

10-7-22 BUSINESS MEETING

THE MISSISSIPPI BOARD OF NURSING
BUSINESS MEETING

OCTOBER 7, 2022

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

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APPEARANCES

BOARD MEMBERS IN ATTENDANCE IN PERSON:

- T.J. ADAMS, RN, BSN, MSHA (PRESIDENT)
- SANDRA CULPEPPER, LPN (VICE PRESIDENT)
- JEREMY L. CUMMINS, LPN, LNHA (TREASURER)
- JANIE CLANTON, RN (SECRETARY)
- MARY STEWART, PhD, RN
- NANCY NORRIS-JOHNSON, LPN, II, CPT
- ALTON SHAW, MSN, FNP-C
- LAURA MOORE, MSN, NP-C
- LACEY T. GENTRY, MSN, RN
- SHIRLEY JACKSON, LPN
- JAN COLLINS, CONSUMER

BOARD MEMBERS IN ATTENDANCE VIA ZOOM:

- MELISSA KING, DNP, FNP-C

ALSO PRESENT:

- EDWARD WIGGINS, JR., ESQUIRE
- SPECIAL ASSISTANT ATTORNEY GENERAL

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PROCEEDINGS

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MR. ADAMS: Good morning, everyone.
welcome to the Board of Nursing business meeting.

Ms. Shirley, if you would, would you mind
opening us up in a word of prayer.

MS. JACKSON: My pleasure.

(Prayer.)

MR. ADAMS: Thank you. All right. At
this time, I would like to declare we do have a
quorum. Ms. Phyllis, you confirm that.

And would like to get approval for the
agenda.

MR. CUMMINS: Make a motion we approve
the agenda.

MR. ADAMS: Motion by Mr. Jeremy.

MS. COLLINS: I'll second.

MR. ADAMS: Second by Ms. Jan.

All in favor?

BOARD MEMBERS: Aye.

MR. ADAMS: All right. Open forum: I
don't see Trey. Do we know if Trey's coming?

DR. JOHNSON: He's on his way. He sent
me a text. He is en route.

MR. ADAMS: Okay. Do we have others

1 from the community that we have on the agenda this
2 morning or that would like to speak?

3 MS. MALONE: Hi, this is Teresa Malone.
4 Can you hear me okay?

5 MR. ADAMS: Yes.

6 MS. MALONE: And I apologize. My voice
7 is scratchy, and my video is not working. But very
8 quickly, if y'all would bear with me, I would like
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

1 everyone of. Our RN and APRN day at the Capitol is
2 scheduled for January the 25th. And our Legislative
3 Nursing Summit, which will be held at the Jackson
4 Convention complex, is scheduled for February the
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
8 schedule with those events.

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.

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

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

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

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.
23 I had to look around. Y'all changed board seats on
24 me a little bit. It looks like we've had a little
25 shuffling around.

1 Good morning, everybody. I wanted to talk
2 about a few things. As y'all know, it's October.
3 The first week of January session starts, so it will
4 be here sooner rather than later.

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
8 that a few years ago Shan and certainly Dr. Johnson
9 had talked about let's do that and have a presence
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.

1 It's a great time - Jan, you know from
2 working with the Business League and other groups -
3 that it's just a good time to be there and
4 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
8 going to be senate Medicaid hearings to talk about
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,
14 Oxford, who is a friend and a very hard-working
15 senator, she's got some hearings coming up the 25th
16 and 26th of October. I think this is dealing around
17 care for newborns. Some of this is kind of an
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,

1 and I think you reached out for their input on this
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
6 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
14 the board, obviously, would be opposed to or have a
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
18 that, watching that, and keeping you informed about
19 it.

20 But, you know, he is planning on introducing
21 a bill for that purpose, and hopefully all the
22 stakeholders and associations, along, of course,
23 with this board, we can all work together to come up
24 with something that everybody's comfortable with.
25 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.

4 The last thing, I'll say briefly, medical
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.

15 Now, I've talked to Representative Yancey
16 and Senator Blackwell; they've been the leads. They
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

1 the practitioner's side that appears to be -- not
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
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.

16 MR. ADAMS: Thank you, Trey. All right.
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.

1 The second is from Northeast Mississippi
2 Community College practical nursing program. They
3 also submitted a proposal to add a day option to
4 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
8 advanced placement, and this is for students who
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.

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

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

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

1 97 percent.

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

6 And you can also see that their board scores
7 are way above the national average for the year 2020
8 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.

16 The final recommendation is from Blue Cliff
17 College, Gulfport, Mississippi. They submitted
18 declaration of intent for establishing a new program
19 in Mississippi. You all have that full report
20 attached. There were several deficits or
21 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.

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

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

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

25 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.

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
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
18 are in the process of sending that information in.
19 The annual report will provide information on the
20 programs' outcomes, the number of students that
21 graduated, the number of students that are admitted,
22 their retention rate for those students that are
23 graduating, and their NCLEX scores.

24 That is the end of my report.

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

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

1 assist them with teaching as additional faculty.

2 This fall they did hire some adjunct. They
3 placed them in the realm of being adjunct at this
4 moment, and those individuals will transition to
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.

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

1 standard, they're required to have a bachelor's
2 degree.

3 DR. STEWART: So no formal training or
4 learning. I shouldn't say the word "training," but
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,
9 traditionally, it is that bedside nurse. So they're
10 looking for those individuals who have had a
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
18 faculty and so forth? So I'm thinking five years,
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

1 practical nursing is a different world. The way
2 their schedules are set up, with them requiring
3 those 990 hours, is that that program is one year.
4 They're in class typically from 8:00 o'clock in the
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
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.

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

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
25 support LPN education. I just think as a board

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

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

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

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

1 these two schools, some of this came from their
2 clinical partners. If they are there to support
3 them and they provide letters of support indicating
4 those facilities are open for clinicals. One thing
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
8 are responsible for going out with them. So that is
9 a benefit because when they're going to a --

10 DR. STEWART: Oh, yeah, they're
11 providing care.

12 DR. BURKS: -- facility, they're not
13 having to find 30 nurses that are in the workforce
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
25 the number of applicants. I think we have found, at

1 least around baccalaureate and higher programs,
2 these numbers are reported by the institutions, but
3 there's really not any accountability or process to
4 say these are the same applicants applying at two
5 different institutions. And so where we see the
6 number and it's like, oh, we had 125 applications or
7 we had - I don't remember what this number was - 650
8 applications, there is some redundancy most likely.
9 It's not like we had 785 students that were turned
10 away.

11 DR. BURKS: No. Because students apply
12 for multiple programs.

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
17 more tuition.

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

1 they have their accreditation site visits, those are
2 things we can ask for. "Show us your rosters. Show
3 us where these individuals actually applied to your
4 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
9 area. If you have three or four schools in one
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.

14 If you're going to increase or ask for
15 additional space, where is your student population?
16 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
20 relationship because I think sometimes we forget
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

1 because sometimes it takes those students -- they
2 have to step back. It's not that they cannot do it,
3 but it's a different pathway of still getting to
4 their goal.

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
8 program, first of all, they met your criteria. So
9 if they met your criteria, that potential for them
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.

16 DR. STEWART: Right, getting the
17 workforce. I understand.

18 And you mentioned this, too. So the number
19 of applications is not necessarily the number of
20 eligible applicants.

21 DR. BURKS: These are eligible.

22 DR. STEWART: These are all eligible.
23 That wasn't clear.

24 DR. BURKS: It's good to know how many
25 actually apply. But how many are actually eligible

1 for the program.

2 DR. STEWART: Would be accepted if there
3 was space.

4 DR. BURKS: Because the eligibility is
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
14 nurse educators that that's a reason why we haven't
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.

1 But what is being done to address this
2 workforce issue for the need of nursing to
3 accommodate more students at these schools? Is it
4 just because they don't have the space or they don't
5 have the educators or what is the problem? I guess
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.

20 But if they do it in the spring -- because
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
25 the students' schedules change. And so on this

1 particular day, you may have a group in the
2 classroom. When these are in the clinicals, this
3 group is in the lab. They can still share.

4 MS. COLLINS: It's better use of the
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
9 might need to address that they increase the size of
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
17 I'm off there.

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

1 vacancies for nurse faculty, and that is limiting
2 the number of students that they can admit into the
3 program. So it's not necessarily space. It is more
4 nurse faculty vacancies right now.

5 MS. COLLINS: Well, what can be done to
6 address that, in your opinion?

7 DR. TEMPLE: Well, nursing faculty are
8 leaving for various reasons. One of them is salary.
9 A lot of them are leaving to go into practice, and
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

1 commitment for those funds.

2 But I agree with you it's certainly needed,
3 obviously. You can just listen to the vacancies and
4 know that there's a need. But it's them
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,
8 will continue to be, I think, to get them more
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
16 institutions.

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 MS. CULPEPPER: Shan.

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

1 consultant; that is Dr. Northington from UMMC. So
2 we are waiting to pull that information together
3 with a contract with her.

4 MR. ADAMS: We'll cover that, too, in
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'
8 request and Northeast Mississippi Community College.

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
16 1 Declaration of Intent. Provide Blue Cliff with
17 the opportunity to revise and resubmit the
18 information for review. I bring that as a motion.

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.

1 Board business: In your packet, you have
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.

7 MR. CUMMINS: I second.

8 MR. ADAMS: Jeremy with the second.

9 All in favor?

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?

16 MR. CUMMINS: I make a motion we
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

1 minutes - June 2022.

2 MR. SHAW: Motion.

3 MR. ADAMS: Motion, Mr. Shaw.

4 MR. CUMMINS: Second.

5 MR. ADAMS: Second, Jeremy.

6 I also would like to waive the reading
7 of names of motions.

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
18 6th, 2022. Disciplinary hearings: December 7th and
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

1 add. It would be to add a date for December the 5th
2 for hearings as well. And we'll have to work that
3 out with our panel to make sure that that's okay,
4 and we may have to ask for volunteers, but we would
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 --
11 they were supportive. It was actually their
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

1 some reason we can't fill up the 6th, 7th, and 8th,
2 we would -- the 5th would be the last day that we
3 would be scheduling anything. And we did want this
4 temporarily. We're not asking for it to be an
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. If
9 those are productive and we're able to clean those
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.

12 DR. STEWART: Agreed.

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.

18 MR. ADAMS: Second, Ms. Laura.

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.

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

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

11 The Board of Nursing staff as a whole, I'd
12 like to thank them. They have been spot-on. And to
13 the legal division, you know, I am so grateful to
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,
18 Dr. Burks, and the legal division as a whole for the
19 great job they've done, and the Board of Directors
20 for your support. So thank you all.

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

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

1 have a couple of new faces first meeting.

2 DR. JOHNSON: I'm going to get to that.
3 You stole my thunder. But since you alluded to
4 that, we will carry right on into that. We do have
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
9 new APRN director of advanced practice and licensure
10 - very knowledgeable, has a wealth of experience.
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
17 board. So we would like to welcome Brandon. You
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.

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

17 We have the members of the board that have
18 signed up for that conference, and the registration
19 deadline has passed for that. So those members that
20 have been approved, that submitted early have been
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.

1 And I do encourage members to attend at the
2 next one. It is a great conference to attend on
3 policy issues and regulatory issues. So if you did
4 not get a chance to attend this time, make sure --
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
23 will be a reception for board members and some
24 educational training on that afternoon when you come
25 in. The venue is the Westin, and we will be able to

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

4 The speaker for the event is Dr. Stephanie
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.
8 She acts as a consultant. I've heard her speak on
9 several issues at NCSBN. She's also been involved
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
16 schedule is very, very busy.

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

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

1 by MEC, which will be October the 27th of this year,
2 2022, at the Mississippi Coliseum. If any of the
3 board members are interested in attending, please
4 let Vanessa know as soon as possible so that we can
5 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
9 26th, through the 28th, 2023, in Nashville,
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
14 soon as possible for registration because there will
15 be a limit on the number of individuals that attend
16 that conference as well. But it will be held in
17 Nashville, Tennessee.

18 Our legal division, Deanne Saltzman and
19 Andrew Kelly, had a chance to attend the FARB legal
20 seminar last week, just prior to board meetings
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.

3 The mid-year meeting for NCSBN 2023 is
4 scheduled for March 28th through the 30th in
5 Seattle, Washington. A lot of good information will
6 be coming about at that meeting. We will be looking
7 at non-licensed support workers, which is a topic of
8 interest globally, as well as some other regulatory
9 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
20 intending to attend any of these events.

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

1 sapphire, so they're asking everybody to wear
2 sapphire blue. So more to come on that.

3 Additionally, we spoke briefly about the
4 global shortage. I did attend the International
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.,
8 the United States. Who am I missing?

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 -
16 but that is the buzz word from a national level. We
17 know it affects Mississippi and the United States,
18 but it's affecting everybody globally.

19 And I just sent an e-mail, because when I
20 got back in my office after our earlier meeting, the
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

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

1 borders to open up and say, "Everybody, come on in,"
2 because everybody's educational requirements are not
3 equivalent to what we require or what some of the
4 United States other boards require.

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 DR. JOHNSON: I think Mississippi is
22 competitive because what I'm hearing from a national
23 and global perspective is that we want to make sure
24 that the nurses that we allow into our country and
25 into our state are competent to provide the nursing

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

3 Canada and the United States have a process
4 by which they can allow and look at those
5 qualifications, and they are substantially
6 equivalent to what we require in the United States.
7 So that was the other buzz word "substantially
8 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.

16 We don't want to be the problem, but at the
17 end of the day, you still need people who have been
18 adequately trained that know what they're doing when
19 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

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

1 that there were a couple million dollars that we
2 really thought would be there for
3 retention/recruitment. And I think those are things
4 that we've got to continue to push from our
5 profession.

6 Trey.

7 MR. BOBINGER: Mr. President, I would
8 say that there's anywhere from 250 to 300 million
9 dollars in remaining COVID money. Of course, every
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
18 the Hospital Association, is getting the business
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,
23 our retention of employees." And I think those
24 legislators really pay attention to things
25 particularly coming from the business community,

1 particularly if they think it may have an adverse
2 impact on the businesses. It's just a thought. We
3 might want to reach out and solicit some letters of
4 support -- Dr. Temple, you know, both Community
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
13 government affairs.

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,
20 when we have some functions of where we do have an
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

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

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

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

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

16 MR. BOBINGER: Absolutely. And I'd
17 also, again, like to maybe loop in IHL and the
18 Community College. But I think that's an excellent
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.

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.

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.

1 Okay. This early in the session, Trey, help
2 me out here. Is the Senate still in the morning at
3 10:00, and the House in the afternoon at 1:30?

4 MR. BOBINGER: That's generally how they
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

1 Day.

2 MS. COLLINS: I'll make a motion.

3 MR. ADAMS: A motion by Ms. Jan.

4 MR. CUMMINS: Second.

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.

12 MS. MOORE: We have two motions to come
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.

24 MS. CULPEPPER: I'll make the motion.

25 MR. CUMMINS: Second.

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 MR. ADAMS: Thank you, sir.

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
18 we're going to -- Dr. Burks has probably already
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.

1 But there are four areas, and if you will
2 look in your packet, Ms. Saltzman has brought by
3 administrative code information for the members to
4 review because there are some things that we're
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
9 the Fresh Start Act. These were adopted by OLRC
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 MnVP. This filing had expired on 7-22-2021. Before
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

1 filed temporarily. We need to get them promulgated
2 through OLRC and the Secretary of State's Office.
3 MnVP, I believe, began in 2019, and we just need to
4 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
8 temporary rules had expired. I went ahead and took
9 that abstinence part out to conform with the Justice
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

1 everyone with at one time.

2 MR. ADAMS: Any questions?

3 DR. STEWART: So let me ask a question.
4 So on the third item, on 2840, Chapter 1 about
5 monitored practice hours.

6 MS. SALTZMAN: Okay. So that is
7 something that the board will need to discuss what
8 they want to do with monitored practice hours. That
9 is listed on here, but that's not really for today
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
17 Dr. Johnson had asked me to look at some of the
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

1 emergency rule, that's good for 120 days.

2 MR. SHAW: And thought everything was
3 being filed with the Secretary of State to make it a
4 permanent rule, and that never happened?

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

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

1 temporarily repealed for 120 days, which gets you
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
6 practice hours. But I just wanted to make everyone
7 aware that that was a temporary repeal. We can't
8 just keep, keeping it temporary. We have to make it
9 permanent through OLRC and Secretary of State.

10 MR. SHAW: Because basically, and
11 besides what some other organization keeps blowing
12 smoke about, it's an outdated, redundant and
13 restricted thing. OLRC should love this because
14 they have been fed a lot of misinformation by
15 another organization that seems to want to promote
16 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.

1 And I think -- I don't know how many of you
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
6 requirement to start working as an APRN and a lot of
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
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.

16 And then some schools have gone up to 2,000
17 hours, and they can still walk out and not have to
18 go through this. So it created a competitive
19 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.

1 DR. JOHNSON: That did not occur because
2 they kept it as an emergency rule and kept re-filing
3 it as a temporary rule because it still had not gone
4 through the full process. And when we looked at it
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
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
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.

1 So the board is going to have to make a
2 recommendation through the administrative code
3 committee to bring it back within that time.

4 MS. SALTZMAN: I just want to say,
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
8 monitored practice hours, we will take that
9 decision, and then we will properly promulgate it
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
20 that process over, but ultimately, what you want is
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

1 the administrative code to meet by November or
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
8 it." If OLRC says "nay," we're still back to square
9 one. It has not gone before OLRC.

10 MR. SHAW: The plan is once all of this
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
14 this is to correct all that misinformation that
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

1 good about thoroughly reviewing and kind of vetting
2 whatever rule proposals. They will actually meet
3 prior to the scheduling of the actual OLRC meeting,
4 and sometimes they will go ahead and submit
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
9 be addressed prior to that meeting. Now, that's not
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 MR. SHAW: I just still get frustrated
17 by what is supposed to be to a professional
18 organization on the other side that just raises up
19 their own narrative for their own benefit. It
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

1 second?

2 MR. CUMMINS: Second.

3 MR. ADAMS: I got a second by Jeremy.

4 All in favor?

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.

14 MS. SALTZMAN: So is this for MnVP and
15 for --

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?

1 MR. ADAMS: Yes.

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.

18 MR. ADAMS: Got a motion and a second.

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

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.

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
3 very much within budget. Also, mileage rates have
4 increased from .585 cents per mile to .625 cents per
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
18 October 1, 2022.

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?

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.)
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CERTIFICATE OF COURT REPORTER

I, CYNTHIA HARRIS, Court Reporter and Notary Public, in and for the County of Scott, State of Mississippi, do hereby certify:

That the foregoing pages contain a full, true, and correct transcription of all the proceedings taken by me at the time and place heretofore stated;

That I am not kin or in anywise associated with any of the parties to said cause of action or their counsel, and that I am not financially interested in the action.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this the 14th day of October, 2022.

CYNTHIA HARRIS, RPR, CCR 1828

MY COMMISSION EXPIRES: DECEMBER 10TH, 2025

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IN WITNESS WHEREOF, I have hereunto set my hand and seal, this the 14th day of October, 2022.



Cynthia Harris

CYNTHIA HARRIS, RPR, CCR 1828

MY COMMISSION EXPIRES: DECEMBER 10TH, 2025

MISSISSIPPI BOARD OF NURSING

MOTION # 1

I move that Open MBON Meeting 1108

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			

MOTION MADE BY

MOTION SECONDED BY

DATE

FAVOR

OPPOSE

ABSTAIN

MOTION PASSED

MOTION FAILED

MISSISSIPPI BOARD OF NURSING

MOTION # _____

I move that approve agenda² & previous
minutes

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			

Jeremy
MOTION MADE BY

Jan
MOTION SECONDED BY

DATE

FAVOR

OPPOSE

ABSTAIN

MOTION PASSED

MOTION FAILED

MISSISSIPPI BOARD OF NURSING

MOTION # 4

I move that approve proposal of ^{Holmes Com. College} ~~HCE~~ for Full time

Day 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			
King, Melissa			
Moore, Laura			
Owens, Michelle			
Shaw, Alton			
Stewart, Mary			

Sandra
MOTION MADE BY

Jeremy
MOTION SECONDED BY

DATE

FAVOR

OPPOSE

ABSTAIN

MOTION PASSED

MOTION FAILED

MISSISSIPPI BOARD OF NURSING

MOTION # 5

I move that Blue Cliff be denied pending
submission of need

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			

 MOTION MADE BY

 MOTION SECONDED BY

 DATE

 FAVOR

 OPPOSE

 ABSTAIN

 MOTION PASSED

 MOTION FAILED

MISSISSIPPI BOARD OF NURSING

MOTION # 6

I move that ASP minutes for June

⑦ Waive readings Nancy

⑧ Approval of future meetings

⑨ Approval of add. day in Dec Jeremy/Laura

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			

Alton
MOTION MADE BY

Shaw
MOTION SECONDED BY

DATE

FAVOR

OPPOSE

ABSTAIN

MOTION PASSED

MOTION FAILED

MISSISSIPPI BOARD OF NURSING

MOTION # 10

I move that approve 2023 Hearing dates & Panels

① MBON retreat & Capital Days / Jan/Jeremy

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			

Jeremy
MOTION MADE BY

Sandra
MOTION SECONDED BY

DATE

FAVOR

OPPOSE

ABSTAIN

MOTION PASSED

MOTION FAILED

MISSISSIPPI BOARD OF NURSING

MOTION # 12

I move that approve accept Complicane Committee
Recommendation

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			

Sandra
MOTION MADE BY

Jeremy
MOTION SECONDED BY

DATE

FAVOR

OPPOSE

ABSTAIN

MOTION PASSED

MOTION FAILED

MISSISSIPPI BOARD OF NURSING

MOTION # 13

I move that Administrative Code 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			

Sandra
 MOTION MADE BY

Jeremy
 MOTION SECONDED BY

 DATE

 FAVOR

 OPPOSE

 ABSTAIN

 MOTION PASSED

 MOTION FAILED



Mississippi Board of Nursing

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

MEMORANDUM

TO: Administrative Code Committee
FROM: Deanne Saltzman
DATE: 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 re-filing 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 through 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.**

MISSISSIPPI BOARD OF NURSING

MOTION # 14

I move that Closed^{exc.} session

⑮ ^{motion for} Closed session for executive pay

⑯ ^{motion to} Raise Ex die salary. (Sandra/ Jeremy)

⑰ Motion to adjourn ex. session (Sandra/ Mary)

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			

Sandra
~~Adams~~
MOTION MADE BY

Jeremy
MOTION SECONDED BY

DATE

FAVOR

OPPOSE

ABSTAIN

MOTION PASSED

MOTION FAILED

⑱ motion to accept ~~Finance~~ Finance Committee recommend. of Ex. Director's Salary
Jeremy/ Mary

⑲ Motion to adjourn
Jan/ Alton

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THE MISSISSIPPI BOARD OF NURSING
BUSINESS MEETING

OCTOBER 7, 2022

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
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3541 Highway 13 South
Morton, MS 39117
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10-7-22 BUSINESS MEETING

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1 APPEARANCES

2

3 BOARD MEMBERS IN ATTENDANCE IN PERSON:

4 T.J. ADAMS, RN, BSN, MSHA (PRESIDENT)

5 SANDRA CULPEPPER, LPN (VICE PRESIDENT)

6 JEREMY L. CUMMINS, LPN, LNHA (TREASURER)

7 JANIE CLANTON, RN (SECRETARY)

8 MARY STEWART, PhD, RN

9 NANCY NORRIS-JOHNSON, LPN, II, CPT

10 ALTON SHAW, MSN, FNP-C

11 LAURA MOORE, MSN, NP-C

12 LACEY T. GENTRY, MSN, RN

13 SHIRLEY JACKSON, LPN

14 JAN COLLINS, CONSUMER

15

16 BOARD MEMBERS IN ATTENDANCE VIA ZOOM:

17 MELISSA KING, DNP, FNP-C

18

19 ALSO PRESENT:

20 EDWARD WIGGINS, JR., ESQUIRE

21 SPECIAL ASSISTANT ATTORNEY GENERAL

22

23

24

25

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1 PROCEEDINGS

2 * * * *

3 MR. ADAMS: Good morning, everyone.

4 welcome to the Board of Nursing business meeting.

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.

17 MS. COLLINS: I'll second.

18 MR. ADAMS: Second by Ms. Jan.

19 All in favor?

20 BOARD MEMBERS: Aye.

21 MR. ADAMS: All right. Open forum: I

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

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1 from the community that we have on the agenda this

2 morning or that would like to speak?

3 MS. MALONE: Hi, this is Teresa Malone.

4 Can you hear me okay?

5 MR. ADAMS: Yes.

6 MS. MALONE: And I apologize. My voice

7 is scratchy, and my video is not working. But very

8 quickly, if y'all would bear with me, I would like

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

1 everyone of. Our RN and APRN day at the Capitol is
2 scheduled for January the 25th. And our Legislative
3 Nursing Summit, which will be held at the Jackson
4 Convention complex, is scheduled for February the
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
8 schedule with those events.

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.

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

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

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

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.
23 I had to look around. Y'all changed board seats on
24 me a little bit. It looks like we've had a little
25 shuffling around.

1 Good morning, everybody. I wanted to talk
2 about a few things. As y'all know, it's October.
3 The first week of January session starts, so it will
4 be here sooner rather than later.

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
8 that a few years ago Shan and certainly Dr. Johnson
9 had talked about let's do that and have a presence
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.

1 It's a great time - Jan, you know from
2 working with the Business League and other groups -
3 that it's just a good time to be there and
4 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
8 going to be senate Medicaid hearings to talk about
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,
14 Oxford, who is a friend and a very hard-working
15 senator, she's got some hearings coming up the 25th
16 and 26th of October. I think this is dealing around
17 care for newborns. Some of this is kind of an
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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1 and I think you reached out for their input on this
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
6 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
14 the board, obviously, would be opposed to or have a
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
18 that, watching that, and keeping you informed about
19 it.

20 But, you know, he is planning on introducing
21 a bill for that purpose, and hopefully all the
22 stakeholders and associations, along, of course,
23 with this board, we can all work together to come up
24 with something that everybody's comfortable with.
25 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.

4 The last thing, I'll say briefly, medical
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.

15 Now, I've talked to Representative Yancey
16 and Senator Blackwell; they've been the leads. They
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

1 the practitioner's side that appears to be -- not
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
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.

16 MR. ADAMS: Thank you, Trey. All right.
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.

1 The second is from Northeast Mississippi
2 Community College practical nursing program. They
3 also submitted a proposal to add a day option to
4 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
8 advanced placement, and this is for students who
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.

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

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

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

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.

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

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

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

25 Kaho Healthcare, they received permission to

1 97 percent.

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

6 And you can also see that their board scores
7 are way above the national average for the year 2020
8 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.

16 The final recommendation is from Blue Cliff
17 College, Gulfport, Mississippi. They submitted
18 declaration of intent for establishing a new program
19 in Mississippi. You all have that full report
20 attached. There were several deficits or
21 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 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
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
18 are in the process of sending that information in.
19 The annual report will provide information on the
20 programs' outcomes, the number of students that
21 graduated, the number of students that are admitted,
22 their retention rate for those students that are
23 graduating, and their NCLEX scores.

24 That is the end of my report.

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

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

1 assist them with teaching as additional faculty.

2 This fall they did hire some adjunct. They
3 placed them in the realm of being adjunct at this
4 moment, and those individuals will transition to
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.

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

1 standard, they're required to have a bachelor's
2 degree.

3 DR. STEWART: So no formal training or
4 learning. I shouldn't say the word "training," but
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,
9 traditionally, it is that bedside nurse. So they're
10 looking for those individuals who have had a
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
18 faculty and so forth? So I'm thinking five years,
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

1 practical nursing is a different world. The way
2 their schedules are set up, with them requiring
3 those 990 hours, is that that program is one year.
4 They're in class typically from 8:00 o'clock in the
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
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.

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

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
25 support LPN education. I just think as a board

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

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

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

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

1 these two schools, some of this came from their
2 clinical partners. If they are there to support
3 them and they provide letters of support indicating
4 those facilities are open for clinicals. One thing
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
8 are responsible for going out with them. So that is
9 a benefit because when they're going to a --

10 DR. STEWART: Oh, yeah, they're
11 providing care.

12 DR. BURKS: -- facility, they're not
13 having to find 30 nurses that are in the workforce
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
25 the number of applicants. I think we have found, at

1 least around baccalaureate and higher programs,
2 these numbers are reported by the institutions, but
3 there's really not any accountability or process to
4 say these are the same applicants applying at two
5 different institutions. And so where we see the
6 number and it's like, oh, we had 125 applications or
7 we had - I don't remember what this number was - 650
8 applications, there is some redundancy most likely.
9 It's not like we had 785 students that were turned
10 away.

11 DR. BURKS: No. Because students apply
12 for multiple programs.

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
17 more tuition.

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

1 they have their accreditation site visits, those are
2 things we can ask for. "Show us your rosters. Show
3 us where these individuals actually applied to your
4 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
9 area. If you have three or four schools in one
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.

14 If you're going to increase or ask for
15 additional space, where is your student population?
16 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
20 relationship because I think sometimes we forget
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

1 because sometimes it takes those students -- they
2 have to step back. It's not that they cannot do it,
3 but it's a different pathway of still getting to
4 their goal.

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
8 program, first of all, they met your criteria. So
9 if they met your criteria, that potential for them
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.

16 DR. STEWART: Right, getting the
17 workforce. I understand.

18 And you mentioned this, too. So the number
19 of applications is not necessarily the number of
20 eligible applicants.

21 DR. BURKS: These are eligible.

22 DR. STEWART: These are all eligible.
23 That wasn't clear.

24 DR. BURKS: It's good to know how many
25 actually apply. But how many are actually eligible

1 But what is being done to address this
2 workforce issue for the need of nursing to
3 accommodate more students at these schools? Is it
4 just because they don't have the space or they don't
5 have the educators or what is the problem? I guess
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.

20 But if they do it in the spring -- because
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
25 the students' schedules change. And so on this

1 for the program.

2 DR. STEWART: Would be accepted if there
3 was space.

4 DR. BURKS: Because the eligibility is
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
14 nurse educators that that's a reason why we haven't
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.

1 particular day, you may have a group in the
2 classroom. When these are in the clinicals, this
3 group is in the lab. They can still share.

4 MS. COLLINS: It's better use of the
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 -- They
9 might need to address that they increase the size of
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
17 I'm off there.

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

1 vacancies for nurse faculty, and that is limiting
2 the number of students that they can admit into the
3 program. So it's not necessarily space. It is more
4 nurse faculty vacancies right now.

5 MS. COLLINS: Well, what can be done to
6 address that, in your opinion?

7 DR. TEMPLE: Well, nursing faculty are
8 leaving for various reasons. One of them is salary.
9 A lot of them are leaving to go into practice, and
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

1 commitment for those funds.

2 But I agree with you it's certainly needed,
3 obviously. You can just listen to the vacancies and
4 know that there's a need. But it's them
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,
8 will continue to be, I think, to get them more
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
16 institutions.

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 MS. CULPEPPER: Shan.

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

1 consultant; that is Dr. Northington from UMMC. So
2 we are waiting to pull that information together
3 with a contract with her.

4 MR. ADAMS: We'll cover that, too, in
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'
8 request and Northeast Mississippi Community College.

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
16 1 Declaration of Intent. Provide Blue Cliff with
17 the opportunity to revise and resubmit the
18 information for review. I bring that as a motion.

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.

1 Board business: In your packet, you have
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.

7 MR. CUMMINS: I second.

8 MR. ADAMS: Jeremy with the second.

9 All in favor?

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?

16 MR. CUMMINS: I make a motion we
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

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1 minutes - June 2022.
2 MR. SHAW: Motion.
3 MR. ADAMS: Motion, Mr. Shaw.
4 MR. CUMMINS: Second.
5 MR. ADAMS: Second, Jeremy.
6 I also would like to waive the reading
7 of names of motions.
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
18 6th, 2022. Disciplinary hearings: December 7th and
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

1 add. It would be to add a date for December the 5th
2 for hearings as well. And we'll have to work that
3 out with our panel to make sure that that's okay,
4 and we may have to ask for volunteers, but we would
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 --
11 they were supportive. It was actually their
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

1 some reason we can't fill up the 6th, 7th, and 8th,
2 we would -- the 5th would be the last day that we
3 would be scheduling anything. And we did want this
4 temporarily. We're not asking for it to be an
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. If
9 those are productive and we're able to clean those
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.
12 DR. STEWART: Agreed.
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.
18 MR. ADAMS: Second, Ms. Laura.
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.

1 DR. JOHNSON: Well, good morning; good
2 morning. Thank you for the opportunity to present
3 the report to the board.
4 First of all, before I get started, I wanted
5 to take this opportunity to thank my wonderful
6 staff, the Board of Nursing staff. Dr. Burks stood
7 in, in my seat. As you know, I was in London - got
8 back last night - this past week, but Dr. Burks
9 stood in and assisted from the administrative
10 standpoint.
11 The Board of Nursing staff as a whole, I'd
12 like to thank them. They have been spot-on. And to
13 the legal division, you know, I am so grateful to
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,
18 Dr. Burks, and the legal division as a whole for the
19 great job they've done, and the Board of Directors
20 for your support. So thank you all.
21 And, again, I would like to thank the Gaming
22 Commission for allowing security for our board
23 again. So thank you all for being here. We
24 appreciate you so much.
25 MR. ADAMS: And, Dr. Johnson, you do

1 have a couple of new faces first meeting.
 2 DR. JOHNSON: I'm going to get to that.
 3 You stole my thunder. But since you alluded to
 4 that, we will carry right on into that. We do have
 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
 9 new APRN director of advanced practice and licensure
 10 - very knowledgeable, has a wealth of experience.
 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
 17 board. So we would like to welcome Brandon. You
 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.

1 You all being there and your support as a whole from
 2 the board has meant the world to me, and I just want
 3 to thank you for that and ask for your continued
 4 support as this whirlwind over the next couple of
 5 years ensues. So I cannot do anything I do without
 6 your support and without the support of my wonderful
 7 staff. So that does not go un-noticed. So thank
 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.
 17 We have the members of the board that have
 18 signed up for that conference, and the registration
 19 deadline has passed for that. So those members that
 20 have been approved, that submitted early have been
 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.

1 And I do encourage members to attend at the
 2 next one. It is a great conference to attend on
 3 policy issues and regulatory issues. So if you did
 4 not get a chance to attend this time, make sure --
 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
 23 will be a reception for board members and some
 24 educational training on that afternoon when you come
 25 in. The venue is the Westin, and we will be able to

1 provide transportation to the Capitol from the
 2 Westin on Capitol Day for you to be taken up to the
 3 Capitol for that.
 4 The speaker for the event is Dr. Stephanie
 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.
 8 She acts as a consultant. I've heard her speak on
 9 several issues at NCSBN. She's also been involved
 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
 16 schedule is very, very busy.
 17 I will provide you, the board members, a
 18 brief bio. I did not get a chance to do that before
 19 I got in here today. But I think you will enjoy
 20 Dr. Ferguson. So we look forward to that.
 21 I also wanted to let you know about Capital
 22 Day, 2023 for MEC, and that's going to be on January
 23 the 5th, 2023, from 8:30 to 1:00 at the Mississippi
 24 Trade Mart, and that's an event that we highly
 25 encourage you to attend as well, as well as Hobnob

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1 by MEC, which will be October the 27th of this year,
2 2022, at the Mississippi Coliseum. If any of the
3 board members are interested in attending, please
4 let Vanessa know as soon as possible so that we can
5 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
9 26th, through the 28th, 2023, in Nashville,
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
14 soon as possible for registration because there will
15 be a limit on the number of individuals that attend
16 that conference as well. But it will be held in
17 Nashville, Tennessee.

18 Our legal division, Deanne Saltzman and
19 Andrew Kelly, had a chance to attend the FARB legal
20 seminar last week, just prior to board meetings
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.

3 The mid-year meeting for NCSBN 2023 is
4 scheduled for March 28th through the 30th in
5 Seattle, Washington. A lot of good information will
6 be coming about at that meeting. We will be looking
7 at non-licensed support workers, which is a topic of
8 interest globally, as well as some other regulatory
9 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
20 intending to attend any of these events.

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

1 sapphire, so they're asking everybody to wear
2 sapphire blue. So more to come on that.

3 Additionally, we spoke briefly about the
4 global shortage. I did attend the International
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.,
8 the United States. Who am I missing?

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 -
16 but that is the buzz word from a national level. We
17 know it affects Mississippi and the United States,
18 but it's affecting everybody globally.

19 And I just sent an e-mail, because when I
20 got back in my office after our earlier meeting, the
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

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

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1 borders to open up and say, "Everybody, come on in,"
2 because everybody's educational requirements are not
3 equivalent to what we require or what some of the
4 United States other boards require.

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 DR. JOHNSON: I think Mississippi is
22 competitive because what I'm hearing from a national
23 and global perspective is that we want to make sure
24 that the nurses that we allow into our country and
25 into our state are competent to provide the nursing

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

3 Canada and the United States have a process
4 by which they can allow and look at those
5 qualifications, and they are substantially
6 equivalent to what we require in the United States.
7 So that was the other buzz word "substantially
8 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.

16 We don't want to be the problem, but at the
17 end of the day, you still need people who have been
18 adequately trained that know what they're doing when
19 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

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

1 that there were a couple million dollars that we
2 really thought would be there for
3 retention/recruitment. And I think those are things
4 that we've got to continue to push from our
5 profession.

6 Trey.

7 MR. BOBINGER: Mr. President, I would
8 say that there's anywhere from 250 to 300 million
9 dollars in remaining COVID money. Of course, every
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
18 the Hospital Association, is getting the business
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,
23 our retention of employees." And I think those
24 legislators really pay attention to things
25 particularly coming from the business community,

1 particularly if they think it may have an adverse
2 impact on the businesses. It's just a thought. We
3 might want to reach out and solicit some letters of
4 support -- Dr. Temple, you know, both Community
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
13 government affairs.

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,
20 when we have some functions of where we do have an
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

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

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

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

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

16 MR. BOBINGER: Absolutely. And I'd
17 also, again, like to maybe loop in IHL and the
18 Community College. But I think that's an excellent
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.

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.

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.

1 Okay. This early in the session, Trey, help
 2 me out here. Is the Senate still in the morning at
 3 10:00, and the House in the afternoon at 1:30?
 4 MR. BOBINGER: That's generally how they
 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

1 Day.
 2 MS. COLLINS: I'll make a motion.
 3 MR. ADAMS: A motion by Ms. Jan.
 4 MR. CUMMINS: Second.
 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.
 12 MS. MOORE: We have two motions to come
 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.
 24 MS. CULPEPPER: I'll make the motion.
 25 MR. CUMMINS: Second.

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 MR. ADAMS: Thank you, sir.
 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
 18 we're going to -- Dr. Burks has probably already
 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.

1 But there are four areas, and if you will
 2 look in your packet, Ms. Saltzman has brought by
 3 administrative code information for the members to
 4 review because there are some things that we're
 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
 9 the Fresh Start Act. These were adopted by OLRC
 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 MnVP. This filing had expired on 7-22-2021. Before
 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

1 filed temporarily. We need to get them promulgated
2 through OLRC and the Secretary of State's Office.
3 MnVP, I believe, began in 2019, and we just need to
4 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
8 temporary rules had expired. I went ahead and took
9 that abstinence part out to conform with the Justice
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

1 emergency rule, that's good for 120 days.

2 MR. SHAW: And thought everything was
3 being filed with the Secretary of State to make it a
4 permanent rule, and that never happened?

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

1 everyone with at one time.

2 MR. ADAMS: Any questions?

3 DR. STEWART: So let me ask a question.
4 So on the third item, on 2840, Chapter 1 about
5 monitored practice hours.

6 MS. SALTZMAN: Okay. So that is
7 something that the board will need to discuss what
8 they want to do with monitored practice hours. That
9 is listed on here, but that's not really for today
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
17 Dr. Johnson had asked me to look at some of the
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

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

1 temporarily repealed for 120 days, which gets you
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
6 practice hours. But I just wanted to make everyone
7 aware that that was a temporary repeal. We can't
8 just keep, keeping it temporary. We have to make it
9 permanent through OLRC and Secretary of State.

10 MR. SHAW: Because basically, and
11 besides what some other organization keeps blowing
12 smoke about, it's an outdated, redundant and
13 restricted thing. OLRC should love this because
14 they have been fed a lot of misinformation by
15 another organization that seems to want to promote
16 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.

1 And I think -- I don't know how many of you
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
6 requirement to start working as an APRN and a lot of
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
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.

16 And then some schools have gone up to 2,000
17 hours, and they can still walk out and not have to
18 go through this. So it created a competitive
19 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.

1 DR. JOHNSON: That did not occur because
2 they kept it as an emergency rule and kept re-filing
3 it as a temporary rule because it still had not gone
4 through the full process. And when we looked at it
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
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
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.

1 So the board is going to have to make a
 2 recommendation through the administrative code
 3 committee to bring it back within that time.
 4 MS. SALTZMAN: I just want to say,
 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
 8 monitored practice hours, we will take that
 9 decision, and then we will properly promulgate it
 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
 20 that process over, but ultimately, what you want is
 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

1 the administrative code to meet by November or
 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
 8 it." If OLRC says "nay," we're still back to square
 9 one. It has not gone before OLRC.
 10 MR. SHAW: The plan is once all of this
 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
 14 this is to correct all that misinformation that
 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

1 good about thoroughly reviewing and kind of vetting
 2 whatever rule proposals. They will actually meet
 3 prior to the scheduling of the actual OLRC meeting,
 4 and sometimes they will go ahead and submit
 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
 9 be addressed prior to that meeting. Now, that's not
 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 MR. SHAW: I just still get frustrated
 17 by what is supposed to be to a professional
 18 organization on the other side that just raises up
 19 their own narrative for their own benefit. It
 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

1 second?
 2 MR. CUMMINS: Second.
 3 MR. ADAMS: I got a second by Jeremy.
 4 All in favor?
 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.
 14 MS. SALTZMAN: So is this for MnVP and
 15 for --
 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

1 MR. ADAMS: Yes.
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.
18 MR. ADAMS: Got a motion and a second.
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

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
3 very much within budget. Also, mileage rates have
4 increased from .585 cents per mile to .625 cents per
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
18 October 1, 2022.
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?

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.

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.)
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CERTIFICATE OF COURT REPORTER
I, CYNTHIA HARRIS, Court Reporter and Notary
Public, in and for the County of Scott, State of
Mississippi, do hereby certify:

That the foregoing pages contain a full,
true, and correct transcription of all the
proceedings taken by me at the time and place
heretofore stated;

That I am not kin or in anywise associated
with any of the parties to said cause of action or
their counsel, and that I am not financially
interested in the action.

IN WITNESS WHEREOF, I have hereunto set my
hand and seal, this the 14th day of October, 2022.

CYNTHIA HARRIS, RPR, CCR 1828

MY COMMISSION EXPIRES: DECEMBER 10TH, 2025

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