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THE MISSISSIPPI BOARD OF NURSING  
BUSINESS MEETING

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JUNE 15, 2018

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BOARD MEMBERS IN ATTENDANCE:

- MELISSA KING, DNP, FNP-BC, ENP-BC, PRESIDENT
- NANCY NORRIS, LPN, SECRETARY
- ALTON SHAW, MSN, FNP-C, TREASURER
- BLAKE WARD, MSN, CRNA
- SHARON CATLEDGE, DNP, FNP-C
- TERESA STANFORD, DNP, FNP-BC
- LEKATHRYN GIPSON, LPN
- DARLENE LINDSEY, MSN, RN, CNE
- SANDRA CULPEPPER, LPN
- SHIRLEY JACKSON, LPN
- CLAUDE D. BRUNSON, MD, PHYSICIAN REPRESENTATIVE
- JAN COLLINS, CONSUMER

ALSO PRESENT:

- GLORIA J. GREEN, ESQUIRE
- SPECIAL ASSISTANT ATTORNEY GENERAL

REPORTED BY: ASHLEY C. HAGG  
 CERTIFIED SHORTHAND REPORTER  
 CSR NO. 1178  
 NOTARY PUBLIC

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The following meeting was held at the Mississippi Board of Nursing, 713 South Pear Orchard Road, Plaza II, Suite 300, in the City of Ridgeland, State of Mississippi, on Friday, June 15, 2018, commencing at approximately 11:10 a.m.

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DR. KING: Good morning. I'm going to ask before we start for Dr. Sharon Catledge to open us up in a word of prayer.

DR. CATLEDGE: May we bow, please. (PRAYER)

DR. KING: So we will go ahead and call to order June 15th. It is 11:10 a.m., and we do have a quorum today. So I would like a motion for approval of today's agenda, please.

DR. CATLEDGE: I make a motion that we approve the agenda.

MS. GIPSON: Second.

DR. KING: Motion has been made by Dr. Catledge to approve the agenda, seconded by LeKathryn Gipson. All in favor?

(ALL IN FAVOR)

DR. KING: Any opposed?

(NO VERBAL RESPONSE)

DR. KING: Any discussion?

(NO VERBAL RESPONSE)

DR. KING: Abstainers?

(NO VERBAL RESPONSE)

DR. KING: All right. So we will move to the open forum, and we have a special guest or several special guests on our agenda today. Mr. Sandy Weathers, do you guys want to come up? Mr. Andy Taggart, do you want to come up? They have asked to give a presentation, so we will let them go first.

MR. WEATHERS: Good morning. Thank you. I appreciate the opportunity today to speak with you guys. For those who do not know me, I'm Sandy Weathers. I'm the current president of the Mississippi Association of Nurse Anesthetists. Today I'm here to discuss a regulatory policy as it relates to nurse anesthetists' ability to pursue controlled substance prescriptive authority.

Myself, along with our attorney, began researching state laws and regulatory code about this time last year. We made a presentation to the Board of Nursing staff in September of 2017 and were confident that, not only was this privilege an integral part of CRNAs' scope of practice; it was also

lawful. And the Board of Nursing has the authority to grant such privilege. We stressed this would be imperative to a certain small group of CRNAs practicing outside of the operating room.

As you-all know, trends in healthcare change rapidly, and as providers, we must be able to, not only be competent in our new trends and techniques, but meet the expectations of our patients. These rapid changes make your job here at the board a challenging one. At this time, no CRNA has formally requested this privilege, but as a representative to the approximately 750 Certified Registered Nurse Anesthetists in Mississippi, our members want to know, if requirements are met, will they be granted the authority.

In this case, we're fortunate to have the same priorities, safety. CRNAs have a well-documented, stellar safety record. This comes from rigorous didactic and clinical training. According to a recent report by the American Association of Nurse Anesthetists, the average CRNA will have 8,636 clinical hours prior to graduation. This far exceeds any other APRN group.

I recently spoke with CRNA and nurse practitioner program directors in our state to gather

some interesting facts. Presently, nurse practitioners complete approximately 44 semester hours of primarily on-line didactic work and 750 hours of clinical rotations, many of which are observation only. I'm aware this will soon increase to a thousand hours. By contrast, CRNAs have approximately 108 semester hours of classroom didactic training and 2,632 hours of residency style hands-on clinical training.

Controlled substance prescriptive authority is granted to a nurse practitioner after a 3-hour Advanced Pharmacology course. CRNAs complete a total of 13 semester hours of Advanced Pharmacology with three of those hours being in a real-time simulation lab. CRNAs are well trained for the task and enjoy this privilege in 31 other states and the District of Columbia.

As I mentioned earlier, trends in healthcare change rapidly, and our state laws governing nurses have changed very little over the last 30 years. Fortunately, our laws are inked in such a way that regulatory bodies, like you guys, have been granted the authority to promulgate rules and regs to provide a more efficient conduit between emerging trends and protection of the public.

1 This is explicitly described in  
 2 Mississippi Code, Section 73-15-20, Part 2.  
 3 Furthermore, in the Board of Nursing Administrative  
 4 Code, Section 2840, Rule 1.1, and I quote, "(A) Scope:  
 5 These regulations apply to all individuals authorized  
 6 to practice as an APRN in the State of Mississippi.  
 7 Pursuant to these regulations, authorized certified  
 8 APRNs may prescribe Schedules II, III, IV, and V."

9 In Part D, which describes registration  
 10 for controlled substance prescriptive authority, and I  
 11 quote again, "Every certified APRN authorized to  
 12 practice in Mississippi who prescribes any controlled  
 13 substance" -- and it goes on. But important here is  
 14 that it's inclusive of all APRN groups.

15 Like I said, trends in healthcare change.  
 16 Twenty years ago CRNAs primarily worked in hospitals  
 17 only. Now CRNAs are in dental clinics, ambulatory  
 18 surgical centers, pain clinics, and hospitals. So,  
 19 when the rules were promulgated, they applied to the  
 20 practice of the times. Obviously, those times have  
 21 passed. For CRNAs to be a part of the solution of the  
 22 present opiate crisis, we must be able to be granted  
 23 controlled substance prescriptive authority.

24 Mississippi Code also states in 73-15-20,  
 25 Part 7, Practice Requirements, APRN practice, and I

1 quote, (A) According to standards and guidelines of a  
 2 national certification organization, our certifying  
 3 body, the American Association of Nurse Anesthetists,  
 4 describes the scope of practice of a CRNA. I have  
 5 included this document for your review, and I can  
 6 point out that, quote, selecting, ordering,  
 7 prescribing, and administering drugs and controlled  
 8 substances is a part of that document.

9 Although we're aware of a recent Attorney  
 10 General Opinion, we never received a formal response  
 11 from this board to our questions from last September.  
 12 Mr. Andy Taggart will address this in further detail  
 13 later in the presentation. In conclusion, we feel as  
 14 if CRNAs have the didactic and clinical foundation to  
 15 safely be granted controlled substance prescriptive  
 16 authority, and the board has the authority not only to  
 17 grant this privilege, but to promulgate specific rules  
 18 to ensure the safety of our fellow Mississippians.

19 I'm well aware that this board supports  
 20 full practice authority for all APRNs. Therefore,  
 21 support here would only make sense. I will now  
 22 introduce you to Ms. Anna Polyak. Ms. Polyak is an  
 23 attorney and the chairperson of the State Governmental  
 24 Affairs Office at the American Association of Nurse  
 25 Anesthetists in Chicago. She is here today and will

1 be describing in further detail how controlled  
 2 substance prescriptive authority is within the scope  
 3 of practice of a Certified Registered Nurse  
 4 Anesthetist. Thank you. Anna?

5 MS. POLYAK: Good morning, and thank you  
 6 for the opportunity to be here before you today. Just  
 7 a little bit about myself, my legal experience  
 8 includes working in public health, regulatory  
 9 compliance, regulation, representing patients in  
 10 medical malpractice cases. Before going to law  
 11 school, I was an operating room nurse in a Level 1  
 12 trauma center in Chicago. For the last seven years --

13 MS. LINDSEY: Excuse me, ma'am. Could  
 14 you bring the microphone closer to you? Thank you.

15 MS. POLYAK: That's the first time I have  
 16 ever been told I'm not loud enough. I want to make a  
 17 record of that.

18 (LAUGHTER)

19 MS. POLYAK: For the past seven years,  
 20 I've been working closely with many states across the  
 21 country to help remove barriers to CRNA practice. I  
 22 appreciate the opportunity to talk to you today about  
 23 CRNA practice and prescriptive authority.  
 24 Prescriptive authority is within a CRNA's scope of  
 25 practice. The AANA scope of nurse anesthesia practice

1 states that nurse anesthesia practice includes  
 2 selecting, ordering, prescribing, and administering  
 3 drugs and controlled substances.

4 CRNAs select and administer controlled  
 5 substances and other drugs in all 50 states across the  
 6 country. Under state law, CRNAs are eligible for  
 7 prescriptive authority in 31 states and the District  
 8 of Columbia. From what we have seen nationally, there  
 9 has never been any indication that there is an  
 10 increase in Nursing Board disciplinary actions in  
 11 states where CRNAs are eligible for prescriptive  
 12 authority or have gotten prescriptive authority in the  
 13 recent years.

14 CRNAs have obtained substantial  
 15 pharmacology education during their nurse anesthesia  
 16 program. The current accreditation standards for all  
 17 nurse anesthesia educational programs require at least  
 18 105 hours of course work concerning pharmacology of  
 19 anesthetic drugs -- of anesthetic agents and drugs,  
 20 including concepts in chemistry and biochemistry. The  
 21 didactic curriculum is also required to include  
 22 separate courses in Advanced Pharmacology, as well as  
 23 Advanced Physiology, Pathophysiology, and Advanced  
 24 Healthcare Assessment.

25 The consensus model for APRN regulation

1 adopted in 2008 and endorsed by over 40 nursing  
2 organizations around the country defines APRN practice  
3 and describes the APRN regulatory model. The APRN  
4 consensus model includes CRNAs as a type of APRN. The  
5 definition of APRN in this model indicates that the  
6 APRN's scope of practice -- and I'm quoting --  
7 includes the use and prescription of pharmacologic and  
8 non-pharmacologic interventions.

9 The National Council of State Boards of  
10 Nursing Model Practice Act also supports the scope of  
11 practice for APRNs, including CRNAs, that includes  
12 within the APRN role and population focus -- again I'm  
13 quoting -- prescribing, ordering, administering,  
14 dispensing, and furnishing therapeutic measures.

15 Just for those of you who are not as  
16 familiar with CRNA practice, CRNAs practice in every  
17 setting in which anesthesia is delivered: traditional  
18 hospital surgical suites, obstetric delivery rooms,  
19 critical care, access hospitals, ambulatory surgical  
20 suites, offices of physicians and dentists, U.S.  
21 Military, U.S. Public Health Services, and Department  
22 of Veterans Affairs Healthcare Facilities.

23 Historically, nurses provided anesthesia  
24 in the battlefields of the American Civil War. They  
25 were the first providers to provide anesthesia

1 services. During World War I, nurse anesthetists  
2 became the predominant providers of anesthesia care to  
3 wounded soldiers on the front lines. Today CRNAs  
4 continue to be primary providers of anesthesia care to  
5 U.S. Military personnel on the front lines, Navy  
6 ships, Aircraft, Aviation teams around the globe.

7 Full practice authority is essential to  
8 providing care in these settings. Authorizing CRNAs  
9 and other APRNs to practice to the full extent of  
10 their education and training ensures availability of  
11 safe, cost-effective care to patients of Mississippi  
12 and states around the country. I thank you for your  
13 time here today, and I'm happy to answer any  
14 questions.

15 MR. WEATHERS: Thank you, Anna. At this  
16 point, I would like to introduce Mr. Andy Taggart. He  
17 is our in-house counsel for the Mississippi  
18 Association of Nurse Anesthetists. He is going to  
19 talk about some of the regulatory issues that we've  
20 been facing. Thank you, Andy.

21 MR. TAGGART: Thank you-all, and I will  
22 be just as brief as Sandy and Anna have been. And let  
23 me thank all of you for your service to the State and  
24 the roles that you fill by filling those chairs. It  
25 is not an easy one, but it's a very important one, and

1 we're all grateful to you for it.

2 As Sandy pointed out, I'm counsel to the  
3 Mississippi Association of Nurse Anesthetists, and  
4 along with Sandy, about last July, I began focusing on  
5 this issue. Either late September or early October we  
6 met with Ms. Johnson and others on your staff and  
7 discussed it at some significant length. I wrote then  
8 to Ms. Johnson in mid October with a little bit more  
9 formalized statement of why we believed that this  
10 board already has statutory authority and indeed has  
11 already exercised its regulatory authority to  
12 authorize prescriptive authority for CRNAs.

13 I sent a reminder letter in November.  
14 Then I heard back in late November that the matter  
15 would be tendered to you-all at your December 8th  
16 board meeting, as indeed it was. You, quite  
17 reasonably, then delegated it to your Advanced  
18 Practice Committee, seemed perfectly reasonable to us.  
19 The Advanced Practice Committee came back and  
20 recommended to you-all at your February meeting that  
21 you seek an Attorney General Opinion on this issue.

22 Frankly, we did not think that was a  
23 necessary step but also did not think it was an  
24 unreasonable step. But I will say that that's sort of  
25 where the train got off the tracks also, because after

1 authorizing the request for an Attorney General  
2 Opinion, the board then did not have the opportunity  
3 to approve of the request that actually went to the  
4 Office of the Attorney General.

5 As you're certainly aware, lots of times  
6 when Attorney General Opinions, a request goes up, the  
7 very manner in which the letter is written, the  
8 request letter is written, can signal the desired  
9 result. And so the letter that went up on behalf of  
10 the board, by means of Ms. Johnson, contained this  
11 sentence: "Current operation and processes within the  
12 Board of Nursing do not recognize CRNAs and Clinical  
13 Nurse Specialists as being eligible to be granted  
14 controlled substance prescriptive authority."

15 Well, if, in fact, that was the stated  
16 policy of this board, although I would think it would  
17 be the wrong policy, it would at least have been an  
18 accurate reflection of the position that this board  
19 has officially taken. But the simple fact of the  
20 matter is, as Sandy has pointed out, in Rule 1.4 of  
21 your Part 2840, this board has promulgated a rule that  
22 says that all APRNs properly authorized and certified  
23 may prescribe Schedules II through V.

24 Now, it may well be that the board could  
25 impose different manners in which different APRNs

1 would be certified to engage in that activity, and  
2 indeed there are provisions in the rule that set out  
3 what the application process would consist of. But  
4 nowhere in statute nor in the rule that this board has  
5 promulgated have CRNAs been excluded from prescriptive  
6 authority.

7 In fact, the statute provides, 73-15-5  
8 specifically provides that all APRNs may be granted  
9 prescriptive authority if that's what the board wants  
10 to do. You turn to your Rule 2840, Rule 1.4. You  
11 have granted prescriptive authority subject to the  
12 proper authorization process. And yet your request  
13 for an Attorney General Opinion says that your  
14 internal processes exclude CRNAs from prescriptive  
15 authority.

16 For the one moment I'll put my lawyer hat  
17 on, you-all, that is the dictionary definition of  
18 arbitrary and capricious. When you have an internal  
19 process or purport to describe an internal process  
20 that is not consistent with your stated regs and  
21 policies, that is by definition arbitrary and  
22 capricious. And so what we invite this board to do is  
23 what the legislature has authorized it to do and what  
24 we believe you have already done by regulation, which  
25 is to make it clear that CRNAs do, in fact, have

1 prescriptive authority.

2 If you need to promulgate additional  
3 rules about what the application process would be by  
4 which a CRNA would be finally granted that authority,  
5 then that's perfectly appropriate. But, in our  
6 judgment, it's not appropriate to take the position  
7 that you have internal policies that are inconsistent  
8 with your stated regulatory positions that are  
9 available to the public to review. I would be happy  
10 to address that further if you like, but we also don't  
11 want to presume unnecessarily, Madam Chairman, all the  
12 board's time.

13 DR. KING: Thank you, all three of you,  
14 for presenting. I just want to see, are there any  
15 questions from board members to any of our presenters?

16 (NO VERBAL RESPONSE)

17 DR. KING: Thank you very much for your  
18 time and coming to speak with us.

19 DR. BRUNSON: Let me ask a question.

20 DR. KING: Go ahead. I'm sorry,  
21 Dr. Brunson.

22 DR. BRUNSON: Thank you for your  
23 presentation. I'm Claude Brunson. I'm a former  
24 chairman of the Department of Anesthesiology at the  
25 University of Mississippi Medical Center. So I

1 trained a lot of anesthesiologists across the state,  
2 and I actually started the training program for the  
3 CRNAs at the University of Mississippi Medical Center.  
4 And a couple of things that I just want to say about  
5 the request, we are right now in the midst of an  
6 opioid epidemic, and our issue in Mississippi is not  
7 that we don't have enough people writing for these  
8 medications. We have all been trying to promulgate  
9 rules to decrease the number of people who are  
10 writing.

11 We're in the top five states with the  
12 number of opioid prescriptions written per population.  
13 And, so, to come at this point in time and say, Can we  
14 add just another group who can write more when we know  
15 that there are 174 Americans a day dying of overdose,  
16 that's four per week in Mississippi. Our issue is not  
17 that Mississippians aren't getting enough of these  
18 drugs. Our issue for our state and from a public  
19 safety standpoint is, too many of these are going out.

20 Now, as an anesthesiologist, anesthesia  
21 providers, most of our work is in the operating room.  
22 We all have the ability to write for whatever  
23 medicines our patients need in the operating room.  
24 The question is, when and why do we need to write  
25 prescriptions to send out to people when everybody

1 that we're taking care of has a proceduralist who is  
2 doing the case?

3 The dentist is taking care of the case.  
4 They will write for whatever medication the patient  
5 needs. If we're talking about practicing in that  
6 environment, we're writing prescriptions. We're off  
7 to the next thing. If there's some complication, you  
8 don't come back to your anesthesia provider. Why are  
9 we writing them in the first place? They have a  
10 provider who can do that.

11 I have been practicing for 30 years, and  
12 I'm an anesthesiologist, and I don't write for these  
13 medicines. I'm not in pain medicine. I have no  
14 reason to write a prescription to carry outside of my  
15 work environment. And, so, part of my concern about  
16 that is looking at what we're trying to do now. We're  
17 trying to decrease the number of folks who are writing  
18 these things.

19 It just seems to be an awkward time to be  
20 asking to put more folks out there who can write more  
21 of them when we are already in the midst of an  
22 epidemic where Mississippians and Americans are dying  
23 more across this country. So that would be what I  
24 would say basically on that.

25 You know, I think CRNAs have the ability

1 to write for whatever medicine their patient needs  
 2 when they are undergoing a procedure that they're  
 3 going to need anesthesia for. And if they need  
 4 anything more, their physician of record, their  
 5 dentist of record who they're going to have a  
 6 follow-up with ought to be the ones writing them in  
 7 the first place, because they have got to deal with  
 8 the complication.

9 MR. TAGGART: If I may respond, Madam  
 10 Chairman, thank you, first of all, Dr. Brunson. I  
 11 appreciate your service as well to the State. I would  
 12 say two things. First of all, we're not asking for a  
 13 new grant of authority. We're trying to demonstrate  
 14 to this board that the legislature has already granted  
 15 you the authority, and you have already exercised the  
 16 authority by virtue of the rule that you promulgated.

17 If you believe that that rule is overly  
 18 broad and allows for prescriptions by too many classes  
 19 of APRNs, then it's the change of that rule that would  
 20 be required, not by deciding by an internal process  
 21 that it applies to some APRNs and not to other APRNs.  
 22 And, of course, if you would do that, it would be in  
 23 the open administrative agency process, which would  
 24 include the opportunity for public comment and the  
 25 presentation of evidence.

1 The second point that I would offer is  
 2 that it certainly is true that CRNAs who practice in  
 3 an OR setting are able to administer whatever meds are  
 4 required by the setting, but it's also true that not  
 5 all CRNAs operate in an OR setting and that the proper  
 6 administration of anesthesia under the proper  
 7 circumstances can actually reduce the need for  
 8 follow-up opioids.

9 The notion that because the nation is in  
 10 crisis, that somehow CRNAs should be excluded from  
 11 what otherwise applies to all APRNs in our state,  
 12 again, is just the dictionary definition of arbitrary  
 13 and capricious. If there is a basis in this board's  
 14 judgment for making that distinction, then it needs to  
 15 be made in your reg. You can't make it by sort of  
 16 internal processes that ignores the language of the  
 17 regulation.

18 DR. KING: Thank you.

19 MR. TAGGART: Thank you again.

20 MR. WARD: Just, I'm sorry, Madam  
 21 Chairman, may I have one comment?

22 DR. KING: We have about one or two more  
 23 minutes.

24 MR. WARD: Yes. I'm Blake Ward. I am a  
 25 nurse anesthetist and have worked with Dr. Brunson for

1 20 years now, so we know each other very well. In  
 2 response to his comments, as well as tagging along to  
 3 Mr. Taggart, the notion that adding another group of  
 4 providers would contribute to the opioid crisis is not  
 5 exactly accurate in this situation, because nurse  
 6 anesthetists are the only advanced practice nurses  
 7 that are trained and authorized to perform pain  
 8 management services and techniques other than  
 9 prescribing opioids. So 100 percent of the current  
 10 providers that are writing opioid prescriptions do not  
 11 have the ability to do any other techniques than that.  
 12 So adding a provider who would be able to treat pain  
 13 without opioids I think is the goal of both  
 14 Mississippi and the goals nationally.

15 DR. KING: Thank you, Blake.

16 MR. TAGGART: Thank y'all again.

17 DR. KING: So now we will open up open  
 18 forum. So anybody from the public that would like to  
 19 give a report? Linda Shows.

20 MS. SHOWS: Good morning, board. Happy  
 21 summer. It's here and upon us. It's hot already.  
 22 Linda Shows, Mississippi LPN Association. We  
 23 appreciate this opportunity. We are glad that we can  
 24 move forward with a lot of the things that are  
 25 affecting practical nurse education. We applaud that

1 Ms. Culpepper has chaired that Transition Committee,  
 2 and we had a good committee meeting, and we're excited  
 3 about that.

4 I would also like to recognize  
 5 Ms. Culpepper. I may be stepping over Ms. King, but  
 6 she was nominated to run for a position at National  
 7 Council. So we certainly want to have her supported,  
 8 and we're excited that we have an LPN from Mississippi  
 9 that would be pursuing a position at the National  
 10 Council. So, thank you, Ms. Culpepper, for  
 11 representing LPNs from Mississippi. Otherwise, we  
 12 wish you a happy summer, and we have no further news.

13 DR. KING: Thank you, Linda.

14 Congratulations, Sandra.

15 MS. CULPEPPER: Thank you.

16 DR. KING: Teresa Malone?

17 MS. MALONE: Thank you, Madam President,  
 18 members of the board. First of all, I want to send a  
 19 very, very sincere appreciation to Dr. King, as well  
 20 as to Phyllis Johnson. You know, you have some  
 21 dedicated individuals, that after a full week of board  
 22 meetings are willing to travel to Natchez to present  
 23 at our APRN Conference on a Saturday. So we truly  
 24 appreciate their dedication and their willingness to  
 25 work with us on that.

1 I do want to update you on an issue that  
 2 is of grave concern to many of the nurse practitioners  
 3 and also our patients on Medicaid. Many of you are  
 4 aware of the dissemination of information from the  
 5 Mississippi Division of Medicaid to non-physician  
 6 providers advising them that, as of September 1 of  
 7 this year, DME that is ordered by a non-physician  
 8 provider will not be covered by Medicaid. Over 60  
 9 percent of the DME orders right now are issued by  
 10 nurse practitioners. We also know that in many areas  
 11 of the state, nurse practitioners are the only  
 12 providers that are willing to accept Medicaid  
 13 patients.

14 When this came out, we immediately  
 15 started working with the Mississippi Division of  
 16 Medicaid, and I also want to compliment them. I think  
 17 they have taken every avenue possible in working with  
 18 CMS to try to obtain a different determination on  
 19 this. CMS is standing fast that it is applicable and  
 20 that non-physician providers will not be able to order  
 21 DME.

22 Needless to say, if you look at this, and  
 23 I'll just use this as an example. Let's say that  
 24 you're a diabetic. You have been under long-term care  
 25 by a nurse practitioner. Everything is going fine.

1 You go back, and then you realize that that nurse  
 2 practitioner cannot write orders for an insulin pump.  
 3 So, at that point, the way this was originally  
 4 interpreted, you would actually have to then go see a  
 5 physician, and the physician would actually have to  
 6 write that order.

7 Now, in many parts of our state, for one  
 8 thing, patients are not able to travel an inordinate  
 9 distance to see another provider. So right now -- and  
 10 this is after numerous discussions with the  
 11 Mississippi Division of Medicaid. I've also talked to  
 12 the Regional CMS Office, as well as some of the  
 13 individuals at the national level. The Division of  
 14 Medicaid is working on a short-term solution.

15 The long-term solution, of course, is a  
 16 different determination and interpretation by CMS  
 17 relative to this. But, in the meantime, it's  
 18 incumbent on all of us to try to find a solution that  
 19 will assist the patients and the nurse practitioners  
 20 in our state prior to that September 1 deadline.

21 Right now they are looking at the  
 22 collaborative agreement and trying to see if there is  
 23 a way to utilize that document without requiring a  
 24 substantial change to it and without also requiring,  
 25 in essence, joint signatures by both the nurse

1 practitioner and the physician. So the details of  
 2 that have not been worked out as of yet.

3 I am continuing to contact some of our  
 4 other states, especially those that have full practice  
 5 authority. For a number of those states, I have  
 6 already confirmed that they are allowing nurse  
 7 practitioners, physician assistants, and physicians to  
 8 order DME, and it is being covered. There is a  
 9 likelihood, if those additional planned amendments are  
 10 issued to CMS by those states, that those states  
 11 potentially will be told the same thing as  
 12 Mississippi.

13 I did talk with the State of Alabama.  
 14 They are basically struggling with this same issue.  
 15 They have not made a determination at this point as to  
 16 how they are going to handle it, but they are  
 17 basically in the same situation as we are. But with  
 18 the number of patients that we have across our state,  
 19 we simply must come up with some workable solution to  
 20 this short-term and, then, more importantly, look at  
 21 this from a long-term standpoint.

22 We have encouraged all of the nurse  
 23 practitioners in the state to reach out to their  
 24 congressional leaders and make sure that they  
 25 understand the ramifications of this, the adverse

1 impact, not only to the nurse practitioners, but more  
 2 importantly to the patients in our state. We also do  
 3 not know as of this point how physicians will view any  
 4 short-term solution, if they will be willing to work  
 5 with the nurse practitioners in the manner that will  
 6 be needed in order to prevent any of these patients  
 7 from not being able to receive care.

8 The last thing we want and I think the  
 9 last thing that CMS and definitely the last thing  
 10 Medicaid wants is for these patients not to receive  
 11 adequate care and then end up in the most expensive  
 12 place, and that's an emergency room. So we will  
 13 continue to work on this. I think y'all saw a  
 14 dissemination of some information from the Mississippi  
 15 Division of Medicaid recently. I anticipate they will  
 16 be sending out additional information. So that's a  
 17 very brief update on that issue. Any questions?

18 (NO VERBAL RESPONSE)

19 MS. MALONE: Thank y'all so much.

20 DR. KING: With that conversation and  
 21 discussion, I would like a motion -- did anybody have  
 22 any other questions for Teresa about that?

23 (NO VERBAL RESPONSE)

24 DR. KING: So, with that, I wanted to ask  
 25 for a motion to support the efforts regarding the DME

1 initiative that our professional organizations are  
2 doing to maintain and ensure access to care and  
3 patient safety.

DR. CATLEDGE: So you're asking for the  
motion -- I want to be sure I'm clear. So you're  
asking for a motion to say that the Board of Nursing  
supports them in that they can say that the Board of  
Nursing supports them?

DR. KING: Yes.

DR. CATLEDGE: I make a motion that the  
Board of Nursing will support the initiatives of  
Mississippi Nurses Association in the efforts of the  
DME.

DR. STANFORD: Second.

DR. KING: Motion by Dr. Catledge,  
seconded by Dr. Stanford. Any discussion?

MS. COLLINS: Would that be in the form  
of a resolution?

DR. CATLEDGE: Let me be certain that  
that motion was clear. I would like to make a motion  
that the Mississippi State Board of Nursing supports  
the initiatives of the Mississippi Nurses Association  
in regards to DME.

DR. STANFORD: And I second again.

DR. KING: Motion made by Dr. Catledge,

seconded by Dr. Stanford. Any other discussion? I  
think Jan Collins had the question, if that would be  
in the order of a resolution, but we speak through our  
minutes. All those in favor?

(ALL IN FAVOR)

DR. KING: Any opposed?

(NO VERBAL RESPONSE)

DR. KING: Any abstainers?

(NO VERBAL RESPONSE)

DR. KING: Thank you very much.

MS. MALONE: Thank you so much. And I  
hope you don't mind, but I will be making a call this  
afternoon to notify CMS that our Board of Nursing is  
supporting that initiative. Thank y'all so much. I  
appreciate it.

DR. KING: Thank you. Anyone else from  
the public?

(NO VERBAL RESPONSE)

DR. KING: That will bring us to our next  
agenda item, which is the Office of Nursing Workforce,  
Mr. Dwayne Thompson.

MR. THOMPSON: Good morning. The Office  
of Nursing Workforce is proud to present to the board  
our First Annual College and Career Fair. It will be  
held in Downtown Jackson at the Marriott on September

1 the 6th, 2018, between the hours of one and three. We  
2 will also be giving away door prizes. As a matter of  
3 fact, the Marriott has already donated their door  
4 prize. It will be a weekend stay for two, compliments  
5 of the Marriott. We have 26 slots available. So, if  
6 there's anybody who is interested in getting one of  
7 those spots, please have them contact me immediately,  
8 because a fourth of those spots have already been  
9 spoken for.

We're also getting ready to wind down on  
the selection process for our data vendor, and at the  
next meeting I should be ready to present a name to  
the committee for our data vendor, because, you know,  
we have to give respect to the state selection  
process. Let's see what we have here next.

Also, the Scholarship Committee, of  
course, you-all are aware that we have presented over  
\$600,000 worth of scholarships this year. And, also,  
for future references, we are in the process of  
changing the scholarship process. The process that  
we're changing to is getting ready to make ONW more  
inclusive in the selection and criteria process as  
well, and that will be going forward.

DR. CATLEDGE: Can I ask you a question  
about that?

MR. THOMPSON: Yes, ma'am.

DR. CATLEDGE: Just for clarity.

MR. THOMPSON: Go ahead.

DR. CATLEDGE: So you said we have given  
over 600,000 at this point?

MR. THOMPSON: Right.

DR. CATLEDGE: And we're getting ready to  
change the process to make ONW more inclusive?

MR. THOMPSON: Yes, ma'am.

DR. CATLEDGE: So what are the deciding  
factors currently?

MR. THOMPSON: I think we covered this at  
the last meeting, but we -- at the last meeting, we  
covered the process. It was the schools who was doing  
the selection process.

DR. CATLEDGE: I'm sorry, I didn't  
remember.

MR. THOMPSON: Okay. I'm sorry. Well,  
no problem.

DR. CATLEDGE: So you said the schools?

MR. THOMPSON: The schools.

DR. CATLEDGE: I guess I just, when you  
say the schools, are we talking about the deans, the  
instructors, the professors? Who from the school? I  
just don't remember this from the last meeting, I'm



1 sorry.

2 MR. THOMPSON: Okay. Well, let me cover  
3 that for you. The selection process is being done by  
4 the Department of Nursing from each school.

5 DR. CATLEDGE: Exclusively the Department  
6 of Nursing?

7 MR. THOMPSON: Okay. Like I just said,  
8 exclusively, and we are beginning to be more inclusive  
9 in the selection process going forward.

10 DR. CATLEDGE: So have those guidelines  
11 been decided already, when you say getting ready to be  
12 more inclusive?

13 MR. THOMPSON: I am in the process of  
14 putting together those guidelines, and they will be  
15 emailed to you within the next couple of weeks,  
16 because what I did is, I had the opportunity to go to  
17 the Nursing Workforce Conference in Chicago. And I  
18 had the opportunity to sit down and talk to states our  
19 size and decide what it is that they were doing versus  
20 what it is that I'm doing, and I came back and put  
21 together a format. I would be glad -- if you would  
22 make an appointment with me, I will be glad to sit  
23 down and go over this process with you.

24 DR. CATLEDGE: Well, you know, I really  
25 appreciate that, but I don't think that I'm the only

1 one that's confused right now. So that would probably  
2 need to be an appointment with the full board. Am I  
3 the only one that doesn't understand what we're doing  
4 right now, because I really don't, but I'm happy to  
5 make the appointment.

6 MR. THOMPSON: Okay. Thank you.

7 DR. CATLEDGE: And the reason is, because  
8 if we have given out over \$600,000 and we had no input  
9 in it, I'm a little concerned.

10 MR. THOMPSON: Okay. Well --

11 DR. CATLEDGE: I'm a lot concerned.

12 MR. THOMPSON: This is the format that  
13 was decided upon by --

14 DR. CATLEDGE: By whom?

15 MR. THOMPSON: If you'll give me a  
16 second, I'll get to that. This is a selection process  
17 that was decided upon by the committee, and not only  
18 by the committee but --

19 DR. CATLEDGE: Which committee?

20 MR. THOMPSON: Once again, the Advisory  
21 Committee.

22 DR. CATLEDGE: The Advisory?

23 MR. THOMPSON: It was also -- because, as  
24 I said before, there were several things concerning  
25 the scholarships that I had emailed out, including the

1 board, and Mr. Blake Ward was the only one who  
2 responded. I never received a response from you.  
3 That's why I'm confused also.

4 DR. CATLEDGE: Okay. So the Advisory  
5 Committee is who said, Let the schools of nursing,  
6 college of nurses decide on who received it and how  
7 that money is given? That was decided upon by the ONW  
8 Advisory Committee?

9 MR. THOMPSON: As well as -- yes, ma'am.

10 DR. CATLEDGE: Okay.

11 DR. BRUNSON: I have a question about  
12 that, and maybe this is what you're trying to get at.  
13 Back during the years that I've been on here, the ONW  
14 was separately managed and all. We were trying to  
15 work out how it should be structured. Part of it was  
16 the fiduciary responsibility of the board with those  
17 funds. And maybe what I'm hearing is, where is the --  
18 from a fiduciary standpoint, what authority does the  
19 board have to sign off on any different or new  
20 guidelines that are giving out these funds?

21 MR. THOMPSON: Well, when I -- I'm sorry.  
22 Go ahead, Ms. Lindsey.

23 MS. LINDSEY: I just was going to give a  
24 point of clarification. Historically with this, when  
25 Mr. Thompson came, he worked with the staff here in

1 the facility or the Board of Nursing and developed  
2 guidelines and criteria for the scholarships. Those  
3 guidelines and criteria were submitted to all board  
4 members for input, and I did respond too. But the  
5 thing about it, then, after that, he proceeded on with  
6 the comments that were provided for him. And that  
7 would have been for the last presentation of  
8 scholarships, correct?

9 MR. THOMPSON: Yes, ma'am.

10 MS. LINDSEY: And you're looking at  
11 changing or modifying the guidelines for the next  
12 scholarships?

13 MR. THOMPSON: Yes, ma'am, because it  
14 appears that Dr. Catledge has some concerns.

15 DR. KING: Just at this point we are  
16 going to -- thanks for your efforts that you have put  
17 in. I know that we have lots of questions, and we  
18 need to educate ourselves on it. And so just so that  
19 we're clear, we are in the process of re-establishing  
20 an ONW Advisory Committee with board makeup. And a  
21 lot of these questions can be vetted and discussed  
22 with Mr. Thompson, and we can come up with a solution  
23 that then we're all comfortable with. I have actually  
24 already talked to Ms. Darlene Lindsey about this and  
25 if she wanted to chair that committee from a board

1 perspective to help get all of this stuff situated.

2 MR. THOMPSON: Okay. Thank you very  
3 much.

DR. KING: Thanks, Mr. Thompson.

MS. COLLINS: I do have one other  
6 question. Since the Board of Nursing is awarding  
7 these scholarships, do we have press and things? Is  
8 it important to be out there as to what the Board of  
9 Nursing is doing in the state?

10 MR. THOMPSON: Yes, ma'am. You said  
11 press, right?

12 MS. COLLINS: Yes.

13 MR. THOMPSON: Yes, ma'am, we do. We  
14 have pictures. As a matter of fact, I'm collecting  
15 pictures now. I'm trying to wait until all the  
16 schools get theirs in, pictures and identifying  
17 students. We're going to put them on our Facebook  
18 page as well. And some of them have even been put in  
19 the paper in their local hometowns.

20 MS. COLLINS: That's great.

21 DR. KING: And for clarification on the  
22 committee, it will be a board committee and not an ad  
23 hoc committee.

24 MR. THOMPSON: Okay. Appreciate it.

25 DR. KING: Oh, Linda?

1 MS. SHOWS: I would just like to get the  
2 dates of the job fair again. I didn't get those.

3 MR. THOMPSON: September the 6th, 2018,  
4 from one to three at the Marriott in Downtown Jackson.

5 MS. SHOWS: Thank you.

6 DR. STANFORD: Can I clarify something?  
7 When I was looking at the minutes of the last meeting,  
8 we had the very same discussion at the last meeting,  
9 and really what we asked for at that time was a  
10 concise paper that showed us what those qualifications  
11 were and who was getting those scholarships, because  
12 we talked about, there were some schools that may have  
13 three scholarships, while some schools had 400. And  
14 we were trying to make it more streamlined, and we  
15 were supposed to get some information back. And I  
16 think that's what Sharon is asking for.

17 MR. THOMPSON: I didn't hear you. Could  
18 you repeat the last half of that question?

19 DR. STANFORD: It wasn't really a  
20 question. I was just looking back from the minutes  
21 from the last meeting, and we had this exact same  
22 discussion.

23 MR. THOMPSON: Right.

24 DR. STANFORD: And really all we had  
25 asked for, from the board's standpoint, at least from

1 my standpoint, what I was hoping to get was some type  
2 of just a list of the criteria we're using. Who is  
3 eligible for these scholarships? Who is making that  
4 decision? And, I mean, this money is coming through  
5 the board. We're approving that. And, I mean, I  
6 think at least we should be able to look at the  
7 criteria and see what's going on, but we haven't seen  
8 that criteria. I think that's my concern.

9 MR. THOMPSON: I will resubmit that to  
10 you and have it to you by this week.

11 DR. STANFORD: Sounds good. And I think  
12 the committee will actually have a look at that and  
13 work with that too.

14 DR. KING: That will be part of the  
15 charge of the committee that will be formed from the  
16 board's perspective, to review all of the funding and  
17 the processes.

18 MR. THOMPSON: I'm going to -- like I  
19 said, I'm going to resubmit that information to you,  
20 because I have already submitted it to the board. So  
21 I'm going to resubmit it to the board. No problem.  
22 It's no problem. I'll get it to you.

23 DR. STANFORD: Thank you.

24 DR. KING: Thank you. Okay. That moves  
25 us to board business. Business meeting minutes, April

1 27th, I need a motion to accept the minutes from the  
2 business meeting on April 27, 2018. Do we have a  
3 motion to accept the minutes from the April 27, 2018,  
4 meeting?

5 MS. NORRIS: Motion.

6 DR. STANFORD: Second.

7 DR. KING: Motion made by Nancy Norris to  
8 accept the minutes, seconded by Dr. Stanford. Any  
9 discussion?

10 (NO VERBAL RESPONSE)

11 DR. KING: All in favor?

12 (ALL IN FAVOR)

13 DR. KING: Opposed?

14 (NO VERBAL RESPONSE)

15 DR. KING: Abstainers?

16 (NO VERBAL RESPONSE)

17 DR. KING: That brings us to future  
18 meetings. We have agreed settlement proposals  
19 scheduled for July 24th, 2018, disciplinary hearings  
20 July 25 and 26 starting at 8:30, business meeting July  
21 27th starting at 11:05. The panel will consist of  
22 Dr. Sharon Catledge, Ms. Sandra Culpepper,  
23 Ms. LeKathryn Gipson, and Dr. Melissa King. I'm  
24 sorry. Dr. King and Dr. Stanford will be splitting  
25 part of that hearing panel. Thank you, Teresa.

1 DR. STANFORD: You're welcome.

2 DR. KING: All right. That brings us to  
3 legislation, Mr. Bobinger.

MR. BOBINGER: Good morning. I don't  
4 know if anyone's collaboration agreement allows them  
5 to administer a Decadron shot here on the premises,  
6 but I would welcome the opportunity.

8 (LAUGHTER)

9 MR. BOBINGER: Anyway, it's good to see  
10 everyone. I wanted to touch on a few things. One,  
11 that in the April 27th meeting, our director, Phyllis  
12 Johnson, presented a pretty detailed proposal  
13 legislative roundup or update, if you will, from the  
14 past session. And, Phyllis, thank you for that. I  
15 just returned from the Gulf Coast. I had been down at  
16 a couple of conventions there and met with several  
17 legislators on the Coast, talked about some of our  
18 issues, got a very positive response. I got to visit  
19 with our state auditor, who is important because we're  
20 a state agency, of course. I also got to visit with  
21 former Governor Haley Barbour as well, so I thought it  
22 was a good meeting.

23 There is also still talk out, you've seen  
24 it in the media about the possibility of a special  
25 session to address infrastructure, possibly a couple

1 of other issues. It still looks like the governor is  
2 not going to do that until you have an agreement by  
3 the speaker and the lieutenant governor. That has  
4 been made clear. I don't think we're there. I don't  
5 know that we'll get there. If not, they will go back  
6 in in January, but we will continue to monitor that.

7 I wanted to compliment Teresa Malone and  
8 others for working on this Medicaid issue. As Phyllis  
9 and I have discussed, she had asked me to attend that  
10 meeting we had recently with Drew Snyder, who is the  
11 division director of the State Medicaid Division, a  
12 sharp young guy, former general counsel to Governor  
13 Barbour. He was very hospitable to us, to the nursing  
14 profession, to the board, to our associations, and I'm  
15 confident they are sincere about finding a solution to  
16 that problem.

17 Obviously, I know where the board stands  
18 by the resolution you just adopted supporting MNA and  
19 our nurses and nurse practitioners and hopefully  
20 finding a solution to that problem with DME. So  
21 hopefully we'll do that. We had a very good meeting  
22 with Mr. Snyder.

23 You start moving into July, and you start  
24 having to work on your budget for the next fiscal  
25 year. So I know Phyllis and Shan and staff members

1 will be doing a lot of work, pulling things together  
2 to try and get that ready. We have to submit those,  
3 Shan, in, I think, August. And then some select  
4 agencies actually have hearings, legislative hearings  
5 in September, like Medicaid, some of the large  
6 agencies.

7 With this agency, it's a lot of work  
8 involved to put together a detailed written budget and  
9 submit it to the Legislative Budget Office. So I know  
10 that's something that will begin to really heat up  
11 here in the next couple of months. So we will  
12 continue to work on that, as well as our continuing  
13 efforts with our primary issues that we're interested  
14 in to promote our profession and all other folks, our  
15 LPNs, RNs, as well as our APRNs. Thank you. If  
16 there's any questions, I will take them.

17 DR. KING: Any questions from board  
18 members?

19 (NO VERBAL RESPONSE)

20 MR. BOBINGER: Thank you very much.

21 DR. KING: Thank you, Trey. Okay. That  
22 bring us to Executive Director's Report with a budget  
23 report from Ms. Shan Montgomery.

24 MS. JOHNSON: Good morning, board members  
25 and public participants. My report today will be very

1 short. You were given a copy of the Executive  
2 Director's Report, and also one was available for the  
3 public on the table as you came in this morning. So I  
4 will digress from going through what I normally do.  
5 However, on the updates, I do want to bring your  
6 attention to a couple of issues. One of those deals  
7 with our new staff.

8 We have some new staff on board, and I  
9 would like those staff members to stand. Although  
10 there is only one name on this, we have Ms. Frances  
11 Teague, who is in our CBC Investigative Division.  
12 Ms. Teague, if you would stand. Along with  
13 Ms. Teague, we have Ms. Rochelle Ward who has joined  
14 our Legal Division, Paralegal. And we have a student  
15 intern, Ms. Karrington Davis, who is a recent graduate  
16 of Jim Hill High School who is doing an internship  
17 with me, of all people. It is part of the Kellogg  
18 Foundation Grant through Jobs of Mississippi Grads. I  
19 was contacted by that association.

20 They had several students who were  
21 interested in the nursing profession. Ms. Karrington  
22 Davis happens to be one of those students who is  
23 interested in the nursing profession. And the Kellogg  
24 Foundation has a grant that supports these students  
25 being placed in summer positions where they are paid

1 through the Kellogg Grant to partner with a nurse. I  
2 did send out that information to some of the  
3 facilities, like Baptist and University and some of  
4 the clinics. Most of the clinics in the area were  
5 very interested in receiving these students. So I  
6 would just like for you to give them a round of  
7 applause.

8 (APPLAUSE)

9 MS. JOHNSON: Thank you. And Ms. Davis  
10 will be doing an 80-hour internship with me. Upon  
11 completion of the 80 hours, then she will be free to  
12 go and get ready for school. And she is very  
13 interested and has been learning about the  
14 disciplinary process, the regulatory process, and  
15 things not to do when she becomes a nurse. So I did  
16 want to highlight that for you-all.

17 The other thing I would like to  
18 highlight, it's very important, is the delegates for  
19 the annual convention in August. We need the board to  
20 select two delegates and two alternates today. Today  
21 I need that information. And for other members of the  
22 board who are interested in going to the convention in  
23 August, if you have not submitted your information, it  
24 is imperative that I get that information today or as  
25 soon as possible thereafter, because we are

1 approaching the deadline, and we are also approaching  
2 the number of participants that NCSBN can take. It  
3 will be held in Minneapolis, Minnesota, this year, and  
4 it is the 40th anniversary celebration for NCSBN. So  
5 I need all of that information today.

6 Madam President, I also want to  
7 highlight -- and I didn't ask these staff to come in  
8 here -- professional development of staff. We have  
9 staff that have taken the initiative to obtain some  
10 certifications and some additional degrees, one of  
11 those being Ms. Denise Stewart who completed the  
12 Certified Assistant Manager Certificate Program  
13 through the State Personnel Board. And, also,  
14 Ms. Vera Rucker, who is in our Compliance Division,  
15 completed her masters in Public Policy and  
16 Administration.

17 We have Mr. Floyd Wiley who is not here  
18 today but was selected to participate in the  
19 Leadership Mississippi Program of which I'm a proud  
20 alumni, and there are also other alumni in the room.  
21 And so he's away dealing with that particular  
22 component today. And he has expressed an interest in  
23 leadership, and so we support our staff doing those  
24 things and try to help them as much as possible.

25 The other issue that I would like to

1 bring up is our school supply drive, and Shan will get  
2 me if I don't bring that up. We are very grateful to  
3 the student nurses in the nursing programs that have  
4 participated. We had some to bring supplies even  
5 during this hearing cycle. We also want our board  
6 members to know the school supply drive is going on,  
7 and you can submit whatever you would like to  
8 contribute through August, I believe. Is that  
9 correct, Shan?

10 MS. MONTGOMERY: Yes, ma'am.

11 MS. JOHNSON: Strategic Plan is another  
12 highlight. You were submitted information via email  
13 that I need you to provide your review and input. We  
14 are diligently working on the Strategic Plan, and we  
15 have to have that information back in by July 15. So,  
16 I need, if you have input, comments, suggestions, that  
17 information was sent to you via email for your  
18 comments. There was an example of what should be  
19 included, and we have to go by what should be  
20 included. And there was also a copy of the old  
21 Strategic Plan that was sent out. So I look forward  
22 to hearing from you if you have any comments or  
23 suggestions on the Strategic Plan.

24 DR. KING: Can I ask a question? I'm  
25 just going to tell on myself, that I haven't looked at

1 it entirely, the history of the Strategic Plan. What  
2 is the time frame? So is it the Strategic Plan for  
3 the next calendar year? Is it for three years?

4 MS. JOHNSON: We actually did the  
5 Strategic Plan last year, and it goes through 2022.

6 MS. MONTGOMERY: It's a 5-year Strategic  
7 Plan.

8 MS. JOHNSON: Five-year Strategic Plan.

9 DR. KING: So we're just updating that?

10 MS. JOHNSON: Right. We have done it,  
11 but they ask us every year. So we have to update it.

12 MS. COLLINS: Phyllis, do we do any type  
13 of facilitation to follow up on that to see where we  
14 are on an annual basis, maybe to touch base on what  
15 we've accomplished, what we haven't accomplished, what  
16 we need to work on going forward?

17 MS. JOHNSON: Shan and I have looked at  
18 that, and pretty much we're on par because of the  
19 diligence on the regulatory things, like Thoughtspan  
20 and our internal issues. Again, it addresses what the  
21 governor kind of pinpoints in his overall plan. So we  
22 do review that. I can give a report probably at the  
23 next meeting if you-all would like that.

24 DR. KING: That would be great.

25 MS. JOHNSON: And the last thing I need

1 to bring to your attention, Nomination Committee, that  
2 will be due at our next board meeting in July for our  
3 upcoming board elections. So that committee will need  
4 to be selected during the July meeting. And before we  
5 move on to the budget, I do want Westley Mutziger to  
6 talk about 2830 after Shan does the budget.

7 **MS. MONTGOMERY:** Okay. Good morning or  
8 afternoon. The budget will be short and brief. You  
9 guys were submitted your budget reports prior to the  
10 meeting. I only have two highlights, one being that  
11 we have spent 76 percent of our budget, and we will by  
12 June 30th have expended the appropriated budget that  
13 we were appropriated for this year. The second  
14 highlight is, that starting July 1st, we will have  
15 approximately 3.4 million, which will give us about 71  
16 percent of our Fiscal Year '19 Budget already in the  
17 bank.

18 **DR. KING:** Thanks, Ms. Montgomery. At  
19 this point we need a motion to approve the budget  
20 report.

21 **DR. BRUNSON:** So moved.

22 **DR. KING:** Motion made to approve the  
23 budget report made by Dr. Brunson. Do I have a  
24 second?

25 **MS. LINDSEY:** Second.

1 **DR. KING:** Second by Ms. Darlene Lindsey.  
2 Any discussion?

3 (NO VERBAL RESPONSE)

4 **DR. KING:** All those in favor?

5 (ALL IN FAVOR)

6 **DR. KING:** Opposed?

7 (NO VERBAL RESPONSE)

8 **DR. KING:** Abstainers?

9 (NO VERBAL RESPONSE)

10 **DR. KING:** Thank you.

11 **MR. MUTZIGER:** Good almost afternoon. I  
12 guess it is afternoon now. Always a pleasure to sit  
13 before you, board. I sent or had Ms. Gray send the  
14 full composition of the board an email regarding Part  
15 2830. Part 2830 is a regulation that was approved by  
16 the OLRC. I believe it was November the 1st, 2017.

17 We had some variance language within Part  
18 2830, most specifically the language "on the  
19 premises." That is located in Rule 2.6, the LPN  
20 Charge Nurse. That language does need board approval.  
21 That board approval would ensure legal enforceability  
22 of that language.

23 So, today, before the board, if there is  
24 a motion before the board, we would see that there is  
25 board approval or rather a motion towards the

1 strikethrough of "on the premises" so that we can  
2 resubmit at a more appropriate time after  
3 consideration by the Administrative Code Ad Hoc  
4 Committee.

5 **DR. KING:** So, Mr. Mutziger, thank you.  
6 So we need a motion to adopt a temporary emergency  
7 rule for 2830 that will then be sent back to  
8 Administrative Code for revision and review. Do I  
9 have a motion for that?

10 **MR. WARD:** So moved.

11 **DR. KING:** There is a motion on the floor  
12 to adopt a temporary emergency rule regarding 2830  
13 that will be sent back to Administrative Code for  
14 review and revision -- do I have a second? -- that was  
15 made by Blake Ward.

16 **DR. STANFORD:** Second.

17 **DR. KING:** Dr. Teresa Stanford. Any  
18 discussion?

19 **MS. TOLSDORF:** I apologize for  
20 interrupting. I just wanted to be sure that we were  
21 clear on the issue. I'm Bea Tolsdorf with Balch &  
22 Bingham. I represent the Independent Nursing Home  
23 Association, and I was just going to see if I could  
24 potentially get some clarity as to what's going back  
25 and what's being proposed, because we have some

1 interested parties that would like to have clarity on  
2 that.

3 **DR. KING:** So it will be a strikethrough,  
4 the language of "on the premises" to revert back to  
5 the previous rule, to then come back to the  
6 Administrative Code for revision and review to then be  
7 presented.

8 **MS. TOLSDORF:** Very good. Thank you so  
9 much.

10 **DR. KING:** You're welcome. So that was  
11 the discussion. Any more discussion?

12 (NO VERBAL RESPONSE)

13 **DR. KING:** All those in favor?

14 (ALL IN FAVOR)

15 **DR. KING:** Any opposed?

16 (NO VERBAL RESPONSE)

17 **DR. KING:** Abstainers?

18 (NO VERBAL RESPONSE)

19 **DR. KING:** Motion passes.

20 **MR. MUTZIGER:** Thank you.

21 **DR. KING:** Thanks, Mr. Mutziger.

22 **MS. JOHNSON:** So now if Ms. Tina Highfill  
23 will come forward and talk about the CCHTs.

24 **MS. HIGHFILL:** Good morning. The Board  
25 of Nursing has been charged through statute with the

1 responsibility of the educational approval of the  
2 Certified Clinical Hemodialysis Technician Training  
3 Programs that are conducted through dialysis centers  
4 in the State of Mississippi. There are currently 36  
5 training centers that we're responsible for the  
6 oversight of the education of that training.

7 Site visits are conducted randomly during  
8 renewals, during new applications, and for follow-up  
9 visits for corrective action, if corrective action is  
10 needed during one of those site visits. So, following  
11 the site visits, a report overview will be presented  
12 to the Executive Committee and a recommendation for  
13 approval, denial, or probation for each of those  
14 centers. I'm asking from the board for a motion to  
15 continue the current process for approval, denial, or  
16 probation according to Administrative Code Title 30,  
17 Part 2860, to continue this process.

18 DR. KING: So what I'm hearing you say is  
19 that we currently have developed the process for an  
20 evaluation of CCHT education that is delegated to  
21 staff currently to go through and do that evaluation?

22 MS. HIGHFILL: Yes.

23 DR. KING: And at this current point we  
24 are asking for a motion that we would continue the  
25 current process in place and those findings be

1 reported back to the Executive Committee to then  
2 provide any final action needed; is that correct?

3 MS. HIGHFILL: Yes. Yes, for final  
4 approval of the actions.

5 DR. KING: So let me see if I can state  
6 that again. Do you have all that? Do I have to  
7 repeat that motion?

8 MS. GREEN: The motion is that you  
9 continue the current practice with the recommendation  
10 from staff to be made to the Executive Committee for  
11 final action.

12 DR. KING: Do I have a motion?

13 MR. WARD: I move that the present  
14 operations regarding CCHTs go to the Executive  
15 Committee for evaluation.

16 DR. KING: And final action.

17 MR. WARD: For final action.

18 DR. KING: We have a motion on the floor  
19 by Mr. Blake Ward. Do we have a second?

20 MS. NORRIS: Second.

21 DR. KING: Seconded by Nancy Norris. Any  
22 discussion?

23 MS. COLLINS: This might be a stupid  
24 question coming from me, the consumer member of the  
25 board, but what precipitated the need to reconfirm or

1 restate?

2 MS. GREEN: To the Executive Committee?

3 MS. COLLINS: Um-hum (affirmative).

4 MS. GREEN: Because, under your statute,  
5 the board has the final authority. So you need to  
6 the final action needs to go to the full board.

7 MS. COLLINS: So you have to continue to  
8 reapprove the process?

9 MS. GREEN: Right. Not the process, the  
10 action. Not the process. What you're approving today  
11 is the process for continuing the auditing or the  
12 review of CCHTs.

13 MS. COLLINS: Can we do that on an annual  
14 basis?

15 MS. GREEN: You renew it at different  
16 times. I think she said the renewal, you do it  
17 randomly, and you do it at initial application.

18 MS. COLLINS: Oh, okay.

19 MS. HIGHFILL: The applications are  
20 renewed every five years. So the site visits can be  
21 conducted any time during that period of time. For  
22 example, if the Mississippi State Department of Health  
23 has any corrective action against the dialysis center,  
24 then we can go in and check the educational center as  
25 well.

1 MS. COLLINS: Thank you.

2 MS. HIGHFILL: Any other questions?

3 DR. KING: Any other questions or  
4 discussion?

5 (NO VERBAL RESPONSE)

6 DR. KING: So all those in favor?

7 (ALL IN FAVOR)

8 DR. KING: Any opposed?

9 (NO VERBAL RESPONSE)

10 DR. KING: Any abstainers?

11 (NO VERBAL RESPONSE)

12 DR. KING: Motion carries. Thank you.

13 Okay. So now we go to committee reports, which the  
14 first one is the Executive Committee. We have several  
15 actions to bring forward from the Executive Committee.  
16 One is, I need a motion for approval of one RN  
17 Administrative Denial.

18 DR. CATLEDGE: Before we move forward  
19 with the committee reports, I would like to make a  
20 motion that we waive the reading of the names.

21 DR. STANFORD: Second.

22 DR. KING: Motion has been made by  
23 Dr. Catledge, seconded by Dr. Stanford. All those in  
24 favor?

25 (ALL IN FAVOR)

1 DR. KING: Opposed?  
 2 (NO VERBAL RESPONSE)  
 3 DR. KING: Abstainers?  
 4 (NO VERBAL RESPONSE)  
 5 DR. KING: Now I need a motion to approve  
 6 the one RN Administrative Denial.  
 7 DR. CATLEDGE: I make a motion -- I will  
 8 second the motion of the administrative denial from  
 9 the Executive Committee.  
 10 DR. KING: Any discussion?  
 11 (NO VERBAL RESPONSE)  
 12 DR. KING: All those in favor?  
 13 (ALL IN FAVOR)  
 14 DR. KING: Opposed?  
 15 (NO VERBAL RESPONSE)  
 16 DR. KING: Abstainers?  
 17 (NO VERBAL RESPONSE)  
 18 DR. KING: Motion passes. Actually, I  
 19 think that's all we have coming out of Executive  
 20 Committee. We took care of the rest of it at the top  
 21 of the agenda. Compliance Committee Business,  
 22 Ms. Lindsey?  
 23 MS. LINDSEY: From Compliance Committee,  
 24 we have two motions to be brought forward. The first  
 25 one, "I move that the Board adopt the Compliance

1 Committee's recommendation to deny License No.  
 2 R-879342, request for early removal of her  
 3 stipulations."  
 4 MR. WARD: Second.  
 5 DR. KING: Seconded by Blake. Any  
 6 discussion?  
 7 (NO VERBAL RESPONSE)  
 8 DR. KING: All those in favor?  
 9 (ALL IN FAVOR)  
 10 DR. KING: Opposed?  
 11 (NO VERBAL RESPONSE)  
 12 DR. KING: Abstainers?  
 13 (NO VERBAL RESPONSE)  
 14 DR. KING: Motions passes.  
 15 MS. LINDSEY: All right. The second  
 16 motion is, "I move that the Board adopt the Compliance  
 17 Committee's decision to remove Angelos B. Vamvakas,  
 18 M.D., from the Board-approved Assessor List for the  
 19 Mississippi Board of Nursing."  
 20 MS. CULPEPPER: I second it.  
 21 DR. KING: There is a motion to remove a  
 22 currently approved assessor from our assessor list  
 23 made by Compliance Committee. Is there a second?  
 24 MS. CULPEPPER: I second.  
 25 DR. KING: Seconded by Sandra Culpepper.

1 Any discussion?  
 2 (NO VERBAL RESPONSE)  
 3 DR. KING: All those in favor?  
 4 (ALL IN FAVOR)  
 5 DR. KING: Any opposed?  
 6 (NO VERBAL RESPONSE)  
 7 DR. KING: Abstainers?  
 8 (NO VERBAL RESPONSE)  
 9 DR. KING: Motion carries. So that  
 10 brings us to Advanced Practice Committee,  
 11 Dr. Stanford.  
 12 DR. STANFORD: We have a few. Our first  
 13 motion is, "I move that discussion of  
 14 telemedicine/tele-emergency be referred to the  
 15 Emergency Standards Committee for further  
 16 recommendations and presented back to the Advanced  
 17 Practice Committee."  
 18 DR. KING: Is there a second?  
 19 DR. CATLEDGE: I second.  
 20 DR. KING: Seconded by Dr. Catledge. Any  
 21 discussion about that?  
 22 (NO VERBAL RESPONSE)  
 23 DR. KING: All those in favor?  
 24 (ALL IN FAVOR)  
 25 DR. KING: Any opposed?

1 (NO VERBAL RESPONSE)  
 2 DR. KING: Abstainers?  
 3 (NO VERBAL RESPONSE)  
 4 DR. KING: Motion carries.  
 5 DR. STANFORD: Motion No. 2, "I move that  
 6 it is within the scope of practice for family nurse  
 7 practitioners to perform frenotomy procedures in  
 8 clinic settings with the appropriate education,  
 9 training, and annual competencies documenting training  
 10 according to national standards."  
 11 DR. CATLEDGE: Second.  
 12 DR. KING: Seconded by Dr. Catledge. Any  
 13 discussion?  
 14 (NO VERBAL RESPONSE)  
 15 DR. KING: All those in favor?  
 16 (ALL IN FAVOR)  
 17 DR. KING: Opposed?  
 18 (NO VERBAL RESPONSE)  
 19 DR. KING: Abstainers?  
 20 (NO VERBAL RESPONSE)  
 21 DR. KING: Motion carries.  
 22 DR. STANFORD: "I move that it is within  
 23 the scope of a CRNA to insert and place TEE probes  
 24 provided that they have had appropriate education and  
 25 training as developed by AANA, or the American

1 Association of Nurse Anesthetists, or an equivalent  
2 organization."

3 DR. CATLEDGE: Second.

4 DR. KING: Seconded by Dr. Catledge. Any  
5 discussion?

6 MS. GREEN: Can I ask a question? Who  
7 determines the equivalent organization? You need to  
8 have some guidelines in place for what is an  
9 equivalent organization.

10 DR. STANFORD: Okay.

11 DR. KING: Any other discussion?

12 (NO VERBAL RESPONSE)

13 DR. KING: All those in favor?

14 (ALL IN FAVOR)

15 DR. KING: Opposed?

16 (NO VERBAL RESPONSE)

17 DR. KING: Abstainers?

18 (NO VERBAL RESPONSE)

19 DR. STANFORD: Question. She made my  
20 brain move. With that being said, do we need to go  
21 ahead and make a motion that we establish those  
22 guidelines that we will need to follow within the  
23 Advanced Practice Committee?

24 MS. GREEN: You can do that as part of  
25 your charge, then make a recommendation and bring it

1 back to the board.

2 DR. STANFORD: Okay. Sounds good.

3 DR. KING: So, any abstainers?

4 (NO VERBAL RESPONSE)

5 DR. KING: Okay. Motion carries.

6 Anything else from Advanced Practice?

7 DR. STANFORD: That's it.

8 DR. KING: Okay. Ms. Shirley Jackson,  
9 anything from Practice Committee?

10 MS. JACKSON: Madam Chair, we have  
11 nothing to report. Thank you.

12 DR. KING: Thank you, Ms. Jackson. Next  
13 will be Administrative Code Ad Hoc Committee,  
14 Mr. Blake Ward.

15 MR. WARD: Madam Chair, we have nothing  
16 to report today.

17 DR. KING: Thanks, Blake. And the next  
18 one is the LPN Transition Feasibility Committee,  
19 Ms. Culpepper.

20 MS. CULPEPPER: On the LPN Transition  
21 Feasibility Committee, at this time the committee met  
22 on May 8th to discuss the MOU. There has been  
23 additional information received that needs to be  
24 distributed to the board for review. The committee  
25 will not reconvene until the Board of Nursing has an

1 opportunity to review and discuss the additional  
2 information. At this time the Board of Nursing will  
3 not move forward with the proposed MOU currently  
4 presented to us. Yes, and we will have a  
5 recommendation.

6 DR. KING: Thanks, Sandra. And then the  
7 Emergency Practice and Standards Advisory Committee,  
8 today we don't have anything to bring forward.  
9 However, it appears we will at the next meeting  
10 hopefully. So that would bring us to the next item on  
11 the agenda, which is, we have a board member that is  
12 going to be leaving us, unfortunately, who has given  
13 us six years of his service, and we definitely  
14 appreciate his advocacy, his participation, and  
15 everything that he has done. For me, personally and  
16 as a professional, he has been a good advocate, and he  
17 has always given me the opportunity to bounce stuff  
18 off of him and been a very good mentor. So, Dr.  
19 Brunson, with that, we would like to present you with  
20 a plaque for your service and let you know how much we  
21 appreciate you.

22 (APPLAUSE)

23 DR. BRUNSON: If I could, let me just say  
24 that it has been an absolute joy for me to serve on  
25 this board. When I came here over six years ago, we

1 were in the midst of undergoing a number of different  
2 improvements with the board, how it functions, and we  
3 have done that. And I certainly think this is one of  
4 the best agencies as far as functioning in the state  
5 as far as the regulation work that you do. I think  
6 you're probably second to none across the country.

7 I will be moving on to become president  
8 of the Board of Medicine. Dr. Michelle Owens will  
9 replace me. She is an OB-GYN with subspecialty in  
10 maternal-fetal medicine. So it's sort of like getting  
11 a software upgrade. But the work that I have done  
12 through the relationships I developed from here I will  
13 cherish for the rest of my life.

14 We have done some things on this board as  
15 far as making this board efficient professionals that  
16 I will take on to the Board of Medicine. I have seen  
17 you do a number of things here that I think sets this  
18 board apart from the other boards, including the Board  
19 of Medicine. What I have said to my colleagues on the  
20 Board of Medicine is, I want us to be the best board  
21 nationally. And I will certainly be taking some of  
22 the things from this board to the Board of Medicine to  
23 help us get there.

24 I appreciate all that you have done for  
25 me. It made us work together. Me, being with the



1 Board of Medicine, and you, being the Board of  
2 Nursing, I think that we have improved the healthcare  
3 across our state and made it safer for Mississippians  
4 receiving healthcare in the State of Mississippi, and  
5 for that, I thank you and appreciate the opportunity  
6 that I've had to serve with you. Thank you.

7 (APPLAUSE)

8 DR. KING: So, at this time, I would like  
9 a motion to go into closed determination session to  
10 determine if executive session is needed for the  
11 purposes of discussing --

12 DR. CATLEDGE: I make a motion that the  
13 board go into closed determination session to  
14 determine if an executive session is necessary.

15 MR. SHAW: Second.

16 DR. KING: There has been a motion by  
17 Dr. Catledge, seconded by Alton Shaw. All those in  
18 favor?

19 (ALL IN FAVOR)

20 (MEETING CLOSED)

21 (OFF THE RECORD)

22 MR. SHAW: I would like to make the  
23 motion to go into executive session for the purpose of  
24 considering the performance evaluation of the  
25 executive director and for the purpose of considering

1 ONW funding with IHL that could lead to litigation.

2 (OFF THE RECORD)

3 (MS. GREEN ANNOUNCED THE MOTION TO GO  
4 INTO EXECUTIVE SESSION TO THE PUBLIC.)

5 (EXECUTIVE SESSION HELD)

6 MS. GREEN: We are back in the open  
7 meeting, and within the executive session, the motion  
8 was made by Sharon Catledge and seconded by LeKathryn  
9 Gipson that the invoice dated April 25th, 2018, for  
10 IHL be rejected and not paid because there was no  
11 authorization for IHL to incur the expenses set forth  
12 on the invoice.

13 Voting in favor of that motion were  
14 Sharon Catledge, Sandra Culpepper, LeKathryn Gipson,  
15 Shirley Jackson, Melissa King, Alton Shaw, Teresa  
16 Stanford, Jan Collins. Voting opposed, Darlene  
17 Lindsey, Nancy Norris, Blake Ward, Dr. Brunson. That  
18 is the decision of the board with respect to the IHL  
19 invoice.

20 Also, within the executive session, the  
21 board did complete its evaluation of the executive  
22 director which will be discussed with the executive  
23 director in private. I'm sorry. The board did  
24 complete the evaluation, and the Executive Committee  
25 will follow up with the executive director.

1 DR. KING: We do have delegates and  
2 alternates for the annual meeting. Darlene Lindsey  
3 and Nancy Norris will be the delegates and Shirley  
4 Jackson and Blake Ward alternates. Now, do I have a  
5 motion to adjourn?

6 MS. COLLINS: I so move.

7 DR. CATLEDGE: And I so second.

8 DR. KING: All those in favor?

9 (ALL IN FAVOR)

10 (MEETING ADJOURNED AT APPROXIMATELY 2:15 P.M.)

11 \* \* \*

CERTIFICATE OF COURT REPORTER

I, ASHLEY C. HAGG, Certified Shorthand  
Reporter and Notary Public in and for the State of  
Mississippi at large, hereby certify that the  
foregoing pages contain a full, true, and correct  
transcript of the proceedings as taken by me at the  
time and place heretofore stated in the aforementioned  
matter and later reduced to typewritten form by me to  
the best of my skill and ability.

I further certify that I am not in the  
employ or related to any counsel or party in this  
matter and have no interest, monetary or otherwise, as  
to the final outcome of this proceeding.

WITNESS MY SIGNATURE AND SEAL, this the  
\_\_\_\_ day of \_\_\_\_\_, 2018.

ASHLEY C. HAGG, CSR  
CSR NO. 1178

My Commission Expires:  
July 1, 2018