

# **LeadingAge Maryland - 2022 - HB 1208 - healthcare**

Uploaded by: Aaron Greenfield

Position: FAV



576 Johnsville Road  
Sykesville, MD 21784

**TO:** Health and Government Operations Committee  
**FROM:** LeadingAge Maryland  
**SUBJECT:** House Bill 1208, Health Occupations - Health Care Workforce Expansion  
**DATE:** March 3, 2022  
**POSITION:** **Favorable**

LeadingAge Maryland supports House Bill 1208, Health Occupations - Health Care Workforce Expansion.

LeadingAge Maryland is a community of more than 135 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. Our mission is to expand the world of possibilities for aging in Maryland. We partner with consumers, caregivers, researchers, public agencies, faith communities and others who care about aging in Maryland.

This bill establishes requirements for the State Board of Nursing related to the expansion of the workforce in nursing-related fields. A State income tax credit for licensed practical nurses, nurse practitioners, and registered nurses is also provided under the legislation. The bill also establishes the Licensed Practical Nurse and Registered Nurse Preceptorship Tax Credit Fund as a special, nonlapsing fund to offset the costs of the tax credit available for the preceptorship program.

With a health care system strained by an aging population and expanded access to public health care, a strong workforce is essential. According to the American Nurses Association, by 2022, there will be far more registered nurse jobs available than any other profession, at more than 100,000 per year. With more than 500,000 seasoned RNs anticipated to retire by 2022, the U.S. Bureau of Labor Statistics projects the need for 1.1 million new RNs for expansion and replacement of retirees, and to avoid a nursing shortage. Our members regularly report high numbers of nursing vacancies, and the difficulty of finding RNs and LPNs when all healthcare settings are competing for the same limited number of individuals. This has forced many nursing

homes to use nursing staff from staffing agencies, but now members are even reporting that agencies do not have staff available.

This bill would provide important tax credit opportunities for the vital professionals our healthcare system relies on. Research shows that as many as 90% of all nurses (RNs and LPNs) in the US are women. We now know that COVID-19 has disproportionately affected working women (April 2020, [Catalyst](#)), and that one factor at play is that women in the US still generally carry the bulk of the responsibility in the home and in caring for children. A July 2020 report by McKinsey found that “ COVID-19 has disproportionately increased the time women spend on family responsibilities...by an estimated 1.5 to 2.0 hours (per day) in the United States” (July 2020, [McKinsey](#)). Additionally, a Brookings Institute report notes that “One in four working women, 15.5 million, has a child under the age of 14 at home” but that “more than 10 million – or 17% of all working women - do not live with a potential caregiver at home and “rely on childcare and schools to keep their children safe while they work” (October 2020, [Brookings Institute](#)). But many day-cares and schools were closed on and off throughout the last two year. “School and daycare closures, along with the reduced availability of outside help, have led to months of additional work for women. For working mothers, this has meant balancing full-time employment with childcare and schooling responsibilities” (September 2020, [UN Women](#)). This bill takes an important step in acknowledging the additional challenges these front line caregivers face and provides a financial benefit that will be immediately helpful.

Studies have found high turnover rates of nursing staff in nursing homes. Last year in their annual Nursing Home Salary and Benefits Report 2021, HCS found that turnover among LPNs was at 41%, and 27% among RNs (September 2021, [McKnight's](#)). A 2021 study by UCLA and Harvard found overall turnover rates to be even higher in some nursing homes – when considering all staff in a nursing home, turnover was sometimes found to be more than 100% (March 2021, [Skilled Nursing News](#)). Providing for clinical externs and a preceptor tax credit fund, as the bill allows, can make a difference. Clinical externs and preceptors are vital to the success of health care organizations and workforce retention. They have been shown to reduce turnover and the high costs associated with hiring and retaining staff.

Additionally, we appreciate that the bill allows credit for on-the-job training as a nursing assistant towards certification (page 7, lines 15-20). We estimate there are somewhere between 1,000-3,000 individuals in Maryland today who have been working as temporary nursing assistants throughout the Federal Public Health Emergency. Federal regulations allow for on the job training to count towards an individual's certification as a nursing assistant. However, currently Maryland only counts classroom training towards certification. This change would create a pathway to certification that would be more attainable to some individuals, and more accurately acknowledges the acquired knowledge and skills of individuals who have gained valuable on-the-job experience.

This bill rightly seeks to recruit and retain health care professionals to needed areas and facilities within Maryland which is critical for health care professionals as well as health care facilities experiencing a shortage.

For these reasons, LeadingAge Maryland respectfully requests a favorable report for House Bill 1208.

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

# **HB 1208 Statement .pdf**

Uploaded by: Ariana Kelly

Position: FAV

ARIANA KELLY  
Legislative District 16  
Montgomery County

DEPUTY MAJORITY WHIP

Health and Government  
Operations Committee

*Subcommittees*

Chair, Health Occupations  
and Long Term Care

Insurance and Pharmaceuticals

House Chair, Joint Committee on  
Children, Youth, and Families



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THE MARYLAND HOUSE OF DELEGATES  
ANNAPOLIS, MARYLAND 21401

**Health Occupations - Health Care Workforce Expansion- HB 1208**  
**March 3rd, 2022**

Chair Pendergrass, Vice Chair Peña-Melnyk and Members of the Committee

Thank you for allowing me to present HB 1208, Health Care Workforce Expansion which represents another piece of our efforts to address healthcare workforce issues in Maryland.

We've previously heard from the Maryland Hospital Association that nursing vacancies have increased 50% over the last six months. Our nursing workforce issues have been further impacted by the licensing and testing delays caused by the cyberattack on the Department of Health.

There are non-legislative efforts underway to alleviate this shortage: our nursing schools are adding slots to accommodate more students, graduating students early so they can begin work more quickly and recruiting additional faculty; Howard County Community College is establishing an apprenticeship model for learning; and hospitals are offering increased schedule flexibility, higher wages, and signing bonuses to attract and retain nursing staff. But significant challenges remain for the industry. The US Bureau of Labor Statistics expects an additional 500,000 nurses will quit this year, leaving us with a nationwide shortage of more than 1.1 million nurses.

At the suggestion of the Vice Chair, over the interim, I met with stakeholders to discuss this challenge and a few of the ideas stemming from our discussions are reflected in the various provisions of HB 1208:

1. **Enhancing clinical experience and boosting workforce** - During the pandemic, the Maryland Institute for Emergency Medical Services Systems (MIEMSS) ran a clinical externship program which placed 1400 nursing students and 100 respiratory therapy students in clinical externship positions at hospitals and facilities around the state. A waiver issued during the crisis allowed students who had completed certain course work, but not yet completed required testing, to work under supervision of a licensed professional and the program was a huge success, particularly in our rural areas. HB 1208 would continue this program and place it under the supervision of the Board of Nursing instead of MIEMSS.
2. **Expanding Number of Nurse Preceptors** - One of the challenges discussed during stakeholder meetings is the shortage of nurses willing to serve as preceptors which makes it difficult to find clinical placements for nursing students. In 2016 to address a similar problem with physician training, we established a tax credit against state income taxes for physicians and physician assistants who serve as preceptors. To incentivize more nurses to serve as preceptors, HB 1208 expands the program to offer tax credits for licensed practical nurses, nurse practitioners, and registered nurses.
3. **Creating a transition pathway for Temporary Nurse Aides** - When visiting restrictions were in place during the pandemic, many long term care facilities hired patients' family members as temporary nursing aides (TNA). This had the dual benefit of allowing family members to see their loved ones and assisted the facilities in meeting their workforce needs. More than 3100 of these individuals have taken the eight hour course to become employed as a TNA and approximately 2000 remain employed in our long term care facilities. However, once pandemic related licensing waivers expire, this workforce will need to transition to become certified nursing aides and HB 1208 authorizes the Board of Nursing to apply their on the job experience towards the training hours required to become an CNA.
4. **Creating a marketing plan and resource website** - HB 1208 requires the Board of Nursing to create and implement a marketing plan to attract individuals to the field of nursing and also create and host on its website, a resource for potential nurses to find information on pathways to licensure or certification. The website will also include information on financing options to pay for nursing education and a list of accredited schools and training programs.
5. **Studying apprenticeship model for healthcare workforce** – The legislation will convene a workgroup to study expansion of the state apprentice programs to the healthcare workforce and to make recommendations on the fields that could be served by

such programs, along with potential options to provide incentives for experienced practitioners to work with apprentices.

Additional challenges were identified in our discussions but are not addressed in this bill. It is my intention to convene a group of stakeholders over the interim to discuss solutions for the shortage of clinical rotation placements and how to attract teaching faculty into our nurse education programs. Further, the ongoing challenges at the Board of Nursing will be considered during a sunset review to be conducted this summer,

There are amendments suggested by the Board of Nursing and the Maryland Nurses Association. I look forward to working together with them to get this bill just right in subcommittee.

I urge a favorable report.



**KARE - Letter of support House Bill 1208.pdf**

Uploaded by: Charles Turner

Position: FAV

# KARE

March 3, 2022

The Honorable Chair Shane Pendergrass  
425 Lowe House Office Building  
6 Balden Street  
Annapolis, MD 21401

RE: [Maryland House Bill 1208](#)

Dear Chair Pendergrass,

On behalf of [KARE](#), it is my pleasure to present this letter in support of [Maryland House Bill 1208](#) (Health Occupations – Health Workforce Expansion).

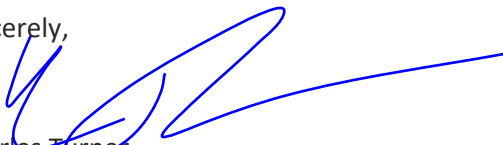
[KARE](#) is the first labor marketplace dedicated solely to the senior housing and post-acute industry. It connects qualified caregivers and nurses with senior care communities and nursing homes. The KARE application platform offers a means for caregivers to create a flexible schedule that works for them, and it gives communities the ability to quickly fill open shifts and hire full time employees at no charge, delivering a revolutionary approach to solving staffing challenges.

Long-term care facilities have been facing staffing shortages for years, and that is what spurred my co-founder and I to launch KARE. However, the coronavirus pandemic has exacerbated these problems to a critical level. According to [data](#) from the Bureau of Labor Statistics, employment levels in the entire long term care sector including nursing homes and assisted living communities are at a 15-year low, and the industry has lost more than 400,000 employees. Nursing homes have lost 238,000 caregivers over the course of the pandemic, more than any other health care sector. This equates to a loss of 15 percent of the total workforce since the start of the pandemic.

To assist with the workforce shortages, some state officials have recently called in reinforcements to help alleviate the situation. Utah, Wisconsin, Minnesota, New Jersey, Pennsylvania and New York all deployed the [National Guard](#) to help short-staffed nursing homes. It is important to note these reinforcements are only temporary and, without comprehensive and sustained interventions, will not provide a fix to the complex problems and needs.

For these reasons, it is imperative for the state of Maryland to take action and why we appreciate your support of [Maryland House Bill 1208](#). It will be an important step to galvanize the workforce within long-term care facilities.

Sincerely,



Charles Turner  
1123 Yale Street  
Houston, TX 77008

# **HB1208\_FAV\_LifeSpan\_Health Care Workforce Expansio**

Uploaded by: Danna Kauffman

Position: FAV



*Keeping You Connected...Expanding Your Potential...  
In Senior Care and Services*

TO: The Honorable Shane E. Pendergrass, Chair  
Members, House Health and Government Operations Committee  
The Honorable Ariana B. Kelly

FROM: Danna L. Kauffman  
Pamela Metz Kasemeyer

DATE: March 3, 2022

RE: **SUPPORT** – House Bill 1208 – *Health Occupations – Health Care Workforce Expansion*

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On behalf of the LifeSpan Network, the largest and most diverse senior care provider association in Maryland representing nursing facilities, assisted living providers, continuing care retirement communities, medical adult day care centers, senior housing communities and other home and community-based services, we **support** House Bill 1208.

Among other provisions, House Bill 1208 contains a requirement that the Maryland Board of Nursing must include the ability for an individual who has been practicing as a nursing assistant without certification by the Board to apply on-the-job experience as a nursing assistant toward the total number of training hours required for certification. At the beginning of the COVID-19 pandemic, the federal Centers for Medicare & Medicaid Services (CMS) issued multiple waivers of federal regulations. The CMS [QSO-21-17-NH](#) memorandum, revised on May 10, 2021, states:

*To help nursing homes address staffing shortages during the pandemic, CMS provided a blanket waiver for the nurse aide training and certification requirements at 42 CFR §483.35(d) (except for requirements that the individual employed as a nurse aide be competent to provide nursing and nursing related services at 42 CFR §483.35(d)(1)(i)), specifically to permit nurse aides to work for longer than four months without having completed their training. This waiver allows facilities to employ individuals beyond four months, in a nurse aide role even though they might have not completed a state approved Nurse Aide Training and Competency Evaluation Programs (NATCEP). The individual could continue to work as long as the nursing home ensured that the nurse aide could demonstrate competency in skills and techniques needed to care for residents. CMS is not ending the current nurse aide waiver. However, we are clarifying how federal regulations can be applied to nurse aides working under the blanket waiver, and help enable these individuals to become certified nurse aides (CNAs).*

At this time, it is estimated that approximately 2,000 individuals are practicing under the designation of temporary nursing assistants. These individuals have worked tirelessly throughout this pandemic to provide care to residents of nursing homes under the close supervision of licensed

individuals. We strongly believe that these individuals should be provided “credit” for the work that they have performed over the last two years and that a process should be implemented to allow these hours to be applied to satisfy required training hours to be fully certified. As you know, Maryland faces a workforce shortage, especially in the areas of direct care. In particular, nursing homes have struggled to recruit and maintain staff. Maryland must “think outside the box” and implement innovative approaches to bolster the workforce. We strongly believe that allowing individuals credit for the time that they have worked will assist in getting these individuals certified at a faster pace but still maintain quality standards. We urge a favorable vote.

**For more information call:**

Danna L. Kauffman

Pamela Metz Kasemeyer

410-244-7000

**HB1208 - 03.03.22-- Health Occupations - Health Ca**

Uploaded by: Donald Fry

Position: FAV



# POSITION STATEMENT

## TESTIMONY PRESENTED TO THE HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE

### HOUSE BILL 1208 – HEALTH OCCUPATIONS - HEALTH CARE WORKFORCE EXPANSION Sponsor: Delegate Kelly

March 3, 2022

**DONALD C. FRY  
PRESIDENT & CEO  
GREATER BALTIMORE COMMITTEE**

#### **Position: Support**

The Greater Baltimore Committee (GBC) supports House Bill 1208, which would require the Board of Nursing to create a marketing plan to promote careers in nursing. Additionally, the bill would create a tax credit for licensed practical nurse and registered nurse preceptors and create a Licensed Practical Nurse and Registered Nurse Preceptorship Tax Credit fund to offset the costs of the tax credits. The total amount of tax credit certificates that may be issued would be the lesser of either the total amount in the fund or \$100,000. The legislation would also codify the nurse extern program.

In the more than 700 days since the beginning of the COVID-19 pandemic, Maryland has experienced a staggering workforce crisis. There has been a 50% increase in hospital nurse vacancies in the last five months of 2021 alone. This is a critical component of the health care industry as registered nurses, licensed practical nurses, and nursing assistants make up 39% of the hospital workforce. According to a 2020 analysis, Maryland's registered nurse (RN) population by capita is in the bottom third of the nation.

In 2020, the GBC Board of Directors highlighted that a skilled workforce is the key ingredient to a thriving economy and directed the organization to examine the workforce needs of the Greater Baltimore region over the next decade and make recommendations to ensure that the education and workforce development systems were prepared to meet those needs. The GBC's Preparing for the Future: A Regional Workforce Development Initiative was created to ensure that the region's high-growth industries have a pipeline of highly skilled workers who can contribute to future economic growth. A report was released in late 2020 outlining recommendations to meet the workforce needs. Since the report's issuance, the GBC has continued to regularly convene a diverse network of stakeholders to assist in the implementation of the recommendations.

Many of the recommendations focused on the need to increase apprenticeships and other on-the-job training avenues. Under Governor Hogan's Executive Orders during the public health emergency, some nursing students were able to work in supportive roles. The students are supervised at work, so they learn as they earn. This has been a great benefit for both the health care system and nursing students, and this bill would allow that program to continue.

This bill is consistent with one of the key tenets in *Gaining the Competitive Edge: Keys to Economic Growth and Job Creation in Maryland*, a report published by the GBC that identifies eight core pillars for a competitive business environment and job growth. The pillar provides:

**GREATER BALTIMORE COMMITTEE**

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**Government leadership that unites with business as a partner.** Maryland leaders must set a welcoming tone that communicates positive support for business, respect for the private sector as a partner, not an adversary, and reflects a strategic plan for business growth and job creation.

**For these reasons, the Greater Baltimore Committee urges a favorable report on House Bill 1208.**

*The Greater Baltimore Committee (GBC) is a non-partisan, independent, regional business advocacy organization comprised of hundreds of businesses -- large, medium and small -- educational institutions, nonprofit organizations and foundations located in Anne Arundel, Baltimore, Carroll, Harford, and Howard counties as well as Baltimore City. The GBC is a 67-year-old, private-sector membership organization with a rich legacy of working with government to find solutions to problems that negatively affect our competitiveness and viability.*



# **HB 1208- Health Occupations- Health Care Workforce**

Uploaded by: Erin Dorrien

Position: FAV



Maryland  
Hospital Association

**House Bill 1208-  
Health Occupations - Health Care Workforce Expansion**

**Position: Support**

March 3, 2022

House Health & Government Operations 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 House Bill 1208.

More than 700 days have passed since the beginning of the COVID-19 pandemic. Now, Maryland faces a staggering health care workforce crisis, with a 50% jump in hospital nurse vacancies the last five months of 2021. Registered nurses, licensed practical nurses, and nursing assistants make up 39% of the hospital workforce.<sup>1</sup> According to a 2020 analysis, Maryland's registered nurse (RN) population by capita is in the bottom third of the nation.<sup>2</sup>

In response to this crisis, MHA's Executive Committee established the Task Force on the Future of Maryland's Health Care Workforce, which includes hospital clinical and human resource executives. This group will recommend state support to ensure we have the health care workforce necessary to meet the needs of patients now and into the future. HB 1208 incorporates initiatives that task force members identified as supportive of building and sustaining Maryland's health care workforce.

Specifically, HB 1208 would require the Board of Nursing to create a marketing plan to promote careers in nursing. Additionally, the bill would codify the nurse extern program. Under the Governor's executive orders during the public health emergency, some nursing students were able to work in supportive roles. The students are still supervised at work, so they learn as they earn. This is a win-win for the health care system and nursing students.

The bill also creates a tax credit for licensed practical nurse and registered nurse preceptors. A lack of faculty and clinical preceptors contributed to the more than 80,000 qualified applicants nationwide denied admission to baccalaureate and graduate nursing programs in 2019.<sup>3</sup> The tax credit is another tool to encourage more nurses to become preceptors.

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<sup>1</sup> MHA Workforce Survey – February 2022. *Note: Data represents submissions by 49 of 51 Maryland hospitals (Survey Response Rate = 96.1%).*

<sup>2</sup> Becker's Hospital Review. (Feb. 18, 2022). "[RN population per capita, by state](#)"

<sup>3</sup> American Association of Colleges of Nursing. (2019). *Special Survey on Vacant Faculty Positions for Academic Year 2018-2019*. Washington, DC.

Everyone has a role to play in supporting our health care workforce. HB 1208 takes a step in the right direction to help bring relief to Maryland's health care staffing challenges.

For these reasons, we ask for *favorable* report on HB 1208.

For more information, please contact:  
Erin Dorrien, Vice President, Policy  
Edorrien@mhaonline.org

# **HFAM Testimony HB 1208.pdf**

Uploaded by: Joseph DeMattos

Position: FAV



**TESTIMONY BEFORE THE  
HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE**

March 3, 2022

House Bill 1208: Health Occupations - Health Care Workforce Expansion

*Written Testimony Only*

**POSITION: FAVORABLE**

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for House Bill 1208. HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction of the state.

House Bill 1208 establishes requirements for the State Board of Nursing related to the expansion of the workforce in nursing-related fields, establishes a State income tax credit for certain licensed practical nurses, nurse practitioners, and registered nurses. In addition, this legislation establishes the Licensed Practical Nurse and Registered Nurse Preceptorship Tax Credit Fund as a special, non-lapsing fund to offset the costs of the tax credit available for the preceptorship program.

The legislation will help attract more individuals to pursue careers in the field of nursing by promoting professions in nursing and making it easier for individuals interested in nursing to obtain information on licensure requirements, funding and financing options to pay for education and training, as well as information on accredited schools and training programs. In addition, this legislation will help to alleviate the current staffing crisis that healthcare settings across the continuum of care are facing through a variety of measures such as the creation of the preceptorship tax credit fund and the clinical extern provisions.

Relative to the long-term and post-acute care sector, this legislation will empower the Maryland Board of Nursing (MBON) to include provisions to allow an individual who has been practicing as a nursing assistant without certification by the Board to apply on-the-job experience as a nursing assistant toward the total number of training hours required for certification.

This is incredibly important because during the COVID-19 pandemic, the federal government waived federal nursing assistant training and certification requirements. The federal government, through the Centers for Medicare and Medicaid Services (CMS), has authority over this process, but state approval is also required. Under this waiver, many states permitted an eight-hour online emergency temporary nursing assistant (TNA) course. The American Health Care Association/National Center for Assisted Living (AHCA/NCAL) created a free online course and continues to offer it for those wishing to become TNAs. Here in Maryland, 3,137 participants have successfully taken the 8-hour TNA training as of February 24, 2022.

Graduates of the course who demonstrate competency are allowed to work as TNAs in healthcare settings in Maryland as long as the national public health emergency (PHE) exists and for up to 120 days after the emergency ends. Under the current rules, those who have been working as TNAs throughout the COVID-19 pandemic will be required to start their training from scratch in order to continue working after the federal public health emergency. For those working in long-term care settings in Maryland, this means they will be required to satisfy all of the Geriatric Nursing Assistant (GNA) requirements including taking the full training program and pass the GNA certification examination.

We have been working with Karen Evans and MBON on a certification pathway that would take into consideration the experience of a TNA and allow them to sit for the state certification exam after attestation that their experience and on-the-job training during the pandemic has been sufficient.

Under the provisions of House Bill 1208, the Maryland Board of Nursing would be authorized to take this innovative approach and count on-the-job experience toward training hours. This will be incredibly important to retaining nursing assistants and growing our licensed healthcare workforce.

Maryland faces a historic and dramatic shortage of licensed healthcare professionals. The Board of Nursing reported that 40,000 individuals licensed by the Board did not renew their license in 2021. The most recent Omicron surge of COVID-19 proved to us yet again that there is no individual hospital, nursing home, or physician's office workforce – there is one singular healthcare workforce in Maryland. It is short-handed, and we are all drawing upon it.

Workforce challenges such as recruitment and retention have long existed in healthcare, even before the COVID-19 pandemic. These challenges have only grown worse over the last two years and they will likely remain even as we begin to navigate a post-pandemic world. Going forward, the length of this workforce crisis will be measured in years and not months. Together we must create pathways that ensure we have enough qualified healthcare professionals to continue caring for Marylanders in need.

**For these reasons, we request a favorable report from the Committee on House Bill 1208.**

*Submitted by:*  
Joseph DeMattos, Jr.  
President and CEO  
(410) 290-5132

# **MRHA HB1208 - Health Care Workforce Expansion - Su**

Uploaded by: Kathleen Hays

Position: FAV



## **Statement of Maryland Rural Health Association**

To the House Health and Government Operations Committee

March 3, 2022

House Bill 1208 Health Occupations - Health Care Workforce Expansion

### **POSITION: SUPPORT**

Chairman Pendergrass, Vice Chair Peña-Melnyk, and members of the Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of House Bill 1208, Health Care Workforce Expansion.

MRHA supports this legislation that expands the workforce in nursing-related fields through new State Board of Nursing requirements, establishing tax credits, and convening a stakeholder workgroup to study expanding apprenticeship programs.

Health care staffing shortages are particularly pronounced in Maryland's rural communities. MRAH's top legislative priority this year is to support initiatives that respond to rural health care workforce needs, critical shortages and future pipelines.

MHRA believes this legislation is important to support our rural communities and we urge a favorable report.

*Jennifer Berkman, MEd Board President 443-783-0480*



**2022 MCHS HB 1208 House Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



## Maryland Community Health System

<b>Committee:</b>	<b>House Health and Government Operations Committee</b>
<b>Bill Number:</b>	<b>HB 1208 - Health Occupations - Health Care Workforce Expansion</b>
<b>Hearing Date:</b>	<b>March 3, 2022</b>
<b>Position:</b>	<b>Support</b>

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Maryland Community Health System (MCHS) supports *House Bill 1208 – Health Occupations Workforce Expansion*. The bill provides a framework for building the pipeline of nursing and nursing support staff by:

- Expanding the number of nurse preceptors for nursing students through a tax credit program;
- Establishing an externship program for nursing students to support their educational experience and provide clinical support to health facilities and programs; and
- Study utilizing apprenticeship programs under the Department of Labor to support the expansion of community health workers, nursing support staff, and other support personnel essential to making the care team function.

MCHS is a network of federally qualified health centers focused on providing somatic, behavioral, and dental health services to underserved communities. Our health centers have always been challenged to find a sufficient number of nursing and nursing support staff, but it has reached a crises level with the pandemic. We strongly support this legislation because it will alleviate these shortages for us as well as for other health care providers.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

**2022 MDAC HB 1208 House Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



10015 Old Columbia Road, Suite B-215  
Columbia, Maryland 21046  
www.mdac.us

**Committee:** House Health and Government Operations Committee

**Bill Number:** HB 1208 - Health Occupations - Health Care Workforce Expansion

**Hearing Date:** March 3, 2022

**Position:** Support

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The Maryland Dental Action Coalition (MDAC) supports *House Bill 1208 – Health Occupations – Health Care Workforce Expansion*. The bill provides for support of expanding the nursing workforce. The bill also directs the Maryland Department of Health, in conjunction with the Department of Labor, to study the use of apprenticeship programs to expand the health care workforce. The study may focus on professions that are not licensed under the health occupations board. MDAC believes that the study may help plan the expansion of the number of community health workers (CHWs) and deepen their training in specific areas, such as oral health. CHWs play an important role in ensuring individuals in underserved communities can access health care and social services.

We ask for a favorable report on this legislation. If we can provide additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

***Optimal Oral Health for All Marylanders***

**2022 ACNM HB 1208 House Side.pdf**

Uploaded by: Robyn Elliott

Position: FWA



**Committee:** House Health and Government Operations Committee

**Bill Number:** HB 1208 - Health Occupations - Health Care Workforce Expansion

**Hearing Date:** March 3, 2022

**Position:** Support with Amendments

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The American College of Nurse Midwives (ACNM) supports *House Bill 1208 – Health Occupations – Health Care Workforce Expansion* with one technical amendment. ACNM supports this bill because of the severity of the nursing shortage. The COVID-19 pandemic has exacerbated staffing shortages for all types of health care professionals, but the nursing shortage has had the greatest impact. The bill provides for concrete steps to alleviate the nursing workforce shortage including establishment of the regulatory framework for an externship program for nursing students and a tax credit program to encourage more nurses to become nursing preceptors.

ACNM would offer one technical amendment to recognize that all advanced practice registered nurses could be nursing preceptors:

On page 7 from line 41 through page 8 in line 33, strike “NURSE PRACTITIONER” and replace with “ADVANCED PRACTICE REGISTERED NURSE”.

*Explanation: The clarification would recognize that any type of APRN may be a nurse preceptor.*

If we can provide any additional information to support this bill, please contact us through Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net). We ask for a favorable report on this bill.

**2022 MNA HB 1208 House Side.pdf**

Uploaded by: Robyn Elliott

Position: FWA



**Committee:** House Health and Government Operations Committee

**Bill Number:** HB 1208 - Health Occupations - Health Care Workforce Expansion

**Hearing Date:** March 3, 2022

**Position:** Support with Amendments

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The Maryland Nurses Association (MNA) supports *House Bill 1208 – Health Occupations – Health Care Workforce Expansion*. The bill advances concrete, actionable strategies to address the shortage of nurses and nurse support staff (certified nursing assistants, certified medication technicians, and geriatric nursing assistants).

The nursing shortage crises has reached historic levels. In a letter to Secretary Xavier Becerra of the Department of Health and Human Services in September, the American Nurses Association called for sustained action:

*“To address this crisis and to ensure that we have a strong nursing workforce for the future, ANA urges the Administration to declare a national nurse staffing crisis and take immediate steps to develop and implement both short- and long-term solutions.”*

With House Bill 1208 and House Bill 625 ( Commission to Study the Health Care Workforce Crises in Maryland) combined, the Maryland General Assembly has the framework to take immediate step and long-term steps to address the crises. House Bill 1208 provides immediate relief by:

- Making the clinical externship program for nursing students into a permanent program. Externs were utilized during the public health emergency. The bill provides for a consistent regulatory framework to ensure the program can be sustained and meaningful;
- Addresses the shortage of preceptors for nursing students by providing a tax credit. The shortage has become acute during COVID, and nursing educations report that it has



made it more challenging for nursing students to complete their educational requirements;

- Studying if the Maryland Department of Labor’s apprenticeship program may be useful in supporting the expansion of the health care workforce, including professionals, such as community health workers, who are not licensed by a health occupations board;
- Supporting efforts to collect information about the number of nurses and nurse support staff by geographic location and health care setting. This information will support planning and evaluation efforts; and
- Providing for more accessible information about pathways to become licensed or certified under the Board of Nursing.

MNA is in strong support of all these provisions. We have attached technical amendments that support implementation of the bill. If we can provide any additional information to support the Committee’s work on this critical bill, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> [https://www.nursingworld.org/~4a49e2/globalassets/rss-assets/analettertohhs\\_staffingconcerns\\_final-2021-09-01.pdf](https://www.nursingworld.org/~4a49e2/globalassets/rss-assets/analettertohhs_staffingconcerns_final-2021-09-01.pdf)

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MNA's Technical Amendments to HB 1208

**Accessible Information about Pathways to Nursing**

**Amendment 1**

On page 5, move lines 10-20 to Health General.

*Explanation: MNA would defer to the Board of Nursing on whether the Board or the Department of Health should be the lead in preparing a "one stop" place for people to obtain information on pathways to become a nurse or a nurse support staff.*

**Amendment 2**

On page 5 in line 18, insert "IN MARYLAND" after "OPTIONS".

On page 5 in line, 20, insert "IN MARYLAND" after "PROGRAMS".

*Explanation: We thought the addition of "in Maryland" would clarify that the scope of the information was specific to Maryland.*

**Amendment 3**

On page 7 from line 41 through page 8 in line 33, strike "NURSE PRACTITIONER" and replace with "ADVANCED PRACTICE REGISTERED NURSE".

*Explanation: The clarification would recognize that any type of APRN may be a nurse preceptor.*

**Amendment 4**

On page 11 in line 32, strike "and"; and on page 12 in line 1 after "program", insert "AND RECOMMENDATIONS FOR THE NOMENCLATURE TO DESCRIBE APPRENTICESHIP PROGRAMS FOR HEALTH CARE APPRENTICES".

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# Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

March 3, 2022

The Honorable Shane E. Pendergrass  
Chair, House Health and Government Operations  
Room 241, House Office Building  
Annapolis, MD 21401-1991

**RE: HB 1208 – Health Occupations – Health Care Workforce Expansion – Letter of Support with Amendments**

Dear Chair Pendergrass and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of support with amendments for House Bill (HB) 1208 – Health Occupations – Health Care Workforce Expansion. This bill establishes requirements on the State Board of Nursing related to the expansion of the workforce in nursing-related fields; establishes a State income tax credit for certain licensed practical nurses, nurse practitioners, and registered nurses; and requires the Maryland Department of Health to work with the Division of Workforce Development and Adult Learning in the Maryland Department of Labor to convene a stakeholder workgroup to study expanding the State apprenticeship programs to the health care workforce.

The Board sincerely appreciates the Maryland General Assembly’s diligence in addressing the nursing workforce shortage by focusing on efforts in recruitment and retention of frontline staff. It is imperative to encourage and support innovative initiatives that fortify and advance the safe practice of nursing in the state of Maryland. The Board, however, respectfully submits the following amendments to provide further clarity and information on current processes.

**HB 1208, section 8-205.2, page 5, lines 10 – 20. The Board will be required to create and implement a marketing plan and make certain information publicly accessible to attract individuals to seek licensure and certification under Title 8.**

The Board is an agency that oversees, enforces, regulates, and disciplines the practice of registered nurses, licensed practical nurses, advanced practice registered nurses, certified nursing assistants, certified medication technicians, licensed electrologists, and licensed direct entry midwives. It is important to distinguish that the Board is not an association charged with advancing a particular profession. As such, it would be inappropriate to task the Board with creating and implementing a marketing plan to attract individuals to the nursing field. It would additionally be contradictory to manage efforts in recruiting individuals while also policing those

individuals for violations of the Maryland Nurse Practice Act. Marketing and advertising is an important tool in creating awareness and addressing community needs. An effective marketing approach involves in-depth investigation, surveillance of current resources, and a plan to implement innovative solutions. The Board respectfully recommends allowing Maryland's numerous professional membership organizations and institutions of higher education to be charged with the important task of gauging interest and attracting individuals to the health care field.

Section 8-205.2. On page 5. Lines 10 – 20. Remove.

**[8-205.2 THE BOARD SHALL:**

**(1) CREATE AND IMPLEMENT A MARKETING PLAN TO ATTRACT INDIVIDUALS TO SEEK LICENSURE AND CERTIFICATION UNDER THIS TITLE; AND**

**(2) CREATE AND MAINTAIN ON ITS PUBLICLY ACCESSIBLE WEBSITE A SINGLE LOCATION THAT HAS INFORMATION FOR INDIVIDUALS SEEKING LICENSURE OR CERTIFICATION UNDER THIS TITLE ON:**

**(I) PATHWAYS TO LICENSURE OR CERTIFICATION;**

**(II) FUNDING AND FINANCING OPTIONS TO PAY FOR REQUIRED EDUCATION AND TRAINING; AND**

**(III) ACCREDITED SCHOOLS AND TRAINING PROGRAMS.]**

**HB 1208, section 8-514, pages 6 – 7, starting from line 14. The Board will be required to issue a clinical extern certificate to a nursing student who submits an application.**

The clinical extern program intends to allow current nursing students the opportunity to gain hands-on experience and provide certain health care services, outside of required clinical rotations, and while completing their nursing education program. The Board believes, however, that issuing a certificate for this designation is unnecessarily duplicative. Additionally, the program itself will not add tremendous value to current efforts in retaining the nursing workforce. The Board respectfully recommends deferring to current processes that allow nursing students and newly graduated nursing students from approved nursing education programs (RN and LPN) to apply for certification as a certified nursing assistant. As of October 1, 2006, nursing students have been required to submit an application, an official transcript, and criminal history record check to receive a certificate to practice as a certified nursing assistant.<sup>1</sup>

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<sup>1</sup> Nursing Students and Nursing program Graduates Working as Nursing Assistants.  
<https://mbon.maryland.gov/Documents/cna-studentnurse.pdf>

The Board additionally finds it challenging and cumbersome to standardize a clinical extern program across the various hospital systems in the state of Maryland. Hospital systems and nursing education programs often collaborate to provide nursing students with additional opportunities to gain bedside experience while under the close supervision of a licensed practitioner. The Board does not find it appropriate to dictate how hospital systems must run their programs and instead believe they should continue operations that are consistent with the provisions of the Health Occupations Article Title 8 and Code of Maryland Regulations (COMAR) Subtitle 27.

Section 8-205. On page 3. Lines 1 – 2. Remove.

**[(7) TO ADOPT RULES AND REGULATIONS FOR CLINICAL EXTERN CERTIFICATES AUTHORIZED UNDER §8-514 OF THIS TITLE:]**

Section 8-514. Pages 6 – 7. Starting From Line 14. Remove Language Related to ‘Clinical Extern’.

**HB 1208, section 8-6A-05, page 7, lines 15 – 20. Allows an individual who has been practicing as a nursing assistant without certification to apply on-the-job experience toward the total number of training hours required for certification.**

The Centers for Medicare and Medicaid Services (CMS) issued a blanket waiver to suspend the nurse aide training and certification requirements in 42 CFR §483.35(d) in response to staffing shortages in nursing homes and other long-term healthcare facilities. The CMS Emergency Regulatory 1135 Waiver permits nurse aides (also known as temporary nursing assistants (TNA) in the state of Maryland) to work for longer than four (4) months without having completed a state-approved Nurse Aide Training and Competency Evaluation Program.<sup>2</sup> The termination of the federal public health emergency, however, would subsequently lead to the termination of the waiver and the role of a temporary nursing assistant. As such, temporary nursing assistants will have four (4) months from the end of the waiver to successfully complete federal and state required training and certification. The Board believes it is important to amend the provisions of HB 1208 to reflect that TNAs were authorized to work pursuant to the CMS waivers and that their designation will cease once the public health emergency has ended.

Section 8-6A-05. On page 7. Lines 15 – 20.

**(2) REQUIREMENTS SET BY THE BOARD UNDER PARAGRAPH (1) OF THIS SUBSECTION REGARDING QUALIFICATIONS FOR CERTIFICATION AS A NURSING ASSISTANT SHALL INCLUDE PROVISIONS TO ALLOW AN INDIVIDUAL WHO HAS BEEN PRACTICING AS A TEMPORARY NURSING ASSISTANT, PURSUANT TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES WAIVERS APPLICABLE TO 42 CFR § 483.35(D) THAT WERE ISSUED ON**

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<sup>2</sup> Centers for Medicare and Medicaid Services. COVID Declaration Blanket Waivers for Health Providers.

**MARCH 1, 2020, [WITHOUT CERTIFICATION BY THE BOARD] TO APPLY ON-THE-JOB EXPERIENCE AS A TEMPORARY NURSING ASSISTANT TOWARD THE TOTAL NUMBER OF TRAINING HOURS REQUIRED FOR CERTIFICATION.**

Lastly, the Board believes HB 1208 will help incentivize licensed health care providers to precept students during their clinical rotations, and allow students an opportunity to work in areas with a workforce shortage. With an increasing need for providers in underserved areas of the State, it is both fair and equitable to allow qualified preceptors (licensed practical nurses, nurse practitioners, and registered nurses) to receive tax credits for the clinical teaching they provide to nursing students.

For the reasons discussed above, the Maryland Board of Nursing respectfully submits this letter of support with amendments for HB 1208.

I hope this information is useful. For more information, please contact Iman Farid, Health Policy Analyst, at (410) 585 – 1536 or [iman.farid@maryland.gov](mailto:iman.farid@maryland.gov) or Rhonda Scott, Deputy Director, at (410) 585 – 1953 or [rhonda.scott2@maryland.gov](mailto: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.**

**UNFAVORABLE.HB1208.MDRTL.L.Bogley.pdf**

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**Unfavorable**  
**HB1208 – Health Occupations - Health Care Workforce Expansion**

By Laura Bogley, JD  
 Director of Legislation, Maryland Right to Life

**Maryland Right to Life (MDRTL) opposes HB1208 as written, to the extent that it will make state and federal taxpayers responsible for subsidizing the cost of training abortion providers. The bill establishes a special fund to subsidize the multi-million dollar abortion industry’s costs of training their own abortion workers. The bill authorizes a tax credit to nurses who provide abortion training to nursing students and clinical workers, and claims the fund is necessary to offset tax credits up to \$100,000 each year.**

**Bill Undermines Physician Requirement** - One of the few health and safety protections for pregnant women in the Maryland Code is the legal requirement that only a licensed physician may perform abortions. But the abortion industry is asking the state to authorize them to put profits over pregnant patients and allow practically anyone to “perform” surgical abortions and “provide” dangerous chemical abortion pills. Nurse practitioners already are performing abortions in violation of state law.

**Expanding Abortion Workforce** - We oppose introduction or passage of any bill that expands the ‘scope of practice’ of any health care provider or other worker 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.

It has long been the strategy of the pro-abortion movement to use a broad definition of ‘scope’ of practice as a means of increasing the number of lower health care workers licensed to perform or provide abortion. Expanding the number of people who can provide abortion will increase the number of preborn children being killed and will put more women at risk of substandard medical care, injury and death.

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 and they have sworn a Hippocratic Oath to first do no harm to patients. The abortion industry’s solution is three-fold: (1) circumvent physician requirements in the law by authorizing lower-skilled health workers to perform or provide abortion; (2) authorize a wide variety of abortion providers to remotely prescribe and distribute abortion pills, including across state lines through interstate licensing agreements; AND (3) force taxpayers to fully fund abortion and to train and reimburse abortion providers to kill children.

**“D-I-Y Abortion” Drugs** - Reckless public health policies that authorize the unregulated proliferation of chemical abortion pills are brazenly removing abortion further outside the spectrum of “health care” as most women are now prescribed these lethal pills without the benefit of a physician’s examination. Physicians now serve only a tangential role on paper, either as medical directors for clinics or as remote prescribers of abortion pills. These non-medical abortion providers will be eligible for Maryland Medicaid reimbursement as well as undisclosed gratuities from drug manufacturers.

The abortion industry itself has referred to the use of abortion pills as “Do-It-Yourself” abortions, claiming that the method is safe and easy. But chemical abortions are **4 (four) times more dangerous than surgical abortions**, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 250%.

**UNSAFE** - The practice of abortion in America has become the “**red light district**” of medicine, populated by dangerous, substandard providers. With the proliferation of chemical abortion pills, the abortion industry itself has exposed women to “back alley” style abortions, where they bleed alone without medical supervision or assistance.

**UNENFORCED** - The Maryland Department of Health has failed to ensure that existing abortion providers and facilities are complying with Maryland law. Women continue to be injured and killed in Maryland because of ineffective enforcement of existing abortion regulations. There are reports that unlicensed physicians continue to perform abortions in Maryland. The broad expansion of lower-skilled abortion providers, will create an enforcement nightmare for the Maryland Department of Health.

We must protect pregnant women in Maryland and other states by preserving the physician only requirement for all abortions (both surgical and chemical) and by making it clear that it is not within the scope or independence of practice of lower health care workers to provide or perform abortion.

**First Amendment Conscience Rights** - To ensure that the State of Maryland has a sufficient number of practicing medical professionals to meet the health needs of Maryland citizens, the legislature must not infringe on the Constitutional rights of Free Exercise of Religion and rights of Conscience of medical providers, and must ensure that conscience rights clauses are included in any legislation that attempts to expand or redefine the scope of practice.

**NO PUBLIC 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. 54% percent of those surveyed in a January 2022 Marist poll say they oppose taxpayer funding of abortion.

**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.

**ABORTION IS NOT HEALTH CARE** – Pregnancy is not a disease and abortion kills, not cures. The fact that 85% of OB-GYNs in a representative national survey will not participate in abortions is glaring evidence that abortion is not an essential part of women’s healthcare. Abortion is never medically necessary and poses risks to women’s physical and emotional health as well as to the health of future pregnancies. Women have better options for family planning and well woman care. For each Planned Parenthood in Maryland, there are 14 federally qualifying health centers and 4 pro-life pregnancy centers providing FREE services for women. The Maryland Department of Health must give women real CHOICE and protect women from abortion coercion, by providing information about and referrals to lifesaving alternatives to 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.

**For these reasons, we respectfully urge you to vote against this bill and any other measures to allocate public funds to abortion providers, services, education, training or promotion. We appeal to you to prioritize the state’s interest in human life and restore to all people, born and preborn, our natural and Constitutional rights to life, liberty, freedom of speech and religion.**

## Terrifying Botched Abortion by Nurse Results in Multi-Million-Dollar Suit Against Brigham-Connected Late-Term Facility (Excerpt Only)

October 14, 2021 By [Operation Rescue 14 Comments](#)



*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.*

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.

### 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.

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.

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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.

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.

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?

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.

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."