

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, August 5, 2021

Time: 8:30 a.m.

Place: Virtual: ZOOM link: <https://dcca-hawaii-gov.zoom.us/j/94785419653>
ZOOM Phone Number: (669) 900 6833
Meeting ID: 947 8541 9653

Members Present: Carrie Oliveira, Chair
Olivia Kim, BSN, BS, RN, LPN, NHA, Vice 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

Staff Present: Lee Ann Teshima, Executive Officer (“EO Teshima”)
Chelsea Fukunaga, EO (“EO Fukunaga”)
Shari Wong, Deputy Attorney General (“DAG”)
Rochelle Araki, EO
James Skizewski, EO
Marc Yoshimura, Secretary
Christine V. Dela Cruz, Office Assistant

Guests: Barbara Halle
Linda Beechinor, Hawai'i American Nurses Association
Carrie Baker
Cindy Cohen
Bradley Kuo, Legislative Coordinator, Hawai'i Association of Professional Nurses
Irene Irby
Linda Reichhardt, Executive Director, Hawaii State Center for Nursing
Rhobertha Haley

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: Quorum was established and the Chair called the meeting to order at 8:37 a.m.

Chair's Report: **Announcements**

The Chair reported that she will be "attending" the virtual NCSBN Annual meeting August 18-19, 2021 with EO Teshima.

The Chair announced 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 July 1, 2021 Meeting

The Chair called for a motion in regard to the minutes of the July 1, 2021 meeting.

Upon a motion by Ms. Stone Murai, seconded by Ms. Daub, it was voted on and unanimously carried to approve the minutes of the July 1, 2021 meeting as circulated.

Education Committee Report – July 1, 2021 Meeting

The Chair reported on the following recommendations from the July 1, 2021 Education Committee meeting:

Hawaii Nursing Programs

University of Hawaii at Manoa

- Faculty Applicants
Kimberly Parmenter – Recommend approval
Jodi-Lynn Shook – Recommend approval
Sarah M. Alex – Recommend approval
Aya S. Kwong – Recommend approval

Applications

Catherine Makeu – Accept additional education

Upon a motion by Ms. Boyer, seconded by Ms. Stone Murai, it was voted on and unanimously carried to accept the recommendations of the Education Committee's July 1, 2021 meeting.

The Chair announced the next agenda item is discussion on the APRN Exclusionary Formulary and asked if anyone attending wanted to address the Board.

EO Teshima asked that Mr. Kuo and Ms. Reichhardt be elevated to panelists.

Executive Officer's Report:

APRN Exclusionary Formulary – Discussion on Proposed Amendments – Continued from July 1, 2021 Meeting

EO Teshima asked Ms. Reichhardt if she had anything to report from the Hawaii State Center for Nursing's APRN Practice and Policy Taskforce.

Ms. Reichhardt reported that after reviewing the history of the current version of the exclusionary formulary and other existing regulations related to prescribing like Ch 329, the Taskforce felt the exclusionary formulary is obsolete and recommend removing it from HAR 89 entirely. She stated that protections to the public as it relates to prescribing are

well established and maintained by NED and duplicating work in the nurse practice act is not essential.

At 8:42 a.m. Ms. Kodama joined the meeting.

EO Teshima clarified so if reference to methadone treatment and medical cannabis is already addressed in HRS 329, it is not necessary to be specified/prohibited in HAR 89, however, the concern she had was that some APRNs may not read HRS 329 and “connect the dots” between their practice and HRS 329 unless it is specified in HAR 89.

Ms. Reichhardt stated that if it is clearly indicated in HRS 329 is clearly indicated in HAR 89 then that would avoid replication.

Investigational drugs except as part of an IRB-approved clinical trial

EO Teshima asked that as part of an APRN’s pharmacology education, the APRN understands that they may not prescribe investigational drugs except as part of an IRB-approved clinical trial and that this category of drugs should be removed from the exclusionary formulary.

Stimulants and hormones for treatment of obesity

EO Teshima questioned why treatment of obesity would be excluded when obesity can be related to other health issues such as diabetes and if there was a reason why stimulants and hormones could not be prescribed safely to treat obesity or any other health issues as discussed in the prior meeting(s) and that this category of drugs can be removed from the exclusionary formulary.

Human Growth hormones, anabolic steroids, or hormones for performance enhancement or decreasing the impact of aging

EO Teshima reiterated what was discussed at the July meeting that this category of drugs may be prescribed by APRNs and therefore should also be removed from this exclusionary formulary.

For the following categories of drugs, the consensus appears to be to remove reference to an APRN exclusionary formulary and therefore, the following categories of drugs, that are already restricted in HRS 329, the Uniform Controlled Substances Act, can be referenced in HAR 89:

Methadone for maintenance or detoxification of a narcotic-dependent person as restricted in HRS 329-121

Medical marijuana as restricted in HRS section 329-121 (see below: Medical Marijuana)

Ms. Stone Murai stated that she agreed with the recommendations.

EO Teshima asked about mentioning off-label use in HAR 89.

Ms. Reichhardt stated that one of the members of the Taskforce who is not a nurse, did express concerns that a rogue APRN may not prescribe appropriately.

EO Teshima stated that all if a nurse didn't care about following any laws or rules, regardless of how it is written, the nurse will do what he/she wants to do which may not be legal or ethical. The Board, when considering amendments, will ensure that public safety is first in nursing practice.

The Chair asked the Board members for their thoughts on the recommendations/discussion.

Mr. Duldulao stated that there should be more education for APRNs with prescriptive authority in preventive medicine and long-term effects of long-term use.

The Chair stated that the recommendation is to remove the exclusionary formulary and asked what he thought.

Mr. Duldulao stated that he is not convinced that the exclusionary formulary should be removed as he sees this as a patient safety issue.

EO Teshima stated that based on the disciplinary action cases, there doesn't appear to be cases of abuse of the APRNs exclusionary formulary and that making the laws or rules too restrictive can also hamper access to health care.

The Chair acknowledged Mr. Kuo.

Mr. Kuo stated that removing the exclusionary formulary will provide more access to healthcare because the specific health issues that are prohibited in the exclusionary formulary for the categories of drugs will no longer be an issue. He added that APRNs will follow evidence-based practice and there are evidence-based practice for off-label use of certain drugs and that he agrees with Mr. Duldulao that drugs should not be the only "treatment" for example, weight management can be with or without drugs but also include exercise and diet and not just drugs alone.

The Vice Chair, Ms. Boyer, Ms. Daub, Dr. Napoleon and Ms. Kodama stated that they agree that the exclusionary formulary should be removed.

Mr. Ramos stated that he agrees that the exclusionary formulary should be removed and reference to HRS 329 included and that there is scientific backing on for off-label use.

The Chair summarized the discussion as follows:

- 1 – The exclusionary formulary and reference to an exclusionary formulary for APRNs will be removed from HAR 89;
- 2 – Reference to HRS 329 will be included in HAR 89 in regard to controlled substances; and
- 3 – The removal of the categories of drugs under the exclusionary formulary is consistent with evidence-based practice and scientific backing and the APRN's education and training as established by nationally accredited nursing programs.

The EO stated that she will work on a draft for the Board's consideration at the September meeting.

Correspondence:

Scope of Practice Inquiries

RNs “Compounding and Administering IVs”

Revisit Informal Opinion from April 1, 2021 Meeting

EO Teshima stated that subsequent to the April 1, 2021 meeting where the Board’s information interpretation was that RNs may compound and administer drugs, the Board of Pharmacy also had received inquiries from health care practitioners asking if they were permitted to start a hydration business, including adding vitamins to IVs.

She reported that it was the Board of Pharmacy’s informal interpretation that because an IV bag is considered a sterile product adding anything, including vitamins may be considered sterile compounding but also deferred to the FDA.

Also, discussion with the FDA determined that only pharmacists and physicians may “compound” a product but that it is unclear if “adding” vitamins to a sterile IV is considered “compounding” and that she will try to pose that question to the FDA and that the Board needs to revisit interpretation from a prior board meeting when it was stated that RN’s are able to compound.

She stated that she emailed the FDA but has not heard from them except that they wanted clarification that this was related to “hydration”.

The EO stated that for the Board’s previous informal interpretation that allows nurses to compound and administer IVs for hydration purposes, perhaps instead of stating that nurses can “compound” that the Board clarify their previous informal interpretation to allow nurses to mix, reconstitute or other such acts that are performed in accordance with directions consistent with that labeling as defined by the FDA.

The Chair asked if there was any dissention by the Board. Hearing none, it was voted on that it is the consensus of the Board to amend their previous informal interpretation that allowed RNs to “compound” to allow nurses to mix, reconstitute or other such acts that are performed in accordance with directions consistent with that labeling as defined by the FDA.

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.

Inquiry from Carrie Baker – NP Owned Mobile IV Infusion Clinic

The Chair reported that Ms. Baker's original email request was that she was looking into opening an NP-owned mobile IV infusion clinic, but interested in learning about any rules and regulations surrounding the mixing of medications for administrations as an APRN.

Ms. Baker referred to additional information provided regarding USP 797 and compounded ingredients added to sterile IV is not considered compounding. She stated that she plans to mix nutrient kits that are already compounded ingredients that she would receive from a 503B pharmacy following their instructions that is the manufacturers mixing instructions and the USP guidelines and that she has taken courses.

EO Teshima asked Ms. Baker what her practice specialty was.

Ms. Baker stated she was a FNP and Psychiatric Mental Health.

The Chair asked would Ms. Baker be treating her own patients or receive referrals from other practitioners.

Ms. Baker stated they would be her patients and that she would perform a full assessment before making any diagnosis and administering any treatment.

Ms. Stone Murai asked what product she would be administering.

Ms. Baker stated that it would depend on the client an example would be chronic fatigue.

Ms. Stone Murai asked how many vials would be administered.

Ms. Baker responded that the kit that she is able to order may include 1 or multiple vials for which they are appropriately labeled to treat certain ailments such as chronic fatigue or dehydration.

Ms. Boyer asked what 503B pharmacies she was obtaining her kits from.

Ms. Baker stated Olympia in Florida and Empower in Texas.

The Vice Chair asked what kind of education/training as an APRN does Ms. Baker have in nutrient infusion practices.

Dr. Napoleon stated that nutrient infusion is not taught in original pharmacology course for APRNs or RNs.

Ms. Boyer asked if this practice is supported by evidence-based practice?

The Vice Chair asked if there is a NP or CNS practice specialty in nutrient infusion?

Ms. Baker stated that the 503B pharmacy that sells the nutrient kits offer training online.

Mr. Ramos stated that his current NP pharmacology course include antibiotics but nutrient infusion appears to be a trend but not sure it is taught in graduate-level nursing programs.

Ms. Boyer referred to evidence-based practice vs. education/training.

Ms. Stone Murai said that she had 3 comments:

- 1 – nutritional therapy is commonly used in the practice of naturopathy;
- 2 – patient referrals from other health care practitioners are treated as patients when under your care; and
- 3 –the danger of depending solely on evidence based practice is that it is always retrospective and can impede incorporation of new knowledge and practices

After further discussion, it was the consensus of the Board that the practice of nutritional therapy or hydration therapy is not prohibited in the nurse practice act.

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.

Can APRN with National Certification as a Child-Adolescent Psychiatric-Mental Health Clinical Nurse Specialist Treat Adults?

The Board received an email from A. Neves regarding the scope of practice of an APRN who is nationally certified as a Child-Adolescent Psychiatric-Mental Health CNS if she can provide services to the adult population.

She stated that at the time ANCC only offered Adult OR Child-Adolescent PMHCNS board certification, NOT across the lifespan. Therefore, she chose to sit for only the Child-Adolescent PMHCNS instead of sitting for an additional exam for Adult PMHCNS, which would entail additional costs not only for the initial exam, but every 5 years as well for Board Certification renewal, as well as the necessary additional CEUs for the adult population. ANCC retired both the Adult and Child-Adolescent PHMCNS board certifications several years ago. Currently they only offer PMH Nurse Practitioner (NP) Across the Lifespan board certification. She did speak to ANCC about taking the exam for PMHNP board certification and was informed that she would have to prove that she met the criteria to sit for the PMHNP-across the lifespan board certification exam as her program was a CNS program. This would require her to submit all of the past UH SONDH Course Catalogs, PMHCNS Curriculum Pathway, Course Catalogs, Syllabi, and transcript.

In the meantime, she is asking that given that her training program was PMHCNS (dual program across the lifespan), she wanted to know if she can provide psychiatric-mental health services to the adult population or do I need to be board certified as an Adult PMHCNS or PMHNP?

She also stated that there is currently a great need for psychiatric-mental health APRNs due to the pandemic. As a UH SONDH faculty, she has been assigned to work with the UH Counseling and Student Development Center (CSDC) over the past year. The UH CSDC is very interested in having her see adult students who need counseling and medication management. I informed them that she would need to clear this with the Hawaii State Board of Nursing.

The Chair asked Mr. Kuo if he had any comments.

Mr. Kuo stated that there is an age limit and that there is a difference between treating adults vs. children/adolescents and that he would recommend that she go back to school.

Ms. Reichhardt stated that psychiatric mental health is a population foci and the Board did adopt the APRN consensus model that refers to the education and national certification for APRNs and recommends that she seek clarification from her national certifying organization as to what is the upper limit on the age of her patients she can treat based on her national certification.

After further discussion, it was the consensus of the Board to refer Ms. Neves to the population foci and her national certifying organization.

The Chair announced the next agenda item was to re-visit the Board's previous response to an inquiry regarding CE vs. 2 semester credits and asked if there was anyone attending wishing to address the Board.

Staff reported that no one raised their hand.

2021 Renewal:

Continuing Competency Learning Activity – CE vs. 2 Semester Credits, Previously Discussed at the June 3, 2021 Meeting, Reconsideration of the Actual Courses Completed – Nurse Aide vs. Nursing

At the July 1, 2021 meeting, Ms. Boyer raised concerns when discussing the minutes that the Board approved the courses referred to by Ms. J. Vietor that she completed from Kapiolani Community College for which she received a certificate of Completion in Adult Residential Care Home Primary Care Givers for completion NURS 11, 12, 13, & 14 with the understanding that 1 credit = 10 contact hours and this would = 40 hours

Ms. Boyer expressed concerns that these are not a post-licensure nursing courses as indicated in HRS §457-9.3.

The Chair stated that wouldn't any nursing course be considered "post-licensure" if completed after being licensed?

Ms. Daub stated that continuing competency is important for an RN's professional development who wishes to open or run an ARCH.

Mr. Duldulao stated that it is important for RN care home operators to complete such training.

Dr. Napoleon agreed that this is a post-licensure personal professional development course that is not necessarily taught in basic nursing, but an area that an RN may choose to pursue.

Mr. Ramos agreed with Dr. Napoleon that this course is important in enhancing the nurse's ability to care for patients in a foster or care home.

Ms. Stone Murai asked if this course was to set-up a business rather than nursing practice.

EO Teshima stated that the following information is based on the course descriptions that appear to be more than just starting an ARCH business:

- **NURS 11** – ARCH Activities NURS 11;
- **NURS 12** – ARCH Common Health Disorders; Nutrition Orientation; Making Medications Available;
- **NURS 13** – ARCH Specialized Populations; Communications; Rehabilitation Services; and
- **NURS 14** – ARCH Regulations, Accounts and Community Resources

The four courses in this curriculum are part of the licensure requirements for the Department of Health for Adult Residential Care Home Operators. These operators provide live-in care for up to five persons in the operator's home and serve as their advocate. The residents are often the elderly with mental illness, intellectual disabilities, or chronic diseases.

Ms. Kodama and the Vice Chair agreed that based on the information in the course description, this appears to be a diverse business.

After further discussion, Ms. Boyer agreed with the other members and thanked the Board for talking this through.

Renewal Statistics

EO Teshima reported that of approximately 34,000 nurses who were eligible to renew that included LPNs, RNs and APRNs, approximately 27,707 were renewed as on-time.

She reported that staff is still responding to requests to restore a nurse's license if they did not renew by June 30, 2021.

Reports:

Hawaii State Center for Nursing – Laura Reichhardt, Executive Director

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Ms. Reichhardt reported:

- Thanking EO Teshima for diligently working with the Hawaii State Center for Nursing in addressing issues with the workforce survey and reported that they received a sufficient number of responses for their report;
- They are working with HEIMA and DOH for the CNA workforce and nursing students to support CNA vacancies as they are looking at possibly 500 vacancies to support 20 agencies; and
- For the 2022 Legislative Session, they are seeking to increase the Hawaii State Center for Nursing Fee from \$40 to possible \$60 and also to require nurses complete the workforce survey but not make it punitive when renewing their license.

Hawai'i American Nurses Association – Linda Beechinor, Executive Director

Ms. Beechinor reported:

- They are doing outreach to nursing schools; and
- Annual Conference will be held virtually and in person on October 9, 2021 with CE and networking opportunities.

Hawai'i Association of Professional Nurses – Bradley Kuo, Legislative Coordinator

Mr. Kuo reported:

- Thanking Ms Reichhardt and Ms. Beechinor; and
- Gearing up for the 2022 Legislative Session.

The Chair announced that for 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.

Executive Session:

At 10:45 a.m., upon a motion by Ms. Boyer, seconded by Ms Stone Murai, 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".

The Board resumed the meeting at 11:26 a.m. after coming out of executive session.

Applications:

Ratification Lists

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

LPNs, license numbers 20144 – 20168 (24);
RNs, license numbers 101107 – 101539 (432); and
APRNs and APRNs with prescriptive authority

Registered Nurses

The Chair called for a motion for the RN applications.

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

Tiffany R. Collins
Laurene Patricia Baker-Quick
Anne Sirey Sigouin
Charity Marie Correa
Carol Lee Campbell
Lorenzo L. Campbell
Kela Marie Pualani Fitzgerald
Anne Sirey Sigouin – APRN
Charity Marie Correa – APRN

Chapter 91, HRS –
Adjudicatory Matters:

Upon a motion by the Chair, seconded by Ms. Stone Murai, it was voted on and unanimously carried to approve the following adjudicatory matter:

In the Matter of the License to Practice Nursing of **Edna Moses, RNS 2020-5-L (Act 38 SLH 2016)**; Board's Final Order

Election of New Chair/
Vice EO Chair Pursuant
to HRS §436B-6(a):

EO Teshima explained that pursuant to the following section, the Board is required to hold elections for Chair and Vice Chair annually:

§436B-6 Organization of boards. (a) Immediately upon the qualification and appointment of the original members, and annually thereafter, **the board shall elect one member as chair and one member as vice-chair.** In the absence of both the chair and the vice-chair to preside at a meeting, the members present shall select a chair pro tem.

(b) Each board shall meet not less than twice a year at a time and place determined by the board.

(c) The majority of the members to which the board is entitled shall constitute a quorum. The concurrence of a majority of the members to which the board is entitled shall be necessary to make any action taken by the board valid. Each board shall conduct its meetings in accordance with chapters 91 and 92.

She stated that the Board can also elect to continue with the current Chair and Vice Chair.

The Board members commented that the current Chair and Vice Chair was doing an excellent job and agreed to continue with the current and Chair and Vice Chair.

Next Meeting:

Thursday, September 2, 2021
9:00 a.m. (Approximate Time, Following the Education Committee Meeting)
Virtual

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

Dr. Napoleon stated that she may not be able to attend.

Adjournment:

With no further business to discuss, the Chair adjourned the meeting at 11:32 a.m.

Taken by:

/s/ Lee Ann Teshima
Lee Ann Teshima
Executive Officer

LAT

8/24/21

[x] Minutes approved as is.

[] Minutes approved with changes; see minutes of _____