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

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BUSINESS MEETING

		Page 2
1	APPEARANCES	
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3	BOARD MEMBERS IN ATTENDANCE IN PERSON:	
4	ALTON SHAW, MSN, FNP-C (PRESIDENT) SANDRA CULPEPPER, LPN (SECRETARY)	
5	MARY STEWART, PhD, RN (TREASURER) SHIRLEY JACKSON, LPN	
6	NANCY NORRIS-JOHNSON, LPN, II, CPT JEREMY L. CUMMINS, LPN, LHNA	
7	JANIE CLANTON, RN	
8	LACEY T. GENTRY, MSN, RN JAN COLLINS, CONSUMER	
9		
10	BOARD MEMBERS IN ATTENDANCE VIA ZOOM:	
11	LAURA MOORE, MSN, NP-C T.J. ADAMS, RN, BSN, MSHA (VICE PRESIDENT)	
12	1.0. ADAMO, KN, DON, MOHA (VICE INEGIDENI)	
13	ALSO PRESENT:	
14	EDWARD WIGGINS, JR., ESQUIRE SPECIAL ASSISTANT ATTORNEY GENERAL	
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BUSINESS MEETING

		Page 3
1	TABLE OF CONTENTS	
2		PAGE
3	Title Page	1
4	Appearances	2
5	Table of Contents	3
6	Proceedings	4
7	Court Reporter's Certificate	65
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

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

It is great to come and talk to the board.

It's really nice to get to talk to a group of people who are healthcare professionals and who are not lawyers. No offense to the lawyers in the room.

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

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

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

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

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

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

nurses, licensed LPNs and RNs, especially in longterm care. It's been very difficult to staff longterm care facilities appropriately.

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

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

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

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

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

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

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

MS. ALEXANDER: Yes. And good morning.

Again, I'm Tina Alexander. I'm a vice president

with Tara Cares. As vice president, I support eight

facilities in the state of Mississippi and also

facilities in Louisiana.

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

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

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

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

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

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

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

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

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

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

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

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

It would be a license, so that it would bring revenue stream to the board. So you would get some benefit to regulating this particular position. And you could help us develop the right kind of training, the right kind of experience, and the restrictions that would be placed on this certification so that you could say they couldn't administer controlled substances. There's certain things that you couldn't do. So you could really

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

help us develop the scope of work.

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

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

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

MR. SHAW: Anybody have any questions?

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

MR. FRYE: I'm ready.

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

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

MR. FRYE: We started with you.

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

MR. FRYE: Thank you.

MS. CULPEPPER: You're welcome.

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

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

That is my biggest concern is patient safety.

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

Does that make sense what I'm saying?

1 So these are concerns for me.

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

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

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

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

MR. FRYE: Thank you.

MS. CULPEPPER: You're welcome.

MR. SHAW: Jeremy, did you have

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

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

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

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

MS. ALEXANDER: No, sir.

MR. FRYE: True.

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

MS. ALEXANDER: Correct.

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

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

MR. FRYE: That's exactly right. I

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

MR. CUMMINS: Right.

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

MR. CUMMINS: That's right.

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

MS. ALEXANDER: Yes, correct.

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

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

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

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

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

MS. JACKSON: Good morning,

Ms. Alexander and Mr. Frye.

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MS. ALEXANDER: Good morning.

MR. FRYE: Good morning.

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

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

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

MR. FRYE: Thank you.

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

MR. WIGGINS: Go ahead.

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

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

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

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

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

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

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

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

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

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

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

MR. FRYE: True.

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MS. ALEXANDER: Right.

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

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

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

Page 21 Are you wanting the Board of Nursing to regulate 1 medication aides? 3 MR. FRYE: So what I wanted was the Department of Health to set regulations but for the 4 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 to be a discussion that we would have to have at a 8 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 --MS. CULPEPPER: -- that --14 15 MR. FRYE: -- rather --16 MS. CULPEPPER: -- would be --17 MR. FRYE: -- you not --18 MS. CULPEPPER: -- a massive 19 undertaking. 2.0 MR. FRYE: Yeah, I'd rather you not have 2.1 that discussion today, for sure. 22 MS. ALEXANDER: And Mr. Frye was 2.3 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

medicine. So it is a separate training.

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

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

So it would be a separate title. So they would not be just CNAs passing meds in the nursing homes. They would have to go through like a fourmonth course on administration meds -- administering meds.

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

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

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

MS. ALEXANDER: Correct. Okay, correct.

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

MS. CULPEPPER: They can't do both.

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

MR. FRYE: Very similar to Mississippi.

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

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

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

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

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

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

MS. ALEXANDER: No. Staffing numbers -MR. CUMMINS: Your quality measures and
your staffing numbers are going to drop because you
don't have enough nurses to take care of people.

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

MS. ALEXANDER: Right.

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

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

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

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

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

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

1 MS. ALEXANDER: Yes.

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

MS. ALEXANDER: Right.

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

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

MR. CUMMINS: But, Ms. Alexander, you

know, and I know, too --

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MS. ALEXANDER: Right.

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

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

MR. CUMMINS: Right.

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

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

MS. COLLINS: I did have one question.

Do I recall you saying that of the medications that the nurses give to the patients, that 25 percent of it is blood pressure medication, narcotics, things that they have to do?

MS. ALEXANDER: Yes.

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

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

MR. SHAW: I appreciate y'all coming.

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

MS. ALEXANDER: Thank you.

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

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

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

The first one is January the 6th. And that

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

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

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

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

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

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

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

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

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

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

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

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

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

So together that's a total of about 477

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

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

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

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

Can I answer any questions?

MR. SHAW: Any questions?

DR. TEMPLE: Thank you.

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

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State of Mississippi. Thank you.

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DR. TEMPLE: Thank you.

MS. GENTRY: Sincerely, we thank you.

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

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

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

Page 35 nurses to meet our state's needs. So thank you. 1 2 DR. TEMPLE: Thank you. MS. COLLINS: I've got a question, and 3 this may even include Mr. Bobinger. 4 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. MS. CULPEPPER: Mr. President, we have 18 19 nothing coming out of ONW. However, we do have a 2.0 scheduled advisory committee meeting for March. 2.1 MR. SHAW: Dr. Burks. 22 DR. BURKS: Good morning, everyone.

The item I'm bringing before the board is

have one item to bring before the board and several

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updates.

Page 36 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

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:

The renovations to this facility are not complete at

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

Hospital, but there was no affiliation agreement

13 signed.

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

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

(No verbal response.)

BUSINESS MEETING

Page 37 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 favor? 8 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 the 18th of 2022. 18 19 The site-visit team will consist of 2.0 Dr. Chequitia Dixon, she's the dean of healthcare 2.1 director of the PN program at Coahoma; Dr. Christi 22 Blair, division chair of the PN program at Holmes; and Dr. Lisa Pearson, PN director of Itawamba. 2.3 24 And the purpose of this site visit is, we're 25 going to clarify, amplify, and verify all of the

information that Concorde has submitted in their self-study.

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

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

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

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

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

BUSINESS MEETING

	Page 39
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?

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MS. NORRIS-JOHNSON: I make a motion.

MR. SHAW: Motion, Ms. Nancy Johnson.

MS. JACKSON: Second.

MR. SHAW: Second, Ms. Shirley Jackson.

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

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

And I know your passion, and I heard

Dr. Temple speaking about salaries for nurse
educators. There's so many issues from premium pay
discussions for front-line healthcare workers,
education help, forgiveness of loan programs.

There's a lot of things out on the table. And I do
hope that there is some way -- you know, we have the
appropriations process. I say "we," the legislature

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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governor on February 2nd. You know, that's going to be a process. Department of Health, they have a lot of work on them, and I think they're up to it.

Dr. Dobbs and his group, they do a great job, but they're having to promulgate rules and regulations and really prepare to get ready for this because it's an onslaught. I mean, there's going to be a lot of people applying, whether it's growers, cultivators, dispensaries. It's going to be a lot, so we'll see how that plays out. I think it's still going to be a few months before you actually start getting to the point of any sales occurring, probably several months, but the process is moving.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

And that concludes my report, Mr. President.

I could probably talk on, but those are the highlights. Any questions?

MR. SHAW: Anybody have any questions?

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

MR. SHAW: Executive director's report.

MS. JOHNSON: Well, good afternoon now.

And I would just like to take this opportunity to thank Trey Bobinger. Trey has worked diligently, I know, for the past four or five weeks. He has notified me any time anything comes up with "nurse" in a bill. And so he has been reading them, along

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

MR. BOBINGER: She could be.

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

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

Right now everything is on go for all of

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

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

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

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

retreat that we had January 24th through the 25th.

I've reviewed some of the results of the survey.

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They have been extremely positive. It looks like it was a very rewarding and educational event for our board members.

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

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

So that's all I have to report.

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

that they have been doing.

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of Nursing.

And I would also like to just call out my legal staff and my compliance staff. You know we don't have an attorney anymore, but my legal staff and compliance staff has done a tremendous job.

I've heard feedback from the board members that were on the panels for the hearings and the agreed settlements, how organized and how smoothly everything ran, and that's a testament to the type of individuals that are employed here at the Board

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

MR. SHAW: Any questions?

All right, budget time.

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

MR. SHAW: Sure.

DR. STEWART: Okay. So we have two

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

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

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

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

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

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

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

MS. NORRIS-JOHNSON: I make a motion.

MR. SHAW: Make a motion from Nancy Johnson.

MS. GENTRY: Second.

MR. SHAW: Lacey. Ms. Lacey Gentry.

All in favor?

BOARD MEMBERS: Aye.

MR. SHAW: Motion carries.

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

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

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

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

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

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

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

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

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

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

And I'll take questions if you have questions.

MR. SHAW: So this will be a contractual?

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Page 57

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

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

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

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

Page 58 DR. STEWART: Oh. 1 2 MS. MONTGOMERY: (Indiscernible; 3 speaking too softly.) MR. SHAW: Anybody have any questions? 4 5 MS. JOHNSON: She can't hear you. 6 MR. CUMMINS: Did you hear what she 7 said? It could come from Office of Work -- Nursing 8 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 2.0 schools, career days, there are a lot of virtual 2.1 events now, associations that meet. Like MOADN, for 22 example, the associate degree nursing meeting, we 2.3 often recruit there for master's and baccalaureate 24 programs and so forth. 25 MS. COLLINS: So who funds that?

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

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

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

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

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

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

MR. SHAW: I think we all know where the

Page 60 1 bottleneck is at. Anyway, with that said, does anybody have any other questions? Since we've talked a little 3 bit, just re-read the motion one time so everybody's 4 5 clear. 6 DR. STEWART: Move that the Board of Directors direct the hiring of a consultant to 7 8 explore avenues for recruitment and retention of nursing faculty and students for the nursing 9 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 concludes my report. 16 17 MR. SHAW: All right, thank you. 18 Committee report, executive committee has 19 nothing to come out. No other board business. 20 Compliance? 2.1 MS. CULPEPPER: From compliance we have 22 a couple, and I'm trying to write while I read these 2.3 to you, Alton. 24 So on the first one, I move that the board

adopt the compliance committee's recommendations

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BUSINESS MEETING

	Page 61
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.
LO	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
L3	licensee number P-333909 for a second extension of
L 4	30 to 45 days on the nursing refresher course
L5	requirement pursuant to the final order dated and
L6	signed on November 2nd, 2020.
L7	MR. SHAW: Any questions? If not, all
L8	in favor?
L 9	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

Page 62 number P-338359 for an extension on the evaluation 1 for chemical dependency/substance abuse pursuant to 3 the final order dated and signed December 7th, 2021. The extension is granted for an additional 4 5 30-calendar days. 6 MR. SHAW: Ouestions? 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. Τ 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? 2.1 (No verbal response.) 22 MR. SHAW: Motion carries. 23 MS. CULPEPPER: And that is all, sir. 24 That is all. MR. SHAW: 25 Advanced practice has nothing coming out.

Page 63 Practice? 1 2 DR. STEWART: We did not meet, but just 3 a word. We will need to meet before the April meeting because we've got to identify education 4 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.) (MOTIONS NOT RETAINED BY BOARD OF 18 19 NURSING ARE ATTACHED HERETO.) 2.0 (Appeal hearing held at 1:00 P.M.) 2.1 (Appeal hearing concluded at 2:27 P.M.) 22 MR. SHAW: And I have a motion we 2.3 adjourn. 24 MS. CLANTON: Second. 25 (Whereupon, the above-entitled

BUSINESS MEETING

		Page	64
1	proceeding concluded at 2:27 P.M.)		
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CERTIFICATE OF COURT REPORTER

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

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

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this the 3rd day of March, 2022.



CYNTHIA HARRIS, RPR, CCR 1828

MY COMMISSION EXPIRES: DECEMBER 10TH, 2025

	i		1	
A	5:20 6:1,9	35:20	25:16,24	31:9,12,15
A.M 1:11	11:9 12:11	advocate	26:4,13	application
ability 30:18	19:21	45:10	27:1,5,14	36:21
able 22:11	administe	advocated	27:25 28:2	applied 43:1
31:2 41:24	19:20 22:17	47 : 2	28:7,11,22	apply 22:7
above-ent	23:14	affect 15:21	29:1,13	applying 44:8
63:25	administr	affidavits	Allied 38:6,6	appreciate
absolutely	6:11 8:5	61:1	38:8	16:1 24:7
13:14 14:9	22:17	affiliation	allow 44:19	29:8 49:15
abuse 62:2	administr	36:12	48:10	50:8
academic	48:3 63:9	afraid17:8	allowing 48:6	appreciated
31:13,14	administr	afternoon	alluded 23:20	43:9
academically	8:19 15:1	48:20	alter 16:25	approach
31:7	24:18,19	AG's 52:12	Alton 2:4	15:10 58:18
accept 22:5	26:25	agency 7:9	60:23	appropriate
39:7,17	administr	9:6 41:18	amendment	11:25 50:15
54:3	32:13	48:9	46:20	appropriated
accepted 30:7	admissions	agenda 4:12	American	42:16
31:5 61:2	7:8	agree 17:19	42:17	appropria
accepting	admitted	agreed 40:6	amount 9:13	7:3 34:25
61:5	30:25 31:1	49:1 52:7	27:17,17,18	appropria
accounts	31:15,22	63 : 6	amplify 37:25	40:25 41:6
54:19	59 : 8	agreement	annual 30:5	approval
accredita	admittedly	36:12 44:19	answer 10:13	49:21 54:1
37:16	23:17	ahead 17:11	11:22 33:21	54:25 55:2
accredited	admitting	18:20 32:7	Antanikah	approve 4:11
38:13	30:17 31:9	49:22 53:25	12:24	17:1 37:1
Act 42:12	adopt 60:25	57:3	anticipate	53:1 61:25
43:25 46:1	adopted 5:15	aide 12:6,8	7:13 34:10	62:7,18
47:13	19:23	15:9,23	anticipating	approved 20:3
action 65:10	adopts 61:11 61:24 62:13	23:9	55:11	56:5
65 : 12	advance 44:20	aides 5:17,19 5:20 7:18	anybody 12:4 36:24 48:15	approxima 1:11 32:12
actual 19:8	advance 44:20 advanced 43:4	11:16 12:10	58:4 60:2	APRA 57:15
Adams 2:11	44:17 45:14	12:19 13:10	anymore 52:4	April 40:7,8
4:4	62:25	13:15 17:1	Anyway 60:2	63:3
add 6:4 12:14	advancing	19:1,20	anywise 65:9	areas 12:14
added 15:15	45:6	21:2 27:7	appeal 63:15	16:18 28:8
addition	advantage	Alabama 11:15	63:20,21	articles 7:5
36:19	45:17	38:15	Appearances	10:18
additional	adverse 6:12	alerting 49:7	2:1 3:4	asked 8:7
6:9 22:10	advertised	Alexander 5:1	applaud 33:24	29:23 30:3
32:1,3	38:16	8:11,12	51:25	32:10 33:5
55:19 62:4	advertise	14:25 15:7	applicant	41:18 47:5
address 35:6 35:11	52:15	15:13 16:10	34:6	asking 56:3
	advertising	17:14,15	applicants	58:14
adequate 43:9 adjourn 63:23	38:17	20:17 21:22	30:2,4,7,17	assignments
administer	advisory	23:11 25:1	30:24 31:1	9:7
admining] -			
	<u> </u>	Ī	l	I

assist9:9	Avery 38:24	big 33:17	51:7,7,24	burned 9:9
13:19 21:5	52:12	46:8,10,10	52:6,10	10:3,4
59:3	aware 34:21	55:19	53:19 54:10	24:10
assistant	47:6	biggest 13:11	56:2,16,18	burnout 32:8
2:14 17:23	Aye 4:19 37:9	23:17	57:3 60:6	business1:2
		bill 42:9,11		39:8 40:8
20:15 50:4	39:15,24	42:15 43:2	60:12,19,24	
assistants	54:10 60:12		61:6,11,19	51:23 60:19
5:13 9:10	61:6,19	43:6,24	61:24 62:8	busy 40:14,15
associate	62:8,19	44:14,15,18	62:13,19	51:21 55:14
31:17 32:3	В	44:18,25	63:18	Butler 4:22
32:20 58:22		45:5,9,10	Bobinger 35:4	4:25 10:15
59:8	baccalaur	45:12,21,23	35:8 40:12	
associated	31:18 58:23	45:24,25	48:16,22	
65 : 9	back 19:3	46:8,9,20	49:4	calendar
associations	23:7 30:12	46:23,25	books 14:13	33:11 47:18
58:21	33:14 42:2	47:6,6,11	boots 49:7	47:20
assuming	43:15 45:19	47:12,17,18	bottleneck	call 38:23
63:15	49:24 57:2	47:23 48:25	60:1	52:2 63:14
ATTACHED	backgrounds	bills 41:6	bow 4:9	called 6:21
63:19	13:6	42:6 47:4	brief 29:18	41:25
attend 50:14	Bain 46:21	47:20,20	40:13 42:7	calling 5:16
50:16	balance 59:22	49:8,11	49:16	6:20 10:8
ATTENDANCE	balancing	bit 17:18	briefly 8:8	10:10
2:3,10	24:10	54:13 56:11	41:8	calls 47:5
attention	ball 26:11	60:4	bring 11:2	Canadian
50:25 58:13	barbers 46:24	Blair 37:22	14:16 15:10	23:23
attorney2:14	barrier 30:16	blood 16:14	15:23 19:17	candidate
4:25 38:21	based 20:13	16:15,16	35:23 45:20	34:8
49:3 52:4	27:16	22:20 25:11	50:24 56:15	candidates
52:16	basically	28:20	bringing	33:15
attorneys	44:19 47:25	board 1:1,12	24:11 35:25	Cannabis
19:10	57:14,22	2:3,10 4:19	BSN 2:11 32:1	43:25
attract 30:15	battle 7:10	5:8,23 6:8	BSNs 32:23	Capitol 41:22
30:18	beginning	10:22 11:1	budget 41:1	41:24 42:4
attrition	49:23	11:3,13,13	41:10,12,17	50:9,10,12
31:8	behalf 33:25	11:22 12:2	52:18,20,22	care 5:3 6:16
August 34:11	44:16	20:1 21:1,5	53:2,5,23	6:19 7:2,3
authority	believe 7:17	23:17 34:21	54:3 55:17	7:6,8,10,21
44:15 48:2	10:10,11	35:23,25	56:7	8:6,6,9,21
availability	33:17	36:5 37:9	budgets 59:2	9:11,21,24
6:25	beneficial	38:13 39:15	building 26:3	10:2 12:16
available	31:8	39:24 41:2	27:20	13:18,20,23
7:24 19:14	benefit11:4	41:21,24	bulk 53:13	14:18 15:2
36:11	benefits	42:4,20	Burks 35:21	16:20 24:17
avenues 56:19	45:17	43:5 47:10	35:22 37:13	25:13,19
60:8	best 57:19	47:13 48:2	39:5,6	26:2,7,9
average 30:6	better 10:2	48:9 49:19	50:18	27:23 28:6
30:9	22:12	50:25 51:5	burn 9:18	28:9,12,14
				, , , , , , , , , , , , , , , , , , ,
	l	<u> </u>	l	l

29:7 34:14	certified	CMA 10:17	comma 46:11	complicated
42:12 43:3	5:16,17,18	20:14	commencing	7:20
57:16	5:19,20 6:5	CMAs 5:18,25	1:11	concept 5:24
career 8:16	7:18 11:15	CMT 29:4	comment 12:13	10:19,24
17:22 37:14	12:10 20:15	CMTs 26:16	41:21	11:22 12:1
50:17 58:20	27:7 38:7	CNA 6:5 9:8	comments	concern 7:25
careful 20:14	certify 65:4	18:9,13	48:18 54:22	13:8,11,14
20:19	chair 37:22	22:9 23:12	Commission	16:11 30:23
caregivers	Chairman 55:3	CNAs 5:18 6:5	38:12 65:25	31:16 46:8
27:19	challenges	9:17 22:2,6	committee	concerned
Cares 5:2	42:21	22:12,15	35:20 41:14	42:25
8:13	chance 43:14	27:18,21	45:1,2	concerning
carries 4:20	change 46:12	28:4	52:22 53:3	47:17 49:11
37:12 39:16	50:2	Coahoma 37:21	54:14 55:5	concerns
54:11 61:9	changed 34:18	code 63:9	55:6,10	12:10 13:3
61:22 62:11	34:20	coincide 33:1	56:10,15,17	14:1 19:9
62 : 22	charged 19:2	collabora	60:18,18	35:7 47:15
carry 41:20	chart 6:10	44:19	committee's	48:18 49:12
carrying	check 16:16	colleagues	60:25 61:12	concluded
13:23 51:23	checks 16:13	17:20	61:24 62:14	63:21 64:1
cart 13:19	chemical 62:2	collected	committees	concludes
cash 53:18	Chequitia	29:24	51:14	48:12 60:16
catch 34:7	37 : 20	college 37:14	community	Concorde
category	choice 26:17	41:2 50:17	34:19 41:1	37:14 38:1
28:25	choir 24:9	58:11,12	compact 46:10	50:17
cause 65:10	choose 12:15	colleges	46:13	conditions
CCR 1:20	Christi 37:21	34:19,19	company 5:2	43:13
65:21	citing 32:7	COLLINS 2:8	compensate	conferences
census 26:23	Clanton 2:7	28:17,23	34:24	49:24
26:24 27:3	40:10 63:24	35:3 58:10	compensated	confirm 36:18
27:9,10,17	clarifica	58:16,25	34:16	confirmed
certain 6:1,2	20:25	59:3	competent 34:25	37:16
6:6 11:9 22:4 46:3	clarify 37:25	come 5:8 8:7 8:25 23:5		conjunction 10:25 11:12
50:14	class 13:17 classes 14:12	25:25 28:3	complaints 38:25 49:12	consider 21:6
certainly	17:23	34:10 49:8	complete 31:2	considered
12:5 19:13	classroom	53:1 54:15	36:8,17	14:11 26:5
20:4 42:3	13:16	55:11 57:2	41:19	consist 37:19
45:22 46:5	clean-up 46:7	58:8 60:19	completed	consistent
Certificate	clear 15:20	comes 16:24	49:20	53:16
3:7 65:1	60:5	18:2 25:20	completely	consists 40:9
certifica	client 13:20	48:24 53:14	14:8 46:23	constituents
6:4,9 7:17	13:23	56:17 57:16	47:1	49:12
8:2,5 11:1	clinical	coming 16:1	compliance	construction
11:8 12:13	36:11 43:21	24:7 29:8	52:3,5	47:9
14:8 18:7	close 14:2	35:19 46:16	60:20,21,25	consultant
18:11,13,16	closed 33:6	57:24,25	61:11,24	56:19 57:18
22:10	closely 43:6	62:25 63:10	62:13	57:24 60:7
	<u> </u>	1	1	I

Consumer 2:8	course 6:7	14:23 15:9	31:23 32:11	developed
38:21	8:23 9:5	15:14 16:3	33:25	31:3
contact 10:19	21:10,24,25	16:6,11	December 39:8	developing
17:20 29:10	22:17 36:3	18:5 24:16	53:9 62:3	48:10
50:12	36:5,10,16	25:14,17,25	65:25	die 34:23
contain 65:5	37:14 53:6	26:10,22	decided 5:5	died 47:18
contained	55:16 61:14	27:25 28:3	decision	different
46:9	courses 36:22	28:10 37:6	20:10 45:4	7:20 11:24
Contents 3:1	Court 3:7	37:7 40:10	decisions	14:8 23:24
3:5	65:1,2	58:6 59:10	51:8	38:6 53:1
continue 45:5	cover 19:16	current 23:22	decline 32:18	differently
57:7	24:21	32:12	33:2,20	20:9 58:18
continues	coverage	currently	decrease	difficult 7:2
7:10	19:11,14,15	37:15 40:9	19:19 31:7	40:14
continuing	COVID 41:25	curriculum	33:18,19	difficulty
34:17 63:6	42:18 51:22	14:12 36:4	defend 41:17	13:15
contractual	55:18	CYNTHIA 1:20	definitely	diligently
56:25	COVID-19	65:2,21	23:21	48:22
contributing	31:11		degree 31:17	direct 56:18
55:24	CPT 2:6	D	31:18 32:3	60:7
contribut	credentialed	data 18:24,24	32:20 58:22	directed 63:5
59:15	55:19	19:4,17	degrees 59:8	direction
controlled	credit 46:17	21:9 51:8	delay 50:7	18:9
11:9	48:8	51:10 55:13	delineate	director 9:11
conversation	criminal 46:2	55:16 56:14	23:9	9:12,17
14:16 18:22	crisis 7:11	57:19	delivering	29:16 37:21
convictions	7:12,16,19	date 21:9	26:7 , 9	37:23 54:24
46:3,3	criteria	53:21	denied 46:4	55:9
copy 11:19	36:19 48:1	dated 30:11	deny 61:12	director's
corporate	Culpepper 2:4	61:15 62:3	62:14	48:19
15:3	12:5,8,22	62:16	Department	directors
correct 15:13	13:1 14:9	dates 36:21	12:18,22	30:13 31:23
16:10 23:11	14:20 16:22	Davis 4:21,24	14:16 15:16	32:11 33:25
23:11 65:6	18:18,21	day 26:11,14	16:23 17:21	56:18 60:7
cost 27:11	20:11,18,22	27:16 28:4	18:1,1,3,6	disappointed
57:1	21:7,11,14	41:22,24	19:25 20:24	44:16
costing 24:24	21:16,18	42:1,5	21:4 26:22	disciplinary
costly 50:7	23:6,15	44:24 50:9	44:2	40:7
counsel 65:11	26:21 27:2	50:10,12	dependenc	discipline
count 23:1	27:6 35:18	65:14	62:2	27:24
counterparts	37:3,4 39:5	days 58:20	depending	discussed
6:17	60:21 61:10	61:14 62:5 deadline	58:18	44:25 51:7
country 5:15	61:23 62:12	47:19	describe 8:8	discussion
County 36:11 65:3	62:23	deals 42:13	designation	12:18 21:8
	cultivators 44:9	dealt 47:8,12	5:13,14	21:21 43:8 54:16 56:17
couple 8:22 10:18 47:4	Cummins 2:6	dean 37:20	develop 5:24 10:24 11:5	discussions
49:10 60:22	4:16 13:9	deans 30:12	10:24 11:5	40:21
49.10 00:22	4.10 13.3	agaiis 50.12		40.41
				<u> </u>

				1490 0
dispensaries	50:13	23:21 43:22	expenses	57:6 58:15
44:9	E&O 19:11	enroll 38:19	53:11	59:11,12,23
disturbing	economy 50:5	enrollment	experience	60:9
34:16	Ed 18:3	30:14 32:15	7:14 11:6	failures 33:8
division	Edney 5:5	32:16,18,19	experienced	Fair 18:6
37:22 38:22	educated 13:7	33:18	42:21 48:5	fall 31:19,25
Dixon 37:20	13:9 20:10	ensure 6:12	experiences	32:17,19,21
Dobbs 44:4	educating	enter 32:8	8:8	32:21,24,24
document 6:10	34:12 46:18	entire 46:9	EXPIRES 65:25	44:23
documents	education	entity 17:24	explaining	familiar 15:2
53:5	17:22 18:1	envisioning	38:10	far 6:3 18:25
doing 16:13	18:14 22:13	10:21	explore 56:19	25:20 34:12
20:9 21:6	29:16 31:11	equipment	60:8	43:5 52:18
25:10 30:14	40:22 45:19	36:9	expressed 8:1	favor 4:18
38:25 41:11	50:22 63:4	error 19:16	35:5	37:8 39:14
51:9 52:1	63:6	errors 19:19	extension	39:23 54:9
55:15	educational	especially	61:13 62:1	60:11 61:5
dollars 42:17	13:6 51:4	6:19,22 7:1	62:4	61:18 62:6
doors 27:9	educator 12:6	54:21	extensive	favorably
double 43:12	12:9 13:10	ESQUIRE 2:14	47:12	45:23
Dr 23:16 24:1	13:15	essence 26:10	extraordi	February 1:5
29:15 33:23	educators	evaluation	40:16	1:11 36:7
33:24 34:2	13:4 30:15	62:1	extremely	37:17 44:1
35:2,12,21	30:18 34:15	evening 43:16	40:14 51:3	50:18
35:22 37:13	34:24 40:20	event 47:18	F	federal 42:17
37:20,21,23	EDWARD 2:14	50:14 51:4	face 27:6	feedback 14:6
38:9 39:5,6	effect 34:13	events 58:21	50:1,1	20:7 49:14
40:10,19	effort 35:6	everybody	face-to-face	51:12 52:6
44:4 50:18	efforts 33:25 52:17	49:21 52:17	49:23	feel 6:21 12:2
52:21,25 54:12 56:10	eight 8:13	everybody's 60:4	facilities	feeling 34:9
57:1,11	eligibility	exactly 14:5	5:3,21 6:16	fielding
58:1,14,17	32:10	15:25 20:7	7:3,8 8:7	41:15 55:4
59:1,14,17	eligible	example 58:22	8:10,14,15	filling 9:19
60:6,15	32:13 43:2	example 36:22	8:20 9:22	final 54:25
63:2	eliminate	43:18	14:4 15:5	61:15 62:3
drop 25:15,18	28:15	excited 50:19	16:21	62:12,15
31:12,12	eliminates	56:5	facility	finance 52:22
32:23 33:17	29:4	executive	15:17 16:19	54:14 56:9
dropped 32:16	employed	48:19 50:4	19:15 27:12	56:14 63:11
32:20	52:10	54:24 55:9	36:1,7,8,15	financial
due 31:22	employees	60:18	36:20	24:24 53:8
42:22 48:4	47:25	exhaustion	faculty 30:10	financially
duties 41:20	enable 10:1	32:7	30:19 31:16	65:11
duty 27:11	enables 25:13	expanded 36:3	31:20,21,22	find 9:8
	enabling	36:16	31:24 32:5	28:14 57:19
E	47:14	expenditures	32:12 33:2	findings 36:7
e-mail 38:9	encourage	53:20,20	34:5 56:20	fine 47:15
	<u> </u>	1	<u> </u>	l

first7:5	four 24:23	General's	28:5 32:7	grossly 34:21
17:20 18:2	25:21 32:19	38:21	37:25 40:12	ground 49:6,7
23:18 28:14	33:12 48:23	generally	40:13 41:8	group 5:9
29:25 33:14	four-22:9,16	12:1	43:6 44:1,7	44:4
36:5 40:15	four-month	Gentry 2:7	44:9,11	groups 41:23
50:20 60:24	21:25	33:24 34:3	45:3,5,12	growers 44:8
first-time	frame 19:7	54:7,8	47:24 50:1	quess 15:19
33:15	29:1	geriatric	50:8,23	19:10 23:6
first-write	Frances 18:6	6:22	51:10,15	24:18,19
33:8	free 7:19	getting 9:9	52:16 54:25	47:8
fiscal 57:12	16:8	10:2,4	55:7,11	guide 12:24
fiscally	frequently	13:15 44:12	56:12,12	guidelines
57 : 19	30:16	51:14 57:23	63:16	18:11
five 26:15	Fresh 45:25	give 9:20	good 4:8,24	guys 20:3
30:5 45:15	Friday $1:11$	13:21 17:8	8:11 10:24	24:7
45:16 48:23	front 10:10	17:9 22:19	13:20 17:13	
56:3	10:14 57:3	22:20,21,23	17:15,16	н
floor 9:19	front-line	28:19,24	20:10 33:7	hand 65:14
24:21 29:5	40:21	29:18,19,22	35:22 39:5	handout 29:19
46:21	Frye 4:22,23	33:4 46:2	40:12 42:2	30:1,11
floors 9:10	4:25 10:7	46:17 48:8	45:18,21	31:10 53:6
FNP-C 2 : 4	12:7,21,25	49:14 53:4	46:8 48:8	handouts
focus 41:4	14:2,19	54:13 55:16	48:20 53:8	29:20
folks 13:5	15:8 , 25	given 56:13	56:11,13	hands-on 26:5
43:11 46:2	16:4,7	gives 48:2	59:13	26:6 27:19
follow 15:17	17:14,16	giving 16:13	goodness 42:1	27:22 29:7
17:25	18:17 19:5	16:15 17:11	Gosh 42:7	handsome
follow-up	19:13 20:16	46:5	gotten 9:3	10:15
39:1	20:20 21:3	glad 5:7	governance	happen 48:11
following	21:10,13,15	glance 24:3	51:7,17	happy 53:15
23:6 61:1	21:17,20,22	glucose 16:16	governor 44:1	hard 49:6 HARRIS 1:20
force 7:7	23:1,12,25	go 11:1 18:9 18:20 21:25	GPA 22:4	65:2,21
<pre>foregoing 65:5</pre>	24:13 29:9 full 20:11	22:16 33:14	<pre>graduate 55:22</pre>	headlines 7:7
forgiveness	44:15 45:17	43:15 49:19	graduates	heads 4:9
40:22 45:13	65:5	49:22,25	33:8,19	health 12:18
formal 61:1	full-board	52:13 53:25	graduating	12:22 14:17
former 17:18	63:15	57:3,14	17:24	15:16 16:23
forth 53:21	full-time	goes 24:20	granted 62:4	17:18,22
55:5 58:24	8:24	going 6:20	gratitude	18:2,6
forum 4:21	funds 42:17	13:2,20,22	43:10	19:25 20:24
11:24 29:14	58:9,25	15:10,11,21	Gray 50:3,13	21:4 26:23
forward 24:15	Future 40:6	15:22,22	great 5:8	42:12 44:2
38:20 50:1		17:8,11	20:6 34:7	45:2
51:10,15	G	20:2,4 23:7	44:4 50:22	healthcare
63:16	gather 57:18	24:14,17	greater 31:24	5:10 36:1
found 7:5,6	general 2:14	25:15,18	greatest	36:15,20
28:8	47:20	26:1,12,16	31:16	37:20 38:6
<u> </u>	<u> </u>	1	1	ı

				1 age 7
40:21 42:24	hiring 24:21	immediate	insulin 16:16	37:7 40:10
hear 14:4	56:19 60:7	26:1	22:20	job 6:18
20:8 29:12	hit 49:6	impact 6:25	insulins	10:12 19:21
43:19 55:23	hold 8:17 9:2	31:11 57:6	25:12	39:5 41:11
58:5,6	36:16	implement	insurance	41:14 44:4
heard 40:18	Holmes 37:22	19:8 51:9	19:15	51:25,25
50:17 52:6	home 6:21	implemented	intent 16:2	52:5 54:19
55:6	7:12 8:18	11:15 23:2	interest 45:8	jobs 7:24 8:2
hearing 32:6	9:16 22:3	important	interested	Johnson 4:15
39:17 44:23	48:6	14:15 19:2	12:2 50:11	39:10,20
44:24 51:7	homes 9:14	23:8 30:22	65:12	40:3 41:9
53:24 54:13	22:8,16	48:4 59:17	issue 13:8	41:13 42:10
55:17 63:20	27:14	improvement	27:13 28:14	42:25 43:7
63:21	honest13:3	19:22	45:6 48:4	43:16 44:23
hearings 40:7	hope 5:23	improves 8:6	51:17 59:9	47:16,23
41:10 52:7	16:7 40:24	in-person	issued 55:21	48:20 49:5
54:19	Hopefully	49:22	issues 7:6	54:6 58:5
heart 34:12	45:21	incident 28:7	9:3 17:9	JR 2:14
heavy 54:20	hoping 14:6	include 35:4	28:12,12	Junior 58:12
held 63:20	20:7 41:3	37:13	34:7 40:20	justice 55:7
Hello 29:15	horrific 6:25	included 36:4	46:15 47:15	
help 5:24	9:12	includes	51:13	K
6:21 7:18	hospital	51:14	Itawamba	Kaho 36:1,14
11:5,11	36:12 43:21	increase 33:7	37:23	36:20
15:11,22	hospitals	35:11 54:23	item 35:23,25	keep 26:23
20:10 24:17	9:24	55:8 56:4	IV 36:2, 10, 16	kept 27:8
25:5 31:3	hours 25:9	59:18		key 10:16
35:10 40:22	27:19 43:12	indicates	J	kin 65:9
41:6 42:18	house 42:9,9	38:17	Jackson 2:5	kind 9:1 11:5
57:18 59:3	42:14,16	Indiscern	4:8 17:13	11:6 14:6
helping 45:11	45:12,24	58:2	17:17,17	22:11 47:22
HERETO 63:19	46:20 47:6	individuals	39:12,13,21	49:2 58:17
heretofore	47:6,24	45:8 52:10	39:22 40:4	knocked 42:1
65:8	54:18	industry 15:2	40:5,9 55:3	know 6:23
hereunto	hurt 15:22	24:18	JAN 2:8	7:25 9:14
65:13	1101610.22	information	Janie 2:7	10:9 13:5,9
high 24:11	I	10:20 29:10	40:10	14:11 15:23
58:12,19	idea 29:22	29:20 30:1	January 11:16	16:17 17:5
higher 29:17	identify 63:4	38:1,8,20	29:25 30:11	18:13 19:10
32:9	identifying	39:1 49:10	44:24,25	20:23 22:12
highlights	31:5	51:21 53:23	51:1 53:10	28:1,1 30:3
48:14	IHL 41:1	initial 37:15	53:11,18	31:5 33:5
Highway 1:21	II 1:13 2:6	50:10	Jefferson	34:11,24
hill 34:23	IJ 27:11	input 11:24	36:11	35:5,12
hinder 16:12	illegal 38:3	29:11 30:21	jeopardy 26:1	40:18,24
hire 7:8	illegally	51:11	28:5	41:1,3,7
24:22 26:16	38:11	Institutions	Jeremy 2:6	42:8,19
26:17	imagine 46:16	29:17	4:17 14:21	43:7,14,19
20.1		20.11		
	l	l	l	l

				- rage o
12.10 25	F7.00	45.10	8:16 9:13	19:22 21:2
43:19,25	57:20	45:13		
44:1 45:16	legislators	lobby 19:25	13:18 26:6	23:9,14
45:18 46:14	41:15 42:3	local 15:3	26:15 53:14	26:8 27:7
47:5 48:23	45:9 46:19	locations	53:15	28:20
52:3 53:13	legislature	48:7	LPN's 9:15	medications
54:20 55:14	35:5,10	long 9:18	LPNs 7:1,19	5:21 6:2
56:1,3	40:25 46:18	13:5 26:14	7:24 8:3	9:15 12:11
57:13 59:13	54:21	long-7:1,2,7	16:5,8	13:21 28:18
59:16,19,25	let's 27:6	long-term 5:3	22:23 24:21	28:24
knowing 34:12	level 58:11	6:16,19 7:6	24:22 25:3	medicine
	levels 22:4	7:10,21 8:6	26:16 27:17	16:13,14
L	LHNA 2 : 6	8:9,20 9:11	27:21 45:14	17:11 22:1
L 2:6	liability	9:21,24		medicines
La'Verne 5:5	16:18 17:9	12:16 14:18	<u>M</u>	6:10,11
Lacey 2:7	19:10	15:2 16:20	majority 6:15	22:21
54:8,8	license 11:2	24:17	making 59:14	meds 9:16,19
lack 30:17	38:17 61:2	longer 50:6	managed 9:1	22:15,17,18
31:22	licensed 6:25	look 13:13	March 35:20	22:22,24
language 46:7	7:1 8:18	18:10 26:6	36:6 49:17	25:5,11
46:22 47:13	14:3 27:3,8	27:18 31:10	50:11 65:14	26:8 29:2
47:17 49:1	42:20 43:5	59:6 , 7	MARY 2:5	meet 27:15
<pre>lately 9:3</pre>	licensed/	looked 7 : 4	massive 21:18	35:1 58:21
Laura 2:11	42:24	14:10 17:4	master's	63:2,3
4:4	licensee	23:3 55:5,6	58:23	meeting 1:2
law 5:5 6:14	61:13 , 25	55:9	match 27:10	33:6 35:20
46:10	62:15	looking 9:25	matters 18:12	39:8 40:8
lawyer 20:20	licensees	20:25 25:2	mean 14:14	49:16,18,19
lawyers 5:11	63 : 5	28:15 30:4	18:10 24:2	49:23 54:14
5:11	licensing	32:15 51:9	26:14 44:7	56:10 58:22
leadership	46:15	57:11 , 13 , 15	meaning 18:24	63:4
35:6 48:9	licensure	57 : 20	means 13:22	meetings 40:6
learn 11:18	18:7,10,13	looks 51:3	measures	50:1
learned 6:17	18:15 21:5	loss 31:24	25:17	Melissa 18:5
Learning	46:9 47:10	lot 6:4,17	MEC 50:9,12	29:15
29:17	47:13	9:5,8 21:23	med 24:23	member 31:21
leave 31:6	limit 7:8,24	22:2 40:17	25:4,7,10	55:10
<pre>leaving 32:5</pre>	limited 41:23	40:23 41:23	25:22 26:5	members 2:3
32:8	lines 10:10	43:19 44:2	26:11 29:6	2:10 4:19
Lee 38:24	Lisa 37:23	44:8,9,22	medical 20:15	35:16 37:9
52:13	literally	44:25 45:24	43:25 47:10	39:15 , 24
left 10:9	46:11	46:18 47:12	47:13	45:1 49:19
46:25	literature	58:20	medication	51:5 52:6
legal 52:3,4	23:22	lots 16:17,18	5:16,17,19	54:10 60:12
legislation	little 5:6	Louisiana	7:18 8:5	61:6,19
40:11 47:14	17:18 33:4	8:15 14:11	11:16 13:7	62:8,19
legislative	53:10,11	love 11:23,25	13:17 15:9	mention 43:24
29:21 35:13	54:13 60:3	19:17 29:12	15:23 17:1	44:14 47:3
legislati	loan 40:22	LPN 2:4,5,6,6	19:1,16,19	47 : 21
	I	I	I	I

mentioned	Moore 2:11	narcs 25:12	numbers 24:4	32:6,11,16
45:11 53:9	4:4	nature 51:16	25:16,18	33:2,8 35:7
56:9	morning 4:8	NCLEX 33:5	55:24	38:4,14
met 6:16	4:24 8:11	NCSBN 23:20	nurse 6:18,19	41:24 42:4
36:18	17:13,15,16	23:22 49:17	6:20 10:8	46:22 49:9
mid 33:11	25:8 34:4,5	49:21,24	12:6,8,10	50:21 51:24
mid-year	35:22 38:23	necessary	12:19 13:10	52:11 54:20
49:16,17	38:25 40:12	36:9 41:19	13:15 15:11	55:7,22
mind 4:6	54:15 56:10	need 12:23	15:24 19:1	56:20,21
24:20	Morton 1:21	17:25 18:8	19:1 22:25	57:5 58:8
minimum 15:16	motion 4:11	18:10,24	25:6,6,9,23	58:11,22
16:25 27:15	4:13,14,20	19:4 24:19	26:12,17,18	59:20 60:9
56:4	37:1,3,4,12	27:17 30:23	27:7 30:15	60:9 61:14
minute 42:15	39:7,9,10	34:15 41:7	30:18,19	63:12,19
minutes 25:10	39:16,19,20	59:21 63:3	31:16 32:13	nursing-a
39:8,17	40:1,2,3	needed 25:2	34:15 40:19	10:3
43:15	53:2 54:2,4	36:10 41:19	46:9 48:24	
mission 51:23	54:5,11,15	needs 15:19	nurses 6:16	O
Mississippi	56:15,16	35:1 49:2	7:1,15,15	obtain 19:15
1:1,12,13	60:4 61:5,9	55:14	8:24 9:3,6	occurring
5:3,14,22	61:10,22	nerd 23:17	9:7,9,11,12	44:12
8:14 12:20	62:11,17,22	nervous 5:6	9:18,21	October 31:18
15:5,6,15	63:22	new 5:13 7:17	10:1,4 15:5	31:25 39:18
16:23 23:25	motions 40:1	10:23	15:6 16:12	62:16
29:17 34:1	53:1 63:18	news 33:7	17:10 22:21	offense 5:11
38:4,11,13	move 56:18	nice 5:9	25:19,21,22	offer 34:6
38:16,21	60:6,24	nights 9:19	26:2,14,14	58:19
42:12 51:24	61:11 , 23	28:5	26:20 27:3	offered17:23
56:21 60:10	62:13	Norris-4:14	27:4 28:16	offers14:11
65 : 4	moving 44:13	NORRIS-JO	28:19 29:3	office 38:21
MOADN 58:21	MSHA 2:11	2:6 4:13	29:3,5 35:1	52:12 57:5
modification	MSN 2:4,7,11	39:9,19	44:18,20	58:8 63:12
62:15	multiple	40:2 54:4	45:11 46:25	Oh 58:1
money 24:25	33:10 43:12	Notary 65:2	55:19	okay 23:11,17
57:15 , 16		note 30:22	$\mathtt{nursing}1:1$	24:1 52:21
58:13	N	noticed 42:3	1:12 5:13	52:25 54:2
monitor 6:11	name 4:24	notified	5:19 6:8,21	old 23:23
25:11	38:8	48:24	7:12 8:18	OLRC 51:8
monitoring	names 38:5,6	November	8:23 9:10	on-hand 53:18
22:25	39:25	61:16	9:14,16,25	once 6:5
Montgomery	Nancy 2:6	NP-C 2:11	14:3 15:21	one-on-one
41:11 46:11	4:14 39:10	number 6:6	17:23 21:1	25:13
47:21 58:2	39:20 40:3	25:14 26:17	22:3,8,15	ones 16:25
month 22:10	54:5	27:22 30:19	25:3 27:14	22:5
22:17	narcotic	33:15,19	29:7 , 16	online 4:4
months 20:1	16:17	50:14 55:20	30:2,7,10	7:5
31:24 44:11	narcotics	59:8 61:13	30:12 , 15	onslaught
44:13	22:22 28:20	62:1,15	31:11,19,23	44:7
	•	•	•	•

ONW 35:15,17 35:19 53:20 open 4:21 8:25 29:14 49:24 opening 4:7 opening 4:7 opening 5:13 26:15,15 operated 8:19 operating 38:10,15 59:2 operators 9:23 opportuni 46:6 opportuni panels 52:7 opportuni panels 52:7 opportuni panels 52:7 opportuni panels 52:7 opportuni panels 52:7 opportuni particular 11:4 48:21 opposed 17:10 option 17:7,8 17:9 22:11 option 17:7,8 17:9 22:12 order 19:3 order 19:3 or					raye 10
33:19 53:20 P-383859 62:1 Open 4:21 A9:24 G3:21 64:1 pagket 10:15 Opening 4:7 Opening 9:13 26:15,15 paid 57:10 page 3:2,3 pages 65:5 paid 57:10 pandemic 6:24 9:1 10:9 38:10,15 59:2 Operators panel 39:17 A9:28 Operators 9:23 operators panel 39:17 A9:38 Operators op	ONW 35.15 17	61 • 1 3	nav 32 • 9	nlanned 36.6	15.11 62.25
open 4:21 8:25 29:14 8:25 29:14 49:24 63:21 64:1 packet 10:15 57:24 plays 44:10 6:14 7:24 plays 44:10 6:14 6:14 7:24 plays 1:12 plays 44:10 6:14 7:24 plays 44:10 6:14 6:14 7:24 Plays 1:13 plays 4:10 6:14 7:24 Plays 1:13 plays 4:10 6:14 19:12 plays 4:10 9:20 19:12 peach 1:12 plays 4:10 9:20 19:12 peach 1:12 peach 1:12 6:14 9:20 19:12 peach 1:12 6:21 9:14 9:29 19:13 44:8 45:20 9oint 1:13 37:23 pereaching 24:8 pereaching 24:8 pereaching 24:8 pereaching 24:8 pereaching 24:18 population 25:18 pereaching 24:18 pereaching 24:19 20:12 26:14 28:10	1			=	
8:25 29:14 49:24 49:24 packet 10:15 packe				1	
49:24 opening 4:7 opening 9:13 26:15,15 pages 65:5 pages 65:5 pages 65:5 parting 38:10,15 59:2 Pages 3:2,3 pages 65:5 pand 48:10 pand 57:10 pand 6:24 operating 38:10,15 59:2 panel 39:17 does 48:8 does 49:8 panel 39:17 does 49:18 points 10:16 portinity and 11:5 does 49:18 portinity 24:28:19 portinity 24:28:19 portinity 24:28:19 portinity 37:10 does 49:18 participan 50:12 particularly 40:15 d4:17 soil 11:4 particularly 27:8 d8:2 portinity 27:2 particular 37:10 does 13 definition 49:16 portinity 27:2 particular 37:10 does 13 definition 49:16 portinity 27:2 particularly 27:8 d8:2 portinity 27:2 particular 37:10 does 13 definition 49:16 portinity 27:2 particular 37:10 does 13 definition 49:16 portinity 27:2 particular 37:10 does 49:18 passing 9:15 pass 21:25 p					
opening 4:7 openings 9:13 26:15,15 operated 8:19 operating 38:10,15 59:2 operators 9:23 opportuni 46:6 opportunity 9:20 10:23 10:24 29:10 41:5 46:4 48:21 opposed 17:10 37:10 60:13 61:7,20 option 17:7,8 62:9,20 option 17:7,8 62:16 63:7 option 17:7,8 formanized 51:15 cylia Pear 1:12 pear 1:12 pear 1:12 pear 1:12 pear 1:12 pear 1:12 pear 1:12 pear 1:12 pear 1:12 pear 1:12 plus 55:20 pna1s 3:17 44:18 45:20 pna1s 52:7 46:6 48:6 par 4:18 19 pear 1:12 49:18 49:18 par 4:18 19 pear 1:12 49:18 49:18 pear 1:12 49:18 pear 1:12 49:18 pear 1:12 49:18 pear 1:12 plus 55:20 pna1s 7:22 49:18 pear 1:12 plus 55:20 pna1s 7:22 49:18 points 10:16 policies 48:10 policies 48:10 policies 48:10 policies 48:10 policies 48:10 policies 48:10 portion 47:16 portion 47:16 portion 47:16 postition 59:19 presence 42:4 preparation 7:4 46:6 46:2 59:21 portion 47:16 positions 11:22 18:23 8:24 11:4 presented 19 preparation 7:4 40:15 44:17 presence 42:4 positions 11:14 23:2 positions 11:14 23:2 positions 11:22 18:23 8:24 11:4 positions 11:14 23:2 positions 11:14 23:2 postitions 11:14 23:12 postitions 11:14 23:12 postitions 11:14 23:12 postitions 11:14 23:12 postitions 11:14 22:12 22 postitions 11:14 23:12 postitions 11:14 23:12 po					
openings 9:13 26:15,15 pages 65:5 paid 57:10 pandemic 6:24 operated 8:19 operating 38:10,15 pandemic 6:24 9:11 0:9 13:13 48:6 25:9 panel 39:17 42:18,19 25:19 26:3 37:23 panel 39:17 42:18,19 37:23 panel 52:7 operators 9:23 opportunit 46:6 opportunity 9:20 10:23 10:24 29:10 63:6 particular 11:5 46:4 48:20 particular 13:11 0rchard 1:12 opposed 17:10 ordinal 77:20 epido 17:7,8 20:11 0rchard 1:12 order 19:3 62:16 63:7 organized 52:8 particular 13:11 25:8 49:13 particular 29:20 epido 17:10 particular 19:3 62:16 63:7 organized 54:11 11:1 3 passed 42:9 organized 54:11 11:1 3 passed 42:9 oversee 25:12 oversight 11:14 14:13 17:10 owner 38:10 owner 38:10 pages 65:5 paid 57:10 pardemic 6:24 6:21 9:14 21:24 24:9 plus 55:20 production 42:14 24:9 plus 55:20 production 5:24 29:10 23:13 and 6:21 5 passing 9:15 passion 40:18 passion 40:19 passion 40:19 passion 40:19 passion 40:19 passion 40:19 pa		, -			
Paid 57:10 Pai					
operated 8:19 operating 38:10,15					_
38:10,15 59:2 39nel 39:17 40:8 42:18,19 37:21,22 37:23 37:23 22:2 26:13 37:23 22:2 26:13 27:9 44:12 27:9 48:10 27:9 44:12 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 48:10 27:9 48:10 27:9 48:10 27:9 44:12 27:9 48:10 27:9 48:10 27:9 48:10 27:9 48:10 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 44:12 27:9 48:10 27:9 48:10 27:9 44:12 27:9 48:10 27:9 48:10 27:9 44:12 27:9 48:10 27:9 48:10 27:9 48:10 27:9 48:10 27:9 48:10 27:9 48:10 27:9 48:10 27:9 48:10 27:9 48:10 27:9 48:10 27:9 44:12 27:13 27:10 27:13			6:21 9:14	50:3,12	. =
59:2 operators panel 39:17 42:18,19 37:23 prefer 14:7 22:2 26:13 opportuni 46:6 49:18 point 17:3 22:2 26:13 22:2 26:13 opportunity parker 18:5 percent 22:24 49:18 point 10:16 preferably 24:13 permits 10:16 preferably 24:2 22:2 26:13 26:14 28:16 preferably 26:14 28:16 preferably 24:12 points 10:16 preferably 24:12 preferably 24:12 premium 40:20 24:2 premium 40:20 24:13 preparation 7:4 24:13 populations preparetion 7:4 42:13 42:13 preparetion 7:4 42:13 42:13 42:13 42:13 42:13 42:13 42:13	operating	9:1 10:9	21:24 24:9	plus 55:20	preaching
operators 9:23 40:8 panels 52:7 panels 52:7 doi:de 46:6 44:8 45:20 panels 52:7 doi:de 46:6 panels 52:7 doi:de 46:6 46:6 doi:de 46:6 doi:de partial:de 7:20 poportunity 40:18 percent 22:24 points 10:16 preferably 22:2 26:13 26:14 28:16 preferably 22:2 26:13 26:14 28:16 preferably 24:18 points 10:16 preferably 24:2 points 10:16 preferably 24:2 points 10:16 preferably 24:2 premium 40:20 premium 40:20 premium 40:20 points 10:16 preferably 24:2 premium 40:20 premium 40:20 premium 40:20 points 10:16 preferably 24:2 premium 40:20 premium 40:	38:10,15	13:13 48:6	25:19 26:3	PN 37:21,22	24:8
9:23 opportuni 46:6 opportunity panels 52:7 paper 23:22 part 14:15 part 14:15 part 14:15 doi:10:24 29:10 doi:10:10:10:10:10 doi:10:10:10:10:10:10:10:10:10:10:10:10:10:	59:2		The state of the s		
opportuni paper 23:22 Parker 18:5 Parker 18:5 49:18 percent 22:24 Policies part 14:15 Part 14:	_			<u> </u>	
46:6 Opportunity Parker 18:5 part 14:15 28:19,24 policies 24:2 premium 40:20 9:20 10:23 26:9 40:16 33:12 56:4 policy 48:3 premium 40:20 41:5 46:4 48:21 participa 50:12 permits 55:22 population preparation 37:10 60:13 37:10 60:13 11:4 personnel portion 47:16 presence 42:4 62:9,20 40:15 44:17 perspective 8:24 11:4 presence 42:4 option 17:7,8 46:6 9:25 24:8 11:14 23:2 present 2:13 order 19:3 partices 65:10 partices 65:10 pertaining 52:16 59:24 presentation 61:15 62:3 25:7 26:8 PhD:5 positions 17:6 56:2 presentation 52:8 29:2,6 33:9 33:10,12,14 45:5 49:13 presention 17:6 56:2 presented 52:8 46:1 47:23 passed 42:9 positive 23:4 presented 54:19 46:1 47:23 passed 42:9 possible 17:7 president 2:4 54:19 <th></th> <th>, -</th> <th></th> <th></th> <th></th>		, -			
opportunity 9:20 10:23 26:9 40:16 28:19,24 48:10 policy 48:3 premium 40:20 42:13 10:24 29:10 41:5 46:4 48:21 participa 50:12 permits 55:22 permits 66:23 68:24 11:4 present 2:13 11:22 18:23 53:25 56:16 present 2:13 11:22 18:23 53:25 56:16 persuse 49:14 positions 17:6 56:2 positions 17:6 56:2 positions<		. – –		-	_
Participa				_	
10:24 29:10 63:6 participa period 12:11 population 7:4 preparation preparation 1:1 2:1 preparation 7:4 preparation preparation 7:4 preparation 7:4 preparation 7:4 preparation 1:1 preparation 1:1 1:1 1:1 1:1 1:1 1:1 <		l -	· •		_
## 41:5 46:4					
48:21 50:12 permits 55:22 populations prepare 44:6 opposed 17:10 37:10 60:13 11:4 personnel position 47:16 presence 42:4 61:7,20 40:15 44:17 27:8 48:2 position 7:23 11:22 18:23 option 17:7,8 46:6 9:25 24:8 11:14 23:2 presentation order 19:3 61:15 62:3 25:7 26:8 pertaining 52:16 59:24 presentation order 19:3 62:16 63:7 29:2,6 33:9 permomenal 34:13 51:3 presenting order 19:3 33:10,12,14 45:5 49:13 phenomenal 34:13 51:3 presenting outcome 6:13 29:2,6 33:9 phenomenal 34:8 55:25 possible 17:7 2:11 5:1 outstanding passed 42:9 46:1 47:23 pick 12:13 41:5 2:11 5:1 oversight passion 40:18 place 15:24 potentially 22:20 25:12 owner 38:10 patient 56:12 patients 66:12 65:7 prectical prectical prectical possible 17:7 <					
opposed 17:10 particular PERSON 2:3 portion 47:16 presence 42:4 37:10 60:13 11:4 particularly 27:8 48:2 position 7:23 11:22 18:23 62:9,20 40:15 44:17 46:6 perspective 8:24 11:4 23:25 56:16 option 17:7,8 46:6 parties 65:10 pertaining 52:16 59:24 53:25 56:16 order 19:3 pass 21:25 pass 21:25 pertaining 52:16 59:24 presentation 61:15 62:3 25:7 26:8 phlo2:5 positives 44:23 presented 62:16 63:7 29:2,6 33:9 phenomenal 34:13 51:3 34:13 51:3 presenting outcome 6:13 passed 42:9 46:1 47:23 possible 17:7 possibly 41:3 8:12,13 outstanding passing 9:15 passing 9:15 place 43:18 pottorion 47:16 presentation 11:1,14 13:2 14:24 15:19 presenting 0utstanding passing 9:15 passing 9:15 postitions 17:6 56:2 president 2:4 0versight					-
37:10 60:13 61:7,20			. –		. – –
61:7,20 62:9,20 40:15 44:17 46:6 9:25 24:8 11:14 23:2 presentation 17:7,8 17:9 22:11 parties 65:10 positions 14:24 15:19 presented 44:23 presenting 62:16 63:7 29:2,6 33:9 phenomenal 34:13 51:3 presenting 41:14,14 presented 44:23 presented 44:23 presenting 41:14,14 presented 44:23 presenting 41:14,14 presented 44:23 presenting 41:14,14 presented 41:14,14 presented 44:23 presenting 41:14,14 presented 41:14,1		=			_
62:9,20 40:15 44:17 perspective 8:24 11:4 53:25 56:16 option17:7,8 46:6 9:25 24:8 11:14 23:2 presentation 17:9 22:11 parties 65:10 pertaining 52:16 59:24 presented order 19:3 pass 21:25 peruse 49:14 positions presented 61:15 62:3 25:7 26:8 phD 2:5 positive 23:4 presenting 62:16 63:7 29:2,6 33:9 phenomenal 34:13 51:3 presenting organized 33:10,12,14 45:5 49:13 phyllis 54:18 possible 17:7 president 2:4 52:8 46:1 47:23 pick 12:13 possibly 41:3 8:12,13 35:18 48:12 outcome 6:13 passed 42:9 pick 12:13 postpone 50:9 pressure 41:11,13 passing 9:15 pinch 34:9 pot 57:9,24 pot 57:9,24 pot 57:9,24 oversee 25:12 passion 40:18 16:19 18:11 powerful pretty 53:16 pretty 53:16 owner 38:10 patients 6:12 7:21 23:13 36:16 practice 6:7 probably 18:8 pastients 6:12 7:21 23:13 28:19,25					. =
option 17:7,8 46:6 9:25 24:8 11:14 23:2 presentation 17:9 22:11 parties 65:10 partner 5:5 pertaining 52:16 59:24 14:24 15:19 order 19:3 61:15 62:3 25:7 26:8 peruse 49:14 positions 17:6 56:2 presented 62:16 63:7 29:2,6 33:9 phenomenal 34:13 51:3 presenting organized 33:10,12,14 34:8 possible 17:7 president 2:4 52:8 45:5 49:13 pick 12:13 possibly 41:3 8:12,13 outcome 6:13 passed 42:9 pick 12:13 postpone 50:9 pressure 41:11,13 passing 9:15 pinch 34:9 pot 57:9,24 16:14,15 oversee 25:12 9:16 22:15 pinch 34:9 potentially 22:20 25:12 oversight 11:14 13:11 19:7,12 43:22 previous 46:2 owner 38:10 patient 13:11 25:13 27:16 patient 5:12 7:21 23:13 38:16 practice 6:7 52:15 patients 6:12 7:21 23:13 42:17 49:22 43:4 44:15	**************************************				
Tr:9 22:11	•				
Orchard 1:12 order 19:3 pass 21:25 49:8 peruse 49:14 positions 17:6 56:2 positive 23:4 posible 17:7 possible 17:7 possible 17:7 possible 17:7 possibly 41:3 possible 17:7 possibly 41:3 postpone 50:9 postpone 5					, -
order 19:3 pass 21:25 peruse 49:14 17:6 56:2 44:23 61:15 62:3 25:7 26:8 phD 2:5 positive 23:4 presenting 62:16 63:7 33:10,12,14 34:8 55:25 president 2:4 52:8 45:5 49:13 phyllis 54:18 possible 17:7 2:11 5:1 outcome 6:13 passed 42:9 46:1 47:23 pick 12:13 41:5 35:18 48:12 outstanding 41:11,13 passing 9:15 pinck 12:13 postpone 50:9 pressure 41:14,15 9:16 22:15 pinch 34:9 potentially 22:20 25:12 oversee 25:12 passion 40:18 16:19 18:11 pretty 53:16 11:14 14:3 passionate 19:7,12 43:22 previous 46:2 owner 38:10 patient 13:11 25:13 27:16 placed 11:7 practice 6:7 52:15 P-324062 7:21 23:13 28:19,25 42:17 49:22 43:4 44:15 problem 46:10		, -			
61:15 62:3 25:7 26:8 PhD 2:5 positive 23:4 presenting 62:16 63:7 33:10,12,14 34:8 55:25 president 2:4 52:8 45:5 49:13 phyllis 54:18 possible 17:7 2:11 5:1 outcome 6:13 passed 42:9 55:4 possibly 41:3 8:12,13 outlined 36:4 46:1 47:23 pick 12:13 41:5 35:18 48:12 outstanding passing 9:15 picce 43:18 postpone 50:9 pressure 41:11,13 passing 9:15 pinch 34:9 pot 57:9,24 16:14,15 oversee 25:12 26:8 place 15:24 46:12 28:20 oversight passion 40:18 19:7,12 43:22 previous 46:2 17:10 34:23 25:23 26:12 practical probably 18:8 owner 38:10 patient 13:11 25:13 27:16 placed 11:7 practice 6:7 52:15 P-324062 7:21 23:13 42:17 49:22 43:4 44:15 problem 46:10 62:15 28:19,25 42:17 49:22 43:4 44:15 proceeding					
62:16 63:7 29:2,6 33:9 phenomenal 34:13 51:3 41:14,14 organized 33:10,12,14 34:8 55:25 president 2:4 52:8 45:5 49:13 passed 42:9 possible 17:7 2:11 5:1 2:11 5:1 outcome 6:13 46:1 47:23 pick 12:13 41:5 35:18 48:12 outstanding passes 25:5 piece 43:18 postpone 50:9 pressure 41:11,13 passing 9:15 pinch 34:9 potentially 22:20 25:12 oversee 25:12 26:8 place 15:24 46:12 pretty 53:16 passion 40:18 passionate 19:7,12 43:22 previous 46:2 probably 18:8 25:13 27:16 patient 13:11 25:13 27:16 patients 6:12 placed 11:7 practice 6:7 52:15 P-324062 7:21 23:13 28:19,25 42:17 49:22 43:4 44:15 proceeding					presenting
52:8 45:5 49:13 Phyllis 54:18 possible 17:7 2:11 5:1 outcome 6:13 passed 42:9 55:4 possibly 41:3 8:12,13 outstanding 46:1 47:23 pick 12:13 41:5 postpone 50:9 pressure 41:11,13 passing 9:15 PIN 56:2 pot 57:9,24 pot 57:9,24 pressure oversee 25:12 passion 40:18 place 15:24 powerful pretty 53:16 oversight passion 40:18 passionate 19:7,12 43:22 previous 46:2 17:10 patient 13:11 25:13 27:16 patient 6:12 65:7 patient 6:12 practice 6:7 52:15 P-324062 patients 6:12 7:21 23:13 42:17 49:22 43:4 44:15 proceeding	62:16 63:7	29:2,6 33:9	phenomenal	1 =	
outcome 6:13 passed 42:9 55:4 possibly 41:3 8:12,13 outlined 36:4 46:1 47:23 pick 12:13 41:5 35:18 48:12 outstanding passes 25:5 piece 43:18 postpone 50:9 pressure 41:11,13 passing 9:15 PIN 56:2 pot 57:9,24 16:14,15 54:19 9:16 22:15 pinch 34:9 potentially 22:20 25:12 oversee 25:12 passion 40:18 16:19 18:11 powerful pretty 53:16 passionate 19:7,12 43:22 previous 46:2 patient 13:11 65:7 38:4 50:21 probably 18:8 patients 6:12 7:21 23:13 36:16 6:15 12:12 problem 46:10 P-324062 7:21 23:13 42:17 49:22 43:4 44:15 proceeding	organized	33:10,12,14	34:8	55:25	president2:4
outlined 36:4 46:1 47:23 pick 12:13 41:5 35:18 48:12 outstanding passes 25:5 piece 43:18 postpone 50:9 pressure 41:11,13 9:16 22:15 9:16 22:15 pinch 34:9 potentially 22:20 25:12 oversight passion 40:18 place 15:24 46:12 28:20 oversight passionate 19:7,12 powerful pretty 53:16 17:10 34:23 25:23 26:12 practical probably 18:8 owner 38:10 25:13 27:16 placed 11:7 38:4 50:21 problem 46:10 P-324062 7:21 23:13 36:16 23:8 32:8 59:10 62:15 28:19,25 42:17 49:22 43:4 44:15 proceeding	52 : 8	45:5 49:13	Phyllis 54:18	possible 17:7	2:11 5:1
outstanding passes 25:5 piece 43:18 postpone 50:9 pressure 41:11,13 9:16 22:15 pinch 34:9 potentially 22:20 25:12 oversee 25:12 26:8 place 15:24 46:12 28:20 oversight passion 40:18 16:19 18:11 powerful pretty 53:16 11:14 14:3 passionate 19:7,12 43:22 previous 46:2 owner 38:10 patient 13:11 65:7 38:4 50:21 44:13 48:13 patients 6:12 7:21 23:13 placed 11:7 practice 6:7 52:15 problem 46:10 59:10 23:8 32:8 59:10 proceeding	outcome 6:13	passed 42:9	55:4	possibly 41:3	8:12,13
41:11,13 passing 9:15 PIN 56:2 pot 57:9,24 16:14,15 54:19 9:16 22:15 pinch 34:9 potentially 22:20 25:12 oversee 25:12 26:8 place 15:24 46:12 28:20 oversight passionate 19:7,12 powerful pretty 53:16 17:10 34:23 25:23 26:12 practical probably 18:8 owner 38:10 25:13 27:16 placed 11:7 practice 6:7 52:15 P-324062 7:21 23:13 plan 36:3 23:8 32:8 59:10 62:15 28:19,25 42:17 49:22 43:4 44:15 proceeding		46:1 47:23	. =	41:5	35:18 48:12
54:19 9:16 22:15 pinch 34:9 potentially 22:20 25:12 oversee 25:12 26:8 place 15:24 46:12 28:20 oversight passion 40:18 16:19 18:11 powerful pretty 53:16 11:14 14:3 passionate 19:7,12 43:22 previous 46:2 owner 38:10 patient 13:11 65:7 38:4 50:21 44:13 48:13 25:13 27:16 placed 11:7 practice 6:7 52:15 patients 6:12 36:16 6:15 12:12 problem 46:10 7:21 23:13 28:19,25 42:17 49:22 43:4 44:15 proceeding		, -	_		. =
oversee 25:12 oversight 26:8 passion 40:18 passionate place 15:24 16:19 18:11 powerful 46:12 pretty 53:16 pretty 53:16 previous 46:2 previous 46:2 previous 46:2 probably 18:8 passionate 17:10 owner 38:10 34:23 patient 13:11 25:13 27:16 patients 6:12 probably 18:8 patients 6:12 problem 46:10 patients 6:12 problem 46:10 patients 6:12 problem 46:10 patients 6:12 problem 46:10 proceeding	*			<u> </u>	
oversight passion 40:18 passionate 16:19 18:11 powerful powerful pretty 53:16 previous 46:2 probably 18:8 17:10 34:23 patient 13:11 25:13 27:16 patients 6:12 P-324062 62:15 55:7 placed 11:7 practice 6:7 problem 46:10 problem 46:10 problem 46:10 proceeding 52:15 problem 46:10 proceeding			. =		
11:14 14:3 passionate 19:7,12 43:22 previous 46:2 17:10 34:23 25:23 26:12 practical probably 18:8 owner 38:10 25:13 27:16 placed 11:7 practice 6:7 52:15 P-324062 7:21 23:13 plan 36:3 23:8 32:8 59:10 62:15 28:19,25 42:17 49:22 43:4 44:15 proceeding			_		
17:10 34:23 25:23 26:12 practical probably 18:8 owner 38:10 25:13 27:16 38:4 50:21 44:13 48:13 25:13 27:16 placed 11:7 practice 6:7 52:15 patients 6:12 36:16 6:15 12:12 problem 46:10 7:21 23:13 plan 36:3 23:8 32:8 59:10 62:15 28:19,25 42:17 49:22 43:4 44:15 proceeding	_	-		=	
owner 38:10 patient 13:11 65:7 38:4 50:21 44:13 48:13 Patient 56:12 placed 11:7 practice 6:7 52:15 P-324062 7:21 23:13 plan 36:3 23:8 32:8 59:10 62:15 28:19,25 42:17 49:22 43:4 44:15 proceeding		l -			-
P-324062 P-324062 <th< th=""><th></th><th></th><th></th><th></th><th></th></th<>					
P-324062 Patients 6:12 36:16 6:15 12:12 problem 46:10 62:15 7:21 23:13 plan 36:3 23:8 32:8 59:10 42:17 49:22 43:4 44:15 proceeding	Owner 30:10				
P-324062 62:15 Pacients 0.12 plan 36:3 28:19,25 Plan 36:3 42:17 49:22 43:4 44:15 Proceeding	P		-	=	
62:15 28:19,25 42:17 49:22 43:4 44:15 proceeding		, -			. =
1 1 1			_		
		,			
		<u> </u>	<u> </u>	<u> </u>	<u> </u>

				- rage ii
proceedings	protect 19:3	33:21,22	43:24 55:24	references
1:10 3:6	protecting	36:24 39:4	55:25	63:5
4:1 65:7	24:10	41:15 48:14	really 5:9	referred
process 14:7	Protection	48:15,18	10:21 11:10	54:17
40:25 44:2	38:22	52:19 55:4	11:21 20:6	reflect 27:3
44:13	proud 8:17	56:8,22,23	24:3,5,17	refresher
processes	provide 7:20	58:4 60:3	24:25 42:8	61:14
57:19	10:2 11:13	61:4,17	42:21 44:6	regarding
producing	13:18 23:4	62:6,17	45:2,14	36:1,14
34:25	provides 5:2	quick 23:16	47:12 49:6	38:3
productive	30:1 45:13	24:3 31:10	55:11 56:13	registered
41:16	providing	43:24 53:4	57:16 59:13	30:1 32:16
productivity	13:22	quickly 42:6	59:22	38:12 49:18
48:7	provision	quit 9:11	reason 30:19	regulate
profession	45:15	quorum 4:3	reasonable	20:24 21:1
41:4 44:17	<pre>public 13:8</pre>		41:19	regulated
45:12,20	19:3 24:11	R	recall 28:18	43:5
professio	35:16 45:2	R-855718 61:2	recap 51:6	regulating
5:10	55:13 65:3	R-878929 61:3	received	11:4
program 18:9	pull 23:18	raised19:9	38:23,24	regulation
20:2 22:6	purpose 37:24	30:23	recess 63:14	20:13
22:10 37:21	pursuant	ran 52:9	63:16	regulations
37:22 38:5	61:15 62:2	rate 32:9	recessed	5:24 21:4
45:18 50:22	pursuing 12:2	33:12	63:17	44:5
programs	put 10:14	rates 33:10	reciprocity	regulators
17:23 18:14	18:11 23:19	ratification	46:15	12:19 14:17
18:14 30:2	29:21 44:22	61:2	recommend	related 42:18
30:25 31:1	45:24	ratio 31:20	36:19	relating
31:2,4,6,17	putting 41:12	re-consti	recommend	21:23
31:18 32:2		47:9	36:14,23	relaying 55:5
32:4,16,20	Q	re-creating	37:2 61:25	released
38:4,5	qualified	11:17	62:14	49:21
40:22 58:19	30:2,6,17	re-evalua	recommend	relief 9:21
58:24	30:24,25	18:22	24:14 60:25	10:3 17:8
promote 22:12	31:9,12	re-presented	61:12	24:25 25:6
45:10	59:8	18:24	record 59:13	relieve 15:4
promulgate	qualifying	re-read 60:4	Recovery	relieving
44:5	37:15	reach 12:23	42:17	28:23
proposal	quality 8:6	48:17	recruit 58:11	remove 44:19
10:17 13:16	10:2 25:17	reached 45:9	58:23	removed 47:1
19:8 36:2	28:6	read 14:13	recruitment	renewals
proposals	question	60:22	9:6 45:19	53:14,15
40:7	12:17 15:4	reading 39:25	56:20 57:8	renovations
propose 42:23	28:17 30:3	48:25	58:19 60:8	36:8,17
proposed 36:3	35:3 58:10	ready 12:7	recruitme	replace 16:4
36:5	questions	44:6	59:9	26:19,20
Proprietary	10:14 11:23	real 23:16	refer 5:17	report 31:19
38:12	12:4 20:12	24:4 41:7,8	44:15	31:25 39:3

				raye 12
42:2 48:12	7.00.0.0.4	1:13	CANDDA O . 4	10:15 11:19
48:19 49:16	7:23 8:3,4 10:18 23:3	right 7:12	SANDRA 2:4 SAT 22:4	24:3 25:20
51:19 52:23	23:18		SAT 22:4 saw 9:2	25:23 28:13
53:25 54:3	researched	11:5,6 14:14,14	saw 9:2 saying 13:25	33:19 43:20
60:16,18	17:5	15:25 16:3	14:4 15:11	44:10 53:15
reported 1:20	reside 38:18	16:6 20:3	23:12 25:23	seeking 24:7
_	residents	20:17 25:24	26:22 27:22	_
30:16,20	28:8	27:5 28:2	28:18 43:8	seen 6:23,23 7:13 8:22
31:19,23	resolve 7:18	28:10 35:17	says 8:3 43:2	33:2
32:1,5,11 32:23	resort 26:20	45:3 49:25		
		52:20 60:17	scary 49:2 scheduled	self-study 38:2
Reporter 65:1 65:2	response 36:25 37:11			
		rightfully 42:25	35:20 36:5	senate 41:10
Reporter's	60:14 61:8		36:18 37:16	42:10,15
3:7	61:21 62:10	ripple 34:13 risk 26:1	scholarships 53:21 55:21	43:1,7
REPORTERS	62:21			44:14 45:1
1:20	responsib	RN 2:5,7,7,11	59:15	45:13,22
reporting	41:20	RNs 7:1,19,25	school 8:24	47:23,24
55:4	restrictions	8:2 16:5,8	38:11,15	54:18 55:3
reports 30:6	5:25 11:7	27:18 45:14	58:12	send 22:8
55:17	resubmit	Road 1:12	schools 30:8	29:11 50:13
repositio	36:20	Robbins 12:24	30:15 31:19	senior 34:19
23:13	result 6:13	17:20	32:11 33:12	seniors 17:24
represent	28:12	robust 51:9	38:13 58:17	sense 13:25
59:20	results 51:2	role 12:15	58:20 59:1	55:1
represent	retain 30:14	23:10 27:23	science 17:19	sent 38:9
24:6 46:21	30:18 31:3	36:3,16	17:22	45:12 49:11
representing	45:20	roles 13:24	scope 11:11	separate
6:15	RETAINED	room 5:11	12:12 23:8	12:14 14:7 14:10 21:24
reprimands	63:18	routine 5:20	44:21	
61:1	retention	6:1,10,11	Scott 65:3	22:1,14
request 56:7	42:12 56:20	19:21 RPR1:20	seal 65:14	serious 27:12
57:17,21	57:8 60:8		seating 50:16	27:13
59:18 61:12	retire 32:13	65:21	second 4:16	services 7:20
	retirement	rules 44:5	4:17 33:9	7:21
requested	32:10	rundown 53:4	37:5,6	session 29:22
36:15 47:1	retiring 32:7	S	39:11,12,13	35:13 40:15
require 6:6 14:2 21:23	retreat 51:1	safety 13:8	39:21,22	40:16
	revenue 11:3	13:12 18:25	40:4,5 54:7	set 21:4
27:15	53:9,10,13	salaries	61:13 63:24	65:13
required	review 23:22	30:20 34:17	secondary	sets 48:1
26:23 27:23	30:5 38:22	34:18 35:11	18:15	setting 6:19 12:16 43:21
requirement 61:15	reviewed 51:2 revised 36:21	35:13 40:19	secondly 19:9 SECRETARY 2:4	
	revised 36:21 revisit 17:4	57:6	section 46:21	43:21 48:3
requirements		salary 30:9		settlement
6:3 36:19	reward34:11	34:6 35:7	sections 46:19	40:6 63:7
rescheduled 50:10	rewarding 51:4	54:0 33:7		settlements 52:8
research 7:22		sales 44:12	sector 7:10 see 9:20	Shan 48:1
research /: ZZ	Ridgeland	Jares 11.12	SEE 9.20	Silaii 40:1
	l			l

				Page 13
F1 10 F0 6	I		1	10.10
51:12 53:6	show 19:19	SOUTHERN 1:20	starting	43:18
54:17	shows 7:23	speak 4:22	34:18	strictly
shape 53:8	8:4	34:22	state 8:14	20:20 44:20
share 53:24	shutdown	speaking	12:20 15:15	strike 46:21
SHAW 2:4 4:3	27:12	16:20 40:19	16:23 18:1	strongly 47:2
4:11,14,17	side 15:3,3	45:23 58:3	18:3,6	student 30:13
4:20 12:4	signed 36:13	speaks 55:10	30:13 31:13	59:15,22
14:21 29:8	43:25 61:16	special 2:14	32:12 34:1	students 31:4
29:14 33:22	62:3,16	52:12	38:18,18,18	31:21,21
35:15,17,21	significant	specialty	45:16 47:10	32:22 33:1
36:23 37:1	57:21 59:14	16:21	47:13,25	33:13 34:13
37:4,7,10	significa	specific 5:21	48:2 55:22	55:22 56:21
37:12 39:7	57 : 6	5 : 25	59:21 65:3	57:7 58:15
39:10,13,16	similar 23:25	spend 58:12	state's 35:1	58:16 60:9
39:20,22,25	32:23	spoken 55:20	stated 65:8	studies 19:19
40:3,5	simply 13:3	63:11,13	statement	23:19
48:15,19	15:15	sponsored 6:8	12:9	study 23:23
52:19,24	Sincerely	spring 31:25	states 5:15	stuff 18:12
54:2,5,8,11	34:3	32:2 , 4	6:4,6 11:17	21:12 22:4
56:24 57:9	sir 15:7	staff7:2	18:25 19:6	29:24 57:14
57:22 58:4	62:23	14:3 27:22	19:23 20:23	subcommittee
59:7 , 25	sit 5:5 17:6	49:20 51:12	21:23 22:19	41:10
60:11,13,17	59 : 7	51:20,24,25	23:2 24:4	submitted
61:4,7,9,17	site 36:11	52:3,3,4,5	26:4	36:2 38:1,8
61:20,22	37:17 , 24	52:13 55:14	stay 45:15	39:2
62:6,9,11	50:18,20,23	55:18,24	steady 32:18	substances
62:17,20,22	site-visit	staffing 7:6	33:1	11:9
62:24 63:9	37:19	7:7,12,15	STENO 1:20	success 41:23
63:22	situations	8:9 9:2	Stewart 2:5	successful
shift 24:22	26:18	25:14,16,18	23:16 24:1	31:7 45:22
28:4	skyrocketing	stage 37:15	40:10 52:21	59:24
shifts 9:18	50:6	stand 14:10	52:25 54:12	suffer 28:8
43:12	slight 31:12	63:16	57:1,11	suggestions
Shirley 2:5	smoothly 52:8	standards	58:1,14,17	24:14
4:6 17:17	<pre>snippet 55:1</pre>	15:16 16:25	59:1,5,12	Suite 1:13
39:13,22	Snow 4:22,25	27:15 48:10	60:6,15	summer 55:18
40:5,9	10:15	standpoint	63:2	57:14
short 9:17	social 46:24	22:25 24:24	stop 59:16	Sunday 43:15
10:4 25:4	softly 58:3	26:7 27:19	story 55:1	<pre>super 19:2</pre>
28:13 29:3	solve 15:11	start 16:23	straight 46:5	supervised
31:24	sorry 18:19	17:2 18:8	strains 43:18	16:5
short-lived	20:11 26:21	18:16 20:4	strategic	supervision
42:2	sort 10:16	33:19 36:21	51:15,18	17:10
shortage 9:8	11:19 19:16	42:8 44:11	strategies	supervisor
15:12,21	sound 41:17	46:1 55:8	31:3	17:19
46:16	sounds 14:5,6	56:14	stream11:3	supplement
shortages 7:7	South 1:12,21	started8:16	stress 42:20	42:18
46:6 55:23	Southeast 5:4	12:21 45:25	stresses	supplies 36:9
	1	1	1	1

support 5:2,3	takes 19:24	59:15	44:10,16,24	topic 54:20
5:12 8:13	20:1 22:23	tertiary	45:14,21	topics 51:6
10:6,17,19	43:3	18:15	46:8,24	total 32:2,4
46:5 48:17	talk 5:8,9	testament	47:15,17	32:25 53:21
	,	52:9	•	
52:13 55:8	7:14 41:9		48:1,7	totally 13:3
56:14 57:7	45:18 48:13	texted 43:16	50:20 52:14	touch 42:7
supporting	55:14 56:12	thank 4:23	53:16 55:1	tough 43:12
54:23	56:13	12:25 14:19	55:13 57:4	tour 36:17
supportive	talked 9:23	14:23 18:17	57:17 59:14	toured 36:6
52:17	42:3,11	19:5 24:11	59:23,25	tracking
supports 5:23	46:11 51:17	24:13 29:9	thinking	45:23
59:22,23	59:17 60:3	29:12,13	10:25	training 6:3
suppose 47:22	talking 24:9	33:23 34:1	thought 10:16	6:5 11:6
supposed	45:25 46:19	34:2,3 35:1	41:16 43:21	14:7 21:5
27:10	57:23 63:7	35:2,14	45:2	22:1 36:1
sure 17:7	talks 47:24	39:6 41:11	thoughts 12:1	36:15,20
21:21 24:5	Tara 5:2 8:13	42:1 45:7	24:14 29:11	transcrip
24:13 50:4	target 59:18	48:16,18,22	thousands	65 : 6
50:15 51:13	task 24:11	49:5,9	34:14	transfer
52:24	tasks 16:9	50:25 51:11	three 6:24	38:17
surge 55:18	teach 36:2,10	51:20 52:16	7:5 8:9	transition
survey 25:20	36:15	53:6 54:12	24:21,22,22	52:14
30:12 51:2	team 37:19	60:15,17	25:3 29:2	transmitted
surveyed	50 : 22	thanks 52:12	32:14 56:4	42:10
15:17	+ 25.1 10	Lb 2 C - 2		1 .
13:17	tech 25:4,10	therapy 36:2	tickets 50:14	transparent
surveyors	Technical	36:10	time 7:22	15:20
	-	36:10 thing 23:18		15:20 transpired
surveyors	Technical	36:10 thing 23:18 42:24 50:24	time 7:22 8:20 9:15 13:5 19:7	15:20 transpired 35:9
surveyors 14:18	Technical 17:22	36:10 thing 23:18 42:24 50:24 56:1	time 7:22 8:20 9:15 13:5 19:7 19:18,24	15:20 transpired 35:9 travel 9:7
<pre>surveyors 14:18 system 23:24 51:8,10</pre>	Technical 17:22 technicians	36:10 thing 23:18 42:24 50:24 56:1 things 9:5	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5	15:20 transpired 35:9 travel 9:7 49:20,22
surveyors 14:18 system 23:24 51:8,10	Technical 17:22 technicians 5:17 38:7	36:10 thing 23:18 42:24 50:24 56:1	time 7:22 8:20 9:15 13:5 19:7 19:18,24	15:20 transpired 35:9 travel 9:7
<pre>surveyors 14:18 system 23:24 51:8,10</pre>	Technical 17:22 technicians 5:17 38:7 techs 24:23 25:22 26:5 26:11	36:10 thing 23:18 42:24 50:24 56:1 things 9:5 11:10 28:20 29:23 40:23	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5 29:1,5 33:3 36:9 48:17	15:20 transpired 35:9 travel 9:7 49:20,22 50:3 TREASURER 2:5
<pre>surveyors 14:18 system 23:24 51:8,10</pre>	Technical 17:22 technicians 5:17 38:7 techs 24:23 25:22 26:5 26:11 telework	36:10 thing 23:18 42:24 50:24 56:1 things 9:5 11:10 28:20 29:23 40:23 49:8,23	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5 29:1,5 33:3 36:9 48:17 48:24 52:20	15:20 transpired 35:9 travel 9:7 49:20,22 50:3 TREASURER 2:5 treatments
<pre>surveyors 14:18 system 23:24 51:8,10</pre>	Technical 17:22 technicians 5:17 38:7 techs 24:23 25:22 26:5 26:11 telework 47:25	36:10 thing 23:18 42:24 50:24 56:1 things 9:5 11:10 28:20 29:23 40:23 49:8,23 51:16 55:15	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5 29:1,5 33:3 36:9 48:17 48:24 52:20 52:22 60:4	15:20 transpired 35:9 travel 9:7 49:20,22 50:3 TREASURER 2:5 treatments 16:9
<pre>surveyors 14:18 system 23:24 51:8,10 T T2:7 T.J2:11 4:4 table 3:1,5 40:23</pre>	Technical 17:22 technicians 5:17 38:7 techs 24:23 25:22 26:5 26:11 telework 47:25 tell 10:7	36:10 thing 23:18 42:24 50:24 56:1 things 9:5 11:10 28:20 29:23 40:23 49:8,23 51:16 55:15 57:4 58:18	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5 29:1,5 33:3 36:9 48:17 48:24 52:20 52:22 60:4 63:14 65:7	15:20 transpired 35:9 travel 9:7 49:20,22 50:3 TREASURER 2:5 treatments 16:9 tremendous
surveyors 14:18 system 23:24 51:8,10 T T2:7 T.J2:11 4:4 table 3:1,5 40:23 take 6:7 8:2	Technical 17:22 technicians 5:17 38:7 techs 24:23 25:22 26:5 26:11 telework 47:25 tell 10:7 54:25	36:10 thing 23:18 42:24 50:24 56:1 things 9:5 11:10 28:20 29:23 40:23 49:8,23 51:16 55:15 57:4 58:18 think 9:25	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5 29:1,5 33:3 36:9 48:17 48:24 52:20 52:22 60:4	15:20 transpired 35:9 travel 9:7 49:20,22 50:3 TREASURER 2:5 treatments 16:9
surveyors 14:18 system 23:24 51:8,10 T T2:7 T.J2:11 4:4 table 3:1,5 40:23 take 6:7 8:2 15:24 16:15	Technical 17:22 technicians 5:17 38:7 techs 24:23 25:22 26:5 26:11 telework 47:25 tell 10:7 54:25 Temple 29:15	36:10 thing 23:18 42:24 50:24 56:1 things 9:5 11:10 28:20 29:23 40:23 49:8,23 51:16 55:15 57:4 58:18 think 9:25 10:8,23	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5 29:1,5 33:3 36:9 48:17 48:24 52:20 52:22 60:4 63:14 65:7	15:20 transpired 35:9 travel 9:7 49:20,22 50:3 TREASURER 2:5 treatments 16:9 tremendous 51:25 52:5 Trey 40:11
surveyors 14:18 system 23:24 51:8,10 T T2:7 T.J2:11 4:4 table 3:1,5 40:23 take 6:7 8:2 15:24 16:15 20:4 22:2	Technical 17:22 technicians 5:17 38:7 techs 24:23 25:22 26:5 26:11 telework 47:25 tell 10:7 54:25	36:10 thing 23:18 42:24 50:24 56:1 things 9:5 11:10 28:20 29:23 40:23 49:8,23 51:16 55:15 57:4 58:18 think 9:25	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5 29:1,5 33:3 36:9 48:17 48:24 52:20 52:22 60:4 63:14 65:7 times 33:10	15:20 transpired 35:9 travel 9:7 49:20,22 50:3 TREASURER 2:5 treatments 16:9 tremendous 51:25 52:5
surveyors 14:18 system 23:24 51:8,10 T T2:7 T.J2:11 4:4 table 3:1,5 40:23 take 6:7 8:2 15:24 16:15 20:4 22:2 22:24 24:5	Technical 17:22 technicians 5:17 38:7 techs 24:23 25:22 26:5 26:11 telework 47:25 tell 10:7 54:25 Temple 29:15	36:10 thing 23:18 42:24 50:24 56:1 things 9:5 11:10 28:20 29:23 40:23 49:8,23 51:16 55:15 57:4 58:18 think 9:25 10:8,23	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5 29:1,5 33:3 36:9 48:17 48:24 52:20 52:22 60:4 63:14 65:7 times 33:10 42:11	15:20 transpired 35:9 travel 9:7 49:20,22 50:3 TREASURER 2:5 treatments 16:9 tremendous 51:25 52:5 Trey 40:11
surveyors 14:18 system 23:24 51:8,10 T T2:7 T.J2:11 4:4 table 3:1,5 40:23 take 6:7 8:2 15:24 16:15 20:4 22:2	Technical 17:22 technicians 5:17 38:7 techs 24:23 25:22 26:5 26:11 telework 47:25 tell 10:7 54:25 Temple 29:15 29:15 33:23	36:10 thing 23:18 42:24 50:24 56:1 things 9:5 11:10 28:20 29:23 40:23 49:8,23 51:16 55:15 57:4 58:18 think 9:25 10:8,23 14:15 17:3	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5 29:1,5 33:3 36:9 48:17 48:24 52:20 52:22 60:4 63:14 65:7 times 33:10 42:11 Tina 5:1 8:7	15:20 transpired 35:9 travel 9:7 49:20,22 50:3 TREASURER 2:5 treatments 16:9 tremendous 51:25 52:5 Trey 40:11 48:22,22
surveyors 14:18 system 23:24 51:8,10 T T2:7 T.J2:11 4:4 table 3:1,5 40:23 take 6:7 8:2 15:24 16:15 20:4 22:2 22:24 24:5	Technical 17:22 technicians 5:17 38:7 techs 24:23 25:22 26:5 26:11 telework 47:25 tell 10:7 54:25 Temple 29:15 29:15 33:23 33:24 34:2	36:10 thing 23:18 42:24 50:24 56:1 things 9:5 11:10 28:20 29:23 40:23 49:8,23 51:16 55:15 57:4 58:18 think 9:25 10:8,23 14:15 17:3 17:6 18:18	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5 29:1,5 33:3 36:9 48:17 48:24 52:20 52:22 60:4 63:14 65:7 times 33:10 42:11 Tina 5:1 8:7 8:12	15:20 transpired 35:9 travel 9:7 49:20,22 50:3 TREASURER 2:5 treatments 16:9 tremendous 51:25 52:5 Trey 40:11 48:22,22 49:5 53:8
surveyors 14:18 system 23:24 51:8,10 T T2:7 T.J2:11 4:4 table 3:1,5 40:23 take 6:7 8:2 15:24 16:15 20:4 22:2 22:24 24:5 25:5,7,9,19	Technical 17:22 technicians 5:17 38:7 techs 24:23 25:22 26:5 26:11 telework 47:25 tell 10:7 54:25 Temple 29:15 29:15 33:23 33:24 34:2 35:2,12	36:10 thing 23:18 42:24 50:24 56:1 things 9:5 11:10 28:20 29:23 40:23 49:8,23 51:16 55:15 57:4 58:18 think 9:25 10:8,23 14:15 17:3 17:6 18:18 18:21,23,24	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5 29:1,5 33:3 36:9 48:17 48:24 52:20 52:22 60:4 63:14 65:7 times 33:10 42:11 Tina 5:1 8:7 8:12 title 3:3	15:20 transpired 35:9 travel 9:7 49:20,22 50:3 TREASURER 2:5 treatments 16:9 tremendous 51:25 52:5 Trey 40:11 48:22,22 49:5 53:8 tried 49:9
surveyors 14:18 system 23:24 51:8,10 T T2:7 T.J2:11 4:4 table 3:1,5 40:23 take 6:7 8:2 15:24 16:15 20:4 22:2 22:24 24:5 25:5,7,9,19 25:23 26:2	Technical 17:22 technicians 5:17 38:7 techs 24:23 25:22 26:5 26:11 telework 47:25 tell 10:7 54:25 Temple 29:15 29:15 33:23 33:24 34:2 35:2,12 40:19 56:10	36:10 thing 23:18 42:24 50:24 56:1 things 9:5 11:10 28:20 29:23 40:23 49:8,23 51:16 55:15 57:4 58:18 think 9:25 10:8,23 14:15 17:3 17:6 18:18 18:21,23,24 20:9,18	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5 29:1,5 33:3 36:9 48:17 48:24 52:20 52:22 60:4 63:14 65:7 times 33:10 42:11 Tina 5:1 8:7 8:12 title 3:3 8:17 22:14	15:20 transpired 35:9 travel 9:7 49:20,22 50:3 TREASURER 2:5 treatments 16:9 tremendous 51:25 52:5 Trey 40:11 48:22,22 49:5 53:8 tried 49:9 true 15:8
surveyors 14:18 system 23:24 51:8,10 T T2:7 T.J2:11 4:4 table 3:1,5 40:23 take 6:7 8:2 15:24 16:15 20:4 22:2 22:24 24:5 25:5,7,9,19 25:23 26:2 26:12 27:23	Technical 17:22 technicians 5:17 38:7 techs 24:23 25:22 26:5 26:11 telework 47:25 tell 10:7 54:25 Temple 29:15 29:15 33:23 33:24 34:2 35:2,12 40:19 56:10 temporary	36:10 thing 23:18 42:24 50:24 56:1 things 9:5 11:10 28:20 29:23 40:23 49:8,23 51:16 55:15 57:4 58:18 think 9:25 10:8,23 14:15 17:3 17:6 18:18 18:21,23,24 20:9,18 21:7 23:7	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5 29:1,5 33:3 36:9 48:17 48:24 52:20 52:22 60:4 63:14 65:7 times 33:10 42:11 Tina 5:1 8:7 8:12 title 3:3 8:17 22:14 today 5:1,6	15:20 transpired 35:9 travel 9:7 49:20,22 50:3 TREASURER 2:5 treatments 16:9 tremendous 51:25 52:5 Trey 40:11 48:22,22 49:5 53:8 tried 49:9 true 15:8 20:16 65:6
surveyors 14:18 system 23:24 51:8,10 T T2:7 T.J2:11 4:4 table 3:1,5 40:23 take 6:7 8:2 15:24 16:15 20:4 22:2 22:24 24:5 25:5,7,9,19 25:23 26:2 26:12 27:23 33:10 45:17	Technical 17:22 technicians 5:17 38:7 techs 24:23 25:22 26:5 26:11 telework 47:25 tell 10:7 54:25 Temple 29:15 29:15 33:23 33:24 34:2 35:2,12 40:19 56:10 temporary 55:21	36:10 thing 23:18 42:24 50:24 56:1 things 9:5 11:10 28:20 29:23 40:23 49:8,23 51:16 55:15 57:4 58:18 think 9:25 10:8,23 14:15 17:3 17:6 18:18 18:21,23,24 20:9,18 21:7 23:7 24:8 25:1	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5 29:1,5 33:3 36:9 48:17 48:24 52:20 52:22 60:4 63:14 65:7 times 33:10 42:11 Tina 5:1 8:7 8:12 title 3:3 8:17 22:14 today 5:1,6 5:12 7:4	15:20 transpired 35:9 travel 9:7 49:20,22 50:3 TREASURER 2:5 treatments 16:9 tremendous 51:25 52:5 Trey 40:11 48:22,22 49:5 53:8 tried 49:9 true 15:8 20:16 65:6 trust 14:10
### Surveyors 14:18 system 23:24 51:8,10 T	Technical 17:22 technicians 5:17 38:7 techs 24:23 25:22 26:5 26:11 telework 47:25 tell 10:7 54:25 Temple 29:15 29:15 33:23 33:24 34:2 35:2,12 40:19 56:10 temporary 55:21 term 7:2,3,8	36:10 thing 23:18 42:24 50:24 56:1 things 9:5 11:10 28:20 29:23 40:23 49:8,23 51:16 55:15 57:4 58:18 think 9:25 10:8,23 14:15 17:3 17:6 18:18 18:21,23,24 20:9,18 21:7 23:7 24:8 25:1 26:22 30:24	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5 29:1,5 33:3 36:9 48:17 48:24 52:20 52:22 60:4 63:14 65:7 times 33:10 42:11 Tina 5:1 8:7 8:12 title 3:3 8:17 22:14 today 5:1,6 5:12 7:4 11:21 21:21	15:20 transpired 35:9 travel 9:7 49:20,22 50:3 TREASURER 2:5 treatments 16:9 tremendous 51:25 52:5 Trey 40:11 48:22,22 49:5 53:8 tried 49:9 true 15:8 20:16 65:6 trust 14:10 try 17:6
surveyors 14:18 system 23:24 51:8,10 T T2:7 T.J2:11 4:4 table 3:1,5 40:23 take 6:7 8:2 15:24 16:15 20:4 22:2 22:24 24:5 25:5,7,9,19 25:23 26:2 26:12 27:23 33:10 45:17 48:21 56:22 taken 1:11	Technical 17:22 technicians 5:17 38:7 techs 24:23 25:22 26:5 26:11 telework 47:25 tell 10:7 54:25 Temple 29:15 29:15 33:23 33:24 34:2 35:2,12 40:19 56:10 temporary 55:21 term 7:2,3,8 terminology	36:10 thing 23:18 42:24 50:24 56:1 things 9:5 11:10 28:20 29:23 40:23 49:8,23 51:16 55:15 57:4 58:18 think 9:25 10:8,23 14:15 17:3 17:6 18:18 18:21,23,24 20:9,18 21:7 23:7 24:8 25:1 26:22 30:24 34:21 35:8	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5 29:1,5 33:3 36:9 48:17 48:24 52:20 52:22 60:4 63:14 65:7 times 33:10 42:11 Tina 5:1 8:7 8:12 title 3:3 8:17 22:14 today 5:1,6 5:12 7:4 11:21 21:21 27:21	15:20 transpired 35:9 travel 9:7 49:20,22 50:3 TREASURER 2:5 treatments 16:9 tremendous 51:25 52:5 Trey 40:11 48:22,22 49:5 53:8 tried 49:9 true 15:8 20:16 65:6 trust 14:10 try 17:6 40:13 41:6
### Surveyors 14:18 system 23:24 51:8,10 T	Technical 17:22 technicians 5:17 38:7 techs 24:23 25:22 26:5 26:11 telework 47:25 tell 10:7 54:25 Temple 29:15 29:15 33:23 33:24 34:2 35:2,12 40:19 56:10 temporary 55:21 term 7:2,3,8 terminology 20:19	36:10 thing 23:18 42:24 50:24 56:1 things 9:5 11:10 28:20 29:23 40:23 49:8,23 51:16 55:15 57:4 58:18 think 9:25 10:8,23 14:15 17:3 17:6 18:18 18:21,23,24 20:9,18 21:7 23:7 24:8 25:1 26:22 30:24 34:21 35:8 35:9 41:18	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5 29:1,5 33:3 36:9 48:17 48:24 52:20 52:22 60:4 63:14 65:7 times 33:10 42:11 Tina 5:1 8:7 8:12 title 3:3 8:17 22:14 today 5:1,6 5:12 7:4 11:21 21:21 27:21 told 56:11	15:20 transpired 35:9 travel 9:7 49:20,22 50:3 TREASURER 2:5 treatments 16:9 tremendous 51:25 52:5 Trey 40:11 48:22,22 49:5 53:8 tried 49:9 true 15:8 20:16 65:6 trust 14:10 try 17:6 40:13 41:6 42:7
### Surveyors 14:18 system 23:24 51:8,10 T	Technical 17:22 technicians 5:17 38:7 techs 24:23 25:22 26:5 26:11 telework 47:25 tell 10:7 54:25 Temple 29:15 29:15 33:23 33:24 34:2 35:2,12 40:19 56:10 temporary 55:21 term 7:2,3,8 terminology 20:19 terms 53:19	36:10 thing 23:18 42:24 50:24 56:1 things 9:5 11:10 28:20 29:23 40:23 49:8,23 51:16 55:15 57:4 58:18 think 9:25 10:8,23 14:15 17:3 17:6 18:18 18:21,23,24 20:9,18 21:7 23:7 24:8 25:1 26:22 30:24 34:21 35:8 35:9 41:18 41:22 43:16	time 7:22 8:20 9:15 13:5 19:7 19:18,24 20:5 23:5 29:1,5 33:3 36:9 48:17 48:24 52:20 52:22 60:4 63:14 65:7 times 33:10 42:11 Tina 5:1 8:7 8:12 title 3:3 8:17 22:14 today 5:1,6 5:12 7:4 11:21 21:21 27:21 told 56:11 tomorrow 20:4	15:20 transpired 35:9 travel 9:7 49:20,22 50:3 TREASURER 2:5 treatments 16:9 tremendous 51:25 52:5 Trey 40:11 48:22,22 49:5 53:8 tried 49:9 true 15:8 20:16 65:6 trust 14:10 try 17:6 40:13 41:6 42:7 trying 31:7

				1 490 10
turn 34:6	36:4	29:18 33:4	47:22	year 11:16
turned 30:4		42:7 44:14	WHEREOF 65:13	30:4,8 31:1
turning 23:13	v	47:2,21	WIGGINS 2:14	31:13,14
turnover 9:12	vacancies	56:1 57:3	18:20 19:6	33:11,18
two 12:14	31:17,20	wanting 21:1	wish 50:16	35:7 , 10
22:3 23:19	32:1,3	wants 56:15	WITNESS 65:13	41:24 53:21
24:23 25:3	34:10	wasn't16:1	word 46:12	54:21 56:7
25:21 28:5	vacancy 34:5	watch 43:6,15	63:3	57 : 12
29:3 32:3	Vanessa 50:3	watching	work 11:11,20	years 6:6,14
37:15 42:22	50:13	43:17	13:5,19	6:24 8:9,23
52:25	varying 13:6	wax 26:11	18:4 43:11	12:9 15:1
two-and-a	venture 18:2	way 10:22	44:3,22	22:3,9
25:8	verbal 36:25	40:24 59:21	45:1,16,24	23:23 30:5
two-and-a	37:11 60:14	we'll 19:17	46:4,18	32:14,19
29:6	61:8,21	33:19 34:10	48:6 49:6	34:20 42:22
two-hour 25:7	62:10,21	44:10 51:13	56:11 58:8	45:16,16
29:6	verify 37:25	57:2	worked 28:4,4	59:14
tying 45:19	Verneuille	we're 5:12	45:10 48:8	yesterday
type 7:20,23	38:9	9:5 10:4,5	48:22	47 : 19
8:4 52:9	version 42:14	10:13,21	worker 42:24	
types 5:21	42:16 43:1 vice 2:11 5:1	19:18 25:1	workers 7:9	
6:1 16:8		27:10 28:15	40:21 42:12	ZOOM 2:10
typically	8:12,13 video 43:20	29:14 37:24	43:4 46:24	0
19:24 59:1	virtual 58:20	43:6 45:5 45:22 50:19	<pre>workforce 7:11 32:6</pre>	
U	virtually 4:5	51:8 53:15	55:25 56:21	1
underrepr	virus 42:1,22	55:7,10,15	57:5 58:9	1 3:3 11:16
59:19	48:5	56:5 57:13	59:20 60:10	31:20,21
understand	visit 37:17	57:15,20	63:12	1,137 32:24
4:21 7:15	37:24 50:18	59:23	working 10:10	1,374 32:23
17:21 24:16	50:23	we've7:13	12:15 23:10	1,885 33:16
27:2	visits 50:20	8:22 9:10	45:6 51:12	1,890 33:16
undertaking	void 46:12	13:4 23:3	works 11:19	1,900 30:6
21:19	volumes 55:10	29:21,24	worse 9:4	1:00 63:20
Unfortuna	vote 45:3,4	33:2 41:16	worsening	10 26:16
41:25		41:18 48:5	7:11	27:21 32:1
unit 25:2	W	50:21 53:16	write 28:5	100 32:12
unsuccessful	wait8:24	57:14 60:3	33:9,14	33:12
33:13	Waive 39:25	63:4	60:22	1005 45:12
update 29:18	walk 27:9	weekends 9:18	wrong 13:7	10th 30:11
33:5 38:3	want 20:23	weeks 48:23		36:7 39:8
updates 35:24	22:8 41:8	welcome 13:1	X	65:25
37:13	41:10,21	14:20	Y	11 1:5,11
use 19:20	43:24 50:24	went 30:12		62:16
usual 41:13	51:20 53:24	43:20 54:18	y'all 29:8	11:08 1:11 1196 45:24
utilize 25:4	53:24 54:12	55:16	48:16 58:11	12:21 63:17
utilizes 38:6	57:18 59:16 wanted 11:21	wheel 11:17	58:12 Yeah 14:23	12:21 63:17 120 27:20
utilizing	20:6 21:3	wheelhouse	21:20	13 1:21 12:9
	20.0 21.3		21.20	10 1.21 12.9

			Ŀ	Page 16
23:23 32:2	2178 44:14	56,000,000		
32:13	22 31:25 32:4	42:16		
15 27:21	237 32:24	561 55:21		
31:20 , 20	24 27:19	5th 40:7		
49:17	240 32:21			
150,000 43:3	24th 51:1	6		
16 50:19	25 6:14 23:2	6 46:21		
16th 37:17	24:4 28:19	60 43:15		
17 49:17	25,000,000	601 1:22		
18 20:1 32:19	57:21	648,000 53:10		
50:19	25th 51:1	65 3 : 7		
1828 1:20	266,000 53:12	673 47:6,8		
65:21	2810 47:23	674 47:7,11		
18th 37:18	2nd 44:1	6th 29:25		
19 32 : 4	61:16	40:7		
19/'20 31:13				
1994 8:16	3	7		
2	3 3:5	7:00 24:21		
	3,062 32:20	700,000 53:22 55:20		
2 3:4 2,000 59:9	3:00 24:21 30 25:10	713 1:12		
2,000 59:9 2,196 55:19	34:20 61:14	75 28:24		
2,196 33:19 2,822 32:21	30-calendar	75,000 43:2		
2,928,757	62:5	764 42:9		
56:8	300 1:13	7th 36:6 40:8		
2:27 63:21	31:21	62:3		
64:1	31st 53:18			
20 28:4 31:19		8		
32:21 34:20	380,00053:11	80 22 : 24		
20/'21 31:14	39117 1:21	818,000 53:14		
20028:19	3rd 50:11	8th 40:8		
2018 62:16	65:14			
2019 46:1		9		
2020 32:24	4	9 46:22		
33:16,17	4 3 : 6	90s 33:11		
61:16	4,000 32:17			
2021 31:19	4,642 32:19			
32:17,21	40 56:2			
33:6,11,15	436 31:13			
33:17 39:8	45 61:14			
53:9 62:3	477 32:25			
20221:5,11				
36:6 37:18	5			
42:13 49:17	5,000 42:23			
50:19 65:14	43:8			
2025 65:25	5,889,117.93			
21 31:25	53:19			
32:24 39:18	50,000 57:2			
	507-0849 1:22			
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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

BOARD MEMBERS IN ATTENDANCS IN PERSON: ALTON SHAW, MON. PRIC (TRESIDENT) SANDRA COLERPER, LIN (SECRETARY) SMITTEE JACKSON, LPN SMITTEE JACKSON, LPN, IT, CPT JERRY L. COMMINS, LPN, LINA JANIE CLAIMON, MN BOARD MEMBERS IN ATTENDANCS VIA 2008: LAURA MOORE, MSN, NB-C T.J. ARAMS, RN, RN, MSN, MSI BOARD MEMBERS IN ATTENDANCS VIA 2008: LAURA MOORE, MSN, NB-C T.J. ARAMS, RN, RN, MSNA (VICE PRESIDENT) SPECIAL ASSISTANT ATTORNEY GENERAL SPECIAL ASSISTANT ATTORNEY GENERAL FOR COLLINS, CONTINUE FAGE THE STATE OF CONTRITS FAGE THE STATE OF CONTRITS FAGE THE STATE OF CONTRITS FAGE This Proceedings of the bear with my support of the person of the bear with my support of the person of the bear with my support of the person of the bear with my support of the person of the bear with my support of the person of the bear with my support or a new department of the bear with my support or a new department of the bear with my support or a new department of the bear with my support or people with support or people and the person of the bear with my support or a new department of the bear with my support or people with support or people and the person of the bear with my support or people and the person of the bear with my support or people and the person of the bear with my support or people and the person of the bear with my support or people and the person of the bear with my support or people and the person of the bear with my support or people and the person of the bear with my support or people and the person of the bear with my support or people and the person of the bear with my support or people and the person of the bear with my support or people and the person of the bear with my support or people and the person of the bear with my support or people and the person of the bear with my support or people and the person of the bear will be experted to administer provide and person of the person of t		Page 2		Page 4
BOARD MEMBERS IN ATTENDANCE IN PERSON: ALTON SHAW, NEW, PSP-C (PRESIDENT) SANNAR CULPEPPER, INT (SECRETARY) NARY STEWART, PRD, RN (TREASURER) SITHALFY JACKSON, LEW, LEWA RAWY STEWART, PRD, RN (TREASURER) SITHALFY JACKSON, LEW, LEWA RAWY STEWART, PRD, RN (TREASURER) SITHALFY JACKSON, LEW, LEWA RAWY STEWART, NAME, RN JAN COLLINS, CONSUMER BOARD MEMBERS IN ATTENDANCE VIA ZOOM: LAURA MOORE, MEN, NP-C T.J. JADNAN, N. BSAM, MSHR (VICE PRESIDENT) LAURA MOORE, MEN, NP-C T.J. JADNAN, N. BSAM, MSHR (VICE PRESIDENT) REMARD WIGGINS, JR., ESQUIRE SFRCIAN ASSISTANT ATTENDANCE VIA ZOOM: LAURA MOORE, AND	1	APPEARANCES	1	PROCEEDINGS
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SHIRLY JACKSON, LN SHITHARY JACKSON, LN NAMCY NORSIS—JOUNGON, LNN, IT, CPT JURRENT L. CUMMINS, LPM, LINA JURE CLANTON, RN LACEY T. GENTEY, MSN, RN GARD MEMBERS IN A NTEMBORNE VIA ZOOM: 11 LAURA MOUNE, MSN, NP-C 12 ALSO PERSINT: 13 ALSO PERSINT: 14 EDWARD WIGGINS, JR, ESQUIRE SPECIAL ASSISTANT ATTORNEY GENERAL 15 16 17 18 19 20 MSN, MSN	4		4	
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T.J. ADAMS, NN, BSN, MSHA (VICE PRESIDENT) ALSO PRESENT: EDWARD WIGGINS, JR., ESQUIRE SPECIAL ASSISTANT ATTORNEY GENERAL 15 16 17 18 19 20 21 22 23 24 25 Page 3 1 TARLE OF CONTENTS 2 Table of Contents. 2 1 Appearances. 2 2 4 Appearances. 2 3 Title Page. 2 4 Appearances. 2 5 From different services. 3 Title Page. 3 Title Page. 4 Appearances. 5 From different services. 6 Proceedings. 7 Court Reporter's Certificate. 6 Proceedings. 8 Proceedings. 9 Proceedings. 1 Proceedings.		BOARD MEMBERS IN ATTENDANCE VIA ZOOM:		
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Table of Contents				
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- would only administer certain types of routine medications, so that they would have certain
- 3 requirements as far as training.
- A lot of states add this certification onto CNA training. So once they're certified as CNAs, 5
- some states require a certain number of years of 6
- practice, and then you can take a course that would
- be sponsored by the Board of Nursing to get this 8
- 9 additional certification so you could administer
- 1.0 routine medicines: you could document -- chart on
- the administration of routine medicines; and monitor 11
- patients to ensure that there's not an adverse 12
- 13 outcome as a result.
- 14 I've been practicing law for 25 years, and
- 1.5 the majority of my practice has been representing
- nurses and long-term care facilities. I've met with 16
- a lot of your counterparts. And what I've learned 17
- 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
- nursing home unless you feel called to help people, 21
- especially the geriatric population. 22
- And what I've seen and I know you've seen 2.3
- it in the last three years, the pandemic has had a
- horrific impact on the availability of licensed 2.5

Page 8

- expressed in the past that if we have this
- certification, would it take jobs away from RNs and
- 3 LPNs? And the research says, "No."
- And the research shows that this type of
- 5 medication administration certification actually
- improves quality of care at long-term care 6
- 7 facilities. So I've asked Tina to come with me and
- just briefly describe the experiences she's had in
- 9 the last three years with staffing at long-term care
- 1.0 facilities.
- MS. ALEXANDER: Yes. And good morning. 11
- Again, I'm Tina Alexander. I'm a vice president 12
- 13 with Tara Cares. As vice president, I support eight
- facilities in the state of Mississippi and also 14
- 1.5 facilities in Louisiana.
- My career started as an LPN since 1994, so 16
- 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
- 2.1 care.
- What we've seen over the last couple of 22
- years -- of course, when I got out of nursing 2.3
- 24 school, nurses had to wait for a full-time position
- 2.5 to come open.

Page 7

- nurses, licensed LPNs and RNs, especially in longterm care. It's been very difficult to staff long-
- term care facilities appropriately. 3
- 4 In preparation for today, I just looked
- online and found the first three articles I could on 5
- staffing issues in long-term care, and what I found 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 certified medication aides can help resolve that 18
- 19 crisis. So now that can free up LPNs and RNs to
- provide different type services, more complicated 20
- 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
 - and RNs. I know that there's been some concern

Page 9

- We have managed before the pandemic to kind
- of hold still, even though we saw the staffing
- issues with nurses, but here lately it's gotten
- Λ 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.
- With the CNA shortage, we find a lot of our
- nurses getting burned out. They're having to assist 9
- 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,
- because of the amount of LPN openings. 13
- 14 Most people know in nursing homes, most of
- 15 the LPN's time is taken passing medications in the
- nursing home. So now that they're passing meds, 16
- 17 they're also short of CNAs, we have director of
- nurses having to burn long shifts, weekends, and 18
- 19 nights filling in on the floor to do meds. So
- that's the opportunity we would like to see, to give 20
- 21 relief to the nurses in the long-term care
- facilities 22
- 23 And I've also talked to other operators of
- 24 hospitals, so not only from a long-term care
 - 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

Page 12

Page 13

- 1 thoughts on the concept, generally, and whether you
 - feel like the board would be interested in pursuing
- 3 something like this.
 - 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.
 - MR. FRYE: Thank you.

Page 11

2.5

- 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
- 17 not re-creating the wheel. There are other states

medication aides on January 1 of this year. So it's

- 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.

16

- 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 your24 input. We can do that now or at a different forum
- 5 if that's appropriate. But I'd love to get your

- 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.
- 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
 - Does that make sense what I'm saying?

24 roles

Page 14 So these are concerns for me. appreciate where you're coming from. And it wasn't 1 2 MR. FRYE: So it would require close 2 my intent to say --3 oversight by the licensed nursing staff of the 3 MR. CUMMINS: Right. facilities. I hear what you're saying. MR. FRYE: -- that they would replace And it sounds like -- this is exactly the 5 LPNs and RNs. They would have to be supervised. 5 kind of feedback we were hoping for. It sounds like 6 MR. CUMMINS: That's right. 6 you would prefer a separate training process, a 7 MR. FRYE: But our hope would be that certification completely different --8 this would free up LPNs and RNs to do other types of 8 9 MS. CULPEPPER: It absolutely has to 9 tasks like treatments. 1.0 stand separate. And trust me, I've looked at it. 10 MS. ALEXANDER: Yes, correct. I've considered -- I know that Louisiana offers it MR. CUMMINS: My concern would be that 11 11 as well; there's classes there. The curriculum can 12 this would actually hinder nurses because now 12 13 be done. I've read up on it. I have the books on 13 instead of giving the medicine and doing the checks, it. It doesn't always mean it's right, right now. whether it be a blood pressure medicine and have to 14 14 15 take the blood pressure before, whether it be giving 1.5 So I think the important part of this an insulin and have to check a blood glucose before, 16 conversation is also to bring the Department of 16 17 Health into play because they are the regulators and whether it be a narcotic, you know, there's lots, 17 18 surveyors for long-term care. 18 lots of areas that this could be liability all over 19 MR. FRYE: Thank you. the place for a facility. 19 20 MS. CULPEPPER: You're welcome. 20 Now, I'm just speaking from long-term care 21 MR. SHAW: Jeremy, did you have 21 facilities because that's my specialty. But I'm like Ms. Culpepper. This has got to 22 something? 22 MR. CUMMINS: Yeah. Thank you for that 23 start with Mississippi State Department of Health 2.3 24 presentation. 24 before it ever comes to us. Because they are the 25 ones that have to alter their minimum standards to 2.5 Ms. Alexander, I, as you, have been an

Page 15

administrator for many, many years, so I'm very 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 the nurses of Mississippi or the facilities in 5 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 Department of Health has minimum standards that 16 17 every facility has to follow; they're surveyed by 18 those. 19 So the presentation, I guess, needs to be very transparent and clear that this is not 20 21 something that's going to affect nursing shortage. It's not going to help; it's not going to hurt. 22 23 Because, you know, you can't bring a medication aide 24 to take the place of a nurse.

MR. FRYE: That's exactly right. I

Page 17

Page 16

where it's got to start. And then at that point, I think that we 3 4 could revisit this maybe. I've looked at it; I've researched it. You know, when you're in our 5 6 positions, you sit there and try to think of every possible option. But I'm not sure that this is an 7 option that's going to give relief. I'm afraid this option would give more liability issues and more 9 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,

approve medication aides because it is -- that's

1 4 Ms. Alexander and Mr. Frye. 15 MS. ALEXANDER: Good morning. MR. FRYE: Good morning. 16 17 MS. JACKSON: I'm Shirley Jackson, and I'm a little bit of both. I am a former health 18 19 science supervisor, and I agree with both of my colleagues. Ms. Robbins is your first contact, but 20

21 you also have to understand under the Department of Education, the Career and Technical. Health science 22

23 programs have offered nursing assistant classes to

24 graduating seniors, so that would be also an entity

that you need to follow through on, is with the

- Department of Education. Because State Department of Health comes first, and then they have to venture
- 3 in with the State Department of Ed to make that
- MR. CUMMINS: Maybe Melissa Parker or 5
- Frances Fair at the State Department of Health; 6
- they're over licensure and certification. That's
- where you probably need to start. I would say 8
- 9 before you even go the direction of the CNA program,
- you need to look at what -- I mean, licensure and 10
- certification guidelines have to be put in place 11
- before any of this other stuff even matters. If 12
- 13 it's not licensure and certification, you know, CNA
- programs, education programs, that's got to be 14
- 1.5 secondary and tertiary to licensure and
- certification. That's where you've got to start. 16
- MR. FRYE: Thank you. 17
- 18 MS. CULPEPPER: And I think -- I'm
- 19 sorry.

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- 20 MR. WIGGINS: Go ahead.
- 21 MS. CULPEPPER: And I think -- I'm not
- above having a conversation and re-evaluating what 22
- you have to present. But I also think when it's 2.3
- re-presented, I think we need data, meaning data as
- far as what is the safety like in these other states 2.5

Page 20

- 1 board. So it takes at least 18 months to get this
 - 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 time.
- 6 So really what we wanted, and this is great
- 7 feedback. This is exactly what we were hoping for,
- to hear what you like about it, what you don't, what 8
- 9 you think we should be doing differently, and what
- 10 would help you to make a good educated decision.
- MS. CULPEPPER: I'm sorry. I'm so full 11
- 12 of questions.
- 13 So based on the regulation of -- And you
- have to be careful when you say "CMA" because that 14
- 1.5 could be certified medical assistant.
 - MR. FRYE: True.
- MS. ALEXANDER: Right. 17
- 18 MS. CULPEPPER: So I think the
- 19 terminology has -- to be careful with it.
- 20 MR. FRYE: Strictly something a lawyer
- came up with. 21

16

- MS. CULPEPPER: But as well, who are you 22
- 23 -- because I know that some states may say, "We want
- 24 the Department of Health to regulate us," and it
- almost -- and I'm just looking for clarification. 2.5

Page 19

- that have nurse -- the medication nurse aides? That
- is super important to us because we are charged to
- 3 protect the public. And in order for us to back
 - something, we need that data.
- MR. FRYE: We can do that. Thank you. 5
- 6 MR. WIGGINS: In the states where this
- 7 is already in place, what has been the time frame
- from proposal to actual implementation? And
- 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
- that next time we're here. There are actually 18
- 19 studies that show that medication errors decrease
- with the use of aides who are administering --20
- 21 that's their job is just to administer routine
- medication. So it's actually been an improvement in 22
- 23 those states that have adopted this.
- 24 Typically, it takes time because you have to lobby. You have to get the Department of Health on

- Page 21
- 1 Are you wanting the Board of Nursing to regulate
- 2 medication aides?
- MR. FRYE: So what I wanted was the 3
- 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.
 - MS. CULPEPPER: -- and all that other
- 12 stuff because --

11

13

- MR. FRYE: I'd --
- 14 MS. CULPEPPER: -- that --
 - MR. FRYE: -- rather --
- MS. CULPEPPER: -- would be --16
- 17 MR. FRYE: -- you not --
- MS. CULPEPPER: -- a massive 18
- 19 undertaking.
- MR. FRYE: Yeah, I'd rather you not have 20
- 21 that discussion today, for sure.
- MS. ALEXANDER: And Mr. Frye was 22
- 23 relating to a lot of states -- they require -- it's
- 24 a separate course. These people will have to
 - actually go through like a four-month course to pass

1

Page 22

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,

certain GPA, SAT levels and all that stuff. Those

are the ones that they are -- will accept in the

program. So not all CNAs can do it because they 6

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-

month program to get the additional certification, 1.0

they have that option of being able to kind of 11

promote CNAs, so now -- you know, to better their 12

13

14 So it would be a separate title. So they

1.5 would not be just CNAs passing meds in the nursing 16

homes. They would have to go through like a four-

month course on administration meds -- administering 17

18

19 The other states, they do not give any

20 insulin. They do not give any blood pressure

medicines. Nurses still have to give those. They 21

do not do any narcotics, so there are some meds the 22

LPNs still have to give. It just takes away about 2.3

24 80 percent of those meds where it does not take

2.5 monitoring from a nurse standpoint to do. Page 24

DR. STEWART: Well -- okay. And the

other one, I just would preferably -- I mean, just a

.3 very quick glance at these, I'd really like to see

real numbers from those 25 states, and that will

take you a while to get, I'm sure. This is really

not representative. 6

7 But I appreciate you guys coming and seeking

our perspective. And I think you're preaching to 8

9 the choir when you're talking about people being

burned out, and balancing that with protecting the 10

public is a high task, but thank you for bringing

12

13 MR. FRYE: Sure, thank you. Any other

14 thoughts or recommendations or suggestions going

1.5 forward?

MR. CUMMINS: I still don't understand 16

really how this is going to help the long-term care 17

18 industry. I guess that's what -- administrator to

administrator, I guess that's what I need you --19

20 because what my mind goes to, is now instead of

hiring three LPNs to cover my floor on 7:00 to 3:00 2.1

shift, now I've got to hire three LPNs and three or

two or four or however many med techs. So from a 2.3

24 financial standpoint, this is actually costing me

25 more money, and there's really no relief.

Page 23

MR. FRYE: At last count, there are

about 25 states that have implemented this position,

and it seems to be -- the research we've looked at 3

is positive, and we can provide that to you the next

5 time we come.

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6 MS. CULPEPPER: And, I guess, following

back up on what you said, I think it's going to be

very important, because of that scope of practice,

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?

MS. CULPEPPER: They can't do both.

DR. STEWART: Just real quick. I am 16 17

admittedly the biggest nerd on the board, okay. So the first thing I did was pull out the research that 18

19 you're -- at least the two studies you put in here

in the NCSBN. So this has already been alluded to, 20

21 but I definitely would encourage you to do a more

current review of literature. Your NCSBN paper is 22

23 13 years old. One is a Canadian study which is a

24 very different system.

MR. FRYE: Very similar to Mississippi.

Page 25

MS. ALEXANDER: No. I think that we're looking at -- so where if I had a unit and I needed

three LPNs and I only have two because I'm nursing

short, well, I could utilize a med tech that can 4

help -- that passes meds. So it will not take the 5

6 relief from the nurse being a nurse, but, again, it would take a two-hour med pass that I would have in 7

the morning, and here now they are at two-and-a-half

hours, most of them. Well, that may take that nurse 9

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.

MS. ALEXANDER: No. Staffing numbers --16

MR. CUMMINS: Your quality measures and 17

your staffing numbers are going to drop because you 18

don't have enough nurses to take care of people. As far as -- if survey comes in and they see 20

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

Page 26 going to be at risk of an immediate jeopardy because know, and I know, too --1 you don't have enough nurses to take care of the 2 MS. ALEXANDER: Right. 3 people you've got in your building. 3 MR. CUMMINS: -- if they come in and MS. ALEXANDER: Well, in other states, you've worked 20 CNAs on day shift and you've worked 5 med techs are considered hands-on, just like the two on nights, they're going to write you a jeopardy LPN. So if you look at it from a hands-on because of quality of care. 6 6 standpoint, because they are delivering care, 7 MS. ALEXANDER: If there was an incident because they are passing meds. Medication pass is 8 8 where they found areas where residents suffer from 9 part of delivering care. 9 care. 10 MR. CUMMINS: So in essence, at the end 1.0 MR. CUMMINS: Right. of the day, the ball of wax is, is that med techs MS. ALEXANDER: However, if they have --11 11 12 if there's no issues that result in care issues and are going to take the place of a nurse. 12 13 MS. ALEXANDER: No. We would prefer 13 you're that short, you don't see that. They have to nurses. We prefer nurses all day long. I mean, if 14 14 find an issue with care first. I had openings -- if I had five LPN openings and I 1.5 1.5 So we're not looking to eliminate at all. had 10 CMTs, I'm going to hire LPNs because that's 16 16 We prefer to have the nurses. my number one choice, is to hire a nurse. But in 17 MS. COLLINS: I did have one question. 17 18 situations where we don't have that nurse and we 18 Do I recall you saying that of the medications that can't replace, then they would be used as a last the nurses give to the patients, that 25 percent of 19 19 20 resort, not to replace the nurses. 20 it is blood pressure medication, narcotics, things 21 MS. CULPEPPER: I'm sorry. But what I that they have to do? 2.1

administrator.

think Mr. Cummins is saying is under the Department

of Health, we are required to keep a census, and if

that census does not -- and you said you were an

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MS. ALEXANDER: Yes. 2 MS. CULPEPPER: You understand that if that census does not reflect the nurses, licensed 3 4 nurses --MS. ALEXANDER: Right. 5 6 MS. CULPEPPER: Because, let's face it, 7 nurse aides and the medication are only certified.

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 patient day. They do not say, "Well, based on your 16 17 census, you need this amount of LPNs, this amount of RNs, this amount of CNAs. They look at you from a 18 19 whole standpoint, all caregivers hands-on 24 hours. So they don't say a building 120, you've got to have 20 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.

MR. CUMMINS: But, Ms. Alexander, vou

Page 29

MS. COLLINS: So this would be relieving

MS. ALEXANDER: The time frame of them

them of 75 percent of medications that they give to

having to actually pass meds, yes. If I'm three

Page 28

nurses short, well, if I could be two nurses and a CMT, if that's all I had, well, that eliminates the 1 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. MR. SHAW: I appreciate y'all coming. 8 MR. FRYE: Thank you very much for this 9 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 Mississippi Institutions of Higher Learning, and I 17 just wanted to give you a brief update. 18 19 I did give each of you a handout as well. Those are some of the handouts of some information 20 21 that we've put together during this legislative 22 session just to give you an idea of some of the

things that they have asked for and some of the

The first one is January the 6th. And that

stuff that we've collected.

MS. ALEXANDER: Yes.

patients that are not under that category.

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Page 30

- handout just provides information on registered
- nursing qualified applicants to programs. And, you
- 3 know, the question was asked about how many
- applicants are turned away each year. And looking
- at a review of the last five years of annual
- reports, there's an average of about 1,900 qualified 6
- applicants that are not accepted into nursing
- 8 schools each year.
- 9 And also on that is an average salary of
- nursing faculty as well. 10
- The handout dated January the 10th -- we 11
- went back and did a survey of nursing deans and 12
- 13 directors across the state to ask about student
- enrollment and what they may be doing to retain and 14

attract nurse educators to their schools of nursing.

- And the most frequently reported barrier for 16
- 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
- input. 2.1

1.5

17

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- Also important to note, there were many that 22
- raised the concern about, not only do we need to 2.3
- think about qualified applicants who are not 24
- admitted into programs, but there are many qualified 2.5

fall of '20 to 2.822 in fall 2021; that's 240 2.1

students.

higher rate of pay.

in the next three years.

2.3 And BSNs reported a similar drop from 1,374

additional 10 vacancies were reported in BSN

3 additional two vacancies in associate degree

4 programs for a total of 19 spring '22.

programs for a total of 13 this spring, and an

They reported faculty are leaving, same as

you are hearing in the nursing workforce. Many are

burnout, and some are leaving to enter practice at a

When asked about retirement eligibility,

going ahead and retiring, citing exhaustion and

schools of nursing deans and directors reported

registered nursing programs, enrollment dropped

below 4,000 in fall of 2021, and there has been a

steady decline in pre-licensure enrollment over the

last four years with 4,642 fall '18. And enrollment

in associate degree programs dropped from 3,062 in

approximately 100 current faculty in the state and

13 nurse administrators would be eligible to retire

Looking at enrollment in pre-licensure

- 24 fall 2020 to 1,137 in fall of '21, which is 237.
 - So together that's a total of about 477

Page 31

- applicants admitted to programs every year who are
- not able to complete the programs. And so any
- strategies that could be developed to help retain 3
- 4 those students who are already in the programs and
- who are accepted. So identifying, you know, why 5
- they leave the programs, why they're not
- academically successful, and trying to decrease
- attrition would also be beneficial and not just
- 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
- faculty vacancies, and at a ratio of 15 to 1, 15 20
- 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
- from the October fall '21 report to spring '22. An

Page 33

Page 32

- 1 students, and that does coincide with the steady 2 decline that we've seen in nursing faculty over that
- same period of time. 3
- 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
- good news is that while there was an increase in 7
- 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
- 1 4 first write did go back, and they did pass.
- 15 The number of first-time candidates in 2021,
- 1,890. In 2020 there was 1,885. So there was not a 16
- big drop from 2020 to 2021, but I do believe this 17
- 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.
- MS. GENTRY: Dr. Temple, I applaud your 24
- 25 efforts on behalf of deans and directors in the

Page 34 Page 36 State of Mississippi. Thank you. regarding Kaho Healthcare Training Facility. They DR. TEMPLE: Thank you. 2 submitted a proposal to teach the IV therapy expanded role course. The proposed plan, it 3 MS. GENTRY: Sincerely, we thank you. 3 Just this morning I had a -- I've got a included utilizing the curriculum as outlined by the vacancy on my faculty. Just this morning I had an board. Their proposed scheduled first course was 5 applicant turn down the offer because of salary planned for March 7th, 2022. I toured their 6 6 7 issues. And this was a great catch. She was a facility on February the 10th, and my findings were: phenomenal candidate. The renovations to this facility are not complete at 8 8 9 And we are feeling the pinch, and I 9 this time. All the necessary equipment and supplies anticipate we'll have many more vacancies come needed to teach an IV therapy course are not 10 1.0 August. It's just -- you know, the reward is in available. The clinical site is Jefferson County 11 11 12 Hospital, but there was no affiliation agreement your heart, as far as educating and knowing your 12 13 positive ripple effect on the students and the 13 signed. patients, the thousands of patients they will care 14 14 So my recommendation regarding Kaho 1.5 for. However, nurse educators need to be 15 Healthcare Training Facility that requested to teach compensated accordingly, and it's very disturbing the IV expanded role course, is it be placed on hold 16 16 17 that we are continuing to pay salaries that haven't until all renovations are complete and another tour 17 18 changed -- starting salaries in most of our 18 is scheduled to confirm that they have met the 19 community colleges and senior colleges that haven't criteria and requirements. In addition, I recommend 19 20 changed in 20 and 30 years. 20 that Kaho Healthcare Training Facility also resubmit 21 So I think the board is grossly aware of their application with revised start dates of the 2.1 this, and I will speak for myself. I am -- this is 22 22 my hill I will die on. I am passionate about this, MR. SHAW: With that recommendation, 2.3 2.3 and I know we have to compensate our educators 24 does anybody have any questions? appropriately, thereby producing enough competent 2.5 (No verbal response.) 2.5 Page 35 Page 37 nurses to meet our state's needs. So thank you. MR. SHAW: Have a motion we approve the 2 DR. TEMPLE: Thank you. 2 recommendation? MS. COLLINS: I've got a question, and 3 MS. CULPEPPER: I make the motion. 3 this may even include Mr. Bobinger. 4 MR. SHAW: Motion, Ms. Culpepper. 4 I know that the legislature had expressed an 5 5 Second? 6 effort in the leadership to address some of the 6 MR. CUMMINS: Second. 7 nursing concerns this year about salary. Is this 7 MR. SHAW: Jeremy -- Mr. Cummins. All in something that -- do you think, Mr. Bobinger -- do 8 favor? you think that anything will be actually transpired 9 9 BOARD MEMBERS: Ave. 10 in the legislature this year that would help 10 MR. SHAW: Any opposed? 11 increase some of these salaries or address these? 11 (No verbal response.) 12 DR. TEMPLE: I don't know of anything 12 MR. SHAW: Motion carries. DR. BURKS: The updates I have include 13 this legislative session for salaries. 13 14 Thank you. 1 4 Concorde Career College. Of course, they are 15 MR. SHAW: ONW? 15 currently in stage two of qualifying for the initial accreditation. We have confirmed and scheduled 16 Are there any other members of the public? 16 17 MR. SHAW: All right. ONW. their site visit is for February the 16th through 17 MS. CULPEPPER: Mr. President, we have the 18th of 2022. 18 18

19

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24

The site-visit team will consist of

director of the PN program at Coahoma; Dr. Christi

Blair, division chair of the PN program at Holmes;

And the purpose of this site visit is, we're

20 Dr. Chequitia Dixon, she's the dean of healthcare

23 and Dr. Lisa Pearson, PN director of Itawamba.

25 going to clarify, amplify, and verify all of the

19

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25

updates.

nothing coming out of ONW. However, we do have a

have one item to bring before the board and several

DR. BURKS: Good morning, everyone. I

The item I'm bringing before the board is

scheduled advisory committee meeting for March.

MR. SHAW: Dr. Burks.

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Page 38
                                                                                                            Page 40
    information that Concorde has submitted in their
                                                                  motions. Do I have a motion for that?
                                                              1
    self-study.
                                                                          MS. NORRIS-JOHNSON: I make a motion.
3
            Another update is regarding the illegal
                                                              .3
                                                                          MR. SHAW: Motion, Ms. Nancy Johnson.
    practical nursing programs in Mississippi. The
                                                                          MS. JACKSON: Second.
    names of those programs -- it's one program, but it
                                                                          MR. SHAW: Second, Ms. Shirley Jackson.
                                                              5
    utilizes different names: Allied Healthcare, Allied
                                                              6
                                                                         Future meetings: Agreed settlement
6
    Certified Technicians, and most recently they have
                                                             7 proposals April 5th, disciplinary hearings 6th and
    submitted information under the name Allied.
                                                                7th, business meeting April 8th. The panel
8
                                                              8
9
            Dr. Verneuille, she sent an e-mail
                                                              9
                                                                  currently consists of Ms. Shirley Jackson,
1.0
    explaining to the owner that he was operating
                                                             10
                                                                 Mr. Jeremy Cummins, Dr. Stewart, and Janie Clanton.
    illegally in Mississippi because the school is not
11
                                                            11
                                                                         Legislation - Trev.
    registered with the Commission of Proprietary
                                                                          MR. BOBINGER: Good morning. I'm going
12
                                                             12
    Schools or accredited by the Mississippi Board of
13
                                                             13
                                                                 to try to be brief, but it's going to be very
    Nursing.
                                                                difficult. It has been extremely busy. It's always
14
                                                             14
                                                                busy during this session, particularly the first
1.5
            The school is now operating in Alabama, but
                                                            1.5
    it is still advertised in Mississippi. The
                                                                 part of the session, but it's been extraordinary - a
16
                                                             16
                                                            17
17
    advertising indicates license will transfer from
                                                                 lot.
18
    state to state, and you can reside in any state to
                                                            18
                                                                         And I know your passion, and I heard
19
    enroll.
                                                            19
                                                                Dr. Temple speaking about salaries for nurse
20
            This information has been forward to the
                                                             20
                                                                 educators. There's so many issues from premium pay
    Mississippi Attorney General's Office Consumer
                                                                discussions for front-line healthcare workers,
21
                                                             21
    Protection Division for review.
                                                             22 education help, forgiveness of loan programs.
22
                                                            23 There's a lot of things out on the table. And I do
           And this morning, I received a call from
2.3
    Ms. Avery Lee because they had received some
                                                             24
                                                                 hope that there is some way -- you know, we have the
    complaints this morning, and they are doing a
                                                                 appropriations process. I say "we," the legislature
2.5
                                                             2.5
                                              Page 39
                                                                                                            Page 41
    follow-up on all the information that we have
                                                                 does. IHL has a budget, you know, the Community
     submitted to them.
                                                                  College Board.
 3
             And that is the end of my report. Any
                                                              3
                                                                         I'm hoping, you know, that possibly with the
 4
     questions?
                                                              4
                                                                 focus being so much on the profession that there may
 5
             MS. CULPEPPER: Good job, Dr. Burks.
                                                                 be an opportunity possibly in one of those -- both
                                                              5
 6
              DR. BURKS: Thank you.
                                                              6
                                                                  of those appropriations bills to try to help, but I
 7
              MR. SHAW: Have a motion we accept the
                                                              7
                                                                 know it's a real need.
 8
     business meeting minutes from December 10th, 2021?
                                                              8
                                                                         I just want to say real briefly - I'm going
             MS. NORRIS-JOHNSON: I make the motion.
                                                                 to let Ms. Johnson talk about this - but we had both
 9
                                                             9
10
              MR. SHAW: Motion, Ms. Nancy Johnson.
                                                             10
                                                                  senate subcommittee hearings on our budget. I want
11
             Second?
                                                             11
                                                                 to thank Ms. Montgomery for doing an outstanding job
12
             MS. JACKSON: Second.
                                                             12
                                                                putting our budget together.
              MR. SHAW: Second, Ms. Shirley Jackson.
13
                                                             13
                                                                         Ms. Johnson, as usual, did an outstanding
14
    All in favor?
                                                             14
                                                                 job presenting to the committee, not just presenting
15
              BOARD MEMBERS: Aye.
                                                             15
                                                                 but fielding questions from the legislators. And I
              MR. SHAW: Motion carries.
                                                             16
                                                                 thought both of those were very productive. We've
16
17
             Accept the hearing panel minutes from
                                                                  got a sound budget. We cannot only defend what
                                                             17
    October '21.
18
                                                             18
                                                                 we've asked for as an agency; I think it's very
                                                                 reasonable and necessary and needed to complete the
19
              MS. NORRIS-JOHNSON: I make a motion.
                                                             19
              MR. SHAW: Motion, Ms. Nancy Johnson.
                                                                duties and carry out the responsibilities of the
20
                                                             20
21
              MS. JACKSON: Second.
                                                             21
                                                                 board. So I did want to make that comment.
22
              MR. SHAW: Second, Ms. Shirley Jackson.
                                                             22
                                                                         We had a Capitol Day. I think it was a
23 All in favor?
                                                             23
                                                                 success. A lot of groups were limited or were not
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24

able to have Capitol Day this year; Board of Nursing

did. Unfortunately, that something called the COVID

24

BOARD MEMBERS: Ave.

MR. SHAW: Waive reading of names on

- virus knocked me out that day, but thank goodness it
- was short-lived. I got a good report back and
- 3 talked to some legislators that certainly noticed
- the presence of the Board of Nursing at the Capitol
- 5 that day.
- 6 Very quickly, there are several bills - I'll
- try to be brief that I wanted to touch on. Gosh,
- I don't even know where to start really. 8
- 9 House Bill 764 passed the house. It's being
- transmitted to the senate. Ms. Johnson and I have 1.0
- talked several times about this bill. It's the 11
- Mississippi Health Care Workers Retention Act of 12
- 13 2022. This deals with premium pay.
- In the house version, there was also a 14
- 1.5 senate bill - and I will get into that in a minute.
- The house version, it's appropriated \$56,000,000 out 16
- of American Recovery Plan funds, federal dollars, 17
- 18 COVID related, to help supplement our people. You
- know them; you've been there yourselves. The people 19
- 20
- that are licensed by this board, the stress, the
- challenges they've experienced over really the last 2.1
- 22 two years now due to the virus.
- 2.3 And it would propose paying up to \$5,000 per
- 24 licensed/certified healthcare worker. One thing
- 2.5 Ms. Johnson was concerned about, rightfully so,

Page 44

- governor on February 2nd. You know, that's going to
- 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
- they're having to promulgate rules and regulations
- and really prepare to get ready for this because 6
- 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, so we'll see how that plays out. I think it's still 1.0
- 11 going to be a few months before you actually start
- getting to the point of any sales occurring, 12
- 13 probably several months, but the process is moving.
- I wanted to mention Senate Bill 2178, as we 14
- 15 refer to it as The Full Practice Authority Bill. I
- think we were all disappointed on behalf of our 16
- profession and particularly the advanced practice 17
- 18 nurses that we have. That bill was the bill to
- basically remove the collaboration agreement, allow 19
- 20 those advance practice nurses to practice strictly
- within their scope, nothing more. 21
- A lot of work has been put into this. We 22
- had a hearing in the fall. Ms. Johnson presented. 2.3
- 24 We had a hearing, I think, the last day of January,
- end of January, where the bill was discussed, a lot 2.5

Page 43

- there was a senate version that said it only applied
- up to \$75,000. This bill says you can be eligible
- if you make up to \$150,000, which that takes care of 3
- 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
- in the senate. I don't know -- Ms. Johnson and I
- had the discussion. I'm not saying \$5,000 is
- adequate, not that it's not appreciated. It would 9
- 10 be very much. But at least it's a gratitude, and
- 11 it's something for the folks that have had to work
- 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
- evening. I think I texted Ms. Johnson. I think she 16
- 17 may have already been watching. There's an
- excellent piece about the stresses and strains. You 18
- 19 know, I know we hear a lot about it, but when you
- see it on video. They actually went into the 20
- 21 clinical setting, the hospital setting. I thought
- it was very powerful. So I encourage you to do 22
- 23 that.
- I want to mention a real quick bill. You 24
 - know the Medical Cannabis Act was signed by the

Page 45

- 1 of work with the committee members. It's the Senate
- 2 Public Health Committee. We really thought there was going to be a vote on it, but right at the end, 3
- 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.
 - 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
- for really LPNs, RNs, advanced practice. I think 14
- 15 there's a provision that you have to stay five
- 16 years, you know, work in the state five years to
- take full advantage of those benefits, but this is 17
- still a good program. You know, we talk about 18
- 19 recruitment tying back into education and trying to
- bring people into the profession and retain them as 20
- 21 well. I think this is a good bill. Hopefully, it
- will be successful in the senate. We're certainly 22
- 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

- Start Act, which was passed in 2019, and that was to
- give folks that had had previous criminal
- 3 convictions, or I should say certain convictions, an
- opportunity to work without just being denied
- straight out. And certainly we support giving
- people opportunities, particularly with shortages; 6
- however, there was some clean-up language in the
- bill, I think, we were good with. The big concern, 8
- 9 the bill contained the entire nurse licensure
- 1.0 compact law. That's a big, big problem because a
- comma literally, Ms. Montgomery, as we talked, a 11
- word change, and you could potentially void your 12
- 13
- 14 Then, you know, you've got all of your
- 1.5 reciprocity issues with licensing. Could you
- imagine that coming about on top of the shortage 16
- that we have now? So I give credit to the 17
- 18 legislature. We did a lot of work educating,
- talking to legislators, and we got all the sections 19
- 20 of this bill. An amendment was made on the house
- floor by Representative Bain to strike section 6 21
- through 9. That's all the nursing language. So we 22
- were taken completely out of the bill. 2.3
- 24 I think barbers, social workers, and some
- others were still left in the bill, but nurses were 2.5

sets some criteria for that. I think, Shan, it also

Page 48

Page 49

- gives the State Personnel Board some authority on
- setting policy. It's more of an administrative 3
- issue, but it's still very important due to what
- we've experienced in the virus and during the
- pandemic, allowing people to work from home or other 6
- locations. And I think the productivity has been
- very good, and it's worked. I give credit to our
- 9 leadership here at the board and the agency for
- developing some standards and policies to allow that 1.0
 - to happen.
- 12 And that concludes my report, Mr. President.
- 13 I could probably talk on, but those are the
- highlights. Any questions? 14
- 1.5 MR. SHAW: Anybody have any questions?
- MR. BOBINGER: If not, thank y'all for 16
- 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.
- And I would just like to take this opportunity to 2.1
- thank Trey Bobinger. Trey has worked diligently, I 22
- know, for the past four or five weeks. He has 2.3
- 24 notified me any time anything comes up with "nurse"
- in a bill. And so he has been reading them, along 2.5

Page 47

- with me, and we agreed on some of the language that
- 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.
- MS. JOHNSON: I thank Trey for all of 5
- 6 his hard work. He really has hit the ground and
- been our boots on the ground and alerting us to 7
- things that have come up with any bills pertaining
- to nursing. And I thank you all because I tried to 9
- 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
- 1 4 peruse and give your feedback as well. So I
- 15 appreciate all of you on that.
- My report is brief. The mid-year meeting is 16
- 17 March 15 through 17, 2022, the NCSBN mid-year
- meeting. And we have people that have registered to 18
- 19 go to that meeting, several board members and some
- staff. And so if you have not completed your travel 20
- 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.
 - Right now everything is on go for all of

- completely removed, and that's what we had requested 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
- been asked about and had calls on, and I know some 5
- of you were aware of House Bill 673 and House Bill 7 674
- 8 673 dealt with the -- I guess, the
- construction, if you will, the re-constitution of 9 the State Board of Medical Licensure.
- 10
- 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
- you would say, Ms. Johnson with a portion of the 16 17 language in that bill that was concerning, I think,
- but in any event, that bill died on the calendar. 18
- 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
- Ms. Johnson Senate Bill 2810. It passed the
- 24 senate; it's going to the house. It talks about telework for state employees. And it just basically

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- 1 those meetings going forward to be face to face
- 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
- 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,
- 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 that they have been doing.
- 2 And I would also like to just call out my

Page 52

Page 53

- 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
 - 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.
- DR. STEWART: Okay. So we have two

Page 51

- retreat that we had January 24th through the 25th.
- 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
- $\ensuremath{\text{22}}$ $\ensuremath{\text{because}}$ 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
 - a tremendous job, so I applaud my staff for the job

- 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.
- 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
 - 5 to go ahead -- I present that report to you for

Page 54 approval. MR. SHAW: Okay. I have a motion we 2 3 accept the budget report? MS. NORRIS-JOHNSON: I make a motion. MR. SHAW: Make a motion from Nancy 5 6 Johnson. 7 MS. GENTRY: Second. MR. SHAW: Lacey. Ms. Lacey Gentry. 8 9 All in favor? 1.0 BOARD MEMBERS: Aye. MR. SHAW: Motion carries. 11 DR. STEWART: Thank you. And so I want 12 13 to give you a little bit about the hearing because we did have a finance committee meeting this 14 morning. And then we do have a motion to come out 1.5 of that discussion. 16 But as it's already been referred, Shan and 17 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 the legislature, especially this year. One of the 21 comments -- and this is something that we have been 22 supporting, is an increase in salary for our 2.3

executive director. And so while we do not have

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

2.5

Page 56 1 The other thing I wanted to let you know is that the board does have 40 PIN positions. All but five of those, as you know, we were asking for a three percent increase to get them to the minimum, and all of those were approved. So we're excited about that. 6 7 Our budget request for next year is \$2,928,757. So any questions about that? 8 9 So as I mentioned, we had a finance 10 committee meeting this morning, and Dr. Temple has done a good bit of our work for us already. I told her I was going to talk to her, and I am going to 12 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 motion to the board. So I'll present that, and then 16 if there's discussion, it comes from the committee. 17 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 students for the nursing workforce in Mississippi. 21 And I'll take questions if you have 22 23 questions.

MR. SHAW: So this will be a

Page 57

Page 55

24

25 contractual?

snippet of a story, and I think you'll get a sense 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 forth, he looked at the committee and I'm relaying 5 what I've heard. He looked at the committee and said, "If we're going to do justice by nursing, this is where we start. We support this increase for our executive director," and he looked at every 9 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 give some data. And this, of course, went into the 16 17 budget hearing reports that they gave. So during the summer when we had the COVID surge, this staff 18 19 credentialed 2,196 additional nurses. That's a big number. I've already spoken about the 700,000 plus 20 21 in scholarships, and they also issued 561 temporary 22 permits to graduate nursing students in the state. So we often hear about the shortages. These 24 are real numbers that the staff is contributing to the workforce, so that's a real positive.

DR. STEWART: Yes. And if the cost is more than \$50,000, then we'll come back to the board. We just wanted to go ahead and be up front 3 4 because we do think there are some things that we can do through Office of Nursing Workforce to 5 6 significantly impact faculty salaries as well as 7 continue with the support for students in terms of 8 retention and recruitment. MR. SHAW: And which pot would it be 9 10 paid out of? 11 DR. STEWART: Well, we are looking --12 again, this would be for the next fiscal year, what we're looking for. And as you all know, this is 13 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 and legislatively. But we're looking at a 20 21 significant request, maybe 25,000,000. MR. SHAW: So basically what I was 22 23 getting at when I was talking about where is it 24 coming from, paying for the consultant? Which pot is that coming out of?

	Page 58		Page 60
1	DR. STEWART: Oh.	1	bottleneck is at.
2	MS. MONTGOMERY: (Indiscernible;	2	Anyway, with that said, does anybody have
3	speaking too softly.)	3	any other questions? Since we've talked a little
4	MR. SHAW: Anybody have any questions?	4	bit, just re-read the motion one time so everybody's
5	MS. JOHNSON: She can't hear you.	5	clear.
6	MR. CUMMINS: Did you hear what she	6	DR. STEWART: Move that the Board of
7	said?	7	Directors direct the hiring of a consultant to
8	It could come from Office of Work Nursing	8	explore avenues for recruitment and retention of
9	Workforce funds.	9	nursing faculty and students for the nursing
10	MS. COLLINS: I have a question. Where	10	workforce in Mississippi.
11	do y'all recruit for nursing? College level?	11	MR. SHAW: If nothing? All in favor?
12	Junior college? High school? Where do y'all spend	12	BOARD MEMBERS: Aye.
13	that money and that attention?	13	MR. SHAW: Any opposed?
14	DR. STEWART: Are you asking about	14	(No verbal response.)
15	students or faculty?	15	DR. STEWART: Thank you. And that
16	MS. COLLINS: Students.	16	concludes my report.
17	DR. STEWART: Well, all schools kind of	17	MR. SHAW: All right, thank you.
18	approach things differently depending on what	18	Committee report, executive committee has
19	programs they offer, but recruitment at high	19	nothing to come out. No other board business.
20	schools, career days, there are a lot of virtual	20	Compliance?
21	events now, associations that meet. Like MOADN, for	21	MS. CULPEPPER: From compliance we have
22	example, the associate degree nursing meeting, we	22	a couple, and I'm trying to write while I read these
23	often recruit there for master's and baccalaureate	23	to you, Alton.
24	programs and so forth.	24	So on the first one, I move that the board
25	MS. COLLINS: So who funds that?	25	adopt the compliance committee's recommendations
	Page 59		Page 61
1	Page 59	1	Page 61 that the following affidavits, formal reprimands, be
1 2	_	1 2	· ·
	DR. STEWART: The schools typically have		that the following affidavits, formal reprimands, be
2	DR. STEWART: The schools typically have to pay that out of their operating budgets.	2	that the following affidavits, formal reprimands, be accepted for ratification: license R-855718 and
2	DR. STEWART: The schools typically have to pay that out of their operating budgets. MS. COLLINS: We don't help assist in	2	that the following affidavits, formal reprimands, be accepted for ratification: license R-855718 and R-878929.
2 3 4	DR. STEWART: The schools typically have to pay that out of their operating budgets. MS. COLLINS: We don't help assist in any of that?	2 3 4 5 6	that the following affidavits, formal reprimands, be accepted for ratification: license R-855718 and R-878929. MR. SHAW: Any questions? If not, all
2 3 4 5	DR. STEWART: The schools typically have to pay that out of their operating budgets. MS. COLLINS: We don't help assist in any of that? DR. STEWART: We have not in the past, but that might be something that we look at. MR. SHAW: I sit here and look at the	2 3 4 5	that the following affidavits, formal reprimands, be accepted for ratification: license R-855718 and R-878929. MR. SHAW: Any questions? If not, all in favor of accepting the motion?
2 3 4 5 6 7 8	DR. STEWART: The schools typically have to pay that out of their operating budgets. MS. COLLINS: We don't help assist in any of that? DR. STEWART: We have not in the past, but that might be something that we look at. MR. SHAW: I sit here and look at the number of qualified associate degrees not admitted,	2 3 4 5 6 7 8	that the following affidavits, formal reprimands, be accepted for ratification: license R-855718 and R-878929. MR. SHAW: Any questions? If not, all in favor of accepting the motion? BOARD MEMBERS: Aye. MR. SHAW: Any opposed? (No verbal response.)
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	Page 62		Page 64
1	number P-338359 for an extension on the evaluation	1	proceeding concluded at 2:27 P.M.)
2	for chemical dependency/substance abuse pursuant to	2	
3	the final order dated and signed December 7th, 2021.	3	
4	The extension is granted for an additional	4	
5	30-calendar days.	5	
6	MR. SHAW: Questions? All in favor we	6	
7	approve?	7	
8	BOARD MEMBERS: Aye.	8	
9	MR. SHAW: Any opposed?	9	
10	(No verbal response.)	10	
11	MR. SHAW: Motion carries.	11	
12	MS. CULPEPPER: And the final one. I	12	
13	move that the board adopts the compliance	13	
14	committee's recommendation to deny the request for	14	
15	the modification of licensee number P-324062, final	15	
16	order dated and signed October 11, 2018.	16	
17	MR. SHAW: Any questions? Motion to	17	
18	approve?	18	
19	BOARD MEMBERS: Aye.	19	
20	MR. SHAW: Any opposed?	20	
21	(No verbal response.)	21	
22	MR. SHAW: Motion carries.	22	
23	MS. CULPEPPER: And that is all, sir.	23	
24	MR. SHAW: That is all.	24	
25	Advanced practice has nothing coming out.	25	
	Page 63		Page 65
1	Practice?	1	CERTIFICATE OF COURT REPORTER
2	DR. STEWART: We did not meet, but just	2	I, CYNTHIA HARRIS, Court Reporter and Notary
3	a word. We will need to meet before the April	3	Public, in and for the County of Scott, State of
4	meeting because we've got to identify education	4	Mississippi, do hereby certify:
5	references for our licensees who are directed to get	5	That the foregoing pages contain a full,
6	continuing education as part of their agreed	6	true, and correct transcription of all the
7	settlement or their order. So I will be talking	7	proceedings taken by me at the time and place
8	with you.	8	heretofore stated;
9	MR. SHAW: Administrative code, there's	9	That I am not kin or in anywise associated
10	nothing coming out of there.	10	with any of the parties to said cause of action or
11	Finance has already spoken.	11	their counsel, and that I am not financially
12	Office of Nursing Workforce has already	12	interested in the action.
13	spoken.	13	IN WITNESS WHEREOF, I have hereunto set my
14	So at this time, I would call a recess until	14	hand and seal, this the 3rd day of March, 2022.
15	the full-board appeal, which I'm assuming is still	15	
16	going forward. So we stand in recess.	16	
17	(Proceeding recessed at 12:21 P.M.)	17	
18	(MOTIONS NOT RETAINED BY BOARD OF	18	
19	NURSING ARE ATTACHED HERETO.)	19	
エン	(Appeal hearing held at 1:00 P.M.)	20	
20	· 11		CYNTHIA HARRIS, RPR, CCR 1828
20	(Appeal hearing concluded at 2:27 P.M.)	2.1	
20 21	(Appeal hearing concluded at 2:27 P.M.) MR. SHAW: And I have a motion we	21	
20 21 22	MR. SHAW: And I have a motion we	22	
20 21 22 23	MR. SHAW: And I have a motion we adjourn.	22 23	
20 21 22	MR. SHAW: And I have a motion we	22	MY COMMISSION EXPIRES: DECEMBER 10TH, 2025