LeadingAge Maryland - 2023 - SB 960 - MBON Alter -
Uploaded by: Aaron Greenfield
Position: FAV

576 Johnsville Road
Sykesville, MD 21784

TO: Finance Committee

FROM: LeadingAge Maryland

SUBJECT: Senate Bill 960, State Board of Nursing – Sunset Extension, Licensure Exceptions, and Board Operations and Membership

DATE: March 14, 2023

POSITION: **Favorable**

LeadingAge Maryland supports Senate Bill 960, State Board of Nursing – Sunset Extension, Licensure Exceptions, and Board Operations and Membership.

LeadingAge Maryland is a community of more than 140 not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. Members of LeadingAge Maryland provide health care, housing, and services to more than 20,000 older persons each year. Our mission is to be the trusted voice for aging in Maryland, and our vision is that Maryland is a state where older adults have access to the services they need, when they need them, in the place they call home. We partner with consumers, caregivers, researchers, public agencies, faith communities and others who care about aging in Maryland.

Senate Bill 960 makes several significant changes to the Board of Nursing (BON):

1. Annual Report: In the BON annual report to Secretary, Governor and General Assembly, the BON must include any additional aggregate data, identified by the board in consultation with stakeholders, determined to be necessary to facilitate workforce and health planning purposes that does not reference any individual's name or other personal identifier.

2. Applicants: A person can be a registered nurse if the individual has taken and failed an examination required under this title but has not failed the examination more than one time within the 120–day period immediately preceding the submission of the application to the BON.

3. Authority of the Secretary: This bill gives the Secretary of Maryland Department of Health (MDH) authority over the "infrastructure operations" (administrative operations of a Board or Commission including tools and resources for the use and support of deliberative actions; does not include licensing, investigation or disciplinary activities). The BON fund cannot be used for infrastructure operations. The Secretary can employ staff for the BON and designate the Executive Director which need not be a registered nurse.

4. Uncodified language: The BON must hire an external consultant to conduct an independent evaluation of the Board to develop an action plan to implement the recommendations identified in the report the Board submitted as required by the Fiscal 2022 Joint Chairmen's Report. The action plan must include:

    - a gap analysis to address the Board's immediate infrastructure needs and to identify resources needed for the Board's long–term sustainability and a plan to fill all Board staff vacancies and process personnel actions
    - the identification of new workflows to reduce the time to fill Board staff vacancies
    - a plan to hire additional nurse and non-nurse investigators to ensure timely processing of complaints submitted to the Board
    - an update of the organizational structure of the Board to make leadership more effective and the provision of the new organizational chart to Board staff and members and the Maryland Department of Health
    - a plan to create and staff a new Office of Compliance to implement relevant recommendations to ensure ongoing adherence to State and national standards
    - a plan to create and staff a Communications Department within the Operations Division to relieve operational staff of duties related to constituent communication and provide responsive service, improve public perception of the Board, and upgrade social media interaction
    - strategic goals established in collaboration with the Board President and Executive Director; and
    - a review of the Board's fee structure and rates and a comparison of the fees and rates with neighboring states.

On or before December 1, 2023, the Board shall report to the Governor and General Assembly on average processing times for fiscal year 2023 for:

- issuing initial licenses, certifications, and renewals, as measured from the date the applicant passed the NCLEX, if applicable, or from the date the initial

application was submitted, as opposed to the date the completed application was submitted
- the issuance of authorization to test; and
- the approval of proposed nursing curriculum revisions, new nursing education programs, new certified nursing assistant education programs, new faculty, and new clinical sites.

Lastly, the bill changes the terms of the members of the BON. The terms of five members shall end on July 1, 2023. The terms of five members shall end on October 1, 2023. The terms of four members shall end on January 1, 2024.

Our field is confronting a workforce crisis. The number of professionals working in healthcare and aging services is insufficient to meet the demand today, let alone the growing needs of Maryland's future aging population. At the base of this crisis is a critical shortage in nursing professionals. Our members often report significant challenges in working with the Maryland Board of Nursing; namely delays and unnecessary obstacles for those seeking licensure and certification, which in turn worsens the shortage problem. If enacted, Senate Bill 960 could effectively address many of these issues. Our members have reported the following examples of challenges they've encountered while working with the Maryland Board of Nursing:

- Recurring issues with communication. Applicants fail to receive timely responses to phone calls, emails, questions, and concerns. It is common for emails to go unanswered, and our members also report call wait times of 5-6 hours. When calls are answered, applicants are not always provided with correct information, leading to further delays in their licensing.

- Lack of procedural consistency. Some staff members were reported to accept documents in a certain form that other staff members wouldn't. Applicants report being told different procedural steps from different staff members. For example, applicants are sometimes instructed to come in person, and when they arrive in person, are told they can only apply online. When applicants do go in person, the submission process can take several hours due to the long lines.

- Exorbitant delays in processing new licenses and certifications. For example, it can take several months for a new Registered Nurse, Licensed Practical Nurse, Certified Medicine Aid or Geriatric Nursing Assistant license to register, which means even though the individual may be fully qualified to work in that licensed or certified role, they must wait. For example, one of our members reported this week that she has two individuals who completed their CMT course in August of 2021 but they have yet to receive their official certification from the Maryland Board of Nursing.

- Issues with counting one-time DEI training. Providers report that the coursework that was required as a one-time training on DEI does not populate at renewal, and thus applicants are forced to take the one-time course again in order to receive their renewed license.

- Issues relating to Certified Medical Technicians (CMT) and Certified Medicine Aide (CMA) licenses. Some applicants reported difficulty finding required forms online and little to no help from in-person staff.

These and many other issues are negatively impacting the readiness and availability of qualified nursing professionals in Maryland to go out into the workforce. Senate Bill 960 has several goals, all of which would be beneficial in ensuring the Maryland Board of Nursing operates more effectively and efficiently in the future.

For these reasons, LeadingAge Maryland respectfully requests a favorable report for Senate Bill 960.

For additional information, please contact Aaron J. Greenfield, 410.446.1992

SB0960-113224-01.pdf
Uploaded by: Ariana Kelly
Position: FAV

SB0960/113224/1

AMENDMENTS PREPARED BY THE DEPT. OF LEGISLATIVE SERVICES

13 MAR 23 10:26:21

BY: Senator Kelly
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 960
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with "altering" in line 13 down through "terminated;" in line 15; and in line 21, strike "8–204(d)(3),".

AMENDMENT NO. 2

On page 4, in line 5, strike "**PRECEDING**" and substitute "**FOLLOWING**".

On page 5, in line 13, strike "**LICENSING**" and substitute "**:**

1. POLICY OR REGULATORY DECISIONS OF THE BOARD OR COMMISSION; OR

2. LICENSING".

AMENDMENT NO. 3

On pages 6 and 7, strike in their entirety the lines beginning with line 24 on page 6 through line 5 on page 7, inclusive.

On page 7, in line 6, strike "4." and substitute "3."; in line 9, after "consultant" insert "approved by the Secretary of Health"; after line 19, insert:

"(3) an evaluation of the qualifications necessary to serve as Executive Director of the Board, including a recommendation on whether to repeal the requirement that the Executive Director be a registered nurse;";

and in lines 20, 22, 25, 27, 31, and 33, strike "(3)", "(4)", "(5)", "(6)", "(7)", and "(8)", respectively, and substitute "(4)", "(5)", "(6)", "(7)", "(8)", and "(9)", respectively.

On page 8, in line 23, strike "5." and substitute "4."; in lines 26 and 27, in each instance, strike "five" and substitute "seven"; in line 26, strike "July" and substitute "May"; in the same line, after "2023;" insert "and"; in line 27, strike "October" and substitute "November"; in the same line, strike "; and" and substitute a period; and strike line 28 in its entirety.

On page 9, strike in their entirety lines 11 and 12; in line 13, strike "7." and substitute "5."; and strike beginning with ", except" in line 13 down through "Act," in line 14.

SB0960-463229-01.pdf
Uploaded by: Ariana Kelly
Position: FAV

SB0960/463229/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

13 MAR 23
14:09:08

BY: Senator Kelly
(To be offered in the Finance Committee)

AMENDMENT TO SENATE BILL 960
(First Reading File Bill)

On page 6, in line 3, after "**STAFF**" insert "**WHO IS A REGISTERED NURSE**".

SB960 Testimony.pdf
Uploaded by: Ariana Kelly
Position: FAV

ARIANA KELLY
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Judicial Proceedings Committee

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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Testimony in Support of SB 960
State Board of Nursing - Sunset Extension, Licensure Exceptions , and Board Operations and Membership

Good afternoon Madam Chair, Madam Vice Chair and members of the Finance Committee. Thank you for the opportunity to present SB 960 for your consideration. This bill is an Emergency Bill that extends the operation of the State Board of Nursing to 2025 and provides the assistance the Board needs to stabilize its operations, address its unsustainable employee vacancy rate and make much needed improvements to customer service.

According to the Department of Legislative Services (DLS) review of the Board's operations in August 2022, there are almost 282,000 registered professionals who fall under the Board of Nursing's purview - making it our largest health care licensing Board, more than five times the size of the next largest Board.

Since 2021 legislators have been working closely with health care employers and the Board of Nursing to identify and solve serious challenges that have kept the Board of Nursing from functioning at an acceptable level - resulting in an exacerbation of our nursing shortage and a risk to public health.

These challenges were inherited by the current Executive Director, and she has been working diligently - but without the resources, relationships, and expertise she needs - to right the ship.

This legislation will support the Board and provide them with the administrative resources they need to make necessary improvements in an expedited time frame - without passing the costs on to this segment of the healthcare workforce, which is largely women of color who are already overworked and underpaid. Maryland's nurses, healthcare employers and patients deserve a licensing Board that works, and this bill will help make that happen.

What does the bill do?

1. **SB 960 has MDH temporarily take direct responsibility for Infrastructure Operations of the Board of Nursing** - functions such as IT, accounting, HR and procurement. **MDH is also required to take responsibility for the costs associated with upgrading and modernizing these systems.** The Appropriations Committee in the House recently allocated $8M to this project in the 2024 Budget.

   MDH's administrative responsibility for the MBoN will last for a two-year period, **after which the Board of Nursing will return to full independence.**

   Secretary Herrera Scott has agreed to take on this responsibility temporarily and is in strong support of this legislation. She has already met with Secretary Grady and the Executive Director to begin work to address the BoN staff vacancy issue. Work will continue to implement information technology and procurement solutions.

   Note: Currently the Board of Nursing has 91 positions, and 32 of those positions are vacant.

2. The Board of Nursing will retain complete control over its core mission of licensure, investigations, discipline, nursing policy and education. *This important principle was further clarified with the House amendments that I am asking the Senate to adopt.* The goal of this legislation is to ensure the MBoN is able to fulfill its **core mission** to protect public safety, without being overwhelmed with administrative challenges.

3. Empowers the Board of Nursing to collect workforce data necessary to address the healthcare workforce crisis.

4. Changes requirements to allow employers to support nursing graduates who have not passed the exam on their first try.

5. Requires the Board of Nursing to hire an external consultant to conduct an independent evaluation and develop an action plan for necessary improvements by September 2023.

6. Reconstitutes the Board membership. This is a strategy we have used in the past with the Board of Physicians, Board of Dental Examiners, and most recently the UMMS Board. Existing Board members will be allowed to reapply for a new appointment. The amendment to this section was requested by the Executive Director, it modifies the phased-in reconstitution so that it takes place in two phases, to ease the onboarding process for the Executive Director.

The House version passed unanimously with amendments proposed by the Maryland Nurses Association and the Board of Nursing. I am asking the Senate to adopt these amendments as well. In addition, I am requesting another amendment suggested by MNA to tweak the language in one of those amendments to make abundantly clear that the legislation will not allow the Executive Director to be a non-nurse during the two-year period this legislation is in effect.

Maryland's nurses care for the sick, frail, and vulnerable in our society - and they have been heroic throughout the pandemic. We depend on them, and they deserve a Licensing Board that is fully staffed, has functional IT systems, and answers the phone when they call. Our healthcare employers, who are already struggling to fill vacancies, deserve the same. This is the legislation that will move us forward to a better place together. I urge a favorable report.

SB0960_FAV_LifeSpan, MAADS, MNCHA, HPCNM_State BON
Uploaded by: Danna Kauffman
Position: FAV

Managed by LifeSpan

TO: The Honorable Melony Griffith, Chair
Members, Senate Finance Committee
The Honorable Ariana B. Kelly

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
Christine K. Krone
410-244-7000

DATE: March 14, 2023

RE: **SUPPORT** – Senate Bill 960 – *State Board of Nursing – Sunset Extension, Licensure Exceptions, and Board Operations and Membership*

On behalf of the LifeSpan Network, the Maryland Association of Adult Day Services, the Maryland-National Capital Homecare Association, and the Hospice and Palliative Care Network of Maryland, we respectfully **support** Senate Bill 960. Among other provisions, Senate Bill 960 makes the following changes to the Maryland Board of Nursing (Board):

- Adds the requirement that the annual report submitted by the Board include aggregate data necessary to facilitate workforce and health planning purposes;
- Requires another sunset review of the Board in two years;
- Transfers the administrative, staffing, and infrastructure operations from the Board to the Secretary of the Maryland Department of Health;
- Removes the requirement that the Executive Director of the Board must be a registered nurse; and
- Staggers the removal of the current Board members and requires new appointments to the Board - five board members' term ends July 1, 2023; five members end October 1, 2023, and five members end on January 1, 2024.

Prior to the COVID-19 pandemic, Maryland was already facing a workforce crisis due to several factors. Maryland's 60+ population is anticipated to increase from 1.2 million to 1.7 million by 2030, a 40% increase. At the same time, the primary labor pool for direct care workers employed in senior and community settings (women aged 25-64) is growing at less than one percent. According to the Maryland Hospital Association's 2022 State of Maryland's Healthcare Workforce Report, the nursing home, home health, and residential care industries are projected to have the highest future demand for registered nurses and licensed practical nurses. This holds true for certified nursing assistants as well. The COVID-19 pandemic exacerbated these issues and demonstrates the need for Maryland to commit to developing a robust health care workforce so that it is prepared to care for this population.

We believe that the changes contained in Senate Bill 960 will provide better tools and resources to the Maryland Board of Nursing to ensure that it has the capability to efficiently process applications and respond timely to inquiries. With these changes, it is our hope that the Board will be able to address current issues facing it and alleviate concerns that qualified applicants must "wait on the sidelines" for their application to be processed, rather than providing care to Maryland residents.

SB 960- State Board of Nursing – Sunset Extension-
Uploaded by: Erin Dorrien
Position: FAV

Maryland
Hospital Association

Senate Bill 960- State Board of Nursing – Sunset Extension, Licensure Exceptions, and Board Operations and Membership

Position: *Support*
March 14, 2023
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 960.

Maryland hospitals are facing the most critical staffing shortage in recent memory. According to the most recent MHA data, RNs & LPNs/nursing assistants make up 39% of Maryland's hospital workforce.[1] Right now, one in every four nursing positions is vacant.[2] This situation will worsen according to a 2022 GlobalData report, which estimates a statewide shortage of 5,000 full-time registered nurses and 4,000 licensed practical nurses. Without intervention, shortages could double or even triple by 2035. Health care workers licensed and certified by the Board of Nursing are critical to Maryland's hospitals. Delays in licensure and certification directly impact access to care and the livelihoods of our hospital employees.

The Maryland Board of Nursing (MBON) is responsible for licensing and certifying 70% of all health care workers in Maryland.[3] As the largest health occupations board, MBON acts as a gatekeeper to ensure the public is protected and cared for by qualified professionals. The rigor with which the Board reviews each application should be commended, however, the combination of old technology, lack of infrastructure, and significant staff vacancies have hindered the Board's ability to effectively act as a gatekeeper. Questions regarding how long the licensure and certification process will take factor into a hospital's decision to hire health care workers especially individuals coming from outside the state and those who will need to endorse an advanced practice license like nurse practitioners.

The Board of Nursing's deficient infrastructure is a barrier to licensure and therefore impacts care delivery. It needs to be addressed immediately.

From June 2021-June 2022 we worked with the Board of Nursing to resolve issues for over 550 license and certification holders from 36 hospitals to either ensure their license or certification was issued, request and receive an extension for their temporary license or certification or troubleshoot items they may be missing in order to move them toward being licensed. The

[1] MHA Workforce Survey – January 2023
[2] MHA Workforce Survey – January 2023
[3] Maryland Board of Nursing: Joint Chairmen's Report Fiscal Year 2021. (October 8, 2021).

Board's assistance was appreciated and essential to ensure health care workers employed by hospitals could continue working. To date we continue to send almost weekly lists to the Board, requesting assistance and value the Board's willingness to help. Through this process we identified patterns that contribute to licensure and certification delays including:

- Inability to confirm if a component is missing from the application for licensure or certification except by emailing or calling the Board
- Required paper applications for certain licensure and certification types
- Lack of clarity regarding what components are required for certain licensure and certification types and absence of a clear pathway to seek answers in a timely fashion

During the 2021 cyber-attack on the Maryland Department of Health, the Maryland Board of Physicians continued operations seamlessly using their cloud-based IT system, but the Board of Nursing struggled. The Board deployed workarounds yet could not handle the volume of incoming calls, and as a result, qualified health care workers waited—many unable to work.

Many of the issues could be resolved with a new licensing system and additional staffing to fill the significant vacancies. **SB 960 offers solutions to support the Maryland Board of Nursing over two years by transferring authority for infrastructure operations to the Secretary of Health. This approach will allow the Board to maintain independence with discipline and investigations while bringing critically necessary infrastructure support.** The Board of Physicians operates efficiently under a similar structure.

SB 960 contains the following provisions, all of which are necessary to enable efficient operation of Maryland's largest health occupations board:

Prioritizing resolution of immediate infrastructure needs
SB 960 requires the Board to hire an external consultant to conduct an independent evaluation and develop an action plan to implement the recommendations identified in the Joint Chairmen's Report from Nov. 1, 2021. The Board identified procurement as a barrier to obtaining a cloud-based licensing system and human resource challenges with filling the large number of vacancies. The report provides recommends steps to improve the Board's operations. Requiring participation by key agencies like the Department of Budget & Management, Department of Health and Department of Information Technology is critical for resolving the Board's immediate infrastructure needs.

Transferring authority of the Board's staffing to the Secretary of Health
The Board noted staff often leave or do not apply because of salaries that are not competitive with private industry. Allowing the Secretary the authority to modify salaries could help with recruitment and retention.

Mandatory reporting to promote accountability
SB 960 requires two reports: one on the findings of the external consultant and action plan and a second on the Board's average processing times for FY 23. Requiring a report on the

development of the action plan will help ensure another report on the Board of Nursing does not sit on a shelf, but rather lead to actions to support the Board. Reporting on the average processing times could establish metrics to monitor improvement. The Board's ability to efficiently issue licenses and certifications impacts an individual's livelihood and access to care for patients.

Supporting nurse graduates
SB 960 adds an exception to allow an individual to practice registered nursing or licensed practical nursing if the individual has taken and failed the National Council Licensure Examination (NCLEX) once within 120 days before submitting the application to the Board. We recommend a small technical fix to this language to clarify the 120-day clock begins *after* the application is submitted to the Board. Current law requires a nurse graduate to cease working as a nurse graduate immediately upon failing the NCLEX. Transferring a nurse graduate to a different role such as a certified nursing assistant if they have their certification can be disruptive. Some nurse graduates cease employment because they become frustrated with losing their title, pay, and benefits.

Nurse graduates are unlicensed, supervised and restricted in the acts they can perform. In anticipation of the Next Generation NCLEX debuting in April, Maryland hospitals support this provision. The students graduating from nursing school now are the future of the nursing workforce.

Prioritizing data to support workforce planning
SB 960 adds data to the annual report the Board of Nursing is required to submit to the Governor. Under the bill, the report would include any additional, aggregate data identified by the Board in consultation with stakeholders deemed necessary to facilitate workforce and health planning purposes that does not reference any individual's name or personal identifier. The Board acknowledged statutory limitations that prevent sharing some data. Additional data can support workforce planning and evaluation.

Maryland hospitals value and appreciate the collaboration with the Board of Nursing. This relationship helped create new opportunities, including an acute care certified nursing assistant pathway and the frequent exchange of information. However, more must be done to address barriers that hinder the Board's ability to function. These reforms collectively will inject much needed resources and accountability to improve Board operations.

For these reasons we ask for a ***favorable*** report on SB 960.

For more information, please contact:
Erin Dorrien, Vice President, Policy
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Sheppard Pratt written testimony SB960 HB 611 Stat
Uploaded by: Jeffrey Grossi
Position: FAV

Sheppard Pratt

Written Testimony

House Health and Government Operations Committee

SB 960 / HB 611 State Board of Nursing – Sunset Extension, Licensure Exceptions, and Board Operations and Membership

February 7, 2023

Position: SUPPORT

Sheppard Pratt thanks the Maryland General Assembly for your longstanding leadership and support of mental and behavioral health providers in Maryland. This testimony outlines the Sheppard Pratt **supportof SB 960 / HB 611 State Board of Nursing – Sunset Extension, Licensure Exceptions, and Board Operations and Membership**. It is our hope that the Maryland General Assembly vote a favorable report on this legislation.

With more than 400 licensed inpatient beds, 160 programs and 380 sites of care across Maryland, Sheppard Pratt cares for every Marylander, and is the only hospital that receives patients from the emergency department of every other hospital in the State. Between physical locations in 16 Maryland jurisdictions and through telehealth, Sheppard Pratt serves Marylanders in every corner of the State.

Being able to staff our programs adequately and clinically appropriately is key to our ability to effectively serve our patients. Our front-line staff, particularly our nurses, dedicate themselves every day to the mission of the organization, caring for some of our most vulnerable residents. The health care workers licensed and certified under the Board of Nursing are critical to organizations like Sheppard Pratt. According to the most recent Maryland Hospital Association data, Registered Nurses & Licensed Practical Nurses/nursing assistants make up 39 percent of Maryland's hospital workforce.

It is important to emphasize that delays in licensure and certification directly impact access to care. Inadequate staff levels lead to unstaffed beds. Unstaffed beds can lead to an increase in emergency department boarders. And increased boarders in emergency departments leads to challenging clinical situations, staff burnout, and less than ideal patient care.

The Board of Nursing needs to do better. Problems that previously existed have only been exacerbated by the pandemic and the cyberattack in 2021. It is critically important that the Board of Nursing be modernized and held accountable for ensuring that highly qualified nurses are licensed in a timely fashion, allowing clinical programs around the state to be appropriately staffed.

This legislation helps to ensure the Board is staffed to communicate with licensees and solve issues. The Joint Commission will change any hospital to conditional accreditation status if one nurse works one day without an active license. Nurses are leaving the field due to stress, burnout, and short staffing. They should not have to with challenges with the license board for timely renewals.

Jeffrey Grossi, JD, Chief of Government Relations | jgrossi@sheppardpratt.org | 410.938.3181

Sheppard Pratt urges you to vote a favorable report on **SB960 / HB 611 State Board of Nursing – Sunset Extension, Licensure Exceptions, and Board Operations and Membership.**

About Sheppard Pratt

Sheppard Pratt is the nation's largest private, nonprofit provider of mental health, substance use, developmental disability, special education, and social services in the country. A nationwide resource, Sheppard Pratt provides services across a comprehensive continuum of care, spanning both hospital- and community-based resources. Since its founding in 1853, Sheppard Pratt has been innovating the field through research, best practice implementation, and a focus on improving the quality of mental health care on a global level. Sheppard Pratt has been consistently ranked as a top national psychiatric hospital by *U.S. News & World Report* for nearly 30 years.

Jeffrey Grossi, JD, Chief of Government Relations | jgrossi@sheppardpratt.org | 410.938.3181

Nursing Board - testimony - senate - 2023 - MCASA
Uploaded by: Lisae C Jordan
Position: FAV

MCASA
Maryland Coalition Against Sexual Assault

Working to end sexual violence in Maryland

P.O. Box 8782
Silver Spring, MD 20907
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Testimony Supporting Senate Bill 960
Lisae C. Jordan, Executive Director & Counsel
March 14, 2023

The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence in the State of Maryland. We urge the Finance Committee to report favorably on Senate Bill 960.

SB960 – State Board of Nursing
Crucial Reforms Needed to Support Sexual Assault Survivors
This bill provides for needed reform, oversight, and infrastructure development for the State Board of Nursing. While the bill affects a much larger population, it is crucial to provide a functioning and supportive response to sexual assault survivors.

Forensic Nurse Examiners (FNEs) provide exams to survivors of sexual assault. Often called SAFEs (Sexual Assault Forensic Examinations) or "rape kits", these exams collect evidence relevant to prosecution of rape and provide needed care and information for survivors. SAFEs can only be performed by doctors or by nurses with specialized training and the State Board of Nursing is charged with certifying nurses who have the needed expertise.

The system of providing SAFEs in Maryland is badly broken. By design, there is a fundamental flaw that requires rape survivors go to the "right" hospital and SAFEs are not available at all emergency rooms. However, even this limited system is in disrepair. MCASA has received reports that survivors are having to report to multiple hospitals before they are able to get an exam, with one report of a rape survivor going to four hospitals. Forensic nurses have stated they had 4-6 patients waiting for exams at one time at a hospital. This is placing significant burden on survivors. There are also strong SAFE programs in some jurisdictions which were functioning well, but are now struggling to meet demand as more and more patients are sent there way by other hospitals.

Delays in Certification
One of the fundamental causes of this disrepair is lack of nurses and the failure of the Board of Nursing (BON) to efficiently process applications for forensic examiner certification. State-level advocates, including at MCASA, have intervened on numerous instances to try to obtain action on pending applications that become stuck in bureaucratic mire. Several situations involved FNEs who were unable to take vacation or other needed time off because the nurse they arranged to cover did not receive certification in time.

Some of the individual examples of delayed processing times collected at a recent meeting of forensic nurses include:

- For the only FNE-P (pediatric) in a rural county in Southern Maryland, it took 3 months to have her FNE-P certification approved. While waiting for this approval, no children could be seen for acute exams at MedStar St. Mary's.
- For a Charles County nurse - sent FNE-A application November 9th, no progress was made, BON said they had not received it. In late November the nurse sent and application again by certified mail. In mid-December BOTH checks were cashed (the one they said they never received and the new one). Certification was not approved until January.
- For another Charles County nurse, an application was sent mid-November, check cashed mid-December, and the application was still pending as of February 2nd.
- An FNE sent and application in last February and wasn't certified until end of April/beginning of May.

Nursing Shortage
The statewide nursing shortage is also affecting SAFE programs. Surrounding states, including the District of Columbia, have programs that offer forensic nurse examiners competitive salaries or competitive on-call pay while some Maryland nurses get paid as little as $8 an hour for on-call time. The provisions of SB960 to address the nursing shortage are needed to help change this.

Lack of Infrastucture
Lack of infrastructure and staff at the Board of Nursing contributes to these issues. MCASA has long worked in partnership with colleagues there and the office conditions are shocking. Not only has the office experienced the workforce challenges we see throughout the state, but basic technology is lacking. Nurses applying for FNE certification have to submit more than one piece of documentation for their applications, but the BON system only allows for one document to be attached. Therefore, nurses must mail their applications and checks, and due to issues with processing they have to send this via certified mail, yet they still have problems getting applications approved.

There are numerous challenges facing the State Board of Nursing. MCASA appreciates the Committee's willingness to include the needs of sexual assault survivors in the process of reform.

In conclusion, we provide words from a survivor:

> *As a teenager I was turned away from a hospital when seeking an exam and the domino effect that had on me, my case, and my family is devastating to look back on.*

Please help ensure that no survivor is turned away when they seek a SAFE. Please reform the Board of Nursing. Senate Bill 960 is an important step in this effort.

The Maryland Coalition Against Sexual Assault urges
the Finance Committee to
report favorably on Senate Bill 960

20b - X - SB 960 - FIN - MDH - LOS.docx (1).pdf
Uploaded by: Maryland State of
Position: FAV

Maryland
DEPARTMENT OF HEALTH

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

March 14, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 960 – State Board of Nursing – Sunset Extension, Licensure Exceptions, and Board Operations and Membership – Letter of Support

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of support for Senate Bill (SB) 960 – State Board of Nursing – Sunset Extension, Licensure Exceptions, and Board Operations and Membership. SB 960 will allow the Secretary of Health authority over the Maryland Board of Nursing's infrastructure operations through June 30, 2025. SB 960 also gives authority of the Secretary of Health to employ staff for the Board. Additionally, SB 960 requires the Board to hire a consultant to conduct an independent evaluation of the Board and requires that the terms of certain members of the Board end on certain dates.

The Maryland Board of Nursing (the Board) licenses and regulates over 200,000 nurses. As such, the Board makes up about half of the roughly 400,000 total health occupation board licensees in Maryland. These nurses are the backbone of our state's healthcare delivery system and having a Board that can function efficiently in all of its responsibilities, including administrative processes, is crucial to meeting the needs of Maryland's nurses.

Strengthening the workforce and addressing workforce shortages are a key priority for this Administration. Over the past several years, the Board has faced challenges keeping up with workloads while also performing necessary administrative functions. SB 960 will allow MDH to work with and support the Board of Nursing to improve their administrative and infrastructure operations, while the Board's staff can focus on the Board's core functions including licensing, discipline, investigations, and scope of practice decisions. Addressing the administrative and infrastructure issues with the Board will significantly improve the ability of Maryland's nurses to start or continue their careers in the healthcare industry.

If you would like to discuss this further, please do not hesitate to contact Megan Peters, Acting Director of Governmental Affairs at megan.peters@maryland.gov or (410) 260-3190.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary

2023 MNA SB 960 Senate Side FWA.pdf
Uploaded by: Robyn Elliott
Position: FAV

Senate Finance Committee
Senate Bill 960 - State Board of Nursing –
Sunset Extension, Licensure Exceptions, and Board Operations and Membership
Support with Amendments
March 14, 2023

The Maryland Nurses Association (MNA) support *Senate Bill 960 – State Board of Nursing- Sunset Extension, Licensure Exceptions, and Board Operations and Membership* with amendments. The situation of the Maryland Board of Nursing has been difficult for the Maryland Nurses Association. We fully support the Board and believe strongly that health occupation boards should be independent of the Department of Health. However, we recognize that Maryland Board of Nursing is facing nearly insurmountable challenges, as it has not had the resources to address its operational issues. Therefore, MNA supports this legislation as a short-term measure necessary to address the lack of support and collaboration from prior departmental leadership.

We are deeply appreciative of the sponsor's commitment to protect and support nurses in Maryland. The last three years have been almost unbearable for the profession. We have faced unimaginable challenges in supporting Maryland through the pandemic, navigating the stress created by ongoing health professional shortages, and often bearing the brunt of the public's frustration with an overextended health care system.

We want the Maryland Board of Nursing to be fully resourced, independent, and in a position to take a leadership role in health care policy in Maryland. This legislation offers us a bridge to that time where our Board will have the support to reach its potential.

We understand that the sponsor is requesting amendments to conform SB 960 to its House crossfile and to clarify that the Board's executive director must be a registered nurse. With these amendments, we ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

2023 SB960 Written Testimony.pdf
Uploaded by: Deborah Brocato
Position: UNF

Opposition Statement SB960
State Board of Nursing - Sunset Extension, Licensure Exceptions,
And Board Operations and Membership
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We oppose **SB960.**

Maryland Right to Life opposes SB960 in that the state will be interfering in the independent operations of the State Board of Nursing and their authority over the licensing and regulation of Maryland's nurses. This bill manipulates the State Board of Nursing and state taxpayer funds to subsidize the abortion industry's infrastructure and workforce. The bill further embeds the state of Maryland as a sponsor of the abortion industry by authorizing the Maryland Department of Health to take over the infrastructure operations of the Maryland Board of Nursing. An independent board is necessary to ensure that the medical standard of care is maintained for all health care practitioners in our state.

The Abortion Care Access Act of 2022 removed one of the few health and safety protections for pregnant women in the Maryland Code which was the legal requirement that only a licensed physician may perform abortions. The Act puts profits over patients and allows non-medical personnel to be licensed or certified by the state to provide surgical and chemical abortions up to birth. This law removes abortion from the spectrum of healthcare and should result in the complete defunding of abortion businesses. Instead, bill after bill in the Assembly expands taxpayer funding of abortion and establish a state framework for abortion training and certification, including using state employees to provide abortion training and services in Planned Parenthood facilities.

We oppose any bill that expands the scope of practice of any health care provider or occupation without excluding abortion and abortion funding. Scope or independence of practice typically describes the procedures, actions, and processes that a health care practitioner is permitted to undertake in keeping with the terms of their professional license. This scope is often defined through bureaucratic process and health occupation boards with limited public input, reporting or accountability.

The medical scarcity in abortion practice is a matter of medical ethics not provider scarcity, as 9 out of 10 OB/Gyn's refuse to commit abortions because they recognize the scientific fact that a human fetus is a living human being.The strategy of the abortion industry has been to use a broad definition of scope of practice as a means of increasing the number of lower educated health care workers to provide abortion. An individual with less medical education and medical training can be paid lower than more highly educated and trained healthcare practitioners such as doctors thus increasing the profit margin. This strategy puts the women and girls of Maryland at risk for substandard medical care which puts them at risk for injury up to and including death.

Opposition Statement SB960
State Board of Nursing - Sunset Extension, Licensure Exceptions,
And Board Operations and Membership
Deborah Brocato, Legislative Consultant
Maryland Right to Life

In addition, the abortion industry is commercializing "Do-It-Yourself" abortion pills. The abortion industry's radical agenda to indiscriminately sell "D-I-Y" abortions is normalizing "back alley abortions" where women self administer and hemorrhage without medical supervision or assistance. Chemical abortion is four times more likely to result in complications than surgical abortion. To date more than 6,000 complications have been reported and 26 women have been killed through chemical abortion since its approval by the Food and Drug Administration (FDA). Because half of all women experiencing complications from chemical abortions receive emergency intervention through hospitals, the rate of abortion complications is dramatically underreported.

Abortion is not healthcare and abortion is never medically necessary. A miscarriage is the ending of a pregnancy *after* the baby has died; an ectopic pregnancy is not a viable pregnancy and the baby cannot continue to develop. Abortion is the destruction of a developing human being and often causes physical and psychological injury to the mother. In the black community, abortion has reached epidemic proportions with half of pregnancies of Black women ending in abortion. The abortion industry has long targeted the Black community with 78% of abortion clinics located in minority communities. **Abortion is the leading killer of black lives.** See www.BlackGenocide.org.

Adopt Reasonable Health and Safety Standards. The growing reliance on chemical abortions underscores the need for a state protocol for the use of abortion pills including informed consent specific to the efficacy, complications and abortion pill reversal. Strong informed consent requirements, manifest both a trust in women and a justified concern for their welfare. While we oppose all abortion, we strongly recommend that the state of Maryland enact reasonable regulations to protect the health and safety of girls and women by safeguards that require that the distribution and use of mifepristone and misoprostol, the drugs commonly used in chemical abortions, be under the supervision of a licensed physician because of the drug's potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.

Telehealth v. Teledeath. The Assembly enacted several bills into law as supposed Covid measures. These laws expanded telabortion through potential remote distribution chains including pharmacies, schools health centers, prisons and even vending machines and expanded public funding for telabortion through Medicaid and Family Planning Program dollars. There are many potential negative consequences to these policies which ultimately demonstrate the state's disregard for the health of women. For example, underestimation of gestational age may result in higher likelihood of failed abortion. Undetected ectopic pregnancies may rupture leading to life-threatening hemorrhages. Rh negative women may not receive preventative treatment resulting in the

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Deborah Brocato, Legislative Consultant
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body's rejection of future pregnancies. Catastrophic complications can occur through telabortion, and emergency care may not be readily available in remote or underserved areas.

Abuse of Abortion Drugs. The state also is neglecting the fact that as much as 65% of abortions are not by choice, but by coercion. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they are doing so willingly. Sex traffickers, incestuous abusers and coercive boyfriends will all welcome more easily available chemical abortion.

Public Funding for Abortion through Maryland Medicaid. The Maryland Medical Assistance Program and the Maryland Children's Health Program (MCHP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland. According to the Maryland Department of Legislative Services in their Analysis of the FY2022 Maryland Executive Budget, Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for elective abortions. We spent at least **$6.5 million for 9,864 abortions, less than 10 of those abortions were due to rape, incest or to save the life of the mother**.

Public Opposes Abortion Funding. Maryland is one of only 4 states that forces taxpayers to fund abortions. There is bi-partisan unity on prohibiting the use of taxpayer funding for abortion. 60% percent of those surveyed in a January 2023 Marist poll say they oppose taxpayer funding of abortion.

Invest in Life. 81% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be diverted from but prioritized for health and family planning services which have the objective of saving the lives of both mothers and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

Funding Restrictions are Constitutional. The Supreme Court has held that the alleged constitutional "right" to an abortion "implies no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds." When a challenge to the constitutionality of the Hyde Amendment reached the Supreme Court in 1980 in the case of Harris v. McRae, the Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "no other procedure involves the purposeful termination of a potential life" -- and affirmed that Roe v. Wade had created a limitation on government, not a government funding entitlement.

Opposition Statement SB960

State Board of Nursing - Sunset Extension, Licensure Exceptions,
And Board Operations and Membership
Deborah Brocato, Legislative Consultant
Maryland Right to Life

The abortion industry is only concerned with abortion remaining legal and lucrative. The state of Maryland has a duty to ensure that abortion is safe and must intervene on behalf of women and girls by adopting a protocol and standard of medical care for the use of chemical abortion pills. We respectfully urge you to issue an unfavorable report on this dangerous bill. Thank you for your consideration.

Maryland Right to Life urges the addition of an amendment to exclude any funding for this bill to be used for abortion purposes. Without this amendment, we ask that you oppose **SB960** in its entirety.

420 Chinquapin Round Road / Suite 2-I / Annapolis, MD 21401 / 410-269-6397 / 301-858-8304 / www.mdrtl.org

Botched Abortion (Markeisha Hemsley) by Operation

Uploaded by: Deborah Brocato

Position: UNF

TERRIFYING BOTCHED ABORTION BY NURSE RESULTS IN MULTI-MILLION-DOLLAR SUIT AGAINST BRIGHAM-CONNECTED LATE-TERM FACILITY

Posted by Cheryl Sullenger | Oct 14, 2021 | Abortion Malpractice Cases, Criminal Abortion Enterprises, Operation Rescue, Special Investigative Reports | 0 |

Capital Women's Services is a late-term abortion facility in Washington, D.C. with connections to the discredited New Jersey abortionist Steven Chase Brigham. This is where a nurse conducted a botched late-term abortion that resulted in a major medical malpractice suit.

An Operation Rescue Special Investigative Report

By Cheryl Sullenger

Washington, D.C. – From the moment Capital Women's Services opened in 2017, there was controversy.

The facility had quietly located in an unremarkable multi-office building on Georgia Avenue in northwest Washington, D.C. where there were few regulations that would hamper its very-late-term abortion business.

Operation Rescue received a tip from a whistleblower that the discredited New Jersey abortionist Steven Chase Brigham was involved with that facility. Our whistleblower also tipped us to the fact that an elderly Brigham employee, Myron Rose, was conducting surgical and chemical abortions at Capital Women's Services.

While the facility tried to deny its association with Brigham, Operation Rescue successfully documented that connection. This was important to do because Brigham's practices are well-documented to be deceptive and harmful. Those practices include hiring incompetent abortionists and dangerously cutting corners on abortion protocols.

A copy of a leaked e-mail from the Operations Manager of Brigham's American Women's Services, a multi-state abortion chain operated by Brigham, was obtained by Operation Rescue. It discussed Rose's schedule in D.C. and at two known Brigham-operated chemical abortion facilities operating in Maryland at that time. This information was further confirmed by Capital Women's Services' own website that listed Rose as its Medical Director. (Rose has since passed away.)

Operation Rescue also spoke to the property manager at the building that leased to the abortion business. He confirmed that Steven Brigham had negotiated the lease for Capital Women's Services at the Georgia Avenue address.

We later documented one other important point, with the help of pro-life activist Lauren Handy. Brigham was operating the facility under the auspices of United Health Group, LLC, a shady company whose mailing address is a postal box at a UPS Store in Cherry Hill, New Jersey.

With the loss of his New Jersey medical license in 2014, (which will be touched on later), Brigham was ordered to divest from American Women's Services in New Jersey. Even that simple order was evaded through a series of sham business dealings that left him in control – something far more important to him than ownership.

Brigham has operated more businesses entities than one can shake a stick at. They go by misleading names such as Grace Medical, Integrity Medical Care, Kindness Corp., Clearlight Management Services, American Healthcare Services, Advanced Professional Services, Alpha Real Estate, and American Wellness Services – to name a few. But all seem to be related to his flagship abortion business, American Women's Services, in some way. Most were obviously meant to conceal his control or limit any liability from the many lawsuits he has faced.

A record of Brigham's nefarious conduct could fill a book. Every one of his medical licenses in six states has been revoked or surrendered under threat of discipline. An illegal bi-state abortion business and other schemes were cooked up to exploit loopholes and avoid state laws. He was once even arrested and jailed on murder charges, from which he was able to weasel his way out.

[Read more about Steven Brigham here, here, and here.]

Multi-million-dollar malpractice suit

So why is it a big deal that Brigham is involved with the Capital Women's Services?

It is because a major multi-million-dollar medical malpractice suit was filed in the District of Columbia on September 23, 2021, naming United Health Group, LLC, doing business as Capital Women's Services, as defendants. While Brigham himself is unnamed in that suit, he really should be due to his documented control over Capital Women's Services, which he has tried to keep secret from the public.

This malpractice suit comes as Brigham is attempting to evade a $6.5 million judgment in a 2014 Maryland case involving a failed chemical abortion using the outdated chemotherapy drug Methotrexate, which left the child with serious health issues. As a result, Brigham shut down his three Maryland abortion facilities in November 2019, in what is believed to be an attempt to keep assets from being seized.

If this latest lawsuit proves successful, it has the potential to shutter his dangerous D.C. abortion facility and further hamstring Brigham's ability to secretly profit from abortion.

[Read Yelp reviews for Capital Women's Services]

"The fact that Brigham still controls abortion businesses in several states is a minor wonder of the world," said Operation Rescue President Troy Newman. "Now we see his fingerprints all over the atrocities that took place at Capital Women's Services. There needs to be accountability for that."

Understanding Brigham's involvement with Capital Women's Services sheds light on why things happened the way they did to one woman who was lucky to survive her abortion.

Nightmare begins

Markeisha Hemsley, a Maryland resident, arrived at Capital Women's Services between 8:00 and 9:00 a.m. on the morning of October 25, 2018, for a second trimester Dilation and Evacuation (D&E) abortion. When she first made her appointment, the only information the scheduler asked for was her name and the length of her pregnancy.

Hemsley was accompanied to the abortion facility by her mother. Together, they had managed to scrape together the $1,495 for the second trimester abortion, which was paid with a combination of cash and credit card.

Hemsley's malpractice complaint alleged that she was never fully informed about her abortion, which is a hallmark of Brigham's known practices. She was never told by anyone at Capital Women's Services what to expect, who would be doing her abortion, how the abortion would be done, or what risks she might be assuming in giving her consent for the abortion.

Hemsley's baby was 20.3 weeks gestation.

The lawsuit's statement of facts explained the national standard used for abortions at 20.3 weeks of pregnancy.

The national standard of care for second-trimester abortions, and specifically for procedures at gestational periods of 20.3 weeks, required 1) the use of an osmotic dilator, typically laminaria, inserted 12-24 hours prior in order to dilate the cervix to 3-4 centimeters, depending on the size of the fetal tissue; 2) the use of two sizes of forceps, referred to as Bierer and Sopher forceps, to extract the fetal tissue and majority of the placenta through the cervix; and 3) a suction curette to then extract the remainder of the fetal tissue and placenta inside of the uterus. Cannulas are rarely wide enough to adequately aspirate the large amount of fetal tissue present at this gestational age.

However, the national standard, as horrific as it is for the baby, was not even close to what Hemsley got.

At around 11:30 a.m., Hemsley was given two doses of Misoprostol. One dose was taken immediately and the second dose an hour later.

Her dosage was the same as given by Capital Women's Services for Methotrexate and Misoprostol (M&M) chemical abortions done at home over a period of several hours or days. In Hemsley's situation, the doses should have been taken three hours apart, with the abortion beginning six hours later for maximum dilation effect. This would have an impact on how the day unfolded.

About two hours and 45 minutes after taking the first dose, Hemsley's name was called, and she was escorted to a procedure room.

Nurse Jefferson

That's when she met Khalilah Q. Jefferson for the first time. Jefferson had entered the room wearing a white lab coat, but never introduced herself, leaving Hemsley to assume she was a doctor.

Khalilah Q. Jefferson, CRNP, as shown on the Moore OBGYN website.

Jefferson is, in fact, licensed as a registered nurse and a certified registered nurse practitioner in Washington, D.C., and Maryland — not a licensed physician.

In the District of Columbia, non-physicians, including nurse practitioners, are allowed to conduct abortions with no apparent gestational limit. However, second trimester abortions require a very different skill set than simply handing someone abortion pills, or even conducting a relatively simpler first trimester suction aspiration abortion. Nurse Practitioners simply are not qualified to conduct surgeries of this nature.

During the second trimester, the risk of medical catastrophe rises with each passing week. The fact that Capital Women's Services allowed an unsupervised nurse practitioner to conduct complex second trimester D&E abortions – presumably up to 36 weeks – was appalling. The danger this posed cannot be overstated.

Screen capture from Capital Women's Services website.

With Hemsley under the illusion that Jefferson was a physician, Jefferson told her to "get undressed, lay down on the operating table, and place her legs in stirrups." At approximately 2:15 p.m., Jefferson injected two drugs to induce conscious sedation. That was enough, along with the improper dosing of Misoprostol, to cause Hemsley to turn on her side and vomit.

Botched

Jefferson then began the abortion using mechanical dilators, which were insufficient to adequately open Hemsley's cervix large enough to use the forceps needed to complete her abortion. it is important to note that her malpractice suit claims that osmotic dilators, such as laminaria, were never used on Hemsley.

Laminaria cervical dilators (left) slowly expand to open the cervix over night. Metal mechanical dilators (right) force the cervix open quickly, which can cause injury.

In fact, Hemsley has no memory of seeing Jefferson use forceps at Capital Women's Services.

According to the legal complaint, Jefferson negligently used a suction cannula with ultrasound guidance to begin removing the baby's body parts without bothering to first remove the larger pieces of the baby that would not fit through the suction tubing.

By this time, the sedation was beginning to wear off and Hemsley began to feel excruciating pain.

As Jefferson rolled the ultrasound transducer over her abdomen, Hemsley heard Jefferson say repeatedly, "I missed it."

According to treatment records referenced in the legal complaint, Jefferson was looking for the baby's calvarium, or skull. Jefferson had perforated Hemsley's uterus and shoved her baby's head through the tear where it lodged in her abdomen.

At this point, Jefferson should have called an ambulance to transport Hemsley to a hospital where she could get the surgery she needed to remove the calvarium and treat her uterine perforation and other complications.

Instead, Nurse Jefferson left the procedure room to inform Hemsley's mother that "the sonogram was not giving a clear enough image of the fetus, and that she wanted to move Ms. Hemsley to 'her other office' where they had better equipment," according to the complaint.

"Shut up!"

Jefferson never bothered to tell Hemsley's mother that the "other office" was in Maryland and that no ambulance would be called.

Suffering in pain with a life-threatening internal injury, Hemsley was placed in the back seat of Jefferson's personal BMW SUV with the help of other clinic workers.

Unsure of where she was being taken and in so much pain that she feared she might die, Hemsley begged Jefferson to take her to a hospital.

The complaint narrative described Jefferson's atrocious behavior during the estimated 27-minute nightmarish drive from the D.C. facility to the Moore OBGYN's Greenbelt, Maryland office:

Jefferson transported Ms. Hemsley to the Moore OBGYN facility at 7525 Greenway Center Drive in Greenbelt, MD, approximately 14 miles away and across a state line. Ms. Hemsley remained in tremendous pain and pleaded for Jefferson to stop and take her to the hospital. In response, Jefferson turned the volume up on the stereo to drown out Ms. Hemsley's cries, insulted her, and yelled, "Shut up!"

With the help of an unidentified employee of Moore OBGYN, Hemsley was taken inside, placed on a "operating table," and hooked up to a sonogram belt. Hemsley lay in pain, unsure of what would happen next.

Illegal abortion?

Moore OBGYN, where Jefferson illegally attempted to finish Hemsley's abortion, is located in this multi-office building. This Google Map screen capture shows it is a bit of a walk to the curb, especially for someone suffering from internal injuries.

Jefferson attempted to complete the abortion, even though in Maryland, to do so was a violation of state law that allows only licensed physicians to conduct abortions.

Hemsley's malpractice complaint detailed what happened next.

At this point, Ms. Hemsley's medication had worn off, and she was in extreme pain. She cried out for Jefferson to stop and felt like she was going to die.

Jefferson did not stop and . . . used forceps to try to remove the calvarium from the abdominal cavity through the cervix, a hazardous maneuver with Ms. Hemsley's uterus already perforated.

[Hemsley's mother], who had followed Jefferson to the Moore OBGYN facility and heard her daughter's cries, entered the operating room and saw Jefferson standing in front of her screaming daughter holding bloody forceps.

Jefferson finally relented and agreed that Hemsley should go to the hospital. As Hemsley's mom attempted to call for an ambulance, Jefferson pleaded with her not to reveal the location of the office.

It is unknown how Jefferson thought the ambulance would know how to reach them if the 911 dispatcher was not given the address.

Hemsley's mother refused not to identify the office, so Jefferson then "grabbed [the] phone from her hand and impersonated [Hemsley's mother] to the 9-1-1 dispatcher, repeatedly referring to Ms. Hemsley as 'my daughter.'"

Hemsley, with only her mother's help, was forced to take an elevator to the lower floor then wait on the curb for the ambulance. Held up by her mom, Hemsley drifted in and out of consciousness due to the extreme pain.

When the ambulance arrived, Jefferson "intercepted" the EMTs and identified herself as an employee of Moore OBGYN. She then proceeded to give them a false story about Hemsley's abortion and the true extent of her injuries.

"This misrepresentation was intentional, self-serving, reckless, completely disregarded Ms. Hemsley's rights, and prolonged her pain and suffering," the complaint stated.

Other lies

In Hemsley's charts, Jefferson repeatedly omitted important information or just downright lied about her procedures and Hemsley's condition during the abortion.

Below is an example quoted directly from Hemsley's malpractice complaint.

Hemsley's cervix was noted as dilated to 101 millimeters, or 10.1 centimeters. This diameter is both physically impossible with a mechanical dilator and medically unnecessary. Jefferson also reported an estimated blood loss of just 25 mL, an astonishingly low number for a procedure that typically produces a blood loss in the 100 mL — 400 mL range.

For the record, complete cervical dilation for a woman delivering a full-term baby is 10 cm, at which time, she can begin to push the baby into the world.

Finally at the hospital

Hemsley was finally transported by ambulance to George Washington Hospital's emergency room, arriving at 6:15 p.m. There, she displayed an "altered state of consciousness" and complained of throbbing, severe abdominal pain. She was diagnosed with massive internal bleeding. Doctors discovered a seven-centimeter (or nearly 3 inch) tear in the uterus.

George Washington University Hospital, where Hemsley was finally taken for life-saving care.

Hemsley was rushed into surgery where she was given a horizontal "bikini" incision that stretched from hip to hip so that the surgeon could clean up the blood that pooled between her organs, repair her uterine perforation, and inspect her urethra and bladder for injury. Her uterus was temporarily removed from her body so the skull of her baby could be located and removed.

A doctor consulted with Hemsley after her surgery and advised her not to have children for two years. She explained that if Hemsley ever did become pregnant, she would require strict monitoring and could never deliver vaginally again.

In all, Hemsley spent four days in the hospital.

She was so traumatized by her horrific experience that she feared seeing an OBGYN. It wasn't until February 2021 that she was able to muster the courage to visit an OBGYN again. She continues to suffer "psychological and emotional symptoms, especially in October."

Hemsley's lawsuit is seeking a total of $30 million in compensatory and punitive damages, costs, and whatever other relief "the court deems just and proper."

Maryland is a mecca for bi-state abortions

Beginning an abortion in one state only to complete it in another is a hallmark of Steven Chase Brigham's sub-standard abortion practices. In 2010, Brigham was involved in a scheme in which he began late-term abortions at his Voorhees office in New Jersey and completed them at a clandestine office in Elkton, Maryland, where there is no set gestational limit on when abortions can be done.

Because New Jersey only allows abortions to 14 weeks in unlicensed facilities like Brigham's, he would insert laminaria and administer Misoprostol in New Jersey. The next day, he would give an additional dose of Misoprostol to induce labor, caravan the laboring women down to the Elkton, Maryland, office, where he would oversee and often assist in the completion of the late-term abortions.

The catch in this nefarious scheme is that Brigham was never licensed to practice in Maryland. Eventually, a woman was severely injured and required emergency surgery and hospitalization. This incident resulted in the revocation of his New Jersey medical license in 2014.

[Read more about this outrageous incident.]

The fact that Jefferson decided to transport Hemsley from Washington, D.C. to Maryland to complete the abortion is too much like Brigham's practices to call it a coincidence. Did she call Brigham for advice when things went wrong with Hemsley's abortion at the Capital Women's Services facility? That's a question that needs to be answered.

Speaking of "Coincidence". . .

Jefferson transported Hemsley to one of Moore OBGYN's seven offices in Maryland. Owner Javaka Moore also operates a location in Forestville, Maryland. Moore once shared that Forestville office with an abortionist named Harold O. Alexander. Although the office, the receptionist, and even the copy machine was shared by the two practices, they claimed their businesses were separate.

Pictured from left are Maryland's Javaka Moore and Harold O. Alexander, and Florida's James Scott Pendergraft, IV. All were connected to a bi-state late-term abortion scheme that was operated out of a Forestville, Maryland office that Moore shared with Alexander.

At the time, around 2011-2012, Alexander was in business with Florida late-term abortionist James Scott Pendergraft, IV. Pendergraft's Florida medical license was under suspension at the time. He sought ways to continue producing income from the lucrative late-term abortions he could not do in Florida. Instead, Pendergraft solicited late-term abortions customers over the Internet. Customers would first wire money to his Florida bank to pay for the abortions which could cost over $10,000. The pregnant women would then fly to Maryland where Pendergraft would meet them in a random parking lot then usher them to Alexander and Moore's Forestville office where Pendergraft — who, like Brigham, was never licensed in Maryland — would assist Alexander in completing the abortions.

Once the scheme was documented and publicized by Operation Rescue, Moore denied having anything to do with Pendergraft and Alexander's scheme, much less any abortions.

But the fact that Moore shared an office with a full-time abortionist was an indicator that Moore was comfortable around the dubious abortion practices. That comfort level with abortion was reinforced when Khaliah Jefferson needed to use his office to finish up Hemsley's botched abortion.

In the end, Moore escaped the Alexander-Pendergraft scandal without consequence.

Alexander's medical license was suspended over the scheme and later revoked in 2016, when it became apparent that he illegally destroyed medical records related to those late-term abortions to keep them out of the hands of the Maryland Board of Physicians. In 2021, the Board thankfully denied Alexander's application for license reinstatement.

Maryland's Board of Physicians did nothing to Pendergraft over his part in the illegal bi-state abortion racket. However, he was ever in need of more money than his Florida abortion businesses could supply. In October 2015, Pendergraft was arrested and jailed in South Carolina for operating an illegal home abortion business out of the back of his van. After Operation Rescue made the Florida Medical Board aware of his criminal conviction in South Carolina, it revoked his Florida medical license in December 2018.

Shut them down

Markeisha Hemsley unwittingly stepped into the shadowy world of unregulated abortion where the inept likes of Brigham, Alexander, Pendergraft, and Jefferson — enabled by people like Javaka Moore — can operate with impunity on the tattered edges of the law.

Like with so many other women who went before her, Hemsley did not survive her encounter unscathed.

When Democrat-run states trash accountability and safety standards under the euphemistic guise of expanding "women's rights," they are, in reality, creating conditions that expose women to exploitation and life-threatening harm.

This is the lie of abortion on demand.

Those who support true rights for women should be appalled at the left's thin veneer of Orwellian "newspeak" that obfuscates their gross disregard for the lives and health of women and their children, especially if they are poor people of color.

As for the Hemsley case, there is hope that some tragedy can be avoided with what is expected to be a massive judgment against Jefferson, Capital Women's Services, and Moore OBGYN – and hopefully Steven Chase Brigham, who appears to be at the center of it all.

"They should all be shut down for good, but Brigham honestly need to be in jail for his often illegal and always dangerous abortion practices," said Operation Rescue's Newman. "Moore's name comes up far too often when we are investigating abortion abuses. He seems to be involved, apparently as an enabler, yet denies it every time. As long as Brigham, Jefferson, and Moore are still allowed to engage in their dangerous schemes, women and their late-term babies will remain at risk."

Copy of FY2022 Abortion Reasons and Spending.pdf
Uploaded by: Deborah Brocato
Position: UNF

Updates

1. Medical Assistance Expenditures on Abortion

Language attached to the Medicaid budget since 1979 authorizes the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must certify that, based on his or her professional opinion, the procedure is necessary. Similar language has been attached to the appropriation for MCHP since its advent in fiscal 1999. Women eligible for Medicaid solely due to a pregnancy do not currently qualify for a State-funded abortion.

Exhibit 33 provides a summary of the number and cost of abortions by service provider in fiscal 2018 through 2020. **Exhibit 34** indicates the reasons abortions were performed in fiscal 2020 according to the restrictions in the State budget bill.

Exhibit 33
Abortion Funding under Medical Assistance Program*
Three-year Summary
Fiscal 2018-2020

	Performed under 2018 State and Federal Budget Language	Performed under 2019 State and Federal Budget Language	Performed under 2020 State and Federal Budget Language
Abortions	9,875	9,676	9,864
Total Cost ($ in Millions)	**$6.3**	**$6.1**	**$6.5**
Average Payment Per Abortion	$636	$626	$660
Abortions in Clinics	7,644	7,490	7,545
Average Payment	$434	$433	$466
Abortions in Physicians' Offices	1,720	1,773	1,903
Average Payment	$982	$972	$986
Hospital Abortions – Outpatient	506	409	416
Average Payment	$2,417	$2,592	$2,677
Hospital Abortions – Inpatient	**	**	0
Average Payment	$13,228	$6,443	$0
Abortions Eligible for Joint Federal/State	0	0	0

* Data for fiscal 2018 and 2019 includes all Medicaid-funded abortions performed during the fiscal year, while data for fiscal 2020 includes all abortions performed during fiscal 2020, for which a Medicaid claim was filed through November 2020. Since providers have 12 months to bill Medicaid for a service, Medicaid may receive additional claims for abortions performed during fiscal 2020. For example, during fiscal 2020, an additional 16 claims from fiscal 2019 were paid after November 2019, the date of the report used in the fiscal 2021 Medicaid analysis and explains differences in the data reported in that analysis to that provided here.
** Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health

Exhibit 34
Abortion Services
Fiscal 2020

I. Abortion Services Eligible for Federal Financial Participation
(Based on restrictions contained in the federal budget.)

Reason		Number
1.	Life of the woman endangered.	0
	Total Received	**0**

II. Abortion Services Eligible for State-only Funding
(Based on restrictions contained in the fiscal 2020 State budget.)

1.	Likely to result in the death of the woman.	0
2.	Substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.	181
3.	Medical evidence that continuation of the pregnancy is creating a serious effect on the woman's mental health and, if carried to term, there is a substantial risk of a serious or long-lasting effect on the woman's future mental health.	9,642
4.	Within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality.	39
5.	Victim of rape, sexual offense, or incest.	*
Total Fiscal 2020 Claims Received Through November 2020		**9,864**

* Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health

Lifenews Abortion Pill deaths.pdf
Uploaded by: Deborah Brocato
Position: UNF

The Abortion Pill Has Killed 26 Women That We Know Of, But They Keep Claiming It's "Safe"

https://www.lifenews.com/2022/02/21/the-abortion-pill-has-killed-26-women-that-we-know-of-but-they-keep-claiming-its-safe/

Opinion | Dave Andrusko | Feb 21, 2022 | 11:47AM | Washington, DC

The beauty, for lack of a better word, of the abortion industry's strategy is how studies supporting whatever it is they want promoted just happen to come out at the right time.

Take "Safety and effectiveness of self-managed medication abortion provided using online telemedicine in the United States: A population based study" which was published yesterday in The Lancet.

Here's the "Background":

As access to clinical abortion care becomes increasingly restricted in the United States, the need for self-managed abortions (i.e. abortions taking place outside of the formal healthcare setting) may increase. We examine the safety, effectiveness, and acceptability of self-managed medication abortion provided using online telemedicine.

Get it? As more protections are passed in more states, the need for "self-managed" abortions grows and grows. This study is intended to assure everyone that "Do It Yourself" abortions performed by the woman is safe, safe, safe.

According to Politico Pulse, "The peer-reviewed study, led by University of Texas at Austin professor Abigail Aiken, comes on the heels of the FDA's decision to permanently loosen restrictions on abortion pills and allow people to obtain them via telemedicine and by mail and as a wave of GOP states advance bills to limit their access or ban them entirely."

So, naturally, of the 3,000 "self-managed" abortions in 2018 and 2019

96.4 percent reported successfully ending their pregnancy without follow-up surgery.

Of the 1 percent that reported treatment of a serious adverse event, 0.6 percent reported receiving a blood transfusion, while 0.5 percent reported receiving intravenous antibiotics.

No deaths were reported.

What to say? **For starters, we know of 26 death associated with the use of mifepristone and misoprostol. And things are much more dangerous now.**

These figures—the 26 deaths and the thousands of adverse events such as hemorrhage, infection, and ectopic pregnancy–were obtained under the old REMS [Risk Evaluation and Mitigation Strategy] regulations. Those required the woman to go to the office visit to pick up the pills.

What about "adverse events reports"? There are thousands of them.

I asked Dr. Randall K. O'Bannon, director of Education & Research, about the study which demonstrated that chemical abortions in general are dangerous, but that telemedical chemical abortions are even worse.

You only need to look at the last name on the author list to know that this is hardly some objective scientific study. Rebecca Gomperts is the queen of abortion pill publicity stunts, responsible for the abortion ship, the abortion train, the abortion bus, the abortion drone, multiple abortion hotlines, and the infamous "I need an abortion" website where women all over the world can order abortion pills online and from their smartphones.

This is only her latest stunt where Gomperts, in direct defiance to the U.S. Food and Drug Administration (FDA), has formed a group called “Aid Access” and has been shipping abortion pills to women in the United States. Though the sale and use of abortion pills are already legal in all fifty states, with a few minor safeguards, Gomperts decided in 2018 to bring her online sales operation to the U.S. because “access to abortion in the clinic setting is moving further out of reach due to restrictive state legislation.”

If this were truly her driving concern, one would have expected Gomperts to concentrate her sales campaign on those states with the most or the strongest restrictions. But Gomperts is proud to note that Aid Access “offers self-managed abortion, operating outside the formal U.S. healthcare setting in all 50 states.” That includes many states where telemedical abortion was already legally available.

Gomperts’ concern for women’s health is also questionable. Though she claims that she had “success” rates of over 96% with only 1% reporting treatment for a “serious adverse event,” she obtains these rates only by ignoring the outcomes of the 30% of patients of whom her study lost track.

The high numbers lost to follow-up are of great concern not just because they potentially compromise the safety and efficacy numbers, making these ‘self-managed’ abortions seem safer or more “effective” than they actually are, but also because this is the fundamental worry about mail-box abortions. That is, that women will get these, have problems, and get lost in the medical system. They will suffer infections, hemorrhages, ruptured ectopic pregnancies, or worse, without anyone ever knowing that the abortion pill was responsible. (Groups like Aid Access have even gone so far as to advise women seeking help at the local emergency room that they do not need to tell the doctors they are having a chemical abortion, that it is indistinguishable from a miscarriage.)

Politics and publicity are at the heart of everything Gomperts does, not science, and certainly not women’s health and safety. This study is just the latest stunt in Gomperts campaign to make abortion pills broadly available, no matter what the practical consequences might be for women and their unborn babies.

LifeNews.com Note: Dave Andrusko is the editor of National Right to Life News and an author and editor of several books on abortion topics. This post originally appeared in at National Right to Life News Today —- an online column on pro-life issues.

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Maryland
DEPARTMENT OF HEALTH

Board of Nursing

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

March 14, 2023

The Honorable Melony Griffith
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 960 – State Board of Nursing – Sunset Extension, Licensure Exceptions, and Board Operations and Membership – Letter of Information

Dear Chair Griffith and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of information for Senate Bill 960 – State Board of Nursing – Sunset Extension, Licensure Exceptions, and Board Operations and Membership. This bill continues the State Board of Nursing in accordance with the provisions of the Maryland Program Evaluation Act (sunset law) by extending to a certain date the termination provisions relating to the statutory and regulatory authority of the Board; alters the exceptions to the registered nursing and licensed practical nurse licensure requirements; provides that the Secretary of Health has authority over the infrastructure operations of the Board; prohibits the Board of Nursing Fund from being used to pay for infrastructure operations for a certain period of time; alters certain qualifications for the executive director of the Board; requires the Board to hire a certain consultant to conduct an independent evaluation of the Board; and requires that the terms of certain members of the Board end on certain dates.

The Board is appreciative of the bill sponsors' efforts to introduce legislation to extend the Board's termination of title (sunset), as it is currently listed to expire on July 1, 2023. This provision would allow the Board to perform its regulatory and administrative duties to preserve the field of nursing by advancing safe, quality care through licensure, certification, education, and accountability for public protection. It is imperative for the Board to continue to oversee the practice of nursing and other affiliated professions in the state of Maryland. The Board respectfully requests that the sunset termination provisions by extended for a period of three (3) years. This extension would allow the Board, in partnership with the Maryland Department of Health to implement sustainable action plans to improve the Board's operations, administrative duties, and yield tangible results.

The Board respectfully requests that the Committee remove three (3) provisions of the bill, which would negatively impact the Board's ability to protect the public and the patient population.

I. The proposed legislation alters the exceptions to nurse licensure requirements.

The National Council Licensure Examination (NCLEX) is an adaptive assessment that is required for registered nursing and licensed practical nursing graduates to obtain licensure as a registered nurse or licensed practical nurse in the United States. The examination evaluates the following categories: management of care; pharmacological and parental therapies; physiological adaptation; reduction of risk potential; safety and infection control; psychosocial integrity; health promotion and maintenance; and basic care and comfort. Under current Maryland law, a nursing graduate who does not pass the NCLEX must cease practicing as a nurse graduate and instead may apply for certification as a certified nursing assistant (CNA). This process allows a nurse graduate to gain subsequent clinical practice while under the supervision of another healthcare practitioner. House Bill 611 would allow a nurse graduate who failed the NCLEX to continue practicing as a nurse graduate for up to one hundred and twenty (120) days following the submission of a complete application for licensure to the Board. The Board does not believe that it is in the public interest to permit individuals who have failed the NCLEX, meaning that the individual has not demonstrated competence to be licensed as a nurse, to continue practicing as a nurse graduate. The Board believes that the current law, which allows an individual that has failed the NCLEX to apply for certification as a certified nursing assistant, is appropriate in scope and function both to protect the public and to allow the individual to enter the broader nursing workforce.

II. The proposed legislation removes the registered nurse requirement for the executive director of the Board.

The Board strongly believes that the nursing profession should only ever be regulated by nursing leaders with a minimum of a master's degree in nursing or equivalent. The provision removing the registered nurse requirement for the executive director would be a disservice to both the nursing and healthcare communities. According to the National Council of State Boards of Nursing (NCSBN), more than seventy five percent (75%) of executive officers serving on State Boards of Nursing hold an active nursing license. The Board should not deviate from this majority.

III. The proposed legislation terminates the terms of the members of the Board.

The Board is opposed to terminating the appointments of its current members. The Board believes this provision will significantly disrupt current disciplinary processes. Board members are active participants in reviewing and triaging incoming complaints, evaluating reports of investigation, and attending settlement conferences. Notably, the Board conducts its own evidentiary hearings. As such, it takes considerable time for individual members to acclimate to the Board's processes, and to be trained on the content and how to apply the Nurse Practice Act, the Administrative Procedure Act, and the Board's hearing regulations. Current Board members' institutional knowledge, built up over their collective years of service, is an invaluable asset to the State, which would be lost by terminating their appointments.

In support of the provision, the University of Maryland Medical System Corporation's Board of Directors has been highlighted as an example of a body whose members were terminated and replaced with new appointees. However, the changes to the UMMS Board of Directors were preceded by allegations of significant conflicts of interest and breach of fiduciary duties by its own members. There are no such concerns regarding the members of the Maryland Board of Nursing, who have served the State faithfully. Rather, the issues confronting the Board are related to a lack of adequate human, technological, and financial resources, none of which necessitates terminating current Board members, which is a draconian and ineffective solution.

To the contrary, terminating Board members, virtually all at once, is counterproductive, harmful to the public, and tremendously disruptive to Board operations, particularly with respect to enforcing violations of the Nurse Practice Act. Accordingly, the Board urges the Committee to remove this provision from the bill.

For the reasons discussed above, the Maryland Board of Nursing respectfully submits this letter of information for SB 960.

I hope this information is useful. For more information, please contact Ms. Iman Farid, Health Planning and Development Administrator, at iman.farid@maryland.gov or Ms. Rhonda Scott, Deputy Director, at (410) 585 – 1953 (rhonda.scott2@maryland.gov).

Sincerely,

Gary N. Hicks
Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.