

## 10-7-22 BUSINESS MEETING

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1	APPEARANCES	
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3	BOARD MEMBERS IN ATTENDANCE IN PERSON:	
4	T.J. ADAMS, RN, BSN, MSHA (PRESIDENT) SANDRA CULPEPPER, LPN (VICE PRESIDENT)	
5	JEREMY L. CUMMINS, LPN, LNHA (TREASURER) JANIE CLANTON, RN (SECRETARY)	
6	MARY STEWART, PhD, RN	
7	NANCY NORRIS-JOHNSON, LPN, II, CPT ALTON SHAW, MSN, FNP-C LAURA MOORE, MSN, NP-C	
8	LAORA MOORE, MSN, NP-C LACEY T. GENTRY, MSN, RN SHIRLEY JACKSON, LPN	
9	JAN COLLINS, CONSUMER	
10		
11	BOARD MEMBERS IN ATTENDANCE VIA ZOOM:	
12	MELISSA KING, DNP, FNP-C	
13		
14	ALSO PRESENT:	
15	EDWARD WIGGINS, JR., ESQUIRE SPECIAL ASSISTANT ATTORNEY GENERAL	
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10-7-22 BUSINESS MEETING

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Page 4 PROCEEDINGS 1 \* \* \* \* 2 3 MR. ADAMS: Good morning, everyone. welcome to the Board of Nursing business meeting. 4 5 Ms. Shirley, if you would, would you mind 6 opening us up in a word of prayer. 7 MS. JACKSON: My pleasure. 8 (Prayer.) 9 MR. ADAMS: Thank you. All right. At 10 this time, I would like to declare we do have a 11 quorum. Ms. Phyllis, you confirm that. 12 And would like to get approval for the 13 agenda. 14 MR. CUMMINS: Make a motion we approve 15 the agenda. 16 MR. ADAMS: Motion by Mr. Jeremy. MS. COLLINS: I'll second. 17 18 MR. ADAMS: Second by Ms. Jan. 19 All in favor? 20 BOARD MEMBERS: Aye. 21 MR. ADAMS: All right. Open forum: Ι 22 don't see Trey. Do we know if Trey's coming? 23 DR. JOHNSON: He's on his way. He sent 24 me a text. He is en route. 25 MR. ADAMS: Okay. Do we have others

Page 5 from the community that we have on the agenda this 1 2 morning or that would like to speak? 3 MS. MALONE: Hi, this is Teresa Malone. Can you hear me okay? 4 5 MR. ADAMS: Yes. 6 MS. MALONE: And I apologize. My voice 7 is scratchy, and my video is not working. But very quickly, if y'all would bear with me, I would like 8 9 to remind everyone that our upcoming Mississippi 10 Nurses Association convention will be the 18th 11 through the 21st at the Biloxi convention center. 12 I also want to congratulate and welcome 13 Dr. Rebecca Cagle and thank her for presenting on 14 Thursday. She will be providing information from 15 the Board of Nursing, an RN and an APRN update, and 16 we truly appreciate that. 17 And then I would also like to thank Dr. Mary 18 Stewart who is presenting on Thursday morning. She 19 is presenting Pursuing a Terminal Degree, which is a 20 topic of interest, as we know, to so many nurses 21 throughout the state. 22 I want to thank both of them and also thank 23 y'all for the support from the Board of Nursing 24 relative to our upcoming convention. 25 A couple of dates I would like to remind

everyone of. Our RN and APRN day at the Capitol is 1 2 scheduled for January the 25th. And our Legislative 3 Nursing Summit, which will be held at the Jackson Convention complex, is scheduled for February the 4 5 28th. That is, of course, barring any unforeseen 6 circumstances with COVID. Hopefully, that will not 7 spike, and we will be able to get back on a regular schedule with those events. 8

9 I also want to thank all of the nurses for 10 attending some of our recent events in Meridian as 11 well as in Cleveland, Mississippi. We are working 12 to provide additional information to nurses relative 13 to fentanyl as well as the social media issues that 14 we're facing right now.

And I also want to publicly thank Colonel Steven Maxwell, who is with the Mississippi Bureau of Narcotics, for their support in helping us do that.

I know that we've talked in the past about some of the issues that nurses are facing both at work and what is happening, in general, in the public right now relative to violence.

At the convention on Tuesday afternoon, we will have a personal safety threat assessment and preparedness presentation. It is a four-hour

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1	workshop. It will be presented by Colonel Maxwell
2	as well as some of his training staff. This is an
3	opportunity for nurses to have a better
4	understanding of what they need to do to protect
5	themselves in various situations, and these will be
6	examples of real-life situations that they need to
7	be prepared for.
8	We are hoping to host some of those in other
9	parts of the state as well. We have heard from
10	nurses about their concerns and that includes travel
11	nurses, that includes nurses that are going into the
12	homes, really, across the spectrum. So we're very
13	excited about offering that.
14	We have a few more things going on, but
15	honestly, y'all, my voice is about to cut out, so
16	I'm just going to say thank y'all so much for
17	allowing me to provide that brief update.
18	MR. ADAMS: Thank you, Teresa, for the
19	update.
20	Anyone else that's online? Mr. Trey, would
21	you like to give us an update?
22	MR. BOBINGER: Good morning, everybody.
$\sim$	I had to look around. Y'all changed board seats on
23	I had to rook around. I all changed board seats on
23 24	me a little bit. It looks like we've had a little

Good morning, everybody. I wanted to talk 1 2 about a few things. As y'all know, it's October. The first week of January session starts, so it will 3 be here sooner rather than later. 4 5 But I wanted to mention something that's 6 become really, I think, important for the Board of 7 Nursing and that's our Capitol Day at the Capitol that a few years ago Shan and certainly Dr. Johnson 8 had talked about let's do that and have a presence 9 10 there, let the board members have an opportunity to 11 interact with our legislators. And I think, 12 Phyllis, it's been productive, and it's been good, 13 and I strongly encourage all the board members to 14 come. The date that it's scheduled for is January 15 the 11th. That's on a Wednesday, if I recall 16 correctly. We have scheduled space on the Rotunda 17 on the first floor of the Capitol from 1:30 to 4:30. 18 And this is a really good time in the 19 session, I think, for us to have this. It also 20 coincides, I think, with a scheduled board retreat 21 that week, so I think it makes it easier. 22 Hopefully, some of you from out of town will already 23 be in town, so that may make it a little easier to 24 attend. But I do strongly urge you to come if you 25 can.

It's a great time - Jan, you know from working with the Business League and other groups that it's just a good time to be there and communicate with these people.

5 I also wanted to mention there's few 6 hearings coming up legislatively. I guess the 7 biggest one is November the 9th and 10th. There's going to be senate Medicaid hearings to talk about 8 9 various issues with Medicaid. There's also a 10 hearing scheduled for December the 1st with the 11 senate Medicaid committee. Those will all be in 12 room 216.

13 Senator Nicole Boyd from Lafayette County, Oxford, who is a friend and a very hard-working 14 15 senator, she's got some hearings coming up the 25th 16 and 26th of October. I think this is dealing around care for newborns. Some of this is kind of an 17 18 offshoot from the Dobbs case, you know, trying to 19 make sure that there's provision for newborns and 20 making sure that there's adequate care there; that's 21 my understanding. But those hearings will be 22 occurring near the end of October, so I wanted to 23 make you aware of that.

24 We've also got an issue that Dr. Johnson, I 25 know and probably Shan and others have talked about,

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and I think you reached out for their input on this idea of the reconstitution or re-composition of the board, which is obviously a very important issue for us and for you. And I know Dr. Johnson has been on top of it, and I have communicated directly with Senator Blackwell.

7 I couldn't have asked for a more cordial, 8 professional discussion. I think his goal is he 9 just wants to make sure that kind of all 10 associations have adequate or some representation on 11 the board. I don't think there's an ulterior motive 12 or anything like that. He said he wanted our input. 13 He did not want to push anything that he believed the board, obviously, would be opposed to or have a 14 15 problem with. So I was happy to hear him express 16 that to us. So that's something, as you might 17 imagine, we're going to stay real, real close on that, watching that, and keeping you informed about 18 19 it.

But, you know, he is planning on introducing a bill for that purpose, and hopefully all the stakeholders and associations, along, of course, with this board, we can all work together to come up with something that everybody's comfortable with. So that's our goal. That is an important issue, and

1 certainly I know y'all have received information on 2 it, but it merited being talked about here and 3 mentioned.

The last thing, I'll say briefly, medical 4 5 marijuana -- I don't know if you've seen in just the 6 last couple of days, there's been some issues about 7 some growers and cultivators complaining about the 8 others aren't following the rules. I'm not passing 9 judgment; I have no idea. But I'm already seeing 10 some back and forth with some of the -- and some of 11 that is just competition. Some of it there may be a 12 basis. I don't know. But I say this mainly for our 13 purposes. This probably more so ensures that there 14 will be some type of bill to do some clean-up work.

Now, I've talked to Representative Yancey and Senator Blackwell; they've been the leads. They don't really want to do any major overhauls this session; I can understand it. They want to give the bill some time to be in effect, but they can see, Phyllis, that there may be some of these issues that they have to deal with in this upcoming session.

22 So I guess I say that, one, to inform you; 23 two, if you guys come across as practitioners and 24 you -- you know, you're in clinical settings: 25 hospital and otherwise. If you hear something on

Page 12 the practitioner's side that appears to be -- not 1 2 just a little concern, but something that's a problem, please let me know, Dr. Johnson, Shan, so 3 that we can express those to the chairman. If there 4 5 is a bill, that may be something we can get 6 addressed in that legislation, if there's an issue. 7 It may not be anything, hopefully not, but I just 8 want to make you aware of that. So we will have 9 that opportunity. 10 Any questions from anybody? Mayor Shaw, you 11 just had that look like you wanted to ask something. 12 Did y'all notice I called him "Mayor"? I guess, 13 Board Member Shaw. 14 If not, I will conclude my portion. 15 Thank you very much. I appreciate it. Thank you, Trey. All right. 16 MR. ADAMS: 17 Moving on. Office of Nursing Workforce - Dr. Burks. 18 DR. BURKS: Good morning, everyone. 19 BOARD MEMBERS: Good morning. 20 DR. BURKS: Mr. Chair, I have some items 21 to bring before the board today. 22 One is from Holmes Community College, their 23 Grenada campus practical nursing program. They 24 submitted a proposal request to add a full-time day 25 track cohort to their existing program on the

1 Grenada campus.

2	Currently, they only admit students in the
3	fall, and with this they are proposing to use option
4	3 of the community college curriculum, which they
5	currently use for their fall start. Their tentative
6	date is January 2023. And one of the reasons they
7	are looking at or requesting to add is because in
8	the fall of 2021, they received a total of 650
9	applications, and out of that 650, they only
10	admitted 30 students.
11	And as you can see, in the past their board
12	scores have been above the national average and also
13	looking at their students, once they graduate, enter
14	in the workforce. They provide data of the number
15	of students that graduated, and the number of those
16	that are employed in nursing within the state of
17	Mississippi.
18	My recommendation is that Holmes Community
19	College practical nursing program be given
20	permission to add a full-time day track to their
21	existing program on the Grenada campus starting the
22	spring of 2023 and that they also be required to
23	track that program outcomes and include the data in
24	the annual report, which is submitted each year in
25	October.

The second is from Northeast Mississippi Community College practical nursing program. They also submitted a proposal to add a day option to their existing program for a spring start.

5 Currently, they admit 24 students in the 6 fall only. Their tentative plan is January 2023. 7 And their rationale is Northeast, they offer an advanced placement, and this is for students who 8 9 have been unsuccessful in their ADN program. They 10 allow those students to come in if they have 11 completed a certain component of that program, and 12 they enter the practical nursing program.

And since 2019, they've actually had 58 students who've entered this program, and it's based upon space.

Also, the additional option would allow their practical nursing students who have been unsuccessful in the fall to return in the spring without there being a gap or delay in their admission to the program.

And as you can see, their ADN data -- they did supply that data to support that since 2019, they've only had four students to transfer to that program that has been unsuccessful, and their board placement rate on those advanced-placed students is

1 97 percent.

Also, the fall of 2021, they submitted data to show that they had 125 applications and out of that 125 applications, they could only admit 24 students.

And you can also see that their board scores are way above the national average for the year 2020 and 2021.

9 The recommendation is that Northeast 10 Mississippi practical nursing program, they be given 11 permission to add a spring admission to their 12 existing program on their campus. Northeast, 13 they'll also be required to track the program 14 outcome and include the data in their annual report, 15 which is also submitted annually in October.

The final recommendation is from Blue Cliff College, Gulfport, Mississippi. They submitted declaration of intent for establishing a new program in Mississippi. You all have that full report attached. There were several deficits or deficiencies in their information.

22 One is being with their advisory committee 23 and having a current practical nursing educator on 24 that committee. Also, the need for more feasibility 25 information in terms of the vacancies in that area.

1 They supplied the number of nurses that are in that 2 area, but we need information on the vacancies, in 3 terms of their feasibility and need, supply and 4 demand in that particular area, and letters from 5 their healthcare partners, which can include their 6 vacancies that they have.

7 The information they submitted in terms of 8 data was from Mississippi Community College Board in 9 2018, and there has been updated information in 10 terms of the workforce since that time that was 11 submitted in 2021 and 2020.

Also, their certificate of registration and their agent's permit, which is required by the Office of Proprietary School was not included, and there was no proof of unencumbered accreditation by an accrediting agency recognized by the United States Department of Education. That was not included as well.

And the recommendation is based upon the documentation not included that they be denied approval at this time, but be given the opportunity to revise and resubmit that information for review.

Additional updates, and this is just FYI for the board.

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Kaho Healthcare, they received permission to

1 teach the stand-alone IV therapy course in April of 2 '22, and they have now added Dr. Brenda Collins to 3 their team as their new IV therapy coordinator.

The practical nursing curriculum revisions, 4 5 it is tentatively scheduled to start January 2023, 6 and the plan is for it to coincide with the rollout 7 of the new PN test plan. And as you know, the 8 curriculum component lies with the Community College 9 Board, so we are working with them to make sure that 10 it is -- falls in line with the test plan as well as 11 the standards of what is going on national-wide, in 12 terms of practical nurses and what they can do -13 their scope of practice because the test plan is 14 scheduled to be released December 2022.

15 And the final thing is the annual reports. 16 The deadline for the practical nursing programs to 17 submit their report is October the 15th, and they are in the process of sending that information in. 18 19 The annual report will provide information on the programs' outcomes, the number of students that 20 21 graduated, the number of students that are admitted, their retention rate for those students that are 22 23 graduating, and their NCLEX scores. 24 That is the end of my report.

MR. ADAMS: Thank you, Dr. Burks. So

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1	let's bring these for approval for the first two.
2	It looks like the addition just to recap, Holmes
3	Community College recommend for a PN program be
4	given permission to add on full-time day track, and
5	then also Northeast Mississippi Community College
6	for an additional PN program.
7	I would like to bring those two for a
8	motion.
9	MS. CULPEPPER: I will make the motion.
10	MR. CUMMINS: Second.
11	MR. ADAMS: Motion and a second. All in
12	favor?
13	DR. STEWART: Are we going to have a
14	discussion?
15	MR. ADAMS: Yes.
16	DR. STEWART: This is the time; correct?
17	MR. ADAMS: Uh-huh.
18	DR. STEWART: Okay. So thank you.
19	So the two proposals for the PN programs,
20	what data do we have about faculty availability to
21	teach these programs?
22	DR. BURKS: Both submitted information.
23	I did not include it here. But Holmes, one of the
24	things that they have done with their program, they
25	have some retired faculty that have come on board to

Page 19 assist them with teaching as additional faculty. 1 2 This fall they did hire some adjunct. They placed them in the realm of being adjunct at this 3 moment, and those individuals will transition to 4 5 full time. 6 The same thing with Northeast. Northeast 7 has hired two additional adjunct instructors, and 8 they hired a full-time instructor. And so with 9 that, they have those individuals in place, and 10 they're doing training, which is a little bit 11 different. Because oftentimes in nursing education, 12 they don't have that leeway or opportunity to train 13 them prior to. So they're bringing them in, in 14 those adjunct positions to get them acclimated so 15 that when the class starts, they will be familiar 16 with the process and their roles and 17 responsibilities. DR. STEWART: So what are the -- and 18 19 this is my ignorance. What are the requirements for 20 faculty in LPN programs? 21 DR. BURKS: For a faculty in LPN 22 programs, five years of experience. They can be a 23 registered nurse. They do not have to have a 24 master's degree. It is the option of that program, 25 if they want them to have a master's, but the

Page 20 standard, they're required to have a bachelor's 1 2 degree. 3 DR. STEWART: So no formal training or learning. I shouldn't say the word "training," but 4 5 formal learning in educational principles? 6 DR. BURKS: Correct. 7 DR. STEWART: It's an on-the-job. 8 DR. BURKS: Because with LPNs, traditionally, it is that bedside nurse. So they're 9 looking for those individuals who have had a 10 11 plethora of experience at the bedside to come in and 12 train these practical nursing students to go out and 13 be LPNs. 14 DR. STEWART: And so they don't see that 15 as a -- they don't see this is going to be an issue 16 in terms of -- I know they can't predict the future, 17 but in terms of sustainability, bringing in retired faculty and so forth? So I'm thinking five years, 18 19 ten years. 20 DR. BURKS: Their retired faculty is 21 actually -- some of their retired faculty have been 22 there several years. Because when they retired, 23 they came back as adjunct. 24 DR. STEWART: Right. 25 DR. BURKS: Many people -- because

practical nursing is a different world. 1 The way 2 their schedules are set up, with them requiring 3 those 990 hours, is that that program is one year. They're in class typically from 8:00 o'clock in the 4 5 morning until 4:00 o'clock that afternoon. They do 6 not have time where they can go to the office, and 7 many of them, they have teaching teams. And with 8 teaching teams, if it's two or three people, 9 everyone is in the classroom at the same time. So 10 those who retire, they love education; it's in their 11 blood. They don't want to give it up, but it does 12 not conform them to that schedule of being there every day from 8:00 to 5:00. It gives them that 13 option of being there maybe 8:00 to 12:00, 1:00 to 14 5:00. 15 16 And then clinicals, many of them also enjoy 17 that clinical component. They want to be there with them at the bedside. 18

19 That also -- having those retired 20 individuals there, it is so difficult, as you all 21 know, in education to find good mentors. They serve 22 as excellent mentors for those new faculty members. 23 DR. STEWART: Absolutely. I mean, I 24 don't have any arguments about that, and I certainly

support LPN education. I just think as a board

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Page 22 where we're responsible for the overall supply, in essence, through our oversight of the schools that we need to really maintain the big picture. Because sometimes I think it's -- we admit; we admit - and I'm speaking for nursing in general. We admit and admit, and then the demand goes down, and then we have programs and faculty that aren't necessarily -they don't have -- we do not have sustainability plans over the long term. So that's one of the guestions.

The other question is about clinical sites. And, again, I'm just asking for information because I know that there are limited clinical sites, preceptors, rotations for RN and higher placements, so -- and I'm sure they have to speak to that in their application.

Do they also have to have support or have other schools around them having an opportunity to provide input? I'm just thinking if there are 100 clinical sites and other LPN programs have those sites and we're approving additional sites, how is that handled?

DR. BURKS: Most of the time, the way they handle their clinical sites is, they'll look and they stay within their particular area. And for

Page 23 these two schools, some of this came from their 1 2 clinical partners. If they are there to support them and they provide letters of support indicating 3 those facilities are open for clinicals. One thing 4 5 with the practical nursing programs oftentimes, they 6 don't do a lot of precepting where those students 7 are matched up with the nurses. Those instructors are responsible for going out with them. So that is 8 a benefit because when they're going to a --9 10 DR. STEWART: Oh, yeah, they're 11 providing care. 12 DR. BURKS: -- facility, they're not having to find 30 nurses that are in the workforce 13 14 to pair these students with. They know they're 15 going to have that faculty member from that school 16 with a clinical group of, a maximum of 10 for the 17 most part. Now, that clinical instructor is going 18 to be there. 19 DR. STEWART: Oh, right. I remember. 20 It's free labor. I mean, it's hard work taking that 21 many students. 22 And then the only other question that I have 23 is -- and, again, I'm coming at this from a 24 different educational experience. But in terms of the number of applicants. I think we have found, at 25

Page 24 least around baccalaureate and higher programs, 1 2 these numbers are reported by the institutions, but 3 there's really not any accountability or process to say these are the same applicants applying at two 4 5 different institutions. And so where we see the 6 number and it's like, oh, we had 125 applications or we had - I don't remember what this number was - 650 7 applications, there is some redundancy most likely. 8 It's not like we had 785 students that were turned 9 10 away. 11 DR. BURKS: No. Because students apply for multiple programs. 12 13 DR. STEWART: They applied for multiple. 14 So I just think we need to keep that in check 15 because this is part of how schools, you know, 16 support their case for bringing in more students and more tuition. 17 18 DR. BURKS: And one thing I look at, 19 too, with that is where those students are located. 20 DR. STEWART: Absolutely, yeah. And 21 they are different. I see that. 22 DR. BURKS: They are in different parts 23 of the state. So when they're in the same area, 24 that's one of the things of concern. And normally, 25 we don't typically catch it for each year. But when

they have their accreditation site visits, those are things we can ask for. "Show us your rosters. Show us where these individuals actually applied to your program."

5 So although we don't do it and ask for it 6 yearly, there are ways of getting that information. 7 But that's something to look at is in that area, 8 because it goes back to need in that particular If you have three or four schools in one 9 area. 10 area, what is that need, if that need is actually 11 there? And then where are they getting their 12 students from? Because those are things that are 13 asked, too.

If you're going to increase or ask for additional space, where is your student population? So, many of them also have pathways.

17 And with Northeast, it's something a little 18 bit different because they are utilizing their ADN 19 program, which is a wonderful way for the relationship because I think sometimes we forget 20 21 there are students who are in baccalaureate 22 programs; they are in the two-year programs, not all 23 of those students are successful. And so if they 24 come into your program, do you have a pathway or a 25 plan for those students still to reach their goals

because sometimes it takes those students -- they 1 2 have to step back. It's not that they cannot do it, but it's a different pathway of still getting to 3 their goal. 4 5 And that's one thing I -- when I speak to 6 individuals all the time and I remind the faculty, I 7 always think about if a student has come into your program, first of all, they met your criteria. So 8 if they met your criteria, that potential for them 9 10 to be successful is there. And if they're not, what 11 have you done? Have you engaged them? Everybody is 12 not out of the program because of their grades. 13 They may have different things going on. 14 But then is there a different pathway for 15 them to still get to their goal of being a nurse. DR. STEWART: Right, getting the 16 workforce. I understand. 17 And you mentioned this, too. So the number 18 19 of applications is not necessarily the number of eligible applicants. 20 21 DR. BURKS: These are eligible. 22 DR. STEWART: These are all eligible. That wasn't clear. 23 24 DR. BURKS: It's good to know how many 25 actually apply. But how many are actually eligible

Page 27 1 for the program. 2 DR. STEWART: Would be accepted if there 3 was space. DR. BURKS: Because the eligibility is 4 5 what's most important. A person can apply, and they 6 never -- because this happens. Completing an 7 application and meeting eligibility, there are two 8 different categories. 9 DR. STEWART: True. Absolutely true. 10 Thank you. I appreciate your indulgence. 11 MS. COLLINS: I have a question, too. 12 Okay. Dr. Burks, that was my first thought is: I 13 always understood that there's such a shortage of nurse educators that that's a reason why we haven't 14 15 been able to accept more students in the schools -16 in the nursing schools. And so I'm glad you 17 addressed that. 18 It seems like to me though in economic 19 development, all you hear is the number one need in 20 the workforce is for nurses. And for our schools --21 if each of these schools can only take 24 students -22 I don't know how many at UMC - if you add up for the 23 whole state, that's not very many. And I know you 24 talk about having duplication between those that 25 apply that are eligible.

But what is being done to address this 1 2 workforce issue for the need of nursing to accommodate more students at these schools? 3 Is it just because they don't have the space or they don't 4 5 have the educators or what is the problem? I quess 6 I'm asking this to everybody. 7 DR. BURKS: There's a plethora. It's 8 not just one particular thing. And with these two 9 schools, we also have a space consideration. 10 Because they cannot put all of these students in a 11 class. There has to be a specific amount of space, 12 square footage, per student. And so they encounter 13 their classrooms not being large enough because many 14 of the schools, they're not new; the buildings are 15 old. So they're limited to the number. 16 And that's -- like some places, there are --17 each year they may be able to take 100 students in 18 one class, but because of the classroom size and 19 their lab size, their numbers are much smaller. But if they do it in the spring -- because 20 21 what happens is -- and the second thing most people 22 ask, well, are they going to have two classes going 23 at the same time? But for some, it's a little bit 24 easier if they operate at different times because the students' schedules change. And so on this 25

Page 29 particular day, you may have a group in the 1 2 classroom. When these are in the clinicals, this group is in the lab. They can still share. 3 MS. COLLINS: It's better use of the 4 5 space and the instructors. 6 DR. BURKS: Yes, ma'am. 7 MS. COLLINS: So this is more of a 8 legislative issue where the legislature -- Trey might need to address that they increase the size of 9 10 the schools' actual facilities to accommodate more 11 training for nurses? Is that where we are? Am I 12 the last one to hear this? 13 MR. ADAMS: I think as she stated, 14 there's a lot of issues there. If I'm not mistaken, 15 30 percent vacancy in the instructor level. Is that 16 correct, or is that number -- somebody help me if I'm off there. 17 18 DR. JOHNSON: And Dr. Temple is in the 19 room, and she may want to speak from IHL's 20 perspective on anything dealing with faculty and RN 21 programs. 22 DR. TEMPLE: We had 32 vacancies for ADN 23 and baccalaureate and higher degree programs 24 reported in the spring. The data for fall is just 25 now coming in, and there are still a large number of

Page 30 vacancies for nurse faculty, and that is limiting 1 2 the number of students that they can admit into the 3 program. So it's not necessarily space. It is more nurse faculty vacancies right now. 4 5 MS. COLLINS: Well, what can be done to 6 address that, in your opinion? 7 DR. TEMPLE: Well, nursing faculty are leaving for various reasons. One of them is salary. 8 A lot of them are leaving to go into practice, and 9 10 so that is a legislative priority coming up is an 11 increase in nurse faculty salaries or salary 12 enhancements of some sort. 13 MS. COLLINS: Is it an issue that we 14 feel like the board maybe needs to be more vocal 15 about in our legislative efforts? 16 MR. ADAMS: Absolutely. 17 MS. COLLINS: Trey, have y'all addressed 18 this in the past? 19 MR. BOBINGER: Yeah, we've talked about 20 it. Dr. Temple and I have talked. Community 21 college folks are aware. You know, Lacey, we have 22 spoken about it. In fact, she and I have had 23 several conversations during the last session. They 24 know it's there. It's just a matter of them 25 committing, as she pointed out, making that

Page 31 commitment for those funds. 1 2 But I agree with you it's certainly needed, 3 obviously. You can just listen to the vacancies and know that there's a need. But it's them 4 5 appropriating that money and making it a priority. 6 But certainly I think it's something that I think 7 the board has been supportive of and, like you said, will continue to be, I think, to get them more 8 9 funding. 10 MS. COLLINS: Well, is IHL leading the 11 charge on this? 12 DR. TEMPLE: I know that the Mississippi 13 Community College Board has made it a legislative 14 priority for the community college faculty. IHL has 15 also made it a legislative priority for IHL institutions. 16 17 MS. COLLINS: Thank you. 18 MS. GENTRY: ONW also has supported it. 19 I'll let you speak to that, Sandra, but we -- I 20 believe y'all allotted some funding for a 21 consultant? 22 Shan. MS. CULPEPPER: 23 MS. MONTGOMERY: We have. We do support 24 that. We do have a committee formed. We have one 25 person in the queue that could possibly be the

Page 32 consultant; that is Dr. Northington from UMMC. 1 So 2 we are waiting to pull that information together 3 with a contract with her. MR. ADAMS: We'll cover that, too, in 4 5 our executive committee report. 6 But going back, we do have a motion and a 7 second on the table for approval of both Holmes' request and Northeast Mississippi Community College. 8 9 All in favor? 10 BOARD MEMBERS: Aye. 11 MR. ADAMS: Any opposed? 12 (No verbal response.) 13 MR. ADAMS: Dr. Burks' third 14 recommendation was based on documentation not 15 included Blue Cliff be denied the approval of stage 1 Declaration of Intent. Provide Blue Cliff with 16 the opportunity to revise and resubmit the 17 information for review. I bring that as a motion. 18 19 MS. CULPEPPER: I'll make that motion. 20 MR. CUMMINS: Second. 21 MR. ADAMS: Any discussion? 22 All in favor? 23 BOARD MEMBERS: Aye. 24 MR. ADAMS: Thank you, Dr. Burks. 25 Moving on.

Page 33 Board business: In your packet, you have 1 2 board business meeting minutes from July 22nd. Had 3 an opportunity to review? Can I get a motion for 4 approval? 5 MS. CULPEPPER: I make that motion. 6 MR. ADAMS: Ms. Sandra with the motion. MR. CUMMINS: I second. 7 8 MR. ADAMS: Jeremy with the second. All in favor? 9 10 BOARD MEMBERS: Aye. 11 MR. ADAMS: Any opposed? 12 (No verbal response.) 13 MR. ADAMS: Hearing panel minutes from 14 June 2022. Have those for review as well. Can I 15 get a motion? MR. CUMMINS: I make a motion we 16 17 approve. 18 MR. ADAMS: Have a motion from Jeremy. 19 MS. NORRIS-JOHNSON: I second. 20 MR. ADAMS: Second from Ms. Nancy. 21 All in favor? 22 BOARD MEMBERS: Aye. 23 MR. ADAMS: Any opposed? 24 (No verbal response.) 25 MR. ADAMS: Agreed settlement proposal

Page 34 1 minutes - June 2022. 2 MR. SHAW: Motion. 3 MR. ADAMS: Motion, Mr. Shaw. MR. CUMMINS: Second. 4 5 MR. ADAMS: Second, Jeremy. 6 I also would like to waive the reading of names of motions. 7 8 MS. NORRIS-JOHNSON: I make a motion. 9 MR. ADAMS: Motion, Ms. Nancy. 10 MR. CUMMINS: Second. 11 MR. ADAMS: Got a second. 12 All in favor? 13 BOARD MEMBERS: Aye. 14 MR. ADAMS: Any opposed? 15 (No verbal response.) 16 MR. ADAMS: Also future meetings. 17 Agreed settlement proposals are set for December 6th, 2022. Disciplinary hearings: December 7th and 18 19 8th, 2022, at 8:30. And with our board business 20 meeting scheduled for December the 9th, 2022, at 21 11:05. 22 The panel for the December meeting is Laura 23 Moore, Nancy Norris-Johnson, T.J. Adams, and Jeremy 24 Cummins. 25 We also have a request that I would like to

Page 35 add. It would be to add a date for December the 5th 1 2 for hearings as well. And we'll have to work that 3 out with our panel to make sure that that's okay, and we may have to ask for volunteers, but we would 4 5 like to add that date along with an additional date 6 of February 6th. This is to help us clean up the 7 slate and the backlog and hopefully move forward 8 with not having as much delay. 9 We had this discussion in executive 10 committee this morning. I believe Counsel is -they were supportive. It was actually their 11 12 recommendation. They're working hard to get these 13 cases caught up. 14 Any questions around that? I think it's a 15 great opportunity. 16 DR. STEWART: So just to clarify. We 17 would do -- would we restrict that first day to 18 ASPs? 19 MS. SALTZMAN: It would be my 20 recommendation to do hearings --21 DR. STEWART: If necessary. 22 MS. SALTZMAN: -- on all days if 23 possible, if necessary. 24 DR. STEWART: Okay. 25 MS. SALTZMAN: And certainly, if for

Page 36 some reason we can't fill up the 6th, 7th, and 8th, 1 2 we would -- the 5th would be the last day that we would be scheduling anything. And we did want this 3 temporarily. We're not asking for it to be an 4 5 ongoing situation. 6 DR. STEWART: No. I think it's good. 7 MR. ADAMS: Me, too. Hopefully, just 8 these two. We're not looking ahead at any more. Ιf those are productive and we're able to clean those 9 10 up, but if not, we'll look at adding as well because 11 we owe it to our members to get that caught up. DR. STEWART: Agreed. 12 13 MR. ADAMS: Can I get a motion for 14 approval with the additional days? 15 MR. CUMMINS: I make a motion we approve 16 the additional days. 17 MS. MOORE: I'll second. MR. ADAMS: Second, Ms. Laura. 18 19 All in favor? 20 BOARD MEMBERS: Aye. 21 MR. ADAMS: Any opposed? 22 (No verbal response.) 23 MR. ADAMS: Trey has already given us 24 our legislative update. 25 Executive director's report - Dr. Johnson.

DR. JOHNSON: Well, good morning; good morning. Thank you for the opportunity to present the report to the board.

First of all, before I get started, I wanted to take this opportunity to thank my wonderful staff, the Board of Nursing staff. Dr. Burks stood in, in my seat. As you know, I was in London - got back last night - this past week, but Dr. Burks stood in and assisted from the administrative standpoint.

11 The Board of Nursing staff as a whole, I'd 12 like to thank them. They have been spot-on. And to the legal division, you know, I am so grateful to 13 14 have two attorneys here. I understand they did a 15 superb job, and I know it was kind of difficult not 16 being here, but everything went as planned. So I 17 would just like to take a moment to thank the staff, Dr. Burks, and the legal division as a whole for the 18 19 great job they've done, and the Board of Directors 20 for your support. So thank you all.

And, again, I would like to thank the Gaming Commission for allowing security for our board again. So thank you all for being here. We appreciate you so much.

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MR. ADAMS: And, Dr. Johnson, you do

have a couple of new faces first meeting. 1 2 DR. JOHNSON: I'm going to get to that. You stole my thunder. But since you alluded to 3 that, we will carry right on into that. We do have 4 5 some new board. We are excited about having them, 6 and I would like for them to stand as I call their 7 name. 8 We have Dr. Rebecca Cagle, who is now the new APRN director of advanced practice and licensure 9 - very knowledgeable, has a wealth of experience. 10 11 We are indeed delighted that she is on board. So we 12 would like to welcome Dr. Cagle to the Board of 13 Nursing. 14 Additionally, we have Brandon Walker, who is 15 our new attorney, and I know our general counsel, 16 Deanne Saltzman, is elated to have someone else on board. So we would like to welcome Brandon. You 17 18 got a chance to see him in action during the 19 hearings, I understand. So we are excited. Welcome 20 to the Board of Nursing, and thank you. 21 MR. WALKER: Thank you. 22 DR. JOHNSON: Okay. So I will be brief. 23 I just wanted to also thank the board members who 24 supported me in my run for election for president-25 elect of National Council State Boards of Nursing.

You all being there and your support as a whole from 1 2 the board has meant the world to me, and I just want to thank you for that and ask for your continued 3 support as this whirlwind over the next couple of 4 5 years ensues. So I cannot do anything I do without 6 your support and without the support of my wonderful 7 So that does not go un-noticed. So thank staff. 8 you very much for that.

9 Additionally, some updates that I need to 10 bring to your attention that I want you to be aware 11 of. The NCSBN Leadership and Public Policy 12 conference is scheduled for November the 2nd through 13 the 4th at St. Augustine Beach, Florida. Hopefully, 14 the hurricane issue, because it did come through 15 that area, I believe, will not affect that 16 particular conference.

We have the members of the board that have 17 18 signed up for that conference, and the registration 19 deadline has passed for that. So those members that have been approved, that submitted early have been 20 21 approved to attend that conference as well as those 22 staff members. And we do have a deadline that we 23 have to concur with DFA and that deadline has 24 passed, so that's why we had to cut that off at a 25 certain time.

And I do encourage members to attend at the 1 2 next one. It is a great conference to attend on 3 policy issues and regulatory issues. So if you did not get a chance to attend this time, make sure --4 5 normally it's around this same time every year, and 6 with things opening back up for in-person 7 conferences, they're looking at doing more in-person 8 conferences through NCSBN. 9 The MNA conference, you've already heard 10 Teresa Malone talk about MNA's conference, which we 11 highly support each and every year. Dr. Cagle will 12 be speaking on behalf of the Board of Nursing and 13 addressing the RN and the advanced practice issues 14 there. So we appreciate that. 15 The Board of Directors retreat - you heard 16 Trey mention that - will be January the 10th, 2023. 17 It will be a day and a half, and we'll -- we will --18 in that conference, half day on the 11th, and you 19 heard Trey talk about the Capitol Day, which is on 20 the 11th in the afternoon, and the board can proceed 21 then to Capitol Day. 22 You will come in on January the 9th. There will be a reception for board members and some 23 24 educational training on that afternoon when you come The venue is the Westin, and we will be able to 25 in.

provide transportation to the Capitol from the
 Westin on Capitol Day for you to be taken up to the
 Capitol for that.

The speaker for the event is Dr. Stephanie 4 5 Ferguson. Dr. Stephanie Ferguson is a world-6 renowned nurse, PhD prepared nurse, who has a wealth 7 and a plethora of experience in board governance. She acts as a consultant. I've heard her speak on 8 several issues at NCSBN. She's also been involved 9 10 with WHO, the World Health Organization, and she's 11 been involved with policy at the White House level 12 in previous presidents. So she has a wealth of 13 knowledge on board governance, and we were very 14 fortunate to be able to get her and for her to agree 15 to come to Mississippi during the time because her schedule is very, very busy. 16

I will provide you, the board members, a brief bio. I did not get a chance to do that before J got in here today. But I think you will enjoy Dr. Ferguson. So we look forward to that.

I also wanted to let you know about Capital Day, 2023 for MEC, and that's going to be on January the 5th, 2023, from 8:30 to 1:00 at the Mississippi Trade Mart, and that's an event that we highly encourage you to attend as well, as well as Hobnob

by MEC, which will be October the 27th of this year, 2022, at the Mississippi Coliseum. If any of the board members are interested in attending, please let Vanessa know as soon as possible so that we can make arrangements for your registration.

6 Additionally, the FARB Forum, Federal 7 Association of Regulatory Boards Forum on 8 Professional Regulation will be held January the 26th, through the 28th, 2023, in Nashville, 9 10 Tennessee, this year. That is another conference 11 that is very educational for board members and board 12 staff, as well as executive officers. If you're 13 interested in attending, we will need to know as soon as possible for registration because there will 14 be a limit on the number of individuals that attend 15 that conference as well. But it will be held in 16 17 Nashville, Tennessee.

Our legal division, Deanne Saltzman and 18 19 Andrew Kelly, had a chance to attend the FARB legal seminar last week, just prior to board meetings 20 21 starting. And I've heard comments from them that it 22 was very informational. Andrew was excited about it 23 and learned a lot about it; Deanne also. So it's a 24 great conference. FARB does a great job. So that 25 -- FARB is a great resource. It gives you a lot of

1 education, information, and training, and governance 2 training as well.

The mid-year meeting for NCSBN 2023 is scheduled for March 28th through the 30th in Seattle, Washington. A lot of good information will be coming about at that meeting. We will be looking at non-licensed support workers, which is a topic of interest globally, as well as some other regulatory issues.

10 This is the practical conference, I call it, 11 that you learn a lot; you're educated a lot; you 12 have interaction a lot with realtime regulatory 13 issues. So of all the conferences, this is a great 14 conference for board members and board staff to 15 attend. So I'm giving you this information because 16 I want you -- if you're interested, now is the time 17 to put it on your calendar. I know you all work, 18 and that way you can request that time off. But we 19 need to know what your intentions are if you're intending to attend any of these events. 20

And, of course, the annual meeting for NCSBN is scheduled for August 16th through 18th, 2023, in Chicago, Illinois. It will be the 45th anniversary. They have a plethora of things planned for this event. And I think the theme will be around

Page 44 sapphire, so they're asking everybody to wear 1 2 sapphire blue. So more to come on that. Additionally, we spoke briefly about the 3 global shortage. I did attend the International 4 5 Nurse Regulatory Collaborative; that's why I was in 6 London over the past week. We had countries: 7 Singapore, New Zealand, Australia, Spain, the U.K., the United States. Who am I missing? 8 9 MS. MONTGOMERY: Wales - Ireland. 10 DR. JOHNSON: Ireland were the countries 11 that were at that particular conference, and we 12 discussed global regulatory issues. The buzz word 13 is "workforce" - workforce and global shortage of 14 nursing. And so there's more to come. This will 15 also be discussed at your meeting - a lot of this but that is the buzz word from a national level. We 16 17 know it affects Mississippi and the United States, but it's affecting everybody globally. 18 19 And I just sent an e-mail, because when I got back in my office after our earlier meeting, the 20 21 Good Morning Members from NCSBN talks about 22 countries competing for nurses as the global 23 shortage grows. I did send that information out to 24 you. It will be in your mailbox when you get back. 25 But it talks about how countries are competing. One

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1	of the issues that came up is as these countries are
2	competing, we see a lot of nurses from the
3	Philippines and India, which is supplying a great
4	contingent of nurses internationally, but it's
5	depleting the workforce in those countries. So they
6	don't have nurses now there to meet their workforce
7	issues. So it's a lot to be discussed about this
8	particular issue.
9	MS. COLLINS: Dr. Johnson, how hard is
10	it for those nurses to get licensed here in the
11	United States? Is it still very hard for them to
12	get approved or licensed?
13	DR. JOHNSON: Some of the discussion
14	that entailed was that states have different
15	educational requirements - the different laws
16	governing educational requirements for nurses. So
17	that's been part of the issue. Even though they can
18	come, they still have to meet the requirements, the
19	rules and regulations and the laws of the states by
20	which they are trying to go.
21	Now, the other issue is it takes a
22	long time, sometimes a year, for that process to
23	take place. So they're looking at shortening that
24	time without again, remembering our mission is to
25	protect the public. So we can't just allow the

Page 46 borders to open up and say, "Everybody, come on in," 1 2 because everybody's educational requirements are not 3 equivalent to what we require or what some of the United States other boards require. 4 5 Some boards have less stringent 6 requirements; some boards have more stringent 7 requirements. So some of them don't even require 8 them to take the NCLEX, and we do. So, you know, 9 there are some things that play into that, but 10 they're looking at how can we universally get 11 together and look at our rules and regulations and 12 allow individuals to come in that meet those 13 requirements without jeopardizing the safety of the 14 citizens that we care for -- provide that nursing 15 care for. So there's more to come on that. 16 Definitely a lot of talk, but it's a global issue. 17 MS. COLLINS: Well, how do you think --18 do you think Mississippi is competitive? We're more 19 stringent or less? Or where do you think we fit in? 20 Do you know? 21 I think Mississippi is DR. JOHNSON: 22 competitive because what I'm hearing from a national 23 and global perspective is that we want to make sure

that the nurses that we allow into our country and into our state are competent to provide the nursing

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care needed to care for the citizens of each state
 in the United States of America.

Canada and the United States have a process by which they can allow and look at those qualifications, and they are substantially equivalent to what we require in the United States. So that was the other buzz word "substantially equivalent."

9 And I know that IHL has in their standards 10 that things have to be substantially equivalent to 11 meet the educational requirements coming into our 12 state. And I rely on Dr. Temple. She and I have a 13 good working relationship, and we talk about that, 14 and we're going to be meeting on some other things, 15 I think later on.

We don't want to be the problem, but at the end of the day, you still need people who have been adequately trained that know what they're doing when they come here.

20 One of the things is the English proficiency 21 requirement for foreign nurses. So we are looking 22 at that, and I'll be talking to administrative code 23 about some other entities that we can look at that 24 can verify that English proficiency because right 25 now, it's just CGFNS, I think we have in our rules

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1	and regulations. But there are other boards of
2	nursing that have accepted other entities, and they
3	speak very highly of them. It's just a matter of
4	implementing that in our code if we want to do that.
5	So we'll be researching that and looking at
6	that information. I'll present that to the board
7	when I get that information through the
8	administrative code.
9	And I think that is probably all I have to
10	add at this point.
11	Thank you. Any questions?
12	MR. ADAMS: Thank you, Dr. Johnson.
13	Moving on to committee reports. Executive
14	committee, as we discussed with Trey, a lot of
15	discussion in executive committee around workforce.
16	What are some tactics we as a board can do moving
17	forward, especially with the upcoming session?
18	So we've asked Dr. Johnson to reach out to
19	Tim Moore with the Hospital Association to have some
20	discussion with them as far as see what they are
21	aligning to do going into the session, and how do we
22	formulate a more concentrated effort. I know in the
23	last session, there were things that we had hoped to
24	pass that maybe in the 11th hour did not.
25	Trey, and you can speak toward those more

Page 49 that there were a couple million dollars that we 1 2 really thought would be there for 3 retention/recruitment. And I think those are things that we've got to continue to push from our 4 5 profession. 6 Trev. 7 MR. BOBINGER: Mr. President, I would 8 say that there's anywhere from 250 to 300 million dollars in remaining COVID money. Of course, every 9 10 entity and group in the state, you know, is trying 11 to figure out a way to it, but that is some monies 12 there. Of course, you've got to meet the 13 eligibility requirements. 14 But I do think you're right about the 15 funding and that's a potential source of funding. 16 Something that came to me Ms. Collins had brought 17 up, and I'm glad to hear Dr. Johnson speaking with the Hospital Association, is getting the business 18 19 community - you know, like the MEC, perhaps your 20 Madison County Business League, respectable, 21 reputable, pro-business groups - writing letters 22 saying, "This has an impact on our future growth, our retention of employees." And I think those 23 24 legislators really pay attention to things 25 particularly coming from the business community,

Page 50 particularly if they think it may have an adverse 1 2 impact on the businesses. It's just a thought. We 3 might want to reach out and solicit some letters of support -- Dr. Temple, you know, both Community 4 5 College and IHL and the Board of Nursing. So that's 6 just another thought. 7 MR. ADAMS: Thank you, Trey. 8 MS. COLLINS. Well, just speaking on 9 behalf of the Business League, I can tell you that 10 if you draft something that would be inclusive of 11 all the things that we've kind of discussed, that we 12 would be happy to address it with our board and government affairs. 13 14 MR. BOBINGER: I think your board, 15 knowing some of those people, would be very 16 supportive. 17 MS. COLLINS: They would. 18 MR. ADAMS: We did discuss trying to be 19 more active. You know, when we have Capitol Day, when we have some functions of where we do have an 20 21 audience that can hear us. You know, it's really 22 good to see in small groups and have those 23 discussions, but even in larger groups, if we have 24 good turnout. We've typically been quiet as a 25 group, and we all see the deficiencies here and the

deficits as far as our staffing. So a lot of
 discussion in executive committee around that this
 morning.

And Dr. Johnson's got some follow up for us that we can bring back to this group at our next meeting.

MS. COLLINS: I encourage, as we talked about before, the talking points -- the bullet points, the talking points to give us a starting place that each of us could probably use in individually talking with our legislator in our own community.

DR. JOHNSON: So, Trey, you and I can get together and maybe come up with some talking points for Capitol Day.

16 MR. BOBINGER: Absolutely. And I'd 17 also, again, like to maybe loop in IHL and the Community College. But I think that's an excellent 18 19 idea. We can actually even have them where we could 20 not just to brief our members, but perhaps even 21 share -- have something to hand out to the members. 22 They hear it, but as our president, 23 Mr. Adams, pointed out, I don't think they -- you 24 know, they know it, but they've got --25 Thinking about Louisville, your hometown.

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1	They've got a very reputable group, Taylor
2	Manufacturing there. A tremendous Mississippi
3	success story. You know, if we get people like
4	those folks saying this is a problem, we need to do
5	it. And if they start talking to the legislative
6	leadership and all, that really makes a strong push
7	for us.
8	MS. COLLINS: MEDC also, Trey.
9	MR. BOBINGER: What's that?
10	MS. COLLINS: MEDC.
11	MR. BOBINGER: Yeah, MEDC, too.
12	MR. ADAMS: Any other questions there?
13	Moving on. In your packet, you've got the
14	proposed 2023 meeting dates and panels. We've
15	almost filled in all the slots. See Ms. Vanessa if
16	there's a slot that you can fill there, but we're
17	really close.
18	And then also I would go back and just
19	highlight the dates that we had just discussed of
20	December 5th and also the February 6th, which
21	February 6th is already on here.
22	Can I get a motion to approve the proposed
23	meeting dates and time?
24	MR. CUMMINS: I make a motion we
25	approve.

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1	MR. ADAMS: Motion, Jeremy.
2	MS. CULPEPPER: I will second that.
3	MR. ADAMS: Second, Sandra.
4	All in favor?
5	BOARD MEMBERS: Aye.
6	MR. ADAMS: Any opposed?
7	(No verbal response.)
8	MR. ADAMS: Also note our board retreat
9	on January the 9th and 10th. Dr. Johnson
10	highlighted that. But I think Capitol Day is a good
11	opportunity for us to get in front of those.
12	Hopefully, this year seems will be a more normal
13	year with the COVID restrictions lifted. I remember
14	a few years ago prior to COVID, a really big
15	turnout, a lot of individuals visit our booth there.
16	It is early, Trey. So that's good. Early January
17	is good.
18	MR. BOBINGER: I think we've got a very
19	good time.
20	MR. ADAMS: And then hopefully our
21	talking points we can make sure that, you know,
22	have certain maybe even some meetings with some
23	key individuals during that time.
24	MS. COLLINS: I hate to be so chatty,
25	but I have one other point to make.

Page 54 Okay. This early in the session, Trey, help 1 2 me out here. Is the Senate still in the morning at 3 10:00, and the House in the afternoon at 1:30? MR. BOBINGER: That's generally how they 4 5 do it. 6 MS. COLLINS: Okay. Should we split up? 7 Instead of just being there from 1:30 to 4:30, maybe 8 do a morning and then an afternoon? Maybe if we had 9 two different groups go. 10 MR. BOBINGER: You certainly could. As 11 Dr. Johnson pointed out, I think you meet until 12 noon, is that correct, on the retreat? You know, 13 your retreat goes to noon that day. 14 MS. COLLINS: That's right. 15 MR. BOBINGER: But now, the good part, 16 early, there's a lot of activity and buzzing around 17 the Capitol. So I think we will have some senators, 18 particularly right after lunch that will still be 19 around. But perhaps if you wrap up the retreat a 20 little early, like 11:00 o'clock or something, and 21 maybe some of the board members could matriculate 22 over to the Capitol. So that might work as well. 23 DR. JOHNSON: We can accommodate that. 24 MR. ADAMS: All right. I would like to 25 get a motion on the board retreat dates and Capitol

Page 55 1 Day. 2 MS. COLLINS: I'll make a motion. 3 MR. ADAMS: A motion by Ms. Jan. MR. CUMMINS: Second. 4 5 MR. ADAMS: Second, Jeremy. 6 All in favor? 7 BOARD MEMBERS: Aye. 8 MR. ADAMS: Any opposed? 9 (No verbal response.) 10 MR. ADAMS: Compliance committee. 11 Ms. Moore. MS. MOORE: We have two motions to come 12 13 out of compliance committee. The first motion is I 14 move that the board adopt the compliance committee's 15 recommendation that the following affidavits of 16 formal reprimands be accepted for ratification: 17 license R-868902, and I move that the board adopts 18 the compliance committee's recommendation to deny 19 the request of license number R-878929 to be allowed 20 to work in the emergency room setting, which is a 21 prohibited area of practice in the June 16th, 2021, 22 final order. 23 MR. ADAMS: Got a motion. MS. CULPEPPER: I'll make the motion. 24 25 MR. CUMMINS: Second.

Page 56 1 MR. ADAMS: Second by Jeremy. 2 All in favor? 3 BOARD MEMBERS: Aye. 4 MR. ADAMS: Any opposed? 5 (No verbal response.) 6 MR. ADAMS: Advanced practice committee 7 - Mr. Shaw. 8 MR. SHAW: Advanced practice has nothing 9 to bring forward. 10 Thank you, sir. MR. ADAMS: 11 Practice committee - Dr. Stewart. 12 DR. STEWART: Thank you. We don't have 13 anything to bring forward, but we did have a good 14 discussion to support some of the efforts from UMMC 15 with the transition of the care for our burn 16 patients. And so we had a good discussion. Janie 17 was very helpful in giving some lent experience. So we're going to -- Dr. Burks has probably already 18 19 done it because she's so efficient, but we'll be 20 communicating back to the physician that was asking 21 for support, that he has our support. 22 MR. ADAMS: Thank you, Dr. Stewart. 23 Administrative code - Sandra. 24 MS. CULPEPPER: So I am speaking on 25 behalf of Dr. King today because she is out.

But there are four areas, and if you will 1 2 look in your packet, Ms. Saltzman has brought by administrative code information for the members to 3 review because there are some things that we're 4 5 going to have to review, such as --6 One of the first things you'll see is Rule 7 2825, Chapter 2. That was the repeal of the 8 pre-determination regulations enacted in response to the Fresh Start Act. These were adopted by OLRC 9 10 resolution on September 16th, '21. The Fresh Start 11 Act is inapplicable to us. And so there was also an 12 Attorney General's opinion offered, 2020-0029, that 13 was given on January 30th. 14 And I will also say, Ms. Saltzman, if you 15 would like to elaborate on anything that I'm going 16 to go over, please feel free to do so. 17 The next thing was Rule 2826; that is our 18 This filing had expired on 7-22-2021. Before MnVP. 19 re-filing the rules, legal removed the abstinence 20 provisions in response to that. And currently these 21 rules -- Do you want to speak to that any, 22 Ms. Saltzman, on the MnVP? 23 MS. SALTZMAN: On which one? MnVP? 24 MS. CULPEPPER: The 2826. 25 MS. SALTZMAN: These rules have been

filed temporarily. We need to get them promulgated through OLRC and the Secretary of State's Office. MnVP, I believe, began in 2019, and we just need to get them done properly.

5 Previously, in April the Justice Department 6 made an announcement that OUD is now a disability. 7 So when I was looking at this, I realized that the temporary rules had expired. I went ahead and took 8 that abstinence part out to conform with the Justice 9 10 Department's report that came down. And we just 11 made some grammatical changes to a few parts, 12 nothing substantive other than taking that one part 13 out about the abstinence provision.

14 So I believe each of you have a copy of some 15 additional changes, three or four, not a lot. 16 They're highlighted in there that MnVP would like 17 implemented within these regulations. So if we do 18 go ahead and go forward with them and take them 19 through the process to promulgate them through OLRC 20 and Secretary of State, we'd like to go ahead and 21 just make those changes to them on the front end, so 22 we're only doing it one time because that can be a 23 -- that process can take a few months sometimes. 24 But I can field any questions that anyone 25 has. I realize this is several things to hit

Page 59 1 everyone with at one time. 2 MR. ADAMS: Any questions? DR. STEWART: So let me ask a question. 3 So on the third item, on 2840, Chapter 1 about 4 5 monitored practice hours. 6 MS. SALTZMAN: Okay. So that is something that the board will need to discuss what 7 8 they want to do with monitored practice hours. That is listed on here, but that's not really for today 9 10 insofar as anything that there needs to be a motion 11 on. 12 MR. SHAW: So that has not been filed 13 for comment? 14 MS. SALTZMAN: So let me go back. 15 Monitored practice hours: These rules were 16 temporarily suspended on March 8th, 2022. And when Dr. Johnson had asked me to look at some of the 17 18 benzo language and make those changes. And in 19 looking at it, I realized that that repeal was 20 temporary. So that had expired. 21 MR. SHAW: What we voted on at that time 22 was to remove the monitored practice hours 23 requirement and file it as an emergency rule because 24 we had no idea when OLRC was going to meet again. 25 MS. SALTZMAN: Okay. And just as an

emergency rule, that's good for 120 days. 1 2 MR. SHAW: And thought everything was 3 being filed with the Secretary of State to make it a permanent rule, and that never happened? 4 5 MS. SALTZMAN: To make it a permanent 6 repeal? 7 MR. SHAW: Uh-huh. 8 MS. SALTZMAN: Okay. It was a temporary 9 repeal for 120 days. You can extend a temporary 10 rule for a period of 90 days. What happened was the 11 monitored practice hours had expired; the repeal of 12 those had expired because it was temporary. 13 So what now needs to be done is -- let me go 14 back. When I discovered that the repeal had 15 expired, it was my understanding that was the last 16 directive from the board that those were to be 17 temporarily repealed. So I went back, and I filed 18 them temporary again to repeal them. So they're 19 currently in a temporary repealed status, and they 20 need to go -- the board, once it makes its decision 21 as to whether it wants to repeal them, edit them, 22 monitor them, modify them, whatever the board's 23 decision is there, then we will go through and file 24 it with OLRC, Secretary of State and do the process 25 to make that a final decision. But what was done

Page 60

1	previously was a temporary repeal.
2	DR. JOHNSON: It was temporary.
3	MR. SHAW: The board voted on
4	DR. JOHNSON: The board voted for
5	temporary, and in the midst of this, Brett left, so
6	it was not a final rule is what we have found out.
7	It was not a final rule. In order for it to be
8	final, and she ended up "she," Deanne ended up
9	contacting the Secretary of State's office because
10	when we started going through this, we realized that
11	there were too many temporary filings out there, and
12	in order for it to be done permanently, she went
13	through each one to make sure that everything was up
14	to par, which is when we found now, no. OLRC has
15	not acted on monitored practice hours. So there's
16	been no final ruling; it's still temporary, and it
17	expired. The temporary rules that kept being in
18	place, which was I think our previous general
19	counsel's recommendations until we could get it
20	through or get general counsel on board again with
21	them leaving, that's when we found out that now this
22	has expired. And so we need to enact the temporary
23	rule again for the repeal, correct, Deanne?
24	MS. SALTZMAN: I went ahead and re-filed
25	the temporary. So in its current status, it's

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Page 62

temporarily repealed for 120 days, which gets you into December, and then I can do a 90-day re-file. So there is time for the board to decide the direction, and I don't know what that is, but the direction it wants to take related to monitored practice hours. But I just wanted to make everyone aware that that was a temporary repeal. We can't just keep, keeping it temporary. We have to make it permanent through OLRC and Secretary of State. MR. SHAW: Because basically, and

MR. SHAW: Because basically, and besides what some other organization keeps blowing smoke about, it's an outdated, redundant and restricted thing. OLRC should love this because they have been fed a lot of misinformation by another organization that seems to want to promote their own agenda.

17 If I may since I was the one that sparked 18 this, the first thing you have to realize is 19 monitored practice hours have absolutely nothing to 20 do with collaboration, and I think that's one of the 21 big misunderstandings. They're completely separate, 22 and all it says under monitored practice is somebody 23 has to be in the building in case you have a 24 question about something going on if you have less 25 than these hours.

1	This was created before we had the
2	telecommunication we have today. My face to face
3	with my collaborator is through FaceTime. If I have
4	a question, I call, text. I get on that and talk to
5	him. Why does somebody have to physically be in the
6	building anymore to do this kind of information?
7	It just I don't know; it gets frustrating
8	after a time. We're the only state that does this.
9	There are places that have monitored hours to get to
10	full-practice authority, but no states actually have
11	this type of restrictive hours.
12	Again, it was redundant. Even if the full
13	practice would have gone through, what was it like?
14	3,000 hours or 4,000 hours, something like that you
15	had to have under a collaborator? That's less than
16	we require. So why are we creating this redundancy?
17	It also created direct conflict with the
18	universal licensing law that they passed. Because
19	you get somebody coming in from out of state, if
20	they can't show where they've had monitored practice
21	hours and have been practicing for less than three
22	years, they could have come from a full-practice
23	state and practiced two and a half years. They've
24	got to go back and get monitored practice hours. It
25	made no sense at all.

And I think -- I don't know how many of you read what the State Auditor put out about the brain drain on Mississippi, but I don't think any of us would have to step too far to find people that have gone to surrounding states that don't have this requirement to start working as an APRN and a lot of them stay there.

8 So that's why when this came up -- I think 9 it was actually 2002 when we first started talking 10 about it. Anyway, the question came out: What is 11 the reasoning for this? Why is it here, and why do 12 we have it when we have all these other forms of 13 communication where if somebody has a question or 14 comment? All this is doing is being restrictive and 15 making somebody have to stay in the same building.

And then some schools have gone up to 2,000 hours, and they can still walk out and not have to go through this. So it created a competitive disadvantage amongst some of the schools.

20 So that's why when the whole thing went 21 through, it was supposed to be put in as an 22 emergency rule so we could go ahead and implement 23 it, and then file it as a permanent rule, and 24 apparently, I'm hearing the change last time that 25 didn't occur.

DR. JOHNSON: That did not occur because 1 2 they kept it as an emergency rule and kept re-filing 3 it as a temporary rule because it still had not gone through the full process. And when we looked at it 4 5 because it was on our radar, along with some other 6 -- I kept seeing it out there as temporary. Where 7 are we with this? And that's when Ms. Saltzman came on board and said, "Let me review all of this." And 8 9 we talked about the prescribing rules for the APRNs, 10 changing that to be consistent with the Board of 11 Medical Licensure's prescribing rules because that 12 was an issue -- is when we found out that it had not 13 gone through the full necessary process in order to 14 become a final rule. And until it does that, it 15 cannot move forward. We cannot implement it. 16 MR. SHAW: So how long can you keep 17 re-filing a temporary rule? 18 DR. JOHNSON: I think that's part of the 19 issue is that the board has to decide do they want 20 that the way -- do they want to repeal it? Like you 21 don't want them to have it anymore, or what do you 22 want them to do? And that decision needs to be made 23 within the next three to six months. That's it, 24 bottom line; otherwise, it falls off, reverts back 25 to what was previously in the rules and regulations.

So the board is going to have to make a 1 2 recommendation through the administrative code 3 committee to bring it back within that time. MS. SALTZMAN: I just want to say, 4 5 obviously, you know, the temporary rules are set up 6 just to be temporary. It's an emergency rule. So 7 whatever the board's decision ultimately is on monitored practice hours, we will take that 8 decision, and then we will properly promulgate it 9 10 through OLRC and the Secretary of State. 11 I just wanted to make everybody aware that 12 they had lapsed, the temporary rules, and that we 13 have re-filed them so they are currently -- the 14 temporary repeal is currently in place, but I just 15 need direction from the board, the administrative 16 code committee ultimately. You asked how long they 17 last. They last for a period of 120 days. You can 18 re-file for a 90-day extension. Technically, you 19 could probably let them lapse a day or two and start that process over, but ultimately, what you want is 20 21 for the rules to be properly promulgated. So we 22 need to get through OLRC and Secretary of State. 23 MS. CULPEPPER: And, Mr. Shaw, just to 24 make references, Ms. Saltzman made a commentary 25 about three to six months. It is the intention of

Page 67 the administrative code to meet by November or 1 2 somewhere no later than mid-November so that we can 3 bring it before the board in December. 4 MR. ADAMS: To clear the matter up. 5 MS. CULPEPPER: Yes. 6 DR. JOHNSON: Because OLRC still has to 7 say yay or nay. The board can say, "We don't want it." If OLRC says "nay," we're still back to square 8 9 one. It has not gone before OLRC. 10 The plan is once all of this MR. SHAW: 11 goes forward, assuming it does go forward, to 12 actually -- I will sit down and have personal 13 meetings with each one of those and explain what this is to correct all that misinformation that 14 15 they've been fed. 16 DR. JOHNSON: And everybody will have 17 the opportunity to go to OLRC, the board will, to 18 sit in when they put us on the agenda to have this. 19 I will preference that by saying there was a lot of 20 interest from OLRC on this issue. 21 MR. SHAW: Well, because they've been 22 told we're reducing all these kinds of things and 23 trying to make an end run-around things, and it is 24 not that. 25 MR. WIGGINS: I will add that OLRC is

Page 68 good about thoroughly reviewing and kind of vetting 1 2 whatever rule proposals. They will actually meet 3 prior to the scheduling of the actual OLRC meeting, and sometimes they will go ahead and submit 4 5 questions prior to that hearing to kind of help with 6 the efficient movement of that particular meeting. 7 So even if there is the submission that goes 8 forward, it's possible any questions they have can be addressed prior to that meeting. Now, that's not 9 10 to say that there won't be others once you get 11 there, but ideally, they want to kind of clear 12 everything up before you actually get there. So if 13 there are questions or concerns that may come up, 14 they could possibly address them before the meeting 15 time. 16 I just still get frustrated MR. SHAW: 17 by what is supposed to be to a professional organization on the other side that just raises up 18 19 their own narrative for their own benefit. Ιt 20 really gets frustrating after time, and I wish 21 somebody was here from that organization that I 22 could say that directly to. 23 MR. ADAMS: Other questions? 24 So Sandra is bringing this on behalf of 25 administrative code as a motion. Can I get a

Page 69 1 second? 2 MR. CUMMINS: Second. 3 MR. ADAMS: I got a second by Jeremy. All in favor? 4 5 DR. STEWART: I'm sorry. What's the 6 motion? 7 MR. ADAMS: For the changes; correct? 8 So that we can --9 MS. CULPEPPER: Yes. 10 MR. ADAMS: -- extend the temporary 11 order, and the additional changes based off of the 12 memorandum. 13 DR. STEWART: Okay, thank you. MS. SALTZMAN: So is this for MnVP and 14 for --15 16 MR. ADAMS: This is all of your proposed 17 changes. 18 MS. CULPEPPER: So he's referring to 19 everything on our sheet here, Ms. Saltzman, that we 20 have discussed as far as Rule 2825, 26, 2840, the 21 change to 2840 Chapter 1 and Chapter 2, and then 22 2840 Chapter 3. 23 MS. SALTZMAN: Okay, thank you. 24 DR. STEWART: So we are approving the 25 memo?

## 10-7-22 BUSINESS MEETING

Page 70 MR. ADAMS: Yes. 1 2 All in favor? 3 BOARD MEMBERS: Aye. 4 MR. ADAMS: Any opposed? 5 (No verbal response.) 6 MR. ADAMS: Thank you. Lots of 7 discussion. 8 MR. CUMMINS: All right. I've got a 9 finance committee report to bring. But before that, 10 I'm going to move that we go into executive session 11 to discuss a personnel issue for the Board of 12 Nursing. 13 MR. ADAMS: Got a motion. 14 MR. SHAW: Make a motion to go into 15 closed session to determine if executive session is 16 necessary. 17 MS. CULPEPPER: I will second it. MR. ADAMS: Got a motion and a second. 18 19 All in favor? 20 BOARD MEMBERS: Aye. 21 MR. ADAMS: Any opposed? 22 (No verbal response.) 23 MR. ADAMS: Thank you. This should be a 24 very short executive session. 25 (Board enters executive session at 12:28

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	Page 71
1	P.M.)
2	(Board returns from executive session at
3	1:03 P.M.)
4	MR. ADAMS: We're back live.
5	Mr. Jeremy.
6	MR. CUMMINS: All right. I'm going to
7	give a brief actually, in your packet, you have
8	two reports that you'll see. One is a budget
9	analysis for year-end fiscal year '22. The other is
10	a current budget analysis.
11	Moving through this quickly. Total expenses
12	were lower last year. We only obligated 81.9
13	percent of our budget, which is really good. We're
14	still working to purchase the vehicle that was
15	authorized to replace the current year vehicle. The
16	obstacles are coming from vendor shortages and DFA
17	requirements. So we will continue to press forward
18	with that.
19	Revenue for year-end budget fiscal year '22:
20	We collected a total amount of \$2,664,104.61, and
21	that number hasn't changed since June.
22	Moving on to our fiscal year '23 budget
23	analysis for August 31st. The only thing that is on
24	the rise a little bit is travel. Travel is
25	approximately \$9,400 more than it was last year.

Page 72 This is because the last two years we've been in a 1 2 COVID-lockdown state, so it would be more. But it's very much within budget. Also, mileage rates have 3 increased from .585 cents per mile to .625 cents per 4 5 mile. 6 Total expenses are lower than last year. As 7 of right now, we've only obligated 13.27 percent of 8 our budget. 9 We have currently a little bit over 4.7 10 million in available cash, which is sufficient to 11 meet all of our operational expenses. 12 Fiscal year '23 year to date collected is 13 \$248,279. And revenue collected during August is 14 212,945. 15 The only motion coming out of finance is 16 that we raise the executive director's salary to the 17 cap limit of \$140,477.58 with an effective date of October 1, 2022. 18 19 I made a motion. 20 DR. STEWART: You need a second? 21 MR. CUMMINS: I need a second. That's a 22 motion coming out of --23 MR. ADAMS: Motion. Second? 24 DR. STEWART: I'll second. 25 MR. ADAMS: All in favor?

10-7-22 BUSINESS MEETING

	Page 73
1	BOARD MEMBERS: Aye.
2	MR. ADAMS: Any opposed?
3	(No verbal response.)
4	MR. CUMMINS: Other than any questions,
5	that concludes the financial report.
6	MR. ADAMS: Anything from ONW?
7	MS. CULPEPPER: There's nothing to come
8	out of ONW.
9	MR. ADAMS: Thank you, Sandra.
10	All right. Can we get a motion to adjourn?
11	Got a motion?
12	MS. COLLINS: Motion that we adjourn.
13	MR. ADAMS: Second?
14	MR. SHAW: Second.
15	MR. ADAMS: Second, Alton.
16	All in favor?
17	BOARD MEMBERS: Aye.
18	MR. ADAMS: Any opposed?
19	(No verbal response.)
20	MR. ADAMS: All right. Thank you, guys.
21	(Whereupon, the above-entitled
22	proceeding concluded at 1:06 P.M.)
23	
24	
25	

	Page 74
1	
2	CERTIFICATE OF COURT REPORTER
3	I, CYNTHIA HARRIS, Court Reporter and Notary
4	Public, in and for the County of Scott, State of
5	Mississippi, do hereby certify:
6	That the foregoing pages contain a full,
7	true, and correct transcription of all the
8	proceedings taken by me at the time and place
9	heretofore stated;
10	That I am not kin or in anywise associated
11	with any of the parties to said cause of action or
12	their counsel, and that I am not financially
13	interested in the action.
14	IN WITNESS WHEREOF, I have hereunto set my
15	hand and seal, this the 14th day of October, 2022.
16	
17	
18	
19	
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23	CYNTHIA HARRIS, RPR, CCR 1828
24	
25	MY COMMISSION EXPIRES: DECEMBER 10TH, 2025

	15.390 S.Y.
1	CERTIFICATE OF COURT REPORTER
2	I, CYNTHIA HARRIS, Court Reporter and Notary
3	Public, in and for the County of Scott, State of
4	Mississippi, do hereby certify:
5	That the foregoing pages contain a full,
6	true, and correct transcription of all the
7	proceedings taken by me at the time and place
8	heretofore stated;
9	That I am not kin or in anywise associated
10	with any of the parties to said cause of action or
11	their counsel, and that I am not financially
12	interested in the action.
13	IN WITNESS WHEREOF, I have hereunto set my
14	hand and seal, this the 14th day of October, 2022.
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18	OFMISS
19	D # 94820
20	CYNTHIA HARRIS Lemthia tarres
21	CYNTHIA HARRIS, RPR, CCR 1828
22	OTT COUN
23	
24	
25	MY COMMISSION EXPIRES: DECEMBER 10TH, 2025

# MISSISSIPPI BOARD OF NURSING MOTION #

I move that open MBON Meeting 1108

Members	Favor	Oppose	Abstain
Adams, T. J.			
Clanton, Janie			2-
Collins, Jan			
Culpepper, Sandra			
Cummins, Jeremy			
Gentry, Lacey			
Jackson, Shirley			
Johnson, Nancy			
King, Melissa			
Moore, Laura			
Owens, Michelle			
Shaw, Alton			
Stewart, Mary			

MOTION MADE BY

MOTION SECONDED BY

DATE

FAVOR

OPPOSE

ABSTAIN

MOTION PASSED

## MISSISSIPPI BOARD OF NURSING

nda Eus I move that <u>approve</u> 200 Menutes

Members	Favor	Oppose	Abstain
Adams, T. J.			
Clanton, Janie			B. ≏
Collins, Jan			
Culpepper, Sandra			
Cummins, Jeremy			
Gentry, Lacey			
Jackson, Shirley			
Johnson, Nancy			
King, Melissa			
Moore, Laura			
Owens, Michelle			
Shaw, Alton			
Stewart, Mary			

Sevency MOTION MADE BY ON SECONDED BY MO

DATE

FAVOR

OPPOSE

ABSTAIN

MOTION PASSED

MISSISSIPPI BOARD OF NURSING	MOTION #
I move that approve proposal	of the for Full time
Daug Track and Northeast	MS-Com College Spring
program.	

Members	Favor	Oppose	Abstain
Adams, T. J.			
Clanton, Janie			
Collins, Jan			
Culpepper, Sandra			
Cummins, Jeremy			
Gentry, Lacey			
Jackson, Shirley			
Johnson, Nancy		Ξ.	
King, Melissa			
Moore, Laura			6
Owens, Michelle			
Shaw, Alton			
Stewart, Mary			

Sandra MOTION MADE BY Jeremy MOTION SECONDED BY

DATE

FAVOR

OPPOSE

ABSTAIN

MOTION PASSED

MISSISSIPPI BO	ARD	OF NURSI	NG	MOTION	1#_5
I move that <u></u>	ne	Cliff	be	denied	pending
Silbmission	of	need			5

Members	Favor	Oppose	Abstain
Adams, T. J.			
Clanton, Janie			12 13
Collins, Jan	-		
Culpepper, Sandra			
Cummins, Jeremy			
Gentry, Lacey			
Jackson, Shirley			
Johnson, Nancy			
King, Melissa			
Moore, Laura			
Owens, Michelle			
Shaw, Alton			
Stewart, Mary			

MOTION MADE BY

MOTION SECONDED BY

DATE

FAVOR

OPPOSE

ABSTAIN

MOTION PASSED

MIS	SISSIPPI BOAR	RD OF N	URSING	57	MOTION #
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9	Approved of		larin	0	Jerenz Laure
t t	pproval of a		0		Screwg flaure
	Members	Favor	Oppose	Abstain	Alton
	Adams, T. J.				MOTION MADE BY
	Clanton, Janie				MOTION SECONDED BY
	Collins, Jan	0			DATE
	Culpepper, Sandra				FAVOR
	Cummins, Jeremy				OPPOSE
	Gentry, Lacey				ABSTAIN
	Jackson, Shirley				MOTION PASSED
	Johnson, Nancy				
	King, Melissa				MOTION FAILED
	Moore, Laura				
	Owens, Michelle	·			
	Shaw, Alton				
	Stewart, Mary				

## **MISSISSIPPI BOARD OF NURSING**

MOTION # <u>\</u>

I move that approve 2023 Hearing dates Panels B 1 MBON retreat Capital Pru R

Members	Favor	Oppose	Abstain
Adams, T. J.			
Clanton, Janie			
Collins, Jan			
Culpepper, Sandra	D		
Cummins, Jeremy			
Gentry, Lacey			0
Jackson, Shirley			
Johnson, Nancy			
King, Melissa			
Moore, Laura			
Owens, Michelle			
Shaw, Alton			
Stewart, Mary			

ION MADE BY 110

MOTION SECONDED BY

DATE

FAVOR

OPPOSE

ABSTAIN

MOTION PASSED

# MISSISSIPPI BOARD OF NURSING MOTION # 12

I move that approve accept Complicanc Committee

Vecommundation

Members	Favor	Oppose	Abstain
Adams, T. J.			
Clanton, Janie			о (4)
Collins, Jan			
Culpepper, Sandra			
Cummins, Jeremy			
Gentry, Lacey			
Jackson, Shirley			
Johnson, Nancy			
King, Melissa			
Moore, Laura			
Owens, Michelle			
Shaw, Alton			
Stewart, Mary			

Sandre MOTION MADE BY

MOTION SECONDED BY

DATE

FAVOR

OPPOSE

ABSTAIN

MOTION PASSED

## MISSISSIPPI BOARD OF NURSING

MOTION # \_\_

I move that administrative Cade changes (see attached

Members	Favor	Oppose	Abstain
Adams, T. J.			
Clanton, Janie			
Collins, Jan			
Culpepper, Sandra			
Cummins, Jeremy			
Gentry, Lacey			
Jackson, Shirley			
Johnson, Nancy			
King, Melissa			
Moore, Laura			
Owens, Michelle			
Shaw, Alton			
Stewart, Mary			

Sandvar MOTION MADE BY

MOTION SECONDED BY

DATE

FAVOR

OPPOSE

ABSTAIN

MOTION PASSED

# Mississippi

# Board of Nursing

713 S. Pear Orchard Rd., Plaza II, Suite 300, Ridgeland, MS 39157

### MEMORANDUM

TO:Administrative Code CommitteeFROM:Deanne SaltzmanDATE:October 7, 2022

- **Rule 2825, Chapter 2.** Repeal of Pre-Determination Regulations enacted in response to Fresh Start Act. These were adopted by OLRC resolution on September 16, 2021. Fresh Start Act is inapplicable to the MSBN. See AGO Opn. 2020-00029 (Jan. 30, 2020).
- Rule 2826 [MnVP]. This filing had expired on 7/22/21. Before refiling the rules, legal removed the abstinence provisions in response to the April 2022 report from the Justice Department announcing that OUD is a disability and alternative-to-discipline programs cannot discriminate against those taking opioids while in recovery and also correct some grammar issues. These TEMPORARY rules were re-filed on 08/19/22 and will expire in 120 days (unless renewed for another 90 days). These rules need to be properly promulgated though the Secretary of State and OLRC. (Attached)
- Rule 2840, Chapter 1, Rule 1.3 [Monitored practice hours]. These rules were temporarily suspended on 03/08/22 and were expired. On 08/23/22, I filed the temporary suspension of Rule 1.3 again with the Secretary of State's office. The suspension will be in effect for a period of 120 days. The Board will need to address what it wants the requirements to be for monitored practice hours and promulgate properly through the SOS/OLRC process.
- Rule 2840, Chapter 1, Rule 1.5 [Prescribing Controlled Substances and Medications by APRNs]. Language was edited related to (4) benzodiazepines and (5) opioids to mirror language of Board of Medical Licensure requirements. (Attached).
- Part 2840, Chapter 2 [Cannabis Certification]. Filed for final action with Secretary of State on 09/14/2022. These rules will become effective October 15, 2022. \*Please note that adding the Cannabis section as Chapter 2 moved Clinical Nurse Specialists to Chapter 3.
- **Part 2840, Chapter 3 [RNFA].** RNFA is to be moved to Part 2830 Chapter 3 so that it falls under the RN section of the Regulations.
- Telehealth, Alternate Models of Care, Hydration Therapy, Diet/Weight Loss Drugs and Monitored Practice Hours to be addressed by Admin Code Committee and drafts prepared for consideration by Board at December 2022 meeting.

Phone 601-957-6300 | Fax 601-957-6301 | www.msbn.ms.gov

MISSI	SSIPPI BOAR				MOTION # <u>14</u>		
l move	I move that <u>Closed</u> Session						
(15)		sibn	for l	Cutive	pay		
6 R	otion to aire Ex	dir	, salo	uy.	(gereinig)		
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Ad	lams, T. J.				NOTION MADE BY		
Cl	anton, Janie				MOTION SECONDED BY		
Co	ollins, Jan				DATE		
Cu	Ilpepper, Sandra				FAVOR		
Cu	ummins, Jeremy				OPPOSE		
Ge	entry, Lacey	6			ABSTAIN		
Ja	ckson, Shirley	-			MOTION PASSED		
Jo	hnson, Nancy						
Ki	ng, Melissa				MOTION FAILED		
Мо	oore, Laura						
Ov	vens, Michelle						
Sh	aw, Alton						
Ste	ewart, Mary						

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Jan alton

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## THE MISSISSIPPI BOARD OF NURSING BUSINESS MEETING

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OCTOBER 7, 2022

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#### PROCEEDINGS

taken on Friday, October 7, 2022, commencing at approximately 11:07 A.M. at the Mississippi Board of Nursing 713 South Pear Orchard Road Plaza II, Suite 300 Ridgeland, Mississippi

REPORTED BY: CYNTHIA HARRIS, RPR, CCR, #1828 SOUTHERN STENO REPORTERS 3541 Highway 13 South Morton, MS 39117 (601) 507-0849

### 10-7-22 BUSINESS MEETING

		Page 2		Page 4
1	APPEARANCES		1	PROCEEDINGS
2 3	BOARD MEMBERS IN ATTENDANCE IN P	FDSON.	2	* * *
4	T.J. ADAMS, RN, BSN, MSHA (PRESI		3	MR. ADAMS: Good morning, everyone.
	SANDRA CULPEPPER, LPN (VICE PRES	,	4	welcome to the Board of Nursing business meeting.
5	JEREMY L. CUMMINS, LPN, LNHA (TR	EASURER)	5	Ms. Shirley, if you would, would you mind
6	JANIE CLANTON, RN (SECRETARY) MARY STEWART, PhD, RN		6	opening us up in a word of prayer.
0	NANCY NORRIS-JOHNSON, LPN, II, C	PT	7	MS. JACKSON: My pleasure.
7	ALTON SHAW, MSN, FNP-C		8	(Prayer.)
8	LAURA MOORE, MSN, NP-C		9	MR. ADAMS: Thank you. All right. At
0	LACEY T. GENTRY, MSN, RN SHIRLEY JACKSON, LPN		10	this time, I would like to declare we do have a
9	JAN COLLINS, CONSUMER		11	quorum. Ms. Phyllis, you confirm that.
10			12	And would like to get approval for the
11 12	BOARD MEMBERS IN ATTENDANCE VIA MELISSA KING, DNP, FNP-C	ZOOM:	13	agenda.
13	MELION RING, DAI, INI C		14	MR. CUMMINS: Make a motion we approve
14	ALSO PRESENT:		15 16	the agenda.
15	EDWARD WIGGINS, JR., ESQUIRE	- <b>7</b> - <b>7</b>	17	MR. ADAMS: Motion by Mr. Jeremy. MS. COLLINS: I'll second.
16	SPECIAL ASSISTANT ATTORNEY GENER	AL	18	MR. ADAMS: Second by Ms. Jan.
17			19	All in favor?
18			20	BOARD MEMBERS: Aye.
19 20			20	MR. ADAMS: All right. Open forum: I
21			22	don't see Trey. Do we know if Trey's coming?
22			23	DR. JOHNSON: He's on his way. He sent
23 24			24	me a text. He is en route.
25			25	MR. ADAMS: Okay. Do we have others
		Page 3		Page 5
1	TABLE OF CONTENTS	Page 3	1	Page 5 from the community that we have on the agenda this
2		PAGE	2	from the community that we have on the agenda this morning or that would like to speak?
2 3	Title Page	PAGE 1	2 3	from the community that we have on the agenda this morning or that would like to speak? MS. MALONE: Hi, this is Teresa Malone.
2 3 4	Title Page Appearances	PAGE 1 2	2 3 4	from the community that we have on the agenda this morning or that would like to speak? MS. MALONE: Hi, this is Teresa Malone. Can you hear me okay?
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	Desc. (	1	De se
	Page 6		Page 8
1	everyone of. Our RN and APRN day at the Capitol is	1	Good morning, everybody. I wanted to talk
2	scheduled for January the 25th. And our Legislative	2	about a few things. As y'all know, it's October.
3	Nursing Summit, which will be held at the Jackson	3	The first week of January session starts, so it will
4	Convention complex, is scheduled for February the	4	be here sooner rather than later.
5	28th. That is, of course, barring any unforeseen	5	But I wanted to mention something that's
6	circumstances with COVID. Hopefully, that will not	6	become really, I think, important for the Board of
7	spike, and we will be able to get back on a regular	7	Nursing and that's our Capitol Day at the Capitol
8	schedule with those events.	8	that a few years ago Shan and certainly Dr. Johnson
9	I also want to thank all of the nurses for	9	had talked about let's do that and have a presence
10	attending some of our recent events in Meridian as	10	there, let the board members have an opportunity to
11	well as in Cleveland, Mississippi. We are working	11	interact with our legislators. And I think,
12	to provide additional information to nurses relative	12	Phyllis, it's been productive, and it's been good,
13	to fentanyl as well as the social media issues that	13	and I strongly encourage all the board members to
14	we're facing right now.	14	come. The date that it's scheduled for is January
15	And I also want to publicly thank Colonel	15	the 11th. That's on a Wednesday, if I recall
16	Steven Maxwell, who is with the Mississippi Bureau	16	correctly. We have scheduled space on the Rotunda
17	of Narcotics, for their support in helping us do	17	on the first floor of the Capitol from 1:30 to 4:30.
18	that.	18	And this is a really good time in the
19	I know that we've talked in the past about	19	session, I think, for us to have this. It also
20	some of the issues that nurses are facing both at	20	coincides, I think, with a scheduled board retreat
21	work and what is happening, in general, in the	21	that week, so I think it makes it easier.
22	public right now relative to violence.	22	Hopefully, some of you from out of town will already
23	At the convention on Tuesday afternoon, we	23	be in town, so that may make it a little easier to
24	will have a personal safety threat assessment and	24	attend. But I do strongly urge you to come if you
25	preparedness presentation. It is a four-hour	25	can.
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1	Page 7 workshop. It will be presented by Colonel Maxwell	1	Page 9 It's a great time - Jan, you know from
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- 23I had to look around. Y'all changed board seats on23make you aware of that.24me a little bit. It looks like we've had a little24We've also got a
  - 24 We've also got an issue that Dr. Johnson, I 25 know and probably Shan and others have talked about,

25 shuffling around.

and I think you reached out for their input on this 1 2 idea of the reconstitution or re-composition of the 3 board, which is obviously a very important issue for 4 us and for you. And I know Dr. Johnson has been on 5 top of it, and I have communicated directly with Senator Blackwell. 6 7 I couldn't have asked for a more cordial, professional discussion. I think his goal is he 8 9 just wants to make sure that kind of all 10 associations have adequate or some representation on the board. I don't think there's an ulterior motive 11 or anything like that. He said he wanted our input. 12 13 He did not want to push anything that he believed the board, obviously, would be opposed to or have a 14 problem with. So I was happy to hear him express 15 that to us. So that's something, as you might 16 imagine, we're going to stay real, real close on 17 18 that, watching that, and keeping you informed about 19 it. 20 But, you know, he is planning on introducing a bill for that purpose, and hopefully all the 21 22 stakeholders and associations, along, of course, with this board, we can all work together to come up 23 24 with something that everybody's comfortable with. 2.5 So that's our goal. That is an important issue, and

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1 certainly I know y'all have received information on 2 it, but it merited being talked about here and З mentioned. 4 The last thing, I'll say briefly, medical marijuana -- I don't know if you've seen in just the 5 6 last couple of days, there's been some issues about 7 some growers and cultivators complaining about the others aren't following the rules. I'm not passing 8 judgment; I have no idea. But I'm already seeing 9 10 some back and forth with some of the -- and some of 11 that is just competition. Some of it there may be a 12 basis. I don't know. But I say this mainly for our 13 purposes. This probably more so ensures that there 14 will be some type of bill to do some clean-up work. 15 Now, I've talked to Representative Yancey and Senator Blackwell; they've been the leads. They 16 17 don't really want to do any major overhauls this 18 session; I can understand it. They want to give the 19 bill some time to be in effect, but they can see, 20 Phyllis, that there may be some of these issues that 21 they have to deal with in this upcoming session. 22 So I guess I say that, one, to inform you; 23 two, if you guys come across as practitioners and 24 you -- you know, you're in clinical settings: 25 hospital and otherwise. If you hear something on

the practitioner's side that appears to be -- not 1 2 just a little concern, but something that's a 3 problem, please let me know, Dr. Johnson, Shan, so 4 that we can express those to the chairman. If there 5 is a bill, that may be something we can get addressed in that legislation, if there's an issue. 6 7 It may not be anything, hopefully not, but I just want to make you aware of that. So we will have 8 9 that opportunity. Any questions from anybody? Mayor Shaw, you 10 11 just had that look like you wanted to ask something. Did y'all notice I called him "Mayor"? I guess, 12 13 Board Member Shaw. 14 If not, I will conclude my portion. 15 Thank you very much. I appreciate it. MR. ADAMS: Thank you, Trey. All right. 16 17 Moving on. Office of Nursing Workforce - Dr. Burks. 18 DR. BURKS: Good morning, everyone. 19 BOARD MEMBERS: Good morning. 20 DR. BURKS: Mr. Chair, I have some items 21 to bring before the board today. 22 One is from Holmes Community College, their 23 Grenada campus practical nursing program. They 24 submitted a proposal request to add a full-time day 25 track cohort to their existing program on the

#### Page 13

1	Grenada campus.
2	Currently, they only admit students in the
3	fall, and with this they are proposing to use option
4	3 of the community college curriculum, which they
5	currently use for their fall start. Their tentative
6	date is January 2023. And one of the reasons they
7	are looking at or requesting to add is because in
8	the fall of 2021, they received a total of 650
9	applications, and out of that 650, they only
10	admitted 30 students.
11	And as you can see, in the past their board
12	scores have been above the national average and also
13	looking at their students, once they graduate, enter
14	in the workforce. They provide data of the number
15	of students that graduated, and the number of those
16	that are employed in nursing within the state of
17	Mississippi.
18	My recommendation is that Holmes Community
19	College practical nursing program be given
20	permission to add a full-time day track to their
21	existing program on the Grenada campus starting the
22	spring of 2023 and that they also be required to
23	track that program outcomes and include the data in
24	the annual report, which is submitted each year in
25	October.

	Page 14	Page 16
1	The second is from Northeast Mississippi	1 They supplied the number of nurses that are in that
2	Community College practical nursing program. They	2 area, but we need information on the vacancies, in
3	also submitted a proposal to add a day option to	3 terms of their feasibility and need, supply and
4	their existing program for a spring start.	4 demand in that particular area, and letters from
5	Currently, they admit 24 students in the	5 their healthcare partners, which can include their
6	fall only. Their tentative plan is January 2023.	6 vacancies that they have.
7	And their rationale is Northeast, they offer an	7 The information they submitted in terms of
8	advanced placement, and this is for students who	8 data was from Mississippi Community College Board in
9	have been unsuccessful in their ADN program. They	9 2018, and there has been updated information in
10	allow those students to come in if they have	10 terms of the workforce since that time that was
11	completed a certain component of that program, and	11 submitted in 2021 and 2020.
12	they enter the practical nursing program.	12 Also, their certificate of registration and
13	And since 2019, they've actually had 58	13 their agent's permit, which is required by the
14	students who've entered this program, and it's based	14 Office of Proprietary School was not included, and
15	upon space.	15 there was no proof of unencumbered accreditation by
16	Also, the additional option would allow	16 an accrediting agency recognized by the United
17	their practical nursing students who have been	17 States Department of Education. That was not
18	unsuccessful in the fall to return in the spring	18 included as well.
19	without there being a gap or delay in their	19 And the recommendation is based upon the
20	admission to the program.	20 documentation not included that they be denied
21	And as you can see, their ADN data they	21 approval at this time, but be given the opportunity
22	did supply that data to support that since 2019,	22 to revise and resubmit that information for review.
23	they've only had four students to transfer to that	23 Additional updates, and this is just FYI for
24	program that has been unsuccessful, and their board	24 the board.
25	placement rate on those advanced-placed students is	25 Kaho Healthcare, they received permission to
	Page 15	Page 17
1	Page 15 97 percent.	Page 17 1 teach the stand-alone IV therapy course in April of
1 2	-	
	97 percent.	1 teach the stand-alone IV therapy course in April of
2 3 4	97 percent. Also, the fall of 2021, they submitted data to show that they had 125 applications and out of that 125 applications, they could only admit 24	1 teach the stand-alone IV therapy course in April of 2 '22, and they have now added Dr. Brenda Collins to 3 their team as their new IV therapy coordinator. 4 The practical nursing curriculum revisions,
2 3 4 5	97 percent. Also, the fall of 2021, they submitted data to show that they had 125 applications and out of that 125 applications, they could only admit 24 students.	1 teach the stand-alone IV therapy course in April of 2 '22, and they have now added Dr. Brenda Collins to 3 their team as their new IV therapy coordinator. 4 The practical nursing curriculum revisions, 5 it is tentatively scheduled to start January 2023,
2 3 4 5 6	97 percent. Also, the fall of 2021, they submitted data to show that they had 125 applications and out of that 125 applications, they could only admit 24 students. And you can also see that their board scores	<pre>1 teach the stand-alone IV therapy course in April of 2 '22, and they have now added Dr. Brenda Collins to 3 their team as their new IV therapy coordinator. 4 The practical nursing curriculum revisions, 5 it is tentatively scheduled to start January 2023, 6 and the plan is for it to coincide with the rollout</pre>
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2 3 4 5 6 7 8	97 percent. Also, the fall of 2021, they submitted data to show that they had 125 applications and out of that 125 applications, they could only admit 24 students. And you can also see that their board scores are way above the national average for the year 2020 and 2021.	1 teach the stand-alone IV therapy course in April of 2 '22, and they have now added Dr. Brenda Collins to 3 their team as their new IV therapy coordinator. 4 The practical nursing curriculum revisions, 5 it is tentatively scheduled to start January 2023, 6 and the plan is for it to coincide with the rollout 7 of the new PN test plan. And as you know, the 8 curriculum component lies with the Community College
2 3 4 5 6 7 8 9	97 percent. Also, the fall of 2021, they submitted data to show that they had 125 applications and out of that 125 applications, they could only admit 24 students. And you can also see that their board scores are way above the national average for the year 2020 and 2021. The recommendation is that Northeast	1 teach the stand-alone IV therapy course in April of '22, and they have now added Dr. Brenda Collins to 3 their team as their new IV therapy coordinator. 4 The practical nursing curriculum revisions, 5 it is tentatively scheduled to start January 2023, 6 and the plan is for it to coincide with the rollout 7 of the new PN test plan. And as you know, the 8 curriculum component lies with the Community College 9 Board, so we are working with them to make sure that
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	Page 18		Page 20
1	let's bring these for approval for the first two.	1	standard, they're required to have a bachelor's
2	It looks like the addition just to recap, Holmes	2	degree.
3	Community College recommend for a PN program be	3	DR. STEWART: So no formal training or
4	given permission to add on full-time day track, and	4	learning. I shouldn't say the word "training," but
5	then also Northeast Mississippi Community College	5	formal learning in educational principles?
6	for an additional PN program.	6	DR. BURKS: Correct.
7	I would like to bring those two for a	7	DR. STEWART: It's an on-the-job.
8	motion.	8	DR. BURKS: Because with LPNs,
9	MS. CULPEPPER: I will make the motion.	9	traditionally, it is that bedside nurse. So they're
10	MR. CUMMINS: Second.	10	looking for those individuals who have had a
11	MR. ADAMS: Motion and a second. All in	11	plethora of experience at the bedside to come in and
12	favor?	12	train these practical nursing students to go out and
13	DR. STEWART: Are we going to have a	13	be LPNs.
14	discussion?	14	DR. STEWART: And so they don't see that
15	MR. ADAMS: Yes.	15	as a they don't see this is going to be an issue
16	DR. STEWART: This is the time; correct?	16	in terms of I know they can't predict the future,
17	MR. ADAMS: Uh-huh.	17	but in terms of sustainability, bringing in retired
18	DR. STEWART: Okay. So thank you.	18	faculty and so forth? So I'm thinking five years,
19	So the two proposals for the PN programs,	19	ten years.
20	what data do we have about faculty availability to	20	DR. BURKS: Their retired faculty is
21	teach these programs?	21	actually some of their retired faculty have been
22	DR. BURKS: Both submitted information.	22	there several years. Because when they retired,
23	I did not include it here. But Holmes, one of the	23	they came back as adjunct.
24	things that they have done with their program, they	24	DR. STEWART: Right.
25	have some retired faculty that have come on board to	25	DR. BURKS: Many people because
	Page 19		Page 21
1	assist them with teaching as additional faculty.	1	practical nursing is a different world. The way
2	This fall they did hire some adjunct. They	2	their schedules are set up, with them requiring
3	placed them in the realm of being adjunct at this	3	those 990 hours, is that that program is one year.
4	moment, and those individuals will transition to	4	They're in class typically from 8:00 o'clock in the
-		-	

full time. 5

The same thing with Northeast. Northeast 6 7 has hired two additional adjunct instructors, and 8 they hired a full-time instructor. And so with 9 that, they have those individuals in place, and they're doing training, which is a little bit 10 11 different. Because oftentimes in nursing education, 12 they don't have that leeway or opportunity to train 13 them prior to. So they're bringing them in, in 14 those adjunct positions to get them acclimated so 15 that when the class starts, they will be familiar 16 with the process and their roles and 17 responsibilities. 18 DR. STEWART: So what are the -- and 19 this is my ignorance. What are the requirements for 20 faculty in LPN programs?

21 DR. BURKS: For a faculty in LPN 22 programs, five years of experience. They can be a 23 registered nurse. They do not have to have a

- 24 master's degree. It is the option of that program,
- 25 if they want them to have a master's, but the

16 And then clinicals, many of them also enjoy 17 that clinical component. They want to be there with

19 That also -- having those retired 20 individuals there, it is so difficult, as you all know, in education to find good mentors. They serve 21 22 as excellent mentors for those new faculty members. 23 DR. STEWART: Absolutely. I mean, I 24 don't have any arguments about that, and I certainly 25 support LPN education. I just think as a board

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## 5 morning until 4:00 o'clock that afternoon. They do 6 not have time where they can go to the office, and 7 many of them, they have teaching teams. And with 8 teaching teams, if it's two or three people, 9 everyone is in the classroom at the same time. So those who retire, they love education; it's in their 10 11 blood. They don't want to give it up, but it does 12 not conform them to that schedule of being there 13 every day from 8:00 to 5:00. It gives them that 14 option of being there maybe 8:00 to 12:00, 1:00 to 15 5:00. 18 them at the bedside.

<ol> <li>area using a grant of a constraint apply. In the area around becomberson and hopen programs, and hopen programs,</li></ol>		Page 22		Page 24
<ul> <li>a wa name to really multitude in the significant is the second of the second</li></ul>	1	where we're responsible for the overall supply, in	1	least around baccalaureate and higher programs,
<ul> <li>a sometimes I think if "a we admit we admit - and "i magneting to rousing in general. We admit - and ' may programs and faculty that sometime is a math and the set of the sometime is a faculty that sometime is a sometime</li></ul>	2	essence, through our oversight of the schools that	2	these numbers are reported by the institutions, but
<ul> <li>f is spaining for mursing in general, ke admit and a structure of acceptor the ione reactions and reacting that area the second programs area the second programs area the second programs area the second programs.</li> <li>a there such a dotter the programs have the second programs area the second programs.</li> <li>b there second programs area the second programs have the second programs.</li> <li>b there second programs area the second programs area the second programs.</li> <li>c there second programs area the second programs area the second programs.</li> <li>c there second programs area the second programs area the second programs.</li> <li>c there second programs area the second programs area the second programs.</li> <li>c there second programs area the second programs area the second programs.</li> <li>c there second programs area the second programs area the second programs.</li> <li>c there second programs area the second programs area the second programs.</li> <li>c there second programs area the second programs area the second program.</li> <li>c these two schools, seem of the there, the way set the second the programs area the second program.</li> <li>c there students, see of the second programs area the second program.</li> <li>c there students, see of the second programs area the second program.</li> <li>c there students area programs area the second program.</li> <li>d there students, see of the second programs area the second program.</li> <li>c the second programs area the second program area the second program.</li> <li>d the second programs area the second program area the second program.</li> <li>d the second programs area the second program area the second program.</li> <li>d the second programs area the second program area the</li></ul>	3	we need to really maintain the big picture. Because	3	there's really not any accountability or process to
<ul> <li>a data, and then the demand ques down, and then we have programs and family that aren't measure like if a number wat 11's like, the we had 12 dapilications or a we had 1 - 1 dar't member what like is anot of the summary of</li></ul>	4	sometimes I think it's we admit; we admit - and	4	say these are the same applicants applying at two
<ul> <li>have programs and faculty that area't necessarily</li></ul>	5	I'm speaking for nursing in general. We admit and	5	different institutions. And so where we see the
<ul> <li>a they den't have we de not have sustainability</li> <li>b they den't have we de not have sustainability</li> <li>c plane over the loop term. So that's one of the</li> <li>c provide information because</li> <li>i The other question is about clinical sites.</li> <li>i The other question is about clinical sites.</li> <li>i there question is about clinical sites.</li> <li>i there applications.</li> <li>i there applicat</li></ul>	6	admit, and then the demand goes down, and then we	6	number and it's like, oh, we had 125 applications or
<ul> <li>9 plans over the long term. So that's one of the question.</li> <li>9 provide question.</li> <li>10 The other question is about clinical sites.</li> <li>11 And, again, 1" nucleating for information because</li> <li>12 Anow that there are listed clinical sites.</li> <li>13 I know that there are listed clinical sites.</li> <li>14 So 1 just think one that having an opportunity to provide input? If a just thinking if there are loot of a state and where approxing additional sites. (know that is where these students are located.</li> <li>15 The and where approxing additional sites. (know the state is where these students are located.</li> <li>16 the angle.</li> <li>17 Do they also have to have oupport on tave outport functions in their state of the time, the way the handle their clinical sites. (know the state. So when they're is in the same area.</li> <li>16 the state.</li> <li>17 De K. WIMS: Mat of the time, the way the state. If they are there be apport functions.</li> <li>18 These two schools, nome of this came from their</li> <li>19 these two schools, nome of this came from their</li> <li>20 clinical partners. If they are these students are located.</li> <li>21 these two schools, nome of this came from their</li> <li>22 clinical partners. If they are these students are located.</li> <li>23 methed up with the nurses. Those instructors</li> <li>24 are matched up with the nurses. Those instructors</li> <li>25 a barefit because the they going to a</li> <li>26 most part. Now, that clinical instructor is going to have that fails function of the state.</li> <li>27 most part. Now, that clinical instructor is going to have that fails function of the state.</li> <li>28 most part. Now, that clinical instructor is going to have that fails function of the state.</li> <li>29 most part. Now, that clinical instructor is going to have that fails function of the state.</li> <li>29 most part. Now, that clinical instructor is going to have that fails function fails at a state instruction is a student.</li> <li>20 most p</li></ul>	7	have programs and faculty that aren't necessarily	7	we had - I don't remember what this number was - 650
<ul> <li>10 questions.</li> <li>11 The other question is about clinical sites.</li> <li>12 And, again, I'm yout saking for information beases are limited clinical sites.</li> <li>13 I'k now that there are limited clinical sites.</li> <li>14 preceptora, rotations for RN and higher placements,</li> <li>15 so - and I'm are they have to speak to that in</li> <li>16 their application.</li> <li>17 Do they also have to have support or have</li> <li>18 other schools around them having an opportunity to</li> <li>19 provide input? I'm yust thisking if there are 100</li> <li>10 clinical sites and we're approving additional sites, how is</li> <li>21 that handled?</li> <li>22 that handled?</li> <li>23 DK. RUKES: Nost of the time, the way</li> <li>24 they handle their clinical sites is, they'll look</li> <li>27 and they area ther to support</li> <li>28 and they area (for grang out with their particular area. And for</li> <li>29 Page 23</li> <li>1 these two schools, some of this came from their</li> <li>20 for idal partners. If they are there to support</li> <li>21 these facilities are open for clinicals. One thing</li> <li>22 matched up with the surges. Those instructors</li> <li>23 area. If yus have their facilities area of an exclusions</li> <li>24 there? And then where are they getting that information.</li> <li>25 and then where are they getting that is the they for indical in area.</li> <li>26 and the clinical granges from that school</li> <li>27 meat part. New, that clinical instructor is guing</li> <li>28 theres.</li> <li>29 DR. STEMMEN; Ch. right. I remember.</li> <li>20 DR. STEMMEN; Ch. right. I remember.</li> <li>21 is freem tabcalional experience. But in thems of</li> <li>22 informational experience. But in thems of</li> <li>23 of the state.</li> <li>24 inferent ducational seprience. But in terms of</li> <li>25 and then the only other question that is modeful way for the</li> <li>25 and then the only other question that is modeful way for the</li> <li>26 inferent ducational experience. But in terms of</li> <li>27</li></ul>	8	they don't have we do not have sustainability	8	applications, there is some redundancy most likely.
11The other question is about clinical sites.12And, again, Tm just asking for information because13i know that there are linited clinical sites.14preceptors, rotations far KN and higher placements,15so - and T'm sure they have to apeak to that in16their application.17Do they also have to have support or nave18other schools around then having an opportunity to19provide input? Tm just thinking if there are 10020clinical sites and other iNM programs have those21thet handled?23DB. SDERS: Nost of the time, the way24they handle their clinical sites is, they'll look25and they stay within their particular area. And for26clinical partners. If they are there to support21these too schools, score of clinical. One thing2they partners. If they are there too support3tas and they provide letters of support indication4those facilities are open for clinical. One thing4those facilities are open for clinical. One thing5seconsponsible for guing out with the marses.6De. STERNET: ON, yeah, they're7are atched up with the narses. Those instructors8are atched up with the narses. Those instructors9be strees.10DR. STERNET: ON, web, they're11they stree there sudents with. They key net12DR. STERNET: ON, right. I remember.13tas and, basin, they key net14 <th>9</th> <th>plans over the long term. So that's one of the</th> <th>9</th> <th>It's not like we had 785 students that were turned</th>	9	plans over the long term. So that's one of the	9	It's not like we had 785 students that were turned
<ul> <li>And, again, i's just asking for information because</li> <li>i know that there are limited clinical sites.</li> <li>i know that there are limited clinical sites.</li> <li>is and i's mure they have to apeak to that in</li> <li>ib creating of the schools around them having an opportunity to</li> <li>o ther schools around them having an opportunity to</li> <li>o ther schools around them having an opportunity to</li> <li>o ther schools around them having an opportunity to</li> <li>o ther schools around them having an opportunity to</li> <li>o ther schools around them having an opportunity to</li> <li>o ther schools around them having an opportunity to</li> <li>c and they are approving additional sites, how is</li> <li>t they handle their clinical sites is, they'll look</li> <li>a dite and they ray within their particular ares. And for</li> <li>t these two schools, some of this came from their</li> <li>c clinical partners. If they are threes to support</li> <li>t these two schools, some of this came from their</li> <li>c clinical partners. If they are threes to support</li> <li>with the practical nursing programs oftentims, they</li> <li>d on't do a lot op recepting where these students</li> <li>a sensible for going out with them. So that is</li> <li>a sensible for going out with them. So that is</li> <li>a sensible for going out with them. So that is</li> <li>a sensible for going out with them. So that is</li> <li>a sensible for going out with them. So that is</li> <li>a sensible for going out with them. So that is</li> <li>a sensible for going out with them. So that is</li> <li>a sensible for going out with them. So that is</li> <li>a sensible for going out with them. So that is</li> <li>a sensible for find 30 nurses that are in the workforce</li> <li>to pair these students with newly the most is that need is a clually applied to your</li> <li>a set subtation is apport information.</li> <li>a set subtation is apport information.</li> <li>a set subtation is aprote studento from that schonly</li> <li>the</li></ul>	10	questions.	10	away.
<ul> <li>13 I now that there are limited clinical sites,</li> <li>14 preceptors, rotations for N and higher placements,</li> <li>15 so - and I's ure they have to speak to that in</li> <li>16 their application.</li> <li>17 Do they also have to have support of have</li> <li>18 obright of the schools around them having and opportunity to</li> <li>19 provide input? 1's just thinking if there are 100</li> <li>20 clinical sites and other LBN programs have those</li> <li>21 DR. BURST: Most of the time, the way</li> <li>22 that handle of?</li> <li>23 DR. BURST: Not of the time, the way</li> <li>24 they handle their clinical sites is, they'll look</li> <li>25 and they stay within their particular area. And for</li> <li>26 these two schools, some of this came from their</li> <li>27 these two schools, some of this came from their</li> <li>28 clinical partners. If they are there to support</li> <li>29 the provide letters of support indicating</li> <li>20 and they provide to set stores</li> <li>21 these two schools, some of this came from their</li> <li>21 clinical partners. If they are there to support</li> <li>22 that handle the indiver programs of the times, they</li> <li>23 a Bength the procepting where those students</li> <li>24 chore facilities are open for clinicals. One thing</li> <li>25 a bength to sogging out with them tress. Those instructors</li> <li>26 are are seponsible tor going out with them structors</li> <li>27 Beng NSS I'- facility, they're not</li> <li>28 Austing to find 30 nurses that are in the wavefore</li> <li>29 Beng NSS I'- facility, they're not</li> <li>20 Ben Strukart: Oh, yight. I remember.</li> <li>21 for protein labor. I mean, it's hard wort taking that</li> <li>21 Beng TABART: Oh, right. I remember.</li> <li>22 Far and gain, T''s coning at this from a</li> <li>23 And then the niny other question that from a</li> <li>24 different educational experience. But in terms of</li> <li>25 And then the niny the most taking that</li> <li>26 And the meany the gradit for a stato from that from a</li> <li></li></ul>	11	The other question is about clinical sites.	11	DR. BURKS: No. Because students apply
<ul> <li>preceptors, rotations for NN and higher placements, is or - and I'm sure they have to apeak to that in the factor of the sequence of</li></ul>	12	And, again, I'm just asking for information because	12	for multiple programs.
<ul> <li>so and I'm sure they have to speak to that in</li> <li>their application.</li> <li>Do they also have to have support or have</li> <li>other schools around them having an opportunity to</li> <li>provide input? I'm just thinking if there are 100</li> <li>clinical sites and tother INP programs have those</li> <li>at they standles?</li> <li>DR. SURKS: Most of the time, the way</li> <li>they handle their clinical sites is, they'll look</li> <li>and they stay within their particular area. And for</li> <li>Drage 23</li> <li>These two schools, some of this came from their</li> <li>clinical partners. If they are there to support</li> <li>these two schools, some of this came from their</li> <li>clinical partners. If they are there to support</li> <li>these facilities are open for clinicals. One thing</li> <li>these facilities are open for clinicals. One thing</li> <li>a benefit because whet hey're opting dare.</li> <li>DR. SURKS:</li></ul>	13	I know that there are limited clinical sites,	13	DR. STEWART: They applied for multiple.
<ul> <li>their application.</li> <li>To they also have to have support or have</li> <li>other schools around them having an opportunity to</li> <li>clinical sites and other LN programs have those</li> <li>clinical sites is due their clinical sites, how is</li> <li>they handle their clinical sites is, they'll look</li> <li>and they stay within their particular area. And for</li> <li>clinical partners. If they are there to support</li> <li>them and they provide letters of support indicating</li> <li>then particul ursing programs oftentimes, they</li> <li>s extinct the practical nursing programs oftentimes, they</li> <li>a benefit because when they're going to a</li> <li>R. SURNAS: facility, they're not</li> <li>a benefit because when they're going to a</li> <li>R. SURNAS: facility, they're not</li> <li>a baring to find 30 nurses that are in the workforce</li> <li>they these these thory of, a maximu of 10 for the</li> <li>many students.</li> <li>R. SURNAS: facility, they're not</li> <li>frist free labor. I mean, it's hard work taking that</li> <li>many students.</li> <li>And then the only other question that I have</li> <li>ther and, sgint, ''n coming at the formation is oping to increase or ask for</li> <li>a change of the only other question that I have</li> <li>there are students who are in baccalaureate</li> <li>program, which is a wonderful way for the</li> <li>clinical group of, a maximu of 10 for the</li> <li>there are students who are in baccalaureate</li> <li>program, which is a wonderful way for the</li> <li>clinical space in the workprote<th>14</th><th>preceptors, rotations for RN and higher placements,</th><th>14</th><th>So I just think we need to keep that in check</th></li></ul>	14	preceptors, rotations for RN and higher placements,	14	So I just think we need to keep that in check
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<ul> <li>18 other schools around them having an opportunity to 19 provide input? I'm just thinking if there are 100 20 clinical sites and we're approving additional sites, how is 21 sites and we're approving additional sites, how is 22 that handled?</li> <li>23 DR. BURKS: Most of the time, the way 24 they handle their clinical sites is, they'll look 25 and they stay within their particular area. And for</li> <li>24 These two schools, some of this came from their 25 clinical partners. If they are there to support 26 these students are open for clinical, one their 27 clinical partners. If they are there to support 3 these store copen for clinical, some students 3 with the practical nursing programs oftentimes, they 3 drom't do a lot of precepting where those students 4 are matched up with the nurses. Those instructore 3 are matched up with the nurses. Those instructore 4 are responsible for going out with then. So that is 4 barefit because when they're going to a 10 DR. SUERRS: facility, they're 5 providing care.</li> <li>20 DR. SUERRS: facility, they're 5 drom that clinical instructors is going 5 with a clinical group of, a maximum of 10 for the 5 are part. Now, that clinical instructor is going 5 with a clinical group of, a maximum of 10 for the 5 are part. Now, that clinical instructor is going 5 to be there.</li> <li>30 DR. SUERRS: facility, they member from that school 5 with a clinical group of, a maximum of 10 for the 5 additional space, where is your student population?</li> <li>41 different because they are utilizing their ADN 5 program, which is a wonderful way for the 5 relationship because I think sometimes we forge 5 relationship because I think</li></ul>	16	their application.	16	support their case for bringing in more students and
<ul> <li>provide input? T'm just thinking if there are 100</li> <li>clinical sites and other LPM programs have those</li> <li>sites and we're approving additional sites, how is</li> <li>that handled?</li> <li>DR. SURKS: Most of the time, the way</li> <li>they handle their clinical sites is, they'll look</li> <li>and they stay within their particular area. And for</li> <li>Page 23</li> <li>these two schools, some of this came from their</li> <li>clinical partners. If they are there to support</li> <li>these two schools, some of this came from their</li> <li>clinical partners. If they are there to support</li> <li>these two schools, some of clinicals. One thing</li> <li>with the practical nursing programs oftentimes, they</li> <li>a benefit because when they're going to a</li> <li>DR. SURKRY: chey are in the workforce</li> <li>a being for find 30 nurses that are in the workforce</li> <li>they fair these students with. They know they're</li> <li>porviding care.</li> <li>DR. SURKRY: chey are in the workforce</li> <li>with a clinical group of, a maximu of 10 for the</li> <li>with a clinical group of, a maximu of 10 for the</li> <li>mat part. Now, that clinical instructor is going</li> <li>to be there.</li> <li>DR. SURKRY: chey are in the workforce</li> <li>with a clinical group of, a maximu of 10 for the</li> <li>mat part. Now, they fre, not</li> <li>there alaot. Thene, fit's hard work taking</li> <li>the clinical group of, a maximu of 10 for the</li> <li>may students.</li> <li>And then the only other question that I have</li> <li>a different educational experience. But in terms of</li> <li>a different educational experience. But in terms of</li> <li>a different educational experience. But in terms of</li> </ul>		Do they also have to have support or have	1	more tuition.
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	Page 26		Page 28
1	because sometimes it takes those students they	1 But	what is being done to address this
2	have to step back. It's not that they cannot do it,		ssue for the need of nursing to
3	but it's a different pathway of still getting to		more students at these schools? Is it
4	their goal.		e they don't have the space or they don't
5	And that's one thing I when I speak to	-	ucators or what is the problem? I guess
6	individuals all the time and I remind the faculty, I	6 I'm asking t	this to everybody.
7	always think about if a student has come into your	7 DR	. BURKS: There's a plethora. It's
8	program, first of all, they met your criteria. So	8 not just one	e particular thing. And with these two
9	if they met your criteria, that potential for them	9 schools, we	also have a space consideration.
10	to be successful is there. And if they're not, what	10 Because the	y cannot put all of these students in a
11	have you done? Have you engaged them? Everybody is	11 class. The	re has to be a specific amount of space,
12	not out of the program because of their grades.	12 square foota	age, per student. And so they encounter
13	They may have different things going on.	13 their class	rooms not being large enough because many
14	But then is there a different pathway for	14 of the schoo	ols, they're not new; the buildings are
15	them to still get to their goal of being a nurse.	15 old. So the	ey're limited to the number.
16	DR. STEWART: Right, getting the	16 And	that's like some places, there are
17	workforce. I understand.	17 each year th	hey may be able to take 100 students in
18	And you mentioned this, too. So the number		but because of the classroom size and
19	of applications is not necessarily the number of		ize, their numbers are much smaller.
20	eligible applicants.		if they do it in the spring because
21	DR. BURKS: These are eligible.		s is and the second thing most people
22 23	DR. STEWART: These are all eligible. That wasn't clear.		are they going to have two classes going
23	DR. BURKS: It's good to know how many		time? But for some, it's a little bit hey operate at different times because
24	actually apply. But how many are actually eligible		s' schedules change. And so on this
25	actually apply. But now many are actually eligible	is the student.	s schedures change. And so on chris
	Page 27		Page 29
1	for the program.	1 particular o	day, you may have a group in the
2	DR. STEWART: Would be accepted if there	2 classroom.	When these are in the clinicals, this
3	was space.	3 group is in	the lab. They can still share.
4	DR. BURKS: Because the eligibility is	4 MS	. COLLINS: It's better use of the
5	what's most important. A person can apply, and they	-	he instructors.
6	never because this happens. Completing an		. BURKS: Yes, ma'am.
7	application and meeting eligibility, there are two		. COLLINS: So this is more of a
8	different categories.		issue where the legislature Trey
9	DR. STEWART: True. Absolutely true.	-	to address that they increase the size of
10	Thank you. I appreciate your indulgence.		' actual facilities to accommodate more
11 12	MS. COLLINS: I have a question, too.	-	r nurses? Is that where we are? Am I e to hear this?
12	Okay. Dr. Burks, that was my first thought is: I always understood that there's such a shortage of		. ADAMS: I think as she stated,
14	nurse educators that that's a reason why we haven't		ot of issues there. If I'm not mistaken,
15	been able to accept more students in the schools -		vacancy in the instructor level. Is that
16	in the nursing schools. And so I'm glad you	-	is that number somebody help me if
17	addressed that.	17 I'm off the	
18	It seems like to me though in economic		. JOHNSON: And Dr. Temple is in the
19	development, all you hear is the number one need in		he may want to speak from IHL's
20	the workforce is for nurses. And for our schools	20 perspective	on anything dealing with faculty and RN
21	if each of these schools can only take 24 students -	21 programs.	
22	I don't know how many at UMC - if you add up for the	22 DR	. TEMPLE: We had 32 vacancies for ADN
23	whole state, that's not very many. And I know you	23 and baccala	ureate and higher degree programs
24	talk about having duplication between those that	24 reported in	the spring. The data for fall is just
25	apply that are eligible.	25 now coming :	in, and there are still a large number of
1			

	Page 30		Page 32
1	vacancies for nurse faculty, and that is limiting	1	consultant; that is Dr. Northington from UMMC. So
2	the number of students that they can admit into the	2	we are waiting to pull that information together
3	program. So it's not necessarily space. It is more	3	with a contract with her.
4	nurse faculty vacancies right now.	4	MR. ADAMS: We'll cover that, too, in
5	MS. COLLINS: Well, what can be done to	5	our executive committee report.
6	address that, in your opinion?	6	But going back, we do have a motion and a
7	DR. TEMPLE: Well, nursing faculty are	7	second on the table for approval of both Holmes'
8	leaving for various reasons. One of them is salary.	8	request and Northeast Mississippi Community College.
9	A lot of them are leaving to go into practice, and	9	All in favor?
10	so that is a legislative priority coming up is an	10	BOARD MEMBERS: Aye.
11	increase in nurse faculty salaries or salary	11	MR. ADAMS: Any opposed?
12	enhancements of some sort.	12	(No verbal response.)
13	MS. COLLINS: Is it an issue that we	13	MR. ADAMS: Dr. Burks' third
14	feel like the board maybe needs to be more vocal	14	recommendation was based on documentation not
15	about in our legislative efforts?	15	included Blue Cliff be denied the approval of stage
16	MR. ADAMS: Absolutely.	16	1 Declaration of Intent. Provide Blue Cliff with
17	MS. COLLINS: Trey, have y'all addressed	17	the opportunity to revise and resubmit the
18	this in the past?	18	information for review. I bring that as a motion.
19	MR. BOBINGER: Yeah, we've talked about	19	MS. CULPEPPER: I'll make that motion.
20	it. Dr. Temple and I have talked. Community	20	MR. CUMMINS: Second.
21	college folks are aware. You know, Lacey, we have	21	MR. ADAMS: Any discussion?
22	spoken about it. In fact, she and I have had	22	All in favor?
23	several conversations during the last session. They	23	BOARD MEMBERS: Aye.
24	know it's there. It's just a matter of them	24	MR. ADAMS: Thank you, Dr. Burks.
25	committing, as she pointed out, making that	25	Moving on.
	Page 31		Page 33
1	Page 31 commitment for those funds.	1	
1	_	1 2	Page 33 Board business: In your packet, you have board business meeting minutes from July 22nd. Had
	commitment for those funds.		Board business: In your packet, you have
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	Page 34		Page 36
1	minutes - June 2022.	1	some reason we can't fill up the 6th, 7th, and 8th,
2	MR. SHAW: Motion.	2	we would the 5th would be the last day that we
3	MR. ADAMS: Motion, Mr. Shaw.	3	would be scheduling anything. And we did want this
4	MR. CUMMINS: Second.	4	temporarily. We're not asking for it to be an
5	MR. ADAMS: Second, Jeremy.	5	ongoing situation.
6	I also would like to waive the reading	6	DR. STEWART: No. I think it's good.
7	of names of motions.	7	MR. ADAMS: Me, too. Hopefully, just
8	MS. NORRIS-JOHNSON: I make a motion.	8	these two. We're not looking ahead at any more. If
9	MR. ADAMS: Motion, Ms. Nancy.	9	those are productive and we're able to clean those
10	MR. CUMMINS: Second.	10	up, but if not, we'll look at adding as well because
11	MR. ADAMS: Got a second.	11	we owe it to our members to get that caught up.
12	All in favor?	12	DR. STEWART: Agreed.
13	BOARD MEMBERS: Aye.	13	MR. ADAMS: Can I get a motion for
14	MR. ADAMS: Any opposed?	14	approval with the additional days?
15	(No verbal response.)	15	MR. CUMMINS: I make a motion we approve
16	MR. ADAMS: Also future meetings.	16	the additional days.
17	Agreed settlement proposals are set for December	17	MS. MOORE: I'll second.
18	6th, 2022. Disciplinary hearings: December 7th and	18	MR. ADAMS: Second, Ms. Laura.
19	8th, 2022, at 8:30. And with our board business	19	All in favor?
20	meeting scheduled for December the 9th, 2022, at	20	BOARD MEMBERS: Aye.
21	11:05.	21	MR. ADAMS: Any opposed?
22	The panel for the December meeting is Laura	22	(No verbal response.)
23	Moore, Nancy Norris-Johnson, T.J. Adams, and Jeremy	23	MR. ADAMS: Trey has already given us
24	Cummins.	24	our legislative update.
25	We also have a request that I would like to	25	Executive director's report - Dr. Johnson.
			-
	Page 35		Page 37
1	Page 35 add. It would be to add a date for December the 5th	1	Page 37
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	5		Page 37
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23 again. So thank you all for being here. We

24 appreciate you so much.

#### MR. ADAMS: And, Dr. Johnson, you do

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25

23 possible, if necessary.

24 25

DR. STEWART: Okay.

MS. SALTZMAN: And certainly, if for

	Page 38		Page 40
1	have a couple of new faces first meeting.	1	And I do encourage members to attend at the
2	DR. JOHNSON: I'm going to get to that.	2	next one. It is a great conference to attend on
3	You stole my thunder. But since you alluded to	3	policy issues and regulatory issues. So if you did
4	that, we will carry right on into that. We do have	4	not get a chance to attend this time, make sure
5	some new board. We are excited about having them,	5	normally it's around this same time every year, and
6	and I would like for them to stand as I call their	6	with things opening back up for in-person
7	name.	7	conferences, they're looking at doing more in-person
8	We have Dr. Rebecca Cagle, who is now the	8	conferences through NCSBN.
9	new APRN director of advanced practice and licensure	9	The MNA conference, you've already heard
10	- very knowledgeable, has a wealth of experience.	10	Teresa Malone talk about MNA's conference, which we
11	We are indeed delighted that she is on board. So we	11	highly support each and every year. Dr. Cagle will
12	would like to welcome Dr. Cagle to the Board of	12	be speaking on behalf of the Board of Nursing and
13	Nursing.	13	addressing the RN and the advanced practice issues
14	Additionally, we have Brandon Walker, who is	14	there. So we appreciate that.
15	our new attorney, and I know our general counsel,	15	The Board of Directors retreat - you heard
16	Deanne Saltzman, is elated to have someone else on	16	Trey mention that - will be January the 10th, 2023.
17	board. So we would like to welcome Brandon. You	17	It will be a day and a half, and we'll we will
18	got a chance to see him in action during the	18	in that conference, half day on the 11th, and you
19	hearings, I understand. So we are excited. Welcome	19	heard Trey talk about the Capitol Day, which is on
20	to the Board of Nursing, and thank you.	20	the 11th in the afternoon, and the board can proceed
21	MR. WALKER: Thank you.	21	then to Capitol Day.
22	DR. JOHNSON: Okay. So I will be brief.	22	You will come in on January the 9th. There
23	I just wanted to also thank the board members who	23	will be a reception for board members and some
24	supported me in my run for election for president-	24	educational training on that afternoon when you come
25	elect of National Council State Boards of Nursing.	25	in. The venue is the Westin, and we will be able to
	Page 39		Page 41
1	-	1	2
1	You all being there and your support as a whole from	1 2	provide transportation to the Capitol from the
	You all being there and your support as a whole from the board has meant the world to me, and I just want		provide transportation to the Capitol from the Westin on Capitol Day for you to be taken up to the
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- 24 passed, so that's why we had to cut that off at a
- 25 certain time.

25 encourage you to attend as well, as well as Hobnob

	Page 42		Page 44
1	by MEC, which will be October the 27th of this year,	1 sapr	phire, so they're asking everybody to wear
2	2022, at the Mississippi Coliseum. If any of the		whire blue. So more to come on that.
3	board members are interested in attending, please	3	Additionally, we spoke briefly about the
4	let Vanessa know as soon as possible so that we can		pal shortage. I did attend the International
5	make arrangements for your registration.		se Regulatory Collaborative; that's why I was in
6	Additionally, the FARB Forum, Federal		don over the past week. We had countries:
7	Association of Regulatory Boards Forum on		papore, New Zealand, Australia, Spain, the U.K.,
8	Professional Regulation will be held January the		United States. Who am I missing?
9	26th, through the 28th, 2023, in Nashville,	9	MS. MONTGOMERY: Wales - Ireland.
10	Tennessee, this year. That is another conference	10	DR. JOHNSON: Ireland were the countries
11	that is very educational for board members and board		were at that particular conference, and we
12	staff, as well as executive officers. If you're		cussed global regulatory issues. The buzz word
13	interested in attending, we will need to know as		workforce" - workforce and global shortage of
14	soon as possible for registration because there will		sing. And so there's more to come. This will
15	be a limit on the number of individuals that attend		be discussed at your meeting - a lot of this -
16	that conference as well. But it will be held in		that is the buzz word from a national level. We
17	Nashville, Tennessee.		w it affects Mississippi and the United States,
18	Our legal division, Deanne Saltzman and		it's affecting everybody globally.
19	Andrew Kelly, had a chance to attend the FARB legal	19	And I just sent an e-mail, because when I
20	seminar last week, just prior to board meetings	20 got	back in my office after our earlier meeting, the
21	starting. And I've heard comments from them that it	21 Good	d Morning Members from NCSBN talks about
22	was very informational. Andrew was excited about it		ntries competing for nurses as the global
23	and learned a lot about it; Deanne also. So it's a		rtage grows. I did send that information out to
24	great conference. FARB does a great job. So that		. It will be in your mailbox when you get back.
25	FARB is a great resource. It gives you a lot of	-	it talks about how countries are competing. One
	Page 43		Page 45
1	Page 43 education, information, and training, and governance	1 of t	Page 45 the issues that came up is as these countries are
1 2	_		-
	education, information, and training, and governance	2 comp	the issues that came up is as these countries are
2	education, information, and training, and governance training as well.	2 comp 3 Phil	che issues that came up is as these countries are beting, we see a lot of nurses from the
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	Page 46		Page 48
1	borders to open up and say, "Everybody, come on in,"	1	and regulations. But there are other boards of
2	because everybody's educational requirements are not	2	nursing that have accepted other entities, and they
3	equivalent to what we require or what some of the	3	speak very highly of them. It's just a matter of
4	United States other boards require.	4	implementing that in our code if we want to do that.
5	Some boards have less stringent	5	So we'll be researching that and looking at
6	requirements; some boards have more stringent	6	that information. I'll present that to the board
7	requirements. So some of them don't even require	7	when I get that information through the
8	them to take the NCLEX, and we do. So, you know,	8	administrative code.
9	there are some things that play into that, but	9	And I think that is probably all I have to
10	they're looking at how can we universally get	10	add at this point.
11	together and look at our rules and regulations and	11	Thank you. Any questions?
12	allow individuals to come in that meet those	12	MR. ADAMS: Thank you, Dr. Johnson.
13	requirements without jeopardizing the safety of the	13	Moving on to committee reports. Executive
14	citizens that we care for provide that nursing	14	committee, as we discussed with Trey, a lot of
15	care for. So there's more to come on that.	15	discussion in executive committee around workforce.
16	Definitely a lot of talk, but it's a global issue.	16	What are some tactics we as a board can do moving
17	MS. COLLINS: Well, how do you think	17	forward, especially with the upcoming session?
18	do you think Mississippi is competitive? We're more	18	So we've asked Dr. Johnson to reach out to
19	stringent or less? Or where do you think we fit in?	19	Tim Moore with the Hospital Association to have some
20	Do you know?	20	discussion with them as far as see what they are
21	DR. JOHNSON: I think Mississippi is	21	aligning to do going into the session, and how do we
22	competitive because what I'm hearing from a national	22	formulate a more concentrated effort. I know in the
23	and global perspective is that we want to make sure	23	last session, there were things that we had hoped to
24	that the nurses that we allow into our country and	24	pass that maybe in the 11th hour did not.
25	into our state are competent to provide the nursing	25	Trey, and you can speak toward those more
	Page 47		Page 49
1	Page 4/	1	Page $49$ that there were a couple million dollars that we
2		1 2	that there were a couple million dollars that we really thought would be there for
	care needed to care for the citizens of each state	2 3	that there were a couple million dollars that we
2	care needed to care for the citizens of each state in the United States of America.	2 3 4	that there were a couple million dollars that we really thought would be there for retention/recruitment. And I think those are things that we've got to continue to push from our
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	Page 50		Page 52
1	particularly if they think it may have an adverse	1	They've got a very reputable group, Taylor
2	impact on the businesses. It's just a thought. We	2	Manufacturing there. A tremendous Mississippi
3	might want to reach out and solicit some letters of	3	success story. You know, if we get people like
4	support Dr. Temple, you know, both Community	4	those folks saying this is a problem, we need to do
- 5		5	
6	College and IHL and the Board of Nursing. So that's	6	it. And if they start talking to the legislative
	just another thought.	7	leadership and all, that really makes a strong push
7	MR. ADAMS: Thank you, Trey.		for us.
8	MS. COLLINS. Well, just speaking on	8	MS. COLLINS: MEDC also, Trey.
9	behalf of the Business League, I can tell you that	9	MR. BOBINGER: What's that?
10	if you draft something that would be inclusive of	10	MS. COLLINS: MEDC.
11	all the things that we've kind of discussed, that we	11	MR. BOBINGER: Yeah, MEDC, too.
12	would be happy to address it with our board and	12	MR. ADAMS: Any other questions there?
13	government affairs.	13	Moving on. In your packet, you've got the
14	MR. BOBINGER: I think your board,	14	proposed 2023 meeting dates and panels. We've
15	knowing some of those people, would be very	15	almost filled in all the slots. See Ms. Vanessa if
16	supportive.	16	there's a slot that you can fill there, but we're
17	MS. COLLINS: They would.	17	really close.
18	MR. ADAMS: We did discuss trying to be	18	And then also I would go back and just
19	more active. You know, when we have Capitol Day,	19	highlight the dates that we had just discussed of
20	when we have some functions of where we do have an	20	December 5th and also the February 6th, which
21	audience that can hear us. You know, it's really	21	February 6th is already on here.
22	good to see in small groups and have those	22	Can I get a motion to approve the proposed
23	discussions, but even in larger groups, if we have	23	meeting dates and time?
24	good turnout. We've typically been quiet as a	24	MR. CUMMINS: I make a motion we
25	group, and we all see the deficiencies here and the	25	approve.
	Page 51		Page 53
1	deficits as far as our staffing. So a lot of	1	-
1 2	deficits as far as our staffing. So a lot of discussion in executive committee around that this	1	MR. ADAMS: Motion, Jeremy.
	deficits as far as our staffing. So a lot of discussion in executive committee around that this morning.		MR. ADAMS: Motion, Jeremy. MS. CULPEPPER: I will second that.
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	Page 54		Page 56
1	Okay. This early in the session, Trey, help	1	MR. ADAMS: Second by Jeremy.
2	me out here. Is the Senate still in the morning at	2	All in favor?
3	10:00, and the House in the afternoon at 1:30?	3	BOARD MEMBERS: Aye.
4	MR. BOBINGER: That's generally how they	4	MR. ADAMS: Any opposed?
5	do it.	5	(No verbal response.)
6	MS. COLLINS: Okay. Should we split up?	6	MR. ADAMS: Advanced practice committee
7	Instead of just being there from 1:30 to 4:30, maybe	7	- Mr. Shaw.
8	do a morning and then an afternoon? Maybe if we had	8	MR. SHAW: Advanced practice has nothing
9	two different groups go.	9	to bring forward.
10	MR. BOBINGER: You certainly could. As	10	MR. ADAMS: Thank you, sir.
11	Dr. Johnson pointed out, I think you meet until	11	Practice committee - Dr. Stewart.
12	noon, is that correct, on the retreat? You know,	12	DR. STEWART: Thank you. We don't have
13	your retreat goes to noon that day.	13	anything to bring forward, but we did have a good
14	MS. COLLINS: That's right.	14	discussion to support some of the efforts from UMMC
15	MR. BOBINGER: But now, the good part,	15	with the transition of the care for our burn
16	early, there's a lot of activity and buzzing around	16	patients. And so we had a good discussion. Janie
17	the Capitol. So I think we will have some senators,	17	was very helpful in giving some lent experience. So
18	particularly right after lunch that will still be	18	we're going to Dr. Burks has probably already
19	around. But perhaps if you wrap up the retreat a	19	done it because she's so efficient, but we'll be
20	little early, like 11:00 o'clock or something, and	20	communicating back to the physician that was asking
21	maybe some of the board members could matriculate	21	for support, that he has our support.
22	over to the Capitol. So that might work as well.	22	MR. ADAMS: Thank you, Dr. Stewart.
23	DR. JOHNSON: We can accommodate that.	23	Administrative code - Sandra.
24	MR. ADAMS: All right. I would like to	24	MS. CULPEPPER: So I am speaking on
25	get a motion on the board retreat dates and Capitol	25	behalf of Dr. King today because she is out.
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	Dowo FF		
	Page 55		Page 57
1	Day.	1	Page 57 But there are four areas, and if you will
1 2		1	-
	Day.		But there are four areas, and if you will
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	Page 58		Page 60
1	filed temporarily. We need to get them promulgated	1	emergency rule, that's good for 120 days.
2	through OLRC and the Secretary of State's Office.	2	MR. SHAW: And thought everything was
3	MnVP, I believe, began in 2019, and we just need to	3	being filed with the Secretary of State to make it a
4	get them done properly.	4	permanent rule, and that never happened?
5	Previously, in April the Justice Department	5	MS. SALTZMAN: To make it a permanent
6	made an announcement that OUD is now a disability.	6	repeal?
7	So when I was looking at this, I realized that the	7	MR. SHAW: Uh-huh.
8	temporary rules had expired. I went ahead and took	8	MS. SALTZMAN: Okay. It was a temporary
9	that abstinence part out to conform with the Justice	9	repeal for 120 days. You can extend a temporary
10	Department's report that came down. And we just	10	rule for a period of 90 days. What happened was the
11	made some grammatical changes to a few parts,	11	monitored practice hours had expired; the repeal of
12	nothing substantive other than taking that one part	12	those had expired because it was temporary.
13	out about the abstinence provision.	13	So what now needs to be done is let me go
14	So I believe each of you have a copy of some	14	back. When I discovered that the repeal had
15	additional changes, three or four, not a lot.	15	expired, it was my understanding that was the last
16	They're highlighted in there that MnVP would like	16	directive from the board that those were to be
17	implemented within these regulations. So if we do	17	temporarily repealed. So I went back, and I filed
18	go ahead and go forward with them and take them	18	them temporary again to repeal them. So they're
19	through the process to promulgate them through OLRC	19	currently in a temporary repealed status, and they
20	and Secretary of State, we'd like to go ahead and	20	need to go the board, once it makes its decision
21	just make those changes to them on the front end, so	21	as to whether it wants to repeal them, edit them,
22	we're only doing it one time because that can be a	22	monitor them, modify them, whatever the board's
23	that process can take a few months sometimes.	23	decision is there, then we will go through and file
24	But I can field any questions that anyone	24	it with OLRC, Secretary of State and do the process
25	has. I realize this is several things to hit	25	to make that a final decision. But what was done
	Page 59		Page 61
1	Page 59 everyone with at one time.	1	previously was a temporary repeal.
2	everyone with at one time. MR. ADAMS: Any questions?	2	previously was a temporary repeal. DR. JOHNSON: It was temporary.
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temporarily repealed for 120 days, which gets you 1 2 into December, and then I can do a 90-day re-file. 3 So there is time for the board to decide the 4 direction, and I don't know what that is, but the 5 direction it wants to take related to monitored practice hours. But I just wanted to make everyone 6 7 aware that that was a temporary repeal. We can't just keep, keeping it temporary. We have to make it 8 9 permanent through OLRC and Secretary of State. 10 MR. SHAW: Because basically, and besides what some other organization keeps blowing 11 smoke about, it's an outdated, redundant and 12 13 restricted thing. OLRC should love this because 14 they have been fed a lot of misinformation by another organization that seems to want to promote 15 16 their own agenda. If I may since I was the one that sparked 17 18 this, the first thing you have to realize is 19 monitored practice hours have absolutely nothing to 20 do with collaboration, and I think that's one of the big misunderstandings. They're completely separate, 21 and all it says under monitored practice is somebody 22 23 has to be in the building in case you have a 24 question about something going on if you have less 2.5 than these hours.

Page 64 And I think -- I don't know how many of you 1 2 read what the State Auditor put out about the brain 3 drain on Mississippi, but I don't think any of us 4 would have to step too far to find people that have 5 gone to surrounding states that don't have this requirement to start working as an APRN and a lot of 6 7 them stay there. 8 So that's why when this came up -- I think 9 it was actually 2002 when we first started talking about it. Anyway, the question came out: What is 10 the reasoning for this? Why is it here, and why do 11 we have it when we have all these other forms of 12 13 communication where if somebody has a question or 14 comment? All this is doing is being restrictive and 15 making somebody have to stay in the same building. 16 And then some schools have gone up to 2,000 hours, and they can still walk out and not have to 17 18 go through this. So it created a competitive disadvantage amongst some of the schools. 19 20 So that's why when the whole thing went through, it was supposed to be put in as an 21 22 emergency rule so we could go ahead and implement 23 it, and then file it as a permanent rule, and 24 apparently, I'm hearing the change last time that didn't occur. 25

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1 This was created before we had the 2 telecommunication we have today. My face to face with my collaborator is through FaceTime. If I have З 4 a question, I call, text. I get on that and talk to 5 him. Why does somebody have to physically be in the 6 building anymore to do this kind of information? 7 It just -- I don't know; it gets frustrating 8 after a time. We're the only state that does this. 9 There are places that have monitored hours to get to 10 full-practice authority, but no states actually have 11 this type of restrictive hours. 12 Again, it was redundant. Even if the full 13 practice would have gone through, what was it like? 14 3,000 hours or 4,000 hours, something like that you 15 had to have under a collaborator? That's less than we require. So why are we creating this redundancy? 16 17 It also created direct conflict with the 18 universal licensing law that they passed. Because 19 you get somebody coming in from out of state, if they can't show where they've had monitored practice 20 21 hours and have been practicing for less than three 22 years, they could have come from a full-practice 23 state and practiced two and a half years. They've 24 got to go back and get monitored practice hours. It 25 made no sense at all.

1 DR. JOHNSON: That did not occur because 2 they kept it as an emergency rule and kept re-filing it as a temporary rule because it still had not gone 3 through the full process. And when we looked at it 4 5 because it was on our radar, along with some other 6 -- I kept seeing it out there as temporary. Where are we with this? And that's when Ms. Saltzman came 7 8 on board and said, "Let me review all of this." And 9 we talked about the prescribing rules for the APRNs, 10 changing that to be consistent with the Board of 11 Medical Licensure's prescribing rules because that 12 was an issue -- is when we found out that it had not 13 gone through the full necessary process in order to become a final rule. And until it does that, it 14 15 cannot move forward. We cannot implement it. MR. SHAW: So how long can you keep 16 17 re-filing a temporary rule? DR. JOHNSON: I think that's part of the 18 19 issue is that the board has to decide do they want that the way -- do they want to repeal it? Like you 20 21 don't want them to have it anymore, or what do you 22 want them to do? And that decision needs to be made 23 within the next three to six months. That's it, bottom line; otherwise, it falls off, reverts back 24 25 to what was previously in the rules and regulations.

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	Page 66		Page 68
1	So the board is going to have to make a	1	good about thoroughly reviewing and kind of vetting
2	recommendation through the administrative code	2	whatever rule proposals. They will actually meet
3	committee to bring it back within that time.	3	prior to the scheduling of the actual OLRC meeting,
4	MS. SALTZMAN: I just want to say,	4	and sometimes they will go ahead and submit
5	obviously, you know, the temporary rules are set up	5	questions prior to that hearing to kind of help with
6	just to be temporary. It's an emergency rule. So	6	the efficient movement of that particular meeting.
7	whatever the board's decision ultimately is on	7	So even if there is the submission that goes
8	monitored practice hours, we will take that	8	forward, it's possible any questions they have can
9	decision, and then we will properly promulgate it	9	be addressed prior to that meeting. Now, that's not
10	through OLRC and the Secretary of State.	10	to say that there won't be others once you get
11	I just wanted to make everybody aware that	11	there, but ideally, they want to kind of clear
12	they had lapsed, the temporary rules, and that we	12	everything up before you actually get there. So if
13	have re-filed them so they are currently the	13	there are questions or concerns that may come up,
14	temporary repeal is currently in place, but I just	14	they could possibly address them before the meeting
15	need direction from the board, the administrative	15	time.
16	code committee ultimately. You asked how long they	16	MR. SHAW: I just still get frustrated
17	last. They last for a period of 120 days. You can	17	by what is supposed to be to a professional
18	re-file for a 90-day extension. Technically, you	18	organization on the other side that just raises up
19	could probably let them lapse a day or two and start	19	their own narrative for their own benefit. It
20	that process over, but ultimately, what you want is	20	really gets frustrating after time, and I wish
21	for the rules to be properly promulgated. So we	21	somebody was here from that organization that I
22	need to get through OLRC and Secretary of State.	22	could say that directly to.
23	MS. CULPEPPER: And, Mr. Shaw, just to	23	MR. ADAMS: Other questions?
24	make references, Ms. Saltzman made a commentary	24	So Sandra is bringing this on behalf of
25	about three to six months. It is the intention of	25	administrative code as a motion. Can I get a
	Page 67		Page 69
1	the administrative code to meet by November or	1	second?
2	somewhere no later than mid-November so that we can		
3		2	MR. CUMMINS: Second.
	bring it before the board in December.	3	MR. CUMMINS: Second. MR. ADAMS: I got a second by Jeremy.
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#### Page 70 Page 72 1 MR. ADAMS: Yes. 1 This is because the last two years we've been in a 2 COVID-lockdown state, so it would be more. But it's All in favor? 2 3 BOARD MEMBERS: Aye. 3 very much within budget. Also, mileage rates have 4 MR. ADAMS: Any opposed? 4 increased from .585 cents per mile to .625 cents per 5 (No verbal response.) 5 mile. MR. ADAMS: Thank you. Lots of 6 6 Total expenses are lower than last year. As 7 discussion. 7 of right now, we've only obligated 13.27 percent of MR. CUMMINS: All right. I've got a 8 8 our budget. 9 finance committee report to bring. But before that, 9 We have currently a little bit over 4.7 10 I'm going to move that we go into executive session 10 million in available cash, which is sufficient to to discuss a personnel issue for the Board of 11 meet all of our operational expenses. 11 Fiscal year '23 year to date collected is 12 Nursing. 12 13 MR. ADAMS: Got a motion. 13 \$248,279. And revenue collected during August is 14 212,945. MR. SHAW: Make a motion to go into 14 15 closed session to determine if executive session is 15 The only motion coming out of finance is 16 that we raise the executive director's salary to the 16 necessary. 17 MS. CULPEPPER: I will second it. 17 cap limit of \$140,477.58 with an effective date of 18 MR. ADAMS: Got a motion and a second. 18 October 1, 2022. 19 All in favor? 19 I made a motion. 20 BOARD MEMBERS: Aye. 20 DR. STEWART: You need a second? 21 MR. ADAMS: Any opposed? 21 MR. CUMMINS: I need a second. That's a (No verbal response.) 22 motion coming out of --22 MR. ADAMS: Thank you. This should be a 23 23 MR. ADAMS: Motion. Second? 24 very short executive session. 24 DR. STEWART: I'll second. 25 MR. ADAMS: All in favor? 2.5 (Board enters executive session at 12:28

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1	P.M.)
2	(Board returns from executive session at
3	1:03 P.M.)
4	MR. ADAMS: We're back live.
5	Mr. Jeremy.
6	MR. CUMMINS: All right. I'm going to
7	give a brief actually, in your packet, you have
8	two reports that you'll see. One is a budget
9	analysis for year-end fiscal year '22. The other is
10	a current budget analysis.
11	Moving through this quickly. Total expenses
12	were lower last year. We only obligated 81.9
13	percent of our budget, which is really good. We're
14	still working to purchase the vehicle that was
15	authorized to replace the current year vehicle. The
16	obstacles are coming from vendor shortages and DFA
17	requirements. So we will continue to press forward
18	with that.
19	Revenue for year-end budget fiscal year '22:
20	We collected a total amount of \$2,664,104.61, and
21	that number hasn't changed since June.
22	Moving on to our fiscal year '23 budget
23	analysis for August 31st. The only thing that is on
24	the rise a little bit is travel. Travel is
25	approximately \$9,400 more than it was last year.

Page 73 BOARD MEMBERS: Aye. 2 MR. ADAMS: Any opposed? 3 (No verbal response.) Л MR. CUMMINS: Other than any questions, that concludes the financial report. 5 6 MR. ADAMS: Anything from ONW? MS. CULPEPPER: There's nothing to come 7 8 out of ONW. 9 MR. ADAMS: Thank you, Sandra. 10 All right. Can we get a motion to adjourn? 11 Got a motion? 12 MS. COLLINS: Motion that we adjourn. 13 MR. ADAMS: Second? 14 MR. SHAW: Second. 15 MR. ADAMS: Second, Alton. All in favor? 16 17 BOARD MEMBERS: Aye. MR. ADAMS: Any opposed? 18 (No verbal response.) 19 MR. ADAMS: All right. Thank you, guys. 20 21 (Whereupon, the above-entitled proceeding concluded at 1:06 P.M.) 22 23

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2	CERTIFICATE OF COURT REPORTER	
3	I, CYNTHIA HARRIS, Court Reporter and Notary	
4	Public, in and for the County of Scott, State of	
5	Mississippi, do hereby certify:	
6	That the foregoing pages contain a full,	
7	true, and correct transcription of all the	
8	proceedings taken by me at the time and place	
9	heretofore stated;	
10	That I am not kin or in anywise associated	
11	with any of the parties to said cause of action or	
12	their counsel, and that I am not financially	
13	interested in the action.	
14	IN WITNESS WHEREOF, I have hereunto set my	
15	hand and seal, this the 14th day of October, 2022.	
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21 22		
22	CYNTHIA HARRIS, RPR, CCR 1828	
24	CINIIIA MARIS, RIN, CON 1020	
25	MY COMMISSION EXPIRES: DECEMBER 10TH, 2025	
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