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THE MISSISSIPPI BOARD OF NURSING
BUSINESS MEETING

JULY 27, 2018

BOARD MEMBERS IN ATTENDANCE:

- MELISSA KING, DNP, FNP-BC, ENP-BC (PRESIDENT)
- NANCY NORRIS, LPN (SECRETARY)
- ALTON SHAW, MSN, FNP-C (TREASURER)
- BLAKE WARD, MSN, CRNA
- T.J. ADAMS, RN, BSN, MSHA
- TERESA STANFORD, DNP, FNP-BC
- DARLENE LINDSEY, MSN, RN, CNE
- SANDRA CULPEPPER, LPN
- SHIRLEY JACKSON, LPN
- MICHELLE OWENS, MD
- BRANDI TAYLOR, LPN
- JAN COLLINS (CONSUMER)

ALSO PRESENT:

- GLORIA J. GREEN, ESQUIRE
- SPECIAL ASSISTANT ATTORNEY GENERAL

REPORTED BY: ASHLEY C. HAGG
 CERTIFIED SHORTHAND REPORTER
 CSR NO. 1178
 NOTARY PUBLIC

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1 The following meeting was held at the
2 Mississippi Board of Nursing, 713 South Pear Orchard
3 road, Plaza II, Suite 300, in the City of Ridgeland,
4 State of Mississippi, on Friday, July 27, 2018,
5 commencing at approximately 11:05 a.m.

6 DR. KING: I'm going to call our business
7 meeting to order. Today is July 27th. It is 11:05
8 a.m., and I'm going to ask Ms. Darlene Lindsey to open
9 us up with a word of prayer.

(PRAYER)

10 DR. KING: Thank you, Darlene. We do
11 have declaration of a quorum, and the next item would
12 be an approval of today's agenda, but I would like to
13 make an amendment to that and move the swearing of
14 three new board members in to allow for their
15 participation in voting in today's business meeting.

16 MR. SHAW: I make a motion.

17 DR. KING: Motion made by Alton Shaw to
18 amend the agenda for swearing in of the new members.

19 DR. STANFORD: Second.

20 DR. KING: Seconded by Dr. Teresa
21 Stanford. Any discussion?

(NO VERBAL RESPONSE)

2 DR. KING: All in favor?

(ALL IN FAVOR)

3 DR. KING: Any opposed or abstainers?

(NO VERBAL RESPONSE)

4 DR. KING: All right. So this is
5 Mr. T.J. Adams, and he is one of our new board
6 members. We're extremely excited to have him. So,
7 please raise your right hand.

8 "I, T.J. Adams, do solemnly swear or
9 affirm."

10 MR. ADAMS: I, T.J. Adams, do solemnly
11 swear or affirm.

12 DR. KING: "That I will faithfully
13 support the Constitution of the United States and the
14 Constitution of the State of Mississippi."

15 MR. ADAMS: That I will faithfully
16 serve --

17 DR. KING: Support.

18 MR. ADAMS: -- support the Constitution
19 of the United States and Mississippi.

20 DR. KING: "And obey the laws thereof."

21 MR. ADAMS: And obey the laws thereof.

22 DR. KING: "And I am not disqualified
23 from holding any office at the Mississippi Board of

1 Nursing."

2 MR. ADAMS: And I'm not disqualified from
3 holding any office at the Mississippi Board of
4 Nursing.

5 DR. KING: "And I will faithfully
6 discharge the duties of the office."

7 MR. ADAMS: And I will faithfully
8 discharge the duties of the office.

9 DR. KING: "Upon which I am about to
10 enter."

11 MR. ADAMS: Upon which I am about to
12 enter.

13 DR. KING: "So help me God."

14 MR. ADAMS: So help me God.

15 DR. KING: Welcome.

(APPLAUSE)

16 DR. KING: Now we have Ms. Brandi Taylor.
17 I didn't state, just so everybody knows, T.J. is
18 taking the place of an RN in clinical practice role,
19 and Brandi is taking an LPN in a practice role. So
20 raise your right hand.

"I, Brandi Taylor."

21 MS. TAYLOR: I, Brandi Taylor.

22 DR. KING: "Do solemnly swear or affirm."

23 MS. TAYLOR: Do solemnly swear or affirm.

1 DR. KING: "That I will faithfully
2 support the Constitution of the United States."

3 MS. TAYLOR: That I will faithfully
4 support the Constitution of the United States.

5 DR. KING: "And the Constitution of the
6 State of Mississippi."

7 MS. TAYLOR: And the Constitution of the
8 State of Mississippi.

9 DR. KING: "And obey the laws thereof."

10 MS. TAYLOR: And obey the laws thereof.

11 DR. KING: "That I am not disqualified
12 from holding office as a member of the Mississippi
13 Board of Nursing."

14 MS. TAYLOR: That I am not disqualified
15 from holding office as a member of the Mississippi
16 Board of Nursing.

17 DR. KING: "And I will faithfully
18 discharge the duties."

19 MS. TAYLOR: And I will faithfully
20 discharge the duties.

21 DR. KING: "Of the office upon which I'm
22 about to enter."

23 MS. TAYLOR: Of the office upon which I'm
24 about to enter.

25 DR. KING: "So help me God."

1 MS. TAYLOR: So help me God.
 2 DR. KING: Thank you.
 3 (APPLAUSE)
 4 DR. KING: Next is Dr. Michelle Owens,
 5 and Dr. Michelle Owens is our representative from the
 6 Board of Medical Licensure that we are very excited to
 7 have as well.
 8 Will you raise your right hand? "I,
 9 Michelle Owens."
 10 DR. OWENS: I, Michelle Owens.
 11 DR. KING: "Do solemnly swear or affirm."
 12 DR. OWENS: So solemnly affirm.
 13 DR. KING: "That I will faithfully
 14 support."
 15 DR. OWENS: That I will faithfully
 16 support.
 17 DR. KING: "The Constitution of the
 18 United States and the Constitution of the State of
 19 Mississippi."
 20 DR. OWENS: The Constitution of the
 21 United States and the Constitution of the State of
 22 Mississippi.
 23 DR. KING: "And obey the laws thereof."
 24 DR. OWENS: And obey the laws thereof.
 25 DR. KING: And that I am not qualified

1 [sic] from holding office."
 2 DR. OWENS: That I am not disqualified
 3 from holding office.
 4 (LAUGHTER)
 5 MS. LINDSEY: That's a trick question.
 6 DR. KING: "Of the Mississippi Board of
 7 Nursing."
 8 DR. OWENS: Of the Mississippi Board of
 9 Nursing.
 10 DR. KING: "And that I will faithfully
 11 discharge the duties."
 12 DR. OWENS: And I will faithfully
 13 discharge the duties.
 14 DR. KING: "Of the office upon which I'm
 15 about to enter."
 16 DR. OWENS: Of the office upon which I'm
 17 about to enter.
 18 DR. KING: "So help me God."
 19 DR. OWENS: So help me God.
 20 DR. KING: Thank you.
 21 (APPLAUSE)
 22 DR. KING: Okay. So now can we have a
 23 motion to approve the current agenda?
 24 DR. STANFORD: I make a motion.
 25 DR. KING: Motion made by Dr. Stanford.

1 MS. LINDSEY: Second.
 2 DR. KING: Seconded by Ms. Darlene
 3 Lindsey. Okay. So now we have open forum. Anyone
 4 from the public?
 5 DR. MCCRORY: Good morning. Janette
 6 McCrory with IHL, Director of Nursing Education. I'm
 7 here to provide your annual report that I do each July
 8 following the May IHL Board Meeting. So you should
 9 have in your packet just a brief overview page.
 10 Underneath that is the actual approved accreditation
 11 status of the schools by the Board of Trustees at IHL
 12 and then the annual report, which is selected data
 13 that we collect and analyze.
 14 So, before I get into that report,
 15 briefly, I wanted to let you know of some new
 16 information that I didn't actually put on the one
 17 pager, because I just use that as a report that I use
 18 for different places. But we have new leadership at
 19 IHL. The Commissioner of Higher Ed is Dr. Al Rankins.
 20 He assumed that role July 1. Dr. Boyce retired June
 21 30th. Dr. Rankins is not new to our office. He
 22 served as deputy commissioner for several years prior
 23 to going to Alcorn State University to be the
 24 president, and he has come back to assume the role of
 25 Commissioner of Higher Ed.

1 So he is very knowledgeable about
 2 nursing. He was knowledgeable prior to going to
 3 Alcorn, because he was in the Office of Academic and
 4 Student Affairs, the person who I reported to. And,
 5 then, certainly, he got some additional knowledge by
 6 being responsible for the School of Nursing at Alcorn.
 7 So he is back with IHL, and so we look forward to the
 8 continued support and relationship with Dr. Rankins
 9 related to nursing.
 10 The other leadership changes that have
 11 occurred with the schools of nursing, we have East
 12 Mississippi Community College. Dr. Tonsha Emerson is
 13 the -- and I'm going to say nurse administrator,
 14 because a lot of them have different titles: deans,
 15 directors, chairs. So nurse administrator is what is
 16 in our accreditation standards. So, East Mississippi
 17 Community College, Dr. Tonsha Emerson; Holmes
 18 Community College, Dr. Alice Austin; Itawamba
 19 Community College, Dr. Tamar Lucas, who is interim;
 20 Meridian Community College, Dr. Lara Collum; and
 21 Mississippi University for Women, Dr. Tammie McCoy.
 22 Two other items that's not in your
 23 report, I do want to share with you that East
 24 Mississippi Community College began an LPN or is
 25 beginning an LPN to RN entry option into their

1 associate degree program this fall. Prior to this,
2 they did not have that option. So they are beginning
3 that this fall.

4 And, then, Mississippi Gulf Coast
5 Community College, you probably are aware, because
6 they did notify the board staff, but in January, the
7 registered nursing programs, prior to January they
8 were on three campuses for the associate degree
9 program. And now, as of January, they have a
10 brand-new building. It's really beautiful. If you
11 haven't had a chance to go visit it, it's on Highway
12 67, Biloxi. And so all three campuses have now merged
13 into one facility, and it's called the Tradition
14 Bryant Center. Certainly, our governor had, he had a
15 lot of investment into helping that, to their new
16 building. So I wanted to let you know those two items
17 before I talked to you a little bit about the actual
18 report that you have in front of you.

19 Again, this is just an overview. All of
20 the details are in the report, so you can look at
21 that. Also, for the audience, this report is
22 available electronically on the IHL Nursing Education
23 website. Actually, all of our reports from 2005 to
24 this one are available to review and to download.

25 Every year the Board of Trustees in

1 May -- sometimes it's in April, but it has been May
2 lately -- we present to the board our recommendations
3 for their accreditation status based on their data
4 that they uploaded in the fall. We analyze the data.
5 And some of the data is in here, in the report, and
6 some is not. We choose just to put select data that
7 we think the public would be interested in.

8 However, based on that, based on site
9 visits, based on any other things that come up during
10 the year, our Office of Academic and Student Affairs
11 makes recommendations to the IHL Board of Trustees for
12 their accreditation status for the year. And so that
13 second page that you have, that's the accreditation
14 status for the schools of nursing. Again, that's our
15 registered nursing programs, associate, baccalaureate,
16 and graduate programs. And so that's their status for
17 the year. If you want details on that, you can go to
18 the IHL website and select "Board of Trustees" and all
19 the board meetings, the actual board book, the
20 minutes, and it's archived videos, if you're
21 interested in further information about the status of
22 the schools of nursing.

23 So each year I give you the information
24 about site visits that we are making. We make our
25 site visits in conjunction with the national

1 accrediting bodies, because, in our state, for our
2 associate, baccalaureate, and higher degree programs,
3 we require them to be nationally accredited. So all
4 of our schools are nationally accredited by either the
5 ACEN or CCNE, and you can find more details about that
6 on my website. But these are the visits that occurred
7 during the fall and spring this year.

8 We do make additional visits as needed,
9 but we certainly make visits in conjunction with the
10 national visitors, because we do require it. So we
11 need to be knowledgeable about what they're finding.
12 So you have that list. Gulf Coast is getting an extra
13 visit. It's called a focus visit, because they moved
14 from three locations to one location. So they're
15 getting a relocation visit. It's not their regular
16 accreditation visit, but it's pretty much similar to
17 an accreditation visit as far as the ones I've been
18 involved in.

19 Just to let you know, under Section II,
20 the Annual Report, I have already mentioned that to
21 you, but I did provide you with letting you know we
22 have 23 schools of nursing. Again, those are
23 associate, baccalaureate, and higher degree. I have
24 broken that down into the types of nursing programs
25 that we have. We have 17 associate degree programs,

1 and 15 of those are in community colleges, but two of
2 those are located at MUW and Alcorn State University.
3 Then you can look at the breakdown of the
4 baccalaureate, masters, doctoral degree programs, and
5 you can see the details within the report that's
6 provided to you.

7 The types of institutions, five public,
8 three private, and 15 community colleges, and then I
9 just put just a brief amount of data in here just on
10 this cover sheet. As you can see, in '16 and '17,
11 there were over 4,000 admissions, and that's across
12 all the levels. We had almost 6,000 enrolled during
13 last fall, and then we graduated over 2,700 across all
14 levels. And the report will give you the breakdown of
15 that, if you're interested in that.

16 Unfortunately, the next item, the Nursing
17 Education Loan/Scholarship Program, I have shared with
18 you every report every year and then some interim
19 reports about the status of that. The Nursing
20 Education Loan/Scholarship Program is one of 30 that
21 IHL manages, and it's all contingent on our
22 appropriations every year from the legislature. And
23 over the last three to four years, they have not been
24 fully vetted by the legislature. And, unfortunately,
25 for this fall, we have zero nursing loan scholarships.

1 We had renewals last year only. It was
2 about 15, 14 or 15 prior to that. We had renewals
3 only, and that was about 50. When we have been fully
4 funded by the legislature for all of our
5 Loan/Scholarship Programs, and that includes MTAG,
6 Eminent Scholars, dental, medical school, etc., etc.,
7 teachers, all of that is contingent upon the
8 legislature and the appropriations.

9 But, for nursing, when we were fully
10 funded, we at one point gave 700 scholarships, which
11 was about 2.3 million, 500 scholarships which was
12 about 2 million. And so now we're down to zero. We
13 are monitoring that very closely to see if that's
14 going to affect our admissions and our graduates in
15 our schools of nursing, because as you-all know, we
16 need to keep it at the level that we have, because
17 there is always that nursing shortage pending. We all
18 know that. And so we want to make sure that our
19 schools graduate enough to supply the state for the
20 associate, baccalaureate, and higher degree programs.

21 And if you're interested in other
22 information, the IHL Nursing Education Website, as far
23 as Deans and Directors go, whoever is in charge of the
24 program, you only get this report once a year, but,
25 however, we keep our website up to date. If nursing

1 Deans and Directors change, we keep that up right away
2 and who to call about which program. So, just, it's
3 under "Deans and Directors." If you go to the IHL
4 Nursing Website and you go to the right navigation
5 bar, under "Quick Links," if you will choose "Deans
6 and Directors," that will take you to links to the
7 schools. It's a simple way to get there. Links to
8 the schools, links to the administrators of each of
9 the schools. And, again, that is changed as soon as
10 those are changed.

11 And the Deans and Directors Meetings, we
12 post those for the Deans and Directors Council. And
13 so there's a wealth of information there. So please
14 visit that. If you have any questions, our
15 accreditation standards, our procedure manual, this
16 accreditation status of the schools are posted on
17 there for the public. So, if there's anything that
18 you need from me, please feel free to call me. I have
19 given you my card. I'm available by phone, by email,
20 or however we need to communicate.

21 Do y'all have any questions about the
22 report?

(NO VERBAL RESPONSE)

23 DR. MCCRORY: Thank you again, and we
24 appreciate our partnership with you, between IHL and

1 the nursing education, bridging that gap, since
2 Mississippi, in Mississippi, we are the regulatory
3 authority for the registered nursing programs. But
4 you-all afford me the opportunity for some secure site
5 information relevant to the National Council for State
6 Boards of Nursing. And I really appreciate that,
7 because it helps keep me involved in what's going on
8 across the nation. So, thank you.

9 DR. KING: Thank you, Dr. McCrory. Do we
10 have any additional? Ms. Linda Shows.

11 MS. SHOWS: Linda Shows, Mississippi LPN
12 Association. If y'all didn't know, this is Bring Your
13 Granddaughter to Work Day, so I would like to
14 introduce my granddaughter, Elyssa Shows. So, as you
15 know, that's the grandmother's job during the summer
16 is to fill in when there's no sitter. So, if there's
17 any disruptions, it's Brumfield's kids that are
18 disrupting, not mine.

(LAUGHTER)

19 MS. SHOWS: So, thank you for the
20 opportunity to bring them to a public meeting. The
21 Mississippi LPN Association has set their dates for
22 the next annual convention, and I know that this board
23 has always been very accommodating to schedule board
24 meetings around convention times. So those dates are
25

1 April the 10th through the 12th of 2019. It will
2 again be at the IP Resort on the Gulf Coast.

3 We have an open invitation to all board
4 members to attend. If you would like to present, we
5 certainly will take open presenters as well, and we
6 would like for you to join us to see what a good time
7 we have. Westley, we broke him in last year. Where
8 are you? And some of the staff came that had already
9 been. So we're always glad to have you attend our
10 convention and participate with the LPNs in their
11 continuing education.

12 As you know, we had 1,137 people attend
13 in 2018, and we had 53 vendors. So we are excited
14 about the opportunities that we can provide LPNs and
15 LPN students in our state. We are the largest
16 contingency in the national association, the largest
17 membership. So we're excited. We won that award
18 several times in our state with the largest membership
19 and the largest student membership.

20 Speaking of the National Convention, the
21 National LPN Association Convention is October the
22 24th through the 27th. Registration is open now.
23 It's in San Antonio, Texas. So that sounds like it's
24 going to be a good opportunity, and I believe there
25 are three offerings of certification or education

1 there with wound care, IV therapy, and geriatric, and
2 usually mental health and first aid is there for LPNs.
3 And so those are always unique opportunities for the
4 ational association.

5 As part of the annual report, we would
6 like to talk about the IV therapy certification
7 role -- pardon me. IV certification, as you may know
8 from this board, is an expanded role of the LPN in
9 that they have to have had the education program
10 within their curriculum. Beginning in 2012, it was
11 placed in the curriculum. And if they graduated after
12 2012 or come into our state, then they have to seek an
13 education program to get IV certified to do IVs in our
14 state.

15 So the Mississippi LPN Association
16 provides that education. We've had an upsurge of
17 those participants, in that employers are now
18 expecting the LPNs to be employed in this state to be
19 IV certified. Of course, PN educators saw that a long
20 time ago and asked for that to be put in the
21 curriculum in 2012. So people who have come into our
22 state or let their IV certification lapse before we've
23 had changes of rules and regulations do have to have
24 that certification for employment now with many, many
25 employers. And so we're excited about that role with

1 our employers.

2 In 2015, we educated 35 additional LPNs
3 in that area. In 2017 to July of '18, we've done 95
4 people. So we are seeing that as an employment
5 requirement. I wanted this board to know that. As
6 jobs are increasing for LPNs in the state, then also
7 the skill level of the LPN is going up. And so we
8 want to applaud you in recognizing that that role is
9 important and that you support that mechanism.

10 I have no other reports at this time.
11 Are there any questions for the LPN Association?

12 (NO VERBAL RESPONSE)

13 MS. SHOWS: Thank you for what you do.

14 DR. KING: Thanks, Linda. Anyone else?

15 (NO VERBAL RESPONSE)

16 DR. KING: So we are connecting a phone
17 call from Shana Cummings with Eliza Pillars to get an
18 update from her.

19 (PAUSE)

20 (PHONE CALL ATTEMPT WAS UNSUCCESSFUL)

21 DR. KING: Okay. We will move on to the
22 next agenda item, which is the Office of Nursing
23 Workforce, Mr. Dwayne Thompson.

24 MR. THOMPSON: Good morning. The Office
25 of Nursing Workforce is still preparing for its first

1 Annual College and Career Fair which will be held at
2 the Marriott in Downtown Jackson on September 6, 2013,
3 [sic] from one to three. There are still some tables,
4 just a very few, a very few tables. So, if anybody
5 knows any schools or employers who would like to
6 participate in the fair, please have them to give me a
7 call so we can get them participating in the College
8 and Career Fair. And remember that door prizes will
9 be given during the fair.

10 ONW is also in the process of finalizing
11 our data vendor. The data vendor's name is Blue
12 Consulting Group from Ridgeland, Mississippi, right
13 here in Ridgeland, and the purpose of our data vendor
14 is to tell the story of the State of Mississippi's
15 data story for nursing.

16 Some of the deliverables from the vendor
17 will include a searchable data set that includes
18 information from the board's licensees from previous
19 years, a private searchable data set that includes the
20 board's current licensees, which include relevant
21 demographics and data points, a private searchable
22 data set that allows the board to determine geographic
23 areas of need based on licensed locations in the
24 state.

25 And our scholarships, we are still -- I'm

1 in the process, rather, of compiling a master list of
2 all scholarship recipients from all schools. And once
3 that is compiled, it should be ready by October's
4 board meeting, as well as the scholarship process is
5 currently under advisement, and that should be ready
6 by October's board meeting as well.

7 Grants. We're also in the process of
8 applying for various grant opportunities. And, of
9 course, you know, applying for grants and
10 administering grants from the public and private
11 sources for continuing and development of ONW is one
12 of our five interdependent components charged with
13 ONW. And that concludes my report. Any questions?
14 DR. KING: So the Advisory Committee
15 met -- is that correct? -- on June 21st, and you have
16 distributed minutes?

17 MR. THOMPSON: Yes, ma'am.

18 DR. KING: Okay. Can I get a motion to
19 accept the minutes from the ONW Advisory Meeting from
20 June 21st?

21 MS. JACKSON: Madam President, I so move.

22 DR. KING: Motion made by Ms. Shirley
23 Jackson to accept those minutes.

24 MS. LINDSEY: Second.

25 DR. KING: Seconded by Ms. Darlene

1 Lindsey. Any discussion?
 2 (NO VERBAL RESPONSE)
 3 DR. KING: All those in favor?
 4 (ALL IN FAVOR)
 5 DR. KING: Opposed?
 6 (NO VERBAL RESPONSE)
 7 DR. KING: Abstainers?
 8 (NO VERBAL RESPONSE)
 9 MR. THOMPSON: Thank you.
 10 DR. KING: Thank you. Moving on to board
 11 business, I need a motion to accept the business
 12 meeting minutes from June 15th of 2018.
 13 DR. STANFORD: I make a motion to accept
 14 those minutes.
 15 MR. WARD: Second.
 16 DR. KING: Motion made by Dr. Teresa
 17 Stanford to accept the minutes from June 15, 2018,
 18 Business Meeting, seconded by Mr. Blake Ward. Any
 19 discussion?
 20 (NO VERBAL RESPONSE)
 21 DR. KING: All in favor?
 22 (ALL IN FAVOR)
 23 DR. KING: Any opposed?
 24 (NO VERBAL RESPONSE)
 25 DR. KING: Abstainers?

1 (NO VERBAL RESPONSE)
 2 DR. KING: I would also, I'm going to
 3 kind of combine the next two, a motion to accept the
 4 disciplinary minutes and hearing minutes from January
 5 31st, 2018, and February 1st, 2018.
 6 Can I get a motion to accept those
 7 minutes?
 8 MR. SHAW: I make a motion.
 9 DR. OWENS: Second.
 10 DR. KING: Motion made by Mr. Alton Shaw,
 11 seconded by Dr. Michelle Owens. Any discussion?
 12 (NO VERBAL RESPONSE)
 13 DR. KING: All those in favor?
 14 (ALL IN FAVOR)
 15 DR. KING: Any opposed?
 16 (NO VERBAL RESPONSE)
 17 DR. KING: Abstainers?
 18 (NO VERBAL RESPONSE)
 19 DR. KING: Okay. The next one would be a
 20 motion to waive reading of the names from motions.
 21 MR. WARD: Motion.
 22 DR. KING: Motion made by Mr. Blake Ward.
 23 MS. JACKSON: I second.
 24 DR. KING: Seconded by Ms. Shirley
 25 Jackson. All in favor?

1 (ALL IN FAVOR)
 2 DR. KING: Opposed?
 3 (NO VERBAL RESPONSE)
 4 DR. KING: Abstainers?
 5 (NO VERBAL RESPONSE)
 6 DR. KING: Okay. Future meetings. We
 7 have Agreed Settlement Proposals scheduled for October
 8 9th, 2018, and disciplinary hearings October 10th and
 9 11th of 2018, starting at 8:30 a.m. That panel will
 10 be consisting of Mr. T.J. Adams, Ms. Shirley Jackson,
 11 Mr. Alton Shaw, and Ms. Nancy Norris. And our
 12 business meeting will occur on October 12th, 2018,
 13 starting at 11:05.
 14 Trey, can you give us a legislative
 15 update?
 16 MR. BOBINGER: Good morning. I think
 17 it's still morning. I'm glad to be here. I wanted to
 18 say congratulations to our three new board members.
 19 Glad to have you guys on board and look forward to
 20 working with you. I've been accused of being somewhat
 21 long winded, which was a little offensive, but that's
 22 okay. So today I'm keeping it very brief.
 23 Thanks to the discussion about our
 24 potential special session. If you look at your
 25 Twitter or your social media, Clarion-Ledger,

1 whatever, the talk is about, are we going to have a
 2 special session, or better yet, when are we going to
 3 have a special session.
 4 This will obviously focus on
 5 infrastructure funding for state highways roads and
 6 bridges, as well as cities and counties. It's a big
 7 deal. It's absorbing a lot of time at the Capitol for
 8 the speaker, and certainly on the senate side, the
 9 lieutenant governor. These guys and the governors
 10 involved are trying to come up with some type of
 11 compromise.
 12 It's difficult when you've got 174
 13 members trying to get a consensus on something like
 14 this, particularly where revenue is involved or
 15 possible new sources. There may be a lottery added to
 16 that possibly. I think it's a possibility. I think
 17 that's dependent on if there's an agreement on the
 18 infrastructure funding. I could see the governor
 19 adding that to the call.
 20 Distribution of the BP funds, there's a
 21 lot of money still sitting there that has not been
 22 distributed around the state, and there's a lot of
 23 interest in that, certainly the Gulf Coast, but even
 24 North Mississippi has an interest in it.
 25 You know, Mississippi is about to start

1 allowing in our casinos Sportsbook, and there may be a
2 need to tweak the Mississippi Gaming Control Act.
3 It's legal and authorized under the law, but they
4 ight need to tweak that. So that could be added as
5 well, but they are hoping -- it's not so much that
6 that form of gaming is going to add a lot of money to
7 the State Treasury necessarily. They're hoping that
8 it will enhance market share.

9 We have lost a lot of market share. Even
10 though it has come back, particularly our river
11 counties need -- have lost more market share, and we
12 think that could be a draw. We're ahead of the other
13 states on this surrounding us. So that's something
14 that's going to be looked at. We're looking probably
15 at possibly the middle of August. That can change.
16 The 15th of August has been mentioned.

17 I think once we get this special session,
18 assuming we have it and get it done, I think as soon
19 as that's over, we'll get back to more traditional
20 issues and discussions, Phyllis, things regarding our
21 profession that impact the Board of Nursing and the
22 people that you license and regulate. So I think
23 until that special session is resolved, it's kind of
24 sucking all the oxygen out of the room, and you can
25 kind of understand that.

1 I will say that Phyllis and Shan and our
2 staff have been working very hard on our budget. You
3 know, they have to submit a written proposal to the
4 Legislative Budget Office, LBO. They do a really
5 good, thorough, detailed job on that. I know the
6 board is involved with that. So I think that process
7 is probably nearing completion, I think. I know they
8 have put a lot of work and effort into that. That is
9 something else that we have to watch very closely,
10 particularly as September rolls around and we start
11 moving toward the session.

12 The last thing I'll mention is, next week
13 is the Neshoba County Fair. So, while we're talking
14 about state-elected officials and legislators, August
15 1st and August the 2nd, next Wednesday and Thursday,
16 you will have all your statewide officials and some of
17 your district officials speaking at the Neshoba County
18 Fair. So, if you want to get really hot and dusty and
19 get red clay on you or dirt, as the case may be, I
20 welcome you to go. I'll be there. It should be
21 interesting in light of recent things going on. So I
22 think things are starting to pick up with next year
23 being the statewide election year.

24 So, with that, I'll answer any questions,
25 but that concludes my report. I told you I would be

1 short.

2 **DR. KING:** Thank you, Trey. Okay. That
3 moves us into the Executive Director Report beginning
4 with Budget Report, Ms. Shan Montgomery.

5 **MS. MONTGOMERY:** Good morning, everyone.
6 Really quick, you-all each should have received a
7 budget report, so I'll be brief and give you a high
8 overview. We are currently in Fiscal Year '19's
9 Budget. We were appropriated 4.8 million. We started
10 that budget July 1. We have completed -- thank you,
11 Trey -- the proposed Fiscal '20 Year Budget. We're
12 requesting 4.8 million, 4,800,462. I think each of
13 you received a copy of that, and I have broken down
14 the Office of Nursing Workforce Budget for you. We
15 have been appropriated 1.5 million for Office of
16 Nursing Workforce. And I would like a motion for
17 those budgets. If y'all have any questions, let me
18 know.

19 **DR. KING:** Are there any questions for
20 Shan?

21 (NO VERBAL RESPONSE)

22 **DR. KING:** So we need a motion to approve
23 the current fiscal year budget, correct, the '19 and
24 the '20?

25 **MS. MONTGOMERY:** Right, two separate

1 motions.

2 **DR. KING:** So, Fiscal Year 2019 Budget,
3 we need a motion to approve that budget.

4 **MR. SHAW:** I make a motion.

5 **MR. WARD:** Second.

6 **DR. KING:** Motion made by Mr. Alton Shaw,
7 seconded by Mr. Blake Ward. Any discussion?

8 (NO VERBAL RESPONSE)

9 **DR. KING:** Did we have anything
10 specifically new on that, Shan?

11 **MS. MONTGOMERY:** For the Fiscal Year '19
12 Budget?

13 **DR. KING:** I'm sorry, yes.

14 **MS. MONTGOMERY:** Yes, we do.

15 **DR. KING:** Can you just briefly discuss
16 what the new items are on that?

17 **MS. MONTGOMERY:** I can. We have a
18 proposed contract for the Data Project that's going to
19 happen with the Office of Nursing Workforce. We're
20 still under review with the contract with it. It's a
21 \$48,000 contract. Once we get that approved, that
22 will probably be on the August Budget Report.

23 The second item we will be adding, we
24 just did a contract with Clear View Scanning. They
25 are scanning all of our documents so that we can try

1 to go paperless, and that is also a \$42,000 contract.
2 And that will possibly be added to the August budget
3 once we get the first invoice. Those are the only two
4 new line items.

5 DR. KING: Thank you. Any other
6 questions or discussions? Dr. Owens?

7 DR. OWENS: What is the timeline for
8 going paperless?

9 MS. MONTGOMERY: We just started. We
10 have a storage of about 40 boxes offsite with MIB. So
11 we're starting with those boxes. And then we have
12 another 200. So we're looking at about six months to
13 a year to get it done.

14 DR. KING: Any other questions?

15 (NO VERBAL RESPONSE)

16 DR. KING: We have a motion on the floor
17 to approve this budget with a second. All those in
18 favor?

19 (ALL IN FAVOR)

20 DR. KING: Any opposed?

21 (NO VERBAL RESPONSE)

22 DR. KING: Any abstainers?

23 (NO VERBAL RESPONSE)

24 DR. KING: And then now the motion to
25 approve the Fiscal Year 2020 Budget is needed.

1 MR. SHAW: I make a motion.

2 DR. KING: Motion made by Mr. Alton Shaw.

3 MR. ADAMS: Second.

4 DR. KING: Seconded by Mr. T.J. Adams.

5 Any discussion?

6 MR. SHAW: I think if you could explain
7 the additional pin that's going into that budget.

8 MS. MONTGOMERY: Yes. We do have one
9 additional pin that we're requesting for the Fiscal
10 '20 Budget. It's the LPN Education Program Director.
11 We have asked for that to be a specialized Board of
12 Nursing pin so that we can get the salary where we had
13 discussed it during the committee meeting. So that
14 pin is proposed in the Fiscal '20 Year Budget.

15 DR. KING: Any other discussion or
16 questions?

17 MS. LINDSEY: One time it was talked
18 about that this position would have an administrative
19 assistant pin. Has that been --

20 MS. MONTGOMERY: We already have that pin
available.

22 MS. LINDSEY: So it's available?

23 MS. MONTGOMERY: Yes.

24 MS. LINDSEY: Okay.

25 DR. KING: Any other questions?

1 (NO VERBAL RESPONSE)

2 DR. KING: Okay. All those in favor?

3 (ALL IN FAVOR)

4 DR. KING: Opposed?

5 (NO VERBAL RESPONSE)

6 DR. KING: Abstainers?

7 (NO VERBAL RESPONSE)

8 DR. KING: Thank you, Shan. All right.

9 Ms. Johnson?

10 MS. JOHNSON: Well, good morning. I
11 would like to personally offer congratulations to the
12 new board members: Dr. Michelle Owens, Mr. T.J.
13 Adams, and Ms. Brandi Taylor. We, the staff here at
14 the Board of Nursing, are delighted and looking
15 forward to working with you. All staff are available
16 for you, as well as I am. You have my point of
17 contact information. If not, you need to have it
18 before you leave today. So feel free. We aim to meet
19 all of your needs. If there is anything that you
20 need, don't hesitate to let me or any of the staff
21 here know.

22 That being said, I just want to highlight
23 a couple of things. On the Executive Director's
24 Report, we have some technical difficulty, so it won't
25 be displayed on the screen. And I do hate that that

1 happened today, because we have the Board of Medical
2 Licensure Executive Director here, and he did a great
3 presentation at his board meeting on last week. So I
4 feel a little bit slighted that something happened to
5 our machinery today. But I do want to highlight some
6 issues that I think are very important, and that is
7 the annual meeting, NCSBN Annual Meeting.

8 It's the 40th Anniversary Meeting. That
9 will be held in Minneapolis, Minnesota, August 15th
10 through 17th. And so all board members that have
11 expressed an interest in going, we have you
12 documented, and I need to make sure that you have
13 everything that you need, hotel, travel, and all that.
14 If you have any issues or problems or concerns, I need
15 to know about that today, or you can email me, because
16 I'm trying to confirm everything by the first part of
17 next week, and that date is fastly approaching.

18 As you know, our delegates are Darlene
19 Lindsey and Nancy Norris, who are our two board
20 members. And our alternates are Blake Ward and
21 Ms. Shirley Jackson. So, also, the additional
22 information I need you to know is that we have a board
23 member, Ms. Sandra Culpepper, who is on the ballot for
24 the Area III member of the Area III NCSBN Committee.
25 And so it's very important that our delegates and any

1 staff that attend this meeting talk her up when you
2 get there, because the delegates will vote.

3 I will let you know that other people are
4 already advocating for their person that's on the
5 ballot. So make sure you network when you get there
6 and talk up Ms. Culpepper, because I think that's
7 magnificent that she took the time to want to be a
8 part of that committee, and I think she would
9 represent Mississippi well if she gets selected.

10 The other thing that I wanted to bring
11 about is the school supply drive August 7th of this
12 month -- next month, August 7th, Youth Village. That
13 is our adopt-a-program that we at the Board of Nursing
14 support, and I think the media -- Shan can correct me
15 if I'm wrong -- we would like as many board members as
16 possible to attend. And I think the time has been set
17 for 9 o'clock. Is that correct, Shan?

18 MS. MONTGOMERY: Yes, ma'am.

19 MS. JOHNSON: On August the 7th. So,
20 please let me know if you will be attending, and it
21 will be held, as you know, right on Wheatley, at the
22 office right off Wheatley Drive next to the Wal-Mart.
23 I'm sorry, we have changed that. We are going to have
24 it here at the board. They are going to come and pick
25 it up. So it will be here at the Board of Nursing.

1 And today, the Nomination Committee, you
2 know, this is where you need to, the Nomination
3 Committee needs to be put in place today for our
4 elections in October. So make sure you're aware of
5 that, the new board members.

6 I also wanted to bring to your attention,
7 George Washington University has a health policy and
8 media training program that is supported by NCSBN. It
9 is open to any member of the board to attend that if
10 you so desire to do so. That is fastly approaching.
11 They extended the application date to August the 10th.
12 That is the deadline. So, if there are any board
13 members, as well as staff, can attend.

14 We currently have one staff member,
15 Ms. Brett Thompson-May, who is involved in the program
16 that was approved last year. You do get credit hours,
17 and I think it's 15 credit hours. It's a very
18 intensive type study program where NCSBN supports
19 that. And the applications are reviewed by the George
20 Washington University staff, and there are criteria
21 that you have to meet. So, if anyone is interested,
22 please let me know. I will get you that information,
23 and you can complete the packet and send it forward.
24 Great opportunity, all on policy issues.

25 The Alzheimer's Association, we partnered

1 with them. They have a walk coming up in September.
2 I think it's September 22nd, 2018, and we plan to
3 participate from the board standpoint. Alzheimer's,
4 again, is a health-related issue, and I think that the
5 board should be involved in issues and support our
6 associations that deal with health entities. We will
7 be developing a team, the board here, and we would
8 like the staff and would like our board members to
9 participate. So that's September 22nd. If you can or
10 if you're interested, please let me or Shan know.

11 Also, the American Heart Walk is coming
12 up in November, so let me put you on notice for that,
13 because that is one of our things that we also
14 support. And we will be developing a team, as we did
15 last year, for that. And so that's open to the board
16 members to participate in as well.

17 The other thing I would like to -- I
18 think she's in the audience. We have a new employee,
19 and I would like her to stand, Ms. Chaquinda Shellman.
20 Ms. Shellman is now part of our Criminal Background
21 Division. And so she has been here and done an
22 excellent job over the last few weeks. So we would
23 like to welcome Ms. Chaquinda Shellman to the Board of
24 Nursing.

25 (APPLAUSE)

1 MS. JOHNSON: We have another pin that we
2 will be filling August 1st. We have hired a new
3 investigator/security person, and that person will be
4 coming on board on August 1st, and we'll introduce
5 that individual at the next board meeting.

6 The Strategic Plan, I need a motion for
7 the board to approve the Strategic Plan. That, along
8 with the budget, has to be submitted to not only the
9 LBO Office, but I call it DFA, the Department of
10 Finance and Administration. So that information was
11 submitted, I know, to the board members.

12 Have you had an opportunity to review it,
13 because we do need a motion to approve that so that we
14 can send it forward.

15 DR. KING: Do we have a motion to approve
16 the current Strategic Plan?

17 MS. JACKSON: I make a motion.

18 DR. KING: We have a motion by
19 Ms. Shirley Jackson to approve the current Strategic
20 Plan. Is there a second?

21 MS. LINDSEY: Second.

22 DR. KING: Seconded by Ms. Darlene
23 Lindsey. Any discussion?

24 (NO VERBAL RESPONSE)

25 DR. KING: Phyllis, just from our

1 perspective, is there a way that we can get this added
2 to kind of the Executive Director Report, if there are
3 any changes, or at least have some quarterly type
4 discussions around what the Strategic Plan is moving
5 forward so we can kind of move that as healthcare is
6 moving?

7 MS. JOHNSON: Sure. And what I would
8 like to bring to the board's attention, we have the
9 annual retreat for you-all that is usually in January,
10 and we will put this on the agenda for the board to
11 review the Strategic Plan. And during that time,
12 between now and that time, I will be sending out
13 reminders to you-all to be abreast of anything that
14 you might want or think that needs to be involved in
15 the Strategic Plan going forward. But the annual
16 retreat is the time that is set aside for us to do the
17 Strategic Plan. Yes, I will make sure that you-all
18 get reminded of that.

19 DR. KING: Thank you. All right. So we
20 have a motion and a second. All those in favor to
21 accept the current Strategic Plan?

22 (ALL IN FAVOR)

23 DR. KING: Any opposed?

24 (NO VERBAL RESPONSE)

25 DR. KING: Any abstainers?

1 (NO VERBAL RESPONSE)

2 MS. JOHNSON: I do want to make one note
3 as far as board visibility. The Governor's Health
4 Summit Task Force, I'm not sure if you're aware, but
5 we have an employee that is on that task force. And
6 you have probably heard some things about it, because
7 it's going to be held the same time that we're in
8 Minneapolis. The Honorable Ben Carson is the guest
9 speaker, but Shan Montgomery was appointed to that
10 task force and has worked diligently on the Planning
11 Committee. So I want to acknowledge Shan for the hard
12 work that she does. So, thank you, Shan, for all the
13 work that you do.

14 In addition, the Opioid Drug Summit was
15 held, the Mississippi Opioid Drug Summit. We had
16 several staff to attend that, as well as the
17 Medication Administration Treatment Opioid Seminar
18 conducted and sponsored by SAMSHA at the Hilton, and
19 we had some employees to attend that, Tina Highfill
20 and myself, and that was very, very worthwhile, very
21 worthwhile. So I just wanted to make you aware of
22 that, that our staff is out there and participating in
23 those activities.

24 Any questions about the Executive
25 Director Report?

1 (NO VERBAL RESPONSE)

2 MS. JOHNSON: Thank you.

3 MS. LINDSEY: Can I just ask for that
4 health -- not the workshop -- the summit, could we
5 receive some information on that? We can't attend,
6 but we may know somebody that may want to attend, the
7 location, just some FYI would be wonderful.

8 MS. MONTGOMERY: I will send it out.

9 MS. LINDSEY: Thank you.

10 DR. KING: All right. That moves us into
11 our committee reports, and we will start with the
12 Executive Committee. We have a couple of things to
13 come forward. The first one is: I move to accept the
14 administrative denial of reinstatement for License No.
15 315656.

16 DR. STANFORD: Second.

17 DR. KING: Seconded by Dr. Teresa
18 Stanford. All those in favor?

19 (ALL IN FAVOR)

20 DR. KING: Opposed?

21 (NO VERBAL RESPONSE)

22 DR. KING: Abstainers?

23 (NO VERBAL RESPONSE)

24 DR. KING: The next one is regarding the
25 certified clinical hemodialysis technician: We move

1 the Board adopt the recommendation of the Executive
2 Committee that the following Administrative Actions
3 for Certified Clinical Hemodialysis Technician
4 Educational Training Programs be accepted.

5 Off the record for a second, Ashley.

6 (OFF THE RECORD)

7 DR. KING: So the facility numbers are as
8 follows: 252501, 252502, 252503, 252504, 252533,
9 252560, 252533.

10 DR. STANFORD: Second.

11 DR. KING: Seconded by Dr. Teresa
12 Stanford. All those in favor?

13 (ALL IN FAVOR)

14 DR. KING: Any opposed?

15 (NO VERBAL RESPONSE)

16 DR. KING: Any abstainers?

17 (NO VERBAL RESPONSE)

18 DR. KING: Okay. And the last motion
19 that we have to bring forward is that the Board take
20 necessary steps to determine feasibility of
21 relinquishing and/or transferring the Board's
22 regulation of certified clinical hemodialysis
23 technicians to another appropriate regulatory
24 authority.

25 DR. STANFORD: Second.

1 DR. KING: Seconded by Dr. Teresa
 2 Stanford. Any discussion about that?
 3 (NO VERBAL RESPONSE)
 4 DR. KING: Okay. All those in favor?
 5 (ALL IN FAVOR)
 6 DR. KING: Any opposed?
 7 (NO VERBAL RESPONSE)
 8 DR. KING: Abstainers?
 9 (NO VERBAL RESPONSE)
 10 DR. KING: Motion passes. And the last
 11 thing to come forward is, we will be establishing a
 12 special committee to work with the Department of
 13 Health regarding rules and regulations for telehealth
 14 in the state. I have asked Dr. Michelle Owens to
 15 definitely be on that committee so that we can align
 16 and kind of work with what the Board of Medical
 17 Licensure has currently in place for rules and regs
 18 based on the practice of telemedicine and telehealth.
 19 So we will be establishing that and working through
 20 that with the Department of Health.

21 That's all that I have from the Executive
 22 Committee. Compliance Committee, Ms. Darlene Lindsey.

23 MS. LINDSEY: Yes, ma'am. The Compliance
 24 Committee has several motions and information to be
 25 brought forward. The first is an information. It's

1 regarding P-232548 has not met the terms of the Final
 2 Orders dated and signed October 13th, 2019 [sic], and
 3 February the 8th, 2016. Specifically, P-232548 has
 4 not worked as a nurse for 24 months within the 36
 5 months as designated. This has been referred to
 6 Legal.

7 MR. SHAW: You said '19, I think.

8 MS. LINDSEY: Oh, I'm sorry. I'm sorry.
 9 We're moving ahead -- I'm sorry -- getting her in
 10 trouble before the year even starts. The Final Order
 11 dated and signed October the 13th, 2009. Thank y'all
 12 for that update.

13 Okay. The next is regarding the
 14 board-approved assessor list. The staff is constantly
 15 looking for additional persons who are qualified to be
 16 board-approved assessors. Currently, we were provided
 17 with Tony Terrell Lee. He is a clinical psychologist.
 18 He works at the Pine Belt Mental Healthcare Resources
 19 in the Hattiesburg area. He is also a William Carey
 20 University adjunct faculty and assistant professor of
 21 psychology.

22 "I move that the Board adopt the
 23 Compliance Committee's recommendation to add Tony T.
 24 Lee, PhD., LPC-S, NCC, to the Board-Approved Assessor
 25 List."

1 MR. ADAMS: Second.

2 DR. KING: Motion made by Darlene,
 3 seconded by Mr. T.J. Adams. Any discussion?
 4 (NO VERBAL RESPONSE)

5 DR. KING: All those in favor?
 6 (ALL IN FAVOR)

7 DR. KING: Opposed?

8 (NO VERBAL RESPONSE)

9 DR. KING: Abstainers?

10 (NO VERBAL RESPONSE)

11 MS. LINDSEY: I had passed out for each
 12 one of you a sheet that says Affidavit and Formal
 13 Reprimand. It looks like this (indicating). Does
 14 everybody have it up here? Okay. Before I start
 15 reading this motion, you will see that, at the bottom,
 16 there's a circled area, and that's what we voted for
 17 to change. The reason for this -- well, let me do the
 18 motion, and then I'll explain it a little bit more.

19 I move that the Board adopt the
 20 Compliance Committee's decision to amend the language
 21 of the Affidavit and Formal Reprimand for the
 22 Compliance Division. Said language will be amended
 23 from "all fines put be paid within thirty (30) days of
 24 the date I execute this Affidavit" to "all fines must
 25 be paid within thirty (30) days of the date I am

1 notified of the Board's acceptance of this Affidavit.
 2 This Affidavit must be signed and returned within
 3 fifteen (15) calendar days of receipt. I understand
 4 that failure to pay within thirty (30) days of
 5 notification of acceptance of the Affidavit by the
 6 Board will result in the matter being forwarded to the
 7 Board for further action.

8 Okay. What it is -- "what it is," that's
 9 southern. The board -- they come to the hearing. The
 10 decision is made, and then they sign it. But it has
 11 to go through all different kinds of steps before it's
 12 actually ratified to be an official motion. And what
 13 happens is, the nurse is not able to do anything until
 14 it's actually ratified, but the Affidavit and Formal
 15 Reprimand started on the day of the hearing. So it
 16 was adjusted to be more of a realistic date for the
 17 nurse.

18 MS. GREEN: May I ask a question?

19 MS. LINDSEY: Yes, ma'am.

20 MS. GREEN: You said date of
 21 notification. The date that the Applicant is notified
 22 or the date of acceptance by the board?

23 MS. LINDSEY: It says here, "Must be
 24 signed and returned within fifteen (15) calendar days
 25 of receipt of the notice."

1 MS. GREEN: And will "receipt" be the
2 date of the mailing or the date of the actual receipt?

3 MS. LINDSEY: That's an excellent
4 question.

5 MS. GREEN: And if it's the actual
6 receipt, how will we know it's received? Will it be
7 presumed to be received three days after mailing?

8 MS. LINDSEY: Okay.

9 DR. KING: So I'm assuming that you can
10 give us some advice on that.

11 MS. GREEN: I would either say it would
12 be on the date of acceptance -- I would suggest that
13 the date be so many days after mailing, after
14 acceptance by the board, or that it be deemed received
15 three days after. I just need some definite date. I
16 would say let it be so many days after the board
17 accepts it. And, if you want to, add some extra days
18 onto that. Rather than 30 days, if you want to say 33
19 days, that's fine, but I would say the date of
20 acceptance by the board.

21 MS. LINDSEY: Ms. Green, it says that all
22 fines must be paid within 30 days. Is that
23 sufficient?

24 MS. GREEN: That's fine, but it says
25 after I am notified of the board's acceptance.

1 "Notified" means that I have received notice of it,
2 not the date you accept it. So, if you're going to
3 say the date I received notice, we got to know when
4 they received notice.

5 DR. KING: Dr. Owens?

6 DR. OWENS: Is it sent certified? Do
7 they sign for it?

8 MS. GREEN: I would not do it certified,
9 having somebody sign for it, because sometimes they
10 don't accept it. If you're going to do certified
11 mailing -- you're going to do certified mailing, not
12 certified mail receipt, return receipt?

13 DR. OWENS: Well, I guess that's the
14 question, because if you sent the notification to them
15 and they signed for it, you at least know that that
16 person has received it. And by receiving it and
17 signing for it, then they're responsible for it.

18 MS. GREEN: But the problem is that if
19 they don't sign it. Sometimes, if they don't sign the
20 receipt, we can't presume anything. We have to start
21 that process all over. So, my question is -- can I
22 ask the staff a question?

23 DR. KING: Yes.

24 MS. GREEN: Okay. Brett, is it going to
25 be sent by certified mail or certified mail receipt?

1 MS. THOMPSON-MAY: We normally send, on
2 our complaints, for example, certified mail. But on
3 those affidavits, we have not sent those certified
4 mail.

5 MS. GREEN: That's what I'm saying. So I
6 would say the date of the board's acceptance, or I
7 would say the date of mailing if it's certified mail.

8 DR. KING: My opinion would be the
9 board's acceptance.

10 MS. GREEN: Okay. Let's ask this
11 question. Do you want to say the date that it's
12 mailed, the date of mailing?

13 MS. LINDSEY: Can you say -- is the 30
14 days too long?

15 MS. GREEN: No. We just need a date that
16 you would start counting.

17 MS. LINDSEY: I would say from the date
18 it was mailed.

19 MS. GREEN: Okay, the date it's mailed.
20 So, on each part of the affidavit, put the date up
21 there that it's mailed. Okay? So, 30 days from the
22 date that it is mailed.

23 MS. LINDSEY: And I'm going to amend this
24 to say, "All fines must be paid within thirty (30)
25 days of the date mailed, the Affidavit is mailed and

1 notified of the Board's acceptance of the Affidavit."

2 DR. KING: So we have a new motion on the
3 floor.

4 DR. STANFORD: Second.

5 DR. KING: And it was seconded by
6 Dr. Teresa Stanford. Any other discussion around
7 that, the amended one?

8 (NO VERBAL RESPONSE)

9 DR. KING: All those in favor?

10 (ALL IN FAVOR)

11 DR. KING: Any opposed?

12 (NO VERBAL RESPONSE)

13 DR. KING: Abstainers?

14 (NO VERBAL RESPONSE)

15 DR. KING: Okay.

16 MS. LINDSEY: And thank you, Ms. Green,
17 for leading us around the good path. Okay. I'm not
18 through yet. We were busy bees. Okay. I'm going to
19 read the motion, and then we're going to talk about
20 it.

21 "I move that the Board adopt the
22 Compliance Committee's recommendation that Respondent
23 R-853028, CRNA, indirect supervision requirement be
24 amended to include the following:

25 "(1) Anesthesiologists working at Baptist

1 Health Systems are approved to serve as indirect
2 supervisors;

3 "(2) Respondent shall be responsible for
4 nforming all anesthesiologists employed by Jackson
5 Anesthesia Associates of the indirect supervision
6 requirement within his Board Order;

7 (3) The above amendments shall only be
8 approved and apply while Respondent is employed with
9 Baptist Health Systems."

10 Okay. We need a second for that, and
11 then we will discuss it.

12 MS. CULPEPPER: I'll second.

13 DR. KING: Motion made by Darlene
14 Lindsey, seconded by Sandra Culpepper.

15 MS. LINDSEY: And I'm going to ask
16 Mr. Ward to please just clarify that, please.

17 MR. WARD: Sure. Thank you. The
18 Respondent works at Baptist Health Systems as a CRNA.
19 At Baptist Health Systems, they utilize a practice
20 model in which an anesthesiologist is medically
21 directing the CRNA up to a four to one ratio.

22 DR. KING: Can you move that microphone
23 closer to your mouth? Thank you.

24 MR. WARD: In that practice model, there
25 are no nurses or CRNAs that would be constantly

1 working with the Respondent. The one certain
2 professional that will be always working with the
3 Respondent in that health system is the
4 anesthesiologist. Jackson Anesthesia employs
5 currently 22 anesthesiologists, and there is no way
6 for the nurse anesthetist to predict which
7 anesthesiologist will be over that particular room at
8 any particular time of the day.

9 Sometimes there are two, three, four, at
10 University sometimes five different anesthesiologists
11 that are working with you in one day. So the
12 Respondent is requesting that, instead of one person
13 be listed as the direct supervisor, could that be
14 amended to include supervision from anyone that he may
15 be working with at any time. It could be felt that
16 that was appropriate, and we brought that forward as a
17 motion.

18 MS. GREEN: Anyone that is licensed and
19 in good standing.

20 MR. WARD: That sounds great. Licensed
21 and in good standing would be a great addition to the
22 motion.

23 DR. KING: Is there any discussion about
24 this? So the way that we -- is this going to separate
25 any difference for that one provider with direct

1 supervision, make it a different process than we
2 currently have in place for everyone else that's under
3 supervision?

4 MR. WARD: This is not direct
5 supervision.

6 DR. KING: Okay. So, even indirect
7 supervision, it's making a different process for one
8 individual based on not the precedence that we have
9 set for however long with the other rules that we have
10 related to indirect.

11 MR. WARD: The current rules on indirect
12 are that your supervisor must be readily available to
13 intervene at any time. In this Respondent's
14 particular practice model, there would not be -- you
15 have one or two choices. Either not be employed by
16 that facility, because there is no guarantee that you
17 would have that indirect supervisor be present.

18 Like I say, they have typically one nurse
19 anesthetist on call after hours or on the weekends.
20 So there literally are no other nurse anesthetists
21 there at that time. So you would fall out of
22 compliance with the order. Also, on the weekends, it
23 would still be the one. The one constant that is
24 always present in that practice model would be the
25 anesthesiologist.

1 MS. LINDSEY: Can I clarify one thought?

2 MS. GREEN: Is this a specific case?

3 MS. LINDSEY: It's specific. One of the
4 things that we brought up in the committee was that
5 this was --

6 DR. KING: I'm talking about the
7 generalizability of this process.

8 MS. LINDSEY: It's general what I'm
9 saying. When we address the nurses in indirect -- and
10 if I'm wrong, I apologize for this, but we're looking
11 at nurse directing nurse. In this situation, it would
12 be physician directing nurse. Am I correct with that?

13 MR. WARD: Right. The question is who --

14 MS. LINDSEY: Is that unique? If it's
15 not unique, then we can withdraw it.

16 MR. WARD: Which co-workers would be able
17 to provide indirect supervision for a nurse, that's
18 the question.

19 MS. GREEN: I thought that you said
20 indirect supervisors or other qualified healthcare.
21 Can you read that?

22 MS. THOMPSON-MAY: If I may speak, with
23 APRNs, we have approved physicians to be a supervisor.
24 I think the nuance with what you're discussing is the
25 fact that it's difficult to name one anesthesiologist

1 giving what I'm understanding about the business
2 model. And so I think they were trying to just
3 encompass how it works so that he can be practically
4 supervised, which would mean the group of
5 anesthesiologists that would be employed with that
6 system in a rotating manner be that supervisor to that
7 CRNA.

8 MS. GREEN: I see it as two separate
9 issues. One, you're looking at that case in
10 particular, which would be that licensee's case, or;
11 number 2, you make a general provision that says that
12 it could be for anybody that's appropriately
13 supervised.

14 MS. THOMPSON-MAY: So we have approved
15 physicians.

16 MS. GREEN: What I'm saying is that, if
17 you let anybody be approved by more than one -- I
18 mean, be supervised by more than one physician, if
19 appropriate, so it should not be just this one. It
20 should be across the board.

21 DR. KING: So that's the discussion that
22 we have, and we have a motion, and we have a second,
23 correct?

24 MS. LINDSEY: Well, we have a motion, and
25 y'all help me on Robert's Rules, but it appears that

1 the motion really at this point should not go forward.
2 Do we either accept it or deny it? Can we table this
3 motion?

4 MS. GREEN: Table it or you can withdraw
5 it.

6 MS. LINDSEY: I think we should. Let's
7 just table it and then -- yeah, let's table it, and
8 then we can come back at another time when we get
9 further details.

10 MS. GREEN: Tabling has first priority.
11 If she makes a motion for the table and the second,
12 then the table takes priority. So you have to
13 actually call for a motion to table.

14 MS. LINDSEY: All we're doing on that is,
15 when you table it, we're just at this point not
16 bringing it forward.

17 DR. KING: We still have to vote on that
18 and make sure everybody agrees, right, that we're
19 going to table it?

20 MS. LINDSEY: Right.

21 DR. KING: So there is a motion to table
22 the current motion from the Compliance Committee
23 regarding a CRNA with a restricted license and
24 supervision. Is there a second to table that?

25 MS. LINDSEY: Second. Oh, I can't do it.

1 DR. KING: You made the motion.

2 MS. LINDSEY: All right. I third it and
3 fourth it and fifth it. I'm kidding.

4 (LAUGHTER)

5 MS. CULPEPPER: I will second it.

6 DR. KING: Seconded by Sandra Culpepper.
7 All in favor? Dr. Owens?

8 DR. OWENS: I just have a question on
9 this motion. So, if we do this, then are we currently
10 leaving a situation where, if you look at it from a
11 regulatory standpoint, this individual is practicing
12 outside -- they are technically out of compliance? I
13 mean, is that what we're leaving on the table right
14 now?

15 MR. WARD: My understanding, and maybe
16 Legal can confirm this, is that he is currently not
17 working. He is trying to work, and the current
18 language is --

19 MS. GREEN: I think if you're going to
20 discuss a specific case and deliberate, I think this
21 is an appropriate case to ask to go into closed
22 determination session.

23 MS. THOMPSON-MAY: Gloria, the only other
24 thing, if you wanted to consider it later, would be to
25 get however many physicians individually and execute

1 an indirect supervisor report. Then you would have a
2 plethora of them, but you would be in compliance with
3 the current rule.

4 MS. GREEN: But, still, the question
5 would be, if this person was allowed to have several,
6 multiple individual supervisors, whether or not it
7 needs to be a case by case or whether or not it needs
8 to be something full blown. I think that it's
9 something that you need to do a motion to go into
10 closed determination.

11 DR. KING: So that's tabled. All those
12 in favor to table it?

13 (ALL IN FAVOR, WITH THE EXCEPTION OF
14 DR. KING.)

15 DR. KING: Opposed?

16 (NO VERBAL RESPONSE)

17 DR. KING: Abstainers?

18 (NO VERBAL RESPONSE)

19 DR. KING: I'm going to abstain from that
20 one.

21 MS. LINDSEY: Okay. The last thing that
22 we have to talk about -- not talk about, but to share
23 with the board is, we are going to be in the process
24 in the Compliance Committee to review the Mississippi
25 Alternative Program, known as MAP, requirements in

1 detail. We have created an ad hoc committee amongst
2 the Compliance Committee. Sharing will be T.J. Adams.
3 Also on the committee will be Brandi Taylor, Jan
4 Collins, and myself, Darlene Lindsey. And we will get
5 back with the full board as we move forward.

6 DR. KING: So, just for clarification,
7 that's a charge of those members within the Compliance
8 Committee to review and establish criteria for MAP?

9 MS. LINDSEY: And that's it, Madam
10 Chairman.

11 DR. KING: Perfect. Thanks, Darlene.
12 Advanced Practice, Dr. Stanford.

13 DR. STANFORD: We have three motions that
14 came out of Advanced Practice Committee. The first of
15 these is: I move that it is within the scope of
16 practice of nurse practitioners and certified
17 registered nurse anesthetists to drain cerebrospinal
18 fluid from an Ommaya reservoir or ventricular shunt in
19 the outpatient or inpatient setting with the
20 appropriate education, training, and competency.

21 DR. KING: There is a motion made by
22 Dr. Stanford.

23 MR. SHAW: Second.

24 DR. KING: Seconded by Mr. Shaw. Any
25 discussion?

1 (NO VERBAL RESPONSE)

2 DR. KING: All those in favor?

3 (ALL IN FAVOR)

4 DR. KING: Any opposed?

5 (NO VERBAL RESPONSE)

6 DR. KING: Abstainers?

7 (NO VERBAL RESPONSE)

8 DR. KING: Motion passes. Thank you.
9 Dr. Stanford?

10 DR. STANFORD: In light of emerging
11 federal regulations regarding CRNA practice, I move
12 that the current AC Opinion regarding CRNA Controlled
13 Prescriptive Authority be reviewed and consideration
14 given to prescriptive authority within the confines of
15 anesthesia.

16 DR. KING: Motion made by Dr. Stanford.
17 Is there a second?

18 MR. WARD: Second.

19 DR. KING: Second by Mr. Blake Ward. Any
20 discussion around this motion?

21 (NO VERBAL RESPONSE)

22 DR. KING: All those in favor?

23 (ALL IN FAVOR)

24 DR. KING: Opposed?

25 (NO VERBAL RESPONSE)

1 DR. KING: Abstainers?

2 (NO VERBAL RESPONSE)

3 DR. KING: Passes.

4 DR. STANFORD: Lastly, I move that it is
5 not within the scope of practice for advanced practice
6 RNs to utilize Ketamine for the management of chronic
7 pain and/or psychiatric disorders.

8 DR. KING: There is a motion on the floor
9 by Dr. Stanford.

10 DR. OWENS: Second.

11 DR. KING: Seconded by Dr. Michelle
12 Owens. Any discussion?

13 (NO VERBAL RESPONSE)

14 DR. KING: All those in favor?

15 (ALL IN FAVOR)

16 DR. KING: Opposed?

17 (NO VERBAL RESPONSE)

18 DR. KING: Abstainers?

19 (NO VERBAL RESPONSE)

20 DR. KING: Passes. The Practice
21 Committee, Ms. Shirley Jackson.

22 MS. JACKSON: Good afternoon, Madam
23 Chairman. Practice Committee motion, a question came
24 to the table that, I move that, is it within the scope
25 of practice for an LPN to care for an indwelling

1 peritoneal catheter and perform procedures related to
2 the peritoneal catheter?

3 Our answers were, it is within the scope
4 of practice for an LPN to care for an indwelling
5 peritoneal catheter and perform procedures related to
6 the peritoneal catheter, provided that the following
7 basic requirements are met. And it's five bullets,
8 and the first one is, The licensed nurse is educated
9 and competent in the procedures. This education and
10 competency must be documented initially and on an
11 ongoing basis.

12 Bullet 2: There is a medical order for
13 the procedures.

14 Bullet 3: The licensed nurse practices
15 according to the general accepted standards of
16 practice.

17 Bullet 4: All necessary resources are
18 available.

19 Bullet 5: The facility has policy and
20 procedures in place addressing all aspects of this
21 issue.

22 DR. KING: So we have a motion. Do we
23 have a second?

24 MS. COLLINS: I second.

25 DR. KING: Seconded by Ms. Jan Collins.

1 Any discussion?

2 DR. STANFORD: Yes. My question is, we
3 are just saying procedures. Do we need to define what
4 procedures are?

5 DR. KING: I thought she said it was for
6 the peritoneal dialysis.

7 DR. STANFORD: Care and procedures of a
8 peritoneal catheter.

9 MS. CULPEPPER: So are you wanting to
10 know if they are going to be doing the dialysis
11 themselves?

12 DR. STANFORD: Do we need to define what
13 kind of procedure? I mean, there is nothing listed.
14 Nowhere does it say dialysis. It just says
15 procedures. Just for clarification, we need to know
16 what "procedure" is.

17 MS. CULPEPPER: It was in regards to the
18 care and the dialysis of the peritoneal dialysis, in
19 which we are trained to do.

20 DR. STANFORD: So do we need to add
21 dialysis, because nowhere in that motion did it say
22 dialysis. It just says peritoneal catheter and
23 procedures.

24 MS. CULPEPPER: I have no issues with
25 adding dialysis to it.

1 DR. KING: So that motion will be amended
2 to say the care of peritoneal dialysis catheter. Any
3 other questions or discussion?

4 (NO VERBAL RESPONSE)

5 DR. KING: All those in favor?

6 (ALL IN FAVOR)

7 DR. KING: Any opposed?

8 (NO VERBAL RESPONSE)

9 DR. KING: Abstainers?

10 (NO VERBAL RESPONSE)

11 DR. KING: Ms. Shirley, anything else
12 from Practice?

13 MS. JACKSON: No, ma'am.

14 DR. KING: Okay. Thank you. Other
15 committee business, Administrative Code, Mr. Blake
16 Ward.

17 MR. WARD: Thank you, Madam President.
18 The Administrative Code Committee does have three
19 motions to bring forward today representative of the
20 three sections of our Administrative Code we would
21 like to bring before the full board.

22 Motion 1, we would like to bring forward
23 Part 2830, the Practice of Nursing. There is one
24 particular -- actually, three words that we would like
25 to amend under Rule 2.6, Charge Nurse. For

1 background, we have received communication from the
2 Mississippi Healthcare Association, as well as the
3 Independent Nursing Home Association, regarding the
4 Rule 2.6, LPN Charge Nurse, which states, "LPNs may
5 assume charge nurse responsibilities in long-term
6 units if RN supervision is available on the premises
7 at all times for consultation."

8 The two groups brought to our attention
9 that the minimum standards for all institutions for
10 the aged or infirm allows for an RN or LPN to serve as
11 the charge nurse during any shift but only requires RN
12 coverage for the day shift. Therefore, in conclusion,
13 and I quote, "We respectfully request that the board
14 keep the language in Rule 2.6 as it was initially
15 proposed by the board, which would state that all LPNs
16 my assume charge nurse responsibilities in long-term
17 units if RN supervision is available at all times for
18 consultation."

19 The Administrative Code Committee was
20 supportive of this language to remove "on the
21 premises" from the current Administrative Code, which
22 would obviously comply with the minimum standards for
23 all the institutions for the aged or infirm.

24 DR. KING: So the motion is to?

25 MR. WARD: Remove "on the premises."

1 DR. KING: Remove "on the premises" from
2 the current to say "available" instead of -- replace
3 "on the premises" with "available"?

4 MR. WARD: The removal of those three
5 words would leave the sentence stating this: LPNs may
6 assume charge nurse responsibilities in long-term
7 units if RN supervision is available at all times for
8 consultation.

9 DR. KING: Okay. So we have a motion.
10 Do we have a second?

11 MS. CULPEPPER: I second it.

12 DR. KING: Seconded by Ms. Sandra
13 Culpepper. Any discussion?

14 (NO VERBAL RESPONSE)

15 DR. KING: All those in favor?

16 (ALL IN FAVOR)

17 DR. KING: Opposed?

18 (NO VERBAL RESPONSE)

19 DR. KING: Abstainers?

20 (NO VERBAL RESPONSE)

21 MR. WARD: Thank you. The second motion
22 of three would be Part 2840, Advanced Practice. This
23 section has been amended to include the controlled
24 substance regulation and direction that was handed
25 down by the governor and the Governor's Task Force for

1 Opioids. We have actually had this section prepared
2 and ready for quite a while now, and the Medical Board
3 was valiant enough to submit it first. And they have
4 been working with the OLRC on that particular section
5 since.

6 Ms. Johnson has had conversations with
7 the OLRC, and they want us to go ahead and submit our
8 changes. So, therefore, I am bringing forward Section
9 2840, as amended, to include the controlled substance
10 regulations. And, if Ms. Johnson would like to add
11 anything further on that or Mr. Mutziger?

12 MR. MUTZIGER: I would be happy to
13 address the board. Always a pleasure to address the
14 board and, of course, welcome to our new board
15 members. So, yes, I just would make a slight addition
16 to that. And before I make that addition, I would say
17 I'm very proud of the product that we have put forth
18 to you-all regarding these controlled substances in
19 combatting this opioid epidemic, and it's my hope it
20 will be well received by the OLRC. I believe it's
21 very straightforward, easy to understand, and it's
22 something that we think is important for those people
23 trying to comply with our rules and regulations.

24 Also, I would add that today, before you,
25 another change in the Administrative Code regarding

1 Part 2840, Advanced Practice, would be the permanent
2 change regarding monitored practice hours. There is
3 currently a temporary rule to that effect, but this
4 would allow us to proceed with the Secretary of
5 State's Office to have a permanent rule in place.

6 MS. GREEN: Right now there is an
7 emergency rule?

8 MR. MUTZIGER: That is correct.

9 MS. GREEN: So you want to adopt the
10 emergency rule as the final rule?

11 MR. MUTZIGER: Actually, not exactly,
12 because the temporary rule is worded slightly
13 differently. So I think it would be inaccurate to say
14 that we're adopting it exactly as it is, but the
15 essence, the content is the same, and it is proposed
16 today to be adopted in its permanent form in our full
17 Part 2840.

18 MS. GREEN: Okay. I'm trying to get it
19 straight. Are you proposing it as an adoption, or are
20 you proposing it to be adopted as a final rule with
21 minor changes?

22 MR. MUTZIGER: Before the board is an
23 amended Part 2840. We are proposing that the section
24 entitled -- and I'll find the rule number for the
25 board -- that the Board adopt Rule 1.3 with the

1 changes that have been submitted to them as a final
2 rule or as a proposed rule.

3 MS. GREEN: Okay.

4 MR. WARD: Under that particular -- if I
5 may, under that particular Rule 1.3, the change that
6 occurred was Part A, (1)(a). A qualifying provider
7 includes: (1) A licensed physician; (2) A licensed
8 dentist; and/or (3) An APRN who has a minimum of three
9 (3) years active practice experience and similar
10 educational preparation.

11 In the old Code, that was limited to one
12 sentence, so it was very confusing. So we separated
13 those three.

14 MS. GREEN: So the temporary ruling will
15 stay in effect until the permanent rule actually
16 becomes effective?

17 MR. MUTZIGER: There has been no motion
18 brought forth to terminate the temporary rule prior to
19 effectiveness.

20 MS. GREEN: I'm asking a question.

21 MR. MUTZIGER: To me or to the board?

22 MS. GREEN: To you. I'm asking, how is
23 the temporary rule filed with the Secretary of State's
24 Office?

25 MR. MUTZIGER: The temporary rule is

1 filed to the maximum time limit allowed.

2 MS. GREEN: One hundred and twenty days?

3 MR. MUTZIGER: That is correct, with an
4 extension of 90 days available.

5 MS. GREEN: Okay. So that's what I'm
6 asking. So you're saying that the temporary rule will
7 remain in effect, but you just want to proceed with
8 the adoption?

9 MR. MUTZIGER: That's correct. And at
10 the adoption of the new rule, it would render the
11 temporary rule expired or obsolete.

12 MS. GREEN: When it's effective as a
13 final rule.

14 DR. KING: Okay. So, Blake, can you
15 repeat exactly what your motion is at this point?

16 MR. WARD: The motion is to adopt Part
17 2840, Advanced Practice, as amended.

18 DR. KING: There is a motion on the floor
19 to accept the Advanced Practice under 2840. Is there
20 a second?

21 MR. SHAW: Second.

22 DR. KING: Second by Mr. Alton Shaw. Any
23 discussion?

24 (NO VERBAL RESPONSE)

25 DR. KING: All those in favor?

1 (ALL IN FAVOR)

2 DR. KING: Opposed?

3 (NO VERBAL RESPONSE)

4 DR. KING: Abstainers?

5 (NO VERBAL RESPONSE)

6 DR. KING: All right.

7 MR. WARD: Thank you. Third and lastly,

8 Part 2815, Continuing Education Requirements. The
9 Administrative Code Committee has been working on this
10 for several months, and we are prepared to bring that
11 forward. The amended section, amended particular
12 parts would include Rule 1.2(J), Carryover Hours. We
13 have placed a definition for that, which is, "Accepted
14 Continuing Education completed in the prior renewed
15 licensure period which is in excess of the
16 requirements prescribed by these rules."

17 I will then draw your attention to page
18 2, Rule 1.4, LPN Requirements. The long-standing
19 proposal in this document has been that LPNs licensed
20 in Mississippi shall complete a minimum of twenty (20)
21 contact hours of accepted continuing education per
22 renewed licensure period.

23 This committee has now added, pertaining
24 to the carryover rule, 1.4(B)(2), in that LPNs may
25 submit a maximum of ten (10) carryover hours from the

1 prior renewed licensure period to satisfy this
2 requirement. Once again, these are excess hours,
3 which I can explain in more detail shortly.

4 I draw your attention to Rule 1.5, RN
5 Requirements. A long-standing proposal from the
6 committee has been, Part B, "RNs licensed in
7 Mississippi shall complete a minimum of twenty (20)
8 contact hours of accepted continuing education per
9 renewed licensure period."

10 (B)(2) would be that, falling in line
11 with the previous LPN requirements, that RNs may
12 submit a maximum of ten (10) carryover hours from the
13 prior renewed licensure period to satisfy this
14 requirement. As you have noticed, that is up to 50
15 percent of the requirement. If you have gone over
16 your requirements, you may roll up to 50 percent of
17 those hours towards your next Board of Nursing
18 licensure period.

19 Lastly, Rule 1.6, APRN Requirements, Item
20 B states that APRNs licensed in Mississippi shall
21 complete a minimum of forty (40) contact hours of
22 accepted continuing education per renewed licensure
23 period. (B)(2) states that APRNs may submit a maximum
24 of twenty (20) carryover hours, which is again 50
25 percent, from the prior renewed licensure period to

1 satisfy this requirement.

2 We added an additional stipulation in
3 Item 3, that at least ten (10) of the contact hours of
4 the accepted continuing education must be directly
5 related to controlled substances every renewed
6 licensure period. Therefore, carryover hours may not
7 be used to satisfy this requirement for the controlled
8 substance continuing education.

9 Being an APRN, and I'm sure that LPNs and
10 RNs can also paint their own pictures, for example,
11 why we devised the carryover hour, one, there's
12 precedent. Current Mississippi attorneys are allowed
13 to carry over hours from one licensure period to the
14 next.

15 Secondly, for example, as a nurse
16 anesthetist, I am on a four-year accreditation cycle
17 with the American Association of Nurse Anesthetists.
18 I must have 100 hours of continuing education in those
19 four years. I currently, in the last two years, have
20 71 hours. So, therefore, those two years of Board of
21 Nursing licensure period for my particular RN license,
22 the board is requiring 40. I have 71.

23 Let's say I had eight in the first two
24 years. The second two years begins, and I start over.
25 Well, for my four-year cycle, I need 100 for my

1 certification as a nurse anesthetist. Therefore, I
2 already have 80 from the prior. I need 20 more. That
3 puts me at 20 for that two-year Board of Nursing
4 licensure period. So, as the rule currently stands, I
5 would then have to go and buy an additional 20 hours
6 to comply with the Board of Nursing, which would put
7 me at 120 hours.

8 So this carryover rule will allow those
9 situations in which an LPN, RN, or APRN can use up to
10 50 percent of their additional hours gained in that
11 prior licensure period that goes towards the same
12 licensure period, so that all of the -- so that those
13 particular number of hours are not just flushed down
14 the drain, so to speak, and we will be allowed to use
15 those within your normal accreditation cycle.

16 DR. KING: Okay. So I think we have a
17 motion on the floor to adopt the continuing education
18 hours for all nurses to include availability of
19 carryover hours is on the floor.

20 Do we have a second for that?

21 DR. STANFORD: I second it.

22 DR. KING: Seconded by Dr. Teresa
23 Stanford. Any other discussion?

24 DR. OWENS: So, as a member of the
25 non-rollover professional group, I'm going to throw

1 this out here. I think it's -- I actually think it's
 2 a great idea. And coming from the vantage point of
 3 not being able to sit at this meeting with this group
 4 to see the different respective perspectives on this
 5 issue, what I will say is that I understand that we
 6 are often times torn between the spirit of the law and
 7 the letter of the law. And I feel like this is a
 8 really good compromise, because if you take into
 9 consideration, first of all, what is the whole
 10 purpose?

11 The whole purpose of continuing education
 12 in all of our professions, whether it's legal side or
 13 within healthcare, is that you want to make sure that
 14 people who are out there caring for patients and for
 15 the public are continuing to get updated and refreshed
 16 on the information that is pertinent to their
 17 practice. But we also understand the practicality of
 18 our lives being exceptionally busy and the issue about
 19 whether or not things are really going to be high
 20 yield.

21 I feel like sometimes, if we are in a
 22 situation where, say, for example, like Blake said,
 23 where you have already exceeded a certain requirement
 24 and then you find yourself having to just check off a
 25 box, it kind of goes against the spirit, because most

1 of the people who have to check off the box are not
 2 going to go for things that may very well be
 3 pertinent. They're going to go for the things that
 4 are easy that allow them to check off the box, which
 5 really defeats the purpose.

6 So I think you want to make it not
 7 arduous for people to meet the requirements, because
 8 the whole point is to do something that's safe and in
 9 the public's best interest. But, at the same time, I
 10 think that by doing this, what you do is, you reward
 11 those people who have met the requirements and those
 12 who exceeded them without disincentivizing them to
 13 exceed the requirements. And at the same time, you
 14 help to build into your regulation a way to be sure
 15 that the information that's being gained is really
 16 something that is probably pertinent and that is high
 17 yield and something that actually will ultimately be
 18 of benefit down the line as opposed to just --
 19 everybody has had those cram moments where you just
 20 kind of do something so you can check off the box.

21 What you want to make sure is that
 22 overall we are trying to do something that will
 23 encourage people to do the right thing and the thing
 24 that's meaningful for their professional development
 25 as opposed to just trying to just scurry to check off

1 a box or to have to have to incur additional expense
 2 to do something that you really already -- well,
 3 you've already really met requirements.

4 So I think it's a good option. I'm
 5 taking notes. I'm all about it. Look, if you can
 6 roll over cell phone minutes, I mean, I don't
 7 understand why you can't also roll over a little
 8 education, because the truth is that our professions
 9 are dynamic, and that information that you are exposed
 10 to you do carry with you. It doesn't stop at an
 11 arbitrary time limit. And so I think that for people
 12 who do kind of fall in these precarious situations,
 13 this is a great option to kind of find balance there.

14 DR. KING: Thank you, Dr. Owens. Very
 15 well said. So we have -- we're ready for a vote. All
 16 those in favor of accepting the proposed --

17 MR. WARD: Part 2815, Continuing
 18 Education Requirements.

19 DR. KING: Yes.

20 (ALL IN FAVOR)

21 DR. KING: So any opposed?

22 (NO VERBAL RESPONSE)

23 DR. KING: Any abstainers?

24 (NO VERBAL RESPONSE)

25 DR. KING: All right. So, along with all

1 of these, I would like a motion to adopt these
 2 proposed rules and those be immediately filed with the
 3 Secretary of State's Office.

4 MR. WARD: Second or motion.

5 DR. KING: You have to make the motion.

6 So motion by Mr. Ward. Second?

7 DR. OWENS: Second.

8 DR. KING: Dr. Michelle Owens. All those
 9 in favor?

10 (ALL IN FAVOR)

11 DR. KING: Opposed?

12 (NO VERBAL RESPONSE)

13 DR. KING: Abstainers?

14 (NO VERBAL RESPONSE)

15 DR. KING: Okay. Perfect. All right.

16 Sandra, the LPN Transition Feasibility Committee.

17 MS. CULPEPPER: Thank you, Madam
 18 President. Currently at this time the LPN Transition
 19 Feasibility Committee, we are currently doing some
 20 further -- I lost my train of thought there. We are
 21 currently gathering some more information before we
 22 move any further, but we are diligently working on it,
 23 because we do expect -- we have got a deadline of July
 24 1 to meet. So currently at this time I have nothing
 25 to bring forward.

1 DR. KING: Okay. Thank you, Sandra. The
2 Mississippi Board of Nursing Emergency Practice and
3 Standards Advisory Committee, we did have a meeting
4 July 19th to go over practices of family nurse
5 practitioners in the emergency setting but do not have
6 any motions to bring forward at this time.

7 Office of Nursing Workforce Ad Hoc
8 Committee, Ms. Darlene Lindsey?

9 MS. LINDSEY: I'm going to be talking
10 about two things on the agenda, Office of Nursing
11 Workforce Ad Hoc Committee and ONW Ad Hoc Special Call
12 Meeting Teleconference minutes. Let me back up just a
13 little bit. The ad hoc committee of the Office of
14 Nursing Workforce, in your packet, you received the
15 charge of the committee, and it was determined by our
16 president what the charge was of the committee, and
17 it's also in the minutes.

18 At the ad hoc committee on July the 16th,
19 2018, we talked about the duties of the ONW Ad Hoc
20 Committee, and we had a report and an update from
21 Mr. Thompson, the director. We had a discussion of
22 2018 and 2019 ONW Budgets and Fiscal Affairs from
23 Ms. Montgomery. At this time I would like to make a
24 motion that the Mississippi Board of Nursing/Office of
25 Nursing Workforce Ad Hoc Committee Meeting, Special

1 Call Meeting, July the 16th, 2018, minutes be
2 approved.

3 DR. KING: So we have a motion of
4 acceptance of the ONW meeting minutes that are located
5 in your packet. Is there a second?

6 MR. SHAW: Second.

7 DR. KING: Second by Mr. Alton Shaw. Any
8 discussion?

9 (NO VERBAL RESPONSE)

10 DR. KING: All those in favor?

11 (ALL IN FAVOR)

12 DR. KING: Opposed?

13 (NO VERBAL RESPONSE)

14 DR. KING: Abstainers?

15 (NO VERBAL RESPONSE)

16 DR. KING: Motion passes.

17 MS. LINDSEY: All right. Madam Chairman,
18 at this time I move that the meeting be closed to
19 determine whether or not an executive session should
20 be declared.

21 DR. KING: There is a motion to go into
22 closed determination session to determine if executive
23 session is needed for further discussion around the
24 ONW. So is there a second?

25 MR. SHAW: Second.

1 DR. KING: Second by Mr. Alton Shaw. All
2 those in favor?

3 (ALL IN FAVOR)

4 DR. KING: Opposed?

5 (NO VERBAL RESPONSE)

6 DR. KING: So, at this point, we're going
7 to ask everyone, with the exception of Ms. Johnson,
8 Ms. Montgomery, and Ms. Thompson, to leave the meeting
9 at this point. The open portion of this meeting is
10 closed.

11 (MEETING CLOSED)

12 (OFF THE RECORD)

13 MS. LINDSEY: I move that the Board
14 consider going into executive session for considering
15 the IHL invoice of April the 25th, 2018, and to
16 determine the Board's responsibility for the invoice,
17 which consideration could be the subject of Board
18 litigation.

19 DR. OWENS: Second.

20 DR. KING: Seconded by Dr. Owens. All
21 those in favor?

22 (ALL IN FAVOR)

23 DR. KING: Opposed?

24 (NO VERBAL RESPONSE)

25 (OFF THE RECORD)

1 (MS. GREEN ANNOUNCED THE DECISION OF THE
2 FULL BOARD TO GO INTO EXECUTIVE SESSION
3 TO THE PUBLIC.)

4 (EXECUTIVE SESSION HELD)

5 MS. LINDSEY: I move that the Board go
6 out of closed session.

7 MS. JACKSON: I second it.

8 DR. KING: All in favor?

9 (ALL IN FAVOR)

10 DR. KING: We are back on the record, and
11 within the executive session, the Board voted to seek
12 AG and/or Auditor Opinion for payment of 2017 - 2018
13 scholarship and/or 2018 invoice for IHL.

14 Those voting in favor?

15 MS. COLLINS: Aye, Jan Collins, Consumer.

16 MS. TAYLOR: Brandi Taylor.

17 MS. CULPEPPER: Sandra Culpepper.

18 MS. LINDSEY: Darlene Lindsey.

19 MR. SHAW: Alton Shaw.

20 DR. KING: Melissa King.

21 MS. NORRIS: Nancy Norris.

22 DR. STANFORD: Teresa Stanford.

23 MR. ADAMS: T.J. Adams.

24 MS. JACKSON: Shirley Jackson.

25 MR. WARD: Blake Ward.

1 DR. OWENS: Michelle Owens.

2 DR. KING: The motion passes. The last
3 item on the agenda that we have was for the election
4 of the Nomination Committee, because we have officer
5 elections coming up at our next board meeting. So we
6 have tallied it. It looks like the three members of
7 the Nomination Committee will be Ms. Sandra Culpepper,
8 Mr. T.J. Adams, and Ms. Shirley Jackson, with Sandra
9 being the chair of this Nomination Committee.

10 MS. CULPEPPER: Well, thank you.

11 DR. KING: With that, is there anything
12 else, or do I have a motion to adjourn?

13 MS. COLLINS: I move that we adjourn.

14 DR. STANFORD: Second.

15 DR. KING: Motion made by Jan Collins,
16 seconded by Dr. Teresa Stanford. All those in favor?

17 (ALL IN FAVOR)

18 DR. KING: Meeting is adjourned.

19 (OFF THE RECORD)

20 DR. KING: We have two board members who
21 have completed their service for the Board of Nursing
22 that we would like to recognize and show our
23 appreciation of Dr. Sharon Catledge and Ms. LeKathryn
24 Gipson.

25 (MEETING ADJOURNED AT APPROXIMATELY 1:36 P.M.)

CERTIFICATE OF COURT REPORTER

I, ASHLEY C. HAGG, Certified Shorthand Reporter and Notary Public in and for the State of Mississippi at large, hereby certify that the foregoing pages contain a full, true, and correct transcript of the proceedings as taken by me at the time and place heretofore stated in the aforementioned matter and later reduced to typewritten form by me to the best of my skill and ability.

I further certify that I am not in the employ or related to any counsel or party in this matter and have no interest, monetary or otherwise, as to the final outcome of this proceeding.

WITNESS MY SIGNATURE AND SEAL, this the
___ day of _____, 2018.

ASHLEY C. HAGG, CSR
CSR NO. 1178

My Commission Expires:
July 1, 2022