

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, January 9, 2020

Time: 8:30 a.m.

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

Members Present: Thomas Joslyn, MS, CRNA, Chair
Katharyn Daub, MNEd, EdD, RN
Karen Boyer, RN, MN, FNP
Jomel Duldulao, Public Member
Judy Kodama, MSN, MBA, RN, CNML
Tammie Napoleon, DNP, APRN, PPCNP-BC
Carrie Oliveira, Public Member,
Amy Stone Murai, APRN

Members Excused: Olivia Kim, BSN, BS, RN, LPN, NHA, Vice Chair

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

Guests: Katherine Finn Davis, UH Manoa SONDH
Sarah Pirani, UH Manoa SONDH
Halaevalu Vakalahi, Hawaii Pacific University
Samantha Trad, Compassion and Choices
John Paul Moses III, President of Hawaiian Association of Professional Nurses "HAPN"
Linda Beechinor, Hawaii-American Nurse Association "Hawaii-ANA"
Laura Reichhardt, Hawaii State Center for Nursing "HSCN"
Greg Edwards, Depart of Health, Food and Sanitation Branch

Call to Order: Ms. Oliveira, acting as the Chair Pro Tem, called the meeting to order at 8:32 a.m. at which time quorum was established.

Announcement/Introductions

She asked the audience to introduce themselves.

The Chair arrived.

Approval of the Previous Minutes – December 5, 2019 Meeting

The Chair called for a motion in regard to the minutes of the December 5, 2019 meeting.

Upon a motion by Ms. Oliveira, seconded by Ms. Stone Murai, it was voted on and unanimously carried to approve the minutes as circulated.

Chapter 91, HRS
Adjudicatory Matters:

At 8:35 a.m., the Chair called for a recess of the meeting to discuss and deliberate on the following adjudicatory matter:

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**, Hearing Officer's Recommended Order Regarding Board's April 9, 2018 Order, and Board's Final Order Regarding April 9, 2018 Partial Remand to Hearings Officer

Upon a motion by the Chair, seconded by Ms. Daub, it was voted on and unanimously carried to approve the Board's Final Order.

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 8:38 a.m.

Executive Session

At 8:38 a.m., upon a motion by Ms. Stone Murai, seconded by Ms. Daub, 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 9:14 a.m. upon a motion by Ms. Oliveira, seconded by Ms. Stone Murai, it was voted on and unanimously carried to move out of executive session.

Applications

Licensed Practical Nurses

Ratification List of New Licensees

Upon a motion by the Chair, seconded by Dr. Napoleon, it was voted on and unanimously carried to approve the ratification list for LPN licenses issued 19770 - 19801

Request to Remove Conditions

Upon a motion by Ms. Oliveira, seconded by Dr. Napoleon, it was voted on and unanimously carried to approve the request to remove the conditions on her license:

Jessica Sims

Registered Nurses

Ratification List of New Licensees

Upon a motion by the Chair, seconded by Ms. Kodama, it was voted on and unanimously carried to approve the ratification list for RN licenses issued 96029 - 96473

RN Applicants

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

Yves J. Virgile
Nerifuse J. Gasant
Marci D. Taylor
Karl L. Felderman-Carter
Stacy L. Thompson
Jerline Jean
Denise C. Fleck
Carol A. Piazza

Upon a motion by Ms. Oliveira, seconded by Ms. Kodama, it was voted on and unanimously carried to approve the following applications subject to the condition that they take and pass the NCLEX-RN again since they have not practiced nursing in another state for over 5 years:

Melissa S. Caskey
Marion A. Patel

Upon a motion by Ms. Oliveira, seconded by Ms. Kodama, it was voted on and unanimously carried to approve the following applicant who holds a current license in another state but practiced nursing outside the U.S.:

Sarah Pirani

Request for Reconsideration

Upon a motion by Ms. Oliveira, seconded by Ms. Kodama, it was voted on and unanimously carried to grant the reconsideration of the application with the additional information submitted for the following applicant:

Pauline Steckel

Upon a motion by Ms. Oliveira, seconded by Dr. Napoleon, it was voted on and unanimously carried to approve the application for the following individual to sit for the NCLEX-RN and upon passing, agreed to issue a license with condition(s):

Pauline Steckel

Reinstatement

Upon a motion by Ms. Oliveira, seconded by Dr. Napoleon, it was voted on and unanimously carried to accept the recommendation for monitoring by Dr. Kristopher Bjornson and Mary Ann Luntz of Pu'ulu Lapa'au but request that quarterly reports be submitted to the Board for the following individual:

Nanette H. Guira

Advanced Practice Registered Nurses (APRN)

Ratification List of New Licenses

Upon a motion by the Chair, seconded by Dr. Napoleon, it was voted on and unanimously carried to approve the ratification list.

APRN Applicants

Upon a motion by Ms. Oliveira, seconded by Ms. Stone Murai, it was voted on and unanimously carried to approve the following application based on her current national certification:

Sarah Pirani

Executive Officer's
Report:

Conferences/Seminars/Meetings

2020 NCSBN Midyear Meeting, March 3 – 5, 2020, Boston, MA – Ms. Stone Murai and Ms. Kodama volunteered to attend.

2020 NCSBN APRN Roundtable, April 7, 2020, Rosemont, IL – Dr. Napoleon volunteered to attend.

2020 NCSBN IT/Operations Conference, May 12-13, 2020, Cleveland, OH

2020 NCSBN Discipline Case Management Conference, June 1-3, 2020, Greenville, SC

2020 NCSBN Annual Meeting, August 12-14, 2020, Chicago, IL – The EO stated that the Vice Chair should attend. Ms. Boyer also volunteered to attend.

2020 NCSBN NCLEX Conference, September 14, 2020, Alexandria, VA –

2020 NCSBN Scientific Symposium, October 5, 2020, Chicago, IL – Ms. Oliveira volunteered to attend.

2020 NCSBN Future of Research Forum, October 6 – 7, 2020, Chicago, IL – Ms. Oliveira volunteered to attend.

2020 NCSBN Basic Board of Nursing Investigator Training, October 20-22, 2020, Rosemont, IL

2019 Renewal – Status Report

Continuing Competency Audit – Status

The EO reported on the following:

As of 1/8/2020: APRNs 51 total, 7 no submission, 1 returned (43 submissions)
LPNs 82 total, 18 no submissions, 2 returned (62 submissions)
RNs 1,090 total, 199 no submission, 28 returned, 5 late (863 submissions)

The EO asked the Board if they wanted her to send out another letter to those that were “returned”.

After some discussion, it was the consensus of the Board to send a second notice to those nurses that the first notice was returned and to provide 30 days to respond. The Board determined that this would only apply to this past biennium as it was the first time requiring continuing competency and that sufficient notice has been provided and, in the future, no further second notice will be provided.

The EO asked if the Board would accept the “late” submittals, received/post marked after 12/31/2019. Again, the Board agreed to accept the late submittals but that this would only apply to this past biennium as it was the first time requiring continuing competency and that sufficient notice has been provided and, in the future, no late submittals would be accepted.

The EO asked the Board if they wanted her to send a “reminder” to those who did NOT respond. The Board agreed to have the EO send a second notice or reminder with a deadline of 30 days to respond. The Board determined that this would only apply to this past biennium as it was the first time requiring continuing competency and that sufficient notice has been provided and, in the future, no further second notice or reminder will be provided.

Criminal History Background Check

The EO reported that the Licensing Branch has been busy with renewals and anticipates an update around February or March.

2020 Legislation

APRNs Performing Aspiration Abortions

The EO stated that she has not yet seen a draft of the bill regarding Aspiration Abortions. However, she stated that once the Legislative session begins and bills are introduced, she will forward the bills to the members for discussion at the February 6, 2020 meeting.

Nurse Licensure Compact

Institute for Justice: “At What Cost” – A copy of the article was distributed to the members for their information.

NCSL: “The Evolving State of Occupational Licensing” – A copy of the article was distributed to the members for their information.

Medical Aid in Dying – Adding APRNs

Ms. Samantha Trad, Executive Director for Compassion and Choices addressed the Board:

Ms. Trad introduced herself and stated that she is a part of the organization that helped pass the Our Care Our Choice Act which took over 20 years to get passed in Hawaii. She stated that in 2017, APRNs were included in the legislation. She stated that the Our Care Our Choice act did authorize medical aid and dying for terminally ill patients who have less than 6 months or less to live. She explained that in order to qualify you must be an adult, resident of Hawaii, mentally capable, and able to self-ingest the medication. Ms. Trad went on to explain that the Act is based on Oregon’s law which has been around for over 20 years. Currently, 9 states and Washington DC have all authorized medical aid and dying.

Ms. Trad explained that the Our Care Our Choice Act has put a restriction on APRNs being able to support patients in this option by way of defining the two providers who can support patients in this choice. She stated that it is very cumbersome to get through the entire process. Ms. Trad stated that you must have two different physicians acknowledge the criteria. There is also a mandatory mental health care assessment. In addition, there must be both a written request and two oral request which is separated by 20 days.

She stated that if the Board would like more info regarding the process, she can send additional fact sheets. Ms. Trad went on to state that since the act went into effect on January 1, 2019 the Department of Health data shows that 12 different physicians wrote 27 prescriptions. Of those 27 prescriptions, 19 patients died, and 15 patients used the medical aid and dying. She stated that these statistics is similar in what they see in all the authorized states that about 1/3 of the patients never use the medications instead they have it just in case. The Department of Health has made the recommendation to allow APRN'S to act as the attending provider. She stated that they are making a recommendation APRN'S act as both the attending and the consulting provider.

Ms. Trad stated that Compassionate Choices will be organizing and working to get through the Committee Hearings and signed into law because it has been very difficult for patients to access the law and find providers especially on the neighbor islands. She distributed a booklet with stories of individuals who actually used the law. She noted that the last story includes a patient from the Big Island who was unable to find a provider who could support him in the option of medical aid and dying. Ms. Trad opined that there are two big reasons for the patient's dilemma, the first being the physician shortage and secondly that this is something new for physicians and they are still learning how to adapt. She stated most physicians are trained to extend life at all costs and that end of life options can become very challenging.

Ms. Trad asked if there were any questions for her?

There were none.

The Board thanked Ms. Trad for coming to the meeting and sharing about the bill.

Working Solutions, December 2019

A copy of the December 2019 issue was distributed to the members for their information.

Correspondence

NCSBN

The Board reviewed the following information:

Legislative Updates

- 12/13/2019

To Governor

OH S 7

Summary:

Requires state occupational licensing agencies to issue temporary licenses or certificates to members of the military and spouses who are licensed in another jurisdiction and have moved to this state for military duty. Requires submission of criminal background check for those professions where required.

Introduced

OCCUPATIONAL LICENSING

NJ S 3099

Summary:

Establishes the Applied Behavior Analyst Licensing Act, provides for the licensure of applied behavior analysts.

OPIOID EPIDEMIC

NJ S 4266

Summary: Allows for involuntary commitment to treatment individuals who have been administered an opioid antidote.

CONTINUING EDUCATION

PA H 2110

Summary: Relates to Professions and Occupations State Licenses. Requires that each applicant for a license or certification from a health-related State board complete a continuing education requirement concerning implicit bias and cultural competency.

RN

PA H 2112

Summary: Requires applicants for licensure as a registered nurse, clinical nurse specialist, and certified registered nurse practitioner graduate from a board-approved program accredited by an accrediting agency approved by the United States Department of Education.

- 12/27/2019

Introduced

ANCILLARY PROFESSION

OH H 455

Summary: Regulates the practice of surgical assistants. This amended bill outlines the eligibility requirements for applicants as well as the specific activities surgical assistants are qualified to perform during surgical procedures.

Scope of Practice

RNs Inserting Arterial Lines (January 2017 Minutes)

The Board discussed a request to revisit/confirm Board's previous informal determination if an RN can insert arterial lines.

The Board reviewed their previous informal interpretation regarding arterial lines at their January 2017 minutes that reads as follows:

"The Board reviewed an email inquiry from George Smith asking if ADRN or BSN nurses have the ability to place chest tubes, arterial lines, central lines, surgical airways?"

The Board referred to the NCSBN Scope of Nursing Practice Decision-making Framework that was adopted at their December 2016 meeting and determined that performing such an activity was NOT consistent with evidence-based nursing and health care literature and therefore could NOT be performed by a Hawaii licensed nurse.

In accordance with Hawaii Administrative Rules section 16-201-90, the above interpretation is for informational and explanatory purposes only. It is not an official opinion or decision and is therefore, not binding on the Board."

The EO stated that according to Wikipedia, arterial lines are “typically” inserted by physicians Acute Care NPs, ICU physician assistants, anesthesiologist assistants, CRNAs and respiratory therapists.

The Board discussed how arterial lines are different from central lines, the most obvious difference is that the cannulation is of an artery instead of a vein.

Ms. Stone Murai wanted further clarification on the Board’s previous interpretation as it states that this procedure could NOT be performed by a “Hawaii licensed nurse” and wanted to clarify that this does not fall within the scope of practice of an LPN or RN but that an APRN could perform such a procedure if the APRN had received the appropriate education and training and was practicing within his/her practice specialty.

It was the consensus of the Board that insertion of arterial lines was NOT consistent with evidence-based nursing and health care literature and therefore could NOT be performed by a Hawaii licensed LPN or RN but may be performed by a Hawaii licensed APRN if the APRN had received the appropriate education and training and was practicing within his/her practice specialty.

Again, in accordance with Hawaii Administrative Rules section 16-201-90, the above interpretation is for informational and explanatory purposes only. It is not an official opinion or decision and is therefore, not binding on the Board.

CRNA’s Prescriptive Authority Questions

The Chair led the discussion on the following email inquiry:

“I have questions regarding the prescribing authority of certified registered nurse anesthetists in Hawaii. May a certified registered nurse anesthetist exercise prescriptive authority outside of the facility where they are providing anesthesia care? Are CRNAs that have prescriptive authority permitted to request, receive, and distribute professional samples?”

After some discussion, it was the consensus of the Board to respond as follows:

May a certified registered nurse anesthetist exercise prescriptive authority outside of the facility where they are providing anesthesia care?

In Hawaii, CRNAs are licensed APRNs. APRNs are considered independent practitioners. If the CRNA has prescriptive authority, he/she can prescribe drugs appropriate to their scope of practice specialty, regardless if practicing within or outside of a facility where they are providing anesthesia care.

Are CRNAs that have prescriptive authority permitted to request, receive, and distribute professional samples?

Pursuant to the following section, an CRNA with prescriptive authority may request, receive and dispense manufacturers’ prepackaged samples of OTC drugs and non-controlled substances to patients under their care.

§457-8.6 Prescriptive authority for advanced practice registered nurses. (a)

The board shall grant prescriptive authority to qualified advanced practice registered nurses and shall designate the requirements for advanced nursing practice related to

prescriptive authority. The board shall determine the exclusionary formulary for qualified advanced practice registered nurses who are granted prescriptive authority.

(b) The board shall establish requirements for advanced practice registered nurses' education, experience, and national certification pursuant to rules adopted in accordance with chapter 91.

(c) Advanced practice registered nurses shall be considered qualified if they have met the requirements of section 457-8.5(a), and have met the advanced pharmacology requirements for initial prescriptive authority pursuant to rules adopted by the board. Only qualified advanced practice nurses authorized to diagnose, prescribe, and institute therapy or referrals of patients to health care agencies, health care providers, and community resources and, only as appropriate, to the practice specialty in which the advanced practice nurse is qualified, may:

(1) Prescribe and administer over the counter drugs, legend drugs, and controlled substances pursuant to this chapter and to chapter 329 and request, receive, and dispense manufacturers' prepackaged samples of over the counter drugs and non-controlled legend drugs to patients under their care; provided that an advanced practice registered nurse shall not request, receive, or sign for professional controlled substance samples;

(2) Prescribe, order, and dispense medical devices and equipment; and

(3) Plan and initiate a therapeutic regimen that includes nutritional, diagnostic, and supportive services including home health care, hospice, and physical and occupational therapy.

CRNAs and NPs – Pain Management Services

The Chair led the discussion on the following email inquiry:

"I am working on my DNP project for the University of Iowa regarding APRN and CRNA practice and I have a couple questions I was hoping you would be able to answer for me.

1) Are CRNAs able to offer pain management services?

2) Are Nurse Practitioners able to offer pain management services?

3) If CRNAs or NPs can offer pain management services, are there any restrictions they must deal with, aka physician supervision, physician must be present for injections, fluoroscopy, or physician must prescribe medication dosaging?"

The Chair referred to HAR §16-89-81(c)(2)(k) that reads in part as follows:

§16-89-81 Practice specialties. (a) The four areas of advanced practice registered nurses recognized by the board from which the practice specialties are derived are:

- (1) Nurse practitioner ("NP");
- (2) Certified registered nurse anesthetist ("CRNA");
- (3) Certified nurse-midwife ("CNM"); and
- (4) Clinical nurse specialist ("CNS").

(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:

- (2) Certified registered nurse anesthetist scope of practice:
 - (A) Be responsible for performing and documenting total anesthesia care of patient including, but not limited to, pre-

- anesthetic preparation and evaluation, requesting consultations and diagnostic studies, obtaining informed consent for anesthesia, and selection and administration of anesthetic agents or other agents administered in the management of anesthetic care, anesthesia induction, maintenance, emergence, and post anesthesia care;
- (B) Develop and implement an anesthetic care plan;
 - (C) Select and initiate the planned anesthesia technique which may include: general, regional, and local anesthesia and sedation;
 - (D) Select, apply, or insert appropriate non-invasive and invasive monitoring modalities for collecting and interpreting patient physiological data;
 - (E) Support life functions during the peri-operative period;
 - (F) Select, obtain, and administer the anesthetics, adjuvant drugs, accessory drugs, and fluids, necessary to manage the anesthetic to maintain the patient's physiologic homeostasis, and to correct abnormal responses to the anesthesia or surgery;
 - (G) Recognize and be able to take appropriate action for untoward patient responses during anesthesia;
 - (H) Observe and manage the patient's emergence from anesthesia by selecting, obtaining, ordering, or administering medications, fluids, or ventilatory support in order to maintain homeostasis;
 - (I) Discharge patients from a post-anesthesia care area;
 - (J) Participate in the life support of the patient including, but not limited to, peri-anesthetic and clinical support functions;
 - (K) Implement acute and chronic pain management modalities; and
 - (L) Respond to emergency situations by providing airway management, administration of emergency fluids or drugs, or using basic or advanced cardiac life support techniques.

Ms. Stone Murai wanted to clarify that if the CRNA was prescribing drugs, he/she would have to have prescriptive authority.

After further discussion, it was the consensus of the Board to respond to the questions as follows:

- 1) Are CRNAs able to offer pain management services? Yes
- 2) Are Nurse Practitioners able to offer pain management services? Not prohibited.
- 3) If CRNAs or NPs can offer pain management services, are there any restrictions they must deal with, aka physician supervision, physician must be present for injections, fluoroscopy, or physician must prescribe medication dosaging? No.

Registered Nurse First Assistants – Advanced Practice?

The Board discussed the following email inquiry:

“Inquiring/confirming whether in Hawaii 1) RNFAs are not considered advanced practice in the state of Hawaii. 2) what are the RNFAs scope of practice & qualifications defined in Hawaii statutes?”

Based on the information provided, it was the consensus of the Board that an RN First Assistant would not qualify for an APRN license because it did not appear that a national certification as a nurse practitioner is issued nor a graduate-level degree in nursing required/obtained for an RN First Assistant and therefore would not be considered an APRN.

Hawaii State Center for
Nursing

Laura Reichhardt reported on the following:

- 1) She stated that they are convening conversations related to the Workforce Supply assessments in compact states and how the presence or the absence of the nurse license compact affects the availability and transparency of the nursing workforce within that state. The meeting will be held on January 14, 2020.
- 2) The Workforce Report is posted on the HSCN website.
- 3) The Annual Report has also been released. She stated that the addendum of the Annual Report included about 15 informational policy briefs that they wrote this year relating to nurse faculty, clinical placements, nurse practitioners, the cost of going back to school and the financial barriers.
- 4) She stated that she is the state representative of ANNP and they will be holding a Region 9 meeting on February 1, 2020.
- 5) In the last year, they have identified significant barriers for people trying to obtain their certified tests needed in order to enter licensed healthcare careers such as the NCLEX. Therefore, they will have a student do some research about the specific barriers through the National Rural Health Association.
- 6) She stated that 2020 is the year of the nurse and midwife and they will be celebrating and working on getting a proclamation.
- 7) She stated that HSCN did receive CE approval and have 4 activities planned for the month which is noted on the HSCN newsletter.

Hawaii- American Nurses
Association

Linda Beechinor reported on the following:

- 1) The Hawaii-ANA is gearing up for legislative session.
- 2) One of their mandates will be testifying on bills that advocate for vulnerable populations.
- 3) She stated that in order to become an approved provider, it cost a lot of money which has become their biggest barrier. Hawaii-ANA is looking at possibly applying for a grant.

Ms. Beechinor asked the Board their opinion on if they feel Hawaii-ANA becoming an approver could be seen as a public benefit.

Ms. Oliveira stated that Continued Education is a learning option to satisfy a licensing requirement. She stated that at the very least, you are looking at over 20,000 nurses that will be supported in maintaining their professional competency and also maintaining their eligibility to practice in the state by bringing that approver component of continued education into this state.

Hawaii Association of
Professional Nurses

J.P. Moses on the following:

- 1) HAPAN is doing their 2020 bylaws review. He stated that at the last meeting, he was asked if LPNs could be included as members of their organization and according to their bylaws it does include any professional nurse.

- 2) They are approaching some of the larger healthcare systems about informal approaches to dealing with practice impairment because they do not currently follow the National Council State Board of Nursing guidelines with respect to alternative discipline programs. Therefore, they are hoping to work within the organizations that employ nurses and see if they can be of any support.
- 3) They will be having a retreat in two weeks which they will be doing an APRN needs assessment. He stated if the Board had any topics that should be added to their retreat agenda to notify them by the 15th.

Public Forum

None.

Next Meeting:

February 6, 2020
8:30 a.m.
Queen Liliuokalani Conference Room
King Kalakaua Building, 1st Floor
335 Merchant Street
Honolulu, Hawaii 96813

Adjournment

With no further business to discuss, the Chair adjourned the meeting at 10:30 a.m.

Taken by:

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

LAT

1/20/20

[X] Minutes approved as is.

[] Minutes approved with changes; see minutes of _____