

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, February 2, 2023

Time: 9:00 a.m.

In-Person Meeting Location: Queen Liliuokalani Conference Room, First Floor
HRH King Kalakaua Building
335 Merchant Street
Honolulu, Hawaii 96813

Virtual: Virtual Videoconference Meeting – Zoom Webinar (use link below)
<https://dcca-hawaii-gov.zoom.us/j/93031433322>

Zoom Phone Number: (669) 900 6833

Meeting ID: 930 3143 3322

Agenda: The agenda was posted on the State electronic calendar as required by HRS section 92-7(b).

Members Present: Carrie Oliveira, Chair
Karen Boyer, RN, MS, FNP
Tammie Napoleon, DNP, APRN, PPCNP-BC
Amy Stone Murai, APRN
Benjamin Ramos, RN
Diana Jill Riggs, RN, MSN

Members Excused: Olivia Kim, BSN, BS, RN, LPN, NHA, Vice Chair
Luzviminda Miguel, DNP, MSN Ed., RN

Staff Present: Chelsea Fukunaga, EO (“EO Fukunaga”)
Lee Ann Teshima, Executive Officer (“EO Teshima”)
Shari Wong, Deputy Attorney General (“DAG”)
Marc Yoshimura, Secretary
Lausei Taua, Office Assistant

Guests: Alice Tseu, UH Manoa-NAWSON
Merle Kataoka-Yahiro, UH Manoa-NAWSON
William Sigman, UHA
Saba Kam, Kapiolani Community College
Amie Patel, AZCN
Amber Kool, AZCN
Mihoko Ito, SanHi Government Strategies
Rhobertha Haley, Chaminade University
Laura Reichhardt, Hawaii State Center for Nursing
Nick Mansour, AZCN
Barbara Halle, AZCN

Linda Beechinor, Hawai'i American Nurses Association
Bradley Kuo, Hawai'i Association of Professional Nurses
Clementina Ceria Ulep, Interim Dean, UH Manoa-NAWSON
Dr. Edna Magpantay-Monroe, Dean, Hawaii Pacific University
Brienne Kuwabara, Hawaii State Center for Nursing
Kris Clark
Beverly Harbin
Steve Neptune
Katie Fleener
Matthew Egan
Jonathan Ching
Wanda Hough
Marlene Acosta

For purposes of this hybrid 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.

Virtual Meeting
Instructions:

A short video regarding virtual meetings was played for attendees.

The Chair provided information on internet and phone access for today's virtual meeting and announced that today's meeting was being recorded and that the recording will be posted on the Board's web page.

Call to Order:

The Chair took roll call of the Board members.

In accordance with Act 220, SLH 2021, all Board members attending virtually confirmed that they were alone in their nonpublic location.

After taking roll, quorum was established and the meeting was called to order at 9:08 a.m.

Chair's Report:

Approval of the Minutes of the January 12, 2023 Meeting

The Chair asked if there was any corrections or discussion of the minutes for the January 12, 2023 meeting.

The Chair mentioned there was an amendment to the executive session minutes. There being no further discussion, she asked for a motion.

Upon a motion by Dr. Napoleon, seconded by Ms. Stone Murai, it was voted on and unanimously carried to approve the minutes of the January 12, 2023 minutes as amended for the executive session and as circulated for the open meeting.

Announcements

The Chair reported on the NCSBN's President's meeting and noted the following:

- Artificial Intelligence (AI) in nursing education and the NCLEX;
- Task force established to provide guidance on IV hydration businesses by RNs; and
- NCSBN's 2023 environmental scan is now available.

Education Committee
Report:

Education Committee Report for January 12, 2023 Meeting – Karen Boyer

Ms. Boyer reported on the following recommendations from the Education Committee's January 12, 2023 meeting:

Faculty Applications – Recommend approval of the following faculty applications
NAWSON Mary "Camille" Nishio
 Matthew J. Seriguchi
 Cody D. Hua

Application(s) - Mark Walter Raso – Accept credentials evaluation from World Education Services

The Chair asked for a motion in regard to the Education Committee's recommendations. Upon a motion by Ms. Boyer, seconded by Ms. Riggs, it was voted on and unanimously carried to accept the recommendations of the Education Committee's January 12, 2023 meeting.

At this time, the Chair announced that she was taking the agenda out of order.

Applications:

Phase I Application for Hawaii Nursing Education Program – Arizona College of Nursing (AZCN)

Ms. Mihoko Ito, Sanhi Government Strategies, introduced herself as representing the AZCN and also introduced AZCN team, Ms. Amie Patel, National Clinical Development Manager, Dr. Amber Kool, Associate Provost, Dr. Barbara Halle, VP of Nursing, Nick Monsour, Chairman of the College.

Ms. Ito stated that AZCN submitted their application for Phase I in June 2022 and met with the Education Committee and have responded to several requests for information. She believes at this point, AZCN has met all the requirements under the applicable HRS and HAR and are available to respond to any further questions. She stated that to highlight, AZCN's plan is to engage and actively partner in the community to address those who would like to invest and wish to start a career in nursing in Hawaii as well as to address the workforce shortage. The college has already made extensive efforts to reach out to the health care community and is willing to build on these relationships to become a fabric of the community and the healthcare education system.

She also wanted to highlight that their program is unique as it is focused on social equity, diversity and non-traditional students.

Dr. Halle wanted to also acknowledge Beverly Harban with the Wahiawa Center for Community Health, a clinical partner and stated that AZCN proposes this BSN program in Honolulu to foster nursing education, cultural teaching and learning, with a commitment to the community and to address the workforce shortage and improve the health for Hawaii residents. She stated that when they looked at Hawaii, a multitude of factors contributed to their interests to providing nursing education, including population trends, health care needs of the community, health care sector anticipated growth, nursing workforce supply vs. demand, nursing employment rates, and existing nursing education capacity to meet local demand for nursing education. As part of the community outreach, they contacted all nursing programs in the Honolulu community that voiced concerns through oral or written testimony to the Board and invited them to discuss any issues and offered to work together to advance the nursing education in the Honolulu area and that they continue to

welcome the opportunity to collaborate for student success and to ultimately to address the nursing workforce shortage that is significant in the community.

She added that the college typically serves non-traditional students through their commuter program with the completion of a BSN in 3 years. These students come from diverse backgrounds. Currently 60% of their students come from racial, ethnic and culturally diverse backgrounds and many are first generation college students. She stated that they are dedicated to constructing an individualized plan for each student's success with a whole complement of wrap around services derived from looking at their psychosocial, social and academic needs. Community engagement is at the forefront of our mission to serve the unique student populations. In other communities, they have relationships with the National Black Nurses Association and the National Association of Hispanic Nurses and for Hawaii are committed to developing relationships with the Philippine Nursing Association of America and other organizations specifically Pacific Islanders and native Hawaiians. Many community organizations and agencies that they have spent time with have also highlighted that Honolulu could benefit from another prelicensure BSN nursing program. A general consensus in the 8 letters of support indicated that the delivery side of health care is looking for innovative partnerships and that these community stakeholders expressed a strong desire to collaborate with them and cultivate the next generation of nurses.

Dr. Halle stated that they recognize the clinical sites here are finite and that finding clinical opportunities can be challenging. It is the goal of the college not to further strain the current demand for clinical resources and that they have developed a robust network of health care industry partners 19 of which have chosen to affiliate with them and specifically attesting that they will not displace any other school in order to provide them with clinical rotations.

She stated further that the college has an outstanding record of developing nurses who stay in their communities and increase diversity in the workforce and that system wide, their NCLEX pass rates and their CCNE completion rates are well above benchmark. She stated that the college of nursing consistently engages in a dynamic, collaborative and self-evaluation to explore improvement opportunities and conduct process improvement initiatives with a student center focus.

Dr. Halle thanked the Board and offered to answer any questions by the Board.

The Chair asked the Board members if they had any questions. There was none.

The Chair asked if there was anyone else wishing to address the Board on this agenda item to raise your hand.

Ms. Harban, attending virtually, raised her hand and introduced herself as the CEO for the Wahiawa Center for Community Health located in Wahiawa and serving all of central Oahu as a federally qualified health center. She stated that she is also a member of the Hawaii Primary Care Association Board of Directors and the Chair of the Legislative Committee for the health centers for the State of Hawaii and that one of their top priorities is the workforce shortage. The competition for staffing, nursing, doctors, providers, but especially nursing is extremely competitive in Hawaii and that they, in the local community are quite often not able to find sufficient help. She stated that she has been in communication with the AZCN and is so impressed with their commitment to work with underserved communities and in their health center where 85% of their patients are non-white.

She stated that this school of nursing entering into the Mililani area which covers a large area in central Oahu, would be one of the greatest assets to come to us and that quite often this area of Wahiawa and Wailua are forgotten about and have been and that is why their health center has experienced exponential growth, and that they have outgrown themselves, having a difficult time increasing staffing. They started 6 years ago with 3 retiring physicians and their retiring staff and they have gone from 15 employees to 82 and growing. She further stated that to have a school, in her neighborhood, that understands our culture and community and being able to partner with them and their students in a clinical setting would be one of the greatest assets to come to Oahu. She encouraged the Board to work with AZCN as they are really showing that they understand and want to be a partner and thanked the Board.

The Chair asked if the Board members had any questions. There were none. The Chair asked if there was anyone attending in-person wishing to address the Board on this agenda item.

Ms. Clementina Ceria Ulep, Interim Dean for the NAWSON provided testimony in strong opposition of the proposed Phase I application for AZCN and referred to her testimony that was submitted in September. She stated that they are working locally to increase their enrollment to meet the nursing workforce needs of Hawaii and have launched a masters in nursing education and leadership and that they are now currently admitting students. She stated that this cohort in 2023 will address their nursing faculty shortage.

She stated that in terms of the working nurse force shortage, they have developed a collaboration with UH West Oahu and launched that program in 2022 and in spring 2024 they expect to have a cohort of 24 coming from UH West Oahu to Manoa and go into the community. The West Oahu and the Manoa nursing faculty will go there. By the time they have full implementation, they will have 76 additional students in addition to their 48 students in GEPN and prelicensure per year that is 48 that is their traditional and direct entry in nursing. She stated that she believes that with the other schools like Chaminade, and HPU, they are meeting the nursing workforce needs in Hawaii and that is the reason why she strongly oppose is because they, NAWSON have the capacity for their enrollment at NAWSON, but in talking with their clinical partners they are telling them that they can no longer expand and meet their clinical placement needs so she is wondering how AZCN will be able to do so, in particular in acute care setting. She added that they are providing affordable education to their students for a baccalaureate in nursing that cost about \$54,000 for 4 years altogether and that she believes AZCN cost is \$90,000 plus and that in addition, the University of Hawaii system prides itself on being a native Hawaiian place of learning so the cultures and values of our community is graded in their curriculum and to really equip their graduates to provide care to our populations. She stated in short, she believes we are doing all that we can and we don't need AZCN and thanked the Board.

Ms. Boyer asked Dr. Ulep if the NAWSON is regionally accredited.

Dr. Ulep responded that the NAWSON is accredited by the CCNE.

Mr. Boyer asked what about the university itself.

Dr. Ulep responded with WASP.

The Chair asked the Board if there were any other questions. There were none and asked for the next testifier to approach.

Ms. Rhoberta Haley, Dean of the School of Nursing and Health Professions at Chaminade University of Honolulu approached. Ms. Haley stated that she is giving testimony in strong opposition to the approval of the AZCN coming to Hawaii and referred to her testimony she submitted in September. She stated that clinical sites are indeed a finite resource and acute care hospital clinical placements are the biggest problem that we have especially in this specialty area so they appreciate that community centers and other non-hospital placement who maybe looking for additional personnel but it is the acute care placements that are very hard to find. She stated that they are capable of educating more prelicensure nursing students and that even though their clinical partners are doing everything they can to collaborate and a joint effort to have a higher number of nurses coming into the workforce, it is the limiting factor.

She further stated that being the biggest or one of the biggest prelicensure programs in the State, because they have not been under restrictions for hiring that was a terrible burden for some of the public programs, that they are a private and not for profit catholic school and have not had hiring restrictions which has helped them to meet those health care sector workforce needs. They launched their accelerated program in an effort to have a different stream of students who is coming in more quickly into the workforce and have been doing that in the last year in addition to their traditional program. She stated that their university is WASP accredited and the school of nursing is CCNE accredited.

Ms. Haley stated that as part of the Mariner tradition, at the request of the Royal Family Kingdom of Hawaii over 100 years ago to educate local students and that their current school, Chaminade University is 67 years old. They are a nationally designated native Hawaiian serving institution and that a majority of their students are local first generation students of which 94% of them receive some type of financial aid. She stated that they are on a very remote island and realizes that because she wasn't born here, that she has been here learning all of the things that are unique to Hawaii from that in the mainland where you may be able to find placements in another part of the state or even across state lines, but that is not an option here. We are very remote and their students are on Oahu and don't have another state line to just cross over, so she knows that the clinical placements are not going to ratically change in the future is concerned about that aspect. She thanked the Board.

The Chair asked the Board members if they had any questions. There were none.

Staff informed the Chair that someone attending virtually had their hand raised.

The Chair agreed to allow Dr. Monroe address the Board.

Dr. Edna Magpantay-Monroe introduced herself as the Dean for HPU and former founding faculty for Chaminade and that she has seen the trends that has happened throughout the years even though she considers herself a transplant from the mainland she stated that she wanted to echo the concerns raised by the previous Deans in regard to the enrollment capacity. She stated that right now HPU is monitoring the possibility of increasing their enrollment in the traditional program and also a small group of students which they consider scholar program and that the expansion of that which consist of students from high school is also limited for the lack of clinical placements. She stated that recently, she just started last month, one of their acute care facilities had decided to decrease but actually cancelled a good amount of their placements for some of their students so their school has had to find equivalent placement for their rotation into the community and they

have been successful in that and agrees with the previous Deans testimony on acute placements.

Dr. Monroe further stated that in regard to the workforce shortage, in her experience, Hawaii students often say that it is very difficult to land a job here Hawaii and that in the first year after passing the boards, they decide to seek employment outside the State. She stated that she thinks the numbers from all 3 schools in Hawaii including the neighbor island programs can support the workforce shortage.

She stated that HPU being a native Hawaiian serving school, one of their strength is, like Chaminade and UH Manoa, is enhancing the understanding of the values in serving this community. She further stated that AZCN can do the same over a period of time and that it is important that the information is passed to their graduates especially if they want to stay in Hawaii to practice and that she is in opposition for AZCN to start a program in Hawaii. She thanked the Board.

The Chair asked if there were any questions for Dr. Monroe.

Ms. Boyer asked if about HPU's accreditation.

Dr. Monroe stated that the school is WASP accredited and the nursing program is accredited by CCNE.

EO Teshima asked Dr. Monroe if she was the Dean of HPU's nursing program because she does not recall getting any notice from HPU.

Dr. Monroe stated that the school of nursing of HPU use to be College of Health and Sciences but with the expansion of many of their programs, a decision was made as of January 1, 2022 that it become a stand-alone school of nursing.

EO Teshima asked if Dr. Monroe was considered the Administrator.

Dr. Monroe said yes.

EO Teshima said she doesn't recall receiving any official notification.

Dr. Monroe stated she will let her provost, Jennifer Walsh know because she just started very recently.

The Chair and Ms. Boyer stated that they thought we were notified.

Board staff was going to double check.

Merle Kataoka – Yahiro, Professor and Graduate Chair at the NAWSON was next to testify stating that she this is an addition to her written testimony that was submitted late yesterday evening and proceeded to read her testimony:

On September 1, 2022, my colleagues at the University of Hawaii at Manoa, Interim Dean Ceria-Ulep, Interim Associate Dean of Academic Affairs Lorrie Wong, Department of Nursing Chair Alice Tse provided substantive justification in strong opposition to the application of the AZCN to start a nursing program in Hawaii and as the Department of Nursing Graduate Chair, I highly resonate and concur in agreement with their concerns.

Since then several of us have received a letter from Dr. Barbara Halle, Dean of Nursing, on behalf of AZCN providing a seven-page letter acknowledging the concerns and opposition to establish a new program in Honolulu as well as reiterating information about AZCN, the Program, and the topics of concern raised at the Board meeting.

In addition, to the rationale and justification in strong opposition to the application of AZCN by my esteemed colleagues and in the spirit of not being redundant, I will add one major missing fundamental element in the letter from AZCN which is of concern to me. As I re-read the AZCN letter, nowhere in the letter did they take the time to address their understanding of the unique socio-demographic characteristics and culture which sets Hawaii apart from the continental US. Instead one of their solutions was to relocate nursing faculty from the continental US to teach students who reside in the State of Hawaii rather than first seeking understanding and willingness to listen and learn from others who have far more knowledge and experience to work in this State. This action demonstrates a lack of understanding of the cultural norms which are core to engagement and the expression of respect for those who came before them.

Furthermore, AZCN, mentions one of their goals is to provide education to underserved diverse communities to enhance their income potential. There is no mention of their understanding and appreciation of Hawaii's diverse nursing faculty and student background in this section. AZCN mentioned that 60% of their students are from racial and ethnic minority groups, however, does not mention or acknowledge these unique racial and ethnic groups. They have developed strategic partnerships with both the National Black Nurses Association (NBNA) and the National Association of Hispanic Nurses (NAHN), but there is no mention to further build strategic partnerships with national nursing associations that represent Native Hawaiian/Pacific Islander or Asian-American nurses and nurse leaders.

In summary, there is a disconnect of their understanding between what is unique to Hawaii and what exists in the continental US. To assume that what works in the continental US will work in Hawaii is a false assumption. AZCN has not passed the litmus test to listen, learn, and acknowledge the fundamental core values which make this island State and its people unique to the rest of the US and world. With sincere display of the appreciation of the uniqueness and differences and their genuine approach, AZCN may have had a different introduction.

Respectfully submitted,

Merle R. Kataoka-Yahiro, Dr.P.H., M.S., APRN, Professor and Graduate Chair
University of Hawaii at Manoa Nancy Atmospheria-Walch School of Nursing

The Chair asked if there were any questions. There being none, she asked for the next testifier to approach.

Ms. Saba Kam, Department Chair of Nursing for Kapiolani Community College testified in opposition to the AZCN. She stated that the priority for UH systems has always been the health and well being of the people of Hawaii and that Hawaii has a disadvantage population and a tuition of \$90,000 a year will the AZCN recruit students from the mainland with the concern that these students will return to the mainland to work and not reinforce our workforce.

She stated that they are able to increase enrollment in our system and that historically have served Pacific Islanders and Native Hawaiians by providing scholarships and ample academic support and the attrition rates are very low and NCLEX rates close to 100%. She stated that their clinical sites on Oahu are extremely limited, and have heard references to acute care and pediatrics, and that they have had to move to sim for one of their very small cohorts because of the lack of clinical sites that only Kapiolani Community

College has and they've had to work out a very specific schedule for that site. Admitting 70-100 students would decimate the UH system nursing programs that historically, have shown their ability to serve Pacific Islanders and Native Hawaiians.

Ms. Boyer asked if Kapiolani Community College is regionally accredited.

Ms. Kam said yes, by ACEN and regionally by WASP.

The Chair asked if there were any questions. Being none, she asked the next testifier to approach.

Mr. Sigman said he didn't want to repeat previous testifiers and wanted to represent staff nurses and although he works for UH Manoa, as a staff nurse, he has seen the ups and downs of the nursing shortages and in clinicals as a staff nurse, sees student nurses everyday and evenings. The nurses that are actually helping train nursing students as well as the faculty, are getting burnt out because they also have new grads that have come up. In 2019, he saw them turn away 25-30 nursing students because there was no place for them, locally. He stated that he has talked to managers at the hospital that he does work at and that their concern when they tried to raise their student population would result in over saturation of the market. Also recognizing that the resilience of nurses that they have graduated in the last 5 or 6 years have not been as good as they use to be. He stated that COVID took a hit on the young nurses and that's why they are leaving the field or moving somewhere else. He coordinates the fundamentals as well as the fourth semester that is their advanced semester course but it is difficult to find clinical placements for their students in the community as they have to compete with the people already out there. He stated that COVID has also shown us that virtual simulation isn't as adequate to produce a quality student at the end of the program and that they actually need to practice in the clinical field. This could be substitute but it is not ideal. He also stated that they need to up their undergrad programs to facilitate that onboarding for that nurse because of their actual lack of hands-on clinical.

The Chair called upon the next testifier, Alice Tseu.

Ms. Tseu introduced herself as the Chair of the nursing department for NAWSON testifying in opposition to the application for AZCN. She stated that in addition to previous testifiers, UH Manoa is developing opportunities for students of Hawaiian, Asian and Pacific Islander background to get opportunities in nursing, they developed a course in partnership with Queen's Medical Center. The priority selection for student interns is that they are Hawaiian, Asian and Pacific Islander background and that has been very successful.

She stated the other thing is that clinical placements are so limiting there is not only staff burnout but staff burnout has bundled with hospitals taking on additional initiatives like new grad preceptor programs, etc. This has caused a decline in their ability to place students in clinical units, if students are being precepted by nurses these nurses are too busy with new grad orientation that they cannot precept nursing students. She added that there is also an element of community burnout because they have shifted, very creatively, their clinical teaching to community counterparts. Concerns with staff training nursing students is not going to work because they are not good role models and the facilities are saturated.

Dr. Kuo, APRN, representing himself as an individual. He stated that his focus is on the cultural competency, schools of nursing can manage all the clinical placement stuff but one thing that he feels is critically important in Hawaii that we have a nursing faculty that

has that cultural competency and that if it is true that the plan is to transplant folks from the mainland that may have a ginormous disservice to the patients that may be served by students from the school.

Kris Clark from Queen's stated that as supporters of nursing students one of the challenges they face on their side is once a student graduates, they want to ensure that they have positions so looking at training nursing students and looking after their new grads have been a challenge. They have over 900 students annually, in spring 2023 had 398 students and 30 placement requests that they were not able to meet.

The Chair asked if there were any questions, seeing none, she asked if anyone from the AZCN wanted to comment on the testimonies provided.

Ms. Ito stated that she appreciates hearing all of the concerns and that the AZCN is willing to discuss any and all concerns regarding clinical placements and that they were able to obtain adequate clinical placements as provided to the Board and that it was not disturbing existing clinical placements. She wanted to ask Amie Patel to address this. She stated that in respect to the concerns raised, she appreciates the concerns and reiterated that the AZCN is willing to discuss these concerns further and how they can be good partners in the community. She stated that when you look at the requirements in the HRS and HAR, none of the concerns meet up with any of the requirements that are before this Board and asked Ms. Patel to provide information on how they obtained the commitments for clinical placements.

Ms. Patel introduced herself as the national clinical development manager with the AZCN and stated that Wanda Howe has spent 2 years meeting with and cultivating the partnerships with the local health care facilities. Through their development efforts in Honolulu, they found that there is a documented workforce need in Hawaii for nurses not just in acute care but also long-term care. They secured 19 clinical partners with includes the mix of settings and what they found is that there is ample clinical placements in long-term care and sub-acute care and community based organizations that have reported a need to hire RNs and very excited to host their students on clinical rotations and to work collaboratively to ensure a robust learning experience. One facility informed them that they are not being fully utilized by Hawaii nursing schools and out of those sites, 10 mentioned that there is zero to one other school currently utilizing them for experiences which did help is securing clinical placements. Of the 4 acute care partners, they looked very carefully at their capacity and how they could fit them in which is represented in the numbers they received. She stated that they met not only with the Chief Nursing Officer (CNO) but also the clinical coordinators to ensure that no other school is displaced through another shift or day that was being provided to AZCN.

She stated that AZCN has an innovative way of how they do their clinicals by building their theory and didactic schedule around the clinical availability which allows them to not be constricted to a set schedule. This flexibility will make it significantly easier for AZCN to utilize clinical times that are not being used and also routinely utilize evenings and weekends as well as school break times for clinical placements. She also stated that none of their clinicals are precepted but instead are committed to have a faculty member appointed to all their clinical groups.

The Chair asked Ms. Patel to further explain the clinical offerings/placements that are not during the evening or weekends.

Ms. Patel explained that some of the shifts may pertain to a summer shift and that they often revisit their clinical sites.

The Chair asked about their acute care facilities, including med-surge III units.

Ms. Patel explained that when they did the clinical site survey, what the site was looking at is what is currently not being utilized. This may be during off times like summer when these sites are not being utilized so how they document this is that there may be availability for first and second shifts but further explain that this shift may only be available during the summer. However, a typical spring or fall semester, we would only be available during the weekends or second shift but when they get closer to opening, all their clinical partners are aware that they will revisit the site survey and that their last revisit was in August, 6 months ago.

The Chair asked about acute-care clinical placements as they indicated 4 sites, VA, Wahiawa, Castle and Kaiser, specifically for Kaiser and how they counted Kaiser's placements for 30 students under med-surge III.

Ms. Patel stated that they would take any of their med-surge units and utilize for med-surge III.

The Chair asked if there were any further questions.

Ms. Boyer stated that 445 is not precepted but faculty is there and that they indicated that there will be 8 students but some of the facilities cap at 6 so the 8 students will be broken into 2 groups of 4?

Ms. Patel stated that there is a cap on the number of students and that they will follow the site's direction.

Ms. Boyer stated that she knows that Rehab Hospital would take 1 student per unit because they don't have a lot of nursing staff so she wasn't sure how AZCN would have faculty there for 1 student.

Ms. Patel stated that they would have faculty there and have them split out and able to rotate through the units.

Ms. Boyer wanted clarification if students would be on multiple units and 1 faculty would be covering.

Ms. Patel responded that when they ask the facilities, they ask how large of a group will they be able to accommodate with 1 faculty member and then based on their direction of the cap.

Ms. Boyer said it was different from what she heard from Rehab.

Ms. Boyer asked about the dialysis sites because they indicated a lot of sites and asked what their vision is on what the nursing student will do in a dialysis center.

Ms. Patel asked if Amber Poole could respond to that question.

Dr. Kool introduced herself as the Associate Provost and stated that they try to be innovative and creative with their sites and knowing that in a dialysis environment, there

will be things that student nurses will not be able to do but what they can function in is their practice of time management, watching the nurses do basic assessment such as vital signs, in some instances, they do have the ability for, depending on the faculty and the site for which they would follow the directives of the site, for instance are they allowed to start an IV, do basic infusions, med administration and monitoring, which for earlier students that is a key assessment. She stated that what they try to focus on that is part of the clinical curriculum that is important is direct care which could be something as simple as do they know how to communicate with their patient, identify the patient's needs, and having that ability to have one-and-one interaction, all key functions that sometimes are overlooked when focusing on psychomotor skills. So some of these environments are meant to truly integrate soft skills that nurses need to have as well as assessment skills.

The Chair asked if there were any questions.

EO Teshima raised her hand and was recognized by the Chair and asked Dr. Kool asked if a student completed the curriculum for practical nurse would they issue a certificate of achievement or diploma so that individual can sit for the NCLEX-PN.

Dr. Kool stated that they have not historically and that perhaps if an individual completes the first semester, they may be able to get certified as a nurse aide.

EO Teshima stated that their curriculum for nurse aide training would have to be approved by the Department of Human Services.

EO Teshima asked about the cultural competency and how or if AZCN will address this.

The Chair clarified if EO Teshima was asking if AZCN would mission to educate native Hawaiian students.

EO Teshima said because the other nursing programs testified that they do it she was uncertain how they admit these students, is it by percentage and do they have to be specifically native Hawaiian. She said she is hearing that but not sure if this is actually happening.

Dr. Kool stated they are big advocates for student nursing associations that may be created on that campus and specific to the community for which they are serving. When they get out in the community, what would their students need. She stated that in response to the question, yes, they would integrate opportunities, work groups, task forces, get them involved in different associations that are important in this community and be present there.

Ms. Kam raised her hand with a question for AZCN.

The Chair called on Ms. Kam who started to ask AZCN a question.

EO Teshima interrupted and stated that AZCN is here to respond to the Board regarding their application and that testifiers limit their testimony to your position and not question AZCN at this time and that any questions for AZCN, that they contact them directly.

The Chair recognized Ms. Patel who wanted to address how AZCN would be working with the native Hawaiians. She stated that one of their partners is the Department of Health and that they have been working with Joan Takamori on how they can incorporate the need to care for native Hawaiians and with Beth Harban of Wahiawa.

Ms. Boyer stated that they are ABHES accredited and if they had any plans for regional accreditation like WASP.

Ms. Halle stated that they are nationally accredited and deferred to the Vice Chair of regulatory affairs if the Board wanted more information.

Ms. Boyer said it was not necessary and stated that ABHES accredits phlebotomy programs and surgical technology programs.

Mr. Mansour stated that yes they are accredited by the health education schools and ABHES has an institutional accreditation in addition to accrediting specific programs. They accredit AZCN as an institution and CCNE accredits their nursing program. He stated that the Department of Education no longer recognizes regional accreditation but that they do recognize WASP and perhaps something they will seek to do someday.

The Chair asked if there were any questions from the Board.

There being none, the Chair wanted to thank and acknowledge receipt of all the information and the cooperation of AZCN in providing information requested by the Board as well as the Education Committee.

In order to deliberate on this matter, the Chair asked for a motion to move into executive session to consult with the DAG.

Executive Session:

At 10:21 a.m., upon a motion by Ms. Boyer, seconded by Dr. Napoleon, it was voted on and unanimously carried 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 professional or vocational licenses cited in section 26-9 or both;" and "To consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities, and liabilities;".

Upon a motion by Ms. Boyer, seconded by Dr. Napoleon, it was voted on and unanimously carried to move out of executive session at 10:33 a.m.

Upon a motion by the Chair, seconded by Ms. Riggs, it was voted on and unanimously carried to approve the Phase I application for AZCN BSN program.

EO Teshima reminded AZCN on the submission of their Phase II application and that perhaps knowing how long the review process can be, to try to get the application in as soon as possible and also if there are any changes to the information submitted with the Phase I application to please notify the Board as soon as possible.

At 10:33, the Chair called for a recess pursuant to Chapter 91, HRS to discuss adjudicatory matters.

Chapter 91, HRS
Adjudicatory Matters

In the Matter of the License to Practice Nursing of **Joann M. McDermott**, **RNS 2021-409-L**; Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board's Final Order; Exhibits "1" – "2"

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

The Chair resumed the meeting and announced the next agenda item as the reports and called on Ms. Reichhardt.

Reports:

Hawai'i State Center for Nursing – Laura Reichhardt, Executive Director

Ms. Reichhardt stated that the Center released an info graphic and information brief on the nursing licensure compact and that there were comments that the info graphic appears to be biased but when you summarize a large amount of information those summaries include the full context. She stated that she wanted to reiterate the work on the clinical placement capacity in our State and as we heard, our schools of nursing across the State are very concerned about their access to clinicals at a time when they have to expand. They continue to have conversations with their academic partners as well as with nursing leaders in facilities but that there has been little progress due to constraints such as a 25% reduction in clinical capacity in the past 3 years and 25% reduction in graduation of nursing graduates since 2008 so we are at the lowest capacity that we have ever been in our State.

The Chair asked what primarily attributed to this situation.

Ms. Reichhardt responded that it was a natural and appropriate response to the lack of need for new graduates in the last couple of years where you had delays in retirement and you don't have movement within the system or if there is a high level of retention and we have a fixed environment, there is not a lot of room for growth. She stated that as facilities have stable workforce, they needed fewer students and there was a constraint to that.

She stated that around 2018, we saw a significant reduction in the workforce, hospitals were using far less nurses than they were in the past and then we had a pandemic, retirements and people moving back to the mainland. She stated then we had inflation so people who didn't have strong ties to Hawaii or people who had strong urges to go to the mainland, leave. So there are a lot of compounding factors but what has since happened our public schools have significantly lost faculty workforce, our hospitals had constrained the amount of nursing students allowed on the floor and a dire fatigue of nurses that make them unwilling to have a change or increase in their environment for their own personal well-being or the safety of their patient. You can't have a fatigued nurse 17 things, something will happen including harm to the student or harm to the patient or harm to themselves that would be a really bad thing and that's our current environment.

Ms. Reichhardt stated that their third initiative is to identify solutions for the well-being of our nursing workforce by undergoing a LIV review that was a collaborative effort including solutions that have been identified nationally and editing to be appropriate for our local environment at the Statewide level.

She stated that they have a "Leadership and Action" conference coming up on February 23-24 and at the conference, the Chair will be honored as a nurse advocate.

Ms. Stone asked Ms. Reichhardt about "generational stereotype", stating that her husband, who is involved in the medical resident and student programs at UH and he hears this all the time and that we are dealing with very different animals nowadays than what it was before when he went through training and other faculty positions and asked if she was getting that vibe from potential nursing students and what they are willing to put up with.

Ms. Reichhardt responded that as a millennial, she's spent the last 15 years of her career being coined as the "bratty newcomer" and that now that she is moving into that next phase, the phase behind her is being called that and that she does remember GenXers being really unruly and that she is pretty sure that baby boomers were hippies who had grief across the nation but that she doesn't think it is generational, she just thinks 20 year olds are 20 year olds. She further stated that there are huge generational changes and even herself as a millennial will sometimes fumble with technology and that our next generation will be some adept at that and better at making the human outreach really positive because they are not going to be uncomfortable about the computer. She stated that she thinks we will just have to wait until they mature and that 20 year olds are always going to be looked at as immature from a 30, 50 or 70 year old and she doesn't believe that is generational, just life.

The Chair called on Mr. Kuo.

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

Mr. Kuo reported that his organization has been busy with this Legislative session, providing testimony on bills relating to the Our Care, Our Choice, the abortion bill, 6 different GET bills tomorrow, there's just a lot going on.

The Chair called on Ms. Beechinor, but staff reported that she was not present.

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

No report.

The Chair announced the next agenda item as the Executive Officer's Report.

Executive Officer's
Report:

2023 Legislative Session

EO Teshima provided a brief summary of the following bills and confirmed and reconfirmed the Board's position on these measures. She also stated that in the past, the Board would only address and testify on the sections of the bill that addressed nursing practice and not address the subject matter or the moral intent of the bill.

Nurse Licensure Compact

HB 667 Relating to the Nurse Licensure Compact/SB 670 Relating to the Nurse Licensure Compact

Allows the Governor to enter the State into the multi-state Nurse Licensure Compact, which will allow a nurse who is licensed by a home state to practice under a multi-state licensure privilege in each party state.

Based on the Board's previous position from previous legislation, testimony was drafted expressing the following concerns:

- **Loss of Autonomy to regulate nurses:**
When a state joins the NLC, the Board of Nursing is bound by the NLC rules that are determined by the Interstate Commission of Nurse Licensure Compact Administrators. The NLC language cannot be amended by the State Legislature or the Board to address Hawaii's specific licensure requirements to ensure consumer protection and patient safety. The implementation of the compact would limit the State's autonomy to establish requirements unique to Hawaii for licensure and licensure renewal.

- Continuing Competency:
Pursuant to Act 127, SLH 2015, the Legislature determined that the initial licensure requirements ensure the minimum competencies necessary for a newly licensed, entry-level registered or practical nurse to perform work safely and effectively, however, despite the clear benefits of this safeguard, continuing competency requirements were not currently instituted for nurse licensure renewal applications in the State and that in today's health care environment, knowledge of the latest developments in the profession is a crucial means by which nursing duties are safely and effectively fulfilled. New health care systems are emerging and redoubling the challenge of licensure boards to assure consumers that licensed nurses shall remain competent for the duration of their practice. The legislature found the most efficient means to ensure patient safety is to require Hawaii-licensed nurses to complete continuing competency requirements prior to any application for license renewal, restoration, or reinstatement. The NLC does not require completion of continuing education or continuing competency in order to maintain a multi-state license.
- Enforcement:
The inability to amend the NLC language may also present issues regarding the disciplining of licenses of nurses who engage in unsafe practice. Only the home state or the NLC jurisdiction who issued the multistate license may revoke a nurse's license. Although a remote state may issue a cease-and-desist order or impose an encumbrance on a nurse's authority practice in their state, this does not necessarily affect a nurse's ability to work in another NLC jurisdiction while this is being processed. Because nurses working under a multistate license are not required to report their presence to the Board in an NLC state, a nurse who has engaged in unprofessional conduct and are under investigation may enter another State and endanger more patients.
- Fiscal Impact:
Should Hawaii join the NLC, individuals who hold a multi-state license will be able to practice in this State without filing any application or notification to the Board. Since no nurse license is issued by the Board for a nurse already holding a multi-state license, no application fee is collected. The loss in revenue to the Professional and Vocational Licensing Division and the Department of Commerce and Consumer Affairs (DCCA) is estimated to be over a million dollars. In addition, DCCA would not only need to pay an annual fee of \$6,000 to participate in the NLC but also a substantial upgrade to its licensing system in order to facilitate the "Coordinated Licensure Information System and Exchange of Information" required by the NLC that would cost \$XXXXXX.
- Patient Safety:
On January 25, 2023, a news article published by the Southern District of Florida stated that more than two dozen individuals have been charged for their alleged participation in a wire fraud scheme that created an illegal licensing and employment shortcut for aspiring nurses. The defendants engaged in a scheme to sell fraudulent nursing degree diplomas and transcripts obtained from accredited Florida-based nursing schools to individuals seeking licenses and jobs as RNs and LPNs. The bogus diplomas and transcripts qualified purchasers to sit for the national nursing board exam and after passing it, to obtain nurse licenses in various states as RN and LPNs. The overall scheme involved the distribution of more than 7,600 fake nursing diplomas. The Florida Board of Nursing is part of the NLC, that means that nurses licensed in Florida under a multi-state license, will be able to practice in Hawaii if we join the NLC, jeopardizing patient safety if the individual was one of the 7,600 who applied and received a nursing license in Florida or any other of the NLC states.

The DCCA has submitted and supports alternative legislation (S.B 1322 and H.B.1024) to address out-of-state nurses to be issued a temporary permit with minimum background and competency requirements to further address and ensure safe nursing practice by these individuals. The measure would address enforcement concerns and offer a more timely option for nurses to practice within the State.

It was the consensus of the Board to oppose this measure based on the concerns raised.

SB 321 Relating to the Advanced Practice Registered Nurse Compact
Adopts the Advanced Practice Registered Nurse Compact.

EO Teshima reported that the following testimony was drafted expressing similar concerns with the NLC:

The Board opposes this measure for the following reasons:

- Loss of Autonomy to regulate advanced practice registered nurses (APRNs):
When a state joins the APRN Compact (Compact), the Board of Nursing is bound by the Compact rules that are established and determined by the Interstate Commission of APRN Compact Administrators. The Compact language cannot be amended by the State Legislature or the Board to address Hawaii's specific licensure requirements to ensure consumer protection and patient safety unless included in the Compact language. The implementation of the compact would limit the State's autonomy to establish requirements unique to Hawaii for licensure and licensure renewal. Only seven states are currently in the APRN Compact.
- Scope of Practice Differs from State to State:
Hawaii has been in the forefront in regard to the APRNs scope of practice. Pursuant to Act 169, SLH 2009, the Legislature recognized APRNs as primary care providers entitled to reimbursement for the purposes of health maintenance, diagnosis, or treatment and to the extent that the policy provides benefits for identical services rendered by another health care provider. Other states still require APRNs to either work collaboratively with a licensed physician or oversight. Hawaii APRNs can prescribe both non-controlled and controlled substances, whereas other states who may join the Compact, do not allow their APRNs to prescribe controlled substances or may require an agreement with a licensed physician. By joining the Compact, APRNs in other states who were not afforded the same independent practice, under the Compact, would be allowed to practice in this State, including prescriptive authority without meeting any additional requirement, placing patient safety at risk.
- Enforcement:
The inability to amend the Compact language may also present issues regarding the disciplining of licenses of nurses who engage in unsafe practice. Only the home state or the Compact jurisdiction who issued the multistate license may revoke a APRN license. Although a remote state may issue a cease-and-desist order or impose an encumbrance on the APRN's authority practice in their state, this does not necessarily affect the APRN's ability to work in another Compact jurisdiction while this is being processed. Because the APRN will be working under a multistate license are not required to report their presence to the Board in a Compact state, an APRN who has engaged in unprofessional conduct and are under investigation may enter another State and endanger more patients.

Ms. Reichhardt also referred to the additional 280 practice hours that would be required.

Dr. Napoleon agreed that the scope of practice of APRNs may differ from state-to-state and some may still require a collaboration practice agreement with a physician.

Mr. Yoshimura reported that Mr. Kuo was raising his hand.

Mr. Kuo was allowed to comment after EO Teshima finished the Legislative Report.

It was the consensus of the Board to oppose this measure based on the concerns raised in the drafted testimony.

Temporary Permits

SB 63 Relating to Nurses

Allows the Board of Nursing to issue temporary permits to registered nurses and practical nurses licensed in another jurisdiction under certain circumstances and exempts from license requirements nurses who are licensed in another state, territory, or country accompanying a patient from out-of-state for a period of less than two weeks and not employed or affiliated with a health care facility in the State.

After some discussion, the Board supports this bill.

APRN Practice

SB 442 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, 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 five days. Waives the mandatory waiting period for those terminally ill individuals not expected to survive the mandatory waiting period.

SB 899 Relating to Health

Authorizes advanced practice registered nurses to practice medical aid in dying or provide counseling to a qualified patient. Amends the mandatory waiting period between oral requests and the provision of a prescription.

After some discussion, it was the consensus of the Board to support these measures as it pertains to APRN's scope of practice.

SB 599 Relating to Health

Expands the class of health care providers under whom respiratory therapists may practice respiratory care to include physician assistants and advanced practice registered nurses.

After some discussion, it was the consensus of the Board to support this measure with amendments for clarification.

SB 955 Relating to Medical Care for Minors

Authorizes licensed osteopathic physicians and physician assistants, in addition to physicians and advanced practice registered nurses, to provide minor-initiated medical care and services. Requires the licensed health care provider to ensure that the covered entity has been notified that minor-initiated medical care and services should not be

disclosed. Requires the covered entity to have policies and procedures established to maintain nondisclosure of the minor-initiated medical care and services to the minor's parent or legal guardian. Authorizes the licensed health care provider to submit a claim to the covered entity for the provision of minor-initiated medical care and services.

EO Teshima informed the Board that she is tracking this bill.

SB 266 Relating to Children

Requires medically appropriate and reasonable life-saving and life-sustaining medical care and treatment for all born alive infants. Establishes civil and criminal penalties

After further discussion, the Board agreed to oppose this measure.

SB 397 Relating to Professional Medicaid Services

Appropriates funds to increase Medicaid payments to eligible health care professionals in the State up to one hundred per cent of the current Medicare rates.

After further discussion, since this bill did not amend chapter 457, HRS, the Board agreed to track this measure.

SB 604 Relating to Health

Prohibits state and county employees and officers for providing reproductive health care services patient information or expending state resources in furtherance of another state's investigation or proceeding that seeks to impose civil, criminal, or professional liability upon a person or entity related to reproductive health care services. Prohibits any person from being compelled to provide reproductive health care services patient information. Prohibits any persons from being disqualified from licensure or subject to discipline by a Hawaii board of professional licensure for providing reproductive health care services.

After further discussion, the Board agreed to support these "shield" bills for nurses and APRNs who may perform or assist these procedures.

SB 684 Relating to Telephonic Services

Conforms existing Medicaid requirements to health insurers, mutual benefit societies, and health maintenance organizations to cover services provided through telehealth, including by way of an interactive telecommunications system. Defines "interactive telecommunications system" to match the 2022 Medicare physician fee schedule final rule.

After further discussion, although the Board had concerns with the reimbursement disparity regarding the scope of "work", EO Teshima said she would track the bill.

SB 896 Relating to Reproductive Health Care

Prohibits a covered entity from disclosing communication or information relating to reproductive health care services. Prohibits the issuance of a subpoena in connection with an out-of-state proceeding relating to reproductive health care services legally performed in the State. Prohibits agencies from providing information or expending resources in the furtherance of interstate investigations or proceedings relating to reproductive health care services. Prohibits the State from penalizing, prosecuting, or otherwise taking adverse action based on pregnancy outcomes or aiding or assisting a pregnant individual with accessing reproductive health care services. Requires the governor to deny any demand for surrender of a person charged with a crime involving reproductive health care services unless the conduct constitutes a crime in the State.

Enumerates laws contrary to public policy and prohibits their application as rules of decision in the courts. Prohibits the issuance of summons for persons to testify in another state with regard to lawful reproductive health care services. Clarifies under various licensing statutes that the provision or assistance in receipt or provision of medical, surgical, pharmaceutical, counseling, or referral services related to the human reproductive system cannot form a basis for disciplinary action. Prohibits the enforcement of a judgment or order arising from a foreign penal civil action or other penal law with respect to reproductive health care services.

After further discussion, the Board agreed to support these “shield” bills for nurses and APRNs who may perform or assist these procedures.

Nursing - General

SB 870 Relating to Health Care Providers

Prohibits hospitals and health care facilities to permit or require health care providers to provide services for any period after the health care provider has been on duty for sixteen consecutive hours or an aggregate of eighty hours during any period of seven consecutive days, until the health care provider takes at least ten consecutive hours of time off-duty. Clarifies that the terms and conditions of a collective bargaining agreement will prevail, if in conflict with this prohibition. Defines health care facility, health care provider, and hospital.

After further discussion the Board agreed to track this measure.

SB 1015 Relating to Health Care Education

Appropriates funds for the expansion of the certified nurse aide to practical nurse bridge program at the University of Hawaii Maui college, including funding for instructional costs and student aid.

After further discussion the Board agreed to track this measure.

Mr. Kuo stated that the American Association of Nurse Practitioners is planning on opposing the APRN compact bill. The bill SB 397, HAPN will be requesting an amendment, 100% to improve the equity among provider types and that in December he sent an email to all the legislators regarding APRN scope of practice.

The Chair asked if there were any questions from the Board members and acknowledged staff's work during the legislative session.

The Chair announced the next agenda item as ratification of nurse licenses.

Applications:

Ratification Lists

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

LPNs: 20562 - 20575

RNs: 110413 - 110598

There being no further business, the Chair announced the next meeting and asked the members if they are unable to attend to please let staff know as soon as possible.

