

In the Matter of:

STATE OF MS. BOARD OF NURSING

MEETING, BUSINESS

February 09, 2024

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STATE OF MISSISSIPPI
BOARD OF NURSING
BUSINESS MEETING

FEBRUARY 9, 2024

PROCEEDINGS

Taken on Friday, February 9, 2024,
at approximately 11:05 a.m.
at the Mississippi Board of Nursing
713 South Pear Orchard Road, Suite 300
Ridgeland, Mississippi

REPORTED BY:

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APPEARANCES :

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JEREMY CUMMINS, LPN, LNHA (TREASURER)
JANIE CLANTON, RN, (SECRETARY)
NANCY NORRIS-JOHNSON, LPN, II, CPT
T. J. ADAMS, RN
MARY STEWART, Ph.D, RN
LACEY GENTRY, MSN, RN
ALTON SHAW, FNP-C
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1 PROCEEDINGS

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3 MS. CULPEPPER: Good morning and
4 welcome to the Mississippi Board of Nursing.
5 Before we begin today, I would like to make a
6 declaration of a quorum.

7 (Matters held off the record.)

8 MS. CULPEPPER: At this time would
9 anyone like to make a motion for the approval of
10 the agenda?

11 MR. CUMMINS: I make a motion we
12 approve the agenda.

13 MR. SHAW: Second.

14 MS. CULPEPPER: All those in favor.

15 BOARD PANEL: Aye.

16 MS. CULPEPPER: Next we're going to
17 move into the open forum. Is there anyone from
18 the public that would like to speak?

19 All right. We'll move forward with
20 the legislative update. Mr. Bobinger.

21 MR. BOBINGER: Thank you, Madam
22 Chairman. Chair Lady I should say. It's good
23 to be with y'all today. I can tell you this:
24 The first few weeks were receptions, parties,
25 and inaugurations. It's work now. I mean, I

1 was telling Dr. Johnson the last -- actually the
2 prior week and this week has been -- I mean,
3 they've been really working. They've been
4 holding committee meetings. I will tell you
5 they've been doing lots of joint House and
6 Senate Public Health Committee meetings, and
7 I've been keeping the board informed about
8 those. They're looking at everything from DHS
9 to community mental health, to Department of
10 Mental Health. They're just kind of going by
11 different agencies, but I think that's good,
12 giving an overview.

13 I'll start out mentioning we have
14 budget hearings coming up. Our subcommittee
15 chairs. And, again, thanks to Shan Montgomery
16 for her diligent work on our budget. I think we
17 have -- Shan, correct me if I'm wrong, next
18 Tuesday, the 13th, we have at 1:00 p.m. our
19 Senate Subcommittee Appropriations hearing. And
20 a wonderful Valentine's Day I get to spend with
21 Shan and Phyllis and whomever else may be there.

22 We have an 11:15 a.m. subcommittee
23 budget hearing in the House. And I know Shan
24 and I have talked some, and I know she's got
25 some ideas about really providing data points to

1 really let these folks see what our needs are,
2 what we do with our money, and we've always been
3 very transparent about that.

4 I will tell you -- and Shan and I have
5 talked about it and Dr. Johnson. It's kind of
6 been a little -- a thought early in the session
7 that money is going to be tighter in general
8 this year because, you know, the ARPA funding
9 has either been spent or at least committed or
10 allocated. And then you've got the tax cut
11 issue out there. But the other huge issue is
12 the PERS, you know, Public Employees Retirement
13 System. They're going to have to do something
14 to address that to stabilize it. Some of that
15 is going to require stroking a large check, I do
16 believe, out of the state general fund. I think
17 the House and Senate are a little different --
18 apart right now in exactly how they want to fix
19 it or at least try to do something with it, so
20 we'll be following that.

21 Real quickly, I'll just mention a few
22 bills to you. Senate Bill 2779 is the full
23 practice authority, which will eliminate the
24 need for, of course, the collaboration
25 agreements and set practice hours and that type

1 thing. You're all familiar with that. This is
2 Senator Kevin Blackwell's bill from Desoto
3 County. We have met with Senator Blackwell.
4 I've talked to him a number of times, and our
5 people have as well. So we're going to see how
6 that goes. We've certainly laid a lot of
7 groundwork, I mean especially, you know, not
8 only the board, but the various associations
9 that have an interest in this and the
10 stakeholders. So we shall see how that
11 proceeds. That's 2079.

12 In the House, Representative Donnie
13 Scoggins has dropped House Bill 821. 821. That
14 is the full practice authority legislation which
15 would basically do the same thing. I will say
16 there is a difference in the hours between the
17 two bills, but it's so early in the process, I
18 can see that kind of going back and forth. But
19 Representative Scoggins, who you know has been
20 supportive on this issue from the beginning, has
21 dropped that bill.

22 I will tell you we fully expect
23 another House bill to be dropped. I can't say
24 exactly for sure yet. I think I know who it is,
25 but we're going to have another full practice

1 authority bill dropped, and I think it will come
2 out soon. And this gives me a good segue to
3 tell you that the deadline for introduction of
4 bills is next Wednesday, so we're probably at
5 least a week and a half or so out before we
6 really see all the general bills that have been
7 introduced. So we're still just a little bit
8 out from that.

9 I think, Dr. Johnson, you had asked me
10 about House Bill 648, nurses -- allow nurse
11 practitioners and RNs to administer vitamins
12 intravenously. Well, I guess through
13 intravenous therapy in a clinical setting. This
14 was dropped by Representative Tracy Arnold from
15 Prentiss County up your way, but the -- this is
16 -- you know, I don't know how significant this
17 is, but I know, Dr. Johnson, you had asked me
18 about that bill, so I just got it on my tracking
19 list.

20 Senate Bill 2080, midwifery create --
21 this is a fairly comprehensive bill. This has
22 been dropped by Senator Blackwell also that I
23 referred to earlier. This would create a new
24 state board of licensing for midwifery, rules,
25 regulations, requirements, scope of practice.

1 It's a very comprehensive bill. And it has been
2 dropped. It's too early to know -- I don't know
3 what the real prospects of this bill making it
4 are. I don't know right now what the appetite
5 is for creating a new state board and funding
6 it, but it's out there and Senator Blackwell is
7 a credible person to drop it, so we'll also be
8 watching that bill.

9 Just as a side note, Senate Bill 2240,
10 Board of Medical Licensure, revised licensure
11 status definition, procedure, fines and
12 temporary practice authority. So just health
13 care medical related. Just wanted to -- I had
14 somebody to actually ask me about it, so I
15 wanted to be sure and mention that bill if you
16 wanted to take a look at it. It makes for some
17 great bedtime reading.

18 This here, this on the back is just
19 the title of the bill. So it's rather
20 extensive.

21 But Senate Bill 2070, nurse
22 practitioners authorized to dispense legend
23 drugs to patients. And this is dropped also by
24 Senator Blackwell. As you can see, he's very
25 involved in obviously the Senate Public Health

1 Committee. But Senate Bill 2070 authorizes
2 nurse practitioners to dispense legend drugs to
3 patients.

4 Dr. Johnson, you had asked me about
5 this earlier in the session -- or at the
6 beginning. Full practice -- this is -- let me
7 say House Bill 680, House Bill 680, full
8 practice authority for midwives. So, like,
9 remove any collaboration agreements or anything.
10 It's kind of like their own -- the bill just for
11 their profession or specialty.

12 So I just wanted to make you aware of
13 that. Representative Dan Eubanks from Desoto
14 County has dropped that bill for them on that
15 issue.

16 That's kind of an overview of what we
17 see now. Remember, we've got a week and a half,
18 possibly a max of two weeks before we know
19 everything out there. Certainly -- certainly I
20 expect some more bills to come forward. We'll
21 certainly -- I'll, you know, stay in contact,
22 obviously, with Dr. Johnson, Shan and the board
23 folks, but -- and staff, but we'll certainly
24 make you aware of anything that you guys need to
25 know that may impact the board and the

1 profession.

2 So with that, if anybody has got a
3 question.

4 DR. STEWART: I do. So, Trey, thank
5 you for the report. You said one of the last
6 things that NPs would be able to drop -- what
7 kind of drugs?

8 MR. BOBINGER: Legend drugs.

9 DR. STEWART: What is that?

10 MR. BOBINGER: I think that's -- I
11 think if you look, the FDA or the Federal Drug
12 Cosmetic Act, anything requiring a prescription
13 is the way I looked up the definition. Does
14 that sound right?

15 DR. JOHNSON: Dispensing of legend
16 drugs?

17 DR. STEWART: Well, I was referring to
18 -- yes, I guess --

19 MR. BOBINGER: Yes, it was.
20 Dispensing of legend drugs, yes.

21 DR. JOHNSON: In other words, allowing
22 them to be able to dispense medications out of
23 the clinic like the physicians now have the
24 authority to do. And that's drugs for
25 hypertension, diabetes, which they can keep in

1 the clinic in bulk and then put it in a bottle,
2 put a label on it and give to the patient.

3 DR. STEWART: Okay. The other
4 question that I had is -- and there may be board
5 members that can answer this, but the
6 elimination of the collaborative agreement, so
7 that -- so, I mean, maybe because I'm on the
8 APRN committee now and I'm learning some things,
9 but that in many ways is how we track what our
10 NPs are doing, what they're approved to do, what
11 they're skilled to do, educated, et cetera. So
12 if we eliminate that, I mean, what's our -- have
13 we thought about what that means really?

14 DR. JOHNSON: So if -- the only thing
15 that full practice authority bill does is take
16 away the collaborative agreement. It does not
17 change the law in any other manner. They still
18 must operate and practice within their scope of
19 practice.

20 As the regulatory agency, you, the
21 Board of Nursing, will be able to promulgate
22 rules and regulations based on whatever that new
23 law says on how they do that practice.

24 You will promulgate the rules without
25 usurping the law. It's pretty clear in the law.

1 It defines their scope of practice. And those
2 rules and regulations have to reflect the scope
3 of practice and APRNs when they practice. So
4 the only thing that the full practice authority
5 bill is going to do is they don't have to have a
6 collaborative physician to practice and do their
7 job. Nothing else changes unless we promulgate
8 rules and regulations to change it. So you
9 still have authority to make the rules and
10 regulations as to how that practice is carried
11 out.

12 MR. SHAW: We're not breaking ground
13 here. There's 23, I believe, other states that
14 have this.

15 DR. STEWART: Oh, no, I know that. I
16 understand that. I'm just thinking
17 operationally. And so if they drop it, we need
18 to ask for an increase in our staff salaries and
19 pay because that -- that is going to be a lot.

20 DR. JOHNSON: I won't debate that. We
21 always need increases in salaries.

22 DR. STEWART: We talk about things and
23 then it's like if it happens, I mean, I'm -- I
24 certainly would support that. It's just we need
25 to be ready and that's all I have to say about

1 that.

2 MR. BOBINGER: I think Dr. Johnson
3 said it very succinctly. It doesn't change the
4 substantive law, but as the Mississippi Board of
5 Nursing, you members have the authority to your
6 rules and regulations to augment or
7 supplement -- you know, for instance, a rule or
8 reg to allow more tracking in absence of a
9 collaboration agreement. So I think you're
10 going to be covered there if it passes.

11 Anybody else?

12 DR. JOHNSON: Madam Chair, if I may,
13 Trey, there was one other bill that we talked
14 about. I was looking it up.

15 MR. BOBINGER: Which one was it?

16 DR. JOHNSON: I think it had to do
17 with Fresh --

18 MR. BOBINGER: Oh, yes, the Fresh
19 Start Act.

20 DR. JOHNSON: It was going to affect
21 the NLC.

22 MR. BOBINGER: Yes, we dealt with that
23 bill last year. I don't know. I remember we
24 discussed it. It's called the Fresh Start Act.
25 It was passed a few years ago. The whole point

1 is to kind of streamline and make it easier for
2 people that maybe had had a previous issue or
3 problem doing professional work. It impacts
4 various licensing boards and agencies. And I
5 think the issue we had is we just don't want
6 anything to affect the Nurse Licensure Compact,
7 which is our national compact, which sets forth
8 everything and our reciprocity, right, with
9 other states. So you're right, Dr. Johnson,
10 I'll get that bill number. I think --

11 DR. JOHNSON: 826. House Bill 826.

12 MR. BOBINGER: Y'all put that down. I
13 wouldn't be surprised to see another bill.

14 ASSISTANT ATTORNEY GENERAL TURNER:
15 There actually is. There's two bills out there
16 right now that are seeking again, as they do
17 every year, to amend the Fresh Start Act. I
18 think the one that Dr. Johnson has referenced is
19 the simpler of the two. There's a much more
20 comprehensive amendment to the Fresh Start Act
21 and it amends the act, and it goes into every
22 boards' statutes and makes separate amendments
23 like they did before where they're striking
24 essentially every language -- all the language
25 from every board that refers to moral turpitude

1 and good character. So I've got both those
2 bills, and I'm happy to forward them to you
3 guys.

4 MR. BOBINGER: But, see, the bill
5 passed a few years ago initially, and then
6 certain agencies, like the Board of Nursing, we
7 had these little introductory clauses that more
8 or less took us or gave us latitude, the board
9 latitude, to come out from under it. They went
10 back and deleted that language and it sounds
11 like they're kind of trying to further that.

12 ASSISTANT ATTORNEY GENERAL TURNER:
13 Yeah, two years ago, not last, but the year
14 before, they had dropped that magic language
15 "notwithstanding any language to the contrary"
16 and it's back and it's a bigger bill.

17 MR. BOBINGER: Right.

18 ASSISTANT ATTORNEY GENERAL TURNER:
19 And so they're really trying to direct all the
20 boards solely to the Fresh Start Act so that
21 your own code sections aren't legislating who
22 you can give a license to, if they have a
23 conviction that's not related to the practice.

24 DR. JOHNSON: Okay. Because I do know
25 that there was a carve-out with compacts and

1 there's a compact law, and the danger that we
2 were discussing that it will usurp the compact
3 law which means it will remove us from being a
4 compact state. We can no longer be a compact
5 state. And that's a dangerous entity right now.
6 So that's why I asked Trey to make sure he
7 monitors that. I was unaware of that second
8 bill, so I would like a copy of that to review
9 since it's more comprehensive.

10 ASSISTANT ATTORNEY GENERAL TURNER:

11 There's definitely two. I think there may be
12 more.

13 MR. BOBINGER: It wouldn't surprise me
14 that there was one or two more of that. And
15 that's all a push. And I mean, the intent is
16 fine. You know, we're all about second chances
17 and trying to get -- especially talk about
18 shortages and all. I understand the intent, but
19 as Dr. Johnson, we just don't want it to do
20 something adverse or have an unintended
21 consequence.

22 MS. GENTRY: So I have a question. So
23 help me understand. The felony conviction for
24 basically any crime that puts the public at
25 risk, and we know what those are, they're

1 delineated. So those would be in essence --

2 ASSISTANT ATTORNEY GENERAL TURNER:

3 The only ones pursuant to that one bill.

4 MS. GENTRY: Okay. So abuse of
5 elderly, felony conviction for elderly abuse,
6 that would no longer be something we looked at
7 or could look to something specifically like
8 that that would directly affect patient care as
9 far as nursing goes?

10 ASSISTANT ATTORNEY GENERAL TURNER:

11 You will always be protected as far as those
12 crimes and felonies that are within the
13 practice, the practice of nursing, nurse
14 practitioner. So something like what you're
15 talking about that would affect patient care is
16 arguably within the practice area, so you are
17 protected against those type of crimes even
18 though they're not delineated in that specific
19 bill, in the Fresh Start Act.

20 MS. GENTRY: Gotcha.

21 MR. BOBINGER: And I totally agree.
22 Ms. Gentry, I think what they're trying to do is
23 say if it's outside something in your scope or
24 what -- not related to, like, elder abuse, then
25 they want -- you know, whether it's leniency or

1 at least not let them be disqualified, just
2 solely based on that wrongdoing or conviction
3 when it's outside of what you're doing.

4 MS. GENTRY: Thank you.

5 MS. CULPEPPER: Any other questions
6 for Mr. Bobinger?

7 MR. BOBINGER: Thank you very much,
8 Madam President.

9 MS. CULPEPPER: Next we will move on.
10 Before we move on in the agenda, I would like to
11 -- so before we move forward, we would like to
12 stop for a moment and honor Ms. Jan Collins for
13 her service here at the Board of Nursing.

14 As we all know, Jan has been with us
15 for quite some time, and I think we all know
16 that Jan has brought many laughs, many memories.
17 She has brought an abundance of knowledge with
18 her. And she was fantastic in everything that
19 she did here at the Board of Nursing and
20 enlightening us all in some way. And so with
21 that, Jan, if you could, come up. I would like
22 to present you with this.

23 (Matters held off record.)

24 MR. CUMMINS: What does the plaque
25 say?

1 MS. CULPEPPER: So it says, "Jan
2 Collins, consumer, board member 2015 through
3 2023, in recognition and appreciation of your
4 dedication and valued service to the Mississippi
5 Board of Nursing."

6 MS. COLLINS: May I make just a couple
7 of comments? Okay. First of all, I wanted to
8 thank the may- -- not the mayor. The governor,
9 Governor Bryant for appointing me to this board
10 for two terms, so I served eight and a half
11 years basically, and I cannot begin to tell you
12 how much this has meant to me. And I just want
13 to thank y'all for everything you do.

14 I just learned so very much about all
15 the different disciplines of nursing, and I want
16 to thank you for having such a commitment. This
17 is your life's calling and I can see it. And
18 our public is so blessed to have each of you in
19 your different roles to serve on this board with
20 your expertise and knowledge. I just feel like
21 we should all breathe a little easier with our
22 health care like it is. And the leadership,
23 too. I've loved working with the leadership at
24 the Board of Nursing. Y'all have just been
25 outstanding and I thank you for putting up with

1 me as a non-health care member with all the many
2 questions and everything that I ask. And I know
3 y'all got tickled with some of that.

4 So anyway -- but thank you again for
5 everything, and I just give y'all -- wish y'all
6 the very best going forward, the success of the
7 board.

8 And the governor appointed me to the
9 SWIB Board, the State Workforce Investment
10 Board, and I was telling Trey that that -- I
11 will -- any opportunity I have to do anything to
12 help the nurses of Mississippi through
13 workforce, and, Sandra, you know we'll still be
14 in communication; I will still keep y'all in
15 mind in everything with that.

16 So with that, I say thank you very
17 much. And it's been a pleasure and a lot of
18 fun, I have to admit. It was a lot of fun.
19 Yeah. So thank you, sweetly, to everybody.

20 MS. CULPEPPER: And so before we move
21 on, we also have a new board member, so I would
22 like to ask Mr. Alveno Castilla to join me. All
23 right.

24 (Alveno Castilla was sworn in.)

25 MS. CULPEPPER: So congratulations

1 once again.

2 MR. CASTILLA: Thank you. Looking
3 forward to it.

4 MS. CULPEPPER: And to Jan as well.

5 So with that being said, we're going
6 to move forward with the discussion of the Board
7 of Directors Retreat. Due to the inclement
8 weather back in January, they were able to
9 reschedule for May 7th, 8th and 9th. If I could
10 get a motion to accept those dates.

11 MR. SHAW: Motion.

12 MS. CULPEPPER: Do I have a second?

13 MS. GENTRY: Second.

14 MS. CULPEPPER: All in favor, say aye.

15 BOARD PANEL: Aye.

16 MS. CULPEPPER: Next we're going to
17 move on to the Office of Nursing Workforce
18 report.

19 DR. BURKS: Good morning. Madam
20 Chair, this is the report from the Office of
21 Nursing Workforce. I'll start with MnVP.

22 MnVP currently have 33 participants
23 with one of those individuals being referred to
24 legal. Since December of 2023, one of the
25 participants has graduated. We also have one

1 potential participant for the program, and two
2 potential participants were considered
3 ineligible.

4 The MnVP is currently in the process
5 of updating the monitoring agreement and the
6 handbook.

7 And in terms of community involvement,
8 Casey, she will be attending the Mississippi
9 Addiction Conference. That will be
10 February 21st through the 23rd, and she will
11 also be an exhibiter at this conference.

12 USDA, the Distance Learning and
13 Telemedicine Grant, that grant is still in
14 progress. We still have three campuses that are
15 pending installation, and the pending
16 installation is based on the fact that these
17 campuses have been undergoing renovations. But
18 several of our partners who are part of this
19 grant, they are currently using this equipment,
20 and they've been using it to facilitate training
21 sessions and meetings as well as student
22 engagement within the class. And that was the
23 overall purpose of that grant. So that
24 information we will be submitting a report to
25 the USDA.

1 Looking at ONW, the retention
2 scholarships, and the retention scholarships was
3 a service scholarship that was given out a few
4 years ago. We have three students that will be
5 graduating this month. Two of the students who
6 were a part of the retention scholarship
7 program, they will be completing their service
8 agreements this month. Two students finished
9 their agreements in January 2024, and we had
10 three students to finish their work service
11 agreements in December.

12 In terms of the nursing program
13 scholarship, seven schools submitted their
14 student recipients for the fall of 2023. And
15 when we look at the submissions per discipline,
16 in the fall of 2023, there were 64 PN
17 scholarships given, 97 RN and advance degrees,
18 which includes your master programs as well as
19 doctoral programs. It was 15.

20 Overall, ONW awarded 842,100 with a
21 little over \$100,000 being disbursed to the
22 schools in the fall, leaving over \$732,000 for
23 the schools to utilize in the spring of 2024.

24 And we reported in December that the
25 schools are very appreciative of this. They did

1 send letters just signifying that they are
2 appreciative and how the funding assist their
3 students.

4 New in ONW, we will be launching a
5 series of newsletters throughout the year, and
6 the goal of this newsletter is to highlight
7 events hosted by nursing programs,
8 organizations, or facilities. The tentative
9 release date is March 2024. And we did send out
10 e-mails to our stakeholders and partners as well
11 as all of the nursing programs asking them to
12 submit their information so that we can include
13 it in this newsletter.

14 Also at ONW, in regard to the Advisory
15 Board -- and I did attach the referral
16 application. This is a volunteer committee that
17 consists of ten members. And the purpose of
18 this committee is to advise and assist the
19 Office of Nursing Workforce by giving
20 professional guidance, counseling and advice on
21 how ONW can advance nursing education, practice,
22 and workforce development.

23 Six of those members, their term will
24 expire in June of 2024. And we are actively
25 seeking individuals who will be an asset to the

1 advisory board. And the deadline for submission
2 is April 26, 2024. And also the application for
3 the Advisory Committee, that application is
4 going to be uploaded to the ONW website.

5 The last thing I have is the ONW
6 strategic plan. If you will look in your
7 packet, we did include a copy of the 2024-2026
8 strategic plan. We listed the mission statement
9 as well as the five components of the Office of
10 Nursing Workforce. And you will see that
11 there's goals and strategic initiatives.
12 There's four initiatives in terms of
13 collaboration, data, education, and outreach.
14 And these are in comparison to the overall
15 mission and strategic plan of the Mississippi
16 Board of Nursing.

17 And as you can see, as you go through
18 the strategic initiatives, it lists the
19 initiatives. It has an action plan for each,
20 our time line and completion date because it's
21 important for us to have an idea of what we're
22 trying to do, when we're trying to do it, and
23 when we want to accomplish that.

24 The last thing you will see in looking
25 at the strategic plan, there was a SWOT analysis

1 done to just review and go over the strengths,
2 the weaknesses, the opportunities, and threats
3 that we foresee.

4 That is the end of my report for ONW.

5 MS. CULPEPPER: Thank you, Dr. Burks.
6 Anyone have any questions?

7 MR. CASTILLA: I have a question just
8 on the funding. Is this funding embedded in the
9 board's overall budget or is it a separate
10 source of funding from the legislature?

11 DR. BURKS: Separate through the
12 legislature.

13 MS. CULPEPPER: Any other questions?
14 All right. Next we'll move on, once again, to
15 Dr. Burks; go on to Practical Nursing Education
16 report.

17 DR. BURKS: For the Practical Nursing
18 report, right now the curriculum is still being
19 revised. The curriculum specialist and the PN
20 council, they actually met this week on the 7th
21 to discuss the PN curriculum.

22 And where they are now in the process
23 is actually sharing that PN curriculum with
24 stakeholders to receive their input because the
25 curriculum cannot move forward without the input

1 from the stakeholders. So that's where they are
2 now. They're going to meet in two weeks to
3 discuss that input from stakeholders, and then
4 this information, the entire curriculum,
5 including the objectives, which is equivalent to
6 the NCLEX test plan -- because that was very
7 important for those objectives to match that
8 test plan, the books that are used, everything
9 that they need in that program. Because one of
10 the things that make Mississippi unique in terms
11 of the practical nursing program, it is
12 standardized. So the 15 community colleges
13 Practical Nursing Programs, all of their
14 objectives are the same. Now, how they
15 implement that in class may vary, but they're
16 all teaching the same thing.

17 So once that document goes out for
18 further review, I will share those dates with
19 you all because they do want the board input.

20 That second part of that curriculum is
21 it cannot go forward without the input of the
22 stakeholders, which is your hospitals, your
23 long-term care facilities, your consumers. It
24 is halted until they get input from those
25 individuals.

1 The second thing is the accreditation
2 schedule for 2024. First it's going to be
3 Copiah-Lincoln Community College. Their
4 requested accreditation dates is June 18th
5 through the 20th. Meridian is September the
6 10th through the 12th, and with Meridian,
7 because they have a national certification, we
8 will do their state certification and joint with
9 ACEN. Northeast Community College is
10 September 23rd through the 25th. Coahoma will
11 be October 16th through the 18th, and Itawamba
12 the 21st through the 23rd. And, again, the
13 accreditation is to make sure that those schools
14 are compliant with the standards. And the
15 standards, they are listed in the Administrative
16 Code.

17 I do have an update on Mississippi
18 Gulf Coast Community College, their
19 apprenticeship program. I gave a preliminary
20 report in December, but this is their final
21 outcome. And as a part of them creating the
22 apprenticeship program, the criteria was that
23 they had to submit a final report to the board.

24 As you can see there, benchmark, their
25 completion rate was 60 percent, but their first

1 cohort, they had a completion rate of
2 70 percent. The NCLEX pass rate benchmark was
3 80. Their cohorts was 93 percent. And their
4 job placement is 100 percent.

5 If you look in your packet, there's a
6 list of the individuals that was a part of this
7 apprenticeship program. It also provides you
8 the positions they held prior to being in the
9 practical nursing program, and it also has where
10 those individuals are working now.

11 Now, one thing that -- because of the
12 way the standards are written, they had to
13 include that one individual that failed.
14 However, because that person was actually
15 dismissed prior to testing, their true pass rate
16 was 100 percent, but because that person started
17 with the program, they had to count them. So
18 for this to be an apprenticeship program, the
19 first in the state, these outcomes are just
20 tremendous. We appreciate their effort and we
21 look forward to them continuing this program in
22 the future.

23 I also have outcomes for Jones
24 Community College. In 2022, JCJC partitioned
25 the board to expand their program -- their

1 practical nursing program to the Jasper County
2 Center at Bay Springs. The board approved that
3 expansion; however, they were required to submit
4 a six-month postgraduation outcome report and
5 they reported that information. Their cohorts
6 -- in this class they admitted 18; 15 completed
7 with a completion rate of 83.33 percent. And
8 their NCLEX, they -- 12 of the 15 have taken
9 boards, and all 12 of those individuals have
10 passed. So right now their boards are at
11 100 percent.

12 The last thing I have is a summary of
13 the Practical Nursing Annual Report. The
14 schools are required to submit an annual report
15 each year, and this is outlined in the
16 Administrative Code Part 2865. And it lists
17 what's included in this report, and the final
18 document that you have attached for the PN is
19 actually a detailed report with graphs. And
20 this will actually show you a three-year time
21 frame in terms of what the NCLEX scores look
22 like for the State of Mississippi.

23 And nationally, Mississippi has
24 remained at or above the national standards in
25 terms of their pass rate for the programs over

1 the last three years.

2 Now, we also included the enrolled
3 students. We looked at the first-time admits
4 and then the total number of admits for this --
5 for the practical nursing program. And on
6 page 2, if you notice, for the year 2020/21,
7 that academic year there was a drop in their
8 numbers. In 2021 to 2022, you'll see that those
9 numbers have increased, and this year there has
10 been an increase. So it's important to notice
11 that with things returning to normal, these
12 programs have steadily increased their numbers
13 which supports the nursing workforce.

14 It also lists the number of graduates
15 per program. And this is where many of the
16 programs -- there have always been a problem
17 with students -- retaining students and them
18 graduating. If you'll notice on the graph,
19 you'll see that there has been some drops in
20 '19/'20 as well as '21/'22 with the number of
21 total graduates. And the schools are looking
22 and they're trying to implement different
23 strategies because one of the things is if a
24 student is able to meet the criteria to enter
25 the program, what happens if that student cannot

1 complete the program? And one of the things
2 that many of the programs have done now because
3 of funding from Accelerate is they have hired
4 student navigators to assist these students in
5 being successful in their programs.

6 We also have, again, the completion
7 rates, and you'll see how those completion rates
8 have varied throughout the years.

9 We have faculty positions which is
10 always major in terms of -- if we don't have the
11 faculty, you will not be able to educate nurses
12 to go into the workforce.

13 In the PN program, you'll see there
14 hasn't been any drastic changes in terms of
15 their overall numbers. And these numbers are
16 based upon the number of students they have
17 because all of that is specified within the
18 standards.

19 And the last is the report on the
20 gender ethnicity. Of course, we know that from
21 your effort, it has been a female-dominated
22 profession, but we're looking at ways of
23 changing that narrative and having more males
24 enter the profession as well as we see that
25 there is a graph just demonstrating the

1 ethnicity of the practical nursing students in
2 the State of Mississippi.

3 Madam Chair, that's the end of my
4 report.

5 MS. CULPEPPER: Does anyone have any
6 questions for Dr. Burks?

7 MS. GENTRY: I do, Dr. Burks. On the
8 PN apprenticeship program, which I applaud; it's
9 phenomenal. On Number 17, that students in
10 particular dismissed grades ATI, so do they have
11 high-stakes testing to complete the
12 apprenticeship program?

13 DR. BURKS: They use that ATI as a
14 part of it.

15 MS. GENTRY: So they must pass the ATI
16 in order to be able to graduate and sit for
17 boards?

18 DR. BURKS: Correct. Right. From
19 them going from each level, they have to
20 complete that component of the ATI. And some of
21 that is because of the ACT criteria when they
22 are admitted, their ACT traditionally at 16 or
23 18, these individuals' ACT scores are much
24 lower. And so with that, they implemented that
25 ATI.

1 MS. GENTRY: Thank you.

2 DR. STEWART: Yes. Hey. Thank you
3 for your report. This is helpful. And I just
4 want to make sure that I'm understanding the
5 percentage. So basically people -- there was
6 about a 68 to 70 percent completion rate.

7 DR. BURKS: For the apprenticeship?

8 DR. STEWART: No. I'm sorry. For --
9 I'm on to the practical nursing programs.

10 DR. BURKS: Okay.

11 DR. STEWART: And you indicated that
12 it's like -- and that's a question in lots of
13 academic nursing programs. Like, we admit them
14 and they can't get to the finish line so what do
15 we need to do, and I think we're looking at some
16 of those things already obviously. But when I
17 look at on page 2 of the -- looking at the
18 number of students by college, it does look like
19 over the last three or four years -- I mean,
20 it's interesting because some of the schools
21 have had major, it looks like, increases. I
22 didn't do the percentages. But major increases
23 and others have had pretty significant declines.

24 DR. BURKS: Yes.

25 DR. STEWART: And so I'm just curious

1 if you've done any correlations in terms of the
2 schools that seem to be elevating their
3 enrollment, are they seeing an elevation in, you
4 know, completion or are they just admitting more
5 students? Because what I see is kind of the
6 group means.

7 DR. BURKS: For most of those who have
8 elevated, their board scores and completion
9 rates have pretty much stayed the same. One of
10 the things is there are certain -- for some
11 strange reason, some classes will do extremely
12 well and then some of those classes it's like,
13 what has happened. So they're now looking at
14 other factors besides the grades because some of
15 these students it's financial, and it's not
16 necessarily that they can't do the work, but
17 it's all of these other factors.

18 And so with the student navigator,
19 that is one of the purposes and goal of that
20 person is to have an intermediate person that
21 can hopefully address some of these issues and
22 they create a plan so the individual can stay in
23 the program because, again, some of it -- you
24 know, like for clinicals, some of the students
25 are traveling. They're traveling 45 minutes to

1 an hour. And so if they have car troubles,
2 because of those guidelines like attendance, you
3 know, you just can't miss 20 days of a nursing
4 program and think you're going to pass, so
5 they're looking at those things. They're trying
6 to be more proactive than reactive.

7 DR. STEWART: Well, I think what
8 they're doing certainly is admirable in the
9 sense of it's really easy to look at grades or
10 GPA or ACTs and say yes, no, yes, no, but the
11 reality is those have some validity, but with
12 our living situation, it's groceries and child
13 care and housing. And it's -- it differs from
14 individual to individual. So I think as a
15 board, we might want to be really paying
16 attention to how we can support them doing these
17 analyses because we've got access to ONW money,
18 for example. And I'm not saying don't give out
19 scholarships, but we kind of give out broad
20 scholarships.

21 If there's something we can do to
22 really help the people that need the help, if
23 that makes sense, and use metrics other than
24 maybe some of the traditional ones, maybe we can
25 help retain the people that can be successful.

1 I mean, like funding navigators. I mean, I
2 don't know that position description or
3 qualification or anything, but that's something
4 to think about.

5 DR. BURKS: Okay.

6 MS. CULPEPPER: Any other questions
7 for Dr. Burks?

8 MS. GENTRY: I have one more. I'm
9 sorry. On Jones, Jones Community College, so
10 shout out to them, their completion rate as well
11 as their PN pass rates, they're correlational
12 and they're high. Is there any special sauce
13 they've got going at Jones that there's
14 rationale for this, Dr. Burks? Just curious.
15 Just looking at this in a brief --

16 DR. BURKS: Some of it is the buy-in.

17 MS. GENTRY: Okay. Okay.

18 DR. BURKS: Some of it is the buy-in
19 and the way the programs are set up. Depending
20 on some of the programs, you have different
21 instructors teaching different semesters. So
22 there's always that transition phase and
23 everyone is trying to get accustomed. But
24 typically if you see where an instructor or a
25 group of instructors have that student for the

1 entire program, the outcomes look a little bit
2 different.

3 MS. GENTRY: The consistency?

4 MS. BURKS: The consistency. And for
5 some of the programs, it's much easier for them
6 to do because the PN program is over
7 three semesters. And with that, when you see
8 that consistency -- because it's buy-in. It's
9 buy-in from the instructors as well as the
10 students and then they build that trust. It's
11 like: I'm not your friend, but I'm here to
12 support you. These are my expectations and you
13 know they're -- my expectations is up here. And
14 because they develop that respect, they push to
15 meet that instructor's expectation of them being
16 successful.

17 MS. GENTRY: For sure. So it
18 facilitates that culture?

19 DR. BURKS: It does. Culture.

20 MS. GENTRY: Yes. Excellent. In that
21 community among faculty and students.

22 DR. BURKS: Oh, yes.

23 MS. GENTRY: Excellent. Thank you.

24 MS. CULPEPPER: All right. Yes,
25 ma'am.

1 DR. JOHNSON: Madam President, if I
2 may, I know Dr. Burks and I have discussed some
3 of the things that the students have to go
4 through. Some schools have food pantries for
5 the students which was an "aha" moment for me.
6 But we've discussed, you know, the use of ONW
7 and how we could be able to serve those students
8 that may not have the finances even to get to
9 clinical.

10 We've looked at some other -- and
11 talked with some other boards and workforce
12 entities that uses scholarship money and they
13 use that scholarship money to assist those
14 students in getting to those needs. But the
15 school gets the money and they do that because
16 they know the needs of the students. Do you
17 want to talk briefly on some of the things that
18 we've discussed, Dr. Burks, with that?

19 DR. BURKS: One of the things -- last
20 year Dr. Johnson and I attended a conference, a
21 CTE conference, and the instructors were in
22 there. So they came with the stories of this is
23 what's happening in real time in real life.
24 Child care was major. And one of the things
25 with child care for health care and nursing,

1 typically their clinical day starts at 6:30.
2 Day cares don't open at those hours. And then
3 the cost of those things. So looking at, like,
4 maybe a card, a gas card because it takes money;
5 it takes a lot of gas. The wear and tear on
6 their vehicles -- because, again, nursing is
7 unique where on the academic side, you're going
8 to the campus every day for that English course.
9 Nursing, you know -- the school may be in, like
10 Ms. Gentry said this morning, part of
11 Mississippi. You may be in a small town in
12 Mississippi, but then you're having to drive an
13 hour and a half for clinicals. Then when you
14 get to clinicals, there's a cafeteria there.
15 You may not have the opportunity to bring your
16 food every day. There are some campuses they do
17 not have a cafeteria onsite. So what does that
18 student do every day for food? So looking at
19 some of those things that could assist with
20 those cost savings and the true essence of what
21 the students need.

22 We also talked about, like, their
23 health requirements. Where for us, you know,
24 we're thinking health requirements. Well, they
25 can't complete their programs. You may think,

1 well, \$25 is not big, but if that's paying for
2 their background check, that's huge for a
3 student because that's standing between them
4 being in that program.

5 A drug screen. A drug screen is \$50.
6 And I had an instructor to reach out to me last
7 semester and they utilized some of their funding
8 to pay for the drug screens because they had a
9 parent to call and say, I can't afford it. But
10 the hospital required a new drug screen because
11 the students had not been in that facility for
12 30 days. After 30 days, they have to redo a
13 drug screen. So that meant the difference
14 between a student continuing in the program,
15 which was a graduating student, or having to
16 drop out because \$50 is a lot of money to a
17 student.

18 So those are some of the things that
19 we looked at, the things that people may
20 consider -- think about being small, but when
21 you're talking about a student, those things are
22 huge and they make a tremendous impact on the
23 success of that student.

24 DR. JOHNSON: So I just wanted the
25 board to be aware that that's real time what's

1 happening. When you're talking about workforce,
2 that's workforce related. So that's just food
3 for thought as far as Office of Nursing
4 Workforce.

5 And I did want to go back to, I think,
6 Mr. Castilla asked the question about the
7 budget. I just wanted to clarify. That money
8 -- we do receive funds for the legislature for
9 our Office of Nursing Workforce. It's
10 20 percent. It's in our budget, so to speak,
11 and 20 percent of our budget is that. So it's
12 in our overall budget, but it's designated for
13 workforce through our Office of Nursing
14 Workforce program.

15 MR. CASTILLA: Okay. Thank you.

16 MS. CULPEPPER: Thank you. Dr. Burks,
17 thank you. Wonderful as always.

18 So with that being said, on Dr. Burks'
19 practical nursing education report, do I have a
20 motion?

21 MS. GENTRY: I make a motion.

22 (Off-the-record discussion.)

23 MS. CULPEPPER: All right. At this
24 time we're going to go to our director's report.
25 Dr. Johnson.

1 DR. JOHNSON: Good morning. Madam
2 President, members of the board, I'll be as
3 brief as possible. Thank you for the
4 opportunity to talk about some of the wonderful
5 things that my wonderful staff, and they are
6 wonderful, have been doing. I do want to
7 applaud my staff, each director, and that would
8 be Dwayne Jamison, Dr. Priscilla Burks, Deanne
9 Saltzman, Dr. Rebecca Cagle, and, of course,
10 Shan Montgomery who is the CFO and chief of
11 operations and chief of staff and cook and
12 bottle washer, so to speak.

13 But they do a tremendous job. Without
14 them, I could do none of what I do. And so I
15 always like to give them their accolades because
16 they do -- they are behind the scenes a lot of
17 times, but they do a lot of hard work and I
18 think that's evident.

19 I also want to commend the board
20 members for your leadership because without your
21 support, we, the staff cannot do what we do to
22 make sure that our mission is carried forth.
23 And our mission is always the safety of the
24 citizens of the State of Mississippi who receive
25 health care from our nurses. So we want to make

1 sure that our nurses are being competent,
2 efficient in the practice and the care that they
3 provide to our citizens. So thank you for that.

4 I want to briefly go through some
5 things. Operation Nightingale, we received a
6 new school January 24th, 2024. I received
7 notification from the FBI of a new school. They
8 even provided the transcript of the hearing with
9 this particular individual. It's another school
10 in Florida. Still an ongoing investigation with
11 the fraudulent school situation; however, this
12 school has been confirmed as one of the
13 fraudulent schools that did issue out documents
14 that are not appropriate to individuals that
15 attended this school.

16 I received a date range in the
17 affidavits and court transcripts of these
18 individuals where they confirmed that if you
19 receive an application from someone who attended
20 this program during this time, it is not
21 legitimate. Therefore, I have contacted our
22 ThoughtSpan vendor. We have put that school in
23 that database. And anybody that applies for a
24 license in our state from that school or any of
25 the other fraudulent schools is tagged through

1 our technology system. That immediately goes to
2 me to review their documents. And we move
3 forward with whatever means are necessary at
4 that point. But if we received that range of
5 graduation, these individuals have already said
6 that these did not graduate from this school.
7 They were just given documents to show that
8 they'd go and take the NCLEX. And as we know,
9 some of these were passing the NCLEX because
10 they were either nursing assistants or they were
11 LPNs that graduated from a legitimate program
12 that went back to an RN or a master's program
13 and received an additional nursing degree based
14 on that.

15 So NCLEX measures the minimal
16 competence required to be a nurse. So if you
17 have a little bit of nursing and you're good at
18 taking tests, you can probably pass the NCLEX.
19 Hopefully that doesn't happen anymore with Next
20 Gen, but still a possibility. So I am, and will
21 continue, to monitor that.

22 As always, I appreciate the board and
23 the staff and their participation in
24 volunteering for committees at NCSBN. When I
25 recommend staff for those committees at the

1 national level, we have several board members
2 that have served on those committees. One is --
3 Jeremy is on the finance committee at the
4 national level. Sandra has served at the
5 national level. And I always recommend
6 individuals. Well, Shan Montgomery, kudos to
7 her. She has been serving on various committees
8 and was recently selected to serve on the NCSBN
9 Governance Review Committee. This is a
10 committee where the members of this committee
11 will be reviewing the bylaws of NCSBN and
12 revising, updating, making changes as warranted
13 in the bylaws moving forward. So this is a very
14 important committee, so we applaud Shan for
15 stepping up to the plate. When I offered to put
16 her up; and said, Yeah, put me in, and then she
17 got selected. Who knows. So thank you, Shan,
18 for doing that.

19 The NADDI conference is April 17th,
20 2024. As you're aware, Dwayne Jamison is the
21 officer in our local -- in our state chapter and
22 has done a phenomenal job there. I get
23 accolades about him from the stakeholders all
24 the time about the tremendous job that he does.
25 They're thrilled to have him there. So if you

1 would be interested in going, mark your
2 calendar, contact Vanessa Gray, my executive
3 assistant, if you're interested in going. But
4 it is April 17, 2024, here in Brandon,
5 Mississippi. I think it's at the Brandon Civic
6 Center is where they're having it.

7 Trey has already mentioned about our
8 appropriation hearings. That will be Tuesday,
9 the Senate, and Wednesday, the House. You can
10 see that on the screen and also on the documents
11 that I gave you as to the time and the room
12 number down at the Capitol. All are invited.
13 It's open to the public. If you wish to come,
14 please let us know or just show up. We aim to
15 be there and try to do the best we can to get
16 our budget approved and increased, if necessary.

17 The other thing I wanted to let you
18 know is we attended the FARB Regulatory
19 Conference. Shan Montgomery and myself attended
20 that. It was a very good conference. They're
21 looking to make some revisions as to how they do
22 that. I was able to speak to the president of
23 FARB who is looking at probably making this
24 conference or revising it so that it is all at
25 one time, and that would include the innovation

1 part of it, the regulatory component of it, and
2 the law seminar. Right now they are separate,
3 but they are looking at how they can revise that
4 and there's more information to come on that.
5 But it was well attended. And I thought it was
6 a very good conference.

7 Additionally, we had two members and a
8 staff member to attend the NCSBN Scientific
9 Symposium last month, and thank you, Madam
10 President, Sandra Culpepper and Janie attended
11 that conference, and Dr. Burks was the staff
12 member that attended that conference. And I
13 heard that that was a very good conference to
14 attend. A lot of research on nursing practice
15 and workforce issues was disbursed at that
16 conference; so well attended.

17 You will see a little bit of a
18 difference in the way that this report is being
19 presented going forward. This is what you will
20 see. I wanted to impart some data. We should
21 be data driven. And I wanted you to see from
22 the legal division summary for 2023 the hard
23 work that you all do each and every time you
24 step foot on these premises. And we met at --
25 the staff met -- the director staff meeting is

1 where this information is imparted. And we met
2 in January after the last board hearing in
3 December to review what had taken place.

4 So you can see there was a total of
5 121 hearings for 2023. 74 were agreed
6 settlement proposals, 48 administrative
7 affidavits, 11 administrative denials, letters
8 of concern was 81, and 5 cease and desist.

9 That's a tremendous amount of work that you all
10 do, so I thank you for that, for your commitment
11 and dedication in being here. You know, going
12 forward, we may have to look at adding some more
13 dates to -- because complaints continuously come
14 in even though we meet and we do what we need to
15 do as the board. So more to come on that.

16 Probably be having a conversation with the legal
17 division as well as Madam President as to how we
18 can do this going forward, but thank you.

19 That's a tremendous amount of work.

20 On the next slide, I want you to be
21 aware of the proposed rules that were submitted
22 to the Secretary of State. The comment period
23 expired January 30, 2024. This is dealing with
24 Admin Code Part 2840, 2880 and 2820. So that
25 being said, these rules now are awaiting OLRC

1 workgroup review, if I remember correctly. And
2 then once they review it, any questions that may
3 be asked, we will be contacted regarding that,
4 and then OLRC will set up a time for us to
5 present before them for approval or disapproval.
6 But then we will meet upon that point. Once
7 that is decided, then we'll have an additional
8 time where those rules will be made final, but I
9 wanted you to know the status of where we are.
10 Anything to add on that?

11 ASSISTANT ATTORNEY GENERAL TURNER:

12 No, other than they meet quarterly, so you
13 should be -- they should contact you -- coming
14 up here fairly soon for the workgroup, and then
15 the meeting is probably March.

16 DR. JOHNSON: Thank you. In our
17 investigation's division, they stay busy. As
18 you can see, from November through December,
19 there were 47 allegations received, but look at
20 the fingerprint cards mailed. There were 438
21 fingerprint cards mailed during that time span.
22 That is an option for them.

23 In addition, they can go online and
24 make an appointment to come up here and get
25 their fingerprints done, but that is a

1 significant number. Which I said, that is an
2 option that some of our applicants live far off
3 and they will have a fingerprint card mailed to
4 them. I will say that once we get the
5 fingerprint card back, then they are licensed
6 probably within a day based on those results.
7 So that's a pretty good turnaround time.
8 Normally, unless there is something in their
9 background check, they're licensed as soon as
10 those fingerprint cards get back and there is no
11 discrepancies or violations on that.

12 In January they had 29 allegations
13 that they received and the fingerprint cards was
14 137 just for the month of January that were
15 mailed. We did 133 onsite fingerprinting. And
16 I'm not sure if Dwayne is here or in here, but I
17 know we do fingerprinting quite frequently
18 onsite. And so I always have to check with him
19 when I'm trying to set up meetings with the
20 staff to make sure that it doesn't coincide with
21 what they're doing. And they normally do it
22 about twice a week. Every other week?

23 MS. MONTGOMERY: He's on Zoom.

24 DR. JOHNSON: Dwayne, are you on the
25 Zoom? I'm going to put you on the spot. I

1 guess he doesn't want to talk.

2 And then we have our licensure
3 information. I won't read all of that off, but
4 Dr. Cagle and her staff do a tremendous job.
5 I'm not sure if you all are aware, but in house
6 we have promoted one of -- our APRN investigator
7 is now -- Mr. Wiley has now been promoted to
8 supervisory investigator. And that was a
9 position, a PIN that we had that he applied for
10 and was selected out of numerous people that put
11 in for that PIN. So we will now be looking for
12 a new APRN investigator to do what Mr. Wiley has
13 been doing for years. But he is now the
14 supervisory investigator. Kind of like -- it's
15 really the investigator pin that was given to us
16 based on the medical cannabis.

17 So you will see that we do -- the
18 total licensees, there is a slight increase.
19 I've been kind of comparing those. Maybe I'll
20 be able to put you a graph up there next time to
21 compare from month to month or quarter to
22 quarter. There's been a slight increase in our
23 nurses RN-wise. And there's been a little bit
24 of increase -- as Dr. Burks said, we're seeing
25 more going to the PN educational program, so

1 hopefully we'll see the LPN numbers come up a
2 little bit more. They're slightly rising, but
3 I'd like to see those come up a little bit more
4 because there is still a need -- even discussion
5 at the national level -- of how we can better
6 utilize the LPN nurses.

7 APRNs increased steadily. Nurse
8 midwives still may stay about that level of 30.
9 That hasn't increased significantly, give or
10 take one or two numbers on a yearly basis. But
11 -- and our CRNAs have slightly increased some.
12 So that's the information from licensure.

13 And I think, Madam President, that is
14 all I have to report unless you have questions,
15 and I'll entertain those at this time.

16 MS. CULPEPPER: Thank you,
17 Dr. Johnson. Does anyone have any questions?

18 Thank you, Dr. Johnson.

19 Now we'll move forward to board
20 business. Can I get a motion for the business
21 meeting minutes for December?

22 MR. CUMMINS: I make a motion.

23 MS. CULPEPPER: All those in favor,
24 say aye.

25 DR. STEWART: I'm sorry. I just have

1 a correction or a question. I was not here.

2 I'm allowed to do that?

3 ASSISTANT ATTORNEY GENERAL TURNER:

4 Yes.

5 DR. STEWART: So those of you that
6 were here, Alton, you were in charge of that
7 APRN committee, but on pages 54 to 57 of the
8 minutes, I don't see -- I know y'all are like,
9 Why did she read the minutes? But are you on
10 that page, Alton?

11 Okay. So down on page 55, it looks
12 like lines 16 through 21, I just want to make
13 sure, because we've had some discussion, and I
14 know Melissa is not here, but it says that
15 Dr. King stated, "Should we include this
16 language in there since we are not trying to get
17 away from the position statements?" But that
18 "not" is not correct.

19 MR. SHAW: The "not" should not be in
20 there.

21 DR. STEWART: I agree. Because
22 there's some language, and I know she's not
23 here, but there's some language on the next page
24 where she says, "But wouldn't that be
25 standardized," et cetera, "instead of position

1 statements since they don't have legal hold."

2 So the "not" -- I move that the "not" be
3 stricken.

4 ASSISTANT ATTORNEY GENERAL TURNER: I
5 think I have -- I'm just curious because these
6 aren't actually how you would see minutes
7 prepared. It's a transcript. Your court
8 reporter takes down exactly what is said. So by
9 relying on a transcript, there really isn't a
10 means by which to change what was actually said.

11 DR. STEWART: That makes sense.

12 ASSISTANT ATTORNEY GENERAL TURNER:
13 It's an odd way of doing things by using a
14 transcript instead of true meeting minutes, but
15 by using a transcript -- I understand what
16 you're saying, especially with her not being
17 here to actually recount the conversation to
18 maybe correct it, and maybe that's what we need
19 to do for the next meeting is to bring this back
20 up so you can maybe do a reversal or make sure
21 you're clear on what was said during December,
22 but as far as these meeting minutes, the way
23 y'all are operating with the transcript, there
24 really is just kind of a motion and a second and
25 a vote.

1 DR. STEWART: Okay then. I withdraw
2 my --

3 ASSISTANT ATTORNEY GENERAL TURNER: We
4 actually had a motion that was pending already,
5 so...

6 MS. CULPEPPER: So I've got a motion
7 from Mr. Cummins.

8 MR. CASTILLA: So I can be clear, so
9 we're saying the "not" -- we can't take the
10 "not" out? Because transcripts sometimes have
11 mistakes, too.

12 ASSISTANT ATTORNEY GENERAL TURNER:
13 Well, in light of the fact that we said it, the
14 speaker isn't here, I am saying that we're going
15 to have to rely on the accuracy of your court
16 reporter and the transcript.

17 MR. CASTILLA: Well, I don't know. It
18 sounds like that's an important distinction, the
19 "not" being there -- in or not, but --

20 DR. STEWART: I think it can wait
21 until Dr. King is here and then maybe it gives
22 us an opportunity to think about how we want to
23 record the minutes.

24 ASSISTANT ATTORNEY GENERAL TURNER:
25 And I think that's something else to say because

1 what you are talking about wouldn't normally be
2 in minutes at all. All that minutes should
3 reflect is the actual action of the board, the
4 roll call, every motion that the chairwoman has
5 done. So you're talking about a discussion,
6 which arguably we want it to be correctly
7 reflected and the board be on the same page, but
8 -- and we will, since we've started the
9 conversation talking about how we do y'all's
10 minutes, but if the transcript is here, and
11 again without the speaker present, I am
12 reluctant to let you guys make an amendment on
13 what was said.

14 MR. CASTILLA: Yeah, I'm just saying
15 if this is an important question, maybe we need
16 further action until the speaker can clarify.

17 ASSISTANT ATTORNEY GENERAL TURNER: I
18 think it's an important question. I don't think
19 it's really relevant to the minutes, to be
20 honest. I don't think it amounts to too much if
21 we're just talking about the approval of the
22 meeting minutes because, again, that was nothing
23 that you guys took action on. It was a
24 conversation.

25 DR. STEWART: It was a conversation,

1 but the discussion is in context of lots of
2 other decisions that have been made and are
3 being made, and that's my concern. But it
4 certainly can wait until Dr. King is back and we
5 get some other way to record or maybe we just
6 document this is something we need to clarify
7 what the board's stand is on our -- previously
8 what we've used as position statements.

9 ASSISTANT ATTORNEY GENERAL TURNER:
10 These truly are not meeting minutes, and I had
11 it in my notes to address it after the meeting
12 today. These are a transcript of your hearings
13 and of your committee meetings. And for ease --
14 for the purpose with -- for which we have
15 meeting minutes, they don't achieve that
16 purpose. The purpose is for anybody to look and
17 see what you guys did during the meeting. I
18 don't want to read through single-spaced
19 200 pages looking for what you did.

20 DR. STEWART: I did in the last
21 ten minutes.

22 ASSISTANT ATTORNEY GENERAL TURNER:
23 Well, you're a board member and I expect board
24 members to want to know what y'all did, but if
25 the public wants to know what action the board

1 of nursing is taking, this makes it really
2 difficult. And I want to say ethics might say,
3 Hey, that's a little kind of sneaky. Who's
4 really going to look? So I do think we need to
5 revisit the conversation on turning these into
6 true meeting minutes and move away from the
7 transcripts.

8 DR. STEWART: Sounds good.

9 MS. CULPEPPER: So I have a motion and
10 a second by Mr. Adams. All those in favor say
11 aye.

12 BOARD PANEL: Aye.

13 MS. CULPEPPER: Any opposed? Motion
14 passes.

15 Next is for future meetings. We have
16 administration hearings and settlements on April
17 -- and I would like to take note of this. We
18 had discussed this in December, but it has not
19 been denoted here. Those dates will be April
20 7th, 8th, 9th, 10th and 11th at 8:30. The
21 business meeting will occur on April 12th at
22 11:05 a.m. And the panel for April will be
23 Nancy Johnson, Melissa King, Janel Moody and
24 Jeremy Cummins.

25 DR. JOHNSON: How many days is that,

1 Madam President? I'm trying to figure it out.

2 MS. CULPEPPER: Five. I'm sorry.

3 Vanessa had come in and told me we were doing
4 the 8th, 9th, 10th and 11th. Okay. I
5 apologize.

6 (Off-the-record discussion.)

7 MS. CULPEPPER: I apologize. So those
8 dates will be the 8th, 9th, 10th, 11th with the
9 business meeting occurring on the 12th.

10 All right. Moving forward. As far as
11 committees, for our Executive Committee, we do
12 not have anything coming forward from it. The
13 Compliance Committee. Nancy Johnson.

14 MS. NORRIS-JOHNSON: I move that the
15 board adopt -- the Compliance Committee
16 recommends that we accept Affidavit 1, License
17 Number R-896294 and accept Affidavit 2, License
18 Number P-335006.

19 MS. CULPEPPER: Thank you. Do we have
20 a second on that?

21 MR. CUMMINS: Second.

22 MS. CULPEPPER: All those in favor?

23 BOARD PANEL: Aye.

24 MS. CULPEPPER: Opposed?

25 BOARD PANEL: (No response.)

1 MS. CULPEPPER: We'll move forward.
2 Advanced Practice Committee.

3 DR. STEWART: Thank you, Madam Chair.
4 We don't have anything to bring forward. I did
5 want to make a comment that Dr. Cagle and the
6 committee and the staff are doing tremendously
7 good work, I think, going through implementation
8 and education of our APRN licensees on the
9 printed use of the decision-making -- the
10 decision tree. And so kudos to them. And we're
11 going to be tracking that to make sure that it
12 is being implemented safely.

13 MS. CULPEPPER: Thank you. Next is
14 the Practice Committee. Janie Clanton.

15 MS. CLANTON: So in Practice
16 Committee, we've tabled one thing for discussion
17 that we're going to revisit in -- back in April.
18 The other two things is one of them was we have
19 -- the LPN initial pain scale slash -- they were
20 asking if the pain scale was considered an
21 assessment. And we have gone and looked at the
22 position statement and gone back through our
23 decision, and, like, pain scale we did not
24 consider that as an assessment. That is a
25 numeric data point that they're entering, like a

1 vital sign.

2 The second one is the position
3 statement on the delegation specifically
4 delegating med reconciliation to unlicensed
5 personnel. And we've gone through our stuff and
6 the nurse cannot delegate that to an unlicensed
7 -- medication reconciliation to an unlicensed
8 personnel. And that's the only two things that
9 we're going to bring out of that committee at
10 this time. The third one we are tabling for
11 further discussion.

12 MS. CULPEPPER: Thank you,
13 Ms. Clanton. So on the first one, Janie has
14 made the motion in regards to the pain scale not
15 being an assessment. Do I have a second?

16 MR. CUMMINS: Second.

17 MS. CULPEPPER: All those in favor,
18 say "aye."

19 BOARD PANEL: Aye.

20 MS. CULPEPPER: Any opposed?

21 DR. STEWART: Aye.

22 MS. CULPEPPER: And the next motion
23 from the practice committee was nurses cannot
24 delegate to unlicensed personnel. Do I have a
25 second?

1 MR. CUMMINS: Second.

2 MS. CULPEPPER: All those in favor,
3 say "aye."

4 BOARD PANEL: Aye.

5 MS. CULPEPPER: Any opposed?

6 DR. STEWART: I'll abstain.

7 MS. CULPEPPER: All right. Moving
8 forward. Thank you, Ms. Clanton. Next is
9 Administrative Code, Ms. Gentry.

10 MS. GENTRY: I have no business to
11 bring forward today. Thank you, Madam Chair.

12 MS. CULPEPPER: Thank you. The
13 Finance Committee, Mr. Cummins.

14 MR. CUMMINS: I bring a report from
15 the Finance Committee. Fiscal year '24 revenue
16 collected through October was in excess of
17 1.5 million. The actual number is
18 1.521 million.

19 As far as expenditures, salary
20 expenses are now being tracked through both the
21 state personnel board and the legislature. And
22 so only the monies allocated in our budget for
23 salaries are allowed to be spent for that amount
24 and can't be spent for anything else.

25 So with that being said, there's

1 projections to indicate we're going to end up
2 with excess of \$575,000 because of open
3 positions.

4 Ms. Montgomery, Dr. Johnson, I think,
5 are currently seeking to fill these positions.
6 But at this time, that's kind of what our
7 projections are looking like, but we are engaged
8 in active recruitment.

9 Commodity or supply expenses are much
10 lower this year than they were this time last
11 year. We're down about 30 percent this year,
12 which is a good thing. The agency has expended
13 about \$285 of our equipment budget. We usually
14 do an assessment in the spring. And so as we're
15 getting towards the end of our fiscal year, we
16 check to see what needs to be replaced and
17 expend that money as needed.

18 Back on what Dr. Johnson clarified,
19 our ONW budget is \$1.2 million, about 20 percent
20 of our annual budget. And so it's included.
21 And I think that was already clarified there.

22 The board's -- in other matters, the
23 board's share of health insurance premiums are
24 going to increase by \$18. Actually \$40 a month
25 per employee beginning in December. So that

1 started in December. This will add about \$4,000
2 to the agency's salary expense for fiscal year
3 '24.

4 The employer's share for retirement
5 benefits is projected to increase by 2 percent.
6 That's going to bring it up to 19.4 percent in
7 July, and the legislature will increase our
8 budget to accommodate for those expenditures
9 there.

10 Overall for fiscal year '25, the
11 budget that we're seeking is 5.6 million and
12 that will include a 4 percent increase for staff
13 raises. And staff and board members have been
14 notified of our latest travel reimbursement
15 changes. Mileage reimbursement went from \$0.65
16 a mile up to \$0.67 a mile.

17 And currently as of December 31st, the
18 board is sitting with an available revenue, I
19 guess, or an available amount -- cash amount at
20 \$6,755,551.41, which is adequate money --
21 sufficient money to continue the functions of
22 the Mississippi Board of Nursing.

23 I'm open to any questions if there are
24 any.

25 MS. CULPEPPER: Any questions?

1 Thank you, Mr. Cummins.

2 At this point do we have any other
3 committee business we would like to bring
4 forward?

5 MR. SHAW: I have one thing. You
6 know, a couple meetings ago when we were talking
7 about the monitored practice Part 2840, asked to
8 table it until we get a definition of what
9 "monitored practice" was. And I think I spoke
10 with most of you about this. I want to see if
11 you're okay with the language. As Dr. Johnson
12 mentioned earlier being data driven, I think
13 most of you got the evidence-based practice from
14 Dr. King showing where audiovisual was the same
15 efficacy as face to face. You can go to Amazon
16 now and there's a doctor on there on your phone.
17 It's kind of interesting how technology has
18 evolved. But basically it would state,
19 Monitored practice shall mean having a qualified
20 provider physically present or immediately
21 available by any current HIPAA-compliant
22 audiovisual means available to APRNs should any
23 need, questions or collaboration arise.

24 I was just going to throw that out
25 there as a definition and see if there were any

1 comments on that.

2 MS. CLANTON: Read that one more time.

3 MR. SHAW: Okay. Shall mean having a
4 qualified provider physically present or
5 immediately available by any current HIPAA
6 -compliant audiovisual means available to the
7 APRN should any need for questions or
8 collaboration arise.

9 So basically it would be, as I say,
10 the Max Headroom of it, for those of you that
11 remember that, the head popping up on the
12 monitor and looking at everybody and talking to
13 them. The same way they do in the ER. Like I
14 said, you've got so many teledocs and
15 communications out there with this other way
16 that the data shows that this is just as
17 effective. It does not compromise patient care.
18 And I think we just need to stay with the
19 data-driven evidence-based practice and not
20 opinions.

21 DR. STEWART: Are we making a decision
22 or are we just having a discussion?

23 MR. SHAW: Well, it's a general
24 discussion to start with.

25 DR. STEWART: So the -- I'm not

1 opposed. I'm trying to understand what we're
2 talking about exactly. So if we adopt this -- a
3 definition of monitored practice hours, do we
4 have the -- I mean, I have not seen the evidence
5 -- I mean, I know that people -- there is
6 evidence that says it's equitable. There's also
7 evidence that says it's okay in an emergency
8 unless you have the high-tech telehealth
9 equipment where real assessments can be done. I
10 mean, you can't -- I don't want people thinking
11 that a phone gives you an adequate license for
12 assessment.

13 So before we adopt something that just
14 says audiovisual --

15 MR. SHAW: Define what that is?

16 DR. STEWART: Well, based on -- based
17 on research that says, Yes, these are the most
18 efficacious ways to do things. I mean, it's
19 similar to the research that people say
20 simulation is equivalent or has the same
21 outcomes as direct patient care in some -- in
22 some circumstances.

23 But what the research actually says is
24 that high fidelity simulators with simulated
25 patients provides comparable care. But it is

1 subpar to do, you know, just mannequins and body
2 trainers and that kind of thing.

3 So I just would like us to have some
4 clarity on what we're talking about we're saying
5 is okay. Because we tend to rise -- and I'm
6 speaking for me, but we tend to rise to the
7 lowest level of the standard. And so I just
8 want us to be careful. And I would like to see
9 the evidence. Like -- and somebody might have
10 to help me interpret it, but I would still like
11 to see it.

12 MR. SHAW: I'll forward it to you.
13 And like I said, it's figuring out how to define
14 it without pigeonholing into a specific company
15 or something like that where in the future as it
16 develops -- okay. All right. Thank you for
17 your feedback.

18 MS. CULPEPPER: Thank you,
19 Dr. Stewart. Do you want to just table this?

20 DR. STEWART: There's not a motion.

21 MS. CLANTON: I know we have been
22 discussing that in that committee. Do we need
23 to pull that back in and look at some more
24 wording for that committee?

25 MR. SHAW: And that's something that

1 Sandra and I talked about last night.

2 DR. STEWART: Is this coming out of a
3 committee?

4 MS. CLANTON: No, this is a
5 continuation of a discussion we had --

6 MR. SHAW: Two meetings ago I said,
7 Can y'all table this until we get a definition?
8 We was looking at definitions -- did I say
9 definition right?

10 MS. CLANTON: Yeah, I think that we
11 need to look at pulling it back into -- whenever
12 we meet again, let's pull it in and let's --

13 DR. STEWART: Well, and if that's the
14 case, then what I would request is that the
15 committee evaluate the different types of
16 telehealth, telemedicine, whatever we call it,
17 and the efficacy in the literature that supports
18 it as a decision framework so we can make an
19 informed decision.

20 MS. CLANTON: Is it too vague?

21 DR. STEWART: Well, I don't know that
22 vague allows us to grow. I do think that if we
23 have a framework of what rises to the level of
24 equitable practice, then that gives us as much
25 leeway as we would need.

1 MS. CLANTON: You're saying like -- so
2 FaceTime, I know a lot of people FaceTime, but
3 that would not be an adequate --

4 DR. STEWART: Well, FaceTime on my
5 phone for a skin assessment would not
6 necessarily be okay. It might be, you know,
7 okay for something else, but I know we're not
8 wanting to get into a list of different
9 applications. I'm thinking in general terms,
10 like, what equipment -- maybe the question needs
11 to be: What equipment is required in order to
12 reach the standard of equitable care, telehealth
13 versus face-to-face? I mean, if there's
14 evidence that says it's good or as good, then
15 there would have to be definitions of what that
16 is. They've had to do some comparative
17 analysis, right? I mean, I haven't read the
18 literature. I assume those of you have.

19 MR. SHAW: I'll get a copy of this.
20 We don't have to keep harping on this today.

21 DR. STEWART: No, I think we're not --
22 I think that's a great question. I mean, I'm
23 just trying to understand. So thanks for your
24 patience.

25 MS. CULPEPPER: All right. Moving

1 forward, any other business for discussion?

2 Okay. At this time do we have a
3 motion to adjourn?

4 MR. ADAMS: I make a motion to
5 adjourn.

6 MS. CULPEPPER: Do I have a second?

7 MR. CUMMINS: Second.

8 MS. CULPEPPER: All those in favor?

9 BOARD PANEL: Aye.

10 MR. CULPEPPER: Any opposed?

11 BOARD PANEL: (No response.)

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1 CERTIFICATE OF COURT REPORTER
2 I, THERESA S. LUMLEY, Court Reporter and
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12 I further certify that I am not in
13 the employ, or related to, any counsel or party
14 in this matter, and have no interest, monetary
15 or otherwise, in the final outcome of the
16 proceedings.

17 Witness my signature and seal, this the
18 28th day of February, 2024.

19 *Theresa Lumley*
20 _____

21 Theresa S. Lumley, CSR #1231
22
23
24
25

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