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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

F I N A L M I N U T E S

MEETING OF:

STATE BOARD OF NURSING

TIME: 9:13 A.M.

Held at

PENNSYLVANIA DEPARTMENT OF STATE

2601 North Third Street

One Penn Center, Board Room C

Harrisburg, Pennsylvania 17110

as well as

VIA MICROSOFT TEAMS

October 28, 2022

State Board of Nursing
October 28, 2022

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BOARD MEMBERS:

- Linda L. Kmetz, PhD, RN, Chair
- Arion R. Claggett, Acting Commissioner, Bureau of Professional and Occupational Affairs
- Ann Michele Coughlin, DNP, MBA, RN, Vice Chair
- Sue E. Hertzler, LPN
- Linda A. Kerns, Esquire, Public Member
- Kristin Malady, BSN, RN
- Bridget E. Vincent, MSN, CRNP, APN-BC, CCRN
- Colby P. Hunsberger, DNP, RN, CNEcl
- Tina D. Siegel, LPN

COMMONWEALTH ATTORNEYS:

- Carole Clarke Smith, Esquire, Senior Board Counsel
- Judith Pachter Schulder, Esquire, Board Counsel
- Ariel E. O'Malley, Esquire, Board Counsel
- Todd P. Kriner, Esquire, Board Counsel
- Megan E. Castor, Esquire, Board Counsel
- William Newport, Esquire, Senior Board Prosecutor in Charge, Board Prosecution Co-Liaison
- T'rese Evancho, Esquire, Board Prosecutor, Board Prosecution Co-Liaison
- Trista Boyd, Esquire, Board Prosecutor
- David J. Schertz, Esquire, Board Prosecutor
- Codi M. Tucker, Esquire, Board Prosecutor
- Kathryn E. Bellfy, Esquire, Board Prosecutor

DEPARTMENT OF STATE AND BOARD STAFF:

- Wendy J. Miller, MSN, RN, Executive Secretary
- Cynthia K. Miller, Board Administrator
- Sue Petula, PhD, MSN, RN, NEA-BC, FRE, Nursing Education Advisor
- Susan Bolig, RN, Nursing Practice Advisor
- Leslie House, MSN, RN, Nursing Practice Advisor
- Ann Marie Zvorsky, MSN, RN, CNE, Nursing Practice Advisor
- Marc Farrell, Deputy Policy Director, Department of State
- Danie Bendesky, Director, Intergovernmental Affairs, Department of State
- Adrian Piechowicz, Paralegal, Prosecution Division

State Board of Nursing
October 28, 2022

ALSO PRESENT: (Cont.)

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7 Jennifer Smeltz, Republican Executive Director
8 Senate Consumer Protection & Professional Licensure
9 Committee
10 Lori Spiezio, RN, Montgomery County Community College
11 Andrea Wandling, Human Resources Manager,
12 Pennsylvania Association of Community Health
13 Centers
14 Gail Holby, MSN, BSRN, Practical Nursing
15 Director/Coordinator, Wilkes-Barre Area Career and
16 Technology Center
17 Justin Keller, BSN, RN
18 Kathleen Rundquist, MSN, RN, Nurse Administrator and
19 Financial Aid Administrator, Franklin County
20 Practical Nursing Program
21 Nicole Campbell, Division Chief, Division of Law
22 Enforcement Education and Trade Schools, Department
23 of Education
24 Jenny Piper, Board Administrator, Private Licensed
25 Schools, Pennsylvania Department of Education Bureau
26 of Postsecondary and Adult Education
27 Jean Marie Truman, Director of Assessment/Program
28 Review and Associate Professor of Nursing,
29 University of Pittsburgh at Bradford
30 Lisa Urban, RN, MSN, Nursing Instructor, Greater
31 Altoona Career and Technology Center
32 Ramona McCormick, DNP, CRNA, Tower Health
33 Kelly Kuhns, PhD, RN, CNE, Professor and Department
34 Chair, Millersville University
35 Katrina Maurer, FNP, CRNP-BC, Family Nurse
36 Practitioner, Honesdale VA Outpatient Clinic,
37 Fortis Institute
38 Lisa Claypool Stevenson, Senior Associate Counsel,
39 UPMC
40 Teri Henning, Esquire, Chief Executive Officer,
41 Pennsylvania Homecare Association
42 Barbara A. Todd, DNP, ACNP-BP, FAANP, FAAN, Strategic
43 Planning Steering Committee Member, Pennsylvania
44 Coalition of Nurse Practitioners
45 Teresa Moore, MS, NCC, Case Manager, Nurse Peer
46 Assistance Program
47 Deborah Little, EdD, RN, CNE, Corporate Assistant
48 Dean of Nursing, Lincoln Educational Services
49 Stacey Wheaton, Health Instructor at Greene County
50 Career and Technology Center

State Board of Nursing
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ALSO PRESENT: (Cont.)

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7 Kathleen Prendergast, LPN Program Educator,
8 Delaware County Technical School
9 Deb Portone, Faculty member, Pennsylvania Institute
10 of Technology Practical Nurse Program
11 Katie Noss, Manager, Clinical and Quality
12 Improvement, Pennsylvania Association of Community
13 Health Centers
14 Katrina Claghorn, MS, RD, LDN, Pennsylvania Academy
15 of Nutrition & Dietetics
16 Kerry Lange, Milliron & Goodman, LLC
17 Tyler Burke, Milliron & Goodman, LLC
18 Wesley J. Rish, Esquire, Rish Law Office, LLC
19 Janet Yontas, Director of Practical Nursing,
20 Practical Nursing Career Technology Center
21 Lackawanna County
22 Tom Dougherty, III, Government Relations Specialist,
23 Pennsylvania State Nurses Association
24 Sarah Hexem Hubbard, Esquire, Executive Director at
25 the National Nurse-Led Care Consortium
26 Jenny Horn Gimbel, Director, Pennsylvania Action
27 Coalition
28 Cheryl Schlamb, DNP, CRNP, President, Pennsylvania
29 Coalition of Nurse Practitioners
30 Lori Spiezio, RN, Lansdale School of Business
31 Practical Nursing Program
32 Marlon Keller, President, Lansdale School of Business
33 Marianne Johnson, President, Lansdale School of
34 Business
35 Nicole Sidle, Republican Executive Director, House
36 Professional Licensure Committee
37 Shauna F. Boscaccy, GSL Public Strategies Group,
38 Pennsylvania Association of Nurse Anesthetists
39 Amy Felix, CRNP, RN, Burnout Anticipation
40 Technologies
41 Heather Haines, BSN, RN, Practical Nursing
42 Coordinator, Practical Nurse Program, Mifflin
43 County Academy of Science and Technology
44 Maria Battista, JD, EdD
45 Adele Caruso, DNP, CRNP, Pennsylvania Coalition of
46 Nurse Practitioners
47 P. Daniel Altland, Esquire, Pennsylvania Association
48 of Nurse Anesthetists
49 Kate McHugh, CNM, MSN, Co-Chair, Legislative
50 Committee, PA-ACNM

State Board of Nursing
October 28, 2022

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ALSO PRESENT: (Cont.)

Andrea Weaver, SEIU Healthcare Pennsylvania
Kathryn Witherow, Sargent's Court Reporting Service,
Inc.

1 ***

2 State Board of Nursing

3 October 28, 2022

4 ***

5 The regularly scheduled meeting of the State
6 Board of Nursing was held on Friday, October 28,
7 2022. Linda L. Kmetz, PhD, RN, Chair, called the
8 meeting to order at 9:13 a.m.

9 ***

10 Introduction of Board Members

11 [Linda L. Kmetz, PhD, RN, Chair, requested an
12 introduction of Board members.]

13 ***

14 Introduction of Board Staff and Board Counsel

15 ***

16 Introduction of Gallery and Virtual Attendees

17 ***

18 [Judith Pachter Schulder, Esquire, Board Counsel,
19 reminded everyone that the meeting was being recorded
20 and voluntary participation constituted consent to be
21 recorded.]

22 ***

23 Adoption of the Agenda

24 CHAIR KMETZ:

25 We have the agenda before us. Any

1 additions or corrections? We have
2 additional recusals on 66 and 67.

3 MS. PACHTER SCHULDER:

4 That is the addition of Hertzler to
5 both 66 and 67.

6 CHAIR KMETZ:

7 Hearing no other additions or
8 corrections, may I have a motion for
9 approval?

10 MS. VINCENT:

11 So moved.

12 MS. MALADY:

13 Second.

14 CHAIR KMETZ:

15 All those in favor? Opposed?
16 Abstentions?

17 [The motion carried unanimously.]

18 ***

19 Adoption of Minutes of June 10, 2022

20 CHAIR KMETZ:

21 The minutes of the June and September
22 meetings we have attached. Are there
23 any additions or corrections to the
24 June meeting? Hearing and seeing none,
25 may I have a motion for approval?

1 MS. VINCENT:

2 So moved.

3 MS. MALADY:

4 Second.

5 CHAIR KMETZ:

6 All those in favor? Opposed?

7 Abstentions?

8 [The motion carried unanimously.]

9 ***

10 Adoption of Minutes of September 7, 2022

11 CHAIR KMETZ:

12 The September meeting, any additions or
13 corrections? Hearing and seeing none,
14 may I have a motion for approval?

15 MS. VINCENT:

16 So moved.

17 MS. MALADY:

18 Second.

19 CHAIR KMETZ:

20 All those in favor? Opposed?

21 Abstentions?

22 [The motion carried unanimously.]

23 ***

24 Report of Prosecutorial Division

25 [Chair Kmetz noted VRP Consent Agreement items 2

1 through 15.]

2 ***

3 [Chair Kmetz noted Ms. Bellfy's items 16 through 20.]

4 ***

5 [Chair Kmetz noted Ms. Boyd's item 21.]

6 ***

7 [Chair Kmetz noted Ms. Evancho's items 22 and 24.]

8 ***

9 [Chair Kmetz noted Mr. Schertz's items 25 and 26.]

10 ***

11 [Chair Kmetz noted Mr. Sniscak's items 27 through 29
12 presented by Ms. Tucker on behalf of Mr. Sniscak.]

13 ***

14 [Chair Kmetz noted Ms. Tucker's items 30 and 31.]

15 ***

16 Appointment - Princeton Information and Technology
17 Center's (PITC) Response to the Board's Request for
18 Additional Information Regarding the Proposal of an
19 Online Curriculum

20 [Alex Aduboahen, MSN, Practical Nursing Director;
21 Suja Johnson, BSN, Practical Nursing Clinical
22 Director; Martin Dineen, MSN, Practical Nursing
23 Instructor/Student Services; and Yamaris Rivera,
24 Associate Degree, Site Manager, presented on behalf
25 of PITC.]

1 Mr. Dineen explained that PITC provided its
2 distance education proposal to the Board on September
3 29 that cited studies concerning distance education
4 with virtual simulation (vSim). He stated distance
5 education could bring more nursing students into
6 schools and referred to the shortage in nursing
7 estimated to be between 250,000 to 400,000.

8 Ms. Pachter Schulder asked whether PITC's current
9 program is hybrid or residential.

10 Ms. Rivera stated that during COVID, the program
11 went online, but as of June 13, 2022, PITC went back
12 to fully residential classes with a component where
13 students would take only general education classes
14 online. She noted all nursing courses are taught in
15 the building as well as clinicals.

16 Ms. Pachter Schulder asked whether any of the
17 studies presented in the response address Practical
18 Nursing as requested by the Board.

19 Mr. Dineen stated many of the studies came from
20 Registered Nurse (RN) programs, and one of them was
21 the meta-analysis that came from Licensed Practical
22 Nurse (LPN) programs. He noted most RN programs
23 offer an LPN option to test out after the first year.

24 Dr. Hunsberger referred to the study cited by
25 PITC that mentioned an article, Doleen J. et al. 2016

1 *The Effects of Using High-Fidelity Simulation in*
2 *Undergraduate Nursing Education* and questioned the
3 applicability of the study since the article noted
4 that virtual simulation was excluded from the study.
5 Dr. Hunsberger further questioned the justification
6 for using low-to mid-fidelity simulation, virtual
7 simulation, eLearning, and web-based simulation since
8 all but high-fidelity simulation were excluded from
9 the study.

10 Mr. Dineen agreed that the study excluded vSim
11 but indicated that other articles talked about the
12 benefits of simulation, both virtual and live
13 simulation.

14 Ms. Pachter Schulder requested more information
15 regarding the didactic, lab, and clinical courses.

16 Mr. Dineen noted that the proposal would still
17 have a clinical component with hands-on clinical
18 experience, and the simulation and virtual simulation
19 would be a small portion of that. He noted about 25-
20 30 percent of the clinical could be online, virtual
21 or in-lab, as opposed to hands on. Ms. Rivera added
22 that there would also be hands-on practice for some
23 didactic classes.

24 Mr. Aduboahen discussed the number of clinical
25 hours, noting a total of 860 hours of clinical, 300

1 virtual simulation hours, and 500 hours where the
2 students physically meet patients and 60 additional
3 hours for high-fidelity simulation. He explained
4 that nursing fundamentals, med/surg, pharmacology,
5 pediatrics and obstetrics would be via vSim, of which
6 there are ten virtual simulations for each subject.

7 Mr. Dineen clarified that PITC uses the
8 Assessment Technologies Institute (ATI) for virtual
9 simulation for the nursing courses that Mr. Aduboahen
10 referenced noting that they are specifically geared
11 toward the PN student. He noted the courses have a
12 minimum of 10 virtual simulations in each course and
13 well over 30 to 40 hours of clinical simulation
14 within ATI. Instructors can set the virtual
15 simulations for a specific timeframe of a specific
16 period.

17 Mr. Aduboahen and Mr. Dineen further noted PITC
18 also uses Lippincott Company's thePoint, which
19 provides instructor and student resources with video
20 and clinical simulations. He mentioned that
21 instructors could set up virtual simulations for a
22 specific time frame as an assignment and also have
23 the option to leave the simulation open for the
24 students.

25 Ms. Johnson addressed the number of students in

1 each cohort, the sim-lab schedule, and the student-
2 teacher ratio. She explained that weekday clinicals
3 are held on Tuesdays and Wednesdays, and weekend
4 clinicals are held on alternating weekends. The
5 schedule for both is from 8:00 a.m. to 10:00 a.m. for
6 preconference time, from 10:00 a.m. to 1:00 p.m. for
7 virtual simulation, 1:00 p.m. to 3:00 p.m. for a
8 post-conference, and reflections are due by 6:00 p.m.

9 Ms. Johnson explained that classes are divided
10 into three, with one vSim teacher and an 8:1 student-
11 to-instructor ratio.

12 Mr. Aduboahen confirmed that when it is a
13 student's clinical day, the student would log in
14 virtually, receive an orientation from the clinical
15 instructor virtually, complete the ATI vSimulation,
16 participate in a post-conference with the virtual
17 instructor and complete the reflection. He commented
18 that students can contact the instructor anytime with
19 questions and for guidance.

20 Mr. Dineen explained the 30-hour onsite lab is
21 where students perform hands-on skills, like
22 inserting NG tubes, foleys, IVs, perform injections
23 and take vital signs and blood pressures. Ms.
24 Johnson added that students have to obtain a sign-off
25 from their instructor for their clinical skills.

1 Chair Kmetz requested more information regarding
2 the percentage of the clinical setting with hands-on
3 patient contact versus virtual.

4 Ms. Rivera explained that of the 816 hours, 500
5 are hands-on at the actual clinical site. Mr.
6 Aduboahen stated that 300 hours are in vSim and 30
7 hours in high-fidelity simulation. Mr. Dineen
8 explained that 43 percent of the clinical hours are
9 between virtual and high fidelity and about 57
10 percent is hands-on clinical.

11 Mr. Aduboahen provided the example of a patient
12 with COPD exacerbation where the instructor is
13 controlling the patient's breathing and asking the
14 students questions what they would do next as a high-
15 fidelity simulation. Dr. Hunsberger questioned
16 whether that is actually a high-fidelity simulation
17 because the students are not performing the scenario.
18 Mr. Aduboahen explained that his example included the
19 debriefing but that the students actually perform the
20 simulation and instructor watches.

21 Ms. Pachter Schulder reviewed PITC pass rate of
22 77.78% over 2021-2022 and asked whether there were
23 338 students in 2021, and if so, how come only there
24 were only 18 National Council Licensure Examination
25 (NCLEX®) test takers. Similarly, she mentioned that

1 the 2020-2021 examination year the pass rate was
2 77.27% with only 44 test takers.

3 Mr. Aduboahen confirmed that the 2021 enrollment
4 was 338 students. He stated many students are
5 working under temporary practice permits and that is
6 why the NCLEX® number is low despite PITC's
7 recommendation that they take the NCLEX® sooner.

8 Mr. Dineen noted that PITC sent 15 out of the 18
9 first-time test takers Nursing Education
10 Verifications (NEVs) and the other 3 petitioned to
11 the State Board of Nursing, where they were allowed
12 to test.

13 Ms. Pachter Schulder addressed confusion
14 regarding the NEVs. She noted that PITC submits NEVs
15 to the Board and students separately apply to take
16 the NCLEX®. Graduates who wait more than one year to
17 take the NCLEX® must petition the Board to take the
18 NCLEX®, but that is not done until the NEV is
19 received. She referred to PITC's Annual Report for
20 the 2019-2020 period where there were 154 students
21 enrolled with 103 expected to graduate - of that
22 number, there were 44 test takers.

23 Ms. Pachter Schulder explained that the number of
24 test takers over the last number of years does not
25 equal even 50 percent of the number of enrolled

1 students that PITC lists in its Annual Reports. She
2 requested more information on how an online program
3 would make their program that is on provisional
4 status better, and better for the students.

5 Mr. Dineen agreed that the numbers are not great,
6 stating that part of that is the temporary "license"
7 the state of Pennsylvania offers. He reported an
8 inordinate number of students received the temporary
9 "license" rather than sitting for the NCLEX® and then
10 did not follow through with it.

11 Mr. Dineen referred to the last couple of years
12 of online learning, where there has been a decrease
13 in the number of students progressing because of
14 COVID.

15 Ms. Pachter Schulder stated the Board received 20
16 NEVs for 2021-2022 and 45 NEVs in 2022 with hundreds
17 of enrolled students and requested information as to
18 how that matches the 103.

19 Ms. Rivera explained that there is a process
20 students have to go through to be cleared for NEV and
21 provided a summary of requirements. She stated the
22 program is a 90-week program, which is a little over
23 a year, while the nighttime program is two years.
24 She noted the program started in October 2020 and
25 would have not had any graduates in 2020, where they

1 would have graduated in 2021 and would have more
2 graduates in 2022.

3 Ms. Pachter Schulder referred to PITC's 2017-2018
4 Annual Report and asked how many people tested out of
5 the 298 students enrolled and 120 students listed as
6 expected to graduate.

7 Ms. Rivera noted 34 testers and from October 1,
8 2017, to September 30, 2018, there were 38 NEVs
9 submitted.

10 Ms. Pachter Schulder questioned the discrepancy
11 between the number of enrolled students based upon
12 PITC's Annual Reports, the number of NEVs submitted
13 by PITC, and the number of test takers.

14 Mr. Dineen stated many programs require an exit
15 exam or exit predictor and some facilities use Health
16 Education Systems Incorporated (HESI) and some
17 Kaplan. He stated PITC uses ATI as their exit
18 predictor and at least 70 percent is required.

19 Ms. Pachter Schulder asked PITC what remediation
20 is available for students who do not obtain the
21 benchmark and when they qualify, noting 18 students
22 tested out of 338 in 2021-2022.

23 Ms. Rivera stated not all of the 338 students may
24 qualify to graduate within the first 12 months of
25 enrollment. She noted the new program version is a

1 90-week program and will take over a year and a half
2 for students to qualify to graduate. She also noted
3 the evening program is about two years, so students
4 who started in 2021-2022 would not qualify for
5 graduation until about 2023-2024. Mr. Dineen
6 indicated that PITC's attrition rate was about 50%.
7 Ms. Rivera explained that of the approximately 35
8 students per cohort in 2021-2022, at the end of the
9 first term the cohort size decreases by 10 to 15
10 students.

11 Ms. Pachter Schulder stated PITC reports
12 enrolling around 1,690 students over the past 5 years
13 but only tested 215 people. She informed PITC that
14 the Board would evaluate their request to change the
15 program to an online program but requested
16 information as to why the new method would be more
17 successful than the system implemented during COVID.
18 She also requested information regarding the total
19 number of students who were enrolled and actually
20 tested.

21 Mr. Dineen noted joining PITC during COVID to
22 help with pass rates, and online delivery is working
23 and reported an increase in the number of students
24 graduating and moving forward this last year. He
25 commented that the students who were allowed to start

1 online during COVID are being allowed to finish
2 online and are cohorts that are finishing up right
3 now.

4 Ms. Rivera explained that PITC believed that
5 students who were enrolled during COVID received
6 enrollment agreements which specified that their
7 program would be conducted via distance education.
8 She reasoned that PITC could honor those agreements
9 despite returning to in-person learning because PITC
10 did not receive any information where they were not
11 allowed to honor those students that started online
12 to finish online. These students only report for
13 their in-person clinicals and to complete their final
14 exams.

15 Ms. Malady questioned how faculty are prepared to
16 teach online.

17 Mr. Dineen addressed preparing faculty to teach
18 online, noting he has been certified with a program
19 called Quality Matters and is directly involved as
20 teachers come in. He noted utilizing Moodlerooms as
21 their learning management system (LMS), along with
22 providing MaxKnowledge training courses online.

23 Ms. Pachter Schulder asked whether any
24 instructors are certified in online nursing education
25 based on the National Council of State Boards of

1 Nursing (NCSEB) standards for certification.

2 Sue Petula, PhD, MSN, RN, NEA-BC, FRE, Nursing
3 Education Advisor, commented that the International
4 Nursing Association for Clinical Simulation and
5 Learning (INACSL) is probably the key association
6 that offers simulation training. She mentioned that
7 Georgetown, Drexel, University of Pittsburgh, and
8 Johns Hopkins all offer simulation training and are
9 following the INACSL standards.

10 Ms. Johnson responded that instructors receive
11 instruction through Laedra regarding their product
12 rather than an independent simulation training
13 program.

14 Ms. Pachter Schulder noted the Board would
15 discuss the matter during Executive Session and PITC
16 would receive a letter regarding the results. She
17 also noted the Board would have a decision after
18 Executive Session.]

19 ***

20 [REQUESTED VERBATIM]

21 Committee Meetings - Hearing on the State Board of
22 Nursing's Statement of Policy at 49 Pa. Code
23 § 21.413

24 MS. PACHTER SCHULDER: Now is the time and the
25 place for the hearing on the State Board of Nursing's

1 Statement of Policy and published in 49 ---
2 Regulation 49 Pa. Code § 21.413 with regard to CRNPs,
3 and it was published in the *Pennsylvania Bulletin* on
4 July 2, 2022. For the Board members, it is item
5 number --- it is 91, and it also - and so you have
6 that 36, both a copy of that Statement of Policy and
7 you have the only comment that the Board did receive,
8 and that comment is from Adele Caruso, DNP, CRNP.
9 Dr. Caruso is here and asked to speak to the Board on
10 behalf of the proposal, so if you could, please, come
11 up and do that.

12 While you are doing so, let me remind [the Board]
13 what you had approved to is to change section 413,
14 our Statement of Policy, to say that "the specific
15 amount of intravenous conscious sedation medications
16 has been ordered in writing by a licensed physician
17 within the terms of the collaborative agreement and a
18 licensed physician or certified registered nurse
19 practitioner (CRNP) physically present in the room
20 during administration." I think that Dr. Caruso was
21 in support of the proposal. Dr. Caruso, please
22 identify yourself.

23 DR. CARUSO: My name is Adele Caruso. This is
24 Maria Battista. She did some work on the Statement
25 of Policy. So Madam Kmetz, Madam Coughlin, members

1 of the Board, and Board Counsel, Ms. Schulder, thank
2 you for the opportunity to speak today. I am a past
3 President of the Pennsylvania Coalition of Nurse
4 Practitioners, and I am also a practicing nurse
5 practitioner at the University of Pennsylvania,
6 Division of Urology, Department of Surgery.

7 So on behalf of PCNP and also PennMedicine, I
8 wanted to thank the Board for putting this Statement
9 of Policy on the agenda. For the purposes of new
10 members, just to let you know, PCNP is the state
11 organization that promotes and protects the practice
12 of over 16,100 nurse practitioners in the
13 Commonwealth. It was formed in the 1980s by three
14 forward-thinking nurse practitioners. We now have 17
15 regional groups.

16 PennMedicine is a large academic medical center
17 in Philadelphia. It includes 6 hospitals, 10
18 multispecialty centers, more than 10 ICUs, and many
19 procedural units. There are over 1,700 advanced
20 practice providers, many of those are nurse
21 practitioners and some are physician assistants that
22 are practicing within the health system.

23 As you know, the Board regulation allows the
24 nurse practitioner, when acting in collaboration with
25 the physician, to have prescriptive authority as

1 outlined in our collaborative agreement and when it
2 is within the nurse practitioner's focus area, which
3 includes prescribing and dispensing of drugs as well
4 as the ability to give written and oral orders for
5 drugs.

6 My last comment to the Board was on July 13. As
7 the Board is aware, the regulation is currently
8 written --- as the regulation is currently written,
9 only a physician can give a written order to an RN
10 for the administration of conscious sedation
11 medication.

12 As this Board voted in December 2019 unanimously,
13 the time is now to change that language and to be
14 consistent with modern nurse practitioner practice.
15 Specifically related to my comments of July 13 to the
16 Board, I called for a more robust and accurate and
17 without duplication reflection under section § 21.413.
18 I recommended that the word intravenous may be
19 considered not to be required or necessary and can be
20 deleted, simply keeping the broad-category
21 description.

22 Furthermore, it could lead to potential confusion
23 as what can be considered as intravenous.
24 Specifically, in general, it is primarily
25 intravenous, but there are instances in pediatric

1 care that oral and intranasal sedation is used.

2 Also, the language of "within the terms of the
3 collaborative agreement" is not necessary under
4 § 21.413, the collaborative agreement is already
5 required under the Professional Nursing Law and its
6 corresponding regulations for practitioners;
7 therefore, such repetition of that language is
8 redundant and unnecessary.

9 So I wanted to just read to you the regulations
10 under the Professional Nursing Law, and that's at 49
11 Pa. Code § 21.282a, CRNP Practice subsections (a) and
12 (b) specifically state that "a CRNP may collaborate
13 only with physicians who hold a current license to
14 practice in this Commonwealth; (b) When acting in
15 collaboration with a physician as set forth in a
16 collaborative agreement and within the CRNP focus
17 area or specialty." Then, there is a list, an
18 itemization of these items within the Code. So that
19 supports my comments to the Board of July 13, is why
20 that, within the terms of the collaborative
21 agreement, is not required.

22 In closing, I just wanted to thank the Board for
23 the opportunity to present as the past president of
24 the Pennsylvania Coalition of Nurse Practitioners, as
25 a member of the Philadelphia area nurse

1 practitioners, and also as a representative for Penn
2 Medicine. I thank you for your consideration and
3 many deliberations on this matter and hopefully a
4 change in language that supports it.

5 MS. PACHTER SCHULDER: Does anybody have any
6 questions for Dr. Caruso? Do you have anything you'd
7 like to add?

8 MS. BATTISTA: Thank you, Attorney Schulder. I
9 just want to say thank you again. I am not in the
10 capacity of director anymore for PCNP, but I started
11 this issue with president at the time, Adele Caruso,
12 and the Board's receptiveness to understanding how
13 medicine has changed, how the profession of nurse
14 practitioners has advanced, certainly recognized by
15 PCNP and nurse practitioners across the Commonwealth.

16 Because of that, I thank this Board for listening
17 and understanding the need for the modernization of
18 the regulations to correspond with the Professional
19 Nursing Law so that in times of a pandemic, like
20 we've seen, or even in regular times, which we have
21 not quite seen yet, that the patient, who is the
22 ultimate provider of the care, can receive that
23 accordingly as can be done with the training and
24 experience of all nurse practitioners.

25 Thank you again for your time and for your

1 understanding and for your consideration, as Dr.
2 Caruso has said, of taking out some of the language
3 that's redundant and repetitious and actually can
4 lead to confusion. I think the first draft PCNP
5 submitted when I was the director is truly the best
6 language for the Board to consider without all of the
7 additions because then there's going to be language,
8 what definition is this, what's that. I think the
9 more broad it is, the better outcome for everyone.

10 MS. PACHTER SCHULDER: Is there anybody else in
11 the audience who would like to speak to this
12 Statement of Policy or the amendment the Board is
13 considering? Hearing none, why don't we take a
14 couple of - one is that we take off the potential
15 changes that Dr. Caruso just recommended and adopt
16 the regulations in the policy is - is now - it is a
17 Statement of Policy, which would have to be published
18 again or you can think about those changes, which
19 would be to remove the word collaborative agreement
20 and take that up at the next meeting.

21 CHAIR KMETZ: Do you have a preference? So do I
22 have a motion?

23 MS. PACHTER SCHULDER: Before we take a motion --
24 - if you were to do that, let's talk about the
25 different components. One is to remove intravenous,

1 and is there a desire to remove intravenous, and I
2 guess the explanation that you received is because
3 sedation includes more.

4 CHAIR KMETZ: Do we have a motion to remove?

5 MS. PACHTER SCHULDER: You can just go ahead.
6 I'll do one more thing. We're doing a motion right
7 after that. How about within the terms of the
8 collaborative agreement? Do you remember last time
9 initially we didn't have ["within the scope of the
10 collaborating agreement"] and the question that we
11 put in to make sure that it clarifies, Dr. Caruso
12 explained that it's not necessary, the CRNP cannot
13 practice without a collaborative agreement and
14 without being in the scope of practice. So I'm
15 hearing you say you desire to have both "intravenous"
16 and "within the term collaborative agreement" removed
17 and you see that language on the agenda.

18 CHAIR KMETZ: Okay, thank you.]

19 CHAIR KMETZ:

20 Is there a motion to adopt the changes
21 that we have made to the Statement of
22 Policy for CRNPs at § 21.413?

23 DR. COUGHLIN:

24 So moved.

25 MS. MALADY:

1 Second.

2 CHAIR KMETZ:

3 All those in favor? Opposed?

4 Abstentions?

5 [The motion carried unanimously.]

6 ***

7 [END OF REQUESTED VERBATIM]

8 ***

9 [The Board recessed from 10:47 a.m. until 11:01 a.m.]

10 ***

11 Committee Meetings - Stakeholder Updates

12 [Judith Pachter Schulder, Esquire, Board Counsel,
13 noted stakeholders were asked to provide the Board
14 with an update.

15 Tom Dougherty, III, Government Relations
16 Specialist, Pennsylvania State Nurses Association
17 (PSNA), stated they are planning to reintroduce the
18 Patient Safety Act, noting other coalition groups
19 were trying to also get this passed. He reported
20 little movement in this session in the House and
21 Senate and plan to reintroduce that legislation for
22 House Bill 106 and Senate Bill 240.

23 Mr. Dougherty noted that establishing a Chief
24 Nursing Officer in the Commonwealth is next on their
25 legislative priorities. He stated that went to the

1 House Health Committee where it stayed and plan on
2 reintroducing that as well.

3 Mr. Dougherty addressed current bills, including
4 House Bill 953, Senate Bill 848, and giving nurse
5 practitioners full practice authority at Senate Bill
6 25. He noted that passed the Senate Consumer
7 Protection & Professional Licensure Committee but has
8 not moved and also plans to reintroduce that
9 legislation.

10 Sarah Hexem Hubbard, Esquire, Executive Director
11 at the National Nurse-Led Care Consortium, noted
12 continued support with colleagues and stakeholders in
13 the Care for PA in support of removing various access
14 to care. She addressed Senate Bill 25 and is hoping
15 for renewed energy and success in the next session.

16 Ms. Hexem Hubbard stated the Pennsylvania Action
17 Coalition priorities are driven by the *Future of*
18 *Nursing Reports*, noting the new *Future of Nursing*
19 *2020-2030 Report*, and continuing to work around those
20 recommendations where diversity, equity, and
21 inclusion will continue. She put out a call for
22 individuals interested in supporting any initiatives
23 or have any work that is happening. She commented
24 that the Pennsylvania Action Coalition is interested
25 in amplifying that work and working together to

1 design more educational opportunities to support the
2 nursing workforce in Pennsylvania.

3 Ms. Hexem Hubbard stated *The Future of Nursing*
4 Report is filling the capacity of different types of
5 nursing, specifically the public health nursing
6 pipeline, and is looking for anyone interested in
7 exploring this in a home health space, particularly
8 pediatrics, to get a better sense of who in the state
9 is looking at that workforce population.

10 Ms. Hexem Hubbard noted a number of their
11 stakeholders put together a toolkit available on the
12 Pennsylvania Action Coalition website to create
13 specific strategies to address retention in the
14 nursing workforce better with slightly more of an
15 acute care focus. She thanked executives in
16 academics who informed that toolkit.

17 Ms. Hexem Hubbard announced the Pennsylvania
18 Action Coalition, National Nurse-Led Care Consortium
19 (NNCC), and a number of other area partners received
20 an award through Nurse Education, Practice, Quality,
21 and Retention (NEPQR) through the Health Resources
22 and & Services Administration (HRSA) from the Bureau
23 of Health Workforce. She stated it is targeted at
24 building out capacity for clinical preceptorships and
25 clinical placements in Region 3 and will be working

1 with many of the Pennsylvania Action Coalition
2 stakeholders to distribute that curriculum.

3 Ms. Hexem Hubbard noted another key priority from
4 *The Future of Nursing* Report is access to workforce
5 data regarding shortage and retention. She reported
6 Pennsylvania is able to capture an accurate picture
7 of the nursing workforce every two years through the
8 prelicensure process and thanked the State Board of
9 Nursing but noted not having access to the data
10 because it has not been made public since 2013-2014.
11 She mentioned the PA Department of Health and
12 Department of Labor and Industry are also working
13 together to figure out how to make that data
14 available.

15 Ms. Hexem Hubbard noted her colleague Jenny Horn
16 Gimbel who is the Director of the Pennsylvania Action
17 Coalition posted details on content discussed.

18 Kate McHugh, CNM, MSN, Co-Chair, Legislative
19 Committee, PA-ACNM, announced they would be
20 introducing a statute called the Re-modernization Act
21 regarding midwives and provided an overview of the
22 status. She noted the original 1929 statute was
23 mainly put in place to deal with immigrant midwives
24 and the big influx of Europeans and bringing their
25 midwives with them. She noted the regulation at that

1 point was through the State Board of Health.

2 Ms. McHugh mentioned the first licensed midwife
3 in the modern era was around 1970, where regulation
4 oversight was given to the Board of Medicine. She
5 noted an overhaul of regulations in 1985, where
6 midwifery practice was recognized as at the moment of
7 birth but now included prenatal care, GYN care, and
8 family planning, etc. She noted receiving access to
9 the Medical Liability Catastrophic Loss Fund.

10 Ms. McHugh addressed barriers to practice. She
11 reported there are about 500 midwives licensed in the
12 state of Pennsylvania, but there are maternity
13 deserts in many towns where there are no obstetrics
14 providers or nurse midwife providers.

15 Ms. McHugh noted the goal for the statute is a
16 license for certified midwives. She noted areas in
17 the law where nurse practitioners are recognized but
18 nurse midwives are not. She also noted wanting to be
19 able to work with clients who have opioid use
20 disorders to be able to provide medication for
21 treatment while they are pregnant and modernize their
22 collaborative agreement.

23 Ms. McHugh explained that a certified midwife is
24 a person who is educated at the graduate level but
25 who was not a nurse before coming to midwifery

1 school. She mentioned a program at Thomas Jefferson
2 University that educates nurses and people who are
3 not nurses to become licensed midwives and are able
4 to get national certification through the American
5 Certification Board.

6 Ms. McHugh stated they are completely 100 percent
7 educated in the same way for the same scope of
8 practice, but Pennsylvania does not allow a certified
9 midwife to practice, and the graduates leave the
10 state to take jobs in other states. She emphasized
11 that a certified midwife is not a lay midwife or a
12 direct-entry midwife but is someone who is a
13 professional with a graduate degree.

14 Ms. McHugh addressed their attempt to look at the
15 formal collaborative agreement with colleagues,
16 noting Pennsylvania requires a written collaborative
17 agreement between a midwife and a physician that is
18 signed by a physician, which worked in the 1980s
19 because physicians and midwives were in small
20 practices and frequently working with one or two
21 physicians.

22 Ms. McHugh stated obstetrics is now practiced in
23 large groups, where more and more regional medical
24 centers have one physician sign a piece of paper for
25 a midwife and is literally archaic. She noted

1 physician colleagues actually agree because any
2 physician in the state could sign their collaborative
3 agreement, where it could be every GYN in Pittsburgh,
4 but you work in Philadelphia.

5 Ms. McHugh addressed discussions with the
6 American College of Obstetricians and
7 Gynecologists (ACON), where less than one percent of
8 members are not employed in a health system and will
9 continue to need the same formal collaborative
10 agreement. She noted 99 percent of midwives who are
11 employed in practices would no longer need
12 collaborative agreements.

13 Ms. McHugh noted their sponsor is Representative
14 Rosemary Brown. She mentioned working with the
15 American College of Obstetricians and Gynecologists
16 (ACOG) a long time and being told by the chair of the
17 House Professional Licensure Committee that if they
18 could get ACOG to support or be neutral, that they
19 could then advance the bill through the committee.

20 Cheryl Schlamb, DNP, CRNP, President,
21 Pennsylvania Coalition of Nurse Practitioners,
22 addressed legislative updates for 2022 and 2023
23 priorities. She noted PCNP spent a significant
24 amount of time building relationships with
25 legislators, committee members, and leadership-

1 involved chambers. She noted meetings were held with
2 several Senate and House representatives.

3 Dr. Schlamb reported PCNP engaged with the Deputy
4 Secretary and state medical directors in efforts to
5 get reimbursement for CRNPs for home health. She
6 also reported working on House Bill 2104 regarding a
7 waiver allowing CRNPs to order home health.

8 Dr. Schlamb also noted support for Senate Bill
9 848 involving independent practice for CRNPs. She
10 explained that PCNP no longer supports the pilot
11 program as it did not involve enough CRNPs. She
12 indicated that changes to Senate Bill 25 that had
13 recommended changes will be discussed with Senator
14 Bartolotta for review next week.]

15

16 [Linda L. Kmetz, PhD, RN, Chair, exited the meeting
17 at 11:35 a.m. for recusal purposes.]

18

19 VICE CHAIR COUGHLIN ASSUMED THE CHAIR

20

21 Appointment - Request that Silny & Associates be
22 recognized as another approved Foreign Credential
23 Evaluator

24 [Judith Pachter Schulder, Esquire, Board Counsel,
25 noted Dr. Kmetz is recused from the presentation.

1 She stated the request originally came from UPMC for
2 information about licensure of international
3 graduates of nursing.

4 Ms. Wendy Miller commented that the Board looked
5 at English language and foreign credential evaluators
6 and believed Silny & Associates was one of them in
7 2017. She noted the Board periodically receives
8 information from Silny & Associates but had not
9 revisited foreign credential evaluators for a while.

10 Ms. Pachter Schulder asked Mr. Silny to explain
11 the information provided to the Board, including the
12 company makeup and credentials of the people within
13 the group, so the Board can decide whether to add an
14 additional foreign credential.

15 Josef Silny, MA, President, Josef Silny &
16 Associates, Inc., had technical difficulties so the
17 presentation was deferred until the difficulties were
18 resolved.]

19 ***
20 [Linda L. Kmetz, PhD, RN, Chair, reentered the
21 meeting at 11:39 a.m.]

22 ***
23 CHAIR KMETZ RESUMED THE CHAIR

24 ***
25 Regulation Update - Regulations Status Summary

1 [Judith Pachter Schulder, Esquire, Board Counsel, had
2 nothing to report on 16A-5139 regarding the Volunteer
3 License regulation but noted it would be developed
4 for the entire Bureau. She also noted volunteer
5 licenses are based on the statute. The report was
6 suspended while the Board resumed the presentation by
7 Mr. Silny.]

8

9 [Linda L. Kmetz, PhD, RN, Chair, exited the meeting
10 at 11:41 a.m. for recusal purposes.]

11

12

VICE CHAIR COUGHLIN ASSUMED THE CHAIR

13

14 Mr. Silny provided a brief summary of his
15 professional background, including the Office of
16 International Admissions in New York and Miami. He
17 noted starting Josef Silny & Associates in 1987 and
18 currently being approved by 25 state boards of
19 nursing as a credential service. He also mentioned
20 being approved in July 2021 by the United States
21 Department of Homeland Security regarding
22 occupational or permanent visas to work in this
23 country. He noted nurses who have been evaluated and
24 meet the requirements of a board can sit for the RN
25 or LPN examination.

1 Mr. Silny stated everyone who works with Silny
2 has a bachelor's or master's degree and trained to do
3 foreign credential evaluations. He referred to
4 documents he provided where Silny & Associates
5 evaluations are done according to guidelines of the
6 NCSBN. He stated Silny publishes all of the
7 requirements and how to apply for evaluation on their
8 website and provided a summary of the process for
9 nursing, including academic credential authenticity.
10 He noted a letter of good standing is received from
11 the other country for verification of license
12 issuance.

13 Ms. Wendy Miller asked whether the Board would be
14 able to receive copies of all of the documents
15 received in support of the report that were used in
16 generating the report, including original
17 transcripts, translation of transcripts, and letters
18 of good standing. She also requested information
19 regarding how long it takes for the report to be
20 generated and available for the Board.

21 Mr. Silny stated the academic credential
22 information and verification letters are all included
23 along with the evaluation. He noted that Silny &
24 Associates provides evaluations that meet individual
25 board requirements and are committed to complete

1 evaluations in 10 business days from the time all of
2 the information is received. He also noted being the
3 contact person for any questions or requested
4 information concerning reports.

5 Ms. Pachter Schulder thanked Mr. Silny for the
6 presentation. She noted the Board would be
7 deliberating during Executive Session and contact him
8 with the results.]

9 ***
10 [Linda L. Kmetz, PhD, RN, Chair, reentered the
11 meeting at 12 p.m.]

12 ***
13 CHAIR KMETZ RESUMED THE CHAIR

14 ***
15 Appointment - Lincoln University - Extension of
16 Provisional Status
17 Vilma Davis, PhD, RN, CRNP, PNP-BC, Program Director
18 and Chair, Nursing Department; Joyce Taylor, MSN, RN,
19 CCRN, Associate Professor, Nursing Department; and
20 Patricia Joseph, PhD, Dean of the Faculty, Psychology
21 and Human Services Department, presented on behalf of
22 Lincoln University.

23 [Judith Pachter Schulder, Esquire, Board Counsel,
24 noted Lincoln University's pass rate of 71.43% with
25 seven total test takers of which two failed and the

1 Board received their report regarding remapping and
2 changes to the curriculum.

3 Dr. Davis stated students who were getting ready
4 to test would not fully benefit from curriculum
5 changes. She mentioned having a different way of
6 testing to prepare them for Next Generation along
7 with more training through ATI.

8 Ms. Taylor explained that all exams are now
9 developed and created in ATI to give students the
10 opportunity to have computerized testing along with
11 having better analytics. She also addressed their
12 syllabus and templates to be followed for courses
13 that have the ATI assessment.

14 Dr. Davis explained that every exam is now on the
15 same platform and ATI mirrors NCLEX® and is why they
16 put the exams in ATI, including being able to do
17 focus reviews and receive statistics. She also
18 provided a list of courses that do not have an ATI
19 component.

20 Ms. Taylor addressed curriculum revision, noting
21 Lincoln University started from scratch in their
22 program and are addressing each course and faculty
23 with the Test Item Writing Committee.

24 Ms. Taylor reported that all questions now have a
25 scenario even at the most basic level, where it makes

1 students think harder and they like it, along with
2 being what employers are expecting. She mentioned
3 that part of their new program proposal is expanding
4 another credit, especially in the med-surg courses,
5 and adding an extra lab to have that opportunity
6 other than just didactics to bring them in to do the
7 case studies and simulations.

8 Dr. Joseph commented that upwards of 75 percent
9 of students check nursing when selecting a major, and
10 working with those students in a pre-nursing
11 situation, weeding those out that are not being
12 realistic, putting some gatekeeping forces in place
13 early, and engaging in co-curricular activities would
14 provide the opportunity to impact the entire campus
15 when you have that many students interested. She
16 mentioned that the idea of having people talk about
17 it and be realistic about their career goals may help
18 them create other majors, where they could still go
19 into health care but as an administrator.

20 Ms. Pachter Schulder informed Lincoln University
21 that the Board would deliberate on the request for an
22 extension of their provisional status, and they would
23 receive a letter from the Board regarding their
24 decision.]

25

1 [Linda L. Kmetz, PhD, RN, Chair, exited the meeting
2 at 12:30 p.m. for recusal purposes.]

3 ***

4 VICE CHAIR COUGHLIN ASSUMED THE CHAIR

5 ***

6 Appointment - Great Lakes Institute of Technology -
7 Extension of Provisional Status

8 Debbie Dell, MSN, RN, Program Director; Krysta Rives,
9 Director of Education; Eric Berrios, Chief Executive
10 Officer, presented on behalf of Great Lakes Institute
11 of Technology.

12 [Judith Pachter Schulder, Esquire, Board Counsel,
13 noted Great Lakes Institute of Technology's pass rate
14 has improved in the last five years to 72.41 percent.
15 She asked how many test takers are left from the
16 class.

17 Ms. Dell stated seven students would most likely
18 be testing by the end of November. She commented
19 that the Test of Essential Academic Skills (TEAS)
20 Exam had been incorporated into their program in
21 April 2022, along with ATI. She noted that multiple
22 consultants helped revise their curriculum and is
23 pending the State Board of Nursing to start the new
24 curriculum change.

25 Ms. Dell mentioned changing from Elsevier to

1 creating their own tests and incorporating F.A.
2 Davis, along with utilizing ATI, using their own test
3 banks, and creating new PowerPoints. She noted
4 utilizing 54 hours of anatomy and physiology (A&P).
5 She also addressed admission requirements, tutors,
6 student services, and ATI Live Review.

7 Ms. Dell stated Great Lakes has a mix of
8 experienced and educated faculty and administrative
9 assistants. She mentioned moving to a larger
10 institution with cardiac, oncology, obstetrics, and
11 pediatric units. She also noted utilizing a
12 simulation lab with BAYADA.

13 Ms. Rives noted Great Lakes has been collaborative
14 in providing training and support to instructors,
15 including teambuilding sessions, to focus on working
16 together for the students.

17 Mr. Berrios thanked the Board for their time.

18 Ms. Pachter Schulder informed Great Lakes that
19 the Board would deliberate on the request for an
20 extension of their provisional status, and they would
21 receive a letter from the Board regarding their
22 decision.]

23 ***

24 [Linda L. Kmetz, PhD, RN, Chair, reentered the
25 meeting at 12:47 p.m.]

1 ***

2 CHAIR KMETZ RESUMED THE CHAIR

3 ***

4 Appointment - Laurel Business Institute Proposal for
5 a 12-month Practical Nursing Diploma Program
6 Tammy Allison, MSN, RN, Practical Nursing Program
7 Director; Amy Braymer, Vice President of Education;
8 Nancy Decker, President/CEO; and Douglas Decker, PhD,
9 Vice President, presented on behalf of Laurel
10 Business Institute.

11 [Judith Pachter Schulder, Esquire, Board Counsel,
12 asked Ms. Allison to provide a summary of their
13 request for the 12-month Practical Nursing Diploma
14 Program.

15 Ms. Allison stated the Practical Nursing Program
16 is a total of 1,575 hours. She noted the program has
17 31 hours of simulation and hopes to use simulation to
18 highlight and review problematic content that
19 occurred during the semesters.

20 Ms. Allison stated the lab experience would be
21 the application pieces of what was taught in theory
22 to take the edge off the experience, so when a
23 student goes to the clinical realm, it would not be
24 the first exposure to a skill they have done.

25 Ms. Allison addressed the curriculum, where

1 fundamentals, pharmacology, and anatomy and
2 physiology are in the first level. She mentioned
3 working as a director of a diploma school and
4 teaching LPN programs, where she saw students
5 struggle with learning medical-surgical and maternal-
6 child nursing.

7 Ms. Allison stated students have med-surg 1 and
8 med-surg 2 when they go to level 2 in the program.
9 She noted that nurses are usually employed in
10 specialties and are being hired right out of school
11 into Intensive Care Units (ICUs). She stated they
12 learn about drugs after week 11 and go into
13 medication administration in the pharmacology and
14 fundamentals rotations. She also addressed the last
15 level of the program, including family health, NCLEX®
16 prep, and leadership and transition.

17 Ms. Allison commented that the mission of their
18 school is to provide for the needs of the community
19 and to have nurses function at the fullest scope of
20 their practice.

21 Ms. Allison addressed Laurel Institute's
22 admission standards, where individuals must have a
23 2.5 on the Test of Essential Academic Skills (TEAS)
24 Exam. She mentioned having two applicants ready to
25 come onboard once the program is approved and plans

1 on taking test bank questions and then integrating
2 from NCLEX® prep manuals those types of questions and
3 ATI.

4 Ms. Allison took the NCLEX®-PN blueprint and all
5 of the categories and created a template and placed
6 those items in the skills lab. She noted the
7 objectives for courses have been aligned with the
8 blueprint and is hoping to train faculty on those as
9 well. The mapping of the courses with the state
10 blueprint she has done.

11 Ms. Allison stated that faculty would be onboard
12 one month prior to the start of the program and would
13 all be certified on simulation. She mentioned having
14 established numerous relationships from working at
15 Uniontown Hospital and is hoping that those
16 colleagues with teaching experience come onboard.
17 She noted having a threshold where they identify
18 learning styles to make sure there is a balance and
19 whether remediation is there.

20 Amy Braymer, Vice President of Education, thanked
21 the Board for the opportunity, noting they are lucky
22 to be working with Ms. Allison.

23 Nancy Decker, President/CEO, commented that they
24 are looking forward to starting a practical nurse
25 program and are fortunate to have Ms. Allison on

1 board. She mentioned having health care programs for
2 a long time and having excellent results.

3 Douglas Decker, PhD, Vice President, thanked the
4 Board for their consideration.

5 Ms. Pachter Schulder noted the Board would
6 deliberate on this matter during Executive Session,
7 and they would also receive a letter regarding the
8 decision.]

9

10 Regulation Update (cont.)

11 [Judith Pachter Schulder, Esquire, Board Counsel,
12 addressed 16A-5141 regarding the Nursing Education
13 Programs. She noted that the Board last discussed
14 the regulation in June to add the PA Support
15 curriculum and an amended Preamble and RAF is
16 required.

17 Ms. Pachter Schulder noted 16A-5143 regarding
18 Continued Competency and Licensure by Endorsement was
19 forwarded to the Attorney General's Office for review
20 and hopefully the regulation will be published by the
21 end of this year so that public comment can be
22 obtained even though it is a *sine die* year.

23 Ms. Pachter Schulder noted the CRNP Statement of
24 Policy hearing today.

25 Ms. Pachter Schulder addressed 16A-5145 regarding

1 CRNA Licensure. She noted it was approved by the
2 Board at the last meeting and is being reviewed by
3 the Revenue Office to make sure the fee is being
4 calculated the same as it is for the Nurse Licensure
5 Compact.

6 Ms. Pachter Schulder noted 16A-5146 regarding
7 Additional Continuing Education went to Regulatory
8 Counsel on September 30. She mentioned the
9 regulation will be a template for other boards that
10 have the opioid prescription requirement.

11 Ms. Pachter Schulder addressed 16A-5147 regarding
12 the Nurse Licensure Compact (NLC). She noted the
13 Board is still awaiting the response from the Federal
14 Bureau of Investigation (FBI) and informed Board
15 members that it would go to the Legislature for the
16 language amendments once the FBI approves the
17 language. She stated the Board would be able to move
18 forward with promulgating the regulation once the
19 language is approved, but there would also be
20 technological changes needed prior to implementation.

21 Ms. Pachter Schulder addressed the Bureau of
22 Professional and Occupational Affairs (BPOA)
23 regulation regarding Crimes Directly Related to the
24 Profession, noting that was approved by the Office of
25 General Counsel (OGC), Budget Office, and Office of

1 Policy and will be delivered shortly.]

2 ***

3 Pennsylvania Legislative Update - Legislation
4 Affecting Nurses/Nursing

5 [Judith Pachter Schulder, Esquire, Board Counsel,
6 announced that the Senate approved two new State
7 Board of Nursing Board members.]

8 ***

9 Report of Acting Commissioner

10 [Arion R. Claggett, Acting Commissioner, Bureau of
11 Professional and Occupational Affairs, informed Board
12 members of recent changes to the process to receive
13 an Authorization to Test (ATT). He stated the old
14 process was done manually and required a Nursing
15 Education Verification (NEV) match and a criminal
16 history record check (CHRC).

17 In order to enable applicants to take the NCLEX®
18 more quickly, Acting Commissioner Claggett stated the
19 Board will process the ATT prior to receiving a CHRC;
20 however, a license will not be issued without the
21 appropriate CHRCs. He explained that when an
22 applicant's NEV matches, that will then be sent to
23 Pearson VUE, and they will send the applicant the
24 ATT. He noted the processing time would decrease
25 from six weeks to one day and the new feature has

1 Report of Committees - Advanced Practice (Education,
2 Regulation & Application) - No Report

3 ***

4 Report of Committees - RN/PN Practice, Education &
5 Regulation - No Report

6 ***

7 Report of Committees - Dietitian-Nutritionist
8 Committee - No Report

9 ***

10 IT & Communication Issues Committee - No Report

11 ***

12 Report of Board Members Who Attended a Meeting on
13 Behalf of the Board

14 [Linda L. Kmetz, PhD, RN, Chair, discussed her
15 virtual attendance at the NCLEX® Conference on
16 September 22. She noted the meeting to be
17 informative but that it was difficult to follow
18 statistical analysis presentations virtually.]

19 ***

20 Report of Executive Secretary

21 [Wendy J. Miller, MSN, RN, Executive Secretary, noted
22 that the extended renewal for LDNs closes Monday,
23 October 31. She noted the October 31 renewal for RNs,
24 CRNPs, Clinical Nurse Specialists (CNSs), and
25 Prescriptive Authority has been extended to November

1 30. Ms. Miller reported 70.95 percent of eligible
2 RNs, 67.02 percent of eligible CRNPs, 78.21 percent
3 of eligible CNSs, and 59.09 percent of eligible
4 Prescriptive Authority Collaborative Agreements have
5 been renewed.

6 Ms. Miller advised that the Re-Examination
7 application is now available online and is a
8 tremendous advantage for applicants who need to
9 retake the exam. She noted the paper Re-Examination
10 application would be removed from the website on
11 December 23, and paper applications would no longer
12 be accepted as of January 1, 2023.

13 Ms. Miller announced prelicensure nursing
14 education programs have until Friday, October 21, to
15 review pass rate results and notify the Board of any
16 errors on their report. She mentioned a few programs
17 had difficulty sending their corrections and a few
18 who did not receive their results. She encouraged
19 program directors who believe they did not receive
20 their results to check their spam or junk folder.

21 Ms. Miller noted an in-depth review of program
22 pass rate results, aggregate data for Pennsylvania,
23 and how Pennsylvania results compare with national
24 trends, along with 2021 and 2022 pass rate data
25 discussion at the December Board meeting. She

1 mentioned Pennsylvania pass rates are again greater
2 than the national pass rate average.

3 Ms. Miller addressed prior discussion at the May
4 Board meeting regarding the Commission on Graduates
5 of Foreign Nursing Schools (CGFNS) and changing the
6 English language proficiency passing standard. She
7 stated CGFNS would be offering a webinar that relates
8 to English proficiency November 8. She noted being
9 invited and asked that the Practice and Education
10 Advisors be invited and received permission for them
11 to attend.

12 Ms. Miller mentioned Board staff and Counsel have
13 again been in communication with the Pennsylvania
14 Department of Education, State Board of Private-
15 Licensed Schools (BPLS), regarding the process of
16 approving and monitoring practical nursing education
17 programs by both the Board and BPLS. She noted the
18 Board felt that oversight by the BPLS was important
19 as they monitor aspects of educational quality the
20 Board does not.

21 Ms. Miller noted the BPLS was recently in contact
22 with the Board regarding approval of clinical sites
23 and whether BPLS should provide the same oversight of
24 clinical sites for practical nursing programs at
25 private licensed schools that BPLS is providing for

1 other BPLS-licensed programs. She also noted the
2 BPLS process improves submission of a certificate of
3 occupancy, proof of surety coverage for the location
4 and affiliation agreement, floor plan, and do a site
5 visit to make sure the space and clinical site meets
6 enrollment numbers and program outcomes.

7 Ms. Miller referred to sections 21.61(g) which
8 would apply to RN programs and 21.184 of the Board's
9 regulations which would apply to PA programs, where
10 nursing education programs are required to submit
11 clinical agency and clinical rotations for Board
12 approval if the requirements are limited to a written
13 clinical agency agreement, information regarding the
14 licensure and accreditation by national and state
15 agency if appropriate, and documentation supporting
16 quality and variety of resources for the planned
17 learning experience.

18 Ms. Miller noted copies of clinical agency
19 agreements are only submitted to the Board with the
20 application for new education programs. She stated
21 the program itself retains copies of the clinical
22 agency agreement added after approval by the Board
23 and is only required to submit clinical agency and
24 clinical rotation request forms in the Education
25 Program Portal and Information Communication Channel

1 (eppiccNURSE). Given that the BPLS process covers
2 important oversight of clinical agencies not included
3 in the Board's regulations or approval processes, she
4 recommends that this review be done by BPLS.

5 Ms. Miller informed Board members that the BPLS
6 is seeking the Board's confirmation that it again
7 wants private-licensed schools to conduct their full
8 clinical site approval process for prelicensure
9 nursing education.

10 Ms. Pachter Schulder asked whether the Board
11 wanted BPLS to continue to review and the Board
12 agreed.]

13

14 New Business - NCSBN 2023 Executive Director
15 Orientation

16 [Wendy Miller, Executive Secretary, noted the NCSBN
17 has not had orientation for several years because of
18 COVID-related concerns but is now offering an
19 Executive Officer Orientation for new executive
20 officers.]

21 MS. MALADY:

22 I make a motion to send Wendy Miller to
23 the NCSBN 2023 Executive Director
24 Orientation.

25 DR. COUGHLIN:

1 So moved.

2 MS. VINCENT:

3 Second.

4 CHAIR KMETZ:

5 All those in favor? Opposed?

6 Abstentions?

7 [The motion carried unanimously.]

8 ***

9 For the Board's Information - The Philadelphia
10 Enquirer Article: "Why the Nursing Shortage Isn't
11 Going Away Anytime Soon"

12 [Judith Pachter Schulder, Esquire, Board Counsel,
13 noted the Philadelphia Enquirer Article: "Why the
14 Nursing Shortage Isn't Going Away Anytime Soon" for
15 the Board's information.]

16 ***

17 Public Comment

18 [An inquirer asked about the status of 16A-5143,
19 Continued Competency and Licensure by Endorsement.
20 Ms. Pachter Schulder noted the regulation was
21 approved by OGC, Budget, and Policy and would be
22 published in the *Pennsylvania Bulletin*.]

23 ***

24 [Pursuant to Section 708(a)(5) of the Sunshine Act,
25 at 1:38 p.m., the Board entered into Executive

1 Session with Judith Pachter Schulder, Esquire, Board
2 Counsel; Carole Clarke Smith, Esquire; Board Counsel;
3 Ariel E. O'Malley, Esquire, Board Counsel; Todd P.
4 Kriner, Esquire, Board Counsel; and Megan E. Castor,
5 Esquire, Board Counsel, for the purpose of conducting
6 quasi-judicial deliberations on the matters on the
7 Agenda under the Report of Board Counsel, Report of
8 Prosecutorial Division, and Appointments. The Board
9 returned to Open Session at 3:15 p.m.]

10 ***

11 MOTIONS

12 MS. PACHTER SCHULDER:

13 During Executive Session, the Board
14 engaged in quasi-judicial deliberations
15 on the matters listed on the Agenda
16 under the Report of Prosecutorial
17 Division, Report of Board Counsel, and
18 Appointments. Board members who recuse
19 themselves from participation in the
20 matters will be identified with each of
21 the motions.

22 Is there a motion to adopt the VRP
23 Consent Agreements at items 2 through
24 15?

25 DR. COUGHLIN:

1 So moved.

2 MS. VINCENT:

3 Second.

4 CHAIR KMETZ:

5 All those in favor? Opposed?

6 Abstentions?

7 [The motion carried unanimously.]

8 ***

9 MS. PACHTER SCHULDER:

10 Is there a motion for the following
11 Consent Agreements, for which members
12 Hertzler and Kerns are recused, at Case
13 Nos. 21-51-007491 & 21-51-013558, Case
14 No. 21-51-013466, and Case No. 21-54-
15 012613?

16 Is there a motion to approve?

17 DR. COUGHLIN:

18 So moved.

19 MS. VINCENT:

20 Second.

21 CHAIR KMETZ:

22 All those in favor? Opposed?

23 Abstentions?

24 [The motion carried. Members Hertzler and Kerns
25 recused themselves from deliberations and voting on

1 the motion. The Respondent's name at Case Nos. 21-
2 51-007491 & 21-51-013558 is Barbara Belle Carfley,
3 LPN; Case No. 21-51-013466, Lauren Julia Quigley, RN;
4 and Case No. 21-51-012613, Sonya Kay Feeser, RN.]

5 ***

6 MS. PACHTER SCHULDER:

7 Is there a motion to adopt the
8 following Consent Agreements, for which
9 members Hertzler, Kerns, and Hunsberger
10 are recused, at Case No. 22-51-010660
11 and Case No. 22-61-013098?

12 DR. COUGHLIN:

13 So moved.

14 MS. MALADY:

15 Second.

16 CHAIR KMETZ:

17 All those in favor? Opposed?

18 Abstentions?

19 [The motion carried. Members Hertzler, Kerns, and
20 Hunsberger recused themselves from deliberations and
21 voting on the motion. The Respondent's name at Case
22 No. 22-51-010660 is Darlene L. Williams, LPN, and
23 Case No. 22-51-013098 is Robert A. Herrle, RN.]

24 ***

25 MS. PACHTER SCHULDER:

1 Is there a motion to approve the
2 Consent Agreement at Case No. 22-51-
3 012655 for which member Hertzler is
4 recused?

5 DR. COUGHLIN:

6 So moved.

7 MS. VINCENT:

8 Second.

9 CHAIR KMETZ:

10 All those in favor? Opposed?

11 Abstentions?

12 [The motion carried. Member Hertzler recused herself
13 from deliberations and voting on the motion. The
14 Respondent's name at Case No. 22-51-012655 is Kenneth
15 Scott Sauter, Jr., RN.]

16 ***

17 MS. PACHTER SCHULDER:

18 Is there a motion to approve the
19 following Consent Agreements for which
20 there are no recusals at Case No. 22-
21 51-003629, Case No. 22-51-011053, Case
22 No. 22-51-004523, Case No. 22-51-
23 008345, Case No. 22-51-009040, Case No.
24 22-51-009348, Case No. 21-51-019679,
25 Case No. 22-51-009184, Case No. 22-51-

1 005068?

2 DR. COUGHLIN:

3 So moved.

4 MS. VINCENT:

5 Second.

6 CHAIR KMETZ:

7 All those in favor? Opposed?

8 Abstentions?

9 [The motion carried unanimously. The Respondent's
10 name at Case No. 22-51-003629 is Wendy Ann De
11 Fruscio, RN; Case No. 22-51-011053, Rachael Jordan
12 Stull, LPN; Case No. 22-51-004523, Jayne Ann
13 Figueroa, RN; Case No. 22-51-008345, Robert
14 Sokolowski, RN; Case No. 22-51-009040, Miriam Rachel
15 Samuelson, RN; Case No. 22-51-009348, Robert Charles
16 Schech, RN; Case No. 21-51-019679, Tracy Kowalski
17 Terrana, RN; Case No. 22-51-009184, Cheryl Lynn
18 Armour, RN; and Case No. 22-51-005068, Jessica Lee
19 Albrecht, RN.]

20 ***

21 MS. PACHTER SCHULDER:

22 Is there a motion to deny the Consent
23 Agreement at Case No. 20-51-003711 on
24 the grounds that it is too lenient?

25 DR. COUGHLIN:

1 So moved.

2 MS. VINCENT:

3 Second.

4 CHAIR KMETZ:

5 All those in favor? Opposed?

6 Abstentions?

7 [The motion carried unanimously.]

8 ***

9 MS. PACHTER SCHULDER:

10 Is there a motion to authorize Counsel
11 to prepare an Adjudication and Order in
12 the matters of Sherry Ann Bashore, RN,
13 LPN, Case No. 19-51-011819; Guiddel
14 Chachoute, RN, Case No. 19-51-004695;
15 Jaime Adriana Cook, RN, Case No. 20-51-
16 013764; Lorna Chairman Fretwell, RN,
17 Case No. 21-51-011752; Wendy Lee
18 Bowers, LPN, Case No. 19-51-001399; and
19 Kellie Ann Davis, RN, Case No. 19-51-
20 001470?

21 DR. COUGHLIN:

22 So moved.

23 MS. VINCENT:

24 Second.

25 CHAIR KMETZ:

1 All those in favor? Opposed?

2 Abstentions?

3 [The motion carried unanimously.]

4 ***

5 MS. PACHTER SCHULDER:

6 Is there a motion at Case No. 19-51-
7 002650 to deny the request for early
8 termination of probation?

9 DR. COUGHLIN:

10 So moved.

11 MS. VINCENT:

12 Second.

13 CHAIR KMETZ:

14 All those in favor? Opposed?

15 Abstentions?

16 [The motion carried unanimously.]

17 ***

18 MS. PACHTER SCHULDER:

19 Is there a motion to enter default to
20 deem the facts admitted and to
21 authorize Counsel to prepare
22 Adjudications and Orders in the matters
23 of Tammy Matt Barrett, LPN, Case No.
24 16-51-12296; Diane C. Coulton, LPN,
25 Case No. 19-51-015722; Christi Lyn

1 Goodell, RN, Case No. 22-51-002362;
2 Rachel Margaret Haberberger, LPN, Case
3 No. 19-51-010092; Eugina D. Moses-
4 Coston, RN, Case No. 22-51-001577; and
5 Evan William Penn, RN, Case No. 21-51-
6 009554?

7 DR. COUGHLIN:

8 So moved.

9 MS. VINCENT:

10 Second.

11 CHAIR KMETZ:

12 All those in favor? Opposed?

13 Abstentions?

14 [The motion carried unanimously.]

15 ***

16 MS. PACHTER SCHULDER:

17 Item 59, Theresa L. Mulea, LPN, has
18 been withdrawn at Case No. 19-51-
19 002203.

20 ***

21 MS. PACHTER SCHULDER:

22 Is there a motion to adopt the Hearing
23 Examiner's Proposals for Carla Hamilton
24 Gambill, LPN, Case No. 22-51-004565 and
25 Heather Ann Hiatt, RN, Case No. 22-51-

1 000519?

2 DR. COUGHLIN:

3 So moved.

4 MS. MALADY:

5 Second.

6 CHAIR KMETZ:

7 All those in favor? Opposed?

8 Abstentions?

9 [The motion carried unanimously.]

10 ***

11 MS. PACHTER SCHULDER:

12 Is there a motion to authorize Counsel
13 to prepare Adjudications and Orders in
14 the matters of Keith Anderson, LPN,
15 Case No. 21-51-002412; Barbara McGrenra
16 Doerr, RN, Case No. 21-51-003258; and
17 Jennifer Lyn Meyers, LPN, Case No. 20-
18 51-012848, for which members Hertzler
19 and Kerns are recused?

20 DR. COUGHLIN:

21 So moved.

22 MS. MALADY:

23 Second.

24 CHAIR KMETZ:

25 All those in favor? Opposed?

1 Abstentions?

2 [The motion carried. Members Hertzler and Kerns
3 recused themselves from deliberations and voting on
4 the motion.]

5 ***

6 MS. PACHTER SCHULDER:

7 For item 66, Timothy Wayne Kemberling,
8 II, LPN, Case No. 22-51-002913, no
9 motion is needed because it became
10 final by way of its own terms.

11 ***

12 MS. PACHTER SCHULDER:

13 Is there a motion to adopt the
14 following Draft Adjudications and
15 Orders, for which members Hertzler and
16 Kerns are recused, for James C. Brann,
17 RN, Case No. 19-51-009540; Peggy A.
18 Elgogary, LPN, Case No. 20-51-007560;
19 Christie Ann Kress, LPN, Case No. 20-
20 51-012663; Wendy Madden, LPN, Case No.
21 19-51-018005; Kathleen Marie Hooven,
22 LPN, Case No. 21-51-010119; Cassandra
23 Fye Lascola, LPN, Case No. 20-51-
24 007873; James Robert Schrecengost, LPN,
25 Case No. 20-51-003712; Andrea Tompkins,

1 RN, Case No. 21-51-007449; Sheryl
2 Stewart Wallace, LPN, Case No. 21-51-
3 008636; Lindsey L. Walthour, LPN, Case
4 No. 20-51-001484; Carol Ann
5 Wendrychowicz, LPN, Case No. 20-51-
6 011702; and Neil Wentz, LPN, Case No.
7 21-51-017298?

8 DR. COUGHLIN:

9 So moved.

10 MS. MALADY:

11 Second.

12 CHAIR KMETZ:

13 All those in favor? Opposed?

14 Abstentions?

15 [The motion carried. Members Hertzler and Kerns
16 recused themselves from deliberations and voting on
17 the motion.]

18 ***

19 MS. PACHTER SCHULDER:

20 Is there a motion to approve the
21 following Draft Adjudications and
22 Orders for which there are no recusals
23 for Heather Joanne Buffington, RN, Case
24 No. 19-51-012495; Christina Donahue,
25 RN, Case No. 18-51-03777; John W.

1 Kaplon, RN, Case No. 19-51-014223;
2 Christopher Thomas Hill, RN, Case No.
3 21-51-006680; Mohamed Daramy, RN, Case
4 No. 21-51-013419; Kathleen Claire
5 Rickert, RN, Case No. 20-51-003060;
6 Leslie Patricia Stempin, RN, Case No.
7 20-51-005440; and Doreen Peck Tritle,
8 LPN, Case No. 19-51-014341?

9 DR. COUGHLIN:

10 So moved.

11 MS. MALADY:

12 Second.

13 CHAIR KMETZ:

14 All those in favor? Opposed?

15 Abstentions?

16 [The motion carried unanimously.]

17 ***

18 MS. PACHTER SCHULDER:

19 Is there a motion to grant approval for
20 Laurel Business Institute's Proposal
21 for a 12-month Practical Nursing
22 Diploma Program?

23 DR. COUGHLIN:

24 So moved.

25 MS. MALADY:

1 Second.

2 CHAIR KMETZ:

3 All those in favor? Opposed?

4 Abstentions?

5 [The motion carried unanimously.]

6 ***

7 MS. PACHTER SCHULDER:

8 Is there a motion to grant Lincoln
9 University an extension of its
10 provisional status until January 27,
11 2023?

12 DR. COUGHLIN:

13 So moved.

14 MS. MALADY:

15 Second.

16 CHAIR KMETZ:

17 All those in favor? Opposed?

18 Abstentions?

19 [The motion carried unanimously.]

20 ***

21 MS. PACHTER SCHULDER:

22 Is there a motion to table the request
23 of Princeton Information and Technology
24 Center's request for an online
25 curriculum until PITC is no longer on

1 provisional status and the Board has
2 received a report regarding the results
3 for the COVID students who graduated
4 and the results of their examinations,
5 in addition to receiving a report with
6 regard to another example of a high-
7 fidelity simulation that would be
8 acceptable to the Board and whether
9 companies like reactional simulation
10 based upon their documentation?

11 DR. COUGHLIN:

12 So moved.

13 MS. VINCENT:

14 Second.

15 CHAIR KMETZ:

16 All those in favor? Opposed?

17 Abstentions?

18 [The motion carried unanimously.]

19 ***

20 VICE CHAIR COUGHLIN ASSUMED THE CHAIR

21 ***

22 MS. PACHTER SCHULDER:

23 Is there a motion to grant Great Lakes
24 an extension of its provisional status
25 until January 27?

1 MS. MALADY:

2 So moved.

3 MS. HERTZLER:

4 Second.

5 VICE CHAIR COUGHLIN:

6 All in favor? Opposed? Abstentions?

7 [The motion carried. Member Kmetz recused herself
8 from deliberations and voting on the motion.]

9 ***

10 MS. PACHTER SCHULDER:

11 With regard to the matter of accepting Silny
12 & Associates for approval as a foreign
13 credential evaluator, is there a motion to
14 table pending receipt of additional
15 information with regard to the number of
16 applications Silny reviews and additional
17 examples of reviews of education from Nepal
18 where the education is at the proficiency
19 certificate level rather than a degree and
20 Australia where the graduate completed a
21 first level nursing program?

22 MS. MALADY:

23 So moved.

24 MS. HERTZLER:

25 Second.

1 VICE CHAIR COUGHLIN:

2 All those in favor? Opposed?

3 Abstentions?

4 [The motion carried. Member Kmetz recused herself
5 from deliberations and voting on the motion.]

6 ***

7 CHAIR KMETZ RESUMED THE CHAIR

8 ***

9 Adjournment

10 CHAIR KMETZ:

11 Motion to adjourn.

12 DR. COUGHLIN:

13 So moved.

14 MS. MALADY:

15 Second.

16 CHAIR KMETZ:

17 All those in favor?

18 ***

19 [There being no further business, the State Board of
20 Nursing Meeting adjourned at 3:31 p.m.]

21

22

23

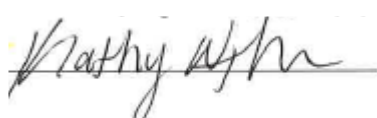
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CERTIFICATE

I hereby certify that the foregoing summary minutes of the State Board of Nursing meeting, was reduced to writing by me or under my supervision, and that the minutes accurately summarize the substance of the State Board of Nursing meeting.



Kathryn Witherow,
Minute Clerk
Sargent's Court Reporting
Service, Inc.

STATE BOARD OF NURSING
REFERENCE INDEX

October 28, 2022

	TIME	AGENDA
1		
2		
3		
4		
5		
6		
7		
8	9:13	Official Call to Order
9		
10	9:14	Introduction of Board Members
11		
12	9:16	Introduction of Attendees
13		
14	9:20	Adoption of Agenda
15		
16	9:20	Approval of Minutes
17		
18	9:21	Report of Prosecutorial Division
19		
20	9:28	Appointment - Princeton Information and
21		Technology Center's (PITC) Response
22		to the Board's Request for Additional
23		Information Regarding the Proposal of
24		an Online Curriculum
25		
26	10:34	Committee Meetings - Hearing on the
27		State Board of Nursing's Statement of
28		Policy at 49 Pa. Code § 21.413
29		
30	10:47	Recess
31		
32	11:01	Return to Open Session
33		
34	11:35	Appointment - Request that Silny
35		& Associates be Recognized as
36		Another Approved Foreign Credential
37		Evaluator
38		
39	11:39	Regulation Update
40		
41	11:41	Appointment - Request that Silny
42		& Associates be Recognized as
43		Another Approved Foreign Credential
44		Evaluator (Cont.)
45		
46	12:00	Appointment Lincoln University -
47		Extension of Provisional Status
48		
49	12:28	Great Lakes - Extension of Provisional
50		Status

STATE BOARD OF NURSING
REFERENCE INDEX
(Cont.)

October 28, 2022

	TIME	AGENDA
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7		
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9		
10	12:47	Laurel Business Institute Proposal for
11		a 12-month Practical Nursing Diploma
12		Program
13		
14	1:12	Regulation Update (Cont.)
15		
16	1:13	Legislative Update
17		
18	1:13	Report of Acting Commissioner
19		
20	1:20	Report of Committees
21		
22	1:20	Report of Board Members Who Attended a
23		Meeting on Behalf of the Board
24		
25	1:21	Report of Executive Secretary
26		
27	1:30	New Business
28		
29	1:32	For the Board's Information
30		
31	1:35	Public Session
32		
33	1:38	Executive Session
34		
35	3:15	Return to Open Session
36		
37	3:15	Motions
38		
39	3:31	Adjournment
40		
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