

MS Board of Nursing Business Meeting

THE MISSISSIPPI BOARD OF NURSING
BOARD MEETING

JULY 23, 2021

PROCEEDINGS

taken on Friday July 23, 2021,
commencing at approximately 11:05 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

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

APPEARANCES

BOARD MEMBERS IN ATTENDANCE IN PERSON:

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

BOARD MEMBERS IN ATTENDANCE VIA ZOOM:

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

ALSO PRESENT:

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

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

TABLE OF CONTENTS

	PAGE
Title Page.....	1
Appearances.....	2
Table of Contents.....	3
Proceedings.....	4
Court Reporter's Certificate.....	65

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

PROCEEDINGS

* * * *

MR. SHAW: We'll go ahead and call the meeting to order. We'll declare a quorum. Besides the members at the board today, we do have T.J. Adams, Dr. Melissa King that are attending via Zoom, and there may be another one that pops in here shortly.

With that said, Ms. Jackson, would you mind opening us up?

MS. JACKSON: Good morning, everyone. If you will, please bow your head in prayer.

(PRAYER).

MR. SHAW: We're going to move something up on the agenda. We have three new members today to be sworn in. We'll go ahead and do it at the top, and that way they can participate and vote and do everything else in the meeting.

So which order do y'all want to go in?

MR. SHAW: "I," state your name --

MS. GENTRY: "I, Lacey Gentry."

MR. SHAW: -- "do solemnly swear that I will faithfully support" --

MS. GENTRY: -- "do solemnly swear that I will faithfully support" --

MR. SHAW: -- "the Constitution of the

1 United States and the Constitution of the State of
2 Mississippi" --

3 MS. GENTRY: -- "the Constitution of the
4 United States and the Constitution of the State of
5 Mississippi."

6 MR. SHAW: -- "and obey the laws thereof"
7 --

8 MS. GENTRY: -- "and obey the laws
9 thereof" --

10 MR. SHAW: -- "that I am not disqualified
11 from holding the office of" --

12 MS. GENTRY: -- "that I am not
13 disqualified from holding the office of" --

14 MR. SHAW: -- "member of the Mississippi
15 Board of Nursing."

16 MS. GENTRY: -- "member of the Mississippi
17 Board of Nursing."

18 MR. SHAW: -- "that I will faithfully
19 discharge the duties of the office upon which I'm
20 about to enter" --

21 MS. GENTRY: -- "that I will faithfully
22 discharge the duties of the office which I am about to
23 enter" --

24 MR. SHAW: -- "so help me God."

25 MS. GENTRY: -- "so help me God."

1 MR. SHAW: Congratulations.

2 MS. GENTRY: Thank you, Alton.

3 MR. SHAW: "I," state your name.

4 MS. CLANTON: "I, Janie Clanton" --

5 MR. SHAW: -- "do solemnly swear" --

6 MS. CLANTON: -- "do solemnly swear" --

7 MR. SHAW: -- "that I will faithfully
8 support the Constitution of the United States" --

9 MS. CLANTON: -- "that I will faithfully
10 support the Constitution of the United States" --

11 MR. SHAW: -- "and the Constitution of the
12 State of Mississippi" --

13 MS. CLANTON: -- "and the Constitution of
14 the State of Mississippi" --

15 MR. SHAW: -- "and obey the laws thereof"
16 --

17 MS. CLANTON: -- "and obey the laws
18 thereof" --

19 MR. SHAW: -- "that I'm not disqualified
20 from holding the office of" --

21 MS. CLANTON: -- "that I'm not
22 disqualified from holding the office of" --

23 MR. SHAW: -- "member of the Mississippi
24 Board of Nursing" --

25 MS. CLANTON: -- "member of the Mississippi

1 Board of Nursing."

2 MR. SHAW: -- "that I will faithfully
3 discharge the duties of the office upon which I'm
4 about to enter" --

5 MS. CLANTON: -- "that I will faithfully"
6 --

7 MR. SHAW: -- "discharge" --

8 MS. CLANTON: -- "discharge the duties of
9 the office that I'm about to enter" --

10 MR. SHAW: -- "so help me God."

11 MS. CLANTON: -- "so help me God."

12 MR. SHAW: Congratulations.

13 "I," state your name --

14 MR. CUMMINS: "I, Jeremy Cummins" --

15 MR. SHAW: -- "do solemnly swear" --

16 MR. CUMMINS: -- "do solemnly swear" --

17 MR. SHAW: -- "that I will faithfully
18 support the Constitution of the United States" --

19 MR. CUMMINS: -- "that I will faithfully
20 support the Constitution of the United States" --

21 MR. SHAW: -- "and the Constitution of the
22 State of Mississippi" --

23 MR. CUMMINS: -- "and the Constitution of
24 the State of Mississippi" --

25 MR. SHAW: -- "and obey the laws thereof"

1 --

2 MR. CUMMINS: -- "and obey the laws
3 thereof" --

4 MR. SHAW: -- "that I'm not disqualified
5 from holding the office of" --

6 MR. CUMMINS: -- "that I'm not
7 disqualified from holding the office of" --

8 MR. SHAW: -- "member of the Mississippi
9 Board of Nursing" --

10 MR. CUMMINS: -- "member of the
11 Mississippi Board of Nursing" --

12 MR. SHAW: -- "that I will faithfully
13 discharge the duties of the office" --

14 MR. CUMMINS: -- "that I will faithfully
15 discharge the duties of the office" --

16 MR. SHAW: -- "upon which I'm about to
17 enter" --

18 MR. CUMMINS: -- "from which I'm about to
19 enter" --

20 MR. SHAW: -- "so help me God."

21 MR. CUMMINS: -- "so help me God."

22 Congratulations.

23 MR. CUMMINS: Thank you.

24 MR. SHAW: Did Laura make it? Okay. So
25 we'll add that we have Ms. Laura Moore on the Zoom

1 call as well.

2 Do I have motion we approve the agenda?

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

4 MR. SHAW: Make a motion, Ms. Nancy
5 Norris-Johnson.

6 Second; Ms Jackson.

7 All in favor?

8 (ALL IN FAVOR.)

9 MR. SHAW: Motion carries.

10 Open forum: Any members of the public who would
11 like to speak.

12 DR. TEMPLE: I'm Melissa Temple, director
13 of nursing education at the Mississippi Institutions
14 of Higher Learning, and I just wanted to provide you
15 with a brief report. I have one laying up there that
16 has a little bit of information on there as well.

17 Our accreditation standards and procedures manual
18 are available on the website. They have not been
19 updated since March of '20, so that's the most current
20 version.

21 There are some accreditation site visits coming up
22 in this next academic year. One visit is in the fall;
23 that will be for Mississippi University for Women,
24 their associate degree nursing program.

25 In the spring -- in the spring, there are four

1 visits that will be for Mississippi College,
2 University of Mississippi Medical Center, University
3 of Southern Mississippi, and William Carey University.
4 These will start in February, with the last visit
5 ending in April.

6 The annual report for Mississippi nursing degree
7 programs is now available. It's no longer in a
8 printed form. So that 2020 annual report is available
9 on the website, and that link is included on that
10 summary that you have. So it will have a lot more of
11 that detailed information. I think Ms. Johnson was
12 saying that there were some questions about enrollment
13 and so forth. So that will have a lot more detailed
14 information compared to what I'm going to give you
15 briefly now.

16 There are 23 schools of nursing in the state with
17 40 degree programs. We have multiple entry options:
18 17 associate's-degree programs, 8 baccalaureate-degree
19 programs, and 6 master's-degree programs right now.
20 We have 8 doctoral programs.

21 Types of institutions where we have these
22 registered nursing programs, the 23 are five public
23 universities; three private universities, colleges;
24 and 15 community colleges.

25 As far as admissions, enrollment, and graduation:

1 Admission in 2019/2020 academic year were 4,090
2 compared to 3,958 in the 2018/2019 academic year. So
3 that's a difference of about 132. But overall,
4 admissions have increased by 4.3 percent over the last
5 five years. Increase in associate's degree has been
6 2.4 percent, baccalaureate's 19.2 percent, and
7 doctoral at 3.8 percent.

8 As far as enrollment goes, in the fall, fall of
9 '20, there were 5,937 students enrolled as compared to
10 5,991 for the previous year, which is just a
11 difference of about 54. Enrollment has slightly
12 increased by 0.6 percent over the last five years.

13 We've seen increases at 7.6 in baccalaureate
14 programs. Doctoral programs have increased 22.4
15 percent. And associate-degree programs has remained
16 fairly the same, with a slight decrease of 0.4
17 percent.

18 Master's have seen a decrease, 24.8 percent.

19 Graduates: During the academic 2019/20 year,
20 there were 2,757 graduates compared to 2018/2019
21 graduate year -- academic year with 2,908 graduates.

22 Compared, nursing graduates have decreased by 5.1
23 percent over the last five years, but hopefully we'll
24 start seeing that increase some as we see the
25 admissions and enrollment have increased.

1 I would like to share with you, too, that there
2 have been some changes in leaderships at some of the
3 schools of nursing. Ms. Knight from Jones Junior
4 College retired in June. And Mr. Cummings is the new
5 chair for the associate's-degree nursing program.
6 Ms. Greer is the new associate vice president for
7 nursing at Southwest Mississippi Community College.
8 Ms. Overton retired from Coahoma Community College,
9 and Dr. Dixon is now the new dean of health sciences
10 there.

11 Do y'all have any questions?

12 MR. SHAW: Thank you.

13 DR. TEMPLE: Thank you.

14 MR. SHAW: I know we also have Dr. Dobbs
15 on via Zoom to give us some updated information.

16 Dr. Dobbs, are you there?

17 DR. DOBBS: Yeah, good morning. Thank
18 y'all for having me. And I'll go through this
19 relatively quickly because I know you guys probably
20 have a really busy agenda.

21 If you want me to, I can share some slides if
22 y'all want to see them, as I go through it, if you'll
23 allow me to share, but; otherwise, I'll just talk.

24 So, you know, we're in the midst of our fourth
25 wave, and we're seeing a really marked increase in the

1 number of cases, and it's pretty much all due to the
2 Delta variant. We are now today reporting over 1,300
3 cases. This is the most number of cases we've seen
4 since early February. So we're already kind of back
5 in the thick of that.

6 We're seeing a massive sort of pressure on our
7 hospital system. We have 13 hospitals as of yesterday
8 that had zero ICU capacity. I was on a call with
9 hospitals today. One of them told me they had to put
10 two patients in a closet just to find somewhere to put
11 them until they could get a regular bed. I mean, it's
12 really getting dire.

13 One of the biggest challenges is, though, is
14 that the nursing staff is worse than it was seven
15 months ago. So the hospitals are less capable to
16 respond than they were back in December. It's going
17 to be a phenomenal challenge.

18 The other thing that we're starting to see is
19 that nursing staff is having to go off duty because
20 they're getting COVID.

21 Our immunization rate in our nurses is
22 abysmally low. Anything you can do to kind of help
23 encourage that is great. I would like to go ahead and
24 reassure you that the COVID vaccines do not cause
25 infertility. Not only is there no evidence of it, a

1 growing body of evidence shows that women get pregnant
2 regardless of COVID vaccine at the same rate. So it's
3 just nothing to it. It's just a made-up thing that
4 is, obviously, scary that impedes people going
5 forward. So very, very important topic.

6 Why is Delta causing us so much trouble? It's
7 causing us so much trouble for a few reasons. One of
8 the reasons is it's twice as contagious. If you have
9 natural immunity from previous infection, it's not as
10 protective against Delta as it was against the old
11 strain. There is a slight diminution in the
12 effectiveness of the vaccines. So the Pfizer and the
13 Moderna vaccine are about 88 percent effective
14 compared to 95 percent effective. So it's not quite
15 as good.

16 We do know that a lot of those breakthrough
17 infections we're seeing are people who are
18 immunocompromised, not all of them, but a good number
19 of them are. So we are going to work trying to find a
20 mechanism to recommend and provide booster doses for
21 those who are unlikely to have robust response to the
22 first sequence of vaccines.

23 Now, keep in mind, you're absolutely going to
24 see cases in people who are vaccinated, right, so
25 don't be lulled to the social-media-sort-of

1 conversation that, "Oh, if it doesn't protect you,
2 then why even get it?" To this day, still 95 percent
3 of all new cases are unvaccinated; this is an
4 unvaccinated pandemic right now, just to be very
5 clear. 89 percent of our hospitalizations and 93
6 percent of our deaths, unvaccinated; right. We'll
7 continue to update those numbers. But we are not
8 going to want to ignore the vaccinated folks who are
9 at risk, just because the unvaccinated folks are at
10 highest risk.

11 Also keep in mind, if you have a medical staff
12 that is -- say the doctors at South Central Hospital
13 are 96 percent vaccinated. So if two vaccinated
14 doctors get COVID, it's not that the vaccine didn't
15 work; it's that it would have been 20 if they hadn't
16 been vaccinated; right. So if everybody's vaccinated,
17 100 percent of your cases are going to be breakthrough
18 cases. So please don't let the noise distract you
19 guys. Be aware of the noxious nature of what's
20 circulating in social media, and anything you can do
21 to amplify scientific-based messages and help people
22 steer from the bizarre conspiratorial stuff, but even
23 some of the unfounded fears would be greatly
24 appreciated.

25 That's kind of where we are. We're working

1 with the hospitals and chief medical officers to see
2 what we need to do, but I'm going to tell you -- just
3 know this: The hospital situation is going to be
4 absolutely dire within the next week or two; it's
5 going to be bad. So please be safe in every way you
6 can because if the hospitals are overwhelmed, it's not
7 going to be bad just for COVID; it's going to be bad
8 for every sort of medical issue.

9 Now, the medical challenge is not just a COVID
10 issue. I mean, the hospitals were pretty much full
11 going into this, so this is just icing on the cake and
12 not having the nurses, it's like a triple-threat.
13 We've got the perfect storm of a lot of hospital
14 business, diminished staff, and then rising case
15 burdens from COVID. You know, today we reported those
16 1,300 cases. We know that about 8 percent of COVID
17 cases end up in the hospital. So you can imagine,
18 every day we're pouring another 100 new
19 hospitalizations on top of what's there. And if you
20 get COVID and go to the ICU, if you don't die, you're
21 likely going to be there for weeks, if not months.

22 Anyway, that's my cheery assessment for the
23 day. So please be careful as we go forward.

24 MR. SHAW: Thank you, Dr. Dobbs. Anybody
25 have any questions?

1 DR. STEWART: Dr. Dobbs, this is Mary
2 Stewart, and I always appreciate your candid appraisal
3 of the situation and certainly appreciate you being
4 here and speaking with us today. You may feel like
5 you're - I don't know - speaking to deaf ears. I
6 probably would feel that way if I was you.

7 But one of those things that we have talked
8 about that I think couples this or it just magnifies
9 the problem that we're going to see in our workforce
10 is the moral distress that so many of our nurses, and,
11 of course, other healthcare providers have been
12 experiencing for such a long time.

13 And so I know that this board - I can't speak
14 for everyone - but I feel pretty confident we really
15 are committed to doing what we can to get the science-
16 based information out to the licensees because the
17 trust that the public has in nursing is unmatched.
18 And I think it's a good opportunity if not the ideal
19 opportunity for us to capitalize on that.

20 So, again, thank you for being here and for
21 the work that you do. Press on.

22 And mandates, that was one thing I wanted to
23 say. You guys may know the Medical Center has just
24 introduced a mandatory policy. And as someone said to
25 me, "You know, mandates may be our only way."

1 And so I guess a question I would have for you
2 is: What are you seeing in terms of statewide
3 universities, other hospitals, these mandatory
4 policies? Do you see that that's something that might
5 become more common?

6 DR. DOBBS: There's a great interest
7 amongst other health systems to look at this. And so
8 expect to see more conversation. I'm going to have a
9 conversation with other state leaders to make sure
10 that they're aware of what people are thinking. That
11 may be the only way to help us make progress,
12 unfortunately. But it wouldn't be just a health
13 department thing. There would have to be general
14 consensus; right? We couldn't step out on that on our
15 own. It does make sense.

16 I don't think the colleges are really interested
17 in doing it for a whole host of reasons; it's a little
18 bit different.

19 Healthcare is a unique setting. You know, we're
20 kind of used to doing it. I mean, we already mandate
21 that you get a TB skin test; right? We mandate that
22 you're immune to MMR, hepatitis B, those sorts of
23 things. So there is precedence for it, and it's also
24 legal standing from case law right now. So I think
25 that's a conversation you're going to see going

1 forward, especially also for the nursing homes, where
2 our most vulnerable people are.

3 Almost every single nursing home outbreak we're
4 seeing -- we're over 70 residential outbreaks right
5 now, including psychiatric facilities, almost every
6 single one of them is brought in by an unvaccinated
7 employee; right. I mean, I've got to just call it
8 like it is. We've got to protect our vulnerable
9 people; that's part of our charge as healthcare
10 professionals and healthcare leaders. So there will
11 be more conversation about this.

12 DR. STEWART: Thank you.

13 MR. SHAW: Any other questions for
14 Dr. Dobbs?

15 MS. CULPEPPER: Dr. Dobbs, it's Sandra
16 Culpepper. Good morning.

17 DR. DOBBS: Good morning.

18 MS. CULPEPPER: I was curious as to --
19 because, I believe, based on the news reports I've
20 been seeing in regards to Johnson & Johnson and
21 knowing that a lot of our clinics are using Johnson &
22 Johnson vaccine, have we seen any decrease in those
23 wanting to take it based on the Guillain-Barré?

24 DR. DOBBS: You know, we have pretty slack
25 use of Johnson & Johnson anyway. I think, in large

1 part, because of the blood clot thing. And so, you
2 know, we -- I'll tell you, just to be honest, we
3 recommend the Pfizer or the Moderna as your first
4 line. It's more effective. You know, it's more
5 protected. It is two doses; that's the downside. But
6 it's more protective, and the side-effect profile is
7 better.

8 I mean, the Guillain-Barré and the blood clot
9 issue are very rare. I mean, it's going to be, you
10 know, like 10 per million or something like that. But
11 those are serious side effects, right, and it's not as
12 good a vaccine. So it's hard to be enthusiastic about
13 it.

14 Now, when people say, "But I really want it."

15 And I say, "Okay, buyer beware. You have a
16 choice." Understanding these risks are extremely
17 rare, and understanding that the vaccine is not quite
18 as effective, it is still a pretty reasonable choice
19 for some people, and we will certainly do it. But we
20 do think Pfizer and Moderna are better choices.

21 MS. CULPEPPER: Thank you, Dr. Dobbs.

22 MR. SHAW: Any other questions?

23 Dr. Dobbs, appreciate it. Thank you for the
24 information.

25 DR. DOBBS: Thank y'all for having me.

1 Have a great day. Stay safe.

2 MR. SHAW: Still an open forum. Any other
3 members of the public.

4 ONW?

5 MS. CULPEPPER: We have nothing to bring
6 forward from ONW at this time. We are still currently
7 working on the scholarships and plan to present a
8 motion to the Board in October for the release of the
9 scholarships.

10 But at this time, I would like to acknowledge
11 Ms. Shan Montgomery will be our interim director until
12 we find someone to replace Mr. Taylor. So at this
13 point, that's all from ONW, sir.

14 MR. SHAW: All right, thank you, ma'am.
15 Dr. Burks - practical nursing.

16 DR. BURKS: Good morning. I have a few
17 items to bring before the board.

18 The first is a proposal request from
19 Mississippi Gulf Coast Community College, and they
20 would like to offer a medical assistant to PN option
21 under the umbrella of a transition into professional
22 nursing pathway. And also, they would like to offer
23 this program as a hybrid option.

24 And with a hybrid option, 24 percent of the
25 total theory hours will be distance learning, 76

1 percent will be the traditional, and their clinicals,
2 lab simulation will still be 100 traditional
3 education, face to face.

4 They are proposing to offer this during the
5 evenings and weekends. And their first cohort,
6 practical, they're looking at having 25 students.

7 What varies with this program is that they
8 would like to offer prior-learning credit. The
9 medical assistant program curriculum in the State of
10 Mississippi, much of that information is also covered
11 in practical nursing programs. So they would like to
12 provide six hours, and that will cover most of the
13 skills and information that practical nursing students
14 receive in the first semester.

15 And I have a breakdown of that prior learning
16 credit. They also have some general education credits
17 and nursing credits which total 54 hours, and the
18 total contact hours is 940, which is equivalent to the
19 traditional practical nursing curriculum.

20 Skills not covered in the medical assistant
21 program since that was an issue with offering prior
22 learning credit. There are some things that's taught
23 in first semester, and what they propose to do is
24 teach those skills in the second semester in their NUR
25 1217 and NUR 1223 courses. And those things would be

1 traditional like Foley insertion, trach care, and so
2 forth.

3 Also, with this proposed study, IV therapy
4 will be taught as a separate course. There are
5 various options within the practical nursing
6 curriculum that will allow it to be taught separate;
7 although, it's integrated into the curriculum.

8 The way that Mississippi Gulf Coast teaches
9 their IV therapy, they actually start first semester.
10 So with them starting first semester, if the students
11 are receiving that prior learning credit, they would
12 not be able to receive that instruction. So instead
13 of it being integrated, it's going to be taught
14 traditionally as that separate course.

15 Also with their transcripts, we wanted to know
16 how would this information look so that when they send
17 them to the boards and they're requesting or getting
18 ready to sit for testing, how would we know that they
19 have completed what they need.

20 So the registrar's office has come up with a
21 title that will say "medical assistant licensure
22 certification experience credit." It will show those
23 six semester hours that they receive credit for the
24 fundamentals of nursing practice, those calculations
25 to pharmacology.

1 Their faculty is adequate for this program.
2 Currently, they have 34 full-time faculty, 5 adjunct.
3 They're all master-prepared. In addition, they're
4 planning to hire a program coordinator, and that
5 person will be responsible for tracking the process of
6 the program - admission and completion.

7 All of the facilities and clinical sites are
8 appropriate for expansion. They just completed an
9 accreditation visit in April. They have a certified
10 simulation lab, and their classrooms are up to date.
11 They are housed with the latest and the greatest, in
12 terms of technology and equipment.

13 My recommendation to the Board is that
14 Mississippi Gulf Coast be allowed the opportunity to
15 pilot the medical assistant to PN option. While this
16 is a wonderful opportunity to expand, there are some
17 concerns regarding implementing this program since it
18 does vary from the traditional PN program outlined in
19 the statewide curriculum.

20 And those concerns are: The proposed
21 curriculum, it slightly differs from the approved
22 standardized curriculum. They are requesting it to be
23 in a hybrid format, and the traditional practical
24 nursing programs in the state right now are 100
25 face-to-face.

1 The proposed program also requests that these
2 students be able to utilize prior learning credit, and
3 this is not an option in the traditional program. And
4 also their plan of study will be slightly revised to
5 include teaching those skills in second and third,
6 which are currently taught in the first semester.

7 In addition, if they are permitted to expand
8 as a pilot program, I recommend that they adhere -- be
9 required to adhere to the current standards of
10 practice, provide Mississippi Board of Nursing with an
11 outcome report, and this will be done six months after
12 the first cohorts graduate. And this information will
13 be used to reassess the pilot status.

14 And in addition to utilizing the standardized
15 course objectives, revise those objectives so that
16 they can reflect an inclusion of first-semester skills
17 in NUR 1217 and NUR 1223.

18 The second proposal is from Northwest
19 Mississippi Community College, and they propose or
20 would like to offer a part-time day program on the
21 DeSoto campus on the odd academic fall semesters.
22 Currently, the DeSoto campus, they have a full-time
23 day program. That program accepts 30 students. Their
24 part-time, evening-weekend program accepts close to 15
25 students on the even academic fall semesters.

1 They're looking at this new market because the
2 students have identified, since COVID, a need for a
3 daytime option, and one of their number one rationale
4 is child care.

5 The part-time option -- a day option, this
6 will allow a slower pace, and it will also meet their
7 needs for child care opportunities.

8 There is some need in the community. In the
9 fall of last year, they had 600 applicants to apply to
10 their program. 56 students met the admission
11 criteria; however, they only had 30 seats available.

12 Also, through their advisory council and
13 clinical partnerships, they have voiced the concern
14 regarding additional options. There was a projected
15 population growth and a healthcare study done, and
16 they're showing there is a need in the Southaven/Olive
17 Branch/Hernando area. Multiple nursing homes have
18 also indicated interest in this.

19 Their physical facilities are available. They
20 do have a lab, a classroom. Clinical facilities are
21 available also for this proposed offering.

22 They do have a request to teach body structure
23 and fundamental together in the fall. And this --
24 because right now, they teach body structure by
25 itself, but it causes other semesters to have a higher

1 load. And so by doing this, its goal is to increase
2 their student success, and it also takes that load off
3 of some of their other semesters where it's very full.
4 Their curriculum goes from simple to complex.

5 The recommendation is they be allowed to
6 implement a part-time program during the day. And the
7 rationale is: They currently have a nighttime
8 part-time program, so this program will basically
9 mirror what they currently have. There is a
10 supporting place on the campus for student success,
11 and student success is always important. Their
12 applicant pool with 600 applicants in the fall. And
13 then DeSoto, their NCLEX test pass rate is 92 percent.
14 And overall, Northwest pass rate is 86 percent.

15 Additional recommendations would also include
16 them completing a status report prior to the start of
17 the fourth semester. The part-time program is a
18 five-semester course.

19 Also, they will need to be -- continue to
20 monitor them as outlined in the standards, provide
21 remediation for those at-risk students because
22 part-time students tend to be at a higher risk of not
23 being successful. Review and revise their student
24 success plan as needed. And also complete the annual
25 report required by the Mississippi Board of Nursing to

1 include that new option.

2 In addition to those two proposals, I also
3 submitted a table, and it shows the total enrollment
4 data for the practical nursing programs. There's 15
5 total programs in the State of Mississippi, and as you
6 can see, it gives you an idea of what the enrollment
7 has been since the fall of 2019 until the spring of
8 2021 for each of the schools.

9 The second graph will show you the graduation
10 data. Typically, the programs -- some of the
11 programs, they have a December graduation; others are
12 in the process right now of having summer graduations.
13 So where you see "pending," it's because many of them
14 are either graduating students this week, or they will
15 be graduating students next week.

16 But as you can see, some areas, there has been
17 a change or a drop in their enrollment. Some of that
18 was caused due to where they may have accepted 5 or 10
19 less students was due to those restrictions in terms
20 of the social distancing that occurred. But going
21 forward, many of them are full, and they do not see
22 that as being a problem in the future.

23 Are there any questions?

24 MR. SHAW: Before we get into that, let's
25 do something because I think the second one, the one

1 about doing the part-time, is pretty painless.

2 Do I have a motion that we go ahead and
3 approve Northwest Mississippi Community College to
4 offer a part-time day program on the DeSoto Campus,
5 LPN program? Do I have a motion?

6 DR. STEWART: I make that motion.

7 MR. SHAW: Motion, Dr. Stewart.

8 Second?

9 MS. CLANTON: Second.

10 MR. SHAW: Second, Ms. Clanton.

11 All in favor?

12 (ALL IN FAVOR.)

13 MR. SHAW: Any opposed?

14 (NO VERBAL RESPONSE.)

15 MR. SHAW: Motion carries.

16 The first one, I just have a couple of
17 questions about. And I've got to plead some ignorance
18 here. I am not 100 percent up on the educational
19 requirements of MAs versus CNAs. I was always kind of
20 told they were similar in some of it.

21 So my question is: Has this program been done
22 anywhere else in the United States, or is this an
23 initial pilot program to have bridged this MA to LPN
24 situation?

25 DR. BURKS: Some places are looking at it

1 now. Medical assistant -- in the State of
2 Mississippi, the medical assistant program, it varies
3 slightly from the CNA program because they now have a
4 standardized curriculum, and that course is taught
5 over the course of two years. I do have a breakdown
6 of all of the things that are covered.

7 So in terms of the extensiveness of the program,
8 it is a little bit more extent than the CNA program.
9 It does align a little bit more with the practical
10 nursing program; however, there are some specific
11 skills. And those specific skills in terms of trach
12 care and Foley, those are two of the main ones -- and
13 IV therapy that are not covered. They do teach
14 pharmacology, and their pharmacology is very detailed.

15 I went to the Mississippi Community College Board
16 requesting a copy, and they did send me a copy of
17 their curriculum. And I also looked at those
18 objectives. So what occurred was, a cross-walk was
19 done, and the cross-walk was done looking at what is
20 required in practical nursing program - start from the
21 first class, which depends on what they're teaching,
22 if it's an umbrella course or the single course, and
23 did a comparison with the medical assistant program.
24 And so, again, those gaps were basically in terms of
25 that IV therapy and also in some of those skills.

1 One of the things that Mississippi Gulf Coast in
2 the body structure in the practical nursing programs
3 is very similar to A&P. Mississippi Gulf Coast, when
4 their students enter a program, their program is a
5 little bit different. They were very innovative 10
6 years ago. So when their students enter initially,
7 traditionally, they're not assigned practical nursing
8 or associate's degree nursing status. They're all
9 assigned as nursing students. So with that, anyone
10 that entered in the program, they must have certain
11 prerequisites. So they're getting A&P before they
12 start their programs, which would offset that body
13 structure that they need in the practical nursing
14 program. So they have that information as well.

15 And looking at those systems, the way that they're
16 taught, they're going to get that again because some
17 is repetitive. So some of that information is going
18 to be covered again in NUR 2017, as well as NUR 1223.

19 MR. SHAW: So basically you're saying that
20 as far as the MA versus CNA, that there is a large gap
21 in difference?

22 DR. BURKS: Yes, sir, there's a huge gap
23 in difference.

24 DR. STEWART: I have a question.

25 MR. SHAW: Yes.

1 DR. STEWART: Dr. Burks, thank you, as
2 always, for your thoroughness and report.

3 I have just a couple of questions, and I honestly
4 have some concerns about the prior credits for the
5 medical assistant.

6 So who oversees? Whereas the State Department of
7 Health oversees CNA programs or CNAs. Who oversees
8 medical assistant programs, like the curriculum, the
9 quality?

10 DR. BURKS: That falls on the Community
11 College Board.

12 DR. STEWART: Okay. And I, you know,
13 certainly defer -- I know you've done your homework.
14 My concern is just prior experience and education,
15 where people are getting credit for certifications or
16 other programs that are not housed under the same
17 accreditation or quality assurance body. It may not
18 be an issue with Mississippi Gulf Coast Community
19 College; however, it may be an issue as we go down the
20 road for someone else who wants to have an accelerated
21 track.

22 So I do have some reservations about that
23 component because I don't know that we can really see
24 the oversight of the medical assistant program
25 curriculum quality in the same way.

1 MS. CULPEPPER: Dr. Burks, it's Sandra,
2 too. I know that not all of them, as far as medical
3 assistants -- I know they can have certification under
4 the Boards of Medical Licensure. So, I guess, my
5 question to that is this: How are they going to
6 delineate between whether they're certified or not
7 because I know that the programs vary in length? So
8 to clarify, you're saying that they're switching over
9 to a two-year course for MAs versus what they had done
10 in the past?

11 DR. BURKS: Yes. And that was my question
12 to them was: How would you note this information of
13 them being certified? And that's when the registrar's
14 office came in. Because what they're doing -- one of
15 their big things is they know what Mississippi
16 requires through the Community College Board. And
17 because now they do have that standardized curriculum
18 through the Community College Board, where they have
19 that vetted process. They review those curriculums.
20 They come together and evaluate that.

21 They're looking at only offering that to
22 individuals in Mississippi. Because one of my
23 questions was: If you've got a person from out of the
24 state or not in the state that is going or interested
25 in this program, how do you know that their education

1 is equivalent? And that was the part that was shared
2 with me, that this is focusing on those individuals
3 who have completed programs in Mississippi because
4 with that, they can pull that curriculum and see this
5 is what they were required to do; these are the
6 standards that they adhered to while they were in that
7 medical assistant program.

8 MS. CULPEPPER: And I guess the only other
9 concern I have, Dr. Burks, and it kind of piggy-backs
10 with Dr. Stewart's because we know that they can
11 practice without being certified. And when that
12 happens, there's no regulation there. And so at least
13 when we're looking at a certified nurse aide, which
14 granted there's a big difference in education, at
15 least they're monitored. So if something occurs out
16 there when they're not certified, we'd have no idea
17 and neither would that school. And so I guess for me,
18 that's a greater concern.

19 DR. STEWART: That is a big concern.

20 DR. BURKS: Okay.

21 MR. CUMMINS: I've got a question.

22 MR. SHAW: Yes.

23 MR. CUMMINS: Dr. Burks, this is Jeremy
24 Cummins. Will the candidates that apply for this
25 program be required to be certified?

1 DR. BURKS: Yes.

2 MS. CULPEPPER: Just one more thing. In
3 response to what you said, Mr. Cummins, the only issue
4 I see with that is, those that are not currently
5 certified, and, for instance, because they are not
6 being monitored right now, they decide they want to go
7 get that LPN, suddenly they've decided, whether
8 they've made mistakes before or not, they're going to
9 go get that certification. We still have no idea what
10 was going on out there.

11 MR. CUMMINS: Right.

12 MS. CULPEPPER: So that's my concern.

13 MR. CUMMINS: Do they have to -- do they
14 have to -- is there criteria for them to become
15 certified? Is there background checks? Is there
16 reference checks before they become certified? I'm
17 like Alton; I'm not familiar with this program.

18 MS. CULPEPPER: So with the MA, I don't
19 know what the policies are for each individual college
20 or proprietary because it does not have to be
21 necessarily a college, such as Northwest that does it
22 or Gulf Coast. It can be anyone that owns a
23 proprietary. And so when you look at it from that
24 perspective, we may not know whether there was a
25 background check done because most of the MAs are

1 going to work in a clinical setting or clinic. And so
2 where you see them in the clinic assisting a physician
3 or nurse practitioner, they're not going to have the
4 same type of training as even the nurse aide would.
5 And so, I guess, that's kind of where I'll follow up
6 with that. Would I be correct, Dr. Burks?

7 DR. BURKS: Yes.

8 MR. SHAW: Any board members on the phone
9 have a question or comment about this?

10 (NO VERBAL RESPONSE.)

11 MR. SHAW: It's a good tool when you look
12 at it on the surface for being able to bridge the gap
13 and get more into the workforce. I just want to step
14 carefully. So when you say it's a pilot program, so
15 they're just going to do it one time and then come
16 back with the data?

17 DR. BURKS: Yes, sir. Instead of giving
18 them permission do this as a permanent program, do it
19 as a pilot because it does vary so much from
20 traditionally what is required and expected in the
21 practical nursing program.

22 MS. CULPEPPER: Dr. Burks made some
23 recommendations on there.

24 MR. SHAW: Yeah.

25 MS. CULPEPPER: So will they adhere?

1 Because I noticed in what you gave us that there was
2 recommendations from you.

3 DR. BURKS: Yes.

4 MS. CULPEPPER: Is that what we're going
5 to suggest that they follow by?

6 DR. BURKS: Yes.

7 MS. CULPEPPER: Or that we will require
8 them to follow by?

9 DR. BURKS: They will be required to
10 follow.

11 MS. CULPEPPER: Thank you.

12 MR. SHAW: So with that being said, do I
13 have a motion to approve the pilot program with
14 included recommendations from Dr. Burks to be
15 implemented?

16 (NO VERBAL RESPONSE.)

17 MR. SHAW: Let me read this. The
18 recommendations: They be allowed the opportunity to
19 pilot the MA to PN program. While the MA to PN
20 program is a wonderful opportunity to expand the
21 nursing workforce, there are some concerns regarding
22 fully implementing the program since it varies from
23 the traditional PN program outlined in the statewide
24 curriculum.

25 The areas of concern: The proposed program

1 curriculum slightly differs from the approved
2 standardized curriculum.

3 Secondly, the request includes hybrid format.
4 Traditional PN program is 100 percent face-to-face.

5 Third, the proposed program request includes
6 allowing individuals to utilize prior learning credit,
7 which is not an option with traditional PN options.

8 And the PN plan of study will be slightly
9 revised to include teaching skills in second and third
10 semester. Currently, all skills except IV therapy is
11 taught in the first semester.

12 And if permitted, would also recommend the
13 following: That the program will be required to
14 adhere to current standards of practical nursing
15 accreditation.

16 The Board of Nursing will be provided with an
17 outcome-status report.

18 And then revised standards course objectives
19 to reflect the inclusion of first-semester skills.

20 I would judge by the quietness when I asked for a
21 motion, there's still a concern. Is this something we
22 need to table and do a little further review and then
23 come back?

24 All right. So thank you, Dr. Burks. We will
25 table this and do a little review of it so that we can

1 make sure that when it is implemented, it's
2 implemented with your recommendations, anything else,
3 any concerns somebody may have.

4 DR. BURKS: Thank you.

5 MR. SHAW: Thank you.

6 Board business: Business meeting minutes from
7 June 18th, 2021. I have a motion we accept those
8 minutes into the record.

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

10 MS. JACKSON: Second.

11 MR. SHAW: Make a motion from Ms. Nancy
12 Norris-Johnson, and seconded by Ms. Jackson.

13 All in favor?

14 (ALL IN FAVOR.)

15 MR. SHAW: Motion carries.

16 Agreed settlement proposal minutes. Accept
17 June 20, 2021, minutes into the record. Do I have a
18 motion for that?

19 MS. JACKSON: I make a motion.

20 MS. NORRIS-JOHNSON: Second.

21 MR. SHAW: We'll say motion, Ms. Jackson.
22 Second, Ms. Nancy Norris-Johnson.

23 Board hearing panel minutes from April 20,
24 2021. I have a motion we accept those into the
25 record.

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

2 MS. JACKSON: Second.

3 MR. SHAW: I have a motion from Ms. Nancy
4 Norris-Johnson. Second, Ms. Jackson.

5 All in favor?

6 (ALL IN FAVOR.)

7 MR. SHAW: And then have a motion we waive
8 reading of names on motions?

9 MR. CUMMINS: Motion.

10 MR. SHAW: Motion, Mr. Cummins. Second?

11 MS. CLANTON: I second.

12 MR. SHAW: All in favor?

13 (ALL IN FAVOR.)

14 MR. SHAW: Motion carries.

15 Future meetings: Our next meeting is scheduled
16 for October 5th, 2021. For those of you that are new,
17 usually -- the reason for this kind -- we usually have
18 them every other month except June and July are back
19 to back, and we skip because August is normally a
20 travel time going to National Council. Since COVID,
21 everything's been virtual, but it still stayed the
22 same. But we will have the meeting next October 5th.
23 Disciplinary hearing will be the 6th and 7th, and then
24 the business meeting, October 8th.

25 There is a change in the panel. It'll be

1 Dr. Stewart. Ms. Nancy Norris-Jackson will be
2 replacing Ms. Shirley Jackson. Ms. Sandra Culpepper.
3 And we still need a volunteer of an RN. We'll get
4 with that and see if anybody's calendar permits and
5 come sit on the panel in October. We usually try to
6 always have two RNs, two LPNs to make sure that
7 whoever is being heard has peer support that's hearing
8 it. Also the fourth is there's an alternate in case
9 somebody knows somebody, then they can recuse
10 themselves.

11 Trey, legislation.

12 MR. BOBINGER: Good morning,
13 Mr. President, board members. I want to congratulate
14 the three new board members. I'm Trey Bobinger; I'm
15 the lobbyist for the board. I look forward to working
16 with each of you.

17 I happen to know Ms. Clanton's husband, but I
18 hope she doesn't hold that against me. Any time you
19 need me, I'm available by cell phone, e-mail, as the
20 other board members and Ms. Johnson knows. So welcome
21 to the board.

22 I'm going to try to be very brief. I wanted
23 to bring up the first issue. The medical marijuana
24 issue is still out there. It's very important; it's
25 taking a lot of attention right now, obviously,

1 whether it's social media, at the State Capitol, our
2 state officials.

3 I will tell you this past Wednesday, Senator
4 Hob Bryan held a third hearing. He said that's
5 probably going to be his final formal hearing, but he
6 feels like they've gathered a lot of good input
7 information from other states, from experts here. So
8 I think that's going to help them in drafting a bill.

9 The lieutenant governor himself recently
10 reached out to this agency and spoke directly to
11 Ms. Johnson. We appreciated him reaching out. He had
12 some questions: Some general, some technical
13 questions that Ms. Johnson discussed with him and
14 answered for him in his thought process in formulating
15 this medical marijuana legislation, which, you know,
16 once it's on the books - it can be amended later - but
17 it's still going to be something everyone is going to
18 have to abide by. So we appreciate that opportunity.

19 As a result, Ms. Johnson had the idea - and I
20 think Ms. Montgomery and I had discussed it -
21 developing talking points from this agency on some key
22 elements that we think would be important in that
23 legislation. So those should be out, correct,
24 Phyllis, very soon? So I think that's a good idea,
25 and something that should be helpful for the board

1 members.

2 Just for way of background, Senator Kevin
3 Blackwell from DeSoto County, Mississippi - he's a
4 good man - he's actually, I think, a nurse prac also,
5 I think, or has some medical background, but he is
6 helping spearhead the drafting of the bill on the
7 senate side.

8 Representative Lee Yancey of Rankin County is
9 working on getting information for the house side. So
10 what we're hoping -- I believe we will have a draft
11 within the next couple of weeks, you know, a rough
12 draft of the new proposed legislation. This would be
13 presented in January -- well, assuming they don't
14 agree. If the house and senate can't agree, Governor
15 Reeves has committed to call a special session of the
16 legislature to take it up, which I think is
17 reasonable, makes sense.

18 But I do think there's a real push for both
19 sides to try to come together and agree on something.
20 Obviously, there's ramifications from a professional
21 standpoint for the nursing profession, but also its
22 citizens of the state. So it's a very important
23 thing; we've been monitoring very closely,
24 communicating. I've attended all of those hearings at
25 the Capitol to monitor those things, so we will keep

1 you posted on that.

2 We've all talked a lot about full-practice
3 authority, for the new board members, you know, just
4 allowing our APRNs to practice fully within their
5 current scope of practice. There's been legislation
6 in the past. It actually passed the house this last
7 session, first time ever. I fully anticipate new
8 legislation coming again in January to basically
9 eliminate the collaboration agreements for fees or
10 with fees.

11 I do want to say that I recently became aware
12 that Ms. Johnson had received a call from the State
13 Medical Association informing her that they had
14 developed a written, drafted, if you will, model
15 contract - I would call it - setting up a
16 collaboration agreement with a standard fee or
17 standardized fee in the contract. There's also some
18 manner in which they would offer a list of physicians
19 for nurse pracs or other APRNs to review to possibly
20 look at for the collaboration purposes.

21 Let me be very clear. Ms. Johnson was
22 informed of this. We were not aware of any drafting
23 or discussions. We were not a part of any discussions
24 or drafting of this. So just wanted you to be clear
25 on that. Ms. Johnson was merely informed of this

1 after the fact. So, again, just wanted to clarify
2 that. If Ms. Johnson would like to in her
3 presentation, she can certainly add to that.

4 The last thing I'll mention on a lighter note.
5 Next week is the famous Neshoba County Fair. I know
6 T.J. is watching on here. There are certain members
7 that enjoy the fair. I normally go; unfortunately, I
8 have a conflict. Just so you know, the speakings of
9 the governor and lieutenant governor and other state
10 and district-wide officials will occur next Wednesday
11 and Thursday. If you've never been to the fair, it's
12 just interesting to listen. They've got great
13 corn dogs and junk food, as I sit here in front of the
14 Board of Nursing. Actually, there's some good fair
15 food, Phyllis. But, seriously, it's good. You see a
16 lot of people. The business community will be
17 represented there with various groups.

18 The folks are very hospitable. They will
19 invite you into their cabins to eat with them, even if
20 you don't know them. So I just throw that out. But
21 the political speakings are always interesting to
22 listen to the governor, lieutenant governor, the
23 speaker. So I just wanted to mention that to the
24 board as well.

25 At this time, Mr. President, that concludes my

1 presentation, unless there are any questions from the
2 board members.

3 MR. SHAW: Any questions for Trey on
4 legislation or about what's good to eat at the fair?

5 All right. Thank you, Trey.

6 MR. BOBINGER: Oh, yeah. Also, I wanted
7 to mention on our budget coming up that I assume we
8 have submitted or we're right at submission. I know,
9 and I really want to say this on a personal note. The
10 great work that Shan Montgomery does in putting this
11 budget together, and I sincerely mean that. It is so
12 much work, and I help during the session, but she does
13 all the grinding and, of course, Ms. Johnson and other
14 staff, but Shan really takes the lead on that.
15 There's a lot to that, putting those numbers together
16 forecasting, particularly with things like COVID,
17 makes it very difficult to know. But there's been a
18 lot of work put into that. Thank you, Shan. And that
19 budget will be submitted.

20 There's something called the LBO, Legislative
21 Budget Office. They require all state agencies to
22 submit their budgets in advance of the session to be
23 reviewed and studied and recommendations made.

24 So aside from all substantive legislation, we
25 have to be very focused on our budget, which runs and

1 operates the day-to-day activities of the Board of
2 Nursing. So I wanted to make you clear on that as
3 well. If there's no other questions, I'll turn it
4 back to you, Mr. President. Thank you.

5 MR. SHAW: Thank you, Trey.

6 With that said, Dr. Johnson.

7 MS. JOHNSON: Well, thank you, Mr. Chair.
8 Let me take this opportunity to welcome the three
9 newest board members to the Board of Nursing. We are
10 indeed elated and happy to have you as part of this
11 illustrious and busy organization. So thank you very
12 much. We look forward to the skill set that you
13 bring. And just jump right in and get your feet wet,
14 and we'll keep you afloat. That's the best I can say
15 on that. Thank you, all.

16 Also, to start this off, I have a couple of things
17 I want to bring to your attention on the updates.
18 First of all, Dr. Michelle Owens may be on the call;
19 I'm not sure.

20 DR. STEWART: She is.

21 MR. SHAW: Her picture is up there.

22 MS. JOHNSON: I see her picture up there.
23 And Dr. Michelle Owens received an award from
24 University of Mississippi Medical Center, and it is a
25 very prestigious award if you know Dr. Helen Barnes.

1 Dr. Helen Barnes diversity and inclusion award was
2 awarded to Dr. Michelle Owens, who is a member of our
3 board of directors. And she serves as a professor -
4 there she is - at the Department of OB/GYN School of
5 Medicine at University of Mississippi Medical Center.
6 So I want to take this opportunity, although she
7 didn't tell me; I had to find out by a little birdy -
8 and so I get upset when my board members don't tell me
9 about things like this. But if you know Dr. Owens,
10 you know how humble she is, and so we can appreciate
11 that. But I would just like to applaud her, if you
12 would join me, in this most prestigious award.

13 DR. OWENS: Oh, shucks, y'all.

14 Thank you so much, Phyllis. That was really
15 awesome. I would not have said that. I was really
16 honored to have been selected for that award.
17 Dr. Barnes has been a phenomenal influence in my life,
18 and so to have been tapped to be honored with an award
19 that bears her name, meant everything to me. But, you
20 know, I just appreciate being able to work with such
21 fantastic people. You guys set the bar so high, I
22 feel like I have to go out and win awards or do
23 something, just so that I earn my seat at the edge of
24 the table. But thanks so much for everything. And
25 I'm a little embarrassed. I'm going to go back to my

1 picture now. But thanks so much for that.

2 MR. SHAW: Thank you.

3 MS. JOHNSON: Thank you. And if you don't
4 know Dr. Helen Barnes, she's been a frontier in so
5 many ways in the medical profession. Look her up;
6 you'll be interested to learn a lot of good things
7 about her.

8 And additionally, we have one of our own whom I'd
9 like to highlight. Ms. Shan Montgomery, who you all
10 know is my right and my left hand. And Shan has been
11 selected as one of the Mississippi Business Journal's
12 50 leading business women for 2021, and she will be
13 honored at a luncheon on August the 19th at Old
14 Capitol Inn, along with other honorees for this most
15 deserving award. She is definitely well-deserving of
16 this award. So thank you, Shan, for all you do each
17 and every day for the Mississippi Board of Nursing.
18 And thank you for being selected and chosen. I
19 already knew that, but now the State of Mississippi
20 knows that. You are the top 10 for me. So thank you.
21 So if we would, give Shan a round of applause.

22 So I have a phenomenal staff. And if you haven't
23 realized that, then, you know, this is a team effort.
24 There is no "I" in team, and I love it that way. We
25 all work together.

1 So my staff -- the staff here at the Board of
2 Nursing, it's a testament to what you all do in your
3 leadership role as the board of directors. They are
4 committed; they are dedicated. I can't thank them
5 enough for what they do each and every day. We have
6 over 65,000 -- approximately over 65,000 licensees
7 that we're responsible for and over 74,000 licenses
8 that we're responsible for because there are duplicate
9 licenses that some of these nurses hold.

10 We take our job very seriously, and our job is to
11 protect the safety of the citizens of the State of
12 Mississippi that receive nursing care. And if you
13 hadn't noticed, nursing was catapulted to the front in
14 March of 2020. It was always at the front, but
15 everybody took notice because who takes care of you
16 when you're sick at the bedside? A nurse; it's a
17 nurse.

18 And so there is a dire shortage. I think we've
19 heard that from Dr. Temple's report. There's a little
20 bit of a shortage there, but there is a shortage.
21 It's been projected for two decades now. It's here,
22 and COVID has impacted that tremendously: burnout,
23 stress. I think someone mentioned the morals. Was
24 that Dr. Stewart? I mean, we have people leaving
25 nursing.

1 So it's very important that we do all we can.
2 Obviously, there's some workforces working hard to do
3 that, to get young people involved or even people that
4 want a second career in the nursing profession. So I
5 applaud the Board of Directors for all that you do in
6 working with us to ensure that we have the
7 legislation, working with Trey, and the legislative
8 body to ensure that we get what we can to get nurses
9 into the workforce. So that's my little soapbox for
10 today.

11 Additional updates that I want you all to be aware
12 of. We have the annual meeting, again, coming up
13 August 18th and 19th with NCSBN. You can attend. It
14 is complimentary to members. If you have not
15 registered, please do so.

16 I did re-send the NLC registration link prior to
17 coming into the meeting today. That occurs on August
18 the 17th, and you are privy to that as well. So if
19 you have not registered, please register because I
20 think the deadline is the 29th of July, if I'm not
21 mistaken. So make sure that you go ahead and click on
22 the link and get registered. If you have any
23 questions, feel free to contact me, and I'll assist
24 you with that.

25 The other thing is the Board of Nursing retreat.

1 That has been planned for August 29th through August
2 the 31st at the new Sheraton Refuge Center in Flowood.
3 And so you will come in on the 29th. We have two full
4 days of intense education on board governance - let me
5 put it that way. And I think you're going to really,
6 really enjoy.

7 We have three dynamic speakers. I won't tell you
8 who they are at this point. The agenda has been
9 planned. But I think you're going to be in for a
10 great surprise, and I think you're going to enjoy it
11 tremendously. I haven't been to the new facility, but
12 I've heard it is gorgeous. So I'm a little bit
13 jealous that I haven't been out there yet. Shan and
14 Vanessa have enjoyed it tremendously. So look forward
15 to a great time.

16 If you have not gotten with Vanessa about your
17 accommodations, please do so -- please do so, and let
18 her know. Any questions, please direct them to me.
19 You have my e-mail, my contact information or to
20 Vanessa Gray, and she can accommodate you with that.

21 A couple of other things I just wanted to bring to
22 your attention. My report is brief.

23 The Board of Nursing did attend the Mississippi
24 Business Journal best places to work event because we
25 were selected as one of the best places to work in the

1 State of Mississippi. So, again, that's a testament
2 -- that's something that the staff does, and then they
3 have this contingent or advisory board that votes on
4 who gets selected - Mississippi Business Journal does.
5 So that's a testament, again, to the staff and the
6 hard work that they do and your leadership abilities
7 in directing us in our daily operations.

8 I think those are the high points that I wanted to
9 bring out. We have been busy in practical nursing
10 education. As you can see, Dr. Burks is hard at work
11 all the time. The standards are coming up for review,
12 so we're going to be involved in that because I think
13 in 2022 is when we have to look at revising those
14 standards. And she's already working on it - has made
15 some great recommendations. She'll be bringing that
16 forth closer to that time and meeting with the
17 respective individuals that need to be involved in
18 that particular process.

19 She did attend some pinning ceremonies at Coahoma
20 Community College and also Co-Lin Community College
21 since our last board meeting. So we are out there.
22 We like to be visual, and we like to attend whenever
23 possible, if our schedules will allow anything that
24 the Board of Nursing is involved in.

25 So with that, I think that's all that I have. But

1 I did want to comment on the legal department. Brett
2 Thompson-May - I think is on the call - did a
3 phenomenal job. Brett has also been involved in this
4 process with the budget and the strategic plan that
5 Shan and I work on. It is labor-intensive -- very
6 labor-intensive, and this is the time of the year that
7 we get a little stressed, to say the least, that we
8 have to have the strategic plan, the budget, and a lot
9 of things moving forward at one time. So from usually
10 about March to about August, we're in overload mode.

11 So Brett has done a tremendous job. And also the
12 legal department did a tremendous job with our
13 hearings this week. So I wanted to give them kudos on
14 that.

15 Because if you don't know, we had a couple of
16 COVID situations, not directly in the board but people
17 that were -- staff members that had traveled, that,
18 you know, ended up having some COVID situations.

19 So we had to, at the drop of a dime, change
20 course, and everything that would have been done on
21 site had to be done virtually. Legal did a tremendous
22 job. Within less than 24 hours, we were able to make
23 that happen. And I've been told, and I have observed
24 that the hearings went extremely well, like a fine-
25 oiled machine. And all of our legal staff was

1 basically off site and did everything virtually. So
2 thank you, Brett, and to the legal staff and to the
3 other employees here at the board that stepped up.
4 There were non-legal people that stepped up and never
5 missed a beat. And so we were able to carry that out.

6 And so thank you all, again, to the staff for the
7 hard work that they do.

8 I do want to reference that Ms. Sandra Culpepper,
9 who is one of our board members, has been re-appointed
10 to the National Council State Boards of Nursing - item
11 review for NCLEX. It's the LPN.

12 MS. CULPEPPER: NGN.

13 MS. JOHNSON: NGN. Yeah, NextGen. And
14 she served on it last year, the previous two years, as
15 a matter of fact, and so she's been re-appointed.

16 Additionally, I wanted to highlight that one of my
17 new employees, Ms. Sheron Russell, who is an RN, has
18 been selected by the NCSBN Board of Directors to serve
19 on the item review subcommittee for the NCLEX-RN. So
20 Mississippi always steps up. I highly encourage our
21 board members to participate in those committees at
22 the national level, as well as our staff.

23 So with that being said, I yield.

24 MR. SHAW: Any questions for Dr. Johnson?

25 And just to kind of give a quick thing. We

1 keep talking about LPN and all of this. If you
2 weren't familiar, just kind of talk to the new ones a
3 little bit.

4 A few years ago the Community College Board
5 came and said, you know, "Would y'all be interested in
6 doing the LPN curriculum and accreditation and
7 everything like that?" So it got changed in state law
8 and transitioned over, so we now do the regulations on
9 those. IHL still completely does RN and APRN. So
10 that's the only one we have here.

11 Budget report.

12 DR. STEWART: Okay. I want to give
13 probably a 30-minute budget report because Alton is
14 checking his watch here.

15 In your packets, you have slides, and you also
16 have full-budget reports from Shan, who does the hard
17 work. I just get to relish in her glory here and give
18 you the report. So I'll go through that very quickly
19 - the slides that you have.

20 As Ms. Johnson just said, right now really is
21 a busy time. And in terms of budget, there are three
22 budget numbers that we're actually looking at, and you
23 have these on page 2.

24 We're looking at our actual expenses from our
25 fiscal year that closed June 30th. We're looking at

1 our estimated expenses for 2022, which, of course, has
2 already been appropriated. And then we are also just
3 a couple of days away, I think, from submitting that
4 final budget for fiscal year 2023.

5 So on that first slide, you'll see that our
6 actual expenses right now are at 4.4 million and some
7 change. For fiscal year '22, the difference there is
8 an increase in salary across the board for our staff
9 of 3 percent. If you do the numbers, you'll see that
10 it's not a full 3 percent because those increases will
11 go into effect on January the 1st, so it's actually
12 half of a year that is reflected in those numbers.

13 Now, just so you note, there may be a cap in
14 terms of what salaries can be for state's employees.
15 And so if we have a staff person that exceeds that
16 cap, they may not get the full 3 percent. But from a
17 budgetary perspective, we did include the 3 percent in
18 hopes that that would be the case.

19 The only person who did not - and this is
20 legislative as well, is our executive director is not
21 included in that 3 percent increase.

22 And then lastly for fiscal year '23, what we
23 are about to submit, it's an increase of about 2.5
24 percent. And this number reflects the full 3-percent
25 increase for salaries, so for the 12 months. It also

1 includes a \$50,000 increase request for the executive
2 director, and it includes the request for a position -
3 that we've asked for before and hope we'll get it this
4 time - is for a court reporter for the board.

5 So our request, again, is up by about
6 2-and-half-percent at 5.3 million for '23. And we're
7 just, like I said, a couple of days away from hitting
8 the "submit" button.

9 Any questions?

10 MR. SHAW: Any questions? I have a motion
11 we approve the budget.

12 MS. JACKSON: I make a motion.

13 MR. SHAW: Motion, Ms. Jackson.

14 Second?

15 MS. JOHNSON: Second.

16 MR. SHAW: Second, Ms. Johnson.

17 All in favor?

18 (ALL IN FAVOR.)

19 MR. SHAW: Any opposed?

20 (NO VERBAL RESPONSE.)

21 MR. SHAW: Motion carries.

22 All right, committee reports: Executive
23 committee.

24 We do have a couple of things. Basically,
25 there is a joint motion to dismiss the appeal of the

1 full board, based on someone was going to appeal; they
2 chose not to. They all agreed to it. So when you get
3 down to the end, no, we don't have to hang around
4 today because that one's gone, too.

5 But anyway, I have a motion that we accept the
6 dismissal of case number 014073.

7 DR. STEWART: I so move.

8 MR. SHAW: Motion. Second?

9 MS. NORRIS-JOHNSON: Second.

10 MR. SHAW: Second, Ms. Norris-Johnson.

11 All in favor?

12 (ALL IN FAVOR.)

13 MR. SHAW: Any opposed?

14 (NO VERBAL RESPONSE.)

15 MR. SHAW: Motion carries.

16 And then the surety bond. Coming in as a new
17 treasurer, each treasurer has to be bonded, even
18 though they never really actually touch money. But
19 still it has to be bonded. And I always remind
20 people. Bonds do not protect the person; they protect
21 the entity from the person. So if anything turns up
22 missing, the bond makes the entity whole.

23 But I have a motion that we approve the bond. Is
24 it \$50,000?

25 DR. STEWART: Yes.

1 MR. SHAW: The bond amount of \$50,000
2 surety bond for our treasurer.

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

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

5 Second?

6 MR. CUMMINS: Second.

7 MR. SHAW: Second, Jeremy. All in favor?

8 (ALL IN FAVOR.)

9 MR. SHAW: Motion carries.

10 We've already spoken about the retreat and
11 encouraged everybody to try to make that. We were
12 talking last night. You know, normally, we have this
13 in January, and it got pushed back because of COVID
14 and some other things, but looking at it and thinking
15 about it, this is probably a better time of the year
16 because new board members come in July 1. So it kind
17 of fits in with a good program, so it might be
18 something as we make the agenda up for next year, a
19 calendar, to kind of look forward to.

20 Compliance committee - any?

21 MS. NORRIS-JOHNSON: I have two.

22 MR. SHAW: You have two; okay.

23 MS. NORRIS-JOHNSON: I need a motion. I
24 move that the board adopt the compliance committee
25 recommendation to approve 120 calendar days, extended

1 for license number P-333909 on a final order
2 requirement to complete the board-approved nursing
3 refresher course.

4 MR. SHAW: Any questions on that?

5 (NO VERBAL RESPONSE.)

6 MR. SHAW: I have a motion we approve the
7 120-day extension to meet the compliance.

8 MS. JACKSON: I make a motion.

9 MR. SHAW: All in favor?

10 (ALL IN FAVOR.)

11 MR. SHAW: And then the second one.

12 MS. NORRIS-JOHNSON: I move that the board
13 adopt the compliance committee recommendation to the
14 following: A formal reprimand to be accepted for
15 ratification for license R-882112.

16 MR. SHAW: I have a request that a formal
17 reprimand for a revocation out of compliance. Any
18 questions on that?

19 All in favor?

20 (ALL IN FAVOR.)

21 MS. NORRIS-JOHNSON: Who made the motion?

22 MR. SHAW: You did.

23 Is that all for compliance?

24 MS. NORRIS-JOHNSON: Yes.

25 MR. SHAW: Advance practice had no meeting

1 today because there was nothing to discuss.

2 Practice committee.

3 DR. STEWART: We had a meeting, but we
4 have no motion.

5 MR. SHAW: Outstanding. With that being
6 said, the other committees, we're going to be re-doing
7 this. Would normally have had committees
8 re-established and re-populated by this meeting, but
9 with the new members coming on, I wanted to kind of
10 talk with them a little bit. But we'll get some
11 things going. There is one we're doing. We're going
12 to continue the finance committee that will be chaired
13 by Dr. Stewart. Also on that, as immediate past
14 treasurer, Dr. King, Mr. Jeremy Cummins, Vanessa Gray,
15 and Shan Montgomery.

16 As far as the other ones, we will have the
17 practice committees, which deals with LPN and RN
18 issues; advanced practice, which deals with APRN
19 issues; and compliance which deals with people wanting
20 to change their orders, but really that's what it
21 amounts to. From the disciplinary orders that come
22 in, if there's a problem or request, it goes to
23 compliance to look at to see if they're meeting it or
24 if the request is doable or something like that. So
25 that's the standing committees in there. We also have

1 an administrative code ad hoc committee that deals
2 with going in and making adjustments and
3 modifications, inclusions, and exclusions on our
4 administrative code.

5 So I'll be getting with y'all as far as
6 interest and what you're looking for and kind of go
7 from there on getting some committee assignments.

8 With that said, we've already talked about the
9 NCSBN meeting. The delegates for that will be
10 Ms. Sandra Culpepper and Dr. Stewart, alternates,
11 Ms. Shirley Jackson and Ms. Nancy Johnson.

12 Any other business?

13 MS. JOHNSON: Mr. Chair.

14 MR. SHAW: Yes.

15 MS. JOHNSON: I just wanted to bring up
16 that I did receive an e-mail from the OLRC. We're
17 scheduled August 4th at 2:00 o'clock P.M. to look
18 at -- there are two. I can't remember which two it
19 was, but we're on there to meet at the Sillers
20 building to present two outstanding regulations that
21 we have. I think under the emergency room, maybe, but
22 to finalize those two. Just before I came in, hot off
23 the press.

24 MR. SHAW: All right.

25 MS. JOHNSON: I'll let you know if that

1 changes, but I just wanted to put that out there.

2 MR. SHAW: Good deal. I would imagine our
3 ConEd hours --

4 MS. JOHNSON: Continuing ed is one of
5 them.

6 MR. SHAW: And the moderate practice.

7 MS. JOHNSON: I'm not sure if it's the
8 moderate practice, but I'll double-check and let you
9 know.

10 MR. SHAW: All right. With that said, any
11 other board business?

12 (NO VERBAL RESPONSE.)

13 MR. SHAW: I don't know who's going to do
14 it because Jan's not here. But I would ask for a
15 motion that we adjourn.

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

17 MS. JACKSON: Second.

18 MR. SHAW: Motion, Ms. Norris-Jackson.
19 Second, Ms. Jackson.

20 All in favor?

21 (ALL IN FAVOR.)

22 (Whereupon, the above-entitled proceedings
23 concluded at 12:22 P.M.)

24

25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

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 15th day of August, 2021.

CYNTHIA HARRIS, RPR, CCR 1828

MY COMMISSION EXPIRES: DECEMBER 10TH, 2021