

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 4, 2021

Time: 9:00 a.m.

Place: Virtual: ZOOM link: <https://dcca-hawaii-gov.zoom.us/j/99470393434>
ZOOM Phone Number: (669) 900-6833
Meeting ID: 994 7039 3434

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

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

Staff Present: Lee Ann Teshima, Executive Officer (“EO”)
Chelsea Fukunaga, EO
James Skizewski, EO
Shari Wong, Deputy Attorney General (“DAG”)
Faith Nishimura, Secretary
Rochelle Araki, Secretary
LaJoy Lindsey, Secretary
Erin Emerson, Secretary

Guests: Linda Beechinor, Hawaii American Nurses Association
Bradley Kuo, Hawaii Association of Professional Nurses
Laura Reichhardt, Hawaii Center for Nursing
Jeremy Creekmore, Hawaii Association of Professional Nurses
Lisa Rose
RN SW - Sandra Woo

Virtual Meeting Instructions: The Chair provided information on internet and phone access for today’s virtual meeting and a short video regarding virtual meetings was played for attendees.

For purposes of this virtual meeting, the Chair will take roll call of the Board members to establish quorum and for motions that require a vote of the Board members.

Call to Order: The Chair took roll call to establish quorum and excused the Vice Chair from today's meeting.

Quorum was established and the Chair called the meeting to order at 9:30 a.m.

Chair's Report: **Announcements**

The Chair had no announcements.

The chair stated that the next agenda item is the approval of the minutes and asked if anyone attending wanted to address the Board.

Staff reported that no one raised their hand.

Approval of the Minutes of the January 7 and February 4, 2021 Meetings

The Chair called for a motion in regard to the minutes of the January and February meetings.

Upon a motion by Dr. Napoleon, seconded by Ms. Kodama, it was voted on and unanimously carried to approve the minutes for the January and February meetings as circulated.

NLC Teleconference, January 20, 2021

The Chair reported that she and the Vice Chair participated in this teleconference and that the Vice Chair did a thorough written report which she will highlight. She stated that one of the sessions used drivers license as an analogy to the nurse license compact. She also mentioned that to get a better understanding on the NLC, NCSBN's web page has information on how the NLC addresses education and disciplinary action.

She asked if there were any discussion/questions by the Board members.

There was none.

She asked if anyone attending wanted to address the Board on this agenda item.

Staff reported that no one raised their hand.

New Business: **Correspondence**

HHS Prep Act – Relating to Nurses Administering COVID-19 Vaccines

The Chair reported that at the November 5, 2020 meeting, the following draft language was on the agenda and distributed as information only, NCSBN - COVID-19 Vaccine Waiver Language, to assist in the administration of a vaccine for COVID-19:

"A registered nurse and licensed practical nurse licensed in good standing in this jurisdiction may delegate to an assistive personnel the administration of the vaccine(s) under established delegation guidelines

A registered nurse and licensed practical nurse licensed in good standing in this jurisdiction may delegate to students enrolled in a board-approved nursing education program, the administration of the vaccine(s) under established delegation guidelines.

An Advanced Practice Registered Nurse licensed in good standing in this jurisdiction is authorized to own and operate a clinic for purposes of administration of a vaccine(s) for COVID-19 without a supervisory or collaborative relationship with a physician.”

She also stated that the HHS issued a 5th amendment to the Prep Act that states:

“The U.S. Department of Health and Human Services (HHS) today issued a fifth amendment to the Declaration under the Public Readiness and Emergency Preparedness Act (PREP Act) to add additional categories of qualified persons authorized to prescribe, dispense, and administer COVID-19 vaccines authorized by the U.S. Food and Drug Administration.

To respond to the nationwide public health emergency caused by COVID-19, the Biden Administration is broadening use of the PREP Act to expand the vaccination workforce quickly with additional qualified healthcare professionals,” said HHS Acting Secretary Norris Cochran. “As vaccine supply is made more widely available over the coming months, having additional vaccinators at the ready will help providers and state health departments meet the demand for vaccine and protect their communities more quickly.

Among other things, the amendment:

- Authorizes any healthcare provider who is licensed or certified in a state to prescribe, dispense, and/or administer COVID-19 vaccines in any other state or U.S. territory.
- Authorizes any physician, registered nurse, or practical nurse whose license or certification expired within the past five years to prescribe, dispense and/or administer COVID-19 vaccines in any state or U.S. territory so long as the license or certification was active and in good standing prior to the date it went inactive.
- Requires any healthcare professional described above to complete Centers for Disease Control and Prevention (CDC) COVID-19 Vaccine Training and, for healthcare providers who are not currently practicing or whose license or certification is expired, requires an on-site observation period by a currently practicing healthcare professional.

Under the PREP Act and the Declaration, a qualified person is a covered person. Subject to certain limitations, a covered person is immune from suit and liability under federal and state law with respect to all claims for loss resulting from the administration or use of a covered countermeasure if a declaration under the PREP Act has been issued with respect to such countermeasure.”

She stated that the EO reported that the reason this is placed on the agenda is because she received an email asking if a nurse who had a current and active Hawaii nurse license, but indicated that they had not practiced nursing within the last 10 years, but wanted to volunteer to administer the COVID vaccine and if the nurse, based on their license status, was able to administer the vaccine.

The EO's response was that Hawaii nurses may renew on active status even though not working as a nurse, but that there is a continuing competency requirement to renew every 2 years. She recommended that if an organization or facility requests for "volunteers" that the organization or facility should ensure that the individual, whether a nurse or not, can demonstrate his/her competency. She was assured that this particular organization do require a demonstration of his/her competency but was confused by the license status vs. what the nurse declared regarding not practicing.

The Chair stated that the EO wanted the Board to be aware of the various "waivers" and "suspensions" being issued and license status, that may be confusing, so to recap, she pointed out that the NCSBN language in regard to the COVID vaccine, which was not adopted by the Board:

- refers to an LPN who is in good standing, who may delegate to an assistive personnel to administer certain vaccines under established delegation guidelines, however, HRS 457-7.5 Delegation only authorizes an RN to delegate to unlicensed assistive personnel; and
- refers to LPNs and RNs whose license is in good standing, who may delegate to students enrolled in a board-approved nursing education program, the administration of the vaccine(s) under established delegation guidelines.

The HHS Prep Act language on the other hand, authorizes any registered nurse or practical nurse whose license or certification expired within the past five years to prescribe, dispense and/or administer COVID-19 vaccines in any state or U.S. territory so long as the license or certification was active and in good standing prior to the date it went inactive.

Furthermore, under the HHS Prep Act, if a person is authorized under the Declaration to administer covered countermeasures, including a COVID-19 vaccine, any state law that prohibits or effectively prohibits such a person from doing so is preempted.

In addition, Governor Ige's Emergency Proclamations:

- does not suspend section 457.7.5 Delegation;
- allows for out-of-state LPNs, RNs and APRNs with a current/active license or those previously licensed but are no longer current/active to practice in Hawaii without a license, to work in this State, provided that they have never had their license revoked or suspended and are hired by a state or county agency or facility or hospital, including related clinics, rehab hospitals, nursing homes hospice, pharmacies, clinical labs or other health care entities; and
- allows recent graduates, after May 1, 2020, of BON approved or national accredited nursing program, to be employed to practice nursing under the supervision of an RN for RN grads, LPN for LPN grads, and APRN grads with the endorsement of the employing health care entity;

The Chair asked for discussion purposes, does the Board agree that:

- the HHS Prep Act does not address "delegation" and therefore, pursuant to HRS 457-7.5, LPNs are not authorized to delegate to unlicensed or any assistive personnel to administer the COVID vaccine; and
- LPNs and RNs may administer the COVID vaccine even if their Hawaii nurse license expired or was placed on inactive status within the last 5 years as long as the license was not revoked, suspended or placed on probation prior to expiration or inactivation of the license?

The EO wanted to clarify that the Board took no action or discussed the NCSBN waiver language.

Ms. Stone Murai wanted to clarify that the HHS Prep Act does not include language to allow delegation and following the HHS Prep Act on the number of years a nurse may be inactive and wanted to add pursuant to the Governor's Emergency Proclamation, the individual nurse is working for a state or county agency or facility.

The Chair asked if there anyone attending who wishes to address the Board on this agenda item, please raise your hand now.

Staff reported that no one raised their hand.

The Chair asked if there were any dissenting opinions by the Board members on what was previously discussed.

There were none.

The Chair announced the next agenda item was a report on the status of nursing related bills.

2021 Legislature

The EO reported on the status of the following bills:

HB 302, HD1 – Relating to Advanced Practice Registered Nurses

Authorizes advanced practice registered nurses to certify whether a person is totally disabled under the income tax code. Authorizes advanced practice registered nurses with psychiatric specializations to make capacity determinations. Adds advanced practice registered nurses with psychiatric specializations as primary providers in advance mental health care directives. Effective 7/1/2060. (HD1)

SB 619, SD1 – Relating to Advanced Practice Registered Nurses

Amends provisions concerning fitness to proceed examinations in criminal proceedings to specify circumstances in which qualified advanced practice registered nurses or advanced practice registered nurses with prescriptive authority who hold an accredited national certification in an advanced practice registered nurse psychiatric specialization may participate. Takes effect 7/1/2050. (SD1)

HB 306, HD1 – Relating to Health

Amends the definition of "preceptor" and "volunteer-based supervised clinical training rotation" to improve accessibility for providers to receive income tax credits for acting as preceptors. Includes the director of health on the preceptor credit assurance committee. Effective 7/1/2060. (HD1)

SB 976, SD1 – Relating to Health

Amends the definition of "preceptor" and "volunteer-based supervised clinical training rotation" to improve accessibility for providers to receive income tax credits for acting as preceptors for tax years beginning after 12/31/2020. Includes the Director of Health on the Preceptor Credit Assurance Committee. Effective 7/1/50. (SD1)

HB 472, HD1 – Relating to Telehealth

Exempts telehealth-related gifts from procurement requirements. Codifies the authorization of advanced practice registered nurses to use telehealth to assist a patient, including those advanced practice registered nurses who are not licensed in the State, under certain conditions. Makes permanent certain telehealth-related exemptions for licensed health professions issued by recent gubernatorial proclamation. Effective 7/1/2050. (HD1)

SB 839, SD2 – Relating to Health

Authorizes advanced practice registered nurses, in addition to physicians, to practice medical aid in dying in accordance with their scope of practice and prescribing authority. Authorizes psychiatric mental health nurse practitioners and clinical nurse specialists, in addition to psychiatrists, psychologists, and clinical social workers, to provide counseling to a qualified patient. Reduces the mandatory waiting period between oral requests from twenty days to fifteen days. Waives the mandatory waiting period for those terminally ill individuals not expected to survive the mandatory waiting period. (SD1)

HB 540, HD2 – Relating to Liability

Makes immune from civil or criminal liability a health care provider who acts in good faith during a state of emergency or local state of emergency and adheres to crisis standards of care. Effective 7/1/2050. (HD2)

HB 576, HD2 – Relating to Health Care

Authorizes advanced practice registered nurses to perform medication or aspiration abortions. Effective 7/1/2060. (HD2)

The Chair asked if there was anyone attending who wishes to address the Board on this agenda item to please raise your hand.

Staff reported that Ms. Reichhardt raised her hand.

Ms. Reichhardt was allowed to address the Board and stated that the Cares Act of 2020 allows APRNs to certify/refer patients for home health care services. However, the Office of Health Care Assurance's ("OCHA") administrative rules, which are approximately 39 years old, only allow for "physicians" to order home health services, but due to the COVID pandemic, the OCHA issued a "waiver" to allow PA's and APRNs to order home health services.

She reported that she is trying to amend one of the APRN bills to include language to allow APRNs to order home health services.

The Chair asked if there was any further discussion by the Board.

There being none, the Chair announced the next agenda items had to do with scope of practice inquiries.

Scope of Practice Inquiries

RN Compounding IV and Administering to Patient Pursuant to a Physicians Order/Prescription – Deferred from February 4, 2021 Meeting

The Chair stated that this inquiry was deferred from the February meeting as the EO emailed the FDA on compounding and was waiting for a response.

The EO reported that she received confirmation that the FDA received her request approximately one month after she emailed them but have not received a specific response to the inquiry.

The Chair stated that this agenda item is deferred.

APRN IV Hydration Business – Deferred from February 4, 2021 Meeting

The Chair stated that his agenda item was also deferred from the February meeting however, the inquirer did not indicate that they would be “adding” (compounding) anything to the IV so the Board can respond to the inquiry:

“APRN with national certification as an Adult-Geriatric CNS with prescriptive authority who is also thinking of starting an IV Hydration business and wanted to confirm if she is able to independently own and practice this business without a medical director or physician as a “partner”.”

The Chair asked if there was any discussion by the Board?

Ms. Stone Murai stated that this appears to be a business and not a nursing issue.

The Chair stated that it is nursing related as to the APRNs scope of practice.

The EO stated that it may also be related to the “business” aspect if the Board determines that an APRN may administer IV hydration, the APRN is referring to a “business”, so does the APRN scope of practice only allow the APRN to treat his/her own patients. She asked what if the APRN receives a referral from another practitioner?

Dr. Napoleon responded if the APRN received a “referral” from another practitioner, the APRN should perform an assessment, diagnosis and treatment.

The Chair stated that if the APRN receives a referral from another practitioner who already assessed, diagnosed and recommended treatment, then since the APRN practices includes the RN scope of practice whereas an RN can carry out prescribed medical orders of a licensed practitioner listed, then an APRN can take a “referral” from another practitioner.

After further discussion, it was the consensus of the Board that an APRN with prescriptive authority may administer IV for purposes of hydration provided the APRN has performed an assessment, diagnosis and has determined that IV hydration as the treatment for the APRNs patient or that the APRN may administer the IV if they received an order/prescription from another practitioner as the APRN scope of practice encompasses the RN scope of practice for which the RN can carryout the orders of a licensed healthcare practitioner pursuant to the definition of "The practice of nursing as a registered nurse" in HRS §457-2.

The Chair asked if there was anyone attending wishing to address the Board on this agenda item.

Staff reported that no one raised their hand.

LPNs In Charge and Performing Blood Draws and IVs

The Chair stated that the following inquiry was received:

"I have been an LPN for almost 9 years and I love what I do.

Recently, the LTC facility I have been working for all these years told us that "they might try having LPNs run the facility" which has never done before in cases any of the 12 RNs can't cover for any shifts. There are only 4 of us LPNs in our facility.

Honestly, I am concerned as this has never happened before, me and the other LPNs were not taught/oriented to do what RN charge nurses do.

Another concern I have is, are LPNs in Hawaii allowed to start IV?, draw blood?. What are some of the things we can and can not do?

Should our facility state in their policy or protocol that they will allow LPNs to now run the floor?

I graduated from another country where IV and blood draw were not incorporated in our studies, so I am deeply concerned.

Please help me, I just want to make sure that I do what is legally acceptable practice in Hawaii for LPNs. While my license means a lot to me, I want to do right by the residents more than anything."

The Chair stated that in regard to the LPN in charge of a shift, LPNs cannot delegate as part of their scope of practice so how can they be in charge of a shift.

Mr. Duldulao cited the following sections in HAR 11-94:

§11-94-15 Governing body and management. (a) Each facility shall have an organized governing body, or designated persons so functioning, who has overall responsibility for the conduct of all activities. The facility shall maintain methods of administrative management which assure that the requirements of this section are met.

(b) Staffing.

- (1) There shall be on duty twenty-four hours of each day, staff sufficient in number and qualifications to carry out the policies, responsibilities and program of the facility.
- (2) The numbers and categories of personnel shall be determined by the number of patients and their particular needs.

(c) Personnel policies.

- (1) There shall be written job descriptions available for all positions. Each employee shall be informed of their duties and responsibilities at the time of employment.
- (2) All professional employees shall have appropriate licenses as required by law and their licenses shall be readily available for examination by the director or the director's representative.
- (3) Ethical standards of professional conduct shall apply in the facility.
- (4) The facility's personnel policies and practices shall be in writing and shall be available to all employees.

Ms. Boyer stated that CMS may require an RN to be on-sight.

The Chair asked if there were any dissenting opinions by the Board members on what was previously discussed.

There was none.

The Chair stated that the same person also asked if an LPN can do IV and blood draws and that she graduated from another country where IV and blood draw were not incorporated in her studies so she had concerns.

Ms. Boyer stated that if an RN was at the facility, the LPN can do a blood draw or start an IV.

Ms. Kodama stated that there should be RN oversight and that at the very least, an RN must be available by phone.

The Chair was concerned that the LPN admitted that she was not trained or received the appropriate education to perform this activity.

Ms. Stone Murai referred to HRS §457-1.5(b) that states:

§457-1.5 Practice of nursing.

(b) The scope of nursing practices established in this chapter and by the rules of the board shall serve as general guidelines and are not intended to address the appropriateness of the use of specific procedures in any particular work setting or to grant permission to implement specific procedures in any particular work setting.

She also stated that the LPN should inform the supervisor or DON and ask for training to perform these activities.

After further discussion, it was the Board's informal interpretation that an LPN may be in charge of a shift if the requirements of HAR Chapter 94 are met and that an LPN may start an IV and do blood draws provided the LPN has the appropriate education and training to perform this activity pursuant to HRS 457-2 Definitions for "The practice of nursing as a licensed practical nurse" and that an RN is available per State and CMS requirements.

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 Chair asked if anyone attending wanted to address the Board on this agenda item please raise your hand now.

Staff reported that no one raised their hand.

RNs Performing Microneedling

The Chair stated that the next scope of practice question pertains to microneedling:

"I was referred to your contact. I'm an RN who's goal is to stay compliant in medical aesthetics practice and Med Spa business.

If someone could provide some clarification on these:

- 1) Does an RN require a Medical Director MD/NP order and delegation to perform microneedling at all depths? Specifically at 0.25 mm?
- 2) Can a RN perform PDO Smooth thread and PDO lifting threads procedures if ordered and delegated by MD/NP?
- 3) Can a RN administer Lidocaine injections for aesthetic procedure if ordered and delegated by the MD/NP?
- 4) Is AMSPA American Med Spa Association in line with their guidelines for Hawaii and Hawaii Board of Nursing?

All questions are assuming there has been prior training/experience to do so.

Are these case by case that need to be addressed by the Nursing Board each time? I'm thinking it must have been addressed prior with guidelines given because I do know of RNs who are performing Smooth and Lifting PDO threads with MD delegation.

Also, RNs are delegated to inject plain Lidocaine without Epi for patient comfort within scope of practice because it's done by RNs in the hospital. For example, when starting an IV in some situations.

Specifically in aesthetic PDO thread lift procedure a very little bleb in the skin to make the pilot hole needle insertion more comfortable.

I've heard that Estheticians use device to Microchannel/microneedle at depths of 0.25 without RN license or MD.

And in a 3/3/2021 email:

"I am an RN owner of a Med Spa. I am inquiring about PDO Threads (Smooth and Lifting). I am an RN owner of Med Spa trying to secure my malpractice insurance and the carrier is asking whether or not Threads are permissible for RN to perform per Hawaii State Board of Nursing. Could you please help me obtain this answer. You did advise me previously that you will have the issue brought up in the next Board meeting. I will need to secure my malpractice insurance as soon as possible so will need a determination."

The Chair asked if there was anyone attending wishing to address the Board on this agenda item.

Staff reported that Ms. Woo raised her hand.

Ms. Woo was elevated to a panelist and addressed the Board stating that estheticians can perform microneedling and wanted to know if she could perform microneedling to a depth of .25.

The EO asked Ms. Woo if she had contacted the Board of Barbers and Cosmetology.

Ms. Woo stated she did not.

Ms. Boyer stated that in other states, microneedling under the dermas falls under the practice of a MD or NP.

The Chair asked that if an RN has the appropriate education and training and receives an order from an MD, would this be allowed under the nurse practice act.

Mr. Duldulao stated he believes that another license may be required to perform microneedling and that Ms. Woo should check with the Board of Barbers and Cosmetology.

Ms. Stone Murai stated that this sounds more like a cosmetic than a medical procedure.

Ms. Kodama stated that if an RN was to perform this activity they would need an order from a physician.

After further discussion, it was the consensus of the Board that an RN, who received the appropriate education and training, may perform this activity as long as there is oversight (supervision) by and an order form a qualified health care provider but that Ms. Woo should also check with the Board of Barbers and Cosmetology to see if a license is required under their Board. Also, the Board did not comment to the question, "Is AMSPA American Med Spa Association in line with their guidelines for Hawaii and Hawaii Board of Nursing?" as this is not within the Board's responsibility.

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.

Nurses Administering CBD Oil Products

The Chair stated that the last scope of practice question is:

"Recently we have seen in uptick in physician's ordering the use of CBD oil for our home care clients.

Due to the lack of clarity surrounding this topic, we have refrained from this practice and have requested our clients &/or their families to administer it. However, we are now receiving requests from clients who are unable to self-administer and do not have family members to assist.

I have reached out to the FDA for guidance and was advised to contact the state board of nursing.

So, my question is, can a nurse administer CBD oil that has 0% THC or no more than 0.3 percent THC if a physician has provided a written order for it."

The EO stated that she found the following information on the internet:

"Since **cannabidiol** has been studied as a new **drug**, it can't be legally included in foods or dietary supplements. Also, **cannabidiol** can't be included in products marketed with therapeutic claims. **Cannabidiol** can only be included in "cosmetic" products and only if it contains less than 0.3% **THC**."

She added that since it is an over-the-counter product (“OTC”), it is not being tested to determine if it has less than 0.3% THC and that when she checked with the Narcotics Enforcement Division, she was informed that CBD products that have no THC or less than .3% THC are not controlled substances. This includes CBD products derived from hemp.

The Chair asked if anyone attending wanted to address the Board on this agenda item.

Staff reported that no one raised their hand.

After some discussion, it was the consensus of the Board that per the scope of practice of LPNs and RNs in HRS 457-2, RN’s scope of practice includes: “provision of health care to the patient in collaboration with other members of the health care team as autonomous health care professionals providing the nursing component of health care; or use of reasonable judgment in carrying out prescribed medical orders of a licensed dentist, physician, osteopathic physician, or podiatrist licensed in accordance with chapter 448, 453, 460, or 463E; orders of an advanced practice registered nurse licensed in accordance with this chapter; or the orders of a physician assistant licensed pursuant to chapter 453, practicing with physician supervision as required by chapter 453, and acting as the agent of the supervising physician.” and LPNs scope of practice includes: “under the direction of a dentist, physician, osteopathic physician, registered nurse, osteopath, or podiatrist licensed in accordance with chapter 448, 453, 457, 460, or 463E, or under the orders of a physician assistant licensed pursuant to chapter 453, practicing with physician supervision as required by chapter 453, and acting as the agent of the supervising physician; administration of treatment and medication as prescribed”, an LPN or RN may administer medication prescribed or ordered by a healthcare practitioner.

Ms. Stone Murai added that there is still not enough information on the efficacy of how CBD products affect individuals.

2021 Renewal

The Chair announced that she will be recusing herself on the next agenda item and asked Mr. Duldulao to lead the discussion.

Nurse Residency Option for the Continuing Competency Requirement – HealthStream

Mr. Duldulao asked if there was anyone attending who wishes to address the Board on this agenda item.

Staff reported that Ms. Reichhardt raised her hand at which time she was made a panelist.

Ms. Reichhardt stated that the Hawaii Nurse Residency Program Collaborative, a collective of hospitals across the Hawaii islands, that is convened by the Hawaii State Center for Nursing, has transitioned from Vizient to Healthstream for the Hawaii Nurse Residency curriculum.

She stated that this is a 12-month residency model that includes transition support for new nurse grads into Med-Surg as well as other specialty areas and includes an EBP portion, preceptor support and individualized curriculum to support the nurses’ professional development.

She asked that the Board consider this as a recognized nurse residency option as one of learning activity options for continuing competency.

Mr. Duldulao asked if there was any discussion by the Board.

There being none, it was the consensus of the Board to recognize the Healthstream residency model as a nurse residency program as a learning activity option towards the continuing competency requirement.

APRN Practice Specialties and Population Foci

The EO reported that during this legislative session, due to the bills related to APRN scope of practice, there have been numerous inquiries from Legislators regarding the APRN's scope of practice and population foci.

She asked if Ms. Stone Murai can volunteer to assist her on researching this issue.

The Chair asked if there was anyone attending who wishes to address the Board on this agenda item to raise their hand.

Staff reported that no one raised their hand.

The Chair announced that the next agenda item are reports from individuals representing nursing organizations:

Reports

Hawaii State Center for Nursing – Laura Reichhardt, Executive Director

The Chair asked if Ms. Reichhardt was still attending.

Ms. Reichhardt raised her hand and reported on the following:

- Supply survey continues to be revised to improve user experience for nurses. HSCN would not be as successful as it is in fielding the survey without the BON's assistance. HSCN appreciates the collaboration with the BON in general.
- Thanked BON for collaborating on the development of an APRN scope of practice/consensus model informational guide for legislators.
- Clinical placements are opening to full or near-full capacity.
- In each of 2019 and 2020, \$61,000 of preceptor tax credit money was given to APRNs.
- HSCN is reapplying for accreditation as a CNE provider with ANCC. provided information on the workforce survey for the upcoming nurses renewals, APRN practice data and APRN Consensus Model, clinical placements, catching up on clinicals, reapplying as an ANCC provider.

Hawaii American Nurses Association – Linda Beechinor, Executive Director

The Chair asked if Ms. Beechinor was still attending.

Staff reported that Ms. Beechinor was no longer attending.

The Chair apologized for the length of the meeting and announced that the next organization report was from the Hawaii Association of Professional Nurses and asked if Mr. Kuo was present to please raise his hand.

Staff reported that Mr. Kuo and Mr. Creekmore raised their hand. Both were made panelist.

Hawaii Association of Professional Nurses – Bradley Kuo

Mr. Kuo and Mr. Creekmore, President, reported on the following:

- Supply survey continues to be revised to improve user experience for nurses. HSCN would not be as successful as it is in fielding the survey without the BON's assistance. HSCN appreciates the collaboration with the BON in general.
- Thanked BON for collaborating on the development of an APRN scope of practice/consensus model informational guide for legislators.
- Clinical placements are opening to full or near-full capacity.
- In each of 2019 and 2020, \$61,000 of preceptor tax credit money was given to APRNs.
- HSCN is reapplying for accreditation as a CNE provider with ANCC.

The Chair thanked everyone for their patience and announced that the next agenda item is applications and asked if anyone in attendance wanted to provide testimony or address the Board on any of the applications.

Staff stated that no one raised their hand.

The Chair asked for a motion to move into executive session.

Executive Session:

At 11:59 a.m., upon a motion by Ms. Boyer, 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 12:54 p.m. upon a motion by Mr. Duldulao, seconded by Dr. Napoleon, it was voted on and unanimously carried to move out of executive session.

Applications:

Ratification Lists

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

LPNs, license numbers 20052 – 20076 (24);
RNs, license numbers 99963 – 100251 (288); and
APRNs and APRNs with prescriptive authority

Registered Nurses

The Chair called for a motion for the RN license applications.

Mr. Duldulao moved to approve the following applications:

Meaghan H. Nagaji
Jessel Ann P. Rio
Devon Beccue

Before the Chair could ask for a second, Dr. Napoleon stated that she wanted to have a discussion on the motion to approve some of the applications with conditions.

Mr. Duldulao withdrew his previous motion.

The Chair asked if there was any further discussion.

There being none, she asked for a motion in regard to the RN applications.

Mr. Duldulao moved to approve the following applications:

Devon Beccue
Elaine Davis-Smith
Stacy Lynn Barbera

The Chair asked for a second. Ms. Stone Murai seconded the motion. The Chair asked if there was any further discussion.

There being none, it was voted on and unanimously carried.

Dr. Napoleon moved to approve the following application with conditions:

Meaghan H. Nagaji

The Chair asked for a second. Mr. Duldulao seconded the motion. The Chair asked if there was any discussion.

There being none, it was voted on with the Chair, Ms. Daub, Mr. Duldulao, Ms. Kodama, Dr. Napoleon, Mr. Ramos and Ms. Stone Murai voting "yes" and Ms. Boyer recusing herself.

The motion carried.

The Chair moved to approve the application:

Jessel Ann P. Rio

She asked for a second. Dr. Napoleon seconded the motion. The Chair asked if there was any discussion.

There being none, it was voted on with the Chair, Ms. Boyer, Ms. Daub, Mr. Duldulao, Ms. Kodama, Dr. Napoleon and Mr. Ramos voting yes and Ms. Stone abstaining. The motion carried.

The Chair moved to deny the following application pursuant to §457-12(a)(6) and (8), §16-89-60(6)(B) and (7)(D)

John Stevens McGowen

It was seconded by Ms. Kodama, voted on and unanimously carried.

Chapter 91, HRS –
Adjudicatory Matters

In the Matter of the License to Practice Nursing of **Edna Moses, RNS 2020-5-L (Act 138, SLH 2016)**, Notice Prohibiting Practice in Hawaii Pending Entry of a Final Order, Intent to Enter a Final Order Imposing Disciplinary Action, and Respondent's Right to Request a Hearing; Exhibit "A" (Board's Final Order Proposed)); Certificate of Service

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

There being no further agenda items, the Chair announced the next meeting and asked if everyone was able to attend.

No one stated that they would not be able to attend.

Next Meeting: Thursday, April 1, 2021
8:30 a.m.
Virtual

Adjournment: With no further business to discuss, the Chair adjourned the meeting at 1:05 p.m.

Taken by:

/s/ Lee Ann Teshima
Lee Ann Teshima
Executive Officer

LAT

3/25/21

Minutes approved as is.

Minutes approved with changes; see minutes of _____