

**BOARD OF NURSING**  
Professional and Vocational Licensing Division  
Department of Commerce and Consumer Affairs  
State of Hawaii

MINUTES OF MEETING

The agenda for this meeting was filed with the Office of the Lieutenant Governor as required by Section 92-7(b), Hawaii Revised Statutes (“HRS”).

Date: Thursday, March 7, 2024

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/85888961449>

Zoom Phone Number: (669) 900 6833  
Meeting ID: 858 8896 1449

Recording Link: <https://www.youtube.com/watch?v=Jy417QE4k1g>

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

Members Present: Carrie Oliveira, Chair  
Diana Jill Riggs, RN, MSN, Vice Chair  
Karen Boyer, RN, MS, FNP  
Sheri Shields-Hanson, MSN, RN  
Bradley Kuo, DNP, APRN, FNP-BC, CARN-AP, PMHNP

Member Excused: Terrence Aratani, Public Member

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

Guests: Liane Hussey, Hawai'i State Center for Nursing  
Linda Beechinor, Hawai'i American Nurses Association  
Jeremy Creekmore, President, Hawai'i Association of Professional Nurses

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. Terrence Aratani was excused.

After taking roll, quorum was established, and the meeting was called to order at 9:03 a.m.

Chair's Report:

**Kapiolani Community College Practical Nurse Program Ranks #1 out of 1,117 Programs in the Nation for Passing NCLEX Licensing Examination**

The Chair congratulated the practical nursing programs at Kapiolani Community College, Kauai Community College, and University of Hawaii Maui College for their outstanding 100% NCLEX passage rates.

The Chair reported that the NCSBN Midyear Meeting was coming up next week, and that the public portion of the meeting would be livestreamed.

Approval of Meeting Minutes:

Upon a motion by Ms. Boyer, seconded by Mr. Kuo, it was voted and unanimously carried to approve the December 7, 2023 Open and Executive Session Meeting Minutes as circulated. Upon a motion by Mr. Kuo, seconded by Ms. Boyer, it was voted and unanimously carried to approve the February 1, 2024 Open Session Meeting Minutes with nonsubstantive edits from the Chair and Mr. Kuo.

The Chair asked if there was anyone wishing to testify on this agenda item. Seeing none, the Board proceeded to the next agenda item.

Executive Officer's Report:

**Amendments to Hawaii Administrative Rules ("HAR") Chapter 89, Relating to Nurses – Proposed Amendments to HAR §16-89-22, Pertaining to Temporary Permits – Status Report**

EO Teshima reported that she is still waiting on the Governor's approval to hold a public hearing.

EO Teshima asked if there was anyone wishing to testify on this agenda item. Seeing none, the Board proceeded to the next agenda item.

**Random Audit – Status Report**

EO Teshima reported that they are still receiving submissions and she will provide a report at the next scheduled Board meeting.

EO Teshima asked if there was anyone wishing to testify on this agenda item. Seeing none, the Board proceeded to the next agenda item.

**2024 Legislative Session**

EO Pang reported on the status of the following bills:

HB2415, HD2 Relating to the Nurse Licensure Compact (Companion bill SB 3104)

Allows the Governor to enter the State into the multistate Nurse Licensure Compact, which will allow a nurse who is licensed by a home state to practice under a multistate licensure privilege in each party state. Beginning 1/1/2026, allows the State Board of Nursing to charge different fees customarily and historically charged for registered nurses and licensed practical nurses who hold a multistate license issued by the State. Effective 7/1/3000. (HD2)

EO Pang reported that this bill was transmitted to the Senate.

SB 2492, SD2 Relating to the Nurse Licensure Compact

Allows the Governor to enter the State into the multistate 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, effective 1/1/2026. Beginning 1/1/2026, allows the State Board of Nursing to charge different fees for registered nurses and licensed practical nurses who hold a multistate license issued by the State. (SD2)

EO Pang reported that this bill was transmitted to the House.

HB 2079, HD2 Relating to Health (Companion bill SB 2882)

Relaxes the requirements for prescribing certain controlled substances as part of gender-affirming health care services. Expands the protections established under Act 2, SLH 2023, to include gender-affirming health care services. Clarifies jurisdiction under the Uniform Child-Custody Jurisdiction and Enforcement Act for cases involving children who obtain gender-affirming health care services. Effective 7/1/3000. (HD2)

EO Pang reported that this bill was transmitted to the Senate.

HB 2775, HD1 Relating to Health Care (Companion bill SB 3330)

Establishes a candor process through which patients and their families, health care providers, and health care facilities can engage in open communication about how an adverse care health incident occurred, how it will be prevented in the future, and what compensation, if any, will be offered to the patient or their family. Establishes notice and confidentiality requirements for open discussions. (HD1)

EO Pang reported that this bill was transmitted to the Senate.

SB 2634 Relating to Health Care Education

Makes appropriations for the expansion of the certified nurse aide to practical nurse bridge program at the University of Hawai'i Maui College, including funding for instructional costs and student aid.

EO Pang reported that this bill passed through the Senate Committee on Higher Education and was referred to the Senate Committee on Ways and Means.

SB 1580, SD1 Relating to Labor Standards

Establishes within the Department of Health, the Health Care Facilities Labor Standards Working Group to research, assess, and make recommendations on the best practices in labor standards that can be implemented at hospitals, care homes, and dialysis facilities

in the State, including the establishment and enforcement of minimum staffing standards, hospital staffing committees, and mandatory meal breaks, rest breaks, and overtime standards. Requires a report to the Legislature. Takes effect 12/31/2050. (SD1)

EO Pang reported that this bill was referred to the Senate Committees on Commerce and Consumer Protection and Ways and Means on February 16, 2024, but has not been scheduled as of then.

The Chair asked, what happens when matching bills (not companion bills) cross over between the Senate and the House? Is one bill subsumed into the other, or do both keep traveling? EO Teshima replied that when a House Bill crosses over to the Senate, the Senate may attempt to amend the bill to mirror the matching Senate Bill, and vice versa. If both the House and Senate amend the other chamber's bill, then they can go to conference. The Chair asked, at that point, presumably the two bills would be identical, and the House and Senate would choose one bill to proceed? EO Teshima replied that the bills may not be identical. The House and Senate would choose one bill to proceed to conference, and then both sides would review the bill. Mr. Kuo added that the House and Senate must come to an agreement on the bill by the end of the conference. If there is no agreement, the bill will likely not move forward.

EO Pang asked if there was anyone wishing to testify on this agenda item. Seeing none, the Board proceeded to the next agenda item.

Continuing Education:

**Recognition of AHA, CLS, ACLS, PALS Courses for CE Credit**

The Chair stated that, previously, the Board was presented with the question of whether it would recognize certain courses towards the State's Continuing Education ("CE") credit requirements. These courses included Basic Life Support ("BLS"), Cardiovascular Life Support ("CLS"), Advanced Cardiovascular Life Support ("ACLS"), Pediatric Advanced Life Support ("PALS"), and Neonatal Advanced Life Support ("NALS"). The Chair said that Ms. Boyer had done research on this subject and asked Ms. Boyer to lead the discussion on this agenda item.

Ms. Boyer stated that she researched 15 states in total, including Hawaii. She found that Hawaii had the strictest CE requirements of all 15 states, as Hawaii did not recognize ACLS, PALS, or NALS courses toward its CE requirements. California did allow these courses to count towards CE. Pennsylvania allowed these courses to count towards CE, but only once in a single license renewal cycle, making them the second most strict state that Ms. Boyer reviewed. In Pennsylvania, if you took one course in May and another in June, you could end up with overlapping CE credits in a single renewal cycle, which Pennsylvania would not allow. Illinois allowed for up to five CE credits for the more technical courses. Ms. Boyer noted that California, Hawaii, Texas, and Pennsylvania do not recognize BLS courses for CE credit.

EO Teshima asked what "AHA" stood for. Ms. Boyer clarified that "AHA" is an acronym for the American Heart Association, and that healthcare providers are required to have AHA-approved BLS or CPR courses. AHA-approved BLS or CPR courses teach one-person/two-person resuscitation, airway relief for infants, children, and adults, and AED placement. The BLS training offered by AHA is more than that offered by the community.

EO Teshima said that she surveyed other member boards in the National Council of State Boards of Nursing (“NCSBN”) and asked the following question: “For renewal of LPN and RN licenses that require continuing education, can courses such as BLS, ACLS, PALS, NALS or instructor certifications in the aforementioned learning activities be applied towards continuing education credits?” Of the jurisdictions that answered, 12 jurisdictions said yes, 16 jurisdictions said no, and 4 jurisdictions skipped the question. EO Teshima noted that given the way the question was phrased, a jurisdiction answering “no” could be answering “no” to any part of the question.

The Chair asked if Ms. Boyer had a recommendation on this matter and asked, are we proposing that the Board allow these courses to count towards the 30 CE credit minimum?

Ms. Boyer said yes, that is what she would like to recommend.

The Chair commented that recognizing these courses towards the CE minimum requirements would not necessarily require an amendment to the continuing competency booklet. EO Teshima said that the FAQ section in the booklet says that these courses are not recognized, so that would have to be clarified. EO Teshima then asked, which courses specifically would Ms. Boyer like to recognize?

Ms. Boyer said: ACLS, PALS, and NALS, but not BLS. Also, instructor certifications for these courses would not count towards CE.

EO Teshima asked, you can get CE credit if you take these courses, but not if you teach them? The Chair said, you would be able to show that you acquired CE credit for those courses. EO Teshima asked, what if they can’t show that, and what if they show some kind of instructor certificate instead? The Chair said, you can’t get CE for courses you teach. EO Teshima said OK. Mr. Kuo asked, can you get CE for the training to teach the course? The Chair answered, probably yes, you would get CE credits for taking a training course, but going through instructor training is different from being an instructor.

Ms. Boyer reiterated that she would like to recognize ACLS, PALS, and NALS towards CE requirements when renewing a nursing license.

Ms. Shields-Hanson said she agrees with Ms. Boyer. She agrees that BLS should not be allowed to count towards CE, but ACLS, PALS, and NALS are required to practice, so they should count towards the 30 credit CE requirement. Mr. Kuo stated that, by that logic, BLS is also required. Ms. Boyer replied that ACLS, PALS, and NALS involve medications, advanced airway systems, adjustments for size, reactions, responsiveness, necessitating high-level skills, thinking, pharmacology, airway and rhythm interpretation, and a lot of research. That is her rationale for crediting those courses towards the CE requirement. In contrast, BLS does not involve medication.

EO Teshima asked Ms. Boyer: if someone solely takes these courses multiple times for 30 hours to fulfill the CE requirement during the biennium, is that acceptable, if there are no restrictions on how many times a nurse can take these courses to fulfill the CE requirement?

Ms. Boyer noted that these courses are costly. The Chair commented that if certifications

are valid for two years, there is no reason a person would take these courses more than once in a biennium anyway, but would we allow nurses to stack them, such as taking ACLS, PALS, and NALS, with them all counting towards CE? Are the courses materially different enough from each other?

Ms. Boyer estimated that taking all three of those courses would account for roughly 18 CE hours. She guessed that most people take two of these courses at max in a biennium, coming out to roughly 12 CE hours. That leaves 16-18 CE hours to meet the required minimum. Reaching 30 CE hours requires a real effort. She was unsure if the Board should specify that certain course types can only count towards CE once in a renewal cycle, akin to Pennsylvania.

The Vice Chair agreed with not including BLS because it is required of almost every healthcare worker, and even some non-licensed workers. She asked, there are quite a few other certifications that could be recognized, such as the Trauma Nursing Core Course, and Neonatal Resuscitation unless NALS replaced it, and so should these individual courses be specified? Would specifying ACLS, PALS, and NALS open the door to having to decide whether to recognize other certifications, of which there are many?

Ms. Boyer said that when she reviewed 14 other Board of Nursing websites, many were specific about recognizing ACLS, PALS, and NALS towards CE requirements. She did not recall seeing the other certifications that the Vice Chair had mentioned, but she also wasn't looking for other certifications.

The Chair said that when we look at the continuing competency guidebook, if you submit 30 contact hours of CE, they must be from accredited providers, of which there are many listed. If the accredited providers are offering the certifications that the Vice Chair is talking about, then the continuing competency guidelines already address that. However, the Board has received specific inquiries about Advanced Life Support courses because they are not offered as CEs in the same way that other types of nursing education are, so they wouldn't necessarily fall under the accredited providers section in the guidebook. The Chair said that the Board does not necessarily have to comment on every possible certification because the guidebook already provides robust information, but the Board receives questions about Advanced Life Support courses specifically, so we are reevaluating our position on them.

The Vice Chair said she does not have any objection to recognizing the aforementioned courses. She noted that people do take these courses even when they're not required, because they want to advance their education and be ready for emergencies. She agreed with Ms. Boyer that the courses are both expensive and a considerable time commitment.

Mr. Kuo said he did not think it is appropriate to recognize these courses towards CE because these courses are part of job requirements. He was concerned that by recognizing these courses, the Board would potentially dilute the opportunity for nurses in the State to expand their knowledge on special populations, such as elderly, neonatal, and homeless individuals. If a nurse could really accrue that many CEs from these courses in a two-year period, Mr. Kuo was concerned that the expanded knowledge and training related to other things, such as cultural competency, could be at risk.

The Chair recited the definition of “continuing competency” under HRS 457-2: *“Continuing competency’ means the long-term educational and professional process by which an individual undertakes and documents with verifiable evidence a personal learning plan that encompasses a periodic self-assessment of personal strengths and weaknesses as present in the individual’s practice as a nurse as well as a commitment to furthering the individual’s professional knowledge relating to the nursing field.”* She asked Mr. Kuo: if a person identifies themselves as being lacking in basic life support skills whether it was required for their job or not, would Mr. Kuo not agree that that would fall under the definition of “continuing competency”?

Mr. Kuo replied yes, however, what he would then question is recertification. They were already able to attain that knowledge through their original certification for PALS or ACLS, but recertification is now looking at whether you’ve been able to retain that knowledge, while maybe providing new knowledge. Recertification is much shorter, and it’s simply a confirmation of knowledge, so are nurses learning anything new necessarily? The Chair replied that she would make that same argument for APRN certifications, since APRN certification only exempts you once from continuing competency requirements.

Ms. Shields-Hanson stated her concern that the Board was becoming very prescriptive, and she did not think that was intent of continuing education. If a CE provider is approved, and they are providing education, she did not think it was the Board’s purview to say that they accept one CE but not the other. She felt it was too prescriptive to even have these limitations in the FAQ in the handbook. She commented that if it was truly the intent of the Board to prescribe that nurses undergo certain types of education, then the Board could mandate that nurses obtain certain types of CEs as other states do, such as requiring CEs in abuse. But overall, she felt that the Board was becoming too prescriptive, and she would like to recognize the courses as CEs.

Mr. Kuo said that he appreciated Ms. Shields-Hanson’s comments, but most states in EO Teshima’s survey said that they do not recognize these CEs.

Ms. Boyer noted that EO Teshima’s question grouped BLS, ACLS, PALS, and NALS together, meaning that a state that answered “no” to the question could be saying “no” to any number of these courses being recognized as CEs. The Chair noted that BLS was less likely to be approved as CE by other states, whereas ALS was more likely to be approved.

Ms. Boyer said that in her research, California, Pennsylvania and Texas did not allow BLS to count towards CE but did allow ACLS and PALS. Ms. Boyer asked, do we want to be stricter than California? She said that EO Fukunaga had previously said that the Dental Board recognizes ACLS, PALS, and NALS as CEs. She asked, do we want to be stricter than the Dental Board? Ms. Boyer said that she appreciated Mr. Kuo’s intent with regard to supporting cultural competency and special populations, but she wanted to support nurses in their practice. She felt that these were valuable courses that should be allowed as CEs for license renewal.

The Vice Chair added that in Hawaii, it is very hard to go to in-person CE conferences because of the travel involved. ACLS, PALS, and NALS offer hands-on training. She commented that frankly, online courses don’t always enhance a nurse’s education. She said that she supported these courses as counting towards CE.

The Chair asked if there was anyone wishing to testify on this agenda item. Seeing none, the Chair asked if there was a motion on this agenda item.

Ms. Boyer moved to recognize ACLS, PALS, and NALS as continuing competency CEs in the two-year renewal cycle for LPNs and RNs. The Vice Chair seconded. Mr. Kuo voted nay. As such, there was no quorum on the motion and the motion did not carry.

### **Scope of Practice Inquiry – Ethical Dilemmas**

EO Fukunaga stated that the Board received the following email from a member of the public:

*"I am a nurse and work at a drug addiction treatment center in Hawaii. I have been seeing some things that are not what was taught to me in nursing school.*

*First, under "Hawaii Revised Statutes Chapter 457-Nursing," a section in the status document states that: a registered shall:*

*"Use reasonable judgment in carrying out prescribed medical orders of a licensed dentist, physician, osteopathic physician, or podiatrist licensed in accordance with chapter 448, 453, 460, or 463E; orders of an advanced practice registered nurse recognized in accordance with this chapter; or the orders of a physician assistant licensed pursuant to chapter 453, practicing with physician supervision as required by chapter 453, and acting as the agent of the supervising physician."*

*Now my job asked me to enter a medical diagnosis based on what a licensed family therapist (Masters degree) diagnosed the pt with without the MD even seeing the client. I refused. The family therapist stated he is allowed to diagnose pts under DSM 5. I stated that although he is allowed to diagnose, I still must wait until confirmation with the MD due to it being outside of my scope of practice of following orders from individuals not listed Hawaii Revised Statutes Chapter 457-Nursing.*

*The boss got really offended and we were going back and forth. He stated that all rules apply. Did I do the correct thing? Any advice or help would be appreciated.*

*Secondly, there are non nurses individuals administering medication. I had a discussion with the boss and MD and they both said that it is a self administered facility meaning the patients administer the medication themselves after the medication is handed to the patients. I told them that in Hawaii only nurses, MDs, or other licensed or certified individuals are allowed to administer medication. I told them that and the boss and MD had a justification for what I said stating it was a self administered facility.*

*Do you have any advice on this issue? Any advice or help would be appreciated."*

EO Fukunaga reminded the Board that we do not give "advice" but can refer to the laws and/or rules that may address the inquiry, and that any response provided would be considered informal.

Mr. Kuo noted that this email was comprised of two separate questions. Addressing the



first question, Mr. Kuo felt that the nurse acted correctly. An MD or APRN needed to confirm the diagnosis because nurses don't take orders from therapists under HRS 457.

The Chair felt this was a scope of practice question for the Marriage and Family Therapy Program because a licensed marriage and family therapist ("MFT") is not authorized to practice medicine and could therefore not give a medical order. The idea of a nurse taking a medical order from a non-medical provider was questionable. As such, the question of whether it is within the scope of practice for an MFT to tell an RN to chart should go to the MFT Program.

Mr. Kuo disagreed that this question should go to the MFT Program. If the organization employing both the nurse and MFT used the same electronic medical record for each patient, then the MFT should be able to enter a diagnosis on their own. The Chair said she imagines that in therapy, the therapist is the method of treatment. She cannot see how you would be able to chart without there being notes that would justify that diagnosis, and she is not sure why that work would be farmed out by an MFT to a nurse. That is why she sees this as an MFT scope of practice question. She has no authority to determine whether it is in an MFT's scope to tell a nurse to chart. She commented that if a nurse were to document that "MFT said patient presents with symptoms consistent with substance use disorder," all the nurse would be responsible for is the documentation, not the diagnosis itself.

Mr. Kuo said that it sounds like this inquiry is about having the diagnosis placed within the problem list, which includes a list of diagnoses that the patient has been diagnosed and assessed with. The problem list does need to be formulated by someone who has the authority to diagnose. In this case, if the MFT could freely update the problem list with their own diagnosis, then Mr. Kuo would not see an issue with that, but without supporting documentation of an evaluation that includes the diagnosis, he does not think it is appropriate to ask the nurse to include info in the problem list, even if it is simply receiving notes from an MFT to put in the problem list.

Ms. Boyer asked if anyone was familiar with the policies and procedures in outpatient substance abuse treatment centers. She wondered if there are policies or standing orders allowing for self-administration of medications in the subject facility.

The Vice Chair said that she agreed with Mr. Kuo: if the MFT could make the diagnosis, why are they not just making the diagnosis themselves? She elaborated that the problem list is a one-stop shop to see what's going on with the patient, and historically RNs do not put diagnoses in the problem list because the MD is the one who makes the diagnosis. She added that, as far as administering medications goes, you do not need to be licensed to administer medications. Not all medical assistants are certified. Normally when you self-administer, you pick up the medication and administer it at home, not in the facility.

Mr. Kuo noted that the email states that the medication is handed to the patient, meaning that the medication is held elsewhere, meaning it is not self-administered.

Ms. Shields-Hanson said that perhaps there is a policy in place at this facility. She was not sure if there was enough information from this email to make a sufficient "diagnosis."

The Chair said, on the matter of medication administration, this is not a scope of practice

question for RNs, but a question of policy and procedure in a healthcare facility, over which this Board has no authority. The Vice Chair and Ms. Shields-Hanson agreed. Ms. Boyer said, we could refer her back to her policies and procedures and the organization that oversees this particular facility. The Chair asked if an Executive Officer had any recommendations on who to refer this question to. EO Teshima suggested that the writer of the email could possibly contact the Department of Health regarding the second part of the email. Regarding the first part of the email, the writer could potentially reach out to the MFT Program.

The Chair said, based on what she heard the other Board members say, it is not normal practice for anybody but the person making the diagnosis to document the diagnosis. The Vice Chair said yes, in her experience. Mr. Kuo said yes. Ms. Shields-Hanson said absolutely. EO Teshima said that we could recommend the writer of the email to contact the MFT Program to get clarification on the MFT practice. The Chair said, to Mr. Kuo's earlier point, the writer was correct to use her reasonable judgment regarding carrying out a medical order, felt uncomfortable doing so on an MFT's orders, and was within the guidelines of the Nurse Practice Act.

DAG Wong said she agreed that the writer of the email correctly cited HRS 457. With regards to what occurs in her facility, the Board stays out of that arena. She was unsure if referring to the MFT Program or Department of Health would give definitive answers. EO Teshima asked, are you recommending not referring the writer to these other organizations?

The Chair commented that it may be unhelpful to only say to the writer that "you are correct in asserting your judgment" as that doesn't solve the problem. EO Teshima said, if the writer goes to the MFT Program and the Program says that the MFT needs to chart their own diagnosis, and the MFT was in violation of that scope of practice, then that at least opens the door for a complaint. This Board does not have the authority to comment on the scope of an MFT's practice. The Chair added, she does not want this writer to take away that the Board is commenting on whether the MFT acted properly or not, only that the writer's interpretation of HRS 457-2 is appropriate and the Board agrees with it. EO Teshima added, if the writer wants to know if what the MFT did is consistent with their scope of practice, they can contact the MFT Program. DAG Wong said OK.

Mr. Kuo said, the writer did not ask if the MFT acted within their scope of practice, merely whether she acted within HRS 457. We are merely saying that she acted within the scope of HRS 457.

EO Fukunaga reiterated that the Board's position is only that the writer's interpretation of HRS 457 is correct. EO Teshima added that if the writer wished to know if the MFT was acting within their own scope of practice, then the writer should contact the MFT Program.

The Chair asked for any dissent on that position. There was none.

At the end of Board's discussion, the Chair asked if anyone attending wished to testify on this agenda item. Seeing none, the Board proceeded to the next agenda item.

Reports:

**Hawai'i State Center for Nursing – Liane Hussey**

Ms. Hussey reported on the following:

- The launch of the Hawaii Nurse Transition to Practice Program;
- In 2023, engaged 335 nurse residents and supported over 200 trainings in specialty areas, and over 500 nurses received additional professional development support;
- Hosting of the inaugural Nursing Scientific Symposium;
- Submitted a funding proposal to Department of Health, Alcohol and Drug Abuse Division focusing on improved opioid care
- Clinical placements continue to be a challenge in the State

**Hawai'i State Center for Nursing – Linda Beechinor**

Ms. Beechinor reported on the following:

- Opposition to Nurse Licensure Compact bills; support of SB 1580 SD 1
- May 15 Nurse's Week event, including a speaker from CMS
- June 25-27, Sigma Theta Tau Region 1 Conference at Hilton Hawaiian Village
- October 17, annual membership meeting at Honolulu Country Club

**Hawai'i Association of Professional Nurses – Jeremy Creekmore, President**

Mr. Creekmore reported on the following:

- Opposition to Nurse Licensure Compact bills; following GET bills relating to healthcare

The Chair announced the next agenda item would be applications and asked if there was anyone attending who wished to provide testimony. Bonnie Flaming and Martha Goings raised their hands.

The Chair explained that the Board would go into executive session to discuss confidential details of the applications. If the Board had questions for an applicant, then the Board would bring the applicant into executive session to discuss his or her application. Upon a motion by Mr. Kuo, seconded by Ms. Boyer, it was voted and unanimously carried to enter executive session. The Board entered executive session at 10:09 a.m.

The Board exited executive session at 11:10 a.m.

Applications:

**Ratification Lists**

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

LPNs, license numbers 20931-20971 (40);  
RNs, license numbers 116916-117582 (666); and  
APRNs, license numbers 4481-4529 (62)

### **Applications**

The Chair stated that the Registered Nurse application for Zebora Perryman was deferred.

The Chair asked for motions regarding the other applications.

#### Licensed Practical Nurse:

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

#### **Martha Goings**

Upon a motion by the Vice Chair, seconded by Mr. Kuo, it was voted on and unanimously carried to approve the following application:

#### **Sheila Mendez**

#### Registered Nurses:

Upon a motion by the Vice Chair, seconded by Mr. Kuo, it was voted on and unanimously carried to approve the following applications:

**Bonnie Flaming  
Anita Lynn Richards  
Heather Hipp  
Lydia Alvarado  
Melissa Ehr  
Tracey Pounds  
Daneila Richardson  
Valeria Fuentes  
Susan Miller**

#### Advanced Practice Registered Nurse:

Upon a motion by the Vice Chair, seconded by Mr. Kuo, it was voted on and unanimously carried to approve the following application:

#### **Heather Hipp**

#### Next Meeting:

Date: Thursday, April 4, 2024  
Time: 9:00 a.m.  
In-Person: Queen Liliuokalani Conference Room, First Floor  
King Kalakaua Building  
335 Merchant Street  
Honolulu, Hawaii 96813  
Virtual: Zoom Webinar

#### Adjournment:

With no further business to discuss, the Chair adjourned the meeting at 11:14 a.m.

Taken by:

Reviewed by:

/s/ Alexander Pang

/s/ Marc Yoshimura

Alexander Pang  
Executive Officer

Marc Yoshimura  
Secretary

Minutes approved as is.

Minutes approved with changes; see minutes of \_\_\_\_\_

3/14/24