

MARYLAND REGISTER

**Proposed Action on Regulations**

<b>Transmittal Sheet</b>  <b>PROPOSED OR REPROPOSED</b>  <b>Actions on Regulations</b>	<b>Date Filed with AELR Committee</b>	<b>TO BE COMPLETED BY DSD</b>
	09/30/2015	Date Filed with Division of State Documents
		Document Number
		Date of Publication in MD Register

**1. Desired date of publication in Maryland Register: 11/13/2015**

**2. COMAR Codification**

**Title Subtitle Chapter Regulation**

10 27 21 07

**3. Name of Promulgating Authority**

Department of Health and Mental Hygiene

**4. Name of Regulations Coordinator**

Michele Phinney

**Telephone Number**

410-767-5623

**Mailing Address**

201 W. Preston Street

**City State Zip Code**

Baltimore MD 21201

**Email**

michele.phinney@maryland.gov

**5. Name of Person to Call About this Document**

Shirley Devaris

**Telephone No.**

410-585-1902

**Email Address**

shirley.devaris@maryland.gov

**6. Check applicable items:**

- New Regulations
  - Amendments to Existing Regulations
    - Date when existing text was downloaded from COMAR online: July 29, 2015.
  - Repeal of Existing Regulations
  - Recodification
  - Incorporation by Reference of Documents Requiring DSD Approval
  - Reproposal of Substantively Different Text:
    - : Md. R
    - (vol.) (issue) (page nos) (date)
- Under Maryland Register docket no.: --P.

**7. Is there emergency text which is identical to this proposal:**

- Yes  No

**8. Incorporation by Reference**

Check if applicable: Incorporation by Reference (IBR) approval form(s) attached and 18 copies of documents proposed for incorporation submitted to DSD. (Submit 18 paper copies of IBR document to DSD and one copy to AELR.)

**9. Public Body - Open Meeting**

- OPTIONAL - If promulgating authority is a public body, check to include a sentence in the Notice of Proposed Action that proposed action was considered at an open meeting held pursuant to State Government Article, §10-506(c), Annotated Code of Maryland.
- OPTIONAL - If promulgating authority is a public body, check to include a paragraph that final action will be considered at an open meeting.

**10. Children's Environmental Health and Protection**

Check if the system should send a copy of the proposal to the Children's Environmental Health and Protection Advisory Council.

**11. Certificate of Authorized Officer**

I certify that the attached document is in compliance with the Administrative Procedure Act. I also certify that the attached text has been approved for legality by Michael Conti, Assistant Attorney General, (telephone #410-767-2085) on September 15, 2015. A written copy of the approval is on file at this agency.

**Name of Authorized Officer**

Van T. Mitchell

**Title**

Secretary

**Telephone No.**

410-767-6500

**Date**

September 30, 2015

**Title 10**  
**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

**Subtitle 27 BOARD OF NURSING**

**10.27.21 Registered Nurse – Forensic Nurse Examiner**

Authority: Health Occupations Article, §§8- 205(a)(2) and (5) and 8 -312, Annotated  
Code of Maryland

**Notice of Proposed Action**

[]

The Secretary of Health and Mental Hygiene proposes to amend Regulation .07 under COMAR 10.27.21 – Registered Nurse – Forensic Nurse Examiner.

This action was considered by the Maryland Board of Nursing at a public meeting held August 25, 2015, notice of which was given by publication on the Board’s website under Board news on July 1 and August 1, 2015.

**Statement of Purpose**

The purpose of this action is to conform the regulations to the Board’s 2-year renewal period for certification for a forensic nurse examiner. The Board began phasing in the 2-year renewal period in January, 2013. All licenses and certifications are now on a 2-year renewal cycle.

**Comparison to Federal Standards**

There is no corresponding federal standard to this proposed action.

**Estimate of Economic Impact**

The proposed action has no economic impact.

**Economic Impact on Small Businesses**

The proposed action has minimal or no economic impact on small businesses.

**Impact on Individuals with Disabilities**

The proposed action has no impact on individuals with disabilities.

**Opportunity for Public Comment**

Comments may be sent to Michele Phinney, Director, Office of Regulation and Policy Coordination, Department of Health and Mental Hygiene, 201 West Preston Street, Room 512, Baltimore, MD 21201, or call 410-767-6499; TTY:800-735-2258, or email to [dhmh.regs@maryland.gov](mailto:dhmh.regs@maryland.gov), or fax to 410-767-6483. Comments will be accepted through December 14, 2015. A public hearing has not been scheduled.

### **Economic Impact Statement Part C**

- A. Fiscal Year in which regulations will become effective: FY 2016
- B. Does the budget for the fiscal year in which regulations become effective contain funds to implement the regulations?
- C. If 'yes', state whether general, special (exact name), or federal funds will be used:
- D. If 'no', identify the source(s) of funds necessary for implementation of these regulations:
- E. If these regulations have no economic impact under Part A, indicate reason briefly:  
The proposal does not raise or lower fees. The Board will charge double the existing annual renewal fee for the biennial renewal.
- F. If these regulations have minimal or no economic impact on small businesses under Part B, indicate the reason and attach small business worksheet.  
Small businesses do not certify Registered Nurse Forensic Nurse Examiners.
- G. Small Business Worksheet:

Attached Document:

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## **Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

### **Subtitle 27 BOARD OF NURSING**

#### **10.27.21 – Registered Nurse – Forensic Nurse Examiner**

Authority: Health Occupations Article, §§8- 205(a)(2) and (5) and 8 -312, Annotated Code of Maryland

*10.27.21.07 (July 29, 2015)*

##### **.07 Renewal of Certification.**

- A. (text unchanged)
- B. *Beginning January 1, 2016, renewal requirements will change to reflect the 2-year biennial license renewal that was fully implemented during 2015.*
- C. *Beginning January 1, 2016, a FNE who has an even numbered birth year shall be required at their next renewal to complete the renewal requirements under §F of this regulation.*

*D. Beginning January 1, 2017, a FNE who has an odd numbered birth year shall be required to complete the renewal requirements under §G of this regulation.*

*E. After January 1, 2019, a FNE with an odd numbered birth year will be required to complete the renewal requirements under §F of this regulation.*

[B.] *F. Before the certification to practice as [an] a RN-FNE expires, the individual with a birth year ending in an odd numbered year may renew for an additional term, if the RN-FNE:*

(1) (text unchanged)

(2) Has practiced in the role of RN-FNE for a minimum of [200] 400 hours in the previous [12] 24 months[;

(3) During the previous 12 months,] in a facility recognized to perform sexual assault forensic evidentiary examinations[, has either:];

[(a) Completed] (3) *Has completed* the following evidentiary examinations:

[(i)] (a)—[(iii)] (c) (text unchanged)

[(b)] (d) Completed the following requirements:

(i)—(iii) (text unchanged)

(iv) Have a minimum number of cases submitted to peer review annually in accordance with [§C] §H of this regulation[.];

(4)—(6) (text unchanged)

*G. Before the certification to practice as a RN-FNE expires, the individual may renew for an additional term, if the RN-FNE:*

(1) *Is otherwise entitled to be certified;*

(2) *Has practiced in the role of RN-FNE for a minimum of 400 hours in the previous 24 months in a facility recognized to perform sexual assault forensic evidentiary examinations;*

(3) *Has completed the following evidentiary examinations;*

(a) *If applying for renewal as an RN-FNE-A, six evidentiary examinations on adult patients 13 years old or older by simulation;*

(b) *If applying for renewal as an RN-FNE-P, six evidentiary examinations on children who are younger than 13 years old;*

(c) *If applying for renewal as an FNE-AP, six evidentiary examinations on children who are younger than 13 years old, and an additional six evidentiary examinations on adult patients 13 years old or older by simulation, for a total of twelve evidentiary examinations performed; or*

(d) *Completed the following requirements:*

(i) *If applying for renewal as an RN-FNE-A, performed twenty speculum examinations and observed six evidentiary examinations on adult patients 13 years old or older;*

(ii) *If applying for renewal as a RN-FNE-P, has observed six evidentiary examinations on children who are younger than 13 years old, or if applying for renewal as an FNE-AP, has observed six evidentiary examinations on children who are younger than 13 years old, has observed an additional six evidentiary examinations on adult patients 13 years old or older, and performed ten speculum examinations on adult patients 13 years old or older, for a total of twelve evidentiary examinations observed and twenty speculum examinations performed; and*

(iii) *Have a minimum number of cases submitted to peer review annually in accordance with §H of this regulation;*

(4) *Provides evidence of having obtained a minimum of 16 education clock hours per 24 months in forensic science or forensic nursing;*

(5) *Pays all appropriate renewal fees set forth by the Board in COMAR 10.27.01.02; and*

(6) *Submits an application for renewal of the certification on the form the Board requires.*

[C.] *H. Peer Review.*

(1) As a condition of renewal, the following number of cases shall be submitted *annually* to peer review:

(a)—(c) (text unchanged)

(2) An examination done by simulation may be included in the cases for peer review.

[D.] *I. If the individual does not meet the requirement of [§B(2)] §§F(2) and G(2) of this regulation, the individual shall complete a Board-approved course before becoming eligible for renewal of the certification.*

[E.] *J. With respect to the requirement set forth in [§B(3)] §§F(3) and G(3) of this regulation, an examination performed on a live model or by simulation may substitute for evidentiary examinations for the purpose of certificate renewal.*

**VAN T. MITCHELL**

**Secretary of Health and Mental Hygiene**