

LeadingAge Maryland - 2024 - SB 999 - GNA CNA.pdf

Uploaded by: Aaron Greenfield

Position: FAV



576 Johnsville Road
Sykesville, MD 21784

TO: Finance Committee
FROM: LeadingAge Maryland
SUBJECT: Senate Bill 999, Certified Nursing Assistants – Licensing Requirements and Administrative Updates
DATE: March 1, 2024
POSITION: **Favorable**

LeadingAge Maryland supports Senate Bill 999, Certified Nursing Assistants – Licensing Requirements and Administrative Updates.

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.

This legislation repeals the classification of a “geriatric nurse assistant” in favor of “certified nurse assistant.” Under the bill, a certified nursing assistant must successfully complete an approved nursing assistant training program and meet federal and state laws. The State Board of Nursing is required to provide notifications to geriatric nursing assistants and nursing homes regarding the changes resulting from passage of this bill, including updating the title of geriatric nursing assistants on the renewal of a license. We support the intent and goal of this bill and would also urge the Committee to identify a list of stakeholders who would be best poised to fully evaluate and address this issue.

In light of staffing shortages across the State, exacerbated by the COVID-19 pandemic, nursing homes and struggle to secure sufficient staff. A Certified Nursing Assistant (CNA) is a professional who performs crucial nursing tasks delegated by a registered nurse or a licensed

practical nurse. To become a CNA in most states, individuals must complete a state-approved training program, complete a national and federally required examination, and complete a state-mandated certification exam. A Certified Nursing Assistant is then allowed to work in most healthcare settings including hospitals, long-term care facilities, and nursing homes. The state of Maryland, however, has a unique credentialing system.

Maryland offers several levels and types of nursing assistant certification. Certified Nursing Assistant is regarded as an entry-level credential for those who have completed training programs and cleared background checks. The Geriatric Nursing Assistant (GNA) credential is regarded as the equivalent of the CNA credential issued in most other states. In Maryland, CNAs are only allowed to work in licensed nursing homes for 120 days before they obtain the required GNA certification. If enacted, Senate Bill 999 would alter Maryland's credentialing system to resemble most other states by replacing the classification of "geriatric" with "certified" nursing assistant.

LeadingAge Maryland is invested in ensuring that professionals who are qualified to deliver care in places that most need it, like nursing homes, are allowed a facilitated opportunity to do so. The intent of this bill is to seek to remove the barrier of Maryland's current two-pronged nursing assistant credentialing system. It is also important that there is not undue burden placed on current CNAs and GNAs in terms of any additional examination or training requirements that might be implemented. LeadingAge Maryland recommends that as part of this process, the Maryland Board of Nursing and other stakeholders be convened to fully evaluate the current CNA and GNA certification processes to identify what changes would be necessary to reach this goal. The changes suggested by this bill would no longer require a "geriatric" classification for certified nursing assistants to work in comprehensive care facilities, because CNAs in Maryland would then meet the federal requirements to do so. These changes may also help out-of-state CNAs be qualified to work in Maryland nursing homes without the requirement of additional certification. Introducing such changes is likely to be a step forward in addressing the care-team staffing shortages that long-term care facilities and nursing homes are suffering from.

For these reasons, LeadingAge Maryland respectfully requests a favorable report for Senate Bill 999.

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

SB999 CNAs JHHS SUPP 3.1.24.pdf

Uploaded by: Deborah Baker

Position: FAV

Deborah J. Baker, DNP, FAAN, AG-ACNP

Senior Vice President for Nursing
Johns Hopkins Health System
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Services and Chief Nursing Officer
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March 1, 2024

The Honorable Pamela Beidle, Chair
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chair Beidle and Members of the Senate Finance Committee,

Thank you for allowing me to submit testimony in support of **SB999 Certified Nursing Assistants - Licensing Requirements and Administrative Updates**. This legislation makes changes to the licensing requirements for certified nursing assistants (CNAs). Additionally, the bill updates the current practice and training structures for CNA recruitment.

The need for healthcare organizations to expand their care delivery models and build strong pipelines is more critical since the height of the COVID-19 pandemic and the subsequent workforce turnover. With a baseline shortage of registered nurses (RNs) and a predicted growing gap as a result of retirement and smaller graduation classes, nurse leaders are mentoring nursing students as integral members of a care team, thereby making their transitions to professional nursing after graduation more seamless. This continuity contributes to new grad RN competence, wellness, and retention. SB999 supports the ability for organizations to vet nursing students to work and learn while being supervised by RNs without the student being required to take a CNA certification. The skill component of this exam is commensurate to the skills learned in nursing programs, and therefore, redundant and deterring competent students to work as support staff slowing the recruitment process.

By allowing a graduate of an acute care CNA program to sit for the national exam without requiring the training programs' instructors to meet the federal requirements (i.e. instructors must have 1 year of long-term care experience), SB999 aligns competencies with acute care needs of patients. CNAs are important members of nursing care teams, providing the adequate skill mix to meet all of the patients' needs. Additionally, they are an important part of the RN pipeline for hospitals caring for acutely and critically ill patients. Many CNAs progress through RN programs contributing to the workforce over a longer period of time.

SB999 will allow hospital and nursing leaders to enhance their clinical teams by recruiting and training engaged students and CNAs while sustaining a culture of safety.

Accordingly, I respectfully request a favorable committee report on SB999.

Sincerely,

Deborah Baker, DNP, FAAN, AG-ACNP



SB 999- Certified Nursing Assistants - Licensing R

Uploaded by: Jane Krienke

Position: FAV



Maryland
Hospital Association

Senate Bill 999- Certified Nursing Assistants - Licensing Requirements and Administrative Updates

Position: *Support*
March 1, 2024
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 999.

Maryland hospitals report a 10.5% vacancy rate for nursing assistant positions. To address the ongoing shortage and high demand for certified nursing assistants (CNA), MHA worked with the Board of Nursing to create a standard curriculum for an acute care CNA pathway based on the Board's basic nursing assistant curriculum, which aligns with federal requirements. Hospital acute care CNA training programs are only for employees. This creates a natural upskilling pathway for non-clinical staff to obtain a nursing license.

SB 999 removes the distinction between CNAs and geriatric nursing assistants (GNA). Currently, to work in a nursing home an individual must obtain a CNA certification and pass the national exam before the Board will issue a GNA certification. Under SB 999, one certification would be utilized across health care settings. This is optimal and common in other states.

MHA and our members support the sponsor's amendments to SB 999 and appreciate the collaboration with the Board of Nursing. The amendments address the hospital field's previous concerns with acute care CNA training programs complying with all federal requirements—primarily that CNA program instructors have at least one year of experience in long-term care. As written, the bill allows graduates of acute care CNA training programs to be eligible to take the national exam. This change will ensure all graduates of CNA programs take the same exam.

The bill also allows nursing students, after completing a portion of their training, to work as nursing assistants without a certification. Many times, qualified nursing students must wait for certification to work. This change could encourage nursing students to work in this capacity, helping them gain additional clinical experience while in nursing school, alleviate the CNA workforce shortage, and provide much needed support to the nursing workforce.

For all of these reasons, we ask for a *favorable* report on SB 999.

For more information, please contact:
Jane Krienke, Senior Legislative Analyst, Government Affairs

HFAM Testimony SB 999.pdf

Uploaded by: Joseph DeMattos

Position: FAV



**TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**

March 1, 2024

Senate Bill 999: Certified Nursing Assistants – Licensing Requirements and Administrative Updates
Written Only Testimony

POSITION: FAVORABLE

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 999. HFAM represents skilled nursing centers and assisted living communities in Maryland, as well as associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction of the state. HFAM is affiliated with the American Health Care Association/National Center for Assisted Living (AHCA/NCAL), which is the largest association in the United States representing long-term and post-acute care providers.

Senate Bill 999 exempts an individual who practices as a certain nursing assistant for less than 4 months under federal regulations from the State's certification requirement; alters the designation of, and licensure requirements for, certified nursing assistants and geriatric nursing assistants; requires an applicant for certification as a certified nursing assistant to complete a nursing assistant competency evaluation.

In Maryland and throughout the country, we are facing a shortage of healthcare workers across settings, with particularly fewer people working in skilled nursing and rehabilitation centers. Workforce recruitment and retention was a challenge before the pandemic and it has only grown more challenging. Licensed healthcare professionals are scarce and all healthcare settings are competing for employees from the same labor pool.

To become a certified nursing assistant (CNA) in most states, an individual must complete a state-approved training program, take a federal exam, and complete a state certification exam. Once a licensed, the CNA may work in most healthcare settings including both hospitals and nursing homes. However, in order to work in a Maryland nursing home, an individual must complete an additional certification step to become a licensed geriatric nursing assistant (GNA).

This legislation will eliminate the extra step for nursing assistants to work in a Maryland nursing home. CNAs will be able to work in all healthcare settings and this legislation will broaden the pool of qualified applicants for positions in nursing homes. These changes will help address the staffing shortages faced by Maryland nursing homes. Nursing assistants are truly the backbone of the nursing home workforce – they keep things running smoothly and provide quality care to residents and patients. Removing barriers to entry for nursing assistants in long-term care settings is a critical and important step we can take now that will help with the ongoing workforce shortage.

For these reasons, we request a favorable report from the Committee on Senate Bill 999.

Submitted by:

Joseph DeMattos, Jr.
President and CEO
(410) 290-5132

SB 999 - Testimony.pdf

Uploaded by: Megan Peters

Position: FAV

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Bill: SB 999 - Certified Nursing Assistants - Licensing Requirements and Administrative Updates

Committee: Senate Finance Committee

Position: Favorable

Date: March 1, 2024

On behalf of the more than 110,000 Marylanders living with Alzheimer's disease, the Alzheimer's Association supports *SB 999 - Certified Nursing Assistants - Licensing Requirements and Administrative Updates*. SB 999 repeals references to "geriatric nursing assistant" (GNA) and updates requirements for certified nursing assistants (CNA). This will help alleviate staffing shortages in long-term care settings and provide greater flexibility in these settings when hiring staff.

The Maryland Board of Nursing has previously advised that Maryland is the only state with both CNA and GNA certifications. Nationally, CNAs can work in all settings - hospitals, assisted living, nursing homes, rehabilitation centers, adult daycare centers, and clinical facility settings. However, in Maryland, CNAs are only authorized to practice in acute-care settings. This creates an additional hurdle for long-term care settings, such as nursing homes and assisted living facilities, to hire staff.

Almost everyone who has Alzheimer's disease or other dementias, and who lives long enough, will eventually need long-term care services. Many will require professional care when their needs overwhelm informal caregivers. It is important to eliminate barriers to staffing in our long-term care settings so that we can address current workforce shortages and prepare for the growing demand in services as our population ages and the prevalence of Alzheimer's and other dementia increases.

SB 999 will help to alleviate staffing shortages for nursing assistants across Maryland and puts Maryland's nursing assistant credentialing system in line with other states. This will also allow out-of-state CNAs to be qualified to work in Maryland nursing homes and assisted living facilities. Ultimately, allowing CNAs to work in long-term care settings will increase the number of qualified staff able to assist and care for seniors and older adults in health care settings in Maryland.

The Alzheimer's Association is committed to strengthening the health care workforce supporting our most vulnerable adults and urges a favorable report on SB 999. Please contact Megan Peters, Director of Government Affairs at mrpeters@alz.org with any questions.

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Uploaded by: Pamela Beidle

Position: FWA



SB0999/533124/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

29 FEB 24
15:11:15

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

AMENDMENT TO SENATE BILL 999
(First Reading File Bill)

On page 6, in lines 3 and 9, in each instance, strike “MAY 31, 2024” and substitute “SEPTEMBER 30, 2025”.

On page 7, in line 13, strike the bracket; in line 14, after “(i)” insert “1.”; in line 15, strike “and” and substitute “OR”; after line 15, insert:

“2. ENROLLED IN AN ACUTE CARE NURSING ASSISTANT TRAINING PROGRAM; AND”;

strike beginning with “] ENROLLED” in line 17 down through “COURSE” in line 21; after line 21, insert:

“5) PERFORMS NURSING ASSISTANT TASKS AS A STUDENT WHILE ENROLLED IN AN ACCREDITED NURSING PROGRAM AFTER THE SUCCESSFUL COMPLETION OF THE PORTION OF THE APPROVED NURSING EDUCATION PROGRAM THAT THE BOARD DETERMINES MEETS THE REQUIREMENTS OF AN APPROVED NURSING ASSISTANT TRAINING PROGRAM OR MEDICATION ADMINISTRATION COURSE;”;

and in lines 22, 24, 26, and 30, strike “(5)”, “(6)”, “(7)”, and “(8)”, respectively, and substitute “(6)”, “(7)”, “(8)”, and “(9)”, respectively.

On page 8, in lines 1 and 2, strike the brackets; in line 1, strike “provided that” and substitute “IF”; and in line 4, strike “IN COLLABORATION” and substitute “AFTER CONSULTATION”.

On page 10, in line 8, strike “**JUNE 1, 2024**” and substitute “**OCTOBER 1, 2025**”; in line 22, strike “and [registration] certificate”; and in line 26, after “certificate” insert “**AVAILABLE THROUGH THE BOARD’S WEBSITE**”.

On page 11, in line 2, strike “**JUNE 1, 2024**” and substitute “**OCTOBER 1, 2025**”; and in line 23, strike “**IN**” and substitute “**AFTER**”.

On page 12, in line 22, strike the bracket; in line 23, strike “geriatric nursing assistants” and substitute “**A CERTIFIED NURSING ASSISTANT-I**”; in line 24, after “(g)” insert “**(1)**”; in line 27, strike the bracket; after line 27 insert:

“(2) A NURSING ASSISTANT TRAINING PROGRAM UNDER PARAGRAPH (1) OF THIS SUBSECTION MAY CONTINUE TO OPERATE DURING THE APPROVAL PROCESS.”;

and strike in their entirety lines 28 through 31, inclusive.

On page 13, in line 21, strike “October 1, 2024” and substitute “**November 1, 2025**”; in line 27, strike “June” and substitute “**October**”; and in line 28, strike “2024” and substitute “**2025**”.

SB999 Testimony CNA.pdf

Uploaded by: Pamela Beidle

Position: FWA

PAMELA G. BEIDLE
Legislative District 32
Anne Arundel County

Chair, Finance Committee

Executive Nominations Committee

Joint Committee on Gaming Oversight

Joint Committee on Management
of Public Funds

Spending Affordability Committee



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

March 1, 2024

SB 999
Certified Nursing Assistants – Licensing Requirements
and Administrative Updates

Good afternoon, Vice Chair Klausmeier, and Members of the Finance Committee:

Thank you for the opportunity to present to you SB9990, Certified Nursing Assistants – Licensing Requirements and Administrative Updates.

SB999 is the result of the workgroup convened by the Maryland Department of Health (MDH) in conjunction with the Maryland Board of Nursing at the request of this Committee and the House Health and Government Operation Committee. My testimony will reflect the bill with the amendments.

Maryland is the only state that has a different classification for those working in nursing facilities. This bill seeks to align Maryland with other states to allow a certified nursing assistant to work in all settings. In the late 1990's, federal regulations were implemented to set forth requirements for assistants in nursing facilities, which, for the most part, addressed education and training requirements focused on caring for the elderly.

While other states adopted those statements across all setting, Maryland created two tracks – one for nursing assistants and one for geriatric nursing assistants. To work in a nursing facility, an individual had to be a geriatric nursing assistant and meet the federal requirements. Over the years, this has caused issues and made it harder for nursing facilities to hire. Therefore, SB 999 will begin the process to unwind the two tracks by requiring all nursing assistant training programs to meet the federal requirements as well as State requirements by October 1, 2025, including requiring students to take the Board-approved competency evaluation.

This will then ensure that those individuals who have successfully completed a training program after October 1, 2025 will satisfy the federal requirements and will be able to work in all settings, providing greater flexibility for the assistants and ease the burden on nursing facilities.

Recognizing the workforce shortage, however, this bill will not require current certified nursing assistants working in non-nursing facility settings to meet the requirements. As such, for a time, there will still be two designations of certified nursing assistants – a I and II. Through attrition, Maryland will then move to only having one designation.

Along those same lines, the bill also addresses nursing students as well as acute training programs, which the witnesses will explain further.

Personally, I would like to see this done sooner but understand the need to make sure that there is adequate time to inform the training programs as well as the current nursing assistants.

I respectfully request a "Favorable Report" on SB 999.

SB 999 - FIN - MBON - LOSWA.docx.pdf

Uploaded by: Rhonda Scott

Position: FWA



Board of Nursing

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

February 29, 2024

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

RE: SB 0999 – Certified Nursing Assistants - Licensing Requirements and Administrative Updates – Letter of Support with Amendments

Dear Chair Beidle and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of support with amendments for Senate Bill (SB) 999 – Certified Nursing Assistants - Licensing Requirements and Administrative Updates. This bill exempts an individual who practices as a certain nursing assistant for less than 4 months under federal regulations from the State's certification requirement; alters the designation of, and licensure requirements for, certified nursing assistants and geriatric nursing assistants; requires an applicant for certification as a certified nursing assistant to complete a nursing assistant competency evaluation; etc.

The Board believes the intent of this bill is to increase the front line/direct care nursing workforce. By consolidating the role of a certified nursing assistant (CNA) to one designation, individuals will have greater flexibility in moving between different acute and long-term health care settings. This would allow individuals to acquire experience in assisting patients with differing and complex health care needs. The Board additionally believes this bill will assist in the portability of nursing assistants within and outside the state of Maryland.

A certified nursing assistant (CNA) is a staff member of a patient's healthcare team that performs important patient-centered tasks under the supervision of licensed nursing staff. Responsibilities of a certified nursing assistant can include: assisting patients with activities of daily living, serving meals and assisting patients with eating, lifting and moving patients, taking vital signs, facilitating patient care, providing companionship, etc. The national landscape for CNAs allows flexibility to work in the hospital, long-term residential facility, nursing home, rehabilitation center, adult daycare center, and clinical facility settings. In the state of Maryland, however, this flexibility is not afforded under Maryland Health Occupations Article Subtitle 6A – Certification of Nursing Assistants, Dialysis Technicians, and Medication Technicians.

The role of a nursing assistant in Maryland is currently classified into two (2) designations: (1) the certified nursing assistant certification and (2) the geriatric nursing assistant (GNA) certification. A certified nursing assistant is defined as an “individual who routinely performs

nursing tasks delegated by a registered nurse (RN) or licensed practical nurse (LPN) for compensation”. An individual applying for a certified nursing assistant certification must: (1) successfully complete a Board approved training program; (2) successfully pass an objective final examination; and (3) demonstrate the ability to competently perform assistive nursing functions. The certification of a CNA, as it is currently written in statute, does not meet federal requirements. As such, CNAs are only authorized to practice in the acute care setting (i.e. hospital, inpatient environment).

A geriatric nursing assistant (GNA), in contrast, is defined as a “certified nursing assistant who has successfully completed the requirements for a GNA set forth in federal regulations 42 CFR §§483.151—483.156 and COMAR 10.07.02.39—.42 (Nursing Home)”. An individual applying for a geriatric nursing assistant certification must: (1) attend a *federally approved* geriatric nursing assistant training program; (2) pass the nationally recognized skills and certification exam; and (3) register on the Maryland Geriatric Nursing Assistant Registry. This designation, as it is currently written in statute, meets federal requirements. As such, GNAs are authorized to practice in all acute and long-term care settings (i.e., nursing homes, assisted living facilities, etc.).

The Board believes the following amendments are critical in providing a seamless transition for employers and employees who are interested in consolidating the nursing assistant designation.

Amendment #1. On page 6, line 3, replace language:

A GERIATRIC NURSING ASSISTANT ON ~~[MAY 31]~~ **SEPTEMBER 30, [2024] 2025**...

Amendment #2. On page 6, line 9, replace language:

WHO, ON ~~[MAY 31]~~ **SEPTEMBER 30, [2024] 2025**, WAS CERTIFIED AS A NURSING ASSISTANT...

Amendment #3. On page 7, lines 13-17, replace language:

(4) Performs nursing assistant tasks as a student while: (i) **1.** Enrolled in a Board–approved nursing assistant training program; [and] **OR 2. ENROLLED IN AN ACUTE CARE NURSING ASSISTANT TRAINING PROGRAM;** AND (ii) Practicing under the direct supervision of qualified faculty or preceptors...

Amendment #4. On page 7, lines 17-21, remove language:

~~[ENROLLED IN AN ACCREDITED NURSING PROGRAM AFTER THE SUCCESSFUL COMPLETION OF A PORTION OF AN APPROVED NURSING EDUCATION PROGRAM THAT THE BOARD DETERMINES MEETS THE REQUIREMENTS OF AN APPROVED NURSING ASSISTANT TRAINING PROGRAM OR MEDICATION ADMINISTRATION COURSE;]~~

Amendment #5. In accordance with Amendment #4, after page 7, lines 17-21, insert the following language into its own additional standalone exception (Section 8-6A-02(b)(5), with subsequent subsections renumbered accordingly):

(5) PERFORMS NURSING ASSISTANT TASKS AS A STUDENT WHILE ENROLLED IN AN ACCREDITED NURSING PROGRAM AFTER THE SUCCESSFUL COMPLETION OF A PORTION OF AN APPROVED NURSING EDUCATION PROGRAM THAT THE BOARD DETERMINES MEETS THE REQUIREMENTS OF AN APPROVED NURSING ASSISTANT TRAINING PROGRAM OR MEDICATION ADMINISTRATION COURSE;

Amendment #6. On page 8, lines 1-2, maintain the existing statutory language:

...provided that acceptance of delegated nursing or other technical tasks does not become a routine part of the unlicensed individual's job duties...

Amendment #7. On page 8, line 4, replace language:

...[IN COLLABORATION] AFTER CONSULTATION...

Amendment #8. On page 10, line 8, replace language:

(5) BEGINNING [JUNE 1] OCTOBER 1, [2024] 2025, A CERTIFIED NURSING ASSISTANT-II...

Amendment #9. On page 10, line 22, remove language:

...a certificate number [and [registration] certificate] that indicates...

Amendment #10. On page 11, line 2, replace language:

ON OR AFTER [JUNE 1] OCTOBER 1, [2024] 2025, shall be certified...

Amendment #11. On page 11, line 23, replace language:

The Board, [IN] AFTER CONSULTATION...

Amendment #12. On page 12, lines 22-27, maintain existing statutory language, and add numbering:

(f) The provisions of this section may not be interpreted to impose additional requirements for geriatric nursing assistants beyond those required under federal law. (g) (1)The Board shall approve the use of a nursing assistant training site by a nursing assistant training program within 45 days after the nursing assistant training program applies for approval if the nursing assistant training program had previously been approved to use the training site by the Board.

Amendment #13. On page 12, after line 27, insert language:

(2) A NURSING ASSISTANT TRAINING PROGRAM UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL CONTINUE TO OPERATE DURING THE APPROVAL PROCESS.

Amendment #14. On page 12, lines 28-31, remove language:

[(F) AN APPROVED ACUTE CARE NURSING ASSISTANT TRAINING PROGRAM MAY REQUEST A WAIVER OF THE FEDERAL REQUIREMENT UNDER 42 C.F.R. § 483.152 (c)(5) THAT INSTRUCTORS HAVE A MINIMUM OF 1 YEAR OF EXPERIENCE IN THE PROVISION OF LONG-TERM CARE FACILITY SERVICES.]

Amendment #15. On page 13, line 21, replace language:

...AND BE IT FURTHER ENACTED, That, on or before **[October 1] JUNE 1, [2024] 2025**...

Amendment #16. On page 13, lines 27-28, replace language:

...AND BE IT FURTHER ENACTED, That, this Act shall take effect **[June 1] OCTOBER 1, [2024] 2025**...

For the reasons discussed above, the Maryland Board of Nursing respectfully submits this letter of support with amendments for SB 999.

I hope this information is useful. For more information, please contact Ms. Mitzi Fishman, Director of Legislative Affairs, at mitzi.fishman@maryland.gov or Ms. Rhonda Scott, Executive Director, at rhonda.scott2@maryland.gov, or call (410) 585 – 2049.

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.

SB 999 - FIN - MBON - LOSWA.docx.pdf

Uploaded by: State of Maryland (MD)

Position: FWA



Board of Nursing

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

February 29, 2024

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

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The Board believes the intent of this bill is to increase the front line/direct care nursing workforce. By consolidating the role of a certified nursing assistant (CNA) to one designation, individuals will have greater flexibility in moving between different acute and long-term health care settings. This would allow individuals to acquire experience in assisting patients with differing and complex health care needs. The Board additionally believes this bill will assist in the portability of nursing assistants within and outside the state of Maryland.

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The Board believes the following amendments are critical in providing a seamless transition for employers and employees who are interested in consolidating the nursing assistant designation.

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WHO, ON ~~[MAY 31]~~ **SEPTEMBER 30, [2024] 2025**, WAS CERTIFIED AS A NURSING ASSISTANT...

Amendment #3. On page 7, lines 13-17, replace language:

(4) Performs nursing assistant tasks as a student while: (i) **1.** Enrolled in a Board–approved nursing assistant training program; [and] **OR 2. ENROLLED IN AN ACUTE CARE NURSING ASSISTANT TRAINING PROGRAM;** AND (ii) Practicing under the direct supervision of qualified faculty or preceptors...

Amendment #4. On page 7, lines 17-21, remove language:

~~[ENROLLED IN AN ACCREDITED NURSING PROGRAM AFTER THE SUCCESSFUL COMPLETION OF A PORTION OF AN APPROVED NURSING EDUCATION PROGRAM THAT THE BOARD DETERMINES MEETS THE REQUIREMENTS OF AN APPROVED NURSING ASSISTANT TRAINING PROGRAM OR MEDICATION ADMINISTRATION COURSE;]~~

Amendment #5. In accordance with Amendment #4, after page 7, lines 17-21, insert the following language into its own additional standalone exception (Section 8-6A-02(b)(5), with subsequent subsections renumbered accordingly):

(5) PERFORMS NURSING ASSISTANT TASKS AS A STUDENT WHILE ENROLLED IN AN ACCREDITED NURSING PROGRAM AFTER THE SUCCESSFUL COMPLETION OF A PORTION OF AN APPROVED NURSING EDUCATION PROGRAM THAT THE BOARD DETERMINES MEETS THE REQUIREMENTS OF AN APPROVED NURSING ASSISTANT TRAINING PROGRAM OR MEDICATION ADMINISTRATION COURSE;

Amendment #6. On page 8, lines 1-2, maintain the existing statutory language:

...provided that acceptance of delegated nursing or other technical tasks does not become a routine part of the unlicensed individual's job duties...

Amendment #7. On page 8, line 4, replace language:

...[IN COLLABORATION] AFTER CONSULTATION...

Amendment #8. On page 10, line 8, replace language:

(5) BEGINNING [JUNE 1] OCTOBER 1, [2024] 2025, A CERTIFIED NURSING ASSISTANT-II...

Amendment #9. On page 10, line 22, remove language:

...a certificate number [and [registration] certificate] that indicates...

Amendment #10. On page 11, line 2, replace language:

ON OR AFTER [JUNE 1] OCTOBER 1, [2024] 2025, shall be certified...

Amendment #11. On page 11, line 23, replace language:

The Board, [IN] AFTER CONSULTATION...

Amendment #12. On page 12, lines 22-27, maintain existing statutory language, and add numbering:

(f) The provisions of this section may not be interpreted to impose additional requirements for geriatric nursing assistants beyond those required under federal law. (g) (1)The Board shall approve the use of a nursing assistant training site by a nursing assistant training program within 45 days after the nursing assistant training program applies for approval if the nursing assistant training program had previously been approved to use the training site by the Board.

Amendment #13. On page 12, after line 27, insert language:

(2) A NURSING ASSISTANT TRAINING PROGRAM UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL CONTINUE TO OPERATE DURING THE APPROVAL PROCESS.

Amendment #14. On page 12, lines 28-31, remove language:

[(F) AN APPROVED ACUTE CARE NURSING ASSISTANT TRAINING PROGRAM MAY REQUEST A WAIVER OF THE FEDERAL REQUIREMENT UNDER 42 C.F.R. § 483.152 (c)(5) THAT INSTRUCTORS HAVE A MINIMUM OF 1 YEAR OF EXPERIENCE IN THE PROVISION OF LONG-TERM CARE FACILITY SERVICES.]

Amendment #15. On page 13, line 21, replace language:

...AND BE IT FURTHER ENACTED, That, on or before [**October 1**] **JUNE 1, [2024] 2025**...

Amendment #16. On page 13, lines 27-28, replace language:

...AND BE IT FURTHER ENACTED, That, this Act shall take effect [**June 1**] **OCTOBER 1, [2024] 2025**...

For the reasons discussed above, the Maryland Board of Nursing respectfully submits this letter of support with amendments for SB 999.

I hope this information is useful. For more information, please contact Ms. Mitzi Fishman, Director of Legislative Affairs, at mitzi.fishman@maryland.gov or Ms. Rhonda Scott, Executive Director, at rhonda.scott2@maryland.gov, or call (410) 585 – 2049.

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.

2024 SB999 Opposition or Amend.pdf

Uploaded by: Deborah Brocato

Position: UNF



Opposition Statement SB999
Certified Nursing Assistants – Licensing Requirements
and Administrative Updates
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Strongly Oppose SB999

On behalf of our 200,000 followers across the state, we respectfully yet strongly object to SB999. Maryland Right to Life requests an amendment to exclude abortion purposes being used for this bill or unfavorable report.

As written, SB999 diminishes professional standards of patient care expanding the scope of practice of certified nursing assistants and loosening restrictions for delegating tasks to other unlicensed individuals. In addition, the bill interferes with the ability of the Board of Nursing to independently operate and make decisions regarding the practice of its members. To maintain high standards for medical practice, the Board of Nursing needs to retain its independence. Without specific language excluding the application of this bill to abortion, a registered nurse or licensed practical nurse could delegate the dispensing of abortion drugs to certified nursing assistants and other “unlicensed individual[s],” putting more pregnant women and girls at risk for injury and death. The delegation of duties to staff with further reduced qualifications lowers the standard of care even further. This bill must be considered in the legislative context of other bills that have expanded scope of practice and loosened licensing requirements of many healthcare professionals.

The Abortion Care Access Act of 2022 removed the physician requirement for abortion services thereby removing a level of safety for women and girls. The abortion industry is being allowed to operate at a much lower standard of care than other areas of healthcare, effectively turning abortion into assembly line delivery. The women and girls of Maryland deserve better than an “anyone and everyone” approach to their care. While Maryland Right to Life opposes all abortion, women and girls seeking abortion should be able to expect precautions to lower the risk of adverse events. (see NIH article)

Put patients before profits. The abortion industry is asking the state to authorize them to put profits over patients. Maryland Right to Life opposes introduction or passage of any bill dealing with the “scope of practice” of any health care professional which doesn’t include language excluding abortion. Scope or independence of practice typically describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.

We take this position because it has long been the strategy of the pro-abortion movement to use a broad definition of that “scope” as a means to increasing the number of lower healthcare professionals licensed to provide abortion services. Expanding the number of people who can provide abortion will increase the number of unborn children being killed and will put more women at risk of substandard medical care, injury and death.



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 abortion industry's solution is three-fold: (1) authorize lower-skilled workers and non-physicians to perform abortion, and (2) authorize abortionists to remotely prescribe abortion pills across state lines.

D-I-Y Abortions: While the Supreme Court imposed legal abortion on the states in their 1973 decisions *Roe v. Wade* and *Doe v. Bolton*, the promise was that abortion would be safe, legal and rare. But in 2016, the Court's decision in *Whole Woman's Health v. Hellerstedt* prioritized "mere access" to abortion facilities and abortion industry profitability over women's health and safety.

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 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%. Now, with TELABORTION, pregnant women and girls are further exposed to the predatory practices of the abortion industry.

The women and girls of Maryland deserve better than lowered medical standards of care. Maryland Right to Life urges an amendment to exclude abortion purposes from this bill. **Without it, we ask for an unfavorable report for SB999.**

NIH Abortion Pill Adverse Events.pdf

Uploaded by: Deborah Brocato

Position: UNF

PubMed National Institute of Health

National Library of Medicine, National Center for Biotechnology information

<https://pubmed.ncbi.nlm.nih.gov/33939340/>

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Deaths and Severe Adverse Events after the use of Mifepristone as an Abortifacient from September 2000 to February 2019

Kathi Aultman 1, Christina A Cirucci, Donna J Harrison 2, Benjamin D Beran 3, Michael D Lockwood 4, Sigmund Seiler 5

Affiliations expand

PMID: 33939340

Abstract

Objectives: Primary: Analyze the Adverse Events (AEs) reported to the Food and Drug Administration (FDA) after use of mifepristone as an abortifacient. Secondary: Analyze maternal intent after ongoing pregnancy and investigate hemorrhage after mifepristone alone.

Methods: Adverse Event Reports (AERs) for mifepristone used as an abortifacient, submitted to the FDA from September 2000 to February 2019, were analyzed using the National Cancer Institute's Common Terminology Criteria for Adverse Events (CTCAEv3).

Results: The FDA provided 6158 pages of AERs. Duplicates, non-US, or AERs previously published (Gary, 2006) were excluded. Of the remaining, there were 3197 unique, US-only AERs of which there were 537 (16.80%) with insufficient information to determine clinical severity, leaving 2660 (83.20%) Codable US AERs. (Figure 1). Of these, 20 were Deaths, 529 were Life-threatening, 1957 were Severe, 151 were Moderate, and 3 were Mild.

The deaths included: 9 (45.00%) sepsis, 4 (20.00%) drug toxicity/overdose, 1 (5.00%) ruptured ectopic pregnancy, 1 (5.00%) hemorrhage, 3 (15.00%) possible homicides, 1 (5.00%) suicide, 1 (5.00%) unknown. (Table 1).

Retained products of conception and hemorrhage caused most morbidity. There were 75 ectopic pregnancies, including 26 ruptured ectopics (includes one death).

There were 2243 surgeries including 2146 (95.68%) D&Cs of which only 853 (39.75%) were performed by abortion providers.

Of 452 patients with ongoing pregnancies, 102 (22.57%) chose to keep their baby, 148 (32.74%) had terminations, 1 (0.22%) miscarried, and 201 (44.47%) had unknown outcomes.

Hemorrhage occurred more often in those who took mifepristone and misoprostol (51.44%) than in those who took mifepristone alone (22.41%).

Conclusions: Significant morbidity and mortality have occurred following the use of mifepristone as an abortifacient. A pre-abortion ultrasound should be required to rule out ectopic pregnancy and confirm gestational age. The FDA AER system is inadequate and significantly underestimates the adverse events from mifepristone.

A mandatory registry of ongoing pregnancies is essential considering the number of ongoing pregnancies especially considering the known teratogenicity of misoprostol.

The decision to prevent the FDA from enforcing REMS during the COVID-19 pandemic needs to be reversed and REMS must be strengthened.

Keywords: Abortifacient; Abortion Pill; Adverse Event Reports; Adverse Events; DIY Abortion; Drug Safety; Emergency Medicine; FAERS; FDA; Medical Abortion; Medical Abortion Complications; Mifeprex; Mifepristone; Misoprostol; No touch abortion; Post-marketing Surveillance; REMS; RU-486; Risk Evaluation Mitigation Strategy; Self-Administered Abortion.

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Mifepristone Adverse Events Identified by Planned Parenthood in 2009 and 2010 Compared to Those in the FDA Adverse Event Reporting System and Those Obtained Through the Freedom of Information Act.

Cirucci CA, Aultman KA, Harrison DJ. *Health Serv Res Manag Epidemiol.* 2021 Dec 21;8:23333928211068919. doi: 10.1177/23333928211068919. eCollection 2021 Jan-Dec. PMID: 34993274 Free PMC article.

Analysis of severe adverse events related to the use of mifepristone as an abortifacient.

Gary MM, Harrison DJ. *Ann Pharmacother.* 2006 Feb;40(2):191-7. doi: 10.1345/aph.1G481. Epub 2005 Dec 27. PMID: 16380436