The agenda for this meeting was filed with the Office of the Lieutenant Governor as required by Section 92-7(b), Hawaii Revised Statutes (“HRS”).

Date: Thursday, May 4, 2017

Time: 8:30 a.m.

Place: Queen Liliuokalani Conference Room
King Kalakaua Building
335 Merchant Street, 1st Floor
Honolulu, Hawaii 96813

Members Present: Glenda Tali, PhD, RN, APRN, Vice Chair
Katharyn Daub, MS, RN, EdD
Jomel Dululao, Public Member
Thomas Joslyn, MS, CRNA
Olivia Kim, LPN
Judy Kodama, MS, RN, MBA, CNML.
Tammie, Napoleon, DNP, APRN

Members Excused: Loraine Fleming, DNP, APRN, Chair
Iris Okawa, Public Member

Staff Present: Lee Ann Teshima, Executive Officer (“EO”)
Shari Wong, Deputy Attorney General (“DAG”)

Guests: Dean Yamamoto, Dept. of Public Safety, Narcotics Enforcement Division
Joanna Smith, Student, UH Hilo
Laura Reichhardt, Director, Hawaii State Center for Nursing
Daryl Hokoana, Hawaii Nurses Association
Joyce Miyashiro, RICO Investigator
Douglas Palmer, RICO Investigator
Bertram Apo, RICO Investigator

Call to Order: The Vice Chair called the meeting to order at 8:35 a.m. at which time quorum was established. The Chair and Ms. Okawa was excused from today’s meeting.

Vice Chair’s Report: Announcements/Introductions

The Vice Chair asked the audience to introduce themselves.
Approval of the Previous Minutes – April 6, 2017

The Vice Chair called for a motion in regards to the minutes of the April 6, 2017 meeting.

There being no corrections, upon a motion by Mr. Joslyn, seconded by Ms. Daub, it was voted on and unanimously carried to approve the minutes of the April 6, 2017 meeting as circulated.

Executive Officer’s Conferences/Seminars/Meetings

Board of Nursing Investigator Training, April 25-27, 2017, Chicago, Illinois
The EO asked Ms. Miyashiro and Mr. Palmer to provide a brief report on their attendance at the NCSBN Investigator Training held in October 2016 and last month.

Ms. Palmer reported that he attended the investigator training in October 2016 and the topics of discussion included: basic nursing practices; nomenclature on nursing requirements; burden of proof; case management, and interviewing techniques. He stated that he found the investigator training very helpful and thanked the Board for the opportunity.

Ms. Miyashiro who attended the training last month stated that the training sessions were the same as reported by Mr. Palmer and that she too found it very helpful.

2017 NCSBN Discipline Case Management Conference, June 12-14, 2017, Pittsburgh, Pennsylvania
The EO reported the DAG and Ms. Napoleon will be attending.

The EO reported that the Chair, Ms. Kodama, Mr. Joslyn, Ms. Napoleon, Ms. Kodama and Ms. Kim will be attending, provided she can get funding.

The EO reported Ms. Daub will be attending.

2017 Legislature

The EO reported on the status of the following bills:

SB 984, HD1, CD1 Relating to Workers’ Compensation Physician
This bill amends the definition of “Physician” to include APRNs under HRS Chapter 386, Worker’s Compensation, there were concerns from the medical
community about including APRNs under the definition of “physicians” so not sure if Dept. of Labor and Industrial Relations will be amending further next year to use a more generic term but the CD1 amended effective date to “upon approval”. This should be transmitted to the Governor’s office for his consideration/approval.

HB 912, HD2, SD1 Relating to Nursing
This bill includes APRNs who hold psychiatric specialization to offer care and services to minors and patients in assisted community treatment programs. This bill was transmitted to the Governor’s office for his consideration/approval on 4/26/17.

HB 1272, HD1, SD1 (or latest version) Relating to Improving Access to Psychiatric Care for Medicaid Patients
This bill specifies that coverage for telehealth under the State’s medicaid managed care and fee-for-service programs includes psychiatric services delivered via telehealth through a behavioral health care manager who is present in a primary health care provider’s office…but it doesn’t appear that this bill was passed out of conference committee hearing, last one held on 4/27/17?

SB 505, SD1, HD2, CD1 Relating to Health
This bill requires prescribing healthcare providers to adopt and maintain policies for informed consent to opioid therapy in circumstances that carry elevated risk of dependency. Establishes limits for concurrent opioid and benzodiazepine prescriptions. Clarifies Board of Nursing authority to enforce compliance with Uniform Controlled Substances Act. The Conference Committee made the following amendments:
(1) Making the required adoption of written policies that include execution of informed consent process agreements effective July 1, 2018;
(2) Requiring the Department of Health to post its template of an opioid therapy informed consent process agreement on the Department’s website no later than December 31, 2017;
(3) Deleting language that would have specified items that must be included in the template for the opioid therapy informed consent process agreement;
(4) Inserting language to make violations of the mandatory opioid therapy informed consent process not subject to the penalty provisions of part IV of chapter 329, Hawaii Revised Statutes;
(5) Inserting language to clarify that the limits on prescriptions for opioids and benzodiazepines apply to concurrent prescriptions for the two types of drugs;
(6) Adding cancer to the list of conditions for which a concurrent prescription for opioids and benzodiazepines for longer than seven days is authorized when medically necessary for treatment;
(7) Decreasing the frequency with which a practitioner who prescribes an initial concurrent prescription for opioids and benzodiazepines must consult with the
patient in person after authorizing subsequent prescriptions through a telephone consultation;
(8) Changing the effective date to July 1, 2017, and inserting a sunset date of June 30, 2023; and
(9) Making technical, nonsubstantive amendments for the purposes of clarity and consistency.
This should be transmitted to the Governor’s office for his consideration/approval.

Amendments to Title 16, Chapter 89 – Status Report of Amendments Approved at March 14, 2017 Meeting.

The EO reported that she received comments from the Legislative Reference Bureau and that it was sent back to ASO to make the changes.

Amendments to Title 16, Chapter 89 include, but is not limited to the following:
- Placing a limit (3) as to how many times a candidate may sit for the NCLEX before being required to take a remedial course;
- Allows the Board to require all nurse applicants to obtain an additional background check, including a self-query report from the National Practitioner Data Bank;
- Includes failure to report oneself or the director of nursing, nursing supervisor, peer or colleague, any disciplinary action, termination or resignation of a nurse before conclusion of any disciplinary proceeding as “unprofessional conduct”;
- Amends APRN “recognition” to APRN “license”; and
- Allows the Board to conduct a random audit of the renewal of APRNs with prescriptive authority compliance with the continuing education requirement.

Continuing Competency Program (“CCP”)

“Continuing Competency Guidance and Information Booklet for Nurses, Employers and Facilities” – Report on Dissemination
The EO reported that on April 18, 2017, the booklet was mailed out to Department of Health licensed facilities.

Commission for Case Manager Certification?
The Board discussed the following email:

My name is Agnes Mayfield, RN, currently hold an active case manager certified (CCM) certification. The Commission of Case Manager Certification (CCMC) is not listed on your competency and guidance and information booklet for nurses/employers/facilities. In order to maintain my CCM, I'm required to have 120 CEs to
renew my CCM certification. CCMC is accredited by the National Commission for Certifying Agencies.

Can you tell me if CCM is an accepted nurse specialty certification by Hawaii State Board of Nursing.

The Board determined that in some instances, although the national certification may not qualify for an exemption to the continuing competency requirements due to the certifying agency (currently certification programs that are accredited by the AANPCB, ABSNC, ANCC, ICE, NCCA, or NCSBN are certifications programs acceptable to the Board), the continuing education taken to maintain that national certification may be acceptable if the provider of the continuing education is from a Board approved provider as listed in the "booklet" listed on the Board's web page at cca.hawaii.gov/pvl/boards/nursing.

The Board also recommended that Ms. Mayfield check if her national certifying program is accredited by the AANPCB, ABSNC, ANCC, ICE, NCCA, or NCSBN. If it is, then her national certification may qualify her for an exemption to the continuing competency requirement. But if her national certifying program is NOT accredited by the AANPCB, ABSNC, ANCC, ICE, NCCA, or NCSBN, the continuing education courses she takes to maintain her national certification may qualify if the provider of the continuing education courses is from a Board recognized national certifying body or organization listed in the continuing competency "booklet".

Request from Susie Lee, HSCFN Advisory Member to Evaluate and Include Her WCC Under the List of Approved National Certifications for RNs
The Board reviewed the following email inquiry from Ms. Susie Lee:

I am advisory board member of the Hawaii State Center for Nursing, a RN in Hawaii for the last forty years, and nationally certified for almost twenty years. I recently reviewed the BON information on continued competency for re-licensure in 2019 and noticed that my wound care certification, WCC from the National Alliance of Wound Care and Ostomy, NAWCO is not one of the acceptable national certifications. There are over 21, 494 WCC nurses in the United States and we have taken courses and a passed a certification examination the same as other national certification programs. I have already written to NAWCO and to Nancy Morgan, founder of the Wound Care Education Institute who offer educational sessions to prepare to take for a national certification examination. Their web site is www.wcei.net. The WCC certification is good for five years and one way to recertify is obtaining 60 CEU, see WCC recertification handbook attachment.
I request the Hawaii Board of Nursing to evaluate the National Alliance of Wound Care and Ostomy certification criteria and include it in the 2019 re-licensure as an approved national certification.

The Board determined that in some instances, although the national certification may not qualify for an exemption to the continuing competency requirements due to the certifying agency (currently certification programs that are accredited by the AANPCB, ABSNC, ANCC, ICE, NCCA, or NCSBN are certifications programs acceptable to the Board), the continuing education taken to maintain that national certification may be acceptable if the provider of the continuing education is from a Board approved provider as listed in the "booklet" listed on the Board’s web page at cca.hawaii.gov/pvl/boards/nursing.

Criminal Background Checks – Status on Implementation

The EO reported that nurse applicants who wish to be licensed on July 1, 2017 have begun getting fingerprinted and that all other applicants are being notified of the fingerprinting requirement for the criminal background check.

GEPN Student Nurse License – Status on Proposed Amendments

The EO reported that she needs to discuss with the DAG if the laws have to be amended in order to amend the temporary permit section(s) in the administrative rules.

2017 Nursing Renewals

Status
The EO reported that as of May 1, 2017:
- 535/1555 APRNs;
- 517/2984 LPNs; and
- 7590/27662 RNs have renewed their license online.

Prescriptive Authority CE question
The board discussed the following inquiry:

Do graduate level nursing classes count for CE’s when renewing?

The Board determined that assuming the inquirer is asking about the CE requirement to renew his/her prescriptive authority, if yes, then based on the following sections it appears that graduated level nursing courses would be acceptable provided the APRN also met the pharmacology course requirements:
§16-89-123 Prescriptive authority renewal for APRN. (a) Prescriptive authority for each APRN shall expire on June 30 of every odd-numbered year and shall be renewed biennially. APRN seeking renewal of prescriptive authority shall also satisfy the renewal requirements for APRN recognition pursuant to section 1689-87 and submit the [appropriate application, fees, and documents on or before the application deadline determined by the board. In each odd-numbered year, the board shall make available an application for renewal of prescriptive authority before the deadline set forth by the board to every person to whom prescriptive authority was issued or renewed during the biennium. Failure to receive a notice of renewal shall not be a valid reason for APRN non-renewal. Each APRN with prescriptive authority shall be responsible for ensuring timely renewal of his or her own nursing license, APRN recognition, and APRN prescriptive authority. In addition to satisfying the renewal requirements of an APRN in section 16-89-87, the APRN seeking renewal of prescriptive authority shall also submit or complete the following:

(1) Evidence of current certification in the nursing practice specialty by a board-recognized national certifying body; and

(2) Documentation of successful completion, during the prior biennium, of thirty contact hours of appropriate continuing education as determined by the board in the practice specialty area, eight contact hours of which shall be in pharmacology, including pharmacotherapeutics, related to the APRN's clinical practice specialty area, approved by board-recognized national certifying bodies, the American Nurses Association, the American Medical Association, or accredited colleges or universities. Documentation of successful completion of continuing education required for recertification by a recognized national certifying body, earned within the current renewal biennium, may be accepted in lieu of the thirty hours of continuing education required for renewal.

(b) Failure, neglect, or refusal to renew the prescriptive authority by a recognized APRN on or before June 30 of each odd-numbered year shall result in automatic forfeiture of prescriptive authority. Failure of the APRN to renew prescriptive authority shall cause the APRN prescriptive authority to forfeit on the day after the expiration date. The APRN shall not prescribe until prescriptive authority has been restored. Renewal application deadlines shall be as established by the board. Prescriptive authority may be restored within six months from the date of forfeiture, provided the restoration application is in compliance with subsection (a), and is submitted with an additional payment of a restoration fee. Failure to restore within the time frame provided shall constitute an automatic termination of the prescriptive authority. Thereafter, to be eligible for prescriptive authority, the applicant shall meet the requirements of section 16-89-119.
(c) Any APRN subject to this chapter who fails to renew his or her prescriptive authority and continues to practice as an APRN with prescriptive authority shall be considered an illegal practitioner and shall be subject to penalties provided for by law.

The following units of measurement shall be used in calculating continuing education hours. Should the units of measurement change, the board shall note the change in its minutes until such time that its rules can be amended:

1. 1 contact hour = 60 minutes of instruction
2. 1 contact hour = 60 minutes of clinical or laboratory practice in an informal offering or a minimum of fifty minutes of actual organized instruction
3. 1 continuing education unit (CEU) = 10 contact hours of instruction
4. 1 continuing medical education unit (CME) = 1 contact hour of instruction
5. Academic credit will be converted to contact hours as follows:
   A. One quarter academic credit equals 12.5 contact hours
   B. One semester academic credit equals 15 contact hours
6. Contact hour equivalencies shall be as follows:
   A. 1 continuing education unit = 10 contact hours
   B. 1 continuing medical education credit = 60 minutes
   C. 1 American Medical Association credit = 60 minutes

Correspondence

RN Performing Micro-needling
The Board reviewed the following inquiry:

Hello, I am Sherry Endresen, RN. I recently applied to a tattoo expo on Maui. I was told that I need to have a Tattoo License to provide micro-needling services at this event. I work in a cosmetic practice under the direction of a physician. It is my understanding that I am covered under my RN license in Hawaii for Micro-needling. Could you clarify this issue for me. If I am covered by my RN license, should not the Department of Health be OK with this? Thanks in advance for your prompt attention to this matter.

The Board determined that micro-needling or tattooing is not a basic nursing task and referred the inquirer to the Scope of Practice Decision-Making Framework to determine a nurse’s scope of practice.

The Board also would like to clarify that this is not considered a task for which a nurse license is required and that any individual may have to meet other requirements (license esthetician and/or licensed tattoo artist) in order to perform this activity.
NCSBN Uniform Licensure Requirements – Question Pertaining to Substance Abuse

The Board reviewed the following information from NCSBN:

In 2011, the Delegate Assembly adopted a new set of Uniform Licensure Requirements (ULRs) that many boards adopted into their statute and/or rules. Subsequently, some boards may have modified their licensure applications to include questions that aligned with the new ULRs. All of the ULRs were thoroughly reviewed at that time by our legal counsel. However, since 2011, there have been further interpretations of the Americans with Disabilities Act (“ADA”) by the United States Department of Justice. These interpretations affect the ULR related to substance use:

Self disclosure of any substance use disorder in the last 5 years, as well as application questions based on it.

The board will take the information under advisement.

Touch Therapies Part of Nurse Practice Act?

The Board reviewed the following inquiry:

I am a registered nurse (also an alum of UH Manoa and KCC) working on my doctoral dissertation at the Louisiana State University Health Science Center, School of Nursing. My focus is on the use of Healing Touch/Therapeutic Touch as a registered nurse. I have read an article written in 2001 listing Hawaii as one of the states that did not include touch therapies in its nurse practice act. I am wondering if this remains true?

Thank you for your time,
Randy Rosamond

The Board determined that although the nurse practice act does not specifically include “touch therapies” it doesn’t prohibit it.

The Board has adopted the NCSBN Scope of Practice Decision-Making Framework to determine a nurse’s scope of practice that is available on the Board’s web page under Important Announcements at: cca.hawaii.gov/pvl/boards/nursing.

Clinical Aromatherapy for Health Professionals

The Board discussed a survey about aromatherapy within the scope of practice for nurses.

It was the consensus of the Board that the nurse practice act does not specifically include aromatherapy but it also does not prohibit it.
The survey also asked what is the most important step needed to advance clinical aromatherapy.

The Board determined that to amend the nurse practice act, there should be clear and convincing evidence that nurses should perform this activity and patient outcomes/benefits.

**Hawaii State Center for Nursing:** Ms. Reichhardt stated they have received about 5,000 responses to the survey as of this past Monday. Gloria Shishido who ran the Center’s nurse residency program has retired. Sheri Kishaba-Leaman has joined the Center to do the work that Ms. Shishido was doing. The Center is also recruiting for the researcher position.

**Applications:** The Board moved into Executive Session.

**Executive Session:** At 10:22 a.m. upon a motion by Mr. Joslyn, seconded by Ms. Kodama, it was voted on and unanimously carried to move into Executive Session in accordance with HRS, 92-5(a) (1) and (4), “To consider and evaluate personal information relating to individuals applying for nurse licensure;” and “To consult with the board’s attorney on questions and issues pertaining to the board’s powers, duties, privileges, immunities, and liabilities”.

At 10:30 a.m. upon a motion by Ms. Daub, seconded by Mr. Joslyn, it was voted on and unanimously carried to move out of executive session.

**Chapter 91, HRS Adjudicatory Matters:** The Vice Chair called for a recess from the meeting at 10:30 a.m., to discuss and deliberate on the following adjudicatory matters pursuant to Chapter 91, HRS:

In the Matter of the License to Practice Nursing of Marzie Valdez, RNS 2010-25-L – Board’s Final Order, Hearing’s Officer’s Findings of Fact, Conclusions of Law and Recommended Order Granting Petitioner’s Motion for Summary Judgment; Exhibits “A” through “C”, Transmittal from RICO that includes: Respondent’s Pocket Card, April 8, 2017 Letter from Respondent, Undated Letter from Respondent Regarding Courses and Copy of Money Order for $500

The Vice Chair recused herself and left the room.

Upon a motion by Mr. Joslyn, seconded by Ms. Napoleon, it was voted on an unanimously carried to inform the respondent through her attorney that the Board will not accept the late submission of the courses that were due on December 9, 2016, thirty (30) days from her attorney’s receipt of the Board’s Final Order. The Board received respondent’s April 8, 2017 letter from the Regulated Industries Complaints Office on April 19, 2017.
The Vice Chair returned to the meeting.

In the Matter of the License to Practice Nursing of John E. Sulecki, RNS 2015-74-L, Board’s Final Order, Amended Findings of Fact, Conclusions of Law, and Recommended Order, Fax Transmittal from Kōʻolauloa Health Center that includes Monitor’s Agreement signed by Monitor

The Board received Mr. Sulecki’s signed Monitor’s Agreement.

In the Matter of the License to Practice Nursing of Thomas Martin, RNS 2012-9-L, Monitor’s Report for January – March 2017

Upon a motion by Mr. Joslyn, seconded by Mr. Duldulao, it was voted on and unanimously carried to approve the Monitor’s Report for January – March 2017.

Following the Board’s review, deliberation, and decisions in these matters, pursuant to Chapter 91, HRS, the Vice Chair announced that the Board was reconvening its scheduled meeting at 10:37 a.m.

Applications:

Licensed Practical Nurses

Ratification List
Upon a motion by the Vice Chair, seconded by Mr. Joslyn, it was voted on and unanimously carried to ratify the attached list of LPNs – 18852 to 18864.

Ratification List
Upon a motion by the Vice Chair, seconded by Mr. Joslyn, it was voted on and unanimously carried to ratify the attached list of RNs – 86240 to 86441.

RN Applicants
Upon a motion by Mr. Joslyn, seconded by Ms. Kodama, it was voted on and unanimously carried to approve the following applications:

Maribelle Ortiz
Marcia Robinson (approval subject to verification of education)
Amy Harris

Advanced Practice Registered Nurse (APRN)

Ratification List
Upon a motion by Mr. Joslyn, seconded by Ms. Napoleon, it was voted on and unanimously carried to ratify the attached list of APRNs and APRN-Rx.
Licenses with Conditions: Upon a motion by Mr. Joslyn, seconded by Ms. Daub, it was voted on and unanimously carried to accept the information submitted for the following individuals:

Kellen Smith
Julia Doherty

Next Meeting: The Vice Chair announced the next scheduled Board meeting as follows.

Thursday, June 1, 2017
8:30 a.m.
Queen Liliuokalani Conference Room
King Kalakaua Building, 1st Floor
335 Merchant Street
Honolulu, Hawaii 96813

Adjournment: There being no further business to discuss, the meeting was adjourned at 10:42 a.m.

Taken and approved by:

/s/ Lee Ann Teshima____________________________
Lee Ann Teshima,
Executive Officer

LAT/lk

5/29/17

[ X ] Minutes approved as is.
[ ] Minutes approved with changes; see minutes of ________________________________.
ADVANCED PRACTICE REGISTERED NURSES
RATIFICATION LIST

May 4, 2017

APRN ONLY

Current Requirements:
Miriam Lundy, Adult Psychiatric & Mental Health NP
Chester Witczak, CRNA
Mary P. Freeman, Family NP
Elizabeth P. Ulcak, CRNA
Ian Lynch, CRNA
Joseph M. Foss, Family NP
Courtney M. Henegar, Family NP
Karen Roth, Family NP
Laurette Rivers, Pediatric NP
Meilee Fields, Family NP
Evelyn Cason, Acute Care NP
Perry Lewis, Acute Care NP
Tahereh Sazegar, Family NP

APRN W/ PRESCRIPTIVE AUTHORITY
Dara Pagudua, Family NP
Jami Davis-Jackson, Adult Psychiatric & Mental Health CNS
Miriam Lundy, Adult Psychiatric & Mental Health NP
Mary P. Freeman, Family NP
Bryana Gamido, Adult NP
Joseph M. Foss, Family NP
Courtney M. Henegar, Family NP
Karen Roth, Family NP
Laurette Rivers, Pediatric NP
Meilee Fields, Family NP
Evelyn Cason, Acute Care NP
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