

BOARD OF NURSING
Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

MINUTES OF MEETING

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, March 1, 2018

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., MS, APRN, Chair
Thomas Joslyn, MS, CRNA, Vice Chair
Karen Boyer, RN, MS, FNP
Jomel Duldulao, Public Member
Olivia Kim, LPN, RN, BSN
Judy Kodama, MS, RN, MBA, CNML.
Tammie, Napoleon, DNP, APRN

Members Excused: Katharyn Daub, MS, RN, EdD

Staff Present: Lee Ann Teshima, Executive Officer ("EO")
Shari Wong, Deputy Attorney General ("DAG")
Nohelani Jackson, Secretary

Guests: Laura Reichhardt, Executive Director, Hawaii State Center for Nursing
Representative Roy Takumi, Chair of the House Committee on Consumer
Protection and Commerce
Kristin Kranedonk, Office of Representative Roy Takumi
Le'a Minton, Midwives Alliance of Hawaii
Celia Suzuki, Licensing Administrator
Jo Ann Uchida, Deputy Director
Linda Beechinoor, ANA in Hawaii

Call to Order: The Chair called the meeting to order at 8:43 a.m. at which time quorum was established.

Ms. Daub was excused.

Chair's Report: **Announcements/Introductions**

The Chair had no announcements.

Approval of the Previous Minutes – February 1, 2018

The Chair called for a motion in regards to the minutes of the February 1, 2018 meeting.

There being no discussion or amendments, upon a motion by Ms. Boyer, seconded by Dr. Napoleon, it was voted on and unanimously carried to approve the minutes of the February 1, 2018 meeting as circulated.

Executive Session: At 8:45 a.m., upon a motion by the Vice Chair, seconded by Mr. Duldulao, 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 9:30 a.m. upon a motion by the Vice Chair, seconded by Ms. Boyer, it was voted on and unanimously carried to move out of executive session.

Chapter 91, HRS At 9:30 a.m. the Chair called for a recess to the meeting to discuss and
Adjudicatory Matters: deliberate on the following adjudicatory matter:

In the Matter of the License to Practice Nursing of **Tara S. Lionberger, R.N., RNS 2015-70-L**, Hearings Officer's Findings of Fact, Conclusions of Law, and Recommended Order; Errata dated February 21, 2018 and Board's Final Order

Upon a motion by Dr. Napoleon, seconded by Ms. Kodama, it was voted on and unanimously carried to approve the above-mentioned Board's Final Order.

In the Matter of the License to Practice Nursing of **Liana Kealohilani Martinez, fka L.A. Liana Beckwith, aka Lee Ann Mathis, aka Lee Ann Chopra, aka Lee Ann Novick, aka Lee Robinson Novick, aka Liane Novich Beckwith, aka Liana Kealohilani Van Wye, RNS 2009-20- L**, Notice of Entry of Judgment, Civil No. 17-1-0046-01 KKH dated February 13, 2018 and Order Vacating and Remanding State of Hawaii Board of Nursing's Final Order dated February 12, 2018.

Upon a motion by the Vice Chair, seconded by Dr. Napoleon, it was voted on and unanimously carried to issue a Board's Order In Accordance with Circuit Court Order Dated February 12, 2018 Remanding the Matter of the Fine to the Hearings Officer for a Recommendation as to an Appropriate Fine Amount With Respect to the Dismissal of an Alleged Violation.

Following the Board's review, deliberation, and decision in these matters, pursuant to Chapter 91, HRS, the Chair announced that the Board was reconvening its scheduled meeting at 9:45 a.m.

Applications:

Licensed Practical Nurses

Ratification List

Upon a motion by the Chair, seconded by Dr. Napoleon, it was voted on and unanimously carried to ratify the attached list of LPNs – 19089 – 19109 (20)

LPN Applicants

Upon a motion by the Vice Chair, seconded by Ms. Kodama, it was voted on and unanimously carried to defer the following application for insufficient documentation to substantiate meeting the education requirement to sit for the NCLEX-PN pursuant to HRS § 457-8(d) and HAR §16-89-48:

Jessica S. Katz

Upon a motion by the Vice Chair, seconded by Ms. Kodama, it was voted on and unanimously carried to approve the following LPN applicant by exam:

Jennifer Mixon

Registered Nurses

Ratification List

Upon a motion by the Chair, seconded by Dr. Napoleon, it was voted on and unanimously carried to ratify the attached list of RNs – 88430 – 88855 (425)

RN Applicants

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

Essie M. Trotman – Okay to sit for exam
Nanci Ingram
Karline Pierre-Louis
Kelly Anne Maurer

Upon a motion by the Vice Chair, seconded by Ms. Kodama, it was voted on and unanimously carried to deny the following application pursuant to HRS §§ 457-12(a)(6), 436B-19(12) and HAR §§ 16-89-59 and 16-89-60(7)(B) and (E):

Josh Harter

Upon a motion by Ms. Boyer, seconded by Ms. Kodama, it was voted on and unanimously carried to issue a license with conditions, to the following individual:

Daniel R. Greathouse

Conditions:

1. Shall inform any and all current and future employers, where working as a nurse, director (s) of nursing and immediate supervisors, of the conditional license and have the employer(s) and nurse supervisor/DON sign the letter acknowledging the terms of the conditional license and return to this office within ten (10) days;
2. That while working as a nurse, the direct supervisor, who shall be a nurse, shall agree to submit quarterly reports to the Board pertaining to licensee's conduct as it relates to the practice of nursing;
3. That the licensee shall provide written notice and documentation within thirty (30) days to the Board of any judgement, award, disciplinary sanctions, order, or other determination, which adjudges or findings that the licensee is civilly, criminally or otherwise liable for any personal injury, property damage or loss caused by the licensee's conduct in the practice of nursing; and
4. That the licensee understands that failure to comply with any of the conditions may result in disciplinary action against his Hawaii RN license.

Request for Reconsideration

Upon a motion by the Vice Chair, seconded by Ms. Kodama, it was voted on and unanimously carried to deny the request for reconsideration by the following applicant:

Tamiko Robinson

Advanced Practice Registered Nurse (APRN)

Ratification List

Upon a motion by the Chair, seconded by Dr. Napoleon, it was voted on and unanimously carried to ratify the attached list of APRNs and APRN-Rx.

Vice Chair's Report: No report.

Executive Officer's
Report:

Conferences/Seminars/Meetings

The EO reported on the following conferences:

2018 NCSBN Midyear Meeting, March 5-6, 2018, Chicago, Illinois
The Chair, Mr. Duldulao and Ms. Kodama will be attending.

2018 NCSBN APRN Roundtable, April 10, 2018, Rosemont, Illinois
Ms. Napoleon attending.

2018 NCSBN IT/Operations Conference, May 15-16, 2018, Albuquerque, New Mexico
The DAG will check if she can attend.

2018 NCSBN Discipline Case Management Conference, June 7-8, 2018, Denver, Colorado
Mr. Nakamura, RICO Staff Attorney will be attending.

2018 NCSBN Annual Meeting, August 15-17, Minneapolis, Minnesota
The Vice Chair and Ms. Kim will be attending. Ms. Boyer said she may not be able to attend because she is already attending the mid-year meeting. The EO said she would check with Ms. Daub but if anyone was interested in attending to let her know.

2018 NCSBN NCLEX Conference, September 24, 2018, Charlotte, North Carolina
Ms. Boyer will be attending.

2018 NCSBN Scientific Symposium, October 24, 2018, Chicago, Illinois
EO attending.

2018 Legislature

HB 2184, HD1/SB 2294 – Relating to the Licensure of Midwives - Establishes the criteria for licensure of midwives by the Department of Commerce and Consumer Affairs. Provides for interim rules for continuing education requirements, standards of professional conduct, prescriptive authority, and penalties for violations. Appropriates funds. (HB2184 HD1)

SB 2294 - Establishes the criteria for licensure of midwives by the Department of Commerce and Consumer Affairs. Provides for interim rules for continuing education requirements, standards of professional conduct, prescriptive authority, and penalties for violations. Appropriates funds.

The EO announced that the Board will be discussing the midwife bill first as there are people in the audience present for the discussion. She invited Ms. Minton to the table to address the Board.

Ms. Minton stated that with HB 2184 they are currently looking on licensing midwives who are not currently licensed in Hawaii. The issue first began in 1998 when the Department of Health decided to no longer have the responsibility of licensing Midwives under their jurisdiction forcing Midwives to find another department where they could function at. Ms. Minton stated that in order to be able to practice she holds an APRN license and is certified as a Midwife. In 2014, there were two tragic cases that led physicians to introduce a measure to legislation, however, that bill aimed to make home birth illegal. That bill caused a lot of backlash, so since then, the focus of the bills has been aimed towards licensure of Midwives and not necessarily the practice of home birth.

Ms. Minton went on to explain that Certified professional midwives are the experts at out of hospital births both in birth centers and at home births. She noted that in Hawaii we do have a birth center statue that is about 36 years outdated, therefore we don't have any birth centers in Hawaii. She stated if midwives can get these current bills passed, then birth centers will be another area they will try to revamp. The current struggle is that there is no statue that says midwives are not allowed to practice without a license and no statue that says they can be licensed. Therefore, there is no regulation on midwifery.

Ms. Minton shared that initially the bill sought to create a Midwife program under the DCCA, however, the DCCA testimony stated that financially creating a Midwife program would cost a quarter of a million dollars a year with 4 full time staff for 20 licensees renewed every 3 years.

In the State of Hawaii, we have zero certified midwives and 17 Certified Professional Midwives with students. In order to address the financial issue, the Group of Midwives proposed the licensure of Midwives fall under the Board of Nursing. Ms. Minton explained that the way the bill is written is to mimic the Nurse Practice Act.

Mr. Thomas asked for further clarification of the designations of midwives.

Ms. Minton explained that Midwives have always been a separate profession, however, to get by legally they have snuck under the umbrella of Nursing. She further clarified their classifications:

Certified Nurse Midwife- Nursing degree with Midwifery training.

Certified Midwife ("CM")- Graduate degree in Midwifery but no undergraduate degree in Nursing.

Mr. Thomas followed up by asking who sets the standards for Midwifery?

Ms. Minton explained the American College of Midwives is the professional organization that sets the standards for both Certified Midwives and CMs. The American Midwifery Certification Board administers the National Certified Exam. Both Certified Nurse Midwives and CMs take the same exam nationally and the same course curriculum for their masters. She clarified that in 2020, all education for anyone who call themselves a midwife must go through an educated program.

Mr. Thomas asked if she could go over the bill they are introducing.

Ms. Minton explained that the bill was initially written as a program under the DCCA, however, the cost to have a program with 20 people, as demonstrated through their testimony, is not financially survivable, therefore, they needed to find another home. Hence, the Board of Nursing seemed the most reasonable because she felt 1) we already license midwives (APRN nurses) 2) CMs would mimic how we license a Certified Midwife RN. For the ones licensed as APRNs, they are not asking for prescriptive authority but rather a formulary of specific medication.

Mr. Thomas asked if the cases that went bad in 2014 were performed by a Certified Professional Midwife?

Ms. Minton explained that ultimately it comes down to the fact that midwives are not regulated. Therefore, we have individuals calling themselves midwives, however, they lack training and education. Essentially, there is a lack of understanding and consumer education of the profession of midwifery.

Mr. Thomas asked if Ms. Minton knows of any States that has Midwives under the Board of Nursing.

In Maryland and Minnesota, Midwives are housed under the Board of Nursing. Historically, Midwives have been under the Board of Medicine or dealt by the Department of Health. Some states have a separate Advisory Committee within the Board and States like Oregon have a separate Program of Midwifery.

The Chair asked what the financial burden would be.

Ms. Minton deferred the question to DCCA.

Ms. Suzuki asked to address the Board in response to the cost of initiating regulation of a new profession.

Ms. Suzuki stated that currently the Board of Nursing is totally overworked with the added fingerprint requirement and the inundation of Nursing applications that are received every month. Therefore, as the Legislation adds more and more Boards and Programs to the division, DCCA has to ask for more positions to keep up with the demands of providing excellent customer service. Hence the reason, DCCA, asked for language in the bill to create more positions. Another issue is enforcement, the Regulated Industries Complaints Office (“RICO”) is also understaffed. RICO not only regulates the Nursing profession, but, 50 other professions.

Representative Takumi asked to speak more about the matter. He stated that the concern that Ms. Suzuki raised at the Hearing was that DCCA stated they would need four full time staff at \$257,000 and annual fees would be \$225,000 for less than two dozen practitioners clearly proves it is unsustainable.

Representative Takumi did acknowledge the need for some type of regulation for all Midwives, however, the dilemma is determining what that exactly looks like. Thus far, the reaction received from the Board of Nursing has been very lukewarm because they feel Midwives are not Nurses. Another issue is the numbers, in other States, Midwives can be placed in Programs due to the fact that they are generally funded, whereas DCCA is funded by fees. Representative Takumi expressed that at this time the House felt there needs to be more discussion on the matter. Representative Takumi shared his concern that although he feels there is a health and safety issue, some people believe that the mother’s decision to choose to have their baby at home with an unlicensed midwife with their willing consent is purely a woman’s right. However, Representative Takumi was curious to know if in fact expectant mothers know what type of experience midwives have and realize there is no regulation on them. Ultimately, we need to have more discussions about our options that will benefit both parties.

The Chair thanked everyone for coming.

The EO resumed reporting on the following bills:

HB 1967, HD2 & SB 2298, SD1 Relating to Healthcare Preceptor Tax Credits – HB 1967, HD2 – Allows advanced practice registered nurses, physicians, dentists, psychologists, pharmacists, and social workers to receive tax credits for acting as preceptors in volunteer-based supervised clinical training rotations provided to eligible students that enable the students to obtain an eligible healthcare professional degree or certificate. Establishes the Preceptor Credit Assurance Committee to issue certificates to volunteer preceptors upon verifying that the volunteer preceptors meet the requirements of the tax credit. (HB1967 HD2)

SB 2298, SD1 - Allows advanced practice registered nurses and physicians to receive income tax credits for acting as preceptors in volunteer-based supervised clinical training rotations provided to eligible students that enable the students to obtain an eligible healthcare professional degree or certificate. (SD1)

The EO deferred to Ms. Reichhardt.

Ms. Reichhardt stated that HB 1967 experienced a number of amendments in its first half of session. The Center of Nursing learned that the preceptor shortage is not only at the provider level of APRNs, but essentially affects every health professional pathway in our State. This bill was amended to include Physical Therapist and Social Work. This bill became very wide and included seven (7) or more professions. As of today, the bill is dead, it was not scheduled by the Finance Committee. However, Ms. Reichhardt stated that they learned that there is a great demand and great interest for innovation and revision in their preceptor bill.

Ms. Reichhardt went on to explain that the Senate Bill took a different approach and instead of including the six professions that were initially included in the bill (APRN, Medicine, Pharmacy, Psychology, Dental Hygiene and Social Work), it was limited to primary care only, therefore, including only Medicine (APRN, Dos, MD) and Pharmacy. In addition, the Committee ensured the preceptor tax credit was for in-state programs only and the students were Hawaii Residents.

The EO asked the Board if they were still in support of these measures.

It was the consensus of the Board to support these measures.

HB 1906, HD1 & SB 2491, SD1 Relating to Health Care Workers – HB 1906, HD1 – Makes intentionally or knowingly causing bodily injury to a health care worker a Class C felony. (HB1906 HD1)

SB 2491, SD1 – Makes intentionally or knowingly causing bodily injury to certain health care workers a class C felony. (SD1)

The EO reported that HB 1906, HD1 is scheduled to be heard this afternoon and that she submitted testimony for the Board to support this bill.

HB 2375, HD1 & SB 2802, Relating to Temporary Disability Insurance – HB 2375, HD1 –Permits advanced practice registered nurses to certify an employee's disability. Increases the penalty an employer is assessed for failing to submit timely wage and employment information. Permits filing of an appeal of a decision related to temporary disability insurance at the various offices of the Department of Labor and Industrial Relations throughout the State. Allows the department to send notices of hearing electronically or by first-class mail.

Clarifies that when the notice of hearing cannot be delivered to a party in the appeal, the notice may be given by online posting on the department's webpage. Allows the parties to a hearing to appear in person, via telephone, or by other communication devices. (HB2375 HD1)

The EO reported that HB 2375 was passed out of the FIN Committee and should cross over to the Senate. She reported that SB 2802 was not scheduled for hearing.

HB 2347, HD1 & SB 2774, HD1, Relating to Insurance - HB 2347, HD1 - Amends various portions of the Hawaii Insurance Code by adopting NAIC model language for corporate governance annual disclosures, establishing a procedure for changes in trade name or an assumed name, and clarifying reimbursement to health insurance providers. Clarifies requirements for reporting and recordkeeping for vehicle protection product warrantors and service contract providers. Makes various housekeeping amendments. (HB2347 HD1)

SB 2774, HD1 - Amends various portions of the Hawaii Insurance Code under Hawaii Revised Statutes title 24 to update and improve existing Insurance Code provisions.

The EO reported that she has submitted testimony for the Board supporting the sections of the bill as it pertains to the reimbursement of APRNs practicing within their scope of practice.

SB 2275, Relating to Mandatory Reporting Requirements - Requires certain health care professionals, health care employees, social workers, and law enforcement employees or officers to report suspected cases of labor trafficking or sex trafficking.

The EO reported that this bill was deferred and is no longer moving forward.

SB 2211, SD1, Relating to Concussions - Further expands the concussion educational program established under Act 197, Session Laws of Hawaii 2012, and expanded under Act 262, Session Laws of Hawaii 2016, to include athletic events beginning from grade three. Appropriates funds for the continuation of the concussion educational program. (SD1)

The EO reported that this bill was re-referred to WAM on 2/28/18.

SB 2727, Relating to Health - Establishes a medical aid in dying act that establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease may obtain a prescription for medication to be self-administered to end the patient's life.

The EO reported that was not scheduled for hearing.

HB 2218, Relating to Voluntary Assisted Dying - Establishes the right of certain terminally ill adults to request and access the process of voluntary assisted dying through self-administration or physician administration of a voluntary assisted dying substance. Effective 7/1/2019.

The EO reported that this bill was not scheduled for hearing.

HB 2739, HD1, Relating to Health - Establishes a regulated process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription. (HB2739 HD1)

The EO reported that Representative Takumi stated earlier, this bill was amended, among other things, to remove APRNs and require counseling.

SB 2407, SD1, Relating to Medical Cannabis - Allows the use of medical cannabis to treat opioid addiction, substance abuse, and withdrawal symptoms resulting from the treatment of those conditions.

The EO stated that she is tracking this bill.

HB 2729, HD2, SB 2718, SD1, Relating to Cannabis for Medical Use – HB 2729, HD2 – Amends the reciprocity program and adds a visiting patient certifying fee. Extends expiration of a written certification to 3 years for chronic conditions. Permits retesting of a failed batch of medical cannabis or products. Permits dispensary licensees to distribute devices that provide safe pulmonary administration. Increases the maximum allowable tetrahydro cannabinol limit for multi-pack cannabis products and single containers of oil. (HB2729 HD2)

The EO stated that she is tracking this bill.

SB 2718, SD1, Allows a bona fide physician-patient or advanced practice registered nurse-patient relationship to be established via telehealth. Adds certain devices that provide safe pulmonary administration to the list of medical cannabis products that may be manufactured and distributed. Increases the tetrahydrocannabinol limit per pack or container of certain manufactured cannabis products up to the existing statutory dispensing limits. (SD1)

The EO stated that she is tracking this bill.

HB 2184, HD1/SB 2294, Relating to the Licensure of Midwives - Establishes the criteria for licensure of midwives by the Department of Commerce and Consumer Affairs. Provides for interim rules for continuing education requirements, standards of professional conduct, prescriptive authority, and penalties for violations. Appropriates funds. (HB2184 HD1)

SB 2294 - Establishes the criteria for licensure of midwives by the Department of Commerce and Consumer Affairs. Provides for interim rules for continuing education requirements, standards of professional conduct, prescriptive authority, and penalties for violations. Appropriates funds.

The EO stated that if Midwives did come under the Board of Nursing, the Board would have a few options on what they could do. For instance, the Board could create an Advisory Committee separate from the Board.

The Chair asked why don't Midwives get licensed via the Nurse route?

Ms. Boyer stated that she believes midwives have no interest in performing "nurse duties" they just want to birth babies. Also, there are higher educational cost associated with nurses.

The members commented that from all their backgrounds in nursing curricula, none of them had taken a single course in midwifery for licensure as a nurse. In fact, typical nursing programs do not include any courses on midwifery. Thus, the Board believes it would be unreasonable and inappropriate to require the Board, to regulate non-nurse practitioners.

Amendments to Title 16, Chapter 89 – Status Report

The EO reported that she is working on her memo to the Governor to hold a public hearing and also working with Licensing Branch to ensure a streamline process for the additional NPDB requirement and working on updating the applications.

Nursys – Status Report

The EO reported that she was recently informed that the IT people anticipate a test extract in April so she will report at the May meeting.

Continuing Competency

The EO reported that she is still working on the booklet and wanted clarification on "contact hour" vs. "continuing education unit"

The Board reviewed HAR §§ 16-89-2 and 16-89-132(d) that defines "contact hour" and "continuing education unit".

The EO stated that one contact hour is equivalent to 1 hour and that the completion certificate would clarify if a continuing education unit for 1 hour is equivalent to 10 hours, but basically it is one hour to one hour.

After careful consideration, it was the informal interpretation of the Board that one contact hour is equivalent to one hour and that one continuing education unit may be equivalent to ten contact hours if indicated on the completion certificate.

In accordance with HAR § 16-201-90, the above interpretation is for informational and explanatory purposes only and based solely on the information provided. It is not an official opinion or decision and therefore not binding on the Board.

The EO stated that she would include this clarification in the CC booklet.

Correspondence:

NCSBN

The following legislative updates were disseminated to the Board members for their information:

Legislative Updates

- 2/2/18
- ENACTED BILLS
- APRNs
- IL S 1322 includes a provision to allow APRNs to have written collaborative agreements with podiatrists.
- Opioid Epidemic
- AZ S 1001a limits the prescription of opioids. The bill also adds dispensing a schedule II controlled substance that is an opioid to the definition of unprofessional conduct, but allows an exemption for certain professions for use in medication-assisted treatment.
- INTRODUCED BILLS
- Compacts
- NY S 7579 adopts the enhanced Nurse Licensure Compact and the Interstate Medical Licensure Compact.
- SC H 4799 adopts the Physical Therapy Licensure Compact.
- Opioid Epidemic & Substance Use Disorders
- MD S 478 authorizes certain health care providers to delegate the dispensing of naloxone to an RN in a hospital emergency department.
- PA H 2047 includes naltrexone and other drugs used in medication-assisted treatment for substance use disorders in the definition of “controlled substance.”
- TN H 2510 and S 2095 authorize a CNP or PA with a federal DEA waiver to prescribe buprenorphine under certain circumstances.

- UT H 260 grants the Division of Occupational and Professional Licensing the authority to identify and provide training to overprescribers of opioids.
- VT H 723 imposes restrictions on the prescribing of opioids. The bill also allows for a private cause of action to be taken by an individual injured as a result of opioid dependency or addiction against a practitioner who failed to comply with prescribing restrictions.
- WA S 6150 makes changes to various statutes to promote opioid interventions and treatment, including requirements for prescribers and use of the prescription monitoring program.
- WI A 907 requires prescribers of controlled substances, including APRNs, to complete continuing education on the prescribing of controlled substances for licensure renewal. The bill also allows waivers for physicians, PAs, and APRNs from obtaining DEA registration to dispense narcotics for addiction treatment.
- Boards & Licensure
- AZ SCR 1037 prohibits the enactment or enforcement of any law or rule to regulate an occupation unless it is clearly necessary for public health and safety.
- IL S 2439 removes the requirement that the Department of Professional Regulation deny a license to any individual who has defaulted on an educational loan or scholarship.
- KS H 2589 moves the regulation of CNMs to the Board of Nursing and makes various changes to licensure requirements and the nurse-midwives advisory council.
- TN H 2283 and S 2087 requires the Executive Office of the Board of Nursing to report on nursing workforce needs and any changes to educational training that could meet those needs.
- UT H 37 authorizes the Division of Occupational and Professional Licensing to share licensee information with certain entities.
- UT H 280 requires certain state agencies, including the one housing the BON, to analyze each occupational license administered to ensure the least restrictive form of regulation is being used.
- Other Professions
- IA H 2169 provides for the licensure of midwives by the Board of Midwifery.
- MD S 544 provides for the registration and licensure of advanced practice dental hygienists.
- MO H 2355 prohibits a hospital, health care facility, or program from discriminating against a physician based on their maintenance of certification.
- TN H 2288 and S 2154 change the title of “veterinary technician” to “veterinary nurse.”

- TN H 2257 and S 2350 add misrepresenting to a patient the charges for services to grounds for discipline for physicians.
- TN H 2122 and S 1926 establishes a license and standards for “new healthcare practitioners,” to be regulated by the Board of Medical Examiners.
- TN H 2354 and S 2376 require the comptroller of the treasury to study the costs imposed on physicians by maintenance of certification requirements, the effects on healthcare services, and any benefits to consumers.
- Telehealth
- KY H 12 and S 112 revise standards and definitions for the delivery of telehealth by Medicaid providers.
- PA S 780 makes changes to requirements and definitions relating to the provision of telehealth.
- TN H 2091 and S 2032 require the commissioner of health to study and report of recommendations for legislation relating to telehealth.
- Other Notable Bills
- CO S 115 prohibits practitioners, including CNPs, from making referrals to health services with which they or a family member have a financial relationship.
- NJ S 1089 amends medical marijuana provisions to loosen restrictions for medical use by qualifying patients and change provisions relating to use by minors, dosages, and alternative treatment centers.
- SC H 4805 requires school nurses to be licensed as RNs.
- TN H 2564 and S 2620 establish a pilot program for military medical personnel to perform certain delegated acts of medicine under the supervision of a physician or podiatrist.
- VA H 915 authorizes military medical personnel to practice under the supervision of a physician, podiatrist, or designated RN.
- VT H 803 makes changes to medical marijuana provisions, including dosage and allowing the Medical Practice Board to weigh in on the addition of qualifying medical conditions.
- WV S 434 makes changes to documents that are subject to discovery for proceedings involving health care providers.
- 2/9/18
- ENACTED BILLS
- Board of Nursing
- SD H 1020 removes Board of Nursing authority over the licensure and regulation of medical assistants. They will now be regulated by the Board of Medicine.
- BILLS SENT TO THE GOVERNOR
- Peace Officers

- UT H 43 makes changes to the ability of a peace officer to obtain a blood test for law enforcement purposes. The bill also clarifies the health care professionals who are authorized to draw blood for a peace officer.
- Substance Abuse
- OH H 145 requires the state medical board to establish a confidential program for the treatment of impaired medical practitioners. The bill establishes requirements for the program and monitoring of practitioners and makes changes to disciplinary actions and investigations.
- INTRODUCED BILLS
- Compacts
- IA H 2296 and OK H 3336 adopt the Physical Therapy Licensure Compact.
- MO H 2398 and SD H 1319 adopt the Interstate Compact for the Temporary Licensure of Professionals.
- Licensure
- KY S 134 creates the Certified Professional Midwives Advisory Council under the Board of Nursing. The bill requires the board to promulgate rules related to regulation, practice standards, and requirements for professional midwives and allows the board to require a criminal background check.
- MD H 897 establishes requirements for licensure and practice standards for advanced practice dental hygienists.
- NJ A 2442 establishes reciprocity requirements for nurse aides and personal care assistants, including allowing reciprocity based on work experience.
- OK H 2518 requires individuals applying for a multistate license from the Board of Nursing to submit a criminal background check.
- OK S 1482 provides for the regulation and licensure of midwives.
- OK S 1353 establishes licensure requirements for “assistant physicians” to be regulated by the Board of Medical Licensure and Supervision.
- TN S 2306 allows a medical hardship exemption from the requirement that certain licensed professionals, including healthcare professionals, have their licenses revoked if in default on a student loan payment.
- APRNs
- GA S 399 establishes standards for the licensure of APRNs as independent practitioners, including requirements for certification, licensure, and education.
- IA SSB 3168 amends the health care loan repayment program to include APRNs, DNPs, and PAs who practice full-time in certain areas or teach full-time as nurse educators in the state.
- MD H 863 and S 698 make changes to CRNA scope of practice by authorizing them to order drugs and medication.

- OK H 3091 authorizes the Board of Nursing to grant prescribing and ordering authority to CNPs, CNMs, and CNSs and removes the requirement for a supervising physician.
- OK S 1127 prohibits a financial arrangement in which a physician accepts payment in exchange for supervising an APRN's prescriptive authority.
- Opioid Epidemic & Substance Abuse
- HI H 2384 establishes requirements for practitioners and prescriptions related to detoxification or maintenance treatments.
- IA S 2198 makes changes to the prescription monitoring program by expanding requirements related to information collection and reporting and making certain penalties applicable to dispensing practitioners.
- MD S 1007 requires the prescription monitoring program to disclose certain data to the Attorney General and to notify law enforcement of possible misuse or abuse of opioids by a prescriber or dispenser.
- OK S 1446 makes changes to requirements for the prescription of opioids and authorizes the Bureau of Narcotics to notify licensing boards of potentially unsafe prescribing by practitioners.
- Other Notable Bills
- MD H 1096 establishes the Mental Health Veteran Employment Pilot Program under the Board of Physicians and two other boards to allow veteran mental health specialists to perform delegated acts under the supervision of a mental health professional.
- NJ A 1830 authorizes the emergency administration of an opioid antidote by a school nurse or trained employee.
- RI S 2227 requires specific nurse-to-patient ratios for all patient units in hospitals and surgery centers.
- UT S 147 establishes a process to provide funding for educational programs to meet the projected demand for individuals attempting to enter the nursing workforce.

- 2/16/18
- BILLS SENT TO THE GOVERNOR
- Criminal Background Checks
- UT H 37 authorizes the Division of Occupational and Professional Licensing to share licensee information with certain entities. The bill also modifies criminal background check requirements and disciplinary actions for other health care professions.
- INTRODUCED BILLS
- Compacts
- KS S 153 adopts the Interstate Medical Licensure Compact.
- RI H 7610 adopts the Psychology Interjurisdictional Compact.
- WI S 804 adopts the Physical Therapy Licensure Compact.

- WV H 4547 adopts the EMS Compact.
- Boards & Licensing
- CA A 2483 establishes the Office of Supervision of Occupational Boards within the Department of Consumer Affairs to review and either approve or reject rules, policies, and enforcement actions of certain boards.
- KS S 421 requires all licensing boards to list the criminal records that would disqualify an applicant from receiving a license and makes revisions to the criminal convictions that would automatically bar an applicant.
- WV H 4481 requires mandatory reporting by licensees of incompetent individuals licensed by another boards, including both the Board of Nursing and the Board of Medicine.
- WY H 157 clarifies provisions related to sexual assault by a health care provider and authorizes the Board of Nursing to take disciplinary action against a nurse for sexual misconduct.
- APRNs
- AL H 429 grants CNPs and CNMs signature authority similar to that of a physician.
- CA A 2682 authorizes CNMs to practice without physician supervision and defines the situations in which a CNM must consult or refer care to a physician or surgeon.
- CA A 2143 adds physician assistants and CNPs who specialize in mental health services to the list of practitioners eligible for certain grants under the Licensed Mental Health Service Provider Education Program.
- GA S 434 changes the Georgia Board for Physician Workforce to the Georgia Board of Health Care Workforce. The bill adds a member to represent the Georgia Nursing Leadership Coalition and expands the workforce focus to include APRNs in the state.
- IL H 5156 and S 3116 authorize APRNs to have collaborative agreements with podiatric physicians.
- Prescribing
- IL S 2268 requires practitioners to discuss the risks of opioid abuse with their patients prior to issuing certain prescriptions.
- MD S 1083 requires the prescription monitoring program to review data and report possible misuse of abuse to the prescriber or dispenser. The bill also requires the program to notify law enforcement if a violation of the law has occurred.
- WY H 99 specifies that a practitioner may prescribe any drug approved by the FDA.
- WY S 83 requires the Board of Pharmacy to enroll practitioners authorized to dispense certain controlled substances in the prescription tracking program and requires dispensers to file information with the Board regarding certain prescriptions.
- Other Notable Bills

- CA A 2215 states the Legislature's intent to enact legislation requiring the Veterinary Medical Board to establish guidelines for the use of cannabis on animal patients.
- IL H 4936 requires the Department of Human Services to adopt rules to allow an individual with certain military psychiatric training to be recognized as a mental health professional.
- NH H 1273 suspends state licensure requirements for physicians and physician assistants employed by the VA.
- OH H 501 changes the title of veterinary technician to "veterinary nurse."
- RI H 7571, RI H 7572, and WI A 936 prohibit maintenance of certification from being included as a requirement for physician licensure.

The Board noted that in the 2/2/18 legislative update, a bill was introduced in Iowa that provides for the licensure of midwives by the Board of Midwifery.

Scope of Practice

Any restrictions that prevent a nurse from actively participating as a member of the direct care team for a family member?

The Chair asked Ms. Kim to lead the discussion on an inquiry from Grace E. Haake, asking if there are any restrictions under the nurse practice act that prevents a nurse from actively participating as a member of the direct care team for a member of their family.

Ms. Kim stated that although there may be ethical concerns, the current nurse practice act does not prohibit this.

The Board agreed.

Can NPs perform EMGs?

The Chair asked Ms. Kodama to lead the discussion on the following inquiry from Kesley Harvey:

"I work for a pain management clinic on the Big Island. I'm trying to find out if Nurse Practitioners can perform EMGs on patients.

I have called an array of boards and organizations trying to get a definitive answer to this question to no avail."

Ms. Kodama stated that an EMG stands for electromyography.

The EO asked what this is used for.

Ms. Kodama said it measures the muscle response or electrical activity.

The EO stated that if this is a “diagnostic” procedure then APRNs may perform or order this procedure pursuant to HAR §16-89-81(c)(1) that states:

(c) The scope of practice for each of the four areas of clinical practice specialties shall be in accordance with nationally recognized standards of practice which are consistent with the following:

(1) Nurse practitioner scope of practice, depending on area of specialty, may include, but is not limited to:

- (A) Evaluate the physical and psychosocial health status of patients through a comprehensive health history and physical examination, or mental status examination, using skills of observation, inspection, palpation, percussion, and auscultation, and using diagnostic instruments or procedures that are basic to the clinical evaluation of physical, developmental, and psychological signs and symptoms;
- (B) Order, interpret, or perform diagnostic, screening, and therapeutic examinations, tests and procedures.

The Board agreed.

Are APRNs required to provide a current or former patient with their treatment/medical records upon request?

The Chair asked Dr. Napoleon to lead the discussion on the following email inquiry:

“Are there any requirements for an APRN to provide a current or former patient with their treatment/medical records upon request? Please advise.”

Dr. Napoleon stated that this is a HIPAA (Health Insurance Portability and Accountability Act) issue and that the inquirer should check with the U. S. Department of Health & Human Services.

The Board agreed.

Survey Results of State and Provincial Nursing Boards in the U.S. and Canada on the Practice of Clinical Aromatherapy

The Board members were provided the result of a survey that they participated in regarding use of essential oils in nursing practice.

Hawaii State
Center for Nursing:

Mr. Reichhardt had previously reported on the preceptor tax legislation and did not have anything else to report at this time.

ANA in Hawaii:

Ms. Beechinoor reported that the ANA in Hawaii continues their efforts to recruit members.

Next Meeting:

Thursday, April 5, 2018
8:30 a.m.
Queen Liliuokalani Conference Room
King Kalakaua Building, 1st Floor
335 Merchant Street
Honolulu, Hawaii 96813

The Chair announced the next scheduled Board meeting and asked if everyone was available to attend.

Everyone acknowledged they could attend.

Adjournment:

There being no further business to discuss, the meeting was adjourned at 11:47 p.m.

Taken by:

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

LAT/nj

2/9/18

[] Minutes approved as is.

[X] Minutes approved with changes; see minutes of 4/5/18.