

**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, April 1, 2021

Time: 9:00 a.m.

Place: Virtual: ZOOM link: <https://dcca-hawaii-gov.zoom.us/j/94702690051>  
ZOOM Phone Number: (669) 900-6833  
Meeting ID: 947 0269 0051

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  
Leanne Abe, Secretary  
Christine V. Dela Cruz, Office Assistant

Guests: Bradley Kuo, Hawaii Association of Professional Nurses  
Dr. Poki'i Balaz, APRN  
Kathryn Waitman  
Laura Reichhardt, Hawaii Center for Nursing  
Linda Beechinor, Hawaii American Nurses Association

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 8:42 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 March 4, 2021 Meeting**

The Chair called for a motion in regard to the minutes of the March 4, 2021 meeting.

Ms. Boyer moved to approve the executive session minutes with an amendment. It was seconded by Ms. Stone Murai.

Before the Chair called for a vote, the EO stated that due to the confidentiality of the executive session minutes, if the Board wishes to discuss the amendment to the executive session minutes, they should discuss it in executive session.

The DAG proposed that the Board could discuss the executive session later in the meeting when they discuss the applications.

Ms. Boyer withdrew her motion.

The Chair called for a motion in regard to the minutes of the regular meeting.

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

**Report on Attendance of NCSBN Midyear Virtual Meeting, March 9–11, 2021**

The Chair provided a written report on her attendance and verbally highlighted the following:

- Racism and inequities in their organizations, including the composition of the Board and that there is an implicit bias test that she encouraged the members to take;
- The Model Act and Rules Committee is recommending several changes to the NCSBN Model Act and Rules that will be presented to the Delegate Assembly at the virtual NCSBN Annual meeting in August; and
- Next Generation NCLEX reported on the status with the anticipation that the fully functional test will go live in April 2023.

### **Report on Attendance of NCSBN Scientific Symposium, March 22, 2021**

The Chair provided a written report on her attendance and verbally highlighted the following:

- Update on the status of simulation regulation that based on the NCSBN's simulation study. There was a substantial increase in the number of jurisdictions that codified regulations related to the use of simulation in pre-license nurse education programs. Most of these programs adopted the 50% maximum on the use of simulation. Future work on simulation will examine the validity of the 2:1 ratio of clinical to simulated clinical hours.

At 8:55 a.m. Ms. Kodama joined the meeting.

Education Committee: The Chair announced that the next agenda item is the Education Committee Report from their March 4, 2021 meeting and that she has been requested by the Chair, Kathryn Daub, to give the Committee's report/recommendations:

### **Education Committee Report - March 4, 2021 Meeting**

#### **Hawaii Nursing Programs**

##### Faculty Applications

Recommend approval of the following faculty applications for UH@Manoa:

- Chanie Lomibao
- Sean Hyum-Sugn Plank
- Alexandria Gutmanis-Burian
- Shawne Hampton
- Jennilyn P. Tannesen
- Alexandra Bachmann
- Christina Marie Nardi

Recommend approval of the following faculty application for Hawaii Community College:

- Leilani Schabell

#### **Refresher/Remedial Course(s)**

Kauai Community College and UH@Manoa – Remedial Course Proposal

UH @ Hilo – Proposed Curriculum – Refresher/Remedial Course(s)

Programs reported that they anticipate summer offerings, however, dependent on student capacity and faculty.

#### **Applications**

Jennifer L. Young - Recommend approval of APRN license without prescriptive authority for not meeting education requirement of a graduate-level degree as a certified registered nurse anesthetist, a nurse midwife, a clinical nurse specialist, or a nurse practitioner pursuant to HAR §16-89-119(a)(5).

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

Ms. Stone Murai asked if the remedial course being considered could be for nurses who have not practiced nursing within the last 5 years.

Ms. Boyer clarified that the remedial course is for applicants who have failed the NCLEX at least 3 times and that the refresher course is for nurses who have not practiced nursing within the last 5 years.

Ms. Stone Murai also commented that there are APRNs who do not have prescriptive authority.

There being no further discussion, the Chair asked if there was anyone attending wishing to address the Board on this agenda item.

Seeing none, the Chair called for a motion in regard to the report/recommendations from the Education Committee's March 4, 2021 meeting.

Upon a motion by Ms. Stone Murai, seconded by Ms. Boyer, it was voted on and unanimously carried to approve/accept the report/recommendations of the Education Committee's March 4, 2021 meeting.

Executive Officer's  
Report:

**“Coaching Skills for Effective Leadership” – Pu’ulu Lapa’au, HAH, & HHERF**

The EO stated that she would not normally discuss a CE offering unless requested by the provider, however, she thought it was interesting as Pu’ulu Lapa’au was a sponsor along with Healthcare Association of Hawaii and Hawaii Hospital Education and Research Foundation for this 3-part webinar series entitled “Coaching Skills for effective Leadership. For more information, you can go to HAH’s web site at hah.org.

**International Council of Nurses Policy Brief – The Global Nursing Shortage and Nurse Retention**

The EO reported that the international council of nurses warns of exodus of experienced nurses compounding current shortages...in an article dated March 11, 2021, a year since the World Health Organization (WHO) declared COVID-19 a global pandemic, a new International Council of Nurses (ICN) [survey](#) revealed that nearly **one in five** of its National Nursing Associations (NNAs) surveyed report an increase in the number of nurses leaving the profession. **90%** of them are ‘somewhat or extremely concerned’ that heavy workloads, insufficient resources, burn-out and stress are the factors that are driving that exodus. WHO has confirmed the **mass trauma** of healthcare workers, highlighted by ICN in January.

The world entered the pandemic with a shortfall of up to six million nurses and an additional four million expected to retire by 2030, which puts the global nursing workforce under an intolerable strain. ICN says large numbers of experienced nurses are leaving the profession or considering calling time after the pandemic, which should be a wake-up call for governments to invest in nursing jobs, education, and leadership before it is too late.

Many nurses contracted the virus and ICN is aware of 3,000 nurse deaths related to COVID-19 but believes that is a gross underestimate due to a serious lack of data, an issue first raised by ICN a year ago.

**2021 Legislature – Bill Status Reports**

The EO reported on the status of the following bills/resolutions:

**HB 302, HD1, SD1 – Relating to Advanced Practice Registered Nurses**

Authorizes advanced practice registered nurses to order and certify home health care for medicare patients. Authorizes advanced practice registered nurses to certify whether a person is totally disabled under the state income tax code. Authorizes advanced practice registered nurses to make capacity determinations. Adds advanced practice registered nurses as primary providers in advance mental health care directives. (SD1)

This bill is scheduled for decision making at 9:40 a.m. this morning before the Senate CPN Committee and includes language to allow APRNs to order home health services.

**HB 576, HD3 – Relating to Health Care**

Authorizes advanced practice registered nurses to perform medication or aspiration abortions. (HD3)

This measure has been transmitted to the Governor's Office for his approval.

**HCR 150, HD1 - URGING THE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS TO REVISIT TITLE 16, CHAPTER 89, OF THE HAWAII ADMINISTRATIVE RULES TO PROHIBIT REGISTERED NURSES FROM DELEGATING THE INTERPRETATION OF DIAGNOSTIC LABORATORY RESULTS TO UNLICENSED ASSISTIVE PERSONNEL**

The EO reported that when she testified before the House HHH Committee on this resolution, she was asked by Rep. Ward if this was an issue.

She responded that this was not an initiative of the Board of Nursing and did not know who or why this was introduced as we are unaware that this is an issue that needs to be addressed.

**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. (SD2)

The EO reported that this bill has a quadruple referral on the House side and so far no hearings have been scheduled.

The EO stated that the Board members can check the status of the other bills online at [capitol.hawaii.gov/](http://capitol.hawaii.gov/).

The Chair announced that the next agenda items are in regard to 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 although we have been deferring this matter because we were waiting to hear from the FDA on the compounding issue, that perhaps the Board can address this inquiry as a nursing scope of practice, i.e. is it within the RN's scope of practice to compound and administer drugs to patient pursuant to a physician's order/prescription.

The Chair also referred to an Advisory Opinion issued by the Washington Department of Health Nursing Care Quality Assurance Commission in November 2017 entitled "Compounding Medications by Licensed Practical Nurses, Registered Nurses and APRNs in this which they concluded:

"The Nursing Care Quality Assurance Commission concludes that a licensed registered nurse (RN) or a licensed practical nurse (LPN) as directed by a licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, optometrist, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, advanced registered nurse practitioner, or midwife for a patient under the health care practitioner's care may compound medications for a specific patient. An advanced registered nurse practitioner (ARNP) with prescriptive authority may prescribe or prepare compound medications for a specific patient under the ARNP's care."

The Chair stated that based on the decision-making framework, nurses' education, and the Washington's Advisory opinion, it appears that a Hawaii RN could perform this activity as ordered/prescribed by a licensed practitioner pursuant to the definition of "The practice of nursing as a registered nurse" in HRS §457-2 and opened up the discussion for the Board members.

Ms. Stone Murai stated that there are limitations for low risk compounding, including restriction of up to 3 ingredients, and when use of a hood is required when adding to a sterile IV solution.

The Chair stated that she appreciates the research on the compounding issue, but should the Board be looking at this inquiry as a nursing scope of practice vs. compounding.

Ms. Stone Murai stated it is not clear/transparent as to what the nurse is adding or where she is doing this activity.

Ms. Boyer stated that it should be done in a health care setting but also added that she wasn't sure if this was even a health care issue as this nurse wants to provide IV service in a setting outside of the health care setting so questioned if this was health care practice vs. a service.

The Chair stated that all nurse services are paid for/reimbursed and if yes, must be permissible under the scope of practice, so it would be permissible if the nurse's scope of practice allows the nurse to compound/administer a drug pursuant to a practitioner's order/prescription.

Ms. Boyer stated that it happens under home care system.

Ms. Stone Murai asked what if the nurse is mixing/compounding in her kitchen?

Mr. Kuo raised his hand and was promoted to a panelist.

Mr. Kuo stated that on a personal note and not as an APRN, his mother had an order/prescription for a nurse to administer IV that was ordered by another health care practitioner.

The EO asked if compounding is taught in nursing school.

Ms. Boyer, Ms. Daub and Dr. Napoleon said no, this is not part of the basic nursing curriculum.

The Chair added that not all nursing practices or skills are taught in nursing school.

Ms. Stone Murai stated that this would be additional training.

Ms. Boyer stated that this practice should also be based on the policies/procedures for the setting where the nurse is practicing.

The EO stated that the Board should respond to only what is within the nurse's scope of practice and can refer the inquirer to the FDA in regard to the compounding issues.

The Chair asked if there was any further discussion by the Board. Being none, she asked if there was anyone in the audience who wanted to add to this discussion.

Seeing none, the Chair summarized the discussion that pursuant to a practitioner's order/prescription, an RN may compound/administer a prescription drug to a patient, however, refer the inquirer to the FDA for the specifications pertaining to compounding.

She asked if there was any dissention by the Board members.

Seeing none, it was the consensus of the Board that in response to the inquiry, pursuant to a practitioner's order/prescription, an RN may compound/administer a prescription drug to a patient, and to refer the inquirer to the FDA for the specifications pertaining to compounding.

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 announced the next scope of practice question in regard to APRNs prescribing phentermine for weight loss.

### **APRN Prescribing Phentermine for Weight Loss**

The Chair reported that the Board received an email from an APRN with Queen's weight management program who is trying to determine if APRNs in Hawaii are allowed to prescribe stimulants, such as phentermine for weight loss? She saw minutes from the BON in March 2020 that stated APRNs are not allowed to prescribe stimulants for weight loss and wanted to know if there are any updates or changes to that regulation?

She also asked if APRNs are allowed to refill phentermine without a MD co-sign and is refilling the same as initiating the prescription and if APRNs are allowed to prescribe phentermine with physician co-sign?

Ms. Stone Murai stated that in 2004, the Joint Formulary Advisory Committee, that consisted of physicians as well as nurses, discussed this exclusion and, as documented in the Committee's Final Report to the Legislature, it was a concession to the MDs to allow APRNs prescriptive authority. She also stated that the exclusionary formulary is due to be updated.

The EO stated that in order to amend the exclusionary formulary, there needs to be studies and/or evidence based practice that promote the safe prescribing by APRNs for these types of drugs and others listed on the exclusionary formulary, but until that is amended, APRNs may not prescribe stimulants and hormones for treatment of obesity.

The EO also stated that in response to the other questions about refilling, initiating or physician co-signing a prescription that would allow an APRN to prescribe this drug, the answer is no, another practitioner cannot "transfer" his/her scope of practice onto another person, so if an APRN is prohibited from prescribing phentermine, it is irrelevant if another practitioner co-signs, unless the patient is also seen by that other practitioner as this is a controlled substance and would require a patient-physician relationship, meaning that the other practitioner would have to have examined the patient in order to prescribe medication.

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

Seeing none, she asked if there was anyone attending wishing to address the board on this agenda item.

The Chair asked if there was any dissention by the Board members.

Seeing none, the Chair stated that it was the consensus of the Board that currently, based on the exclusionary formulary, APRNs may not prescribe, fill or refill any prescription for stimulants and hormones for treatment of obesity.

The Chair announced the next agenda item is in regard to APRNs Liability/Responsibility in an ARCH facility.

### **APRN Liability/Responsibility in ARCH**

The Chair stated that the Board received an inquiry from an APRN regarding staffing ratios, delegation to unlicensed assistive personnel and the liability of the APRN who oversees the staff, but not the medical director.

Staff reported that Dr. Balaz raised her hand. Dr. Balaz was promoted to a panelist.

Dr. Balaz stated she had some questions regarding the liability of her APRN license.

Ms. Boyer asked what type of facility.

Dr. Balaz responded it is an ARCH II.

Ms. Boyer asked if the DOH have oversight of these facilities?

Dr. Balaz stated yes, the Office of Health Care Assurance.

Ms. Stone Murai stated that HAR 11-100.1, Adult Residential Care Homes, §11-100.1-53 addresses personnel and staffing requirements and responsibilities.

Dr. Balaz asked who is responsible for medication assistants and nurse aides.

The Chair stated that when delegating to unlicensed assistive personnel, pursuant to HRS §457-7.5, the RN/APRN is responsible for individually assessing the patient and the situational circumstances and for ascertaining the competence of the delegatee before delegating any task, function, or activity. The delegating nurse shall supervise, monitor, evaluate, and follow-up on instructions to a delegatee after delegating any task, function, or activity. The delegatee shall assume liability for accepting the delegation and for the delegatee's own actions in carrying out the delegated task, function, or activity. The EO asked Dr. Balaz if she was the DON and "delegating" to unlicensed assistive personnel.

Dr. Balaz stated that as the DON, she was not delegating anything to the IAPs because they would be performing tasks within their job description. She added that all of the patients have providers who prescribe/order care and that the UAPs are following orders from those providers.

Ms. Boyer stated that she would be accountable.

Ms. Stone Murai asked who is the primary care provider for the patients and who holds the facility's license.

Dr. Balaz responded that each patient has their own primary care provider and there is a management company who will oversee training for staff and that she is the licensee.

Ms. Stone Murai stated that the facility should have policies and procedures that should address these issues.

The DAG stated that Dr. Balaz should consult with her own personal legal council as the Board is not the appropriate authority to evaluate "liability".

Staff reported that Ms. Beechinor has raised her hand. Ms. Beechinor was promoted to a panelist.

Ms. Beechinor stated that in her experience, delegation is another level of nursing care and that the nurse on that shift would also assess the patient and that there should be a nurse present in the facility at all times.

Dr. Balaz responded that the management company's plan is to remove all licensed staff except for herself and hire medical assistants and nurse aides.

After further discussion, it was the consensus of the Board that the RN/APRN is accountable for nursing care task delegated or rendered if he/she is the DON or in a position who has oversight over unlicensed assistive personnel who perform nursing care tasks, whether as delegated by the RN/APRN or the policies and procedures of the facility.

The EO suggested that further exploration of this situation might be discussed by a working group and asked if Dr. Balaz would be interested in participating.

Dr. Balaz said yes.

The Chair announced the next agenda item, FNPs providing psychiatric medication management services.

### **FNPs Providing Psychiatric Medication Management Services**

The Chair stated that the Board received an email inquiry asking if the board ever discussed scope of practice for APRNs who are working in environments where their license is not typically used? An example: we are aware of a mental health practice where four FNPs are providing psychiatric medication management services. They do not provide primary care services in any capacity. We have discussed this issue with the clinic owner and she continues to hire FNPs. The clinic owner is a LCSW and not an APRN.

I was able to find a reference from another source (I'm trying to find it), where there was a distinction made for FNPs providing care in a PCP clinic to start patients on a psych med. However the board made the distinction that if they are in a mental health clinic then they are out of scope. Their argument is that this is no longer about primary care, this is now strictly mental healthcare. We are aware of FNPs in other mental health entities such as Community Empowerment Resources who only do primary care work and we absolutely support that.

The Chair stated that if an FNP can manage medications for diabetes care, why can't and FNP also do psychiatric mental health medication management even though there is a psychiatric mental health NP certification.

Ms. Boyer stated that there is more complexity for an APRN performing psychiatric mental health services as opposed to endocrinology/diabetes management.

Staff reported that Ms. Waitman raised her hand. She was promoted to a panelist and stated that for example, an FNP can have an oncology NP certification.

Staff reported that Mr. Kuo raised his hand. He was promoted to a panelist and stated that in addition to the education and training, he would be concerned with the practice setting.

The Chair inquired as to how large the knowledge gap is for the treatment of psychiatric mental health conditions between FNPs and Psychiatric Mental Health NPs.

Mr. Kuo stated that there is a big differential and that an FNP would need the additional education and training in psychiatric mental health in order to accurately administer and interpret psychiatric instruments.

The Chair questioned where do we draw the line between what types of chronic conditions an FNP can manage versus not.

The EO stated that we need to be careful in specifying that APRNs holding a practice specialty can only perform that scope of practice as this legislative session we've been questioned as to the APRNs scope of practice as well as their education and training preparation and would caution to only allow an APRN with psychiatric mental health national certification to perform psychiatric mental health whereas an FNP who has received additional education and training should also be competent to provide such services. As for the practice setting, HRS 457-1.5(b) states, "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."

There being no further discussion, the Chair stated that it appears that an FNP who has the additional education and training in psychiatric mental health, may provide such services as an FNP and asked if there was any dissent by the Board.

Being none, this was the consensus of the Board.

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.

2021 Renewal:

The EO reported that she is working on updating the information posted on the Board's web page and that currently, the renewals are scheduled to "go live" on April 19, 2021 and that updates and more information will be posted on the Board's web page.

The Chair asked if PVL would be sending out post card reminders.

The EO stated she will check on that.

The Chair asked if there was any further discussion.

Seeing none, the Chair announced that the new agenda was reports.

Reports:

**Hawaii State Center for Nursing – Laura Reichhardt, Executive Director**

Ms. Reichhardt was promoted to panelist to report on the Hawaii State Center for Nursing on the following:

- HB 302 was passed out of the Senate CPN Committee with technical amendments;
- Workforce survey for nurses renewal;
- The education capacity survey for academic year 2019-2020 is in the field;
- May is Nurses' Month; and
- May webinar will include an APRN session with the EO and the Administrator for NED, RN myths and facts about RN workforce supply and demand and an LPN transition to practice program.

### **Hawaii American Nurses Association – Linda Beechinor, Executive Director**

Ms. Beechinor was promoted to panelist to report on the Hawaii American Nurses Association on the following:

- 411 members (?);
- Distribution of over 9,000 of their newsletter; and
- 5/8/2021 virtual networking event for nurses weeks which include a CE offering on delegation.

### **Hawaii Association of Professional Nurses – Bradley Kuo, Legislative Coordinator**

Staff reported no one raised their hand.

The Chair reported that the next agenda item, the Board will be going into executive session to discuss applicants for nurse license by exam or endorsement and asked if there was anyone attending wishing to provide testimony on any of the applications to please raise your hand now.

Staff reported that no one raised their hand.

The Chair asked for a motion to move into executive session may I have a motion to move into executive session in accordance with HRS §92-4 and §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;”

#### Executive Session:

At 10:48 a.m., upon a motion by Mr. Duldulao, seconded by Ms. Kodama, it was voted on and unanimously carried to move into Executive Session in accordance with HRS, 92-5(a) (1) and (4), “To consider and evaluate personal information relating to individuals applying for nurse licensure;” and “To consult with the board’s attorney on questions and issues pertaining to the board’s powers, duties, privileges, immunities, and liabilities”.

At 11:23, Ms. Daub left the meeting.

At 11:43 p.m. upon a motion by Ms. Boyer, seconded by Ms. Stone Murai, it was voted on and unanimously carried to move out of executive session.

#### Applications:

##### **Ratification Lists**

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

LPNs, license numbers 20077 – 20094 (17);  
RNs, license numbers 100252 – 100531 (279); and  
APRNs and APRNs with prescriptive authority

##### **Registered Nurses**

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

Upon a motion by Dr. Napoleon, seconded by Ms. Boyer, it was voted on and unanimously carried to approve the following application for LPN license by endorsement subject to receipt of a current/valid nurse license in another state:

**Kimberly S. Haze-Yanz**

Upon a motion by Dr. Napoleon, seconded by Ms. Stone Murai, it was voted on and unanimously carried to approve the following applications for RN license:

**Michael Scott Scrimshire  
Kathryn Renee Waitman (and APRN application)**

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

**Karlene Ann Korzenski  
Emiko L. Schwab**

Upon a motion by Dr. Napoleon, seconded by Ms. Boyer, it was voted on and unanimously carried to defer the following application until the applicant retakes and passes the NCLEX-RN or complete a Board-approved refresher course for not practicing nursing within five (5) years pursuant to HRS 457-7(b)(2);

**Malachy M. Grange**

Upon a motion by Dr. Napoleon, seconded by Ms. Boyer, it was voted on and unanimously carried to deny the following application pursuant to HRS 457-12(a)(8):

**Jennifer C. Cramer**

**EO Delegations**

It was the consensus of the Board to approve the amendments to the list of EO delegations.

Approval of Minutes:

Upon a motion by Ms. Boyer, seconded by Dr. Napoleon, it was voted on and unanimously carried to approve the executive session minutes of the March 4, 2021 meeting as amended.

Chapter 91, HRS –  
Adjudicatory Matters

Delegation for EO to sign HRS Section 457-12.5, Notice of Prohibiting Practice in Hawaii Pending Entry of a Final Order, Intent to Enter a Final Order Imposing Disciplinary Action, and Respondent's Right to a Hearing; Exhibit "A" (Board's Final Order Proposed); Certificate of Services

Upon a motion by the Chair, seconded by Dr. Napoleon, it was voted on and unanimously carried to delegate to the EO to sign and issue the Notice of Prohibiting Practice in Hawaii Pending Entry of a Final Order, Intent to Enter a Final Order Imposing Disciplinary Action, and Respondent's Right to a Hearing; Exhibit "A" (Board's Final Order Proposed); Certificate of Services

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

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

Next Meeting: Thursday, May 13, 2021 (New Date)  
9:00 a.m. (Immediately Following the Education Committee Meeting)  
Virtual

Adjournment: With no further business to discuss, the Chair adjourned the meeting at 11:57 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 \_\_\_\_\_