

BUSINESS MEETING

THE MISSISSIPPI BOARD OF NURSING
BUSINESS MEETING

FEBRUARY 11, 2022

PROCEEDINGS

taken on Friday, February 11, 2022,
commencing at approximately 11:08 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:

ALTON SHAW, MSN, FNP-C (PRESIDENT)
SANDRA CULPEPPER, LPN (SECRETARY)
MARY STEWART, PhD, RN (TREASURER)
SHIRLEY JACKSON, LPN
NANCY NORRIS-JOHNSON, LPN, II, CPT
JEREMY L. CUMMINS, LPN, LHNA
JANIE CLANTON, RN
LACEY T. GENTRY, MSN, RN
JAN COLLINS, CONSUMER

BOARD MEMBERS IN ATTENDANCE VIA ZOOM:

LAURA MOORE, MSN, NP-C
T.J. ADAMS, RN, BSN, MSHA (VICE PRESIDENT)

ALSO PRESENT:

EDWARD WIGGINS, JR., ESQUIRE
SPECIAL ASSISTANT ATTORNEY GENERAL

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PROCEEDINGS

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MR. SHAW: We do have a quorum. We have Ms. Laura Moore and T.J. Adams that are online virtually.

With that, Ms. Shirley, would you mind opening us up.

MS. JACKSON: Good morning, everyone. If you will, please bow your heads.

(Prayer.)

MR. SHAW: So I have a motion we approve the agenda.

MS. NORRIS-JOHNSON: I make a motion.

MR. SHAW: Motion, Ms. Nancy Norris-Johnson.

MR. CUMMINS: Second.

MR. SHAW: Second from Jeremy. All in favor?

BOARD MEMBERS: Aye.

MR. SHAW: Motion carries.

Open forum. I understand we have Mr. Davis Frye with Butler Snow that would like to speak.

MR. FRYE: Thank you.

Good morning, everyone. My name is Davis Frye; I'm an attorney at Butler Snow. I'm here

1 today with Tina Alexander, who is vice president of
2 Tara Cares, which is a support company that provides
3 support to long-term care facilities in Mississippi
4 and throughout the Southeast. I'm also here with my
5 law partner, La'Verne Edney, who decided to sit
6 behind me today, which makes me a little nervous,
7 but I'm glad she's here with me.

8 It is great to come and talk to the board.
9 It's really nice to get to talk to a group of people
10 who are healthcare professionals and who are not
11 lawyers. No offense to the lawyers in the room.

12 We're here today to ask for your support for
13 a new designation for nursing assistants in
14 Mississippi. It's a designation that has been
15 adopted by other states throughout the country.
16 It's something I'm calling certified medication
17 technicians or certified medication aides. I refer
18 to them as CMAs. So rather than CNAs, certified
19 nursing aides, these would be certified medication
20 aides who would be certified to administer routine
21 medications in specific types of facilities in
22 Mississippi.

23 My hope is, if the board supports this
24 concept, you would help us to develop regulations
25 and specific restrictions for CMAs so that they

1 would only administer certain types of routine
2 medications, so that they would have certain
3 requirements as far as training.

4 A lot of states add this certification onto
5 CNA training. So once they're certified as CNAs,
6 some states require a certain number of years of
7 practice, and then you can take a course that would
8 be sponsored by the Board of Nursing to get this
9 additional certification so you could administer
10 routine medicines; you could document -- chart on
11 the administration of routine medicines; and monitor
12 patients to ensure that there's not an adverse
13 outcome as a result.

14 I've been practicing law for 25 years, and
15 the majority of my practice has been representing
16 nurses and long-term care facilities. I've met with
17 a lot of your counterparts. And what I've learned
18 is that to be a nurse, it's more than just a job,
19 especially a nurse in a long-term care setting; it's
20 a calling. You're not going to be a nurse in a
21 nursing home unless you feel called to help people,
22 especially the geriatric population.

23 And what I've seen - and I know you've seen
24 it - in the last three years, the pandemic has had a
25 horrific impact on the availability of licensed

1 nurses, licensed LPNs and RNs, especially in long-
2 term care. It's been very difficult to staff long-
3 term care facilities appropriately.

4 In preparation for today, I just looked
5 online and found the first three articles I could on
6 staffing issues in long-term care, and what I found
7 were headlines like, "Staffing shortages force long-
8 term care facilities to limit admissions and hire
9 agency workers.

10 "Long-term care sector continues to battle
11 worsening workforce crisis."

12 The nursing home staffing crisis right now
13 is like nothing we've seen before. I anticipate
14 that that is also your experience. You talk to
15 nurses; you are nurses. You understand the staffing
16 crisis.

17 We believe that this new certification of
18 certified medication aides can help resolve that
19 crisis. So now that can free up LPNs and RNs to
20 provide different type services, more complicated
21 services for long-term care patients.

22 And at the same time, there's been research
23 on this type of position, and the research shows
24 that it does not limit the jobs available to LPNs
25 and RNs. I know that there's been some concern

1 expressed in the past that if we have this
2 certification, would it take jobs away from RNs and
3 LPNs? And the research says, "No."

4 And the research shows that this type of
5 medication administration certification actually
6 improves quality of care at long-term care
7 facilities. So I've asked Tina to come with me and
8 just briefly describe the experiences she's had in
9 the last three years with staffing at long-term care
10 facilities.

11 MS. ALEXANDER: Yes. And good morning.
12 Again, I'm Tina Alexander. I'm a vice president
13 with Tara Cares. As vice president, I support eight
14 facilities in the state of Mississippi and also
15 facilities in Louisiana.

16 My career started as an LPN since 1994, so
17 I'm very proud to hold that title.

18 I've been a licensed nursing home
19 administrator since 2002. I've operated several
20 facilities, so all of my time has been in long-term
21 care.

22 What we've seen over the last couple of
23 years -- of course, when I got out of nursing
24 school, nurses had to wait for a full-time position
25 to come open.

1 We have managed before the pandemic to kind
2 of hold still, even though we saw the staffing
3 issues with nurses, but here lately it's gotten
4 worse.

5 Of course, we're up against a lot of things:
6 agency nurses and then the recruitment of these
7 nurses that's taking travel assignments.

8 With the CNA shortage, we find a lot of our
9 nurses getting burned out. They're having to assist
10 the nursing assistants on the floors. We've had
11 director of nurses who has quit the long-term care.
12 Our turnover in director of nurses is horrific, one,
13 because of the amount of LPN openings.

14 Most people know in nursing homes, most of
15 the LPN's time is taken passing medications in the
16 nursing home. So now that they're passing meds,
17 they're also short of CNAs, we have director of
18 nurses having to burn long shifts, weekends, and
19 nights filling in on the floor to do meds. So
20 that's the opportunity we would like to see, to give
21 relief to the nurses in the long-term care
22 facilities.

23 And I've also talked to other operators of
24 hospitals, so not only from a long-term care
25 perspective, but I think it's looking at nursing as

1 a whole. What can we do to enable our nurses to
2 provide the better quality of care, not getting
3 burned out from the nursing-assistant relief, not
4 getting burned out because we're short of nurses,
5 and that's what we're here to plead for your
6 support.

7 MR. FRYE: I'll tell you, if you didn't
8 think it was a calling to be a nurse before the
9 pandemic, you know that only those who are left
10 working on those front lines believe it's a calling.
11 They believe in what they do. It's more than just a
12 job.

13 So what we're here to do is to answer any
14 questions you may have. And I've put in front of
15 you -- you'll see a handsome Butler Snow packet that
16 has sort of what we thought were some key points for
17 a CMA proposal, along with some of the support, the
18 research we did, just a couple of articles to
19 support this concept, along with my contact
20 information.

21 What we're envisioning, and it's really --
22 we could do it any way the board would like it to be
23 because this is a new opportunity, and I think a
24 good opportunity for us to develop this concept in
25 conjunction with you. But what we were thinking was

1 that this certification would go through the board.
2 It would be a license, so that it would bring
3 revenue stream to the board. So you would get some
4 benefit to regulating this particular position. And
5 you could help us develop the right kind of
6 training, the right kind of experience, and the
7 restrictions that would be placed on this
8 certification so that you could say they couldn't
9 administer controlled substances. There's certain
10 things that you couldn't do. So you could really
11 help us develop the scope of work.

12 So we would like to do this in conjunction
13 with the board. And, again, the board would provide
14 oversight for this position.

15 Alabama just implemented certified
16 medication aides on January 1 of this year. So it's
17 not re-creating the wheel. There are other states
18 that have done this, and we can learn from them and
19 sort of copy what they've done to see what works and
20 what doesn't work.

21 So that's really what we wanted to do today
22 is just present this concept to the board, answer
23 any questions you may have. I'd love to get your
24 input. We can do that now or at a different forum
25 if that's appropriate. But I'd love to get your

1 thoughts on the concept, generally, and whether you
2 feel like the board would be interested in pursuing
3 something like this.

4 MR. SHAW: Anybody have any questions?

5 MS. CULPEPPER: I most certainly do. I
6 am a nurse aide educator.

7 MR. FRYE: I'm ready.

8 MS. CULPEPPER: I've been a nurse aide
9 educator for 13 years, and there was a statement you
10 made that concerns me. Certified nurse aides cannot
11 administer medications, period. It is out of the
12 scope of their practice. So when you made the
13 comment that it is a certification they can pick up
14 to add to it, no; that is two separate areas. They
15 will have to choose which role they will be working
16 in, in that long-term care setting.

17 Because the other question I have, have you
18 had the discussion with the Department of Health
19 because they are the regulators for nurse aides in
20 the State of Mississippi.

21 MR. FRYE: We started with you.

22 MS. CULPEPPER: The Department of Health
23 is where you need to reach out to as well because
24 Antanikah Robbins will guide you.

25 MR. FRYE: Thank you.

1 MS. CULPEPPER: You're welcome.

2 And so for me, I do -- I'm going to be
3 totally honest. I do have concerns simply because
4 -- and like yourself, we've been educators for a
5 long time. We know that the folks that we may work
6 with have varying educational backgrounds. One
7 wrong medication that they're not educated about is
8 an issue for the public safety. That's my concern.

9 I know that I've educated well. Mr. Cummins
10 is an educator as well of nurse aides.

11 That is my biggest concern is patient
12 safety.

13 And also when we look at the pandemic,
14 absolutely. And my concern is also this: If I, an
15 educator, am having difficulty getting nurse aides
16 into a classroom, what is your proposal to get them
17 into a medication class? Because if I can't get
18 them in there to provide care, which as an LPN, I
19 still work a cart. If I can't get someone to assist
20 me in the care of the client, what good is it going
21 to do for me to have someone to give medications?
22 Because then that means I'm going to be providing
23 the care for the client as well as carrying both
24 roles.

25 Does that make sense what I'm saying?

1 So these are concerns for me.

2 MR. FRYE: So it would require close
3 oversight by the licensed nursing staff of the
4 facilities. I hear what you're saying.

5 And it sounds like -- this is exactly the
6 kind of feedback we were hoping for. It sounds like
7 you would prefer a separate training process, a
8 certification completely different --

9 MS. CULPEPPER: It absolutely has to
10 stand separate. And trust me, I've looked at it.
11 I've considered -- I know that Louisiana offers it
12 as well; there's classes there. The curriculum can
13 be done. I've read up on it. I have the books on
14 it. It doesn't always mean it's right, right now.

15 So I think the important part of this
16 conversation is also to bring the Department of
17 Health into play because they are the regulators and
18 surveyors for long-term care.

19 MR. FRYE: Thank you.

20 MS. CULPEPPER: You're welcome.

21 MR. SHAW: Jeremy, did you have
22 something?

23 MR. CUMMINS: Yeah. Thank you for that
24 presentation.

25 Ms. Alexander, I, as you, have been an

1 administrator for many, many years, so I'm very
2 familiar with the long-term care industry on the
3 local side and a corporate side.

4 My question is this: This does not relieve
5 the nurses of Mississippi or the facilities in
6 Mississippi from having to have nurses.

7 MS. ALEXANDER: No, sir.

8 MR. FRYE: True.

9 MR. CUMMINS: Medication aide is not
10 going to -- so we can't bring this to the approach
11 saying, "This is going to help solve the nurse
12 shortage."

13 MS. ALEXANDER: Correct.

14 MR. CUMMINS: Because this is just an
15 added something. Simply because Mississippi State
16 Department of Health has minimum standards that
17 every facility has to follow; they're surveyed by
18 those.

19 So the presentation, I guess, needs to be
20 very transparent and clear that this is not
21 something that's going to affect nursing shortage.
22 It's not going to help; it's not going to hurt.
23 Because, you know, you can't bring a medication aide
24 to take the place of a nurse.

25 MR. FRYE: That's exactly right. I

1 appreciate where you're coming from. And it wasn't
2 my intent to say --

3 MR. CUMMINS: Right.

4 MR. FRYE: -- that they would replace
5 LPNs and RNs. They would have to be supervised.

6 MR. CUMMINS: That's right.

7 MR. FRYE: But our hope would be that
8 this would free up LPNs and RNs to do other types of
9 tasks like treatments.

10 MS. ALEXANDER: Yes, correct.

11 MR. CUMMINS: My concern would be that
12 this would actually hinder nurses because now
13 instead of giving the medicine and doing the checks,
14 whether it be a blood pressure medicine and have to
15 take the blood pressure before, whether it be giving
16 an insulin and have to check a blood glucose before,
17 whether it be a narcotic, you know, there's lots,
18 lots of areas that this could be liability all over
19 the place for a facility.

20 Now, I'm just speaking from long-term care
21 facilities because that's my specialty.

22 But I'm like Ms. Culpepper. This has got to
23 start with Mississippi State Department of Health
24 before it ever comes to us. Because they are the
25 ones that have to alter their minimum standards to

1 approve medication aides because it is -- that's
2 where it's got to start.

3 And then at that point, I think that we
4 could revisit this maybe. I've looked at it; I've
5 researched it. You know, when you're in our
6 positions, you sit there and try to think of every
7 possible option. But I'm not sure that this is an
8 option that's going to give relief. I'm afraid this
9 option would give more liability issues and more
10 oversight or supervision for the nurses as opposed
11 to going ahead and giving the medicine and being
12 done with it.

13 MS. JACKSON: Good morning,
14 Ms. Alexander and Mr. Frye.

15 MS. ALEXANDER: Good morning.

16 MR. FRYE: Good morning.

17 MS. JACKSON: I'm Shirley Jackson, and
18 I'm a little bit of both. I am a former health
19 science supervisor, and I agree with both of my
20 colleagues. Ms. Robbins is your first contact, but
21 you also have to understand under the Department of
22 Education, the Career and Technical. Health science
23 programs have offered nursing assistant classes to
24 graduating seniors, so that would be also an entity
25 that you need to follow through on, is with the

1 Department of Education. Because State Department
2 of Health comes first, and then they have to venture
3 in with the State Department of Ed to make that
4 work.

5 MR. CUMMINS: Maybe Melissa Parker or
6 Frances Fair at the State Department of Health;
7 they're over licensure and certification. That's
8 where you probably need to start. I would say
9 before you even go the direction of the CNA program,
10 you need to look at what -- I mean, licensure and
11 certification guidelines have to be put in place
12 before any of this other stuff even matters. If
13 it's not licensure and certification, you know, CNA
14 programs, education programs, that's got to be
15 secondary and tertiary to licensure and
16 certification. That's where you've got to start.

17 MR. FRYE: Thank you.

18 MS. CULPEPPER: And I think -- I'm
19 sorry.

20 MR. WIGGINS: Go ahead.

21 MS. CULPEPPER: And I think -- I'm not
22 above having a conversation and re-evaluating what
23 you have to present. But I also think when it's
24 re-presented, I think we need data, meaning data as
25 far as what is the safety like in these other states

1 that have nurse -- the medication nurse aides? That
2 is super important to us because we are charged to
3 protect the public. And in order for us to back
4 something, we need that data.

5 MR. FRYE: We can do that. Thank you.

6 MR. WIGGINS: In the states where this
7 is already in place, what has been the time frame
8 from proposal to actual implementation? And
9 secondly, since they have raised concerns about
10 liability, is there, I guess -- I know for attorneys
11 there's E&O coverage. Would that be something that
12 would be in place for these practitioners as well?

13 MR. FRYE: Certainly it would be. So
14 there could be coverage available. Just as you can
15 obtain insurance coverage for a facility, it would
16 cover any sort of medication error like that.

17 I would love to bring you data, and we'll do
18 that next time we're here. There are actually
19 studies that show that medication errors decrease
20 with the use of aides who are administering --
21 that's their job is just to administer routine
22 medication. So it's actually been an improvement in
23 those states that have adopted this.

24 Typically, it takes time because you have to
25 lobby. You have to get the Department of Health on

1 board. So it takes at least 18 months to get this
2 program going. So it would not be something --
3 unless you guys approved it right now. We can't
4 start tomorrow certainly. It's going to take some
5 time.

6 So really what we wanted, and this is great
7 feedback. This is exactly what we were hoping for,
8 to hear what you like about it, what you don't, what
9 you think we should be doing differently, and what
10 would help you to make a good educated decision.

11 MS. CULPEPPER: I'm sorry. I'm so full
12 of questions.

13 So based on the regulation of -- And you
14 have to be careful when you say "CMA" because that
15 could be certified medical assistant.

16 MR. FRYE: True.

17 MS. ALEXANDER: Right.

18 MS. CULPEPPER: So I think the
19 terminology has -- to be careful with it.

20 MR. FRYE: Strictly something a lawyer
21 came up with.

22 MS. CULPEPPER: But as well, who are you
23 -- because I know that some states may say, "We want
24 the Department of Health to regulate us," and it
25 almost -- and I'm just looking for clarification.

1 Are you wanting the Board of Nursing to regulate
2 medication aides?

3 MR. FRYE: So what I wanted was the
4 Department of Health to set regulations but for the
5 board to assist with licensure and training, if
6 that's something that you would consider doing.

7 MS. CULPEPPER: I think that would have
8 to be a discussion that we would have to have at a
9 later date with that data --

10 MR. FRYE: Of course.

11 MS. CULPEPPER: -- and all that other
12 stuff because --

13 MR. FRYE: I'd --

14 MS. CULPEPPER: -- that --

15 MR. FRYE: -- rather --

16 MS. CULPEPPER: -- would be --

17 MR. FRYE: -- you not --

18 MS. CULPEPPER: -- a massive
19 undertaking.

20 MR. FRYE: Yeah, I'd rather you not have
21 that discussion today, for sure.

22 MS. ALEXANDER: And Mr. Frye was
23 relating to a lot of states -- they require -- it's
24 a separate course. These people will have to
25 actually go through like a four-month course to pass

1 medicine. So it is a separate training.

2 A lot of them prefer they take CNAs that,
3 like, has been in a nursing home for two years,
4 certain GPA, SAT levels and all that stuff. Those
5 are the ones that they are -- will accept in the
6 program. So not all CNAs can do it because they
7 actually have to apply.

8 But for nursing homes, if we want to send a
9 CNA that's been there for years through this four-
10 month program to get the additional certification,
11 they have that option of being able to kind of
12 promote CNAs, so now -- you know, to better their
13 education.

14 So it would be a separate title. So they
15 would not be just CNAs passing meds in the nursing
16 homes. They would have to go through like a four-
17 month course on administration meds -- administering
18 meds.

19 The other states, they do not give any
20 insulin. They do not give any blood pressure
21 medicines. Nurses still have to give those. They
22 do not do any narcotics, so there are some meds the
23 LPNs still have to give. It just takes away about
24 80 percent of those meds where it does not take
25 monitoring from a nurse standpoint to do.

1 MR. FRYE: At last count, there are
2 about 25 states that have implemented this position,
3 and it seems to be -- the research we've looked at
4 is positive, and we can provide that to you the next
5 time we come.

6 MS. CULPEPPER: And, I guess, following
7 back up on what you said, I think it's going to be
8 very important, because of that scope of practice,
9 that as a medication aide you have to delineate
10 which role you will be working in.

11 MS. ALEXANDER: Correct. Okay, correct.

12 MR. FRYE: So you're saying a CNA
13 shouldn't be turning and repositioning patients and
14 administering medication?

15 MS. CULPEPPER: They can't do both.

16 DR. STEWART: Just real quick. I am
17 admittedly the biggest nerd on the board, okay. So
18 the first thing I did was pull out the research that
19 you're -- at least the two studies you put in here
20 in the NCSBN. So this has already been alluded to,
21 but I definitely would encourage you to do a more
22 current review of literature. Your NCSBN paper is
23 13 years old. One is a Canadian study which is a
24 very different system.

25 MR. FRYE: Very similar to Mississippi.

1 DR. STEWART: Well -- okay. And the
2 other one, I just would preferably -- I mean, just a
3 very quick glance at these, I'd really like to see
4 real numbers from those 25 states, and that will
5 take you a while to get, I'm sure. This is really
6 not representative.

7 But I appreciate you guys coming and seeking
8 our perspective. And I think you're preaching to
9 the choir when you're talking about people being
10 burned out, and balancing that with protecting the
11 public is a high task, but thank you for bringing
12 it.

13 MR. FRYE: Sure, thank you. Any other
14 thoughts or recommendations or suggestions going
15 forward?

16 MR. CUMMINS: I still don't understand
17 really how this is going to help the long-term care
18 industry. I guess that's what -- administrator to
19 administrator, I guess that's what I need you --
20 because what my mind goes to, is now instead of
21 hiring three LPNs to cover my floor on 7:00 to 3:00
22 shift, now I've got to hire three LPNs and three or
23 two or four or however many med techs. So from a
24 financial standpoint, this is actually costing me
25 more money, and there's really no relief.

1 MS. ALEXANDER: No. I think that we're
2 looking at -- so where if I had a unit and I needed
3 three LPNs and I only have two because I'm nursing
4 short, well, I could utilize a med tech that can
5 help -- that passes meds. So it will not take the
6 relief from the nurse being a nurse, but, again, it
7 would take a two-hour med pass that I would have in
8 the morning, and here now they are at two-and-a-half
9 hours, most of them. Well, that may take that nurse
10 now down to 30 minutes that this med tech is doing
11 meds because I will only have to monitor blood
12 pressure and insulins, oversee narcs. And it also
13 enables her to do more one-on-one patient care.

14 MR. CUMMINS: But your staffing number
15 is going to drop.

16 MS. ALEXANDER: No. Staffing numbers --

17 MR. CUMMINS: Your quality measures and
18 your staffing numbers are going to drop because you
19 don't have enough nurses to take care of people.

20 As far as -- if survey comes in and they see
21 you with one or two nurses when you should have four
22 nurses, just because you have med techs, doesn't
23 take the place of a nurse. See what I'm saying?

24 MS. ALEXANDER: Right.

25 MR. CUMMINS: So if they come in, you're

1 going to be at risk of an immediate jeopardy because
2 you don't have enough nurses to take care of the
3 people you've got in your building.

4 MS. ALEXANDER: Well, in other states,
5 med techs are considered hands-on, just like the
6 LPN. So if you look at it from a hands-on
7 standpoint, because they are delivering care,
8 because they are passing meds. Medication pass is
9 part of delivering care.

10 MR. CUMMINS: So in essence, at the end
11 of the day, the ball of wax is, is that med techs
12 are going to take the place of a nurse.

13 MS. ALEXANDER: No. We would prefer
14 nurses. We prefer nurses all day long. I mean, if
15 I had openings -- if I had five LPN openings and I
16 had 10 CMTs, I'm going to hire LPNs because that's
17 my number one choice, is to hire a nurse. But in
18 situations where we don't have that nurse and we
19 can't replace, then they would be used as a last
20 resort, not to replace the nurses.

21 MS. CULPEPPER: I'm sorry. But what I
22 think Mr. Cummins is saying is under the Department
23 of Health, we are required to keep a census, and if
24 that census does not -- and you said you were an
25 administrator.

1 MS. ALEXANDER: Yes.

2 MS. CULPEPPER: You understand that if
3 that census does not reflect the nurses, licensed
4 nurses --

5 MS. ALEXANDER: Right.

6 MS. CULPEPPER: Because, let's face it,
7 nurse aides and the medication are only certified.
8 The licensed personnel that are to be kept on that
9 census, if they walk in those doors at any point and
10 our census does not match what we're supposed to
11 have on duty, that's an IJ, which could cost us a
12 shutdown of our facility, which is a serious,
13 serious issue.

14 MS. ALEXANDER: So in the nursing homes,
15 they require you to meet minimum standards per
16 patient day. They do not say, "Well, based on your
17 census, you need this amount of LPNs, this amount of
18 RNs, this amount of CNAs. They look at you from a
19 whole standpoint, all caregivers hands-on 24 hours.
20 So they don't say a building 120, you've got to have
21 15 CNAs today. You have to have 10 LPNs. They're
22 saying this is the number of hands-on staff that's
23 required to take care of them, not by role or not by
24 discipline.

25 MR. CUMMINS: But, Ms. Alexander, you

1 know, and I know, too --

2 MS. ALEXANDER: Right.

3 MR. CUMMINS: -- if they come in and
4 you've worked 20 CNAs on day shift and you've worked
5 two on nights, they're going to write you a jeopardy
6 because of quality of care.

7 MS. ALEXANDER: If there was an incident
8 where they found areas where residents suffer from
9 care.

10 MR. CUMMINS: Right.

11 MS. ALEXANDER: However, if they have --
12 if there's no issues that result in care issues and
13 you're that short, you don't see that. They have to
14 find an issue with care first.

15 So we're not looking to eliminate at all.
16 We prefer to have the nurses.

17 MS. COLLINS: I did have one question.
18 Do I recall you saying that of the medications that
19 the nurses give to the patients, that 25 percent of
20 it is blood pressure medication, narcotics, things
21 that they have to do?

22 MS. ALEXANDER: Yes.

23 MS. COLLINS: So this would be relieving
24 them of 75 percent of medications that they give to
25 patients that are not under that category.

1 MS. ALEXANDER: The time frame of them
2 having to actually pass meds, yes. If I'm three
3 nurses short, well, if I could be two nurses and a
4 CMT, if that's all I had, well, that eliminates the
5 time the nurses are on the floor with these
6 two-hour, two-and-a-half-hour med pass that they can
7 do hands-on nursing care. Yes.

8 MR. SHAW: I appreciate y'all coming.

9 MR. FRYE: Thank you very much for this
10 opportunity. You've got my contact information.
11 Please send me more thoughts, more input. I would
12 love to hear from each of you. Thank you.

13 MS. ALEXANDER: Thank you.

14 MR. SHAW: We're still in open forum.

15 DR. TEMPLE: Hello. I'm Melissa Temple,
16 and I'm the nursing education director at
17 Mississippi Institutions of Higher Learning, and I
18 just wanted to give you a brief update.

19 I did give each of you a handout as well.
20 Those are some of the handouts of some information
21 that we've put together during this legislative
22 session just to give you an idea of some of the
23 things that they have asked for and some of the
24 stuff that we've collected.

25 The first one is January the 6th. And that

1 handout just provides information on registered
2 nursing qualified applicants to programs. And, you
3 know, the question was asked about how many
4 applicants are turned away each year. And looking
5 at a review of the last five years of annual
6 reports, there's an average of about 1,900 qualified
7 applicants that are not accepted into nursing
8 schools each year.

9 And also on that is an average salary of
10 nursing faculty as well.

11 The handout dated January the 10th -- we
12 went back and did a survey of nursing deans and
13 directors across the state to ask about student
14 enrollment and what they may be doing to retain and
15 attract nurse educators to their schools of nursing.
16 And the most frequently reported barrier for
17 admitting qualified applicants is the lack of
18 ability to retain and attract nurse educators, and
19 the number one reason is because of nurse faculty
20 salaries. That's what was reported from their
21 input.

22 Also important to note, there were many that
23 raised the concern about, not only do we need to
24 think about qualified applicants who are not
25 admitted into programs, but there are many qualified

1 applicants admitted to programs every year who are
2 not able to complete the programs. And so any
3 strategies that could be developed to help retain
4 those students who are already in the programs and
5 who are accepted. So identifying, you know, why
6 they leave the programs, why they're not
7 academically successful, and trying to decrease
8 attrition would also be beneficial and not just
9 admitting all qualified applicants.

10 The next handout is just a quick look at
11 COVID-19 impact on nursing education. And there was
12 a drop, just a slight drop, in qualified applicants
13 in the state, 436 from academic year '19/'20 to
14 academic year '20/'21. But even with that, all
15 applicants still couldn't be admitted.

16 The greatest concern is the nurse faculty
17 vacancies in associate degree programs and
18 baccalaureate degree programs. In the October
19 report fall 2021, schools of nursing reported 20
20 faculty vacancies, and at a ratio of 15 to 1, 15
21 students to 1 faculty member. That's 300 students
22 that could not be admitted due to lack of faculty.

23 Nursing deans and directors reported an even
24 greater loss of faculty in just a few short months
25 from the October fall '21 report to spring '22. An

1 additional 10 vacancies were reported in BSN
2 programs for a total of 13 this spring, and an
3 additional two vacancies in associate degree
4 programs for a total of 19 spring '22.

5 They reported faculty are leaving, same as
6 you are hearing in the nursing workforce. Many are
7 going ahead and retiring, citing exhaustion and
8 burnout, and some are leaving to enter practice at a
9 higher rate of pay.

10 When asked about retirement eligibility,
11 schools of nursing deans and directors reported
12 approximately 100 current faculty in the state and
13 13 nurse administrators would be eligible to retire
14 in the next three years.

15 Looking at enrollment in pre-licensure
16 registered nursing programs, enrollment dropped
17 below 4,000 in fall of 2021, and there has been a
18 steady decline in pre-licensure enrollment over the
19 last four years with 4,642 fall '18. And enrollment
20 in associate degree programs dropped from 3,062 in
21 fall of '20 to 2,822 in fall 2021; that's 240
22 students.

23 And BSNs reported a similar drop from 1,374
24 fall 2020 to 1,137 in fall of '21, which is 237.

25 So together that's a total of about 477

1 students, and that does coincide with the steady
2 decline that we've seen in nursing faculty over that
3 same period of time.

4 I also just wanted to give you a little
5 update on NCLEX. I know you asked about that at the
6 last meeting. And so 2021 has closed out, and the
7 good news is that while there was an increase in
8 first-write failures for nursing graduates, many,
9 many of them did pass on second write. A few of
10 them did take multiple times, but pass rates for
11 calendar year 2021 are in the mid 90s, and there are
12 four schools even with 100 percent pass rate.

13 So those students who were unsuccessful that
14 first write did go back, and they did pass.

15 The number of first-time candidates in 2021,
16 1,890. In 2020 there was 1,885. So there was not a
17 big drop from 2020 to 2021, but I do believe this
18 year with the decrease in enrollment and the
19 decrease in graduates, we'll see that number start
20 to decline.

21 Can I answer any questions?

22 MR. SHAW: Any questions?

23 DR. TEMPLE: Thank you.

24 MS. GENTRY: Dr. Temple, I applaud your
25 efforts on behalf of deans and directors in the

1 State of Mississippi. Thank you.

2 DR. TEMPLE: Thank you.

3 MS. GENTRY: Sincerely, we thank you.

4 Just this morning I had a -- I've got a
5 vacancy on my faculty. Just this morning I had an
6 applicant turn down the offer because of salary
7 issues. And this was a great catch. She was a
8 phenomenal candidate.

9 And we are feeling the pinch, and I
10 anticipate we'll have many more vacancies come
11 August. It's just -- you know, the reward is in
12 your heart, as far as educating and knowing your
13 positive ripple effect on the students and the
14 patients, the thousands of patients they will care
15 for. However, nurse educators need to be
16 compensated accordingly, and it's very disturbing
17 that we are continuing to pay salaries that haven't
18 changed -- starting salaries in most of our
19 community colleges and senior colleges that haven't
20 changed in 20 and 30 years.

21 So I think the board is grossly aware of
22 this, and I will speak for myself. I am -- this is
23 my hill I will die on. I am passionate about this,
24 and I know we have to compensate our educators
25 appropriately, thereby producing enough competent

1 nurses to meet our state's needs. So thank you.

2 DR. TEMPLE: Thank you.

3 MS. COLLINS: I've got a question, and
4 this may even include Mr. Bobinger.

5 I know that the legislature had expressed an
6 effort in the leadership to address some of the
7 nursing concerns this year about salary. Is this
8 something that -- do you think, Mr. Bobinger -- do
9 you think that anything will be actually transpired
10 in the legislature this year that would help
11 increase some of these salaries or address these?

12 DR. TEMPLE: I don't know of anything
13 this legislative session for salaries.

14 Thank you.

15 MR. SHAW: ONW?

16 Are there any other members of the public?

17 MR. SHAW: All right. ONW.

18 MS. CULPEPPER: Mr. President, we have
19 nothing coming out of ONW. However, we do have a
20 scheduled advisory committee meeting for March.

21 MR. SHAW: Dr. Burks.

22 DR. BURKS: Good morning, everyone. I
23 have one item to bring before the board and several
24 updates.

25 The item I'm bringing before the board is

1 regarding Kaho Healthcare Training Facility. They
2 submitted a proposal to teach the IV therapy
3 expanded role course. The proposed plan, it
4 included utilizing the curriculum as outlined by the
5 board. Their proposed scheduled first course was
6 planned for March 7th, 2022. I toured their
7 facility on February the 10th, and my findings were:
8 The renovations to this facility are not complete at
9 this time. All the necessary equipment and supplies
10 needed to teach an IV therapy course are not
11 available. The clinical site is Jefferson County
12 Hospital, but there was no affiliation agreement
13 signed.

14 So my recommendation regarding Kaho
15 Healthcare Training Facility that requested to teach
16 the IV expanded role course, is it be placed on hold
17 until all renovations are complete and another tour
18 is scheduled to confirm that they have met the
19 criteria and requirements. In addition, I recommend
20 that Kaho Healthcare Training Facility also resubmit
21 their application with revised start dates of the
22 courses.

23 MR. SHAW: With that recommendation,
24 does anybody have any questions?

25 (No verbal response.)

1 MR. SHAW: Have a motion we approve the
2 recommendation?

3 MS. CULPEPPER: I make the motion.

4 MR. SHAW: Motion, Ms. Culpepper.
5 Second?

6 MR. CUMMINS: Second.

7 MR. SHAW: Jeremy -- Mr. Cummins. All in
8 favor?

9 BOARD MEMBERS: Aye.

10 MR. SHAW: Any opposed?

11 (No verbal response.)

12 MR. SHAW: Motion carries.

13 DR. BURKS: The updates I have include
14 Concorde Career College. Of course, they are
15 currently in stage two of qualifying for the initial
16 accreditation. We have confirmed and scheduled
17 their site visit is for February the 16th through
18 the 18th of 2022.

19 The site-visit team will consist of
20 Dr. Chequitia Dixon, she's the dean of healthcare
21 director of the PN program at Coahoma; Dr. Christi
22 Blair, division chair of the PN program at Holmes;
23 and Dr. Lisa Pearson, PN director of Itawamba.

24 And the purpose of this site visit is, we're
25 going to clarify, amplify, and verify all of the

1 information that Concorde has submitted in their
2 self-study.

3 Another update is regarding the illegal
4 practical nursing programs in Mississippi. The
5 names of those programs -- it's one program, but it
6 utilizes different names: Allied Healthcare, Allied
7 Certified Technicians, and most recently they have
8 submitted information under the name Allied.

9 Dr. Verneuille, she sent an e-mail
10 explaining to the owner that he was operating
11 illegally in Mississippi because the school is not
12 registered with the Commission of Proprietary
13 Schools or accredited by the Mississippi Board of
14 Nursing.

15 The school is now operating in Alabama, but
16 it is still advertised in Mississippi. The
17 advertising indicates license will transfer from
18 state to state, and you can reside in any state to
19 enroll.

20 This information has been forward to the
21 Mississippi Attorney General's Office Consumer
22 Protection Division for review.

23 And this morning, I received a call from
24 Ms. Avery Lee because they had received some
25 complaints this morning, and they are doing a

1 follow-up on all the information that we have
2 submitted to them.

3 And that is the end of my report. Any
4 questions?

5 MS. CULPEPPER: Good job, Dr. Burks.

6 DR. BURKS: Thank you.

7 MR. SHAW: Have a motion we accept the
8 business meeting minutes from December 10th, 2021?

9 MS. NORRIS-JOHNSON: I make the motion.

10 MR. SHAW: Motion, Ms. Nancy Johnson.
11 Second?

12 MS. JACKSON: Second.

13 MR. SHAW: Second, Ms. Shirley Jackson.
14 All in favor?

15 BOARD MEMBERS: Aye.

16 MR. SHAW: Motion carries.

17 Accept the hearing panel minutes from
18 October '21.

19 MS. NORRIS-JOHNSON: I make a motion.

20 MR. SHAW: Motion, Ms. Nancy Johnson.

21 MS. JACKSON: Second.

22 MR. SHAW: Second, Ms. Shirley Jackson.

23 All in favor?

24 BOARD MEMBERS: Aye.

25 MR. SHAW: Waive reading of names on

1 motions. Do I have a motion for that?

2 MS. NORRIS-JOHNSON: I make a motion.

3 MR. SHAW: Motion, Ms. Nancy Johnson.

4 MS. JACKSON: Second.

5 MR. SHAW: Second, Ms. Shirley Jackson.

6 Future meetings: Agreed settlement
7 proposals April 5th, disciplinary hearings 6th and
8 7th, business meeting April 8th. The panel
9 currently consists of Ms. Shirley Jackson,
10 Mr. Jeremy Cummins, Dr. Stewart, and Janie Clanton.

11 Legislation - Trey.

12 MR. BOBINGER: Good morning. I'm going
13 to try to be brief, but it's going to be very
14 difficult. It has been extremely busy. It's always
15 busy during this session, particularly the first
16 part of the session, but it's been extraordinary - a
17 lot.

18 And I know your passion, and I heard
19 Dr. Temple speaking about salaries for nurse
20 educators. There's so many issues from premium pay
21 discussions for front-line healthcare workers,
22 education help, forgiveness of loan programs.
23 There's a lot of things out on the table. And I do
24 hope that there is some way -- you know, we have the
25 appropriations process. I say "we," the legislature

1 does. IHL has a budget, you know, the Community
2 College Board.

3 I'm hoping, you know, that possibly with the
4 focus being so much on the profession that there may
5 be an opportunity possibly in one of those -- both
6 of those appropriations bills to try to help, but I
7 know it's a real need.

8 I just want to say real briefly - I'm going
9 to let Ms. Johnson talk about this - but we had both
10 senate subcommittee hearings on our budget. I want
11 to thank Ms. Montgomery for doing an outstanding job
12 putting our budget together.

13 Ms. Johnson, as usual, did an outstanding
14 job presenting to the committee, not just presenting
15 but fielding questions from the legislators. And I
16 thought both of those were very productive. We've
17 got a sound budget. We cannot only defend what
18 we've asked for as an agency; I think it's very
19 reasonable and necessary and needed to complete the
20 duties and carry out the responsibilities of the
21 board. So I did want to make that comment.

22 We had a Capitol Day. I think it was a
23 success. A lot of groups were limited or were not
24 able to have Capitol Day this year; Board of Nursing
25 did. Unfortunately, that something called the COVID

1 virus knocked me out that day, but thank goodness it
2 was short-lived. I got a good report back and
3 talked to some legislators that certainly noticed
4 the presence of the Board of Nursing at the Capitol
5 that day.

6 Very quickly, there are several bills - I'll
7 try to be brief - that I wanted to touch on. Gosh,
8 I don't even know where to start really.

9 House Bill 764 passed the house. It's being
10 transmitted to the senate. Ms. Johnson and I have
11 talked several times about this bill. It's the
12 Mississippi Health Care Workers Retention Act of
13 2022. This deals with premium pay.

14 In the house version, there was also a
15 senate bill - and I will get into that in a minute.
16 The house version, it's appropriated \$56,000,000 out
17 of American Recovery Plan funds, federal dollars,
18 COVID related, to help supplement our people. You
19 know them; you've been there yourselves. The people
20 that are licensed by this board, the stress, the
21 challenges they've experienced over really the last
22 two years now due to the virus.

23 And it would propose paying up to \$5,000 per
24 licensed/certified healthcare worker. One thing
25 Ms. Johnson was concerned about, rightfully so,

1 there was a senate version that said it only applied
2 up to \$75,000. This bill says you can be eligible
3 if you make up to \$150,000, which that takes care of
4 advanced practice and most all of our workers, at
5 least as far as regulated or licensed by this board.

6 We're going to watch that bill very closely
7 in the senate. I don't know -- Ms. Johnson and I
8 had the discussion. I'm not saying \$5,000 is
9 adequate, not that it's not appreciated. It would
10 be very much. But at least it's a gratitude, and
11 it's something for the folks that have had to work
12 double shifts and multiple hours under very tough
13 conditions.

14 I don't know if any of you get a chance, but
15 if you can go back and watch 60 Minutes last Sunday
16 evening. I think I texted Ms. Johnson. I think she
17 may have already been watching. There's an
18 excellent piece about the stresses and strains. You
19 know, I know we hear a lot about it, but when you
20 see it on video. They actually went into the
21 clinical setting, the hospital setting. I thought
22 it was very powerful. So I encourage you to do
23 that.

24 I want to mention a real quick bill. You
25 know the Medical Cannabis Act was signed by the

1 governor on February 2nd. You know, that's going to
2 be a process. Department of Health, they have a lot
3 of work on them, and I think they're up to it.
4 Dr. Dobbs and his group, they do a great job, but
5 they're having to promulgate rules and regulations
6 and really prepare to get ready for this because
7 it's an onslaught. I mean, there's going to be a
8 lot of people applying, whether it's growers,
9 cultivators, dispensaries. It's going to be a lot,
10 so we'll see how that plays out. I think it's still
11 going to be a few months before you actually start
12 getting to the point of any sales occurring,
13 probably several months, but the process is moving.

14 I wanted to mention Senate Bill 2178, as we
15 refer to it as The Full Practice Authority Bill. I
16 think we were all disappointed on behalf of our
17 profession and particularly the advanced practice
18 nurses that we have. That bill was the bill to
19 basically remove the collaboration agreement, allow
20 those advance practice nurses to practice strictly
21 within their scope, nothing more.

22 A lot of work has been put into this. We
23 had a hearing in the fall. Ms. Johnson presented.
24 We had a hearing, I think, the last day of January,
25 end of January, where the bill was discussed, a lot

1 of work with the committee members. It's the Senate
2 Public Health Committee. We really thought there
3 was going to be a vote on it, but right at the end,
4 there was a decision made not to have a vote. So
5 the bill did not pass, but we're going to continue
6 working and advancing that issue.

7 And thank you to all of you and to all of
8 the individuals out there who had an interest in the
9 bill, who reached out to their legislators and
10 worked to promote and advocate for this bill.

11 I mentioned helping nurses or the
12 profession. House Bill 1005, it's going to be sent
13 over to the senate. It provides loan forgiveness
14 for really LPNs, RNs, advanced practice. I think
15 there's a provision that you have to stay five
16 years, you know, work in the state five years to
17 take full advantage of those benefits, but this is
18 still a good program. You know, we talk about
19 recruitment tying back into education and trying to
20 bring people into the profession and retain them as
21 well. I think this is a good bill. Hopefully, it
22 will be successful in the senate. We're certainly
23 tracking it and speaking favorably for this bill.

24 House Bill 1196, we put a lot of work into
25 this bill. It started out talking about the Fresh

1 Start Act, which was passed in 2019, and that was to
2 give folks that had had previous criminal
3 convictions, or I should say certain convictions, an
4 opportunity to work without just being denied
5 straight out. And certainly we support giving
6 people opportunities, particularly with shortages;
7 however, there was some clean-up language in the
8 bill, I think, we were good with. The big concern,
9 the bill contained the entire nurse licensure
10 compact law. That's a big, big problem because a
11 comma literally, Ms. Montgomery, as we talked, a
12 word change, and you could potentially void your
13 compact.

14 Then, you know, you've got all of your
15 reciprocity issues with licensing. Could you
16 imagine that coming about on top of the shortage
17 that we have now? So I give credit to the
18 legislature. We did a lot of work educating,
19 talking to legislators, and we got all the sections
20 of this bill. An amendment was made on the house
21 floor by Representative Bain to strike section 6
22 through 9. That's all the nursing language. So we
23 were taken completely out of the bill.

24 I think barbers, social workers, and some
25 others were still left in the bill, but nurses were

1 completely removed, and that's what we had requested
2 and advocated strongly for that. So I wanted to
3 mention that to you.

4 There are so many bills, a couple that I had
5 been asked about and had calls on, and I know some
6 of you were aware of House Bill 673 and House Bill
7 674.

8 673 dealt with the -- I guess, the
9 construction, if you will, the re-constitution of
10 the State Board of Medical Licensure.

11 And the other bill was 674. This was an
12 extensive bill that really dealt with a lot of the
13 language of the State Medical Licensure Board Act.
14 They're actually enabling legislation, and that's
15 fine. There was some issues or concerns - I think
16 you would say, Ms. Johnson - with a portion of the
17 language in that bill that was concerning, I think,
18 but in any event, that bill died on the calendar.

19 And I should say yesterday was the deadline
20 to get bills off the calendar, general bills.

21 I wanted to mention - Ms. Montgomery, this
22 is kind of in your wheelhouse, I suppose, and
23 Ms. Johnson - Senate Bill 2810. It passed the
24 senate; it's going to the house. It talks about
25 telework for state employees. And it just basically

1 sets some criteria for that. I think, Shan, it also
2 gives the State Personnel Board some authority on
3 setting policy. It's more of an administrative
4 issue, but it's still very important due to what
5 we've experienced in the virus and during the
6 pandemic, allowing people to work from home or other
7 locations. And I think the productivity has been
8 very good, and it's worked. I give credit to our
9 leadership here at the board and the agency for
10 developing some standards and policies to allow that
11 to happen.

12 And that concludes my report, Mr. President.
13 I could probably talk on, but those are the
14 highlights. Any questions?

15 MR. SHAW: Anybody have any questions?

16 MR. BOBINGER: If not, thank y'all for
17 your support, and please reach out to me any time
18 with questions or concerns or comments. Thank you.

19 MR. SHAW: Executive director's report.

20 MS. JOHNSON: Well, good afternoon now.
21 And I would just like to take this opportunity to
22 thank Trey Bobinger. Trey has worked diligently, I
23 know, for the past four or five weeks. He has
24 notified me any time anything comes up with "nurse"
25 in a bill. And so he has been reading them, along

1 with me, and we agreed on some of the language that
2 needs to be taken out. That's kind of scary because
3 he's an attorney, and I'm not.

4 MR. BOBINGER: She could be.

5 MS. JOHNSON: I thank Trey for all of
6 his hard work. He really has hit the ground and
7 been our boots on the ground and alerting us to
8 things that have come up with any bills pertaining
9 to nursing. And I thank you all because I tried to
10 get that information out to you on a couple of those
11 bills I sent to you that are concerning -- that I
12 get complaints or concerns from our constituents
13 about. I pass it on to you all so you all can
14 peruse and give your feedback as well. So I
15 appreciate all of you on that.

16 My report is brief. The mid-year meeting is
17 March 15 through 17, 2022, the NCSBN mid-year
18 meeting. And we have people that have registered to
19 go to that meeting, several board members and some
20 staff. And so if you have not completed your travel
21 because NCSBN has released approval for everybody to
22 go ahead and plan travel. It will be an in-person,
23 face-to-face meeting. So things are beginning to
24 open back up with our NCSBN conferences.

25 Right now everything is on go for all of

1 those meetings going forward to be face to face
2 unless there's a change. So if you have not done
3 your travel, please get with Vanessa Gray, my
4 executive assistant, and make sure that you have
5 that because the economy being what it is,
6 everything is skyrocketing. So the longer you
7 delay, the more costly that may be. But we
8 appreciate you going to that.

9 MEC Capitol Day, they had to postpone their
10 initial Capitol Day, and that has been rescheduled
11 for March the 3rd. And so if you are interested in
12 participating in MEC Capitol Day, please contact
13 Vanessa Gray; send her an e-mail, because we do have
14 a certain number of tickets to attend that event,
15 and she can make sure that we have the appropriate
16 seating if you wish to attend that.

17 You heard about the Concorde Career College
18 site visit from Dr. Burks, and that will be February
19 16 through 18 of 2022. So we're excited about that.
20 That will be one of the first site visits, I think,
21 since we've taken over the practical nursing
22 education program. And she has a great team that's
23 going to do that site visit.

24 The only other thing I want to bring to your
25 attention, is thank you so much for the board

1 retreat that we had January 24th through the 25th.
2 I've reviewed some of the results of the survey.
3 They have been extremely positive. It looks like it
4 was a very rewarding and educational event for our
5 board members.

6 And just to recap on some of the topics that
7 we discussed: board governance, board hearing
8 decisions, the OLRC, and our data system. And we're
9 looking into doing a more robust implementation of
10 our data system going forward.

11 So I thank you for your input, your
12 feedback. Shan and I and the staff are working on
13 some of those issues, and I'm sure we'll be having
14 some committees getting together that includes some
15 of you going forward like with our strategic plan
16 and things of that nature because that was another
17 issue that we talked about under the governance is
18 the strategic plan.

19 So that's all I have to report.

20 I do want to thank my staff. They've been
21 very busy. You have that information before you
22 because even though COVID is still in play, we are
23 carrying on the business and the mission of the
24 Mississippi Board of Nursing, and the staff has done
25 a tremendous job, so I applaud my staff for the job

1 that they have been doing.

2 And I would also like to just call out my
3 legal staff and my compliance staff. You know we
4 don't have an attorney anymore, but my legal staff
5 and compliance staff has done a tremendous job.
6 I've heard feedback from the board members that were
7 on the panels for the hearings and the agreed
8 settlements, how organized and how smoothly
9 everything ran, and that's a testament to the type
10 of individuals that are employed here at the Board
11 of Nursing.

12 A special thanks to the AG's office, Avery
13 Lee and her staff and their support as we go through
14 this transition. And we will be -- I think the
15 advertisements are probably out there or will be
16 going out for our attorney position. So we thank
17 everybody that's been very supportive in our efforts
18 thus far. So with that, the budget.

19 MR. SHAW: Any questions?

20 All right, budget time.

21 DR. STEWART: If it's okay, can I do the
22 finance committee at the same time as the budget
23 report?

24 MR. SHAW: Sure.

25 DR. STEWART: Okay. So we have two

1 different motions. One will come to approve the
2 budget, and the other is a motion from the
3 committee.

4 But let me just give you a quick rundown on
5 the budget itself, and you've got these documents,
6 of course, in your handout. Thank you, Shan, as
7 always.

8 We are in very good financial shape, as Trey
9 mentioned. Our revenue for December of 2021 was a
10 little over \$648,000. Revenue for January was a
11 little over \$380,000 with our expenses for January
12 around \$266,000.

13 Now, the bulk of that revenue, as we know,
14 is our LPN renewals. About \$818,000 of that comes
15 from our LPN renewals, so we're happy to see that,
16 and I think that's pretty consistent with what we've
17 had.

18 As of January 31st, the cash on-hand for the
19 board is \$5,889,117.93. In terms of -- and then let
20 me just also say, the expenditures, ONW expenditures
21 total for scholarships and so forth year to date are
22 actually more than \$700,000.

23 So I have information about the budget
24 hearing that I also want to share, but do you want
25 to go ahead -- I present that report to you for

1 approval.

2 MR. SHAW: Okay. I have a motion we
3 accept the budget report?

4 MS. NORRIS-JOHNSON: I make a motion.

5 MR. SHAW: Make a motion from Nancy
6 Johnson.

7 MS. GENTRY: Second.

8 MR. SHAW: Lacey. Ms. Lacey Gentry.
9 All in favor?

10 BOARD MEMBERS: Aye.

11 MR. SHAW: Motion carries.

12 DR. STEWART: Thank you. And so I want
13 to give you a little bit about the hearing because
14 we did have a finance committee meeting this
15 morning. And then we do have a motion to come out
16 of that discussion.

17 But as it's already been referred, Shan and
18 Phyllis went to both the senate and the house
19 hearings; did an outstanding job from all accounts.
20 Nursing, as we all know, is a very heavy topic at
21 the legislature, especially this year. One of the
22 comments -- and this is something that we have been
23 supporting, is an increase in salary for our
24 executive director. And so while we do not have
25 final approval on that, I'm going to tell you a

1 snippet of a story, and I think you'll get a sense
2 of where we are in terms of that approval.

3 So in the senate, Chairman Jackson, after
4 reporting and Phyllis fielding questions and so
5 forth, he looked at the committee and I'm relaying
6 what I've heard. He looked at the committee and
7 said, "If we're going to do justice by nursing, this
8 is where we start. We support this increase for our
9 executive director," and he looked at every
10 committee member. So that speaks volumes. So we're
11 really anticipating that that's going to come
12 through.

13 Just some other data I think that the public
14 needs to know. We talk about the staff is busy
15 here; we're doing all of these things. Let me just
16 give some data. And this, of course, went into the
17 budget hearing reports that they gave. So during
18 the summer when we had the COVID surge, this staff
19 credentialed 2,196 additional nurses. That's a big
20 number. I've already spoken about the 700,000 plus
21 in scholarships, and they also issued 561 temporary
22 permits to graduate nursing students in the state.

23 So we often hear about the shortages. These
24 are real numbers that the staff is contributing to
25 the workforce, so that's a real positive.

1 The other thing I wanted to let you know is
2 that the board does have 40 PIN positions. All but
3 five of those, as you know, we were asking for a
4 three percent increase to get them to the minimum,
5 and all of those were approved. So we're excited
6 about that.

7 Our budget request for next year is
8 \$2,928,757. So any questions about that?

9 So as I mentioned, we had a finance
10 committee meeting this morning, and Dr. Temple has
11 done a good bit of our work for us already. I told
12 her I was going to talk to her, and I am going to
13 talk to her, but she's given us some really good
14 data to start and support. But the finance
15 committee made a motion and wants to bring that as a
16 motion to the board. So I'll present that, and then
17 if there's discussion, it comes from the committee.

18 We move that the Board of Directors direct
19 the hiring of a consultant to explore avenues for
20 recruitment and retention of nursing faculty and
21 students for the nursing workforce in Mississippi.

22 And I'll take questions if you have
23 questions.

24 MR. SHAW: So this will be a
25 contractual?

1 DR. STEWART: Yes. And if the cost is
2 more than \$50,000, then we'll come back to the
3 board. We just wanted to go ahead and be up front
4 because we do think there are some things that we
5 can do through Office of Nursing Workforce to
6 significantly impact faculty salaries as well as
7 continue with the support for students in terms of
8 retention and recruitment.

9 MR. SHAW: And which pot would it be
10 paid out of?

11 DR. STEWART: Well, we are looking --
12 again, this would be for the next fiscal year, what
13 we're looking for. And as you all know, this is
14 stuff that we've got to go in the summer basically,
15 but we're looking at the -- is it APRA money? We
16 don't really care where the money comes from. But
17 it would be a request to -- we think, and, again,
18 that's why we want a consultant to help us gather
19 the data and find the best processes, both fiscally
20 and legislatively. But we're looking at a
21 significant request, maybe 25,000,000.

22 MR. SHAW: So basically what I was
23 getting at when I was talking about where is it
24 coming from, paying for the consultant? Which pot
25 is that coming out of?

1 DR. STEWART: Oh.

2 MS. MONTGOMERY: (Indiscernible;
3 speaking too softly.)

4 MR. SHAW: Anybody have any questions?

5 MS. JOHNSON: She can't hear you.

6 MR. CUMMINS: Did you hear what she
7 said?

8 It could come from Office of Work -- Nursing
9 Workforce funds.

10 MS. COLLINS: I have a question. Where
11 do y'all recruit for nursing? College level?
12 Junior college? High school? Where do y'all spend
13 that money and that attention?

14 DR. STEWART: Are you asking about
15 students or faculty?

16 MS. COLLINS: Students.

17 DR. STEWART: Well, all schools kind of
18 approach things differently depending on what
19 programs they offer, but recruitment at high
20 schools, career days, there are a lot of virtual
21 events now, associations that meet. Like MOADN, for
22 example, the associate degree nursing meeting, we
23 often recruit there for master's and baccalaureate
24 programs and so forth.

25 MS. COLLINS: So who funds that?

1 DR. STEWART: The schools typically have
2 to pay that out of their operating budgets.

3 MS. COLLINS: We don't help assist in
4 any of that?

5 DR. STEWART: We have not in the past,
6 but that might be something that we look at.

7 MR. SHAW: I sit here and look at the
8 number of qualified associate degrees not admitted,
9 over 2,000, so recruitment's not an issue.

10 MR. CUMMINS: And the problem is you
11 don't have faculty.

12 DR. STEWART: It's the faculty. And so
13 we really -- you know, we have a good record of
14 several years now of making, I think, significant
15 contributions in terms of student scholarships, and
16 we don't want to stop that. We know that's
17 important. We actually have talked about if we
18 increase that request, that we would target
19 underrepresented populations because we all know
20 that our nursing workforce does not represent our
21 state population in the way that it would need to
22 be. But to really balance those student supports
23 with faculty supports, and we think we're in a
24 position that we can ask for that and be successful.

25 MR. SHAW: I think we all know where the

1 bottleneck is at.

2 Anyway, with that said, does anybody have
3 any other questions? Since we've talked a little
4 bit, just re-read the motion one time so everybody's
5 clear.

6 DR. STEWART: Move that the Board of
7 Directors direct the hiring of a consultant to
8 explore avenues for recruitment and retention of
9 nursing faculty and students for the nursing
10 workforce in Mississippi.

11 MR. SHAW: If nothing? All in favor?

12 BOARD MEMBERS: Aye.

13 MR. SHAW: Any opposed?

14 (No verbal response.)

15 DR. STEWART: Thank you. And that
16 concludes my report.

17 MR. SHAW: All right, thank you.

18 Committee report, executive committee has
19 nothing to come out. No other board business.

20 Compliance?

21 MS. CULPEPPER: From compliance we have
22 a couple, and I'm trying to write while I read these
23 to you, Alton.

24 So on the first one, I move that the board
25 adopt the compliance committee's recommendations

1 that the following affidavits, formal reprimands, be
2 accepted for ratification: license R-855718 and
3 R-878929.

4 MR. SHAW: Any questions? If not, all
5 in favor of accepting the motion?

6 BOARD MEMBERS: Aye.

7 MR. SHAW: Any opposed?

8 (No verbal response.)

9 MR. SHAW: Motion carries.

10 MS. CULPEPPER: The next motion will be,
11 I move that the board adopts the compliance
12 committee's recommendations to deny the request of
13 licensee number P-333909 for a second extension of
14 30 to 45 days on the nursing refresher course
15 requirement pursuant to the final order dated and
16 signed on November 2nd, 2020.

17 MR. SHAW: Any questions? If not, all
18 in favor?

19 BOARD MEMBERS: Aye.

20 MR. SHAW: Any opposed?

21 (No verbal response.)

22 MR. SHAW: Motion carries.

23 MS. CULPEPPER: The next one. I move
24 that the board adopts the compliance committee's
25 recommendation to approve the request for licensee

1 number P-338359 for an extension on the evaluation
2 for chemical dependency/substance abuse pursuant to
3 the final order dated and signed December 7th, 2021.
4 The extension is granted for an additional
5 30-calendar days.

6 MR. SHAW: Questions? All in favor we
7 approve?

8 BOARD MEMBERS: Aye.

9 MR. SHAW: Any opposed?

10 (No verbal response.)

11 MR. SHAW: Motion carries.

12 MS. CULPEPPER: And the final one. I
13 move that the board adopts the compliance
14 committee's recommendation to deny the request for
15 the modification of licensee number P-324062, final
16 order dated and signed October 11, 2018.

17 MR. SHAW: Any questions? Motion to
18 approve?

19 BOARD MEMBERS: Aye.

20 MR. SHAW: Any opposed?

21 (No verbal response.)

22 MR. SHAW: Motion carries.

23 MS. CULPEPPER: And that is all, sir.

24 MR. SHAW: That is all.

25 Advanced practice has nothing coming out.

1 Practice?

2 DR. STEWART: We did not meet, but just
3 a word. We will need to meet before the April
4 meeting because we've got to identify education
5 references for our licensees who are directed to get
6 continuing education as part of their agreed
7 settlement or their order. So I will be talking
8 with you.

9 MR. SHAW: Administrative code, there's
10 nothing coming out of there.

11 Finance has already spoken.

12 Office of Nursing Workforce has already
13 spoken.

14 So at this time, I would call a recess until
15 the full-board appeal, which I'm assuming is still
16 going forward. So we stand in recess.

17 (Proceeding recessed at 12:21 P.M.)

18 (MOTIONS NOT RETAINED BY BOARD OF
19 NURSING ARE ATTACHED HERETO.)

20 (Appeal hearing held at 1:00 P.M.)

21 (Appeal hearing concluded at 2:27 P.M.)

22 MR. SHAW: And I have a motion we
23 adjourn.

24 MS. CLANTON: Second.

25 (Whereupon, the above-entitled

BUSINESS MEETING

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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 3rd day of March, 2022.



Cynthia Harris

CYNTHIA HARRIS, RPR, CCR 1828

MY COMMISSION EXPIRES: DECEMBER 10TH, 2025

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BUSINESS MEETING

THE MISSISSIPPI BOARD OF NURSING
BUSINESS MEETING

FEBRUARY 11, 2022

PROCEEDINGS

taken on Friday, February 11, 2022,
commencing at approximately 11:08 A.M.
at the Mississippi Board of Nursing
713 South Pear Orchard Road
Plaza II, Suite 300
Ridgeland, Mississippi

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

BUSINESS MEETING

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1 APPEARANCES

2

3 BOARD MEMBERS IN ATTENDANCE IN PERSON:

4 ALTON SHAW, MSN, FNP-C (PRESIDENT)

5 SANDRA CULPEPPER, LPN (SECRETARY)

6 MARY STEWART, PhD, RN (TREASURER)

7 SHIRLEY JACKSON, LPN

8 NANCY NORRIS-JOHNSON, LPN, II, CPT

9 JEREMY L. CUMMINS, LPN, LHNA

10 JANIE CLANTON, RN

11 LACEY T. GENTRY, MSN, RN

12 JAN COLLINS, CONSUMER

13

14 BOARD MEMBERS IN ATTENDANCE VIA ZOOM:

15 LAURA MOORE, MSN, NP-C

16 T.J. ADAMS, RN, BSN, MSHA (VICE PRESIDENT)

17

18 ALSO PRESENT:

19 EDWARD WIGGINS, JR., ESQUIRE

20 SPECIAL ASSISTANT ATTORNEY GENERAL

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1 PROCEEDINGS

2 * * * *

3 MR. SHAW: We do have a quorum. We have

4 Ms. Laura Moore and T.J. Adams that are online

5 virtually.

6 With that, Ms. Shirley, would you mind

7 opening us up.

8 MS. JACKSON: Good morning, everyone.

9 If you will, please bow your heads.

10 (Prayer.)

11 MR. SHAW: So I have a motion we approve

12 the agenda.

13 MS. NORRIS-JOHNSON: I make a motion.

14 MR. SHAW: Motion, Ms. Nancy Norris-

15 Johnson.

16 MR. CUMMINS: Second.

17 MR. SHAW: Second from Jeremy. All in

18 favor?

19 BOARD MEMBERS: Aye.

20 MR. SHAW: Motion carries.

21 Open forum. I understand we have Mr. Davis

22 Frye with Butler Snow that would like to speak.

23 MR. FRYE: Thank you.

24 Good morning, everyone. My name is Davis

25 Frye; I'm an attorney at Butler Snow. I'm here

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1 today with Tina Alexander, who is vice president of

2 Tara Cares, which is a support company that provides

3 support to long-term care facilities in Mississippi

4 and throughout the Southeast. I'm also here with my

5 law partner, La'Verne Edney, who decided to sit

6 behind me today, which makes me a little nervous,

7 but I'm glad she's here with me.

8 It is great to come and talk to the board.

9 It's really nice to get to talk to a group of people

10 who are healthcare professionals and who are not

11 lawyers. No offense to the lawyers in the room.

12 We're here today to ask for your support for

13 a new designation for nursing assistants in

14 Mississippi. It's a designation that has been

15 adopted by other states throughout the country.

16 It's something I'm calling certified medication

17 technicians or certified medication aides. I refer

18 to them as CMAs. So rather than CNAs, certified

19 nursing aides, these would be certified medication

20 aides who would be certified to administer routine

21 medications in specific types of facilities in

22 Mississippi.

23 My hope is, if the board supports this

24 concept, you would help us to develop regulations

25 and specific restrictions for CMAs so that they

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1 would only administer certain types of routine
2 medications, so that they would have certain
3 requirements as far as training.

4 A lot of states add this certification onto
5 CNA training. So once they're certified as CNAs,
6 some states require a certain number of years of
7 practice, and then you can take a course that would
8 be sponsored by the Board of Nursing to get this
9 additional certification so you could administer
10 routine medicines; you could document -- chart on
11 the administration of routine medicines; and monitor
12 patients to ensure that there's not an adverse
13 outcome as a result.

14 I've been practicing law for 25 years, and
15 the majority of my practice has been representing
16 nurses and long-term care facilities. I've met with
17 a lot of your counterparts. And what I've learned
18 is that to be a nurse, it's more than just a job,
19 especially a nurse in a long-term care setting; it's
20 a calling. You're not going to be a nurse in a
21 nursing home unless you feel called to help people,
22 especially the geriatric population.

23 And what I've seen - and I know you've seen
24 it - in the last three years, the pandemic has had a
25 horrific impact on the availability of licensed

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1 expressed in the past that if we have this
2 certification, would it take jobs away from RNs and
3 LPNs? And the research says, "No."

4 And the research shows that this type of
5 medication administration certification actually
6 improves quality of care at long-term care
7 facilities. So I've asked Tina to come with me and
8 just briefly describe the experiences she's had in
9 the last three years with staffing at long-term care
10 facilities.

11 MS. ALEXANDER: Yes. And good morning.
12 Again, I'm Tina Alexander. I'm a vice president
13 with Tara Cares. As vice president, I support eight
14 facilities in the state of Mississippi and also
15 facilities in Louisiana.

16 My career started as an LPN since 1994, so
17 I'm very proud to hold that title.

18 I've been a licensed nursing home
19 administrator since 2002. I've operated several
20 facilities, so all of my time has been in long-term
21 care.

22 What we've seen over the last couple of
23 years -- of course, when I got out of nursing
24 school, nurses had to wait for a full-time position
25 to come open.

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1 nurses, licensed LPNs and RNs, especially in long-
2 term care. It's been very difficult to staff long-
3 term care facilities appropriately.

4 In preparation for today, I just looked
5 online and found the first three articles I could on
6 staffing issues in long-term care, and what I found
7 were headlines like, "Staffing shortages force long-
8 term care facilities to limit admissions and hire
9 agency workers.

10 "Long-term care sector continues to battle
11 worsening workforce crisis."

12 The nursing home staffing crisis right now
13 is like nothing we've seen before. I anticipate
14 that that is also your experience. You talk to
15 nurses; you are nurses. You understand the staffing
16 crisis.

17 We believe that this new certification of
18 certified medication aides can help resolve that
19 crisis. So now that can free up LPNs and RNs to
20 provide different type services, more complicated
21 services for long-term care patients.

22 And at the same time, there's been research
23 on this type of position, and the research shows
24 that it does not limit the jobs available to LPNs
25 and RNs. I know that there's been some concern

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1 We have managed before the pandemic to kind
2 of hold still, even though we saw the staffing
3 issues with nurses, but here lately it's gotten
4 worse.

5 Of course, we're up against a lot of things:
6 agency nurses and then the recruitment of these
7 nurses that's taking travel assignments.

8 With the CNA shortage, we find a lot of our
9 nurses getting burned out. They're having to assist
10 the nursing assistants on the floors. We've had
11 director of nurses who has quit the long-term care.
12 Our turnover in director of nurses is horrific, one,
13 because of the amount of LPN openings.

14 Most people know in nursing homes, most of
15 the LPN's time is taken passing medications in the
16 nursing home. So now that they're passing meds,
17 they're also short of CNAs, we have director of
18 nurses having to burn long shifts, weekends, and
19 nights filling in on the floor to do meds. So
20 that's the opportunity we would like to see, to give
21 relief to the nurses in the long-term care
22 facilities.

23 And I've also talked to other operators of
24 hospitals, so not only from a long-term care
25 perspective, but I think it's looking at nursing as

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1 a whole. What can we do to enable our nurses to
2 provide the better quality of care, not getting
3 burned out from the nursing-assistant relief, not
4 getting burned out because we're short of nurses,
5 and that's what we're here to plead for your
6 support.

7 MR. FRYE: I'll tell you, if you didn't
8 think it was a calling to be a nurse before the
9 pandemic, you know that only those who are left
10 working on those front lines believe it's a calling.
11 They believe in what they do. It's more than just a
12 job.

13 So what we're here to do is to answer any
14 questions you may have. And I've put in front of
15 you -- you'll see a handsome Butler Snow packet that
16 has sort of what we thought were some key points for
17 a CMA proposal, along with some of the support, the
18 research we did, just a couple of articles to
19 support this concept, along with my contact
20 information.

21 What we're envisioning, and it's really --
22 we could do it any way the board would like it to be
23 because this is a new opportunity, and I think a
24 good opportunity for us to develop this concept in
25 conjunction with you. But what we were thinking was

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1 that this certification would go through the board.
2 It would be a license, so that it would bring
3 revenue stream to the board. So you would get some
4 benefit to regulating this particular position. And
5 you could help us develop the right kind of
6 training, the right kind of experience, and the
7 restrictions that would be placed on this
8 certification so that you could say they couldn't
9 administer controlled substances. There's certain
10 things that you couldn't do. So you could really
11 help us develop the scope of work.

12 So we would like to do this in conjunction
13 with the board. And, again, the board would provide
14 oversight for this position.

15 Alabama just implemented certified
16 medication aides on January 1 of this year. So it's
17 not re-creating the wheel. There are other states
18 that have done this, and we can learn from them and
19 sort of copy what they've done to see what works and
20 what doesn't work.

21 So that's really what we wanted to do today
22 is just present this concept to the board, answer
23 any questions you may have. I'd love to get your
24 input. We can do that now or at a different forum
25 if that's appropriate. But I'd love to get your

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1 thoughts on the concept, generally, and whether you
2 feel like the board would be interested in pursuing
3 something like this.

4 MR. SHAW: Anybody have any questions?

5 MS. CULPEPPER: I most certainly do. I
6 am a nurse aide educator.

7 MR. FRYE: I'm ready.

8 MS. CULPEPPER: I've been a nurse aide
9 educator for 13 years, and there was a statement you
10 made that concerns me. Certified nurse aides cannot
11 administer medications, period. It is out of the
12 scope of their practice. So when you made the
13 comment that it is a certification they can pick up
14 to add to it, no; that is two separate areas. They
15 will have to choose which role they will be working
16 in, in that long-term care setting.

17 Because the other question I have, have you
18 had the discussion with the Department of Health
19 because they are the regulators for nurse aides in
20 the State of Mississippi.

21 MR. FRYE: We started with you.

22 MS. CULPEPPER: The Department of Health
23 is where you need to reach out to as well because
24 Antanikah Robbins will guide you.

25 MR. FRYE: Thank you.

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1 MS. CULPEPPER: You're welcome.

2 And so for me, I do -- I'm going to be
3 totally honest. I do have concerns simply because
4 -- and like yourself, we've been educators for a
5 long time. We know that the folks that we may work
6 with have varying educational backgrounds. One
7 wrong medication that they're not educated about is
8 an issue for the public safety. That's my concern.

9 I know that I've educated well. Mr. Cummins
10 is an educator as well of nurse aides.

11 That is my biggest concern is patient
12 safety.

13 And also when we look at the pandemic,
14 absolutely. And my concern is also this: If I, an
15 educator, am having difficulty getting nurse aides
16 into a classroom, what is your proposal to get them
17 into a medication class? Because if I can't get
18 them in there to provide care, which as an LPN, I
19 still work a cart. If I can't get someone to assist
20 me in the care of the client, what good is it going
21 to do for me to have someone to give medications?
22 Because then that means I'm going to be providing
23 the care for the client as well as carrying both
24 roles.

25 Does that make sense what I'm saying?

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1 So these are concerns for me.
2 MR. FRYE: So it would require close
3 oversight by the licensed nursing staff of the
4 facilities. I hear what you're saying.
5 And it sounds like -- this is exactly the
6 kind of feedback we were hoping for. It sounds like
7 you would prefer a separate training process, a
8 certification completely different --
9 MS. CULPEPPER: It absolutely has to
10 stand separate. And trust me, I've looked at it.
11 I've considered -- I know that Louisiana offers it
12 as well; there's classes there. The curriculum can
13 be done. I've read up on it. I have the books on
14 it. It doesn't always mean it's right, right now.
15 So I think the important part of this
16 conversation is also to bring the Department of
17 Health into play because they are the regulators and
18 surveyors for long-term care.
19 MR. FRYE: Thank you.
20 MS. CULPEPPER: You're welcome.
21 MR. SHAW: Jeremy, did you have
22 something?
23 MR. CUMMINS: Yeah. Thank you for that
24 presentation.
25 Ms. Alexander, I, as you, have been an

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1 administrator for many, many years, so I'm very
2 familiar with the long-term care industry on the
3 local side and a corporate side.
4 My question is this: This does not relieve
5 the nurses of Mississippi or the facilities in
6 Mississippi from having to have nurses.
7 MS. ALEXANDER: No, sir.
8 MR. FRYE: True.
9 MR. CUMMINS: Medication aide is not
10 going to -- so we can't bring this to the approach
11 saying, "This is going to help solve the nurse
12 shortage."
13 MS. ALEXANDER: Correct.
14 MR. CUMMINS: Because this is just an
15 added something. Simply because Mississippi State
16 Department of Health has minimum standards that
17 every facility has to follow; they're surveyed by
18 those.
19 So the presentation, I guess, needs to be
20 very transparent and clear that this is not
21 something that's going to affect nursing shortage.
22 It's not going to help; it's not going to hurt.
23 Because, you know, you can't bring a medication aide
24 to take the place of a nurse.
25 MR. FRYE: That's exactly right. I

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1 appreciate where you're coming from. And it wasn't
2 my intent to say --
3 MR. CUMMINS: Right.
4 MR. FRYE: -- that they would replace
5 LPNs and RNs. They would have to be supervised.
6 MR. CUMMINS: That's right.
7 MR. FRYE: But our hope would be that
8 this would free up LPNs and RNs to do other types of
9 tasks like treatments.
10 MS. ALEXANDER: Yes, correct.
11 MR. CUMMINS: My concern would be that
12 this would actually hinder nurses because now
13 instead of giving the medicine and doing the checks,
14 whether it be a blood pressure medicine and have to
15 take the blood pressure before, whether it be giving
16 an insulin and have to check a blood glucose before,
17 whether it be a narcotic, you know, there's lots,
18 lots of areas that this could be liability all over
19 the place for a facility.
20 Now, I'm just speaking from long-term care
21 facilities because that's my specialty.
22 But I'm like Ms. Culpepper. This has got to
23 start with Mississippi State Department of Health
24 before it ever comes to us. Because they are the
25 ones that have to alter their minimum standards to

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1 approve medication aides because it is -- that's
2 where it's got to start.
3 And then at that point, I think that we
4 could revisit this maybe. I've looked at it; I've
5 researched it. You know, when you're in our
6 positions, you sit there and try to think of every
7 possible option. But I'm not sure that this is an
8 option that's going to give relief. I'm afraid this
9 option would give more liability issues and more
10 oversight or supervision for the nurses as opposed
11 to going ahead and giving the medicine and being
12 done with it.
13 MS. JACKSON: Good morning,
14 Ms. Alexander and Mr. Frye.
15 MS. ALEXANDER: Good morning.
16 MR. FRYE: Good morning.
17 MS. JACKSON: I'm Shirley Jackson, and
18 I'm a little bit of both. I am a former health
19 science supervisor, and I agree with both of my
20 colleagues. Ms. Robbins is your first contact, but
21 you also have to understand under the Department of
22 Education, the Career and Technical. Health science
23 programs have offered nursing assistant classes to
24 graduating seniors, so that would be also an entity
25 that you need to follow through on, is with the

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1 Department of Education. Because State Department
2 of Health comes first, and then they have to venture
3 in with the State Department of Ed to make that
4 work.

5 MR. CUMMINS: Maybe Melissa Parker or
6 Frances Fair at the State Department of Health;
7 they're over licensure and certification. That's
8 where you probably need to start. I would say
9 before you even go the direction of the CNA program,
10 you need to look at what -- I mean, licensure and
11 certification guidelines have to be put in place
12 before any of this other stuff even matters. If
13 it's not licensure and certification, you know, CNA
14 programs, education programs, that's got to be
15 secondary and tertiary to licensure and
16 certification. That's where you've got to start.

17 MR. FRYE: Thank you.

18 MS. CULPEPPER: And I think -- I'm
19 sorry.

20 MR. WIGGINS: Go ahead.

21 MS. CULPEPPER: And I think -- I'm not
22 above having a conversation and re-evaluating what
23 you have to present. But I also think when it's
24 re-presented, I think we need data, meaning data as
25 far as what is the safety like in these other states

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1 that have nurse -- the medication nurse aides? That
2 is super important to us because we are charged to
3 protect the public. And in order for us to back
4 something, we need that data.

5 MR. FRYE: We can do that. Thank you.

6 MR. WIGGINS: In the states where this
7 is already in place, what has been the time frame
8 from proposal to actual implementation? And
9 secondly, since they have raised concerns about
10 liability, is there, I guess -- I know for attorneys
11 there's E&O coverage. Would that be something that
12 would be in place for these practitioners as well?

13 MR. FRYE: Certainly it would be. So
14 there could be coverage available. Just as you can
15 obtain insurance coverage for a facility, it would
16 cover any sort of medication error like that.

17 I would love to bring you data, and we'll do
18 that next time we're here. There are actually
19 studies that show that medication errors decrease
20 with the use of aides who are administering --
21 that's their job is just to administer routine
22 medication. So it's actually been an improvement in
23 those states that have adopted this.

24 Typically, it takes time because you have to
25 lobby. You have to get the Department of Health on

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1 board. So it takes at least 18 months to get this
2 program going. So it would not be something --
3 unless you guys approved it right now. We can't
4 start tomorrow certainly. It's going to take some
5 time.

6 So really what we wanted, and this is great
7 feedback. This is exactly what we were hoping for,
8 to hear what you like about it, what you don't, what
9 you think we should be doing differently, and what
10 would help you to make a good educated decision.

11 MS. CULPEPPER: I'm sorry. I'm so full
12 of questions.

13 So based on the regulation of -- And you
14 have to be careful when you say "CMA" because that
15 could be certified medical assistant.

16 MR. FRYE: True.

17 MS. ALEXANDER: Right.

18 MS. CULPEPPER: So I think the
19 terminology has -- to be careful with it.

20 MR. FRYE: Strictly something a lawyer
21 came up with.

22 MS. CULPEPPER: But as well, who are you
23 -- because I know that some states may say, "We want
24 the Department of Health to regulate us," and it
25 almost -- and I'm just looking for clarification.

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1 Are you wanting the Board of Nursing to regulate
2 medication aides?

3 MR. FRYE: So what I wanted was the
4 Department of Health to set regulations but for the
5 board to assist with licensure and training, if
6 that's something that you would consider doing.

7 MS. CULPEPPER: I think that would have
8 to be a discussion that we would have to have at a
9 later date with that data --

10 MR. FRYE: Of course.

11 MS. CULPEPPER: -- and all that other
12 stuff because --

13 MR. FRYE: I'd --

14 MS. CULPEPPER: -- that --

15 MR. FRYE: -- rather --

16 MS. CULPEPPER: -- would be --

17 MR. FRYE: -- you not --

18 MS. CULPEPPER: -- a massive
19 undertaking.

20 MR. FRYE: Yeah, I'd rather you not have
21 that discussion today, for sure.

22 MS. ALEXANDER: And Mr. Frye was
23 relating to a lot of states -- they require -- it's
24 a separate course. These people will have to
25 actually go through like a four-month course to pass

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1 medicine. So it is a separate training.

2 A lot of them prefer they take CNAs that,
3 like, has been in a nursing home for two years,
4 certain GPA, SAT levels and all that stuff. Those
5 are the ones that they are -- will accept in the
6 program. So not all CNAs can do it because they
7 actually have to apply.

8 But for nursing homes, if we want to send a
9 CNA that's been there for years through this four-
10 month program to get the additional certification,
11 they have that option of being able to kind of
12 promote CNAs, so now -- you know, to better their
13 education.

14 So it would be a separate title. So they
15 would not be just CNAs passing meds in the nursing
16 homes. They would have to go through like a four-
17 month course on administration meds -- administering
18 meds.

19 The other states, they do not give any
20 insulin. They do not give any blood pressure
21 medicines. Nurses still have to give those. They
22 do not do any narcotics, so there are some meds the
23 LPNs still have to give. It just takes away about
24 80 percent of those meds where it does not take
25 monitoring from a nurse standpoint to do.

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1 MR. FRYE: At last count, there are
2 about 25 states that have implemented this position,
3 and it seems to be -- the research we've looked at
4 is positive, and we can provide that to you the next
5 time we come.

6 MS. CULPEPPER: And, I guess, following
7 back up on what you said, I think it's going to be
8 very important, because of that scope of practice,
9 that as a medication aide you have to delineate
10 which role you will be working in.

11 MS. ALEXANDER: Correct. Okay, correct.

12 MR. FRYE: So you're saying a CNA
13 shouldn't be turning and repositioning patients and
14 administering medication?

15 MS. CULPEPPER: They can't do both.

16 DR. STEWART: Just real quick. I am
17 admittedly the biggest nerd on the board, okay. So
18 the first thing I did was pull out the research that
19 you're -- at least the two studies you put in here
20 in the NCSBN. So this has already been alluded to,
21 but I definitely would encourage you to do a more
22 current review of literature. Your NCSBN paper is
23 13 years old. One is a Canadian study which is a
24 very different system.

25 MR. FRYE: Very similar to Mississippi.

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1 DR. STEWART: Well -- okay. And the
2 other one, I just would preferably -- I mean, just a
3 very quick glance at these, I'd really like to see
4 real numbers from those 25 states, and that will
5 take you a while to get, I'm sure. This is really
6 not representative.

7 But I appreciate you guys coming and seeking
8 our perspective. And I think you're preaching to
9 the choir when you're talking about people being
10 burned out, and balancing that with protecting the
11 public is a high task, but thank you for bringing
12 it.

13 MR. FRYE: Sure, thank you. Any other
14 thoughts or recommendations or suggestions going
15 forward?

16 MR. CUMMINS: I still don't understand
17 really how this is going to help the long-term care
18 industry. I guess that's what -- administrator to
19 administrator, I guess that's what I need you --
20 because what my mind goes to, is now instead of
21 hiring three LPNs to cover my floor on 7:00 to 3:00
22 shift, now I've got to hire three LPNs and three or
23 two or four or however many med techs. So from a
24 financial standpoint, this is actually costing me
25 more money, and there's really no relief.

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1 MS. ALEXANDER: No. I think that we're
2 looking at -- so where if I had a unit and I needed
3 three LPNs and I only have two because I'm nursing
4 short, well, I could utilize a med tech that can
5 help -- that passes meds. So it will not take the
6 relief from the nurse being a nurse, but, again, it
7 would take a two-hour med pass that I would have in
8 the morning, and here now they are at two-and-a-half
9 hours, most of them. Well, that may take that nurse
10 now down to 30 minutes that this med tech is doing
11 meds because I will only have to monitor blood
12 pressure and insulins, oversee narcs. And it also
13 enables her to do more one-on-one patient care.

14 MR. CUMMINS: But your staffing number
15 is going to drop.

16 MS. ALEXANDER: No. Staffing numbers --

17 MR. CUMMINS: Your quality measures and
18 your staffing numbers are going to drop because you
19 don't have enough nurses to take care of people.

20 As far as -- if survey comes in and they see
21 you with one or two nurses when you should have four
22 nurses, just because you have med techs, doesn't
23 take the place of a nurse. See what I'm saying?

24 MS. ALEXANDER: Right.

25 MR. CUMMINS: So if they come in, you're

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1 going to be at risk of an immediate jeopardy because
2 you don't have enough nurses to take care of the
3 people you've got in your building.

4 MS. ALEXANDER: Well, in other states,
5 med techs are considered hands-on, just like the
6 LPN. So if you look at it from a hands-on
7 standpoint, because they are delivering care,
8 because they are passing meds. Medication pass is
9 part of delivering care.

10 MR. CUMMINS: So in essence, at the end
11 of the day, the ball of wax is, is that med techs
12 are going to take the place of a nurse.

13 MS. ALEXANDER: No. We would prefer
14 nurses. We prefer nurses all day long. I mean, if
15 I had openings -- if I had five LPN openings and I
16 had 10 CMTs, I'm going to hire LPNs because that's
17 my number one choice, is to hire a nurse. But in
18 situations where we don't have that nurse and we
19 can't replace, then they would be used as a last
20 resort, not to replace the nurses.

21 MS. CULPEPPER: I'm sorry. But what I
22 think Mr. Cummins is saying is under the Department
23 of Health, we are required to keep a census, and if
24 that census does not -- and you said you were an
25 administrator.

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1 MS. ALEXANDER: Yes.

2 MS. CULPEPPER: You understand that if
3 that census does not reflect the nurses, licensed
4 nurses --

5 MS. ALEXANDER: Right.

6 MS. CULPEPPER: Because, let's face it,
7 nurse aides and the medication are only certified.
8 The licensed personnel that are to be kept on that
9 census, if they walk in those doors at any point and
10 our census does not match what we're supposed to
11 have on duty, that's an IJ, which could cost us a
12 shutdown of our facility, which is a serious,
13 serious issue.

14 MS. ALEXANDER: So in the nursing homes,
15 they require you to meet minimum standards per
16 patient day. They do not say, "Well, based on your
17 census, you need this amount of LPNs, this amount of
18 RNs, this amount of CNAs. They look at you from a
19 whole standpoint, all caregivers hands-on 24 hours.
20 So they don't say a building 120, you've got to have
21 15 CNAs today. You have to have 10 LPNs. They're
22 saying this is the number of hands-on staff that's
23 required to take care of them, not by role or not by
24 discipline.

25 MR. CUMMINS: But, Ms. Alexander, you

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1 know, and I know, too --

2 MS. ALEXANDER: Right.

3 MR. CUMMINS: -- if they come in and
4 you've worked 20 CNAs on day shift and you've worked
5 two on nights, they're going to write you a jeopardy
6 because of quality of care.

7 MS. ALEXANDER: If there was an incident
8 where they found areas where residents suffer from
9 care.

10 MR. CUMMINS: Right.

11 MS. ALEXANDER: However, if they have --
12 if there's no issues that result in care issues and
13 you're that short, you don't see that. They have to
14 find an issue with care first.

15 So we're not looking to eliminate at all.
16 We prefer to have the nurses.

17 MS. COLLINS: I did have one question.
18 Do I recall you saying that of the medications that
19 the nurses give to the patients, that 25 percent of
20 it is blood pressure medication, narcotics, things
21 that they have to do?

22 MS. ALEXANDER: Yes.

23 MS. COLLINS: So this would be relieving
24 them of 75 percent of medications that they give to
25 patients that are not under that category.

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1 MS. ALEXANDER: The time frame of them
2 having to actually pass meds, yes. If I'm three
3 nurses short, well, if I could be two nurses and a
4 CMT, if that's all I had, well, that eliminates the
5 time the nurses are on the floor with these
6 two-hour, two-and-a-half-hour med pass that they can
7 do hands-on nursing care. Yes.

8 MR. SHAW: I appreciate y'all coming.

9 MR. FRYE: Thank you very much for this
10 opportunity. You've got my contact information.
11 Please send me more thoughts, more input. I would
12 love to hear from each of you. Thank you.

13 MS. ALEXANDER: Thank you.

14 MR. SHAW: We're still in open forum.

15 DR. TEMPLE: Hello. I'm Melissa Temple,
16 and I'm the nursing education director at
17 Mississippi Institutions of Higher Learning, and I
18 just wanted to give you a brief update.

19 I did give each of you a handout as well.
20 Those are some of the handouts of some information
21 that we've put together during this legislative
22 session just to give you an idea of some of the
23 things that they have asked for and some of the
24 stuff that we've collected.

25 The first one is January the 6th. And that

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1 handout just provides information on registered
2 nursing qualified applicants to programs. And, you
3 know, the question was asked about how many
4 applicants are turned away each year. And looking
5 at a review of the last five years of annual
6 reports, there's an average of about 1,900 qualified
7 applicants that are not accepted into nursing
8 schools each year.

9 And also on that is an average salary of
10 nursing faculty as well.

11 The handout dated January the 10th -- we
12 went back and did a survey of nursing deans and
13 directors across the state to ask about student
14 enrollment and what they may be doing to retain and
15 attract nurse educators to their schools of nursing.
16 And the most frequently reported barrier for
17 admitting qualified applicants is the lack of
18 ability to retain and attract nurse educators, and
19 the number one reason is because of nurse faculty
20 salaries. That's what was reported from their
21 input.

22 Also important to note, there were many that
23 raised the concern about, not only do we need to
24 think about qualified applicants who are not
25 admitted into programs, but there are many qualified

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1 applicants admitted to programs every year who are
2 not able to complete the programs. And so any
3 strategies that could be developed to help retain
4 those students who are already in the programs and
5 who are accepted. So identifying, you know, why
6 they leave the programs, why they're not
7 academically successful, and trying to decrease
8 attrition would also be beneficial and not just
9 admitting all qualified applicants.

10 The next handout is just a quick look at
11 COVID-19 impact on nursing education. And there was
12 a drop, just a slight drop, in qualified applicants
13 in the state, 436 from academic year '19/'20 to
14 academic year '20/'21. But even with that, all
15 applicants still couldn't be admitted.

16 The greatest concern is the nurse faculty
17 vacancies in associate degree programs and
18 baccalaureate degree programs. In the October
19 report fall 2021, schools of nursing reported 20
20 faculty vacancies, and at a ratio of 15 to 1, 15
21 students to 1 faculty member. That's 300 students
22 that could not be admitted due to lack of faculty.

23 Nursing deans and directors reported an even
24 greater loss of faculty in just a few short months
25 from the October fall '21 report to spring '22. An

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1 additional 10 vacancies were reported in BSN
2 programs for a total of 13 this spring, and an
3 additional two vacancies in associate degree
4 programs for a total of 19 spring '22.

5 They reported faculty are leaving, same as
6 you are hearing in the nursing workforce. Many are
7 going ahead and retiring, citing exhaustion and
8 burnout, and some are leaving to enter practice at a
9 higher rate of pay.

10 When asked about retirement eligibility,
11 schools of nursing deans and directors reported
12 approximately 100 current faculty in the state and
13 13 nurse administrators would be eligible to retire
14 in the next three years.

15 Looking at enrollment in pre-licensure
16 registered nursing programs, enrollment dropped
17 below 4,000 in fall of 2021, and there has been a
18 steady decline in pre-licensure enrollment over the
19 last four years with 4,642 fall '18. And enrollment
20 in associate degree programs dropped from 3,062 in
21 fall of '20 to 2,822 in fall 2021; that's 240
22 students.

23 And BSNs reported a similar drop from 1,374
24 fall 2020 to 1,137 in fall of '21, which is 237.

25 So together that's a total of about 477

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1 students, and that does coincide with the steady
2 decline that we've seen in nursing faculty over that
3 same period of time.

4 I also just wanted to give you a little
5 update on NCLEX. I know you asked about that at the
6 last meeting. And so 2021 has closed out, and the
7 good news is that while there was an increase in
8 first-write failures for nursing graduates, many,
9 many of them did pass on second write. A few of
10 them did take multiple times, but pass rates for
11 calendar year 2021 are in the mid 90s, and there are
12 four schools even with 100 percent pass rate.

13 So those students who were unsuccessful that
14 first write did go back, and they did pass.

15 The number of first-time candidates in 2021,
16 1,890. In 2020 there was 1,885. So there was not a
17 big drop from 2020 to 2021, but I do believe this
18 year with the decrease in enrollment and the
19 decrease in graduates, we'll see that number start
20 to decline.

21 Can I answer any questions?

22 MR. SHAW: Any questions?

23 DR. TEMPLE: Thank you.

24 MS. GENTRY: Dr. Temple, I applaud your
25 efforts on behalf of deans and directors in the

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1 State of Mississippi. Thank you.
 2 DR. TEMPLE: Thank you.
 3 MS. GENTRY: Sincerely, we thank you.
 4 Just this morning I had a -- I've got a
 5 vacancy on my faculty. Just this morning I had an
 6 applicant turn down the offer because of salary
 7 issues. And this was a great catch. She was a
 8 phenomenal candidate.
 9 And we are feeling the pinch, and I
 10 anticipate we'll have many more vacancies come
 11 August. It's just -- you know, the reward is in
 12 your heart, as far as educating and knowing your
 13 positive ripple effect on the students and the
 14 patients, the thousands of patients they will care
 15 for. However, nurse educators need to be
 16 compensated accordingly, and it's very disturbing
 17 that we are continuing to pay salaries that haven't
 18 changed -- starting salaries in most of our
 19 community colleges and senior colleges that haven't
 20 changed in 20 and 30 years.
 21 So I think the board is grossly aware of
 22 this, and I will speak for myself. I am -- this is
 23 my hill I will die on. I am passionate about this,
 24 and I know we have to compensate our educators
 25 appropriately, thereby producing enough competent

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1 nurses to meet our state's needs. So thank you.
 2 DR. TEMPLE: Thank you.
 3 MS. COLLINS: I've got a question, and
 4 this may even include Mr. Bobinger.
 5 I know that the legislature had expressed an
 6 effort in the leadership to address some of the
 7 nursing concerns this year about salary. Is this
 8 something that -- do you think, Mr. Bobinger -- do
 9 you think that anything will be actually transpired
 10 in the legislature this year that would help
 11 increase some of these salaries or address these?
 12 DR. TEMPLE: I don't know of anything
 13 this legislative session for salaries.
 14 Thank you.
 15 MR. SHAW: ONW?
 16 Are there any other members of the public?
 17 MR. SHAW: All right. ONW.
 18 MS. CULPEPPER: Mr. President, we have
 19 nothing coming out of ONW. However, we do have a
 20 scheduled advisory committee meeting for March.
 21 MR. SHAW: Dr. Burks.
 22 DR. BURKS: Good morning, everyone. I
 23 have one item to bring before the board and several
 24 updates.
 25 The item I'm bringing before the board is

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1 regarding Kaho Healthcare Training Facility. They
 2 submitted a proposal to teach the IV therapy
 3 expanded role course. The proposed plan, it
 4 included utilizing the curriculum as outlined by the
 5 board. Their proposed scheduled first course was
 6 planned for March 7th, 2022. I toured their
 7 facility on February the 10th, and my findings were:
 8 The renovations to this facility are not complete at
 9 this time. All the necessary equipment and supplies
 10 needed to teach an IV therapy course are not
 11 available. The clinical site is Jefferson County
 12 Hospital, but there was no affiliation agreement
 13 signed.
 14 So my recommendation regarding Kaho
 15 Healthcare Training Facility that requested to teach
 16 the IV expanded role course, is it be placed on hold
 17 until all renovations are complete and another tour
 18 is scheduled to confirm that they have met the
 19 criteria and requirements. In addition, I recommend
 20 that Kaho Healthcare Training Facility also resubmit
 21 their application with revised start dates of the
 22 courses.
 23 MR. SHAW: With that recommendation,
 24 does anybody have any questions?
 25 (No verbal response.)

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1 MR. SHAW: Have a motion we approve the
 2 recommendation?
 3 MS. CULPEPPER: I make the motion.
 4 MR. SHAW: Motion, Ms. Culpepper.
 5 Second?
 6 MR. CUMMINS: Second.
 7 MR. SHAW: Jeremy -- Mr. Cummins. All in
 8 favor?
 9 BOARD MEMBERS: Aye.
 10 MR. SHAW: Any opposed?
 11 (No verbal response.)
 12 MR. SHAW: Motion carries.
 13 DR. BURKS: The updates I have include
 14 Concorde Career College. Of course, they are
 15 currently in stage two of qualifying for the initial
 16 accreditation. We have confirmed and scheduled
 17 their site visit is for February the 16th through
 18 the 18th of 2022.
 19 The site-visit team will consist of
 20 Dr. Chequitia Dixon, she's the dean of healthcare
 21 director of the PN program at Coahoma; Dr. Christi
 22 Blair, division chair of the PN program at Holmes;
 23 and Dr. Lisa Pearson, PN director of Itawamba.
 24 And the purpose of this site visit is, we're
 25 going to clarify, amplify, and verify all of the

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1 information that Concorde has submitted in their
 2 self-study.
 3 Another update is regarding the illegal
 4 practical nursing programs in Mississippi. The
 5 names of those programs -- it's one program, but it
 6 utilizes different names: Allied Healthcare, Allied
 7 Certified Technicians, and most recently they have
 8 submitted information under the name Allied.
 9 Dr. Verneuille, she sent an e-mail
 10 explaining to the owner that he was operating
 11 illegally in Mississippi because the school is not
 12 registered with the Commission of Proprietary
 13 Schools or accredited by the Mississippi Board of
 14 Nursing.
 15 The school is now operating in Alabama, but
 16 it is still advertised in Mississippi. The
 17 advertising indicates license will transfer from
 18 state to state, and you can reside in any state to
 19 enroll.
 20 This information has been forward to the
 21 Mississippi Attorney General's Office Consumer
 22 Protection Division for review.
 23 And this morning, I received a call from
 24 Ms. Avery Lee because they had received some
 25 complaints this morning, and they are doing a

1 follow-up on all the information that we have
 2 submitted to them.
 3 And that is the end of my report. Any
 4 questions?
 5 MS. CULPEPPER: Good job, Dr. Burks.
 6 DR. BURKS: Thank you.
 7 MR. SHAW: Have a motion we accept the
 8 business meeting minutes from December 10th, 2021?
 9 MS. NORRIS-JOHNSON: I make the motion.
 10 MR. SHAW: Motion, Ms. Nancy Johnson.
 11 Second?
 12 MS. JACKSON: Second.
 13 MR. SHAW: Second, Ms. Shirley Jackson.
 14 All in favor?
 15 BOARD MEMBERS: Aye.
 16 MR. SHAW: Motion carries.
 17 Accept the hearing panel minutes from
 18 October '21.
 19 MS. NORRIS-JOHNSON: I make a motion.
 20 MR. SHAW: Motion, Ms. Nancy Johnson.
 21 MS. JACKSON: Second.
 22 MR. SHAW: Second, Ms. Shirley Jackson.
 23 All in favor?
 24 BOARD MEMBERS: Aye.
 25 MR. SHAW: Waive reading of names on

1 motions. Do I have a motion for that?
 2 MS. NORRIS-JOHNSON: I make a motion.
 3 MR. SHAW: Motion, Ms. Nancy Johnson.
 4 MS. JACKSON: Second.
 5 MR. SHAW: Second, Ms. Shirley Jackson.
 6 Future meetings: Agreed settlement
 7 proposals April 5th, disciplinary hearings 6th and
 8 7th, business meeting April 8th. The panel
 9 currently consists of Ms. Shirley Jackson,
 10 Mr. Jeremy Cummins, Dr. Stewart, and Janie Clanton.
 11 Legislation - Trey.
 12 MR. BOBINGER: Good morning. I'm going
 13 to try to be brief, but it's going to be very
 14 difficult. It has been extremely busy. It's always
 15 busy during this session, particularly the first
 16 part of the session, but it's been extraordinary - a
 17 lot.
 18 And I know your passion, and I heard
 19 Dr. Temple speaking about salaries for nurse
 20 educators. There's so many issues from premium pay
 21 discussions for front-line healthcare workers,
 22 education help, forgiveness of loan programs.
 23 There's a lot of things out on the table. And I do
 24 hope that there is some way -- you know, we have the
 25 appropriations process. I say "we," the legislature

1 does. IHL has a budget, you know, the Community
 2 College Board.
 3 I'm hoping, you know, that possibly with the
 4 focus being so much on the profession that there may
 5 be an opportunity possibly in one of those -- both
 6 of those appropriations bills to try to help, but I
 7 know it's a real need.
 8 I just want to say real briefly - I'm going
 9 to let Ms. Johnson talk about this - but we had both
 10 senate subcommittee hearings on our budget. I want
 11 to thank Ms. Montgomery for doing an outstanding job
 12 putting our budget together.
 13 Ms. Johnson, as usual, did an outstanding
 14 job presenting to the committee, not just presenting
 15 but fielding questions from the legislators. And I
 16 thought both of those were very productive. We've
 17 got a sound budget. We cannot only defend what
 18 we've asked for as an agency; I think it's very
 19 reasonable and necessary and needed to complete the
 20 duties and carry out the responsibilities of the
 21 board. So I did want to make that comment.
 22 We had a Capitol Day. I think it was a
 23 success. A lot of groups were limited or were not
 24 able to have Capitol Day this year; Board of Nursing
 25 did. Unfortunately, that something called the COVID

BUSINESS MEETING

1 virus knocked me out that day, but thank goodness it
2 was short-lived. I got a good report back and
3 talked to some legislators that certainly noticed
4 the presence of the Board of Nursing at the Capitol
5 that day.

6 Very quickly, there are several bills - I'll
7 try to be brief - that I wanted to touch on. Gosh,
8 I don't even know where to start really.

9 House Bill 764 passed the house. It's being
10 transmitted to the senate. Ms. Johnson and I have
11 talked several times about this bill. It's the
12 Mississippi Health Care Workers Retention Act of
13 2022. This deals with premium pay.

14 In the house version, there was also a
15 senate bill - and I will get into that in a minute.
16 The house version, it's appropriated \$56,000,000 out
17 of American Recovery Plan funds, federal dollars,
18 COVID related, to help supplement our people. You
19 know them; you've been there yourselves. The people
20 that are licensed by this board, the stress, the
21 challenges they've experienced over really the last
22 two years now due to the virus.

23 And it would propose paying up to \$5,000 per
24 licensed/certified healthcare worker. One thing
25 Ms. Johnson was concerned about, rightfully so,

1 there was a senate version that said it only applied
2 up to \$75,000. This bill says you can be eligible
3 if you make up to \$150,000, which that takes care of
4 advanced practice and most all of our workers, at
5 least as far as regulated or licensed by this board.

6 We're going to watch that bill very closely
7 in the senate. I don't know -- Ms. Johnson and I
8 had the discussion. I'm not saying \$5,000 is
9 adequate, not that it's not appreciated. It would
10 be very much. But at least it's a gratitude, and
11 it's something for the folks that have had to work
12 double shifts and multiple hours under very tough
13 conditions.

14 I don't know if any of you get a chance, but
15 if you can go back and watch 60 Minutes last Sunday
16 evening. I think I texted Ms. Johnson. I think she
17 may have already been watching. There's an
18 excellent piece about the stresses and strains. You
19 know, I know we hear a lot about it, but when you
20 see it on video. They actually went into the
21 clinical setting, the hospital setting. I thought
22 it was very powerful. So I encourage you to do
23 that.

24 I want to mention a real quick bill. You
25 know the Medical Cannabis Act was signed by the

1 governor on February 2nd. You know, that's going to
2 be a process. Department of Health, they have a lot
3 of work on them, and I think they're up to it.
4 Dr. Dobbs and his group, they do a great job, but
5 they're having to promulgate rules and regulations
6 and really prepare to get ready for this because
7 it's an onslaught. I mean, there's going to be a
8 lot of people applying, whether it's growers,
9 cultivators, dispensaries. It's going to be a lot,
10 so we'll see how that plays out. I think it's still
11 going to be a few months before you actually start
12 getting to the point of any sales occurring,
13 probably several months, but the process is moving.

14 I wanted to mention Senate Bill 2178, as we
15 refer to it as The Full Practice Authority Bill. I
16 think we were all disappointed on behalf of our
17 profession and particularly the advanced practice
18 nurses that we have. That bill was the bill to
19 basically remove the collaboration agreement, allow
20 those advance practice nurses to practice strictly
21 within their scope, nothing more.

22 A lot of work has been put into this. We
23 had a hearing in the fall. Ms. Johnson presented.
24 We had a hearing, I think, the last day of January,
25 end of January, where the bill was discussed, a lot

1 of work with the committee members. It's the Senate
2 Public Health Committee. We really thought there
3 was going to be a vote on it, but right at the end,
4 there was a decision made not to have a vote. So
5 the bill did not pass, but we're going to continue
6 working and advancing that issue.

7 And thank you to all of you and to all of
8 the individuals out there who had an interest in the
9 bill, who reached out to their legislators and
10 worked to promote and advocate for this bill.

11 I mentioned helping nurses or the
12 profession. House Bill 1005, it's going to be sent
13 over to the senate. It provides loan forgiveness
14 for really LPNs, RNs, advanced practice. I think
15 there's a provision that you have to stay five
16 years, you know, work in the state five years to
17 take full advantage of those benefits, but this is
18 still a good program. You know, we talk about
19 recruitment tying back into education and trying to
20 bring people into the profession and retain them as
21 well. I think this is a good bill. Hopefully, it
22 will be successful in the senate. We're certainly
23 tracking it and speaking favorably for this bill.

24 House Bill 1196, we put a lot of work into
25 this bill. It started out talking about the Fresh

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1 Start Act, which was passed in 2019, and that was to
2 give folks that had had previous criminal
3 convictions, or I should say certain convictions, an
4 opportunity to work without just being denied
5 straight out. And certainly we support giving
6 people opportunities, particularly with shortages;
7 however, there was some clean-up language in the
8 bill, I think, we were good with. The big concern,
9 the bill contained the entire nurse licensure
10 compact law. That's a big, big problem because a
11 comma literally, Ms. Montgomery, as we talked, a
12 word change, and you could potentially void your
13 compact.

14 Then, you know, you've got all of your
15 reciprocity issues with licensing. Could you
16 imagine that coming about on top of the shortage
17 that we have now? So I give credit to the
18 legislature. We did a lot of work educating,
19 talking to legislators, and we got all the sections
20 of this bill. An amendment was made on the house
21 floor by Representative Bain to strike section 6
22 through 9. That's all the nursing language. So we
23 were taken completely out of the bill.

24 I think barbers, social workers, and some
25 others were still left in the bill, but nurses were

1 completely removed, and that's what we had requested
2 and advocated strongly for that. So I wanted to
3 mention that to you.

4 There are so many bills, a couple that I had
5 been asked about and had calls on, and I know some
6 of you were aware of House Bill 673 and House Bill
7 674.

8 673 dealt with the -- I guess, the
9 construction, if you will, the re-constitution of
10 the State Board of Medical Licensure.

11 And the other bill was 674. This was an
12 extensive bill that really dealt with a lot of the
13 language of the State Medical Licensure Board Act.
14 They're actually enabling legislation, and that's
15 fine. There was some issues or concerns - I think
16 you would say, Ms. Johnson - with a portion of the
17 language in that bill that was concerning, I think,
18 but in any event, that bill died on the calendar.

19 And I should say yesterday was the deadline
20 to get bills off the calendar, general bills.

21 I wanted to mention - Ms. Montgomery, this
22 is kind of in your wheelhouse, I suppose, and
23 Ms. Johnson - Senate Bill 2810. It passed the
24 senate; it's going to the house. It talks about
25 telework for state employees. And it just basically

1 sets some criteria for that. I think, Shan, it also
2 gives the State Personnel Board some authority on
3 setting policy. It's more of an administrative
4 issue, but it's still very important due to what
5 we've experienced in the virus and during the
6 pandemic, allowing people to work from home or other
7 locations. And I think the productivity has been
8 very good, and it's worked. I give credit to our
9 leadership here at the board and the agency for
10 developing some standards and policies to allow that
11 to happen.

12 And that concludes my report, Mr. President.
13 I could probably talk on, but those are the
14 highlights. Any questions?

15 MR. SHAW: Anybody have any questions?

16 MR. BOBINGER: If not, thank y'all for
17 your support, and please reach out to me any time
18 with questions or concerns or comments. Thank you.

19 MR. SHAW: Executive director's report.

20 MS. JOHNSON: Well, good afternoon now.
21 And I would just like to take this opportunity to
22 thank Trey Bobinger. Trey has worked diligently, I
23 know, for the past four or five weeks. He has
24 notified me any time anything comes up with "nurse"
25 in a bill. And so he has been reading them, along

1 with me, and we agreed on some of the language that
2 needs to be taken out. That's kind of scary because
3 he's an attorney, and I'm not.

4 MR. BOBINGER: She could be.

5 MS. JOHNSON: I thank Trey for all of
6 his hard work. He really has hit the ground and
7 been our boots on the ground and alerting us to
8 things that have come up with any bills pertaining
9 to nursing. And I thank you all because I tried to
10 get that information out to you on a couple of those
11 bills I sent to you that are concerning -- that I
12 get complaints or concerns from our constituents
13 about. I pass it on to you all so you all can
14 peruse and give your feedback as well. So I
15 appreciate all of you on that.

16 My report is brief. The mid-year meeting is
17 March 15 through 17, 2022, the NCSBN mid-year
18 meeting. And we have people that have registered to
19 go to that meeting, several board members and some
20 staff. And so if you have not completed your travel
21 because NCSBN has released approval for everybody to
22 go ahead and plan travel. It will be an in-person,
23 face-to-face meeting. So things are beginning to
24 open back up with our NCSBN conferences.

25 Right now everything is on go for all of

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1 those meetings going forward to be face to face
2 unless there's a change. So if you have not done
3 your travel, please get with Vanessa Gray, my
4 executive assistant, and make sure that you have
5 that because the economy being what it is,
6 everything is skyrocketing. So the longer you
7 delay, the more costly that may be. But we
8 appreciate you going to that.

9 MEC Capitol Day, they had to postpone their
10 initial Capitol Day, and that has been rescheduled
11 for March the 3rd. And so if you are interested in
12 participating in MEC Capitol Day, please contact
13 Vanessa Gray; send her an e-mail, because we do have
14 a certain number of tickets to attend that event,
15 and she can make sure that we have the appropriate
16 seating if you wish to attend that.

17 You heard about the Concorde Career College
18 site visit from Dr. Burks, and that will be February
19 16 through 18 of 2022. So we're excited about that.
20 That will be one of the first site visits, I think,
21 since we've taken over the practical nursing
22 education program. And she has a great team that's
23 going to do that site visit.

24 The only other thing I want to bring to your
25 attention, is thank you so much for the board

1 retreat that we had January 24th through the 25th.
2 I've reviewed some of the results of the survey.
3 They have been extremely positive. It looks like it
4 was a very rewarding and educational event for our
5 board members.

6 And just to recap on some of the topics that
7 we discussed: board governance, board hearing
8 decisions, the OLRC, and our data system. And we're
9 looking into doing a more robust implementation of
10 our data system going forward.

11 So I thank you for your input, your
12 feedback. Shan and I and the staff are working on
13 some of those issues, and I'm sure we'll be having
14 some committees getting together that includes some
15 of you going forward like with our strategic plan
16 and things of that nature because that was another
17 issue that we talked about under the governance is
18 the strategic plan.

19 So that's all I have to report.

20 I do want to thank my staff. They've been
21 very busy. You have that information before you
22 because even though COVID is still in play, we are
23 carrying on the business and the mission of the
24 Mississippi Board of Nursing, and the staff has done
25 a tremendous job, so I applaud my staff for the job

1 that they have been doing.

2 And I would also like to just call out my
3 legal staff and my compliance staff. You know we
4 don't have an attorney anymore, but my legal staff
5 and compliance staff has done a tremendous job.
6 I've heard feedback from the board members that were
7 on the panels for the hearings and the agreed
8 settlements, how organized and how smoothly
9 everything ran, and that's a testament to the type
10 of individuals that are employed here at the Board
11 of Nursing.

12 A special thanks to the AG's office, Avery
13 Lee and her staff and their support as we go through
14 this transition. And we will be -- I think the
15 advertisements are probably out there or will be
16 going out for our attorney position. So we thank
17 everybody that's been very supportive in our efforts
18 thus far. So with that, the budget.

19 MR. SHAW: Any questions?

20 All right, budget time.

21 DR. STEWART: If it's okay, can I do the
22 finance committee at the same time as the budget
23 report?

24 MR. SHAW: Sure.

25 DR. STEWART: Okay. So we have two

1 different motions. One will come to approve the
2 budget, and the other is a motion from the
3 committee.

4 But let me just give you a quick rundown on
5 the budget itself, and you've got these documents,
6 of course, in your handout. Thank you, Shan, as
7 always.

8 We are in very good financial shape, as Trey
9 mentioned. Our revenue for December of 2021 was a
10 little over \$648,000. Revenue for January was a
11 little over \$380,000 with our expenses for January
12 around \$266,000.

13 Now, the bulk of that revenue, as we know,
14 is our LPN renewals. About \$818,000 of that comes
15 from our LPN renewals, so we're happy to see that,
16 and I think that's pretty consistent with what we've
17 had.

18 As of January 31st, the cash on-hand for the
19 board is \$5,889,117.93. In terms of -- and then let
20 me just also say, the expenditures, ONW expenditures
21 total for scholarships and so forth year to date are
22 actually more than \$700,000.

23 So I have information about the budget
24 hearing that I also want to share, but do you want
25 to go ahead -- I present that report to you for

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1 approval.

2 MR. SHAW: Okay. I have a motion we

3 accept the budget report?

4 MS. NORRIS-JOHNSON: I make a motion.

5 MR. SHAW: Make a motion from Nancy

6 Johnson.

7 MS. GENTRY: Second.

8 MR. SHAW: Lacey. Ms. Lacey Gentry.

9 All in favor?

10 BOARD MEMBERS: Aye.

11 MR. SHAW: Motion carries.

12 DR. STEWART: Thank you. And so I want

13 to give you a little bit about the hearing because

14 we did have a finance committee meeting this

15 morning. And then we do have a motion to come out

16 of that discussion.

17 But as it's already been referred, Shan and

18 Phyllis went to both the senate and the house

19 hearings; did an outstanding job from all accounts.

20 Nursing, as we all know, is a very heavy topic at

21 the legislature, especially this year. One of the

22 comments -- and this is something that we have been

23 supporting, is an increase in salary for our

24 executive director. And so while we do not have

25 final approval on that, I'm going to tell you a

1 snippet of a story, and I think you'll get a sense

2 of where we are in terms of that approval.

3 So in the senate, Chairman Jackson, after

4 reporting and Phyllis fielding questions and so

5 forth, he looked at the committee and I'm relaying

6 what I've heard. He looked at the committee and

7 said, "If we're going to do justice by nursing, this

8 is where we start. We support this increase for our

9 executive director," and he looked at every

10 committee member. So that speaks volumes. So we're

11 really anticipating that that's going to come

12 through.

13 Just some other data I think that the public

14 needs to know. We talk about the staff is busy

15 here; we're doing all of these things. Let me just

16 give some data. And this, of course, went into the

17 budget hearing reports that they gave. So during

18 the summer when we had the COVID surge, this staff

19 credentialed 2,196 additional nurses. That's a big

20 number. I've already spoken about the 700,000 plus

21 in scholarships, and they also issued 561 temporary

22 permits to graduate nursing students in the state.

23 So we often hear about the shortages. These

24 are real numbers that the staff is contributing to

25 the workforce, so that's a real positive.

1 The other thing I wanted to let you know is

2 that the board does have 40 PIN positions. All but

3 five of those, as you know, we were asking for a

4 three percent increase to get them to the minimum,

5 and all of those were approved. So we're excited

6 about that.

7 Our budget request for next year is

8 \$2,928,757. So any questions about that?

9 So as I mentioned, we had a finance

10 committee meeting this morning, and Dr. Temple has

11 done a good bit of our work for us already. I told

12 her I was going to talk to her, and I am going to

13 talk to her, but she's given us some really good

14 data to start and support. But the finance

15 committee made a motion and wants to bring that as a

16 motion to the board. So I'll present that, and then

17 if there's discussion, it comes from the committee.

18 We move that the Board of Directors direct

19 the hiring of a consultant to explore avenues for

20 recruitment and retention of nursing faculty and

21 students for the nursing workforce in Mississippi.

22 And I'll take questions if you have

23 questions.

24 MR. SHAW: So this will be a

25 contractual?

1 DR. STEWART: Yes. And if the cost is

2 more than \$50,000, then we'll come back to the

3 board. We just wanted to go ahead and be up front

4 because we do think there are some things that we

5 can do through Office of Nursing Workforce to

6 significantly impact faculty salaries as well as

7 continue with the support for students in terms of

8 retention and recruitment.

9 MR. SHAW: And which pot would it be

10 paid out of?

11 DR. STEWART: Well, we are looking --

12 again, this would be for the next fiscal year, what

13 we're looking for. And as you all know, this is

14 stuff that we've got to go in the summer basically,

15 but we're looking at the -- is it APRA money? We

16 don't really care where the money comes from. But

17 it would be a request to -- we think, and, again,

18 that's why we want a consultant to help us gather

19 the data and find the best processes, both fiscally

20 and legislatively. But we're looking at a

21 significant request, maybe 25,000,000.

22 MR. SHAW: So basically what I was

23 getting at when I was talking about where is it

24 coming from, paying for the consultant? Which pot

25 is that coming out of?

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1 DR. STEWART: Oh.
2 MS. MONTGOMERY: (Indiscernible;
3 speaking too softly.)
4 MR. SHAW: Anybody have any questions?
5 MS. JOHNSON: She can't hear you.
6 MR. CUMMINS: Did you hear what she
7 said?
8 It could come from Office of Work -- Nursing
9 Workforce funds.
10 MS. COLLINS: I have a question. Where
11 do y'all recruit for nursing? College level?
12 Junior college? High school? Where do y'all spend
13 that money and that attention?
14 DR. STEWART: Are you asking about
15 students or faculty?
16 MS. COLLINS: Students.
17 DR. STEWART: Well, all schools kind of
18 approach things differently depending on what
19 programs they offer, but recruitment at high
20 schools, career days, there are a lot of virtual
21 events now, associations that meet. Like MOADN, for
22 example, the associate degree nursing meeting, we
23 often recruit there for master's and baccalaureate
24 programs and so forth.
25 MS. COLLINS: So who funds that?

1 DR. STEWART: The schools typically have
2 to pay that out of their operating budgets.
3 MS. COLLINS: We don't help assist in
4 any of that?
5 DR. STEWART: We have not in the past,
6 but that might be something that we look at.
7 MR. SHAW: I sit here and look at the
8 number of qualified associate degrees not admitted,
9 over 2,000, so recruitment's not an issue.
10 MR. CUMMINS: And the problem is you
11 don't have faculty.
12 DR. STEWART: It's the faculty. And so
13 we really -- you know, we have a good record of
14 several years now of making, I think, significant
15 contributions in terms of student scholarships, and
16 we don't want to stop that. We know that's
17 important. We actually have talked about if we
18 increase that request, that we would target
19 underrepresented populations because we all know
20 that our nursing workforce does not represent our
21 state population in the way that it would need to
22 be. But to really balance those student supports
23 with faculty supports, and we think we're in a
24 position that we can ask for that and be successful.
25 MR. SHAW: I think we all know where the

1 bottleneck is at.
2 Anyway, with that said, does anybody have
3 any other questions? Since we've talked a little
4 bit, just re-read the motion one time so everybody's
5 clear.
6 DR. STEWART: Move that the Board of
7 Directors direct the hiring of a consultant to
8 explore avenues for recruitment and retention of
9 nursing faculty and students for the nursing
10 workforce in Mississippi.
11 MR. SHAW: If nothing? All in favor?
12 BOARD MEMBERS: Aye.
13 MR. SHAW: Any opposed?
14 (No verbal response.)
15 DR. STEWART: Thank you. And that
16 concludes my report.
17 MR. SHAW: All right, thank you.
18 Committee report, executive committee has
19 nothing to come out. No other board business.
20 Compliance?
21 MS. CULPEPPER: From compliance we have
22 a couple, and I'm trying to write while I read these
23 to you, Alton.
24 So on the first one, I move that the board
25 adopt the compliance committee's recommendations

1 that the following affidavits, formal reprimands, be
2 accepted for ratification: license R-855718 and
3 R-878929.
4 MR. SHAW: Any questions? If not, all
5 in favor of accepting the motion?
6 BOARD MEMBERS: Aye.
7 MR. SHAW: Any opposed?
8 (No verbal response.)
9 MR. SHAW: Motion carries.
10 MS. CULPEPPER: The next motion will be,
11 I move that the board adopts the compliance
12 committee's recommendations to deny the request of
13 licensee number P-333909 for a second extension of
14 30 to 45 days on the nursing refresher course
15 requirement pursuant to the final order dated and
16 signed on November 2nd, 2020.
17 MR. SHAW: Any questions? If not, all
18 in favor?
19 BOARD MEMBERS: Aye.
20 MR. SHAW: Any opposed?
21 (No verbal response.)
22 MR. SHAW: Motion carries.
23 MS. CULPEPPER: The next one. I move
24 that the board adopts the compliance committee's
25 recommendation to approve the request for licensee

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1 number P-338359 for an extension on the evaluation
 2 for chemical dependency/substance abuse pursuant to
 3 the final order dated and signed December 7th, 2021.
 4 The extension is granted for an additional
 5 30-calendar days.
 6 MR. SHAW: Questions? All in favor we
 7 approve?
 8 BOARD MEMBERS: Aye.
 9 MR. SHAW: Any opposed?
 10 (No verbal response.)
 11 MR. SHAW: Motion carries.
 12 MS. CULPEPPER: And the final one. I
 13 move that the board adopts the compliance
 14 committee's recommendation to deny the request for
 15 the modification of licensee number P-324062, final
 16 order dated and signed October 11, 2018.
 17 MR. SHAW: Any questions? Motion to
 18 approve?
 19 BOARD MEMBERS: Aye.
 20 MR. SHAW: Any opposed?
 21 (No verbal response.)
 22 MR. SHAW: Motion carries.
 23 MS. CULPEPPER: And that is all, sir.
 24 MR. SHAW: That is all.
 25 Advanced practice has nothing coming out.

1 proceeding concluded at 2:27 P.M.)
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1 Practice?
 2 DR. STEWART: We did not meet, but just
 3 a word. We will need to meet before the April
 4 meeting because we've got to identify education
 5 references for our licensees who are directed to get
 6 continuing education as part of their agreed
 7 settlement or their order. So I will be talking
 8 with you.
 9 MR. SHAW: Administrative code, there's
 10 nothing coming out of there.
 11 Finance has already spoken.
 12 Office of Nursing Workforce has already
 13 spoken.
 14 So at this time, I would call a recess until
 15 the full-board appeal, which I'm assuming is still
 16 going forward. So we stand in recess.
 17 (Proceeding recessed at 12:21 P.M.)
 18 (MOTIONS NOT RETAINED BY BOARD OF
 19 NURSING ARE ATTACHED HERETO.)
 20 (Appeal hearing held at 1:00 P.M.)
 21 (Appeal hearing concluded at 2:27 P.M.)
 22 MR. SHAW: And I have a motion we
 23 adjourn.
 24 MS. CLANTON: Second.
 25 (Whereupon, the above-entitled

1 CERTIFICATE OF COURT REPORTER
 2 I, CYNTHIA HARRIS, Court Reporter and Notary
 3 Public, in and for the County of Scott, State of
 4 Mississippi, do hereby certify:
 5 That the foregoing pages contain a full,
 6 true, and correct transcription of all the
 7 proceedings taken by me at the time and place
 8 heretofore stated;
 9 That I am not kin or in anywise associated
 10 with any of the parties to said cause of action or
 11 their counsel, and that I am not financially
 12 interested in the action.
 13 IN WITNESS WHEREOF, I have hereunto set my
 14 hand and seal, this the 3rd day of March, 2022.
 15
 16
 17
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 20
 21 _____
 22 CYNTHIA HARRIS, RPR, CCR 1828
 23
 24
 25 MY COMMISSION EXPIRES: DECEMBER 10TH, 2025