to the Maryland Open Meetings Act and are required to post meeting minutes subsequent to any open session meetings they hold.

Meeting minutes are available on MBON's website for many of the Direct Entry Midwife Advisory Committee's recent public session meetings. By contrast, meeting minutes are not available online for any public session meeting of the CNA Advisory Committee or the Electrology Practice Committee.

R**ecommendation: MBON should post meeting minutes as required by law.**

Staff

To compare MBON's staffing to that of other health occupations boards of similar size and scope, comparisons will be made against the four boards with the next largest number of regulated practitioners: the State Board of Dental Examiners (BDE); the State Board of Pharmacy (SBP); the State Board of Social Work Examiners (SWE); and the Maryland Board of Physicians (MBP). Additionally, OPEGA surveyed a number of similarly structured state nursing boards to serve as a basis of comparison with Maryland's board.

MBON, like the other large Maryland health boards and the other state boards of nursing examined as part of this review, operates in a hierarchical structure by function. MBON relies on an executive director to oversee board staff and relay information to the board as needed. Statute requires the executive director to be a registered nurse with a minimum of a master's degree in nursing or the equivalent, in the judgment of the board, in professional education and administrative experience. Day-to-day operations are completed by employees spread across different divisions, including Information Technology; Operations; Legislative; Enforcement; Education and Examinations (which handles initial licensure applications); Licensure and Certification (which handles renewal licensure); and Executive, including Human Resources and Legal.

When specific expertise is required for cases involving scope of practice issues, MBP utilizes a part-time physician to review preliminary investigations and makes recommendations to the board's disciplinary panels. Additionally, external peer reviewers are hired on a case-by-case basis based on the practice areas raised in the complaint. Similarly, BDE employs a chief dental officer as their only in-house practitioner.

While SBP employs licensees as pharmacy and lab inspectors, its staff investigators are not licensed. SWE employs licensees in management at the director level, as well as one staff social worker.

While MBON has a total of 89 full-time positions (including contractual positions), as of August 2023, the board reported that 18 positions were unfilled. This is a decrease in the vacancy rate reported in the December 2022 review of the board by the Department of Legislative Services,

at which time MBON reported 59 filled positions of 91 total. (MBON reports 2 of the 91 positions listed in December 2022 were temporary.) The divisions assigned the greatest number of staff are Licensure and Certification with 22 full-time positions and Investigations and Enforcement with 27 full-time positions. Due to staff vacancies, these divisions are currently functioning with 20 and 23 employees, respectively.

Of MBON's 89 full-time staff positions, only 71 of these are merit employees (assigned a PIN). The balance of the 18 other positions are contractual or temporary staff. **Exhibit 4.10** shows the number of full-time merit staff assigned to MBON since fiscal 2018 and the total budget for the salaries for these staff. While the number of full-time employees at the board has increased 3% since 2018, the budget for staff salaries has increased 31%.

Exhibit 4.10
Full-time Merit Employees of the Maryland Board of Nursing
Fiscal 2018-2024

Fiscal Year	PINs	Total Budget for Staff Salaries
2018	69	$3,797,020
2019	69	3,797,020
2020	69	4,003,693
2021	67	4,127,230
2022	68	4,123,133
2023	71	4,758,331
2024	71	4,960,489

Source: Department of Budget and Management; Department of Legislative Services

To place the board's staffing levels in context with other Maryland health boards, the total number of employees and vacant positions of the five largest health boards are shown in **Exhibit 4.11**. MBON's vacancy rate was 20% as of August 2023.

Exhibit 4.11
Total Employees and Vacant Positions for Large Maryland Health Boards
As of August 2023

Board	Total Employees (PINs)	Vacant Positions (Vacant PINs)	Vacancy Rate
State Board of Nursing	89 (71)	18(6)	20%
State Board of Dental Examiners	22 (12)	7(0)	32%
State Board of Pharmacy	35 (28)	3(0)	9%
State Board of Physicians	79.5 (69.5)[1]	6(3)	8%
State Board of Social Work Examiners	18 (15)	5(2)	28%

[1] This includes 12 PINS assigned to the Office of the Attorney General

Source: Maryland Board of Nursing; State Board of Dental Examiners; State Board of Pharmacy; State Board of Physicians; State Board of Social Work Examiners; Department of Legislative Services

While both BDE and SWE operate with a relatively smaller staff size, employee vacancies have an even greater impact. BDE's licensing unit, with four employees under one supervisor, has two contractual vacancies, while the investigations unit, with five employees under one supervisor, has three contractual vacancies. These shortages leave two prominent functions of the board with half or fewer of the staff deemed necessary to these tasks. Similarly, BSE has three of five total positions in the compliance and investigations unit vacant.

The divisions within MBON that are most severely understaffed, by contrast, still fill more than half the positions assigned to that team. The Investigations Division had 4 of 27 positions vacant as of July 2023, representing a vacancy rate of 15%. The Operations team had 3 of 9 positions vacant, with a vacancy rate of 33%. The division facing the highest staff shortage is the Education and Examinations team, with 3 of 7 positions vacant, at a vacancy rate of 43%. These staff totals do not include director positions.

As part of this review, OPEGA compared the staffing levels of MBON with the nursing boards of neighboring states and states with similarly structured boards. **Exhibit 4.12** shows the total number of employees, number of vacant positions, and vacancy rates for the state nursing boards that responded to OPEGA's request for staffing information. Of the states reviewed, Maryland's nursing board has the highest vacancy rate at 20%, as well as the largest number of employees.

Exhibit 4.12 also shows these staffing levels in relation to the number of practitioners regulated by the board. While MBON regulates one of the largest practitioner populations of the states reviewed, it has the largest staff. As such, MBON's ratio of staff to practitioners is the lowest.

Exhibit 4.12
Total Employees and Vacant Positions for Other State Boards of Nursing
As of August 2023

Nursing Board	Total Employees	Vacant Positions	Vacancy Rate	Regulated Practitioners	Regulated Practitioners Per Employees
Maryland	89	18	20%	191,877	2,156
District of Columbia	14	0	0%	55,000	3,929
Kansas	29	5	17%	65,221	2,249
Missouri	28	4	14%	154,416	5,515
North Carolina	54	0	0%	208,042	3,853
Virginia	42	0	0%	232,456	5,535

Note: The District of Columbia Board of Nursing does not employ in-house investigators. Complaint investigations are handled by employees at the District of Columbia Department of Health.

Source: Maryland Board of Nursing; District of Columbia Board of Nursing; Kansas Board of Nursing; Missouri Board of Nursing; North Carolina Board of Nursing; Virginia Board of Nursing; Department of Legislative Services

Staff Hiring Process

The hiring process for full-time board staff involves human resources personnel at both the board and Maryland Department of Health Office of Human Resources (OHR) and may also include the Department of Budget and Management (DBM) if the board requests a change to the approved salary. The process for hiring new full-time personnel is outlined in **Exhibit 4.13**.

Exhibit 4.13
Maryland Board of Nursing Hiring Process for Full-Time Personnel

MBON sends a "request to recruit" to MDH.
(2-3 weeks)
•MDH approval is valid for 6 months

MDH advertises job posting online.
(2-4 weeks)

•May take 2 weeks to post
•Post is active for 2 weeks

OHR reviews and ranks applicants.
(2-4 weeks)

OHR sends list of eligible applicants to MBON & MBON conducts interviews.
(2-4 weeks)

MBON sends an offer to the selected candidate.

•Salary negotiation may require additional approval from DBM for a salary increase

Total time from posting to new hire may take 4-6+ months.

DBM: Department of Budget and Management
MBON: Maryland Board of Nursing
MDH: Maryland Department of Health
OHR: Office of Human Resources

Source: Maryland Board of Nursing; Department of Legislative Services

The process for hiring contractual or temporary employees differs from the process outlined above. Contractual positions, while posted in the same manner as described for full-time positions, have applications directed to the board's human resources team rather than routed through OHR. Temporary positions are not posted for recruitment, but instead the board's human resources team may conduct recruitment and hiring as it chooses. These temporary hires, however, are only valid for six months.

Exhibit 4.14 shows the number of days for each of the large health boards to hire their 10 most recent employees (or time to hire employees over the past two years, if not at least 10). SWE was not able to respond to the request for hiring timeline data before this report was published. While SBP has been able to conduct hiring much more quickly than the other large boards, the positions filled for which a timeline was available were all contractual, rather than merit, positions. As discussed previously, MBON staff noted that contractual positions may be faster to fill – though this is not evidenced in the timelines associated with MBON hiring of contractual staff. MBON's hiring timelines are more similar to those experienced by MBP and BDE, both of which also sought to fill more positions over the past two years as compared to SBP.

Exhibit 4.14
Calendar Days to Hire New Staff
Most Recent Hires at Large Maryland Health Boards
(Past 2 years or 10 most recent)

	Board of Nursing	Board of Physicians	Board of Dental Examiners	Board of Pharmacy
	352	455	386	*72*
	291	*377*	227	*37*
	221	236	175	*29*
	192	223	141	*14*
	187	*207*	67	Ongoing
	156	98	55	
	134	79	43	
	126	76	42	
	125	69		
	95	51		
Average	**188**	**187**	**142**	**38**

Note: Contractual hires shown in italics.

Maryland Board of Physicians recruitment figures reflect two positions posted for recruitment twice, two positions posted for recruitment three times, and one position filled after being reclassified to a lower grade after two failed recruitment rounds. The 51-day recruitment was for a candidate promoted internally.

Source: Maryland Board of Nursing; Maryland Board of Physicians; Maryland Board of Pharmacy; Maryland Board of Dental Examiners; Department of Legislative Services

MBON's human resources staff expressed concern that hiring delays may be a leading factor in limiting opportunities for hiring. While this may be a factor when compared to hiring in

the private sector, MBON's hiring timelines are not much different (with the exception of SBP) from those experienced by other large Maryland health occupational boards.

> **Recommendation: MDH and DBM should conduct a full review of hiring timelines across the Maryland health occupational boards and determine whether there are opportunities to streamline hiring practices.**

Staff Salary and Classification

MBON human resources staff expressed concerns that the board does not offer competitive salaries for its staff, further limiting its opportunity to recruit and retain talent. The average salaries for staff at the five large Maryland health occupations boards are shown in **Exhibit 4.15**. Despite concerns about low salaries, MBON staff salaries for the past four fiscal years have remained relatively consistent with the other Maryland boards. The larger staff size at MBON relative to the other boards also means that the salary of the executive director has less impact on the average salary of the staff overall.

Exhibit 4.15
Average Salary of Employees at Large Maryland Health Boards
Fiscal 2021-2024

Board	2021 Actuals	2022 Actuals	2023 Working Appropriation	2024 Allowance
Nursing	$56,537	$56,481	$65,183	$63,591
Physicians	61,978	65,454	71,675	72,287
Pharmacy	56,929	60,048	64,356	62,128
Dental Examiners	56,867	60,567	63,486	57,655
Social Work Examiners	56,294	62,503	69,372	62,604

Source: Maryland Board of Nursing; Maryland Board of Physicians; Maryland Board of Pharmacy; Maryland Board of Dental Examiners; Maryland Board of Social Work Examiners; Department of Legislative Services

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As part of the questionnaire sent to other state boards of nursing, OPEGA requested average salaries for board staff. No boards who responded to the questionnaire disclosed salary information. Because OPEGA is unable to compare salaries of other state nursing boards, this review cannot assess whether the concerns of board staff relating to salary levels are applicable.

> **Recommendation: A contractor specializing in compensation analysis should conduct a review of salaries and compensation packages at MBON, at other state nursing**

boards, and in comparable fields in the private sector to assess whether MBON's salaries and compensation are appropriately competitive.

Though the board is funded through practitioner licensing fees, position classifications and salary level decisions are made by MDH or DBM by comparing similar positions at other boards or within MDH. If MBON seeks to increase the salary of a new hire (above the salary previously approved at the time the request to recruit was approved), that salary increase is submitted to MDH and forwarded to DBM. Similarly, if the board seeks to reclassify an existing employee and increase that employee's salary, the reclassification must be approved by DBM. MBON staff expressed concerns that these processes may take two weeks for a salary change for a new hire and up to six months for reclassification of an existing employee while the duties and function of the position are compared to similar positions. The time involved in this process may be increased by lack of familiarity for external reviewers in the particular duties of the position being appraised.

As shown in **Exhibit 4.16**, the board has sought to reclassify or increase the compensation of a number of existing positions in the past five years. The table includes reclassification requests that may have been returned to the board for changes to paperwork requested by DBM.

Exhibit 4.16
Reclassification and Compensation Changes for Board of Nursing Staff

Calendar Year	Reclassifications	Compensation Changes	Average $ Change for Compensation Change
2019	15	84	$4,316
2020	6	23	1,359
2021	3	24	4,529
2022	10	13	8,289
2023 (Jan. through July)	5	54	2,292

Note: Compensation changes do not include cost-of-living increases/step increases or new hires but do include merit increases and promotions, reclassification requests, and transfers of positions.

Source: Department of Budget and Management; Department of Legislative Services

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In addition to the successful reclassifications listed above since 2019, DBM reports six reclassification requests from the board (via MDH) have been denied or canceled. These are:

- A request to reclassify was sent back because there were pages missing. The request was then canceled by MDH. This request was resubmitted the following year, but the same form was submitted, and it was again canceled by MDH when it was sent back.

- A request to change a position to a supervisory position was denied because the employee was supervising only one contractual employee. The employee who was the subject of the request then left the board the same year the reclassification request was denied.

- A request to reclassify was denied because DBM determined the job duties did not merit a reclassification based on comparable positions.

- A request was canceled by MDH because the employee left the board before the reclassification was decided.

- A reclassification request was canceled by MDH for a position that had already been reclassified within the prior three months, possibly requested in error.

- A request was denied due to missing documentation. The request has not been resubmitted, and the position is filled as of July 2023.

Budget Information

Exhibit 4.17 shows recent fund balances for Maryland health occupation boards.

Exhibit 4.17
Maryland Health Board Fund Balances
Fiscal 2020-2023

	2021 Fund Balance	2022 Fund Balance	2023 Fund Balance
Nursing	$1,236,380	$385,932	$309,396
Physicians	5,287,927	3,022,111	5,359,336
Pharmacy	2,885,724	2,707,907	3,368,521
Dental Examiners	1,182,049	992,338	833,660
Social Work Examiners	631,849	611,076	936,032

Source: Maryland Department of Health; Department of Legislative Services

MBON, like the other large Maryland health occupations boards, receives its operating funds largely from licensing fees. Despite this, the Maryland health occupations boards are not responsible for setting their own operating budget or determining staff salaries. They also lack authority over large procurement that is overseen by MDH and facilitated by the Department of General Services. The DC, Missouri, and Virginia boards of nursing all reported that, though they

are funded through licensing fees, these boards make budget requests that are then approved through the state budget process either by the Governor or legislature.

This is not the case for all state boards of nursing. The North Carolina Board of Nursing, for example, does not operate under the authority of any oversight organization and sets its own policies and procedures for staff salaries, hiring, and expenditure of its funds. North Carolina is, however, limited in its fee setting authority through statute.

Recommendation: MDH and DBM should convene a stakeholder workgroup to review hiring practices and employee retention for MBON.

The review should include (1) timelines for beginning recruitments, identifying qualified candidates, and making employment offers; (2) the staff responsible for each portion of the hiring process; (3) processes for new or existing employee salary adjustments or reclassifications; and (4) any barriers to recruitment and retention. The findings and recommendations should be submitted to the Senate Finance Committee and the House Health and Government Operations Committee by December 1, 2025.

Chapter 5: Summary of Recommendations

To the Maryland Board of Nursing (MBON):

MBON should update their website to make sure it is user-friendly, organized, and current. (pg. 19)

MBON should participate in "Rap Back" and/or "SAM." (pg. 29)

MBON's license application system should allow applicants to upload all required documentation electronically. (pg. 30)

MBON should study its fee structure and issue a report. (pg. 36)

MBON should standardize its complaint form and internal database to monitor complaint sources objectively. (pg. 42)

MBON should have a written policy allowing staff to triage cases requiring immediate action. (pg. 44)

The board should delegate certain triage authority to staff. (pg. 46)

The Triage Committee should meet every two weeks, and the committee should ensure that every complaint that it reviews is triaged within 30 days of being received by MBON. (pg. 48)

The full board should give more direction to the Triage Committee on what cases should be given priority 3. (pg. 52)

MBON should staff at a level that ensures that phone calls are answered. (pg. 57)

MBON should post meeting minutes as required by law. (pg. 66)

The Maryland Department of Health (MDH) and the Department of Budget and Management (DBM) should conduct a full review of hiring timelines across the Maryland health occupational boards and determine whether there are opportunities to streamline hiring practices. (pg. 72)

A contractor specializing in compensation analysis should conduct a review of salaries and compensation packages at MBON, at other state nursing boards, and in comparable fields in the private sector to assess whether MBON's salaries and compensation are appropriately competitive. (pg. 73)

MDH and DBM should convene a stakeholder workgroup to review hiring practices and employee retention for MBON. (pg. 75)

To the Maryland General Assembly (MGA):

MGA should consider requesting a report from MDH containing an action plan for acquisition of (1) a new electronic licensing system and (2) a new telephone system. (pg. 59)

MGA should consider repealing the requirement that the executive director of MBON be a licensed nurse. (pg. 63)

Appendix A. Response from the Maryland Board of Nursing

December 20, 2023

Mr. Michael Powell, Director
Office of Program Evaluation and Government Accountability
Department of Legislative Services
90 State Circle
Annapolis, Maryland 21401

Dear Mr. Powell,

The Maryland Department of Health (MDH) and the Maryland Board of Nursing (MBON) have reviewed the Office of Program Evaluation and Government Accountability (OPEGA) report on the evaluation of MBON. We appreciate the opportunity to provide responses to the recommendations and note that work is underway to address many of the issues contained in this report. Specifically, many of the recommendations are similar or complementary to findings documented in the independent evaluation of MBON conducted in accordance with Senate Bill 960/House Bill 611 of 2023.[1]

MDH and MBON agree with the majority of the recommendations listed in the report and are committed to facilitating further improvements at the Board. The following are our responses to your recommendations.

Recommendation #1: MBON should update their website to make sure it is user-friendly, organized, and current. (pg. 19)

Response: MBON agrees with this recommendation. The Board is currently working with MDH to address this recommendation.

Recommendation #2: MBON should participate in "Rap Back" and/or "SAM." (pg. 29)

Response: MBON agrees that enrolling its license and certificate holders in Rap Back will improve the timeliness of processing applicants who do not disclose their criminal history. Currently, MBON does not have the resources to accomplish this; however, Board staff has been trained on "Rap Back" and MBON is developing a plan to begin enrolling new applicants.

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[1]https://dlslibrary.state.md.us/publications/Exec/MDH/BN/SB960Ch223HB611Ch222(3)(e)(2023)_2023.pdf__;!!BE 8q0vBWmvix!Lg1PHlt43qc2bd290sNxmm8cT8v8QNsf9UXt22K5G5UHXHNlEuQOigaxxByxcYUZDh73CiQiNp xXiTqc5q4zPLbXibqJM4J2g63poanO$

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Recommendation #3: MBON's license application system should allow applicants to upload all required documentation electronically. (pg. 30)

Response: MBON agrees with this recommendation and work is underway to procure a modernized licensure system. MBON, in conjunction with MDH, has a major IT development project (MITDP) to upgrade the Board's licensing system. A project manager has been hired to support this project and specific system requirements are currently being determined.

Recommendation #4: MBON should study its fee structure and issue a report. (pg.36)

Response: MBON agrees with this recommendation and can report that much of this work is complete. A report assessing the Board's fees, in comparison to fees collected in all 50 states and the District of Columbia, was conducted, and submitted to the General Assembly as part of the independent evaluation required by Senate Bill 960/House Bill 611. Using the findings from this report, MBON, with the support of MDH, are analyzing the Board's expenditures, as well as the adequacy of the current fee structure and will report back to the General Assembly on its findings.

Recommendation #5: MBON should standardize its complaint form and internal database to monitor complaint sources objectively. (pg. 42)

Response: MBON agrees with this recommendation. There should be standardization between the information gathered on the complaint form and information that is tracked in its internal database. MBON plans to revise its complaint form to be consistent with the tracking elements in the database once the licensing system has been updated.

Recommendation #6: MBON should have a written policy allowing staff to triage cases requiring immediate action. (pg. 44)

Response: MBON agrees with this recommendation. To implement this recommendation, Board staff intends to present to the Board at an upcoming open meeting, a request that the Board formally delegate authority to Complaints and Investigation (CID) staff to adopt and assign priority levels as defined by the National Council for State Boards of Nursing (NCSBN) and assign a priority level to each case based on the level of risk to public safety.

Recommendation #7: The Board should delegate certain triage authority to staff.

Response: MBON agrees with this recommendation. This recommendation will be addressed by Board staff's request for authority delegated by the Board to triage cases requiring immediate attention.

Recommendation #8: The Triage Committee should meet every two weeks, and the committee should ensure that every complaint it reviews is triaged within 30 days of being received by MBON. (pg. 48)

Response: The delegation of triage authority to Board staff will address this recommendation. Board staff will be reviewing these cases on a rolling basis and initiating immediate investigations on high priority cases.

Recommendation #9: The full Board should give more direction to the Triage Committee on what cases should be given priority 3. (pg. 52)

Response: MBON agrees with this recommendation. The Board should ensure that the Triage Committee has direction on what cases should be given priority 3. New Board staff and Board members are trained on the NCSBN priority levels. The delegation of triage authority will require Board staff to take cases that are not likely to proceed to investigation to the Board to review and ratify the recommendation to take no action.

Recommendation #10: MBON should staff at a level that ensures that phone calls are answered. (pg. 57)

Response: MBON agrees with this recommendation and work is underway to address this. In September 2023, an additional 40 telephone lines were installed to accommodate the call volume received by MBON. However, MBON continues to receive complaints regarding extended hold times and unanswered calls. The Board is evaluating additional options to further improve customer service as it relates to callers, including the need for a call center.

Recommendation #11: MBON should post meeting minutes as required by law (pg. 66).

Response: MBON agrees with this recommendation and is actively addressing this issue to ensure minutes are posted as required by the Open Meetings Act. In the past, the Board did not consistently dedicate resources to ensure timely posting of minutes. With the hiring of new team members, MBON leadership assigned two Board staff members to document minutes moving forward. Staff are also working to review previous Board transcripts and develop meeting minutes for Board approval and eventual posting.

Recommendation #12: The Maryland Department of Health (MDH) and the Department of Budget and Management (DBM) should conduct a full review of hiring timelines across the Maryland health occupational boards and determine whether there are opportunities to streamline hiring practices (pg. 72).

Response: MDH agrees with this recommendation. The Department will work with DBM to assess hiring timelines at the Boards.

Recommendation #13: A contractor specializing in compensation analysis should conduct a review of salaries and compensation packages at MBON, at other state nursing boards, and in comparable fields in the private sector to assess whether MBON's salaries and compensation are appropriately competitive (pg. 72).

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Response: MDH agrees that a review of salaries and compensation packages at MBON is needed. However, MDH believes this work should be done in conjunction with the Department of Budget and Management, as opposed to a contractor.

Recommendation #14: MDH and DBM should convene a stakeholder workgroup to review hiring practices and employee retention for MBON (pg. 75).

Response: MDH agrees that hiring practices and employee retention should be reviewed; however, that review should take place within the context of broader statewide efforts. Specifically, the 2023 *Joint Chairmen's Report* required the Department of Budget and Management to convene a Task Force on the Modernization of the State Personnel System. The Taskforce's final report is due to the legislature in January 2024, and MDH plans on using this to inform next steps to improve recruitment and retention within MDH, including MBON.

Sincerely,

Laura Herrera Scott, MD, MPH
Secretary of Health

Rhonda Scott, JD, BSN, CRNI, SD-CLTC
Executive Director, Maryland Board of Nursing

Appendix B. Draft Bills

Bill No.: _____

Requested: _____

Committee: _____

Drafted by: Rowe
Typed by: Julia
Stored – 11/29/23
Proofread by _____
Checked by _____

By: **Leave Blank**

A BILL ENTITLED

1   AN ACT concerning

2   **State Board of Nursing – Technology Upgrade Study**

3   FOR the purpose of requiring the Maryland Department of Health to study options for
4   upgrading the licensing and telephone systems used by the State Board of Nursing;
5   and generally relating to a technology upgrade study for the State Board of Nursing.

6   SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
7   That the Maryland Department of Health shall:

8   (1)   study options for upgrading the licensing system used by the State
9   Board of Nursing to allow:

10   (i)   all initial applications and renewal applications for licenses and
11   certifications issued by the Board to be processed online; and

12   (ii)   the status of an application to be tracked by the applicant using
13   the Internet;

14   (2)   study options for upgrading the telephone system used by the State
15   Board of Nursing to allow:

16   (i)   all calls to be routed to the appropriate Board unit;

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
    [**Brackets**] indicate matter deleted from existing law.

1   (ii)   voice messages to be left outside of office hours; and

2   (iii)   Board staff to track call wait times;

3   (3)   on or before October 1, 2024, submit a report to the Senate Finance
4 Committee and the House Health and Government Operations Committee, in accordance
5 with § 2–1257 of the State Government Article, that includes an action plan for:

6   (i)   the acquisition of a new electronic licensing system and a new
7 telephone system for the State Board of Nursing; and

8   (ii)   the Board to appropriately staff the telephone system; and

9   (4)   on or before March 1, 2025, submit a report to the Senate Finance
10 Committee and the House Health and Government Operations Committee, in accordance
11 with § 2–1257 of the State Government Article, on the status of the acquisition of a new
12 electronic licensing system and new telephone system for the State Board of Nursing.

13   SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June
14 1, 2024.

Bill No.: _____

Requested: _____

Committee: _____

By: **Leave Blank**

A BILL ENTITLED

1   AN ACT concerning

2   **State Board of Nursing – Executive Director Qualifications – Study**

3   FOR the purpose of requiring the Maryland Department of Health to convene a stakeholder
4   workgroup to study the qualifications for the executive director of the State Board of
5   Nursing; and generally relating to qualifications for the executive director of the
6   State Board of Nursing.

7   SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
8   That the Maryland Department of Health shall:

9   (1)   convene a stakeholder workgroup to study the qualifications for the
10   executive director of the State Board of Nursing, including by:

11   (i)   discussing the functionality and effectiveness of the Board;

12   (ii)   examining qualifications for executive directors of other State
13   health occupations boards; and

14   (iii)   examining the qualifications for executive directors of other state
15   boards of nursing; and

EXPLANATION: **CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.**
    [Brackets] indicate matter deleted from existing law.

1   (2)   on or before December 1, 2024, submit a report to the Senate Finance
2 Committee and the House Health and Government Operations Committee, in accordance
3 with § 2–1257 of the State Government Article, on the workgroup's findings and
4 recommendations, if any, for statutory changes to the qualifications for the executive
5 director of the State Board of Nursing.

6   SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
7 1, 2024.

Appendix C. Methodology

This evaluation began in January 2023 and ended with a published report in December 2023. To answer the core research questions, this evaluation relied on the following qualitative and quantitative data collection and analysis:

1. Interviews with Maryland Board of Nursing (MBON) staff, Maryland Department of Health (MDH) staff, nursing profession organizations, and advocacy organizations at the state and national levels.

2. Analysis of administrative data provided by MBON, MDH, and the Department of Budget and Management including:

    *   MBON spreadsheets for tracking various stages of the application and enforcement processes;

    *   standardized reports from the MyLicense Office licensing database;

    *   monitoring reports for incoming call activity;

    *   staffing, recruitment, and salary change history; and

    *   incoming requests and complaints to MBON.

3. Compilation and analysis of a stratified random sample of 156 applications for licensure and certification from 2017 through 2022.

4. Surveys and interviews with neighboring and comparable state boards of nursing.

5. Surveys and interviews with other Maryland health occupation boards.

6. Other publicly available data on the nursing workforce and nursing regulatory bodies, as cited in the body of the report.

Appendix D. National Council of State Boards of Nursing Guidance

National Council of State Boards of Nursing
Priority Rankings listed in MBON CID Process Presentation

Priority I: High-risk and high-harm violations of NPA

▶ Indicates an emergency or potential emergency, case given highest priority level. An emergency exists when licensee behavior poses an immediate danger to public health, safety, and welfare or poses an imminent threat of harm to patient or other.
▶ Would result in Summary Suspension of License.
▶ Significant physical abuse of a patient or family member
▶ Sexual conduct involving a patient
▶ Active severe chemical, psychiatric, or cognitive impairment
▶ Imposter practicing as a nurse who has not successful completed a nursing education
▶ Practicing on a suspended or revoked license
▶ Egregious practice or rule violation placing patient at risk of harm
▶ More than one reported incident of impairment on duty (drug, alcohol, or other related)
▶ Patient death or significant harm to a patient related to care or lack of care
▶ Intentional harm to a patient
▶ Criminal conduct with significant injury/harm of significant injury/harm to another such as murder, rape, child molestation, assault
▶ Criminal action and law requires immediate or automatic licensure suspension, per state law

Priority II: Serious Violation of the NPA. Allegations/evidence indicates that the continued practice of a licensee presents a danger to public, there is evidence that harm has occurred or is likely to occur, or law requires that action be taken on the licensee.

▶ Emotional, physical or verbal abuse of patients (for MBON physical abuse are usually investigated as a P1)
▶ Recent or active substance abuse
▶ Drug diversion, theft of drugs, or prescription fraud (for MBON, these are usually investigated as a P1)
▶ Practice errors or other allegations indicative of lack of knowledge, skill, or ability
▶ Criminal action involving a crime committed in course of practice, a felony, or a drug related offense
▶ Licensee monitored by board and/or is a participant in an alternative to discipline program and has committed a major violation of the terms and conditions
▶ Theft from a patient, family, or place of employment
▶ Chemical psychiatric or cognitive impairment
▶ Actions by other states or regulatory bodies results in probation, suspension, revocation or surrender and, licensee is or has ability to actively practice in our state (excluded are

state-specific actions and not otherwise a violation of NPA (*i.e.*, suspension for failure to pay a student loan))

Priority III: Low risk – low harm violation(s) of the NPA. Appropriate when allegation/evidence indicates that licensee has committed an isolated act that has low risk of harm to patient or public and continued practice may present a danger or potential danger to the public (6-12 months).

- ▶ Fraud or deceit on original or renewal application
- ▶ Criminal history not involving crimes indicated in I and II
- ▶ Minor practice error
- ▶ Unlicensed practice/expired license practices less than one year
- ▶ Positive pre-employment or random drug test without evidence of impairment or ability to practice safely
- ▶ Documentation errors that do not involve deception
- ▶ Medication error that is an isolated incident and no patent harm occurred
- ▶ Breach of confidentiality

Priority IV: Minor violation of NPA – Appropriate when allegation/evidence indicates that licensee committed an isolated violation and continued practice may present minimal or no identified danger to the public.

- ▶ Committed a minor practice error not indicative of lack of knowledge, skill, or ability
- ▶ Licensure actions taken by other states or regulatory bodies for minor violations or for violations that do not violate NPA in own state
- ▶ Complaints that do not indicate a violation of the NPA

Source: Maryland Board of Nursing

Appendix E. Evaluation Request Letter

DEPARTMENT OF LEGISLATIVE SERVICES
OFFICE OF PROGRAM EVALUATION AND
GOVERNMENT ACCOUNTABILITY
MARYLAND GENERAL ASSEMBLY

Victoria L. Gruber
Executive Director

Michael Powell
Director

March 20, 2023

Karen E. B. Evans, R.N.
Executive Director
Maryland State Board of Nursing
4140 Patterson Avenue
Baltimore, Maryland 21215

Dear Executive Director Evans:

The Executive Director of the Department of Legislative Services has requested that the Office of Program Evaluation and Government Accountability conduct an evaluation of the Maryland State Board of Nursing.

The program evaluation process, authorized by Chapters 510 and 511, Laws of Maryland 2019, and codified in State Government Article, § 2-1234, directs this office to evaluate the efficiency, effectiveness, and economy of governmental activities or units.

I will reach out to your office to schedule an initial meeting. I expect this evaluation to be done expeditiously and with a minimum of interruption to your operations.
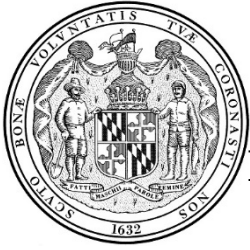
Sincerely,

Michael Powell
Director
Office of Program Evaluation and
Government Accountability
Department of Legislative Services

MCP

cc: Senate President William Ferguson
        House Speaker Adrienne A. Jones
        Senator Clarence K. Lam, Senate Chair of the Joint Audit and Evaluation Committee
        Delegate Jared Solomon, House Chair of the Joint Audit and Evaluation Committee
        Victoria L. Gruber, Esq., Executive Director, Department of Legislative Services
        Sandra Brantley, Esq., Office of the Attorney General
        Ryan Hollen, Department of Legislative Services
        Eric Pierce, Department of Legislative Services

Victoria L. Gruber
Executive Director

January 3, 2023

Michael Powell
Director, Office of Program Evaluation and Government Accountability
Department of Legislative Services
90 State Circle
Annapolis, Maryland 21401

Dear Mr. Powell:

Consistent with § 2-1234 of the State Government Article, I am directing that the Office of Program Evaluation and Government Accountability conduct a performance evaluation of the Maryland Board of Nursing.

Thank you for your attention to this matter, and please let me know if you have any questions.

Sincerely,

Victoria L. Gruber
Executive Director

VLG/mpd

cc: Senate President Bill Ferguson
        House Speaker Adrienne A. Jones
        Senator Clarence K. Lam
        Delegate Mark S. Chang
        Delegate Joseline A. Pena-Melnyk
        Delegate Ariana B. Kelly
        Ms. June Chung