



Maryland
Hospital Association

House Bill 611- State Board of Nursing – Sunset Extension, Licensure Exceptions, and Board Operations and Membership

Position: *Support*

February 9, 2023

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 611.

[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. **HB 611 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.

HB 611 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

HB 611 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

HB 611 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

HB 611 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

HB 611 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 HB 611.

For more information, please contact:

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