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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: 9:00 A.M.

Held at

PENNSYLVANIA DEPARTMENT OF STATE

2525 North 7th Street

CoPA HUB, Eaton Conference Room

Harrisburg, Pennsylvania 17110

as well as

VIA MICROSOFT TEAMS

May 2, 2024

State Board of Nursing
May 2, 2024

BOARD MEMBERS:

Linda L. Kmetz, PhD, RN, Chair
Arion R. Claggett, Acting Commissioner, Bureau of
Professional and Occupational Affairs
Sue E. Hertzler, LPN
Linda A. Kerns, Esquire, Public Member
Colby P. Hunsberger, DNP, RN, CNEcl, Vice Chair
Tina D. Siegel, LPN
Charlene W. Compher, PhD, RD, LDN, FASPEN
Donald H. Bucher, DNP, CRNP, ACNP-BC, FAANP,
Secretary

COMMONWEALTH ATTORNEYS:

Carolyn A. DeLaurentis, Esquire, Executive Deputy
Chief Counsel, Department of State
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
Dana M. Wucinski, Esquire, Board Counsel
Jacqueline A. Wolfgang, Esquire, Regulatory Counsel
Codi M. Tucker, Esquire, Senior Board Prosecutor and
Prosecution Co-Liaison
T'rese Evancho, Esquire, Board Prosecutor and
Prosecution Co-Liaison
David J. Schertz, Esquire, Board Prosecutor
Kathryn E. Bellfy, Esquire, Board Prosecutor
Matthew Sniscak, Esquire, Board Prosecutor
Adrienne Doll, Esquire, Board Prosecutor
Matthew Fogal, Esquire, Board Prosecutor
Trista M. Boyd, Esquire, Board Prosecutor
Alex Capitello, Legal Analyst, Office of Prosecution

DEPARTMENT OF STATE AND BOARD STAFF:

Wendy Miller, MSN, RN, Executive Secretary
Cynthia K. Miller, Board Administrator
Leslie House, MSN, RN, Nursing Practice Advisor
Susan Bolig, MSN, RN, Nursing Practice Advisor
Kelly Hoffman, MSN, RN, Nursing Education Advisor
Sue Petula, PhD, MSN, RN, NEA-BC, FRE, Nursing
Education Advisor

State Board of Nursing
May 2, 2024

DEPARTMENT OF STATE AND BOARD STAFF: (Cont.)

Tracy Scheirer, PhD, MSN, RN, CMSRN, CNE, Nursing
Education Advisor

Dulcey Frantz, DNP, RN, RAC-C, Nursing Practice
Advisor

Andrew LaFratte, MPA, Deputy Policy Director,
Department of State

Michael McDonald, Policy Director, Department of
State

Piri Pantoja, Jr., Deputy Director of Legislative
Affairs, Department of State

Kevin Knipe, MSW, LSW, CCDP Diplomate, Co-Program
Manager, Professional Health Monitoring Program

Julie Drodody, MS, BSW, Co-Program Manager,
Professional Health Monitoring Program

ALSO PRESENT:

Edwin Kim, MD, DABPN, MRO, Medical Director,
Physicians Health Monitoring Program/Nurses' Health
Program

Tiffany Booher, MA, LPC, CAADC, CIP, CCSM, Director,
Peer Assistance Monitoring Programs, Foundation of
the Pennsylvania Medical Society

Raymond C. Truex, Jr., MD, FACS, FAANS, MRO, Medical
Director, Nurses' Health Program, Foundation of the
Pennsylvania Medical Society

Tracey Ziegler, RN, BSN, Nurses' Health Program Nurse
Consultant and Advisory Committee Member,
Foundation of the Pennsylvania Medical Society

Wayne E. Reich, Jr., MSN, MBA, RN, Chief Executive
Officer, Pennsylvania State Nurses Association

Jordan Fuhrman, Government Relations Specialist,
Pennsylvania State Nurses Association

Heather Wilson, MSW, CFRE, Executive Director,
Foundation of the Pennsylvania Medical Society

Susan Apold, PhD, RN, ANP-BC, A-GNP-B, FAAN, FAANP,
Chief Nursing Administrator, Chestnut Hill College

Brian McCloskey, DM, MBA, Vice President for
Financial Affairs, Chestnut Hill College

David Burnett, Esquire, Executive Director and Legal
Counsel, Pennsylvania Senate

P. Daniel Altland, Esquire, Pennsylvania Association
of Nurse Anesthetists

State Board of Nursing
May 2, 2024

ALSO PRESENT: (Cont.)

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7 Laurie A. Badzek, LLM, JD, MS, RN, Dean and
8 Professor, Ross and Carol Nese College of
9 Nursing, Pennsylvania State University
10 Dr. Jaime Sinutko, Assistant Professor, University of
11 Detroit Mercy
12 Nicole Campbell, Division Chief, Division of Law
13 Enforcement Education and Trade Schools,
14 Pennsylvania Department of Education
15 Jenny Piper, Board Administrator, Board of Private
16 Licensed Schools, Pennsylvania Department of
17 Education
18 Heather Haines, BSN, RN, Practical Nursing
19 Coordinator, Mifflin County Academy of Science and
20 Technology
21 Larissa Hutchins, MSN, RN, CCRN, CCNS, NEA-BC,
22 Director of Nursing Professional Development,
23 Children's Hospital of Philadelphia
24 Janyce Collier, MSN, RN, CNE, JLM Consulting
25 Kathleen Rundquist, MSN, RN, CNE, Nurse Administrator
26 and Financial Aid Administrator, Franklin County
27 Practical Nursing Program
28 Mary Kay Jurovcik, Western Governors University
29 Pam Hughes, MSN, CRNP, FNP-C, United Career Institute
30 Misha Patel, Esquire, Pennsylvania Medical Society
31 Nicole Sidle, Republican Executive Director, House
32 Professional Licensure Committee
33 Sean Laney, IT Administrator, Financial Aid
34 Assistant & Compliance Officer, The Rapha School
35 Shane Moes, Advisory Committee Member, Nurses' Health
36 Program, Foundation of the Pennsylvania Medical
37 Society
38 Shauna Boscaccy, Esquire, Vice President, GSL Public
39 Strategies Group
40 Wesley J. Rish, Esquire, Rish Law Office, LLC
41 Ashleigh Strange, Executive Director, Governor's
42 Advisory Commission on LGBTQ Affairs
43 Susan C. Lewis, MSN, RN, Practical Nursing Program,
44 Director, Fayette County Career & Technical
45 Institute
46 Lisa Storck, DNP, RN, Program Director, St. Luke's
47 School of Nursing
48 Denise Vanacore, PhD, CRNP, Holy Family University
49 Khadijah Williams, MSN-ED, RN, Director of Nursing,
50 Prism Career Institute

State Board of NursingMay 2, 2024ALSO PRESENT: (Cont.)

Andrea Wandling, PHR, SHRM-CP, Human Resources
Manager, Pennsylvania Association of Community
Health Centers

Jean Marie Truman, DNP, Director of
Assessment/Program Review, Associate Professor of
Nursing, University of Pittsburgh at Bradford

Bailey Shafer, Adjunct Lecturer, Gannon University

Lorie Filitsky, Fayette County Technical Institute

Brice Nixon, PhD, Chestnut Hill College

Franchesca Torres, Press Office Coordinator,
Governor's Press Office

Paula Spack, Vice President Patient Care Services,
Punxsutawney Area Hospital

Rosemary Cribbs, The Rapha School

Louise S. Frantz, RN, BSN, MHA, Ed, Coordinator,

Practical Nursing Program, Penn State Berks Campus

Aaron Telesz, BMET, Banner Health

Tanner Mobley, The Trevor Project

Jill Snyder, RN

Troy Stevenson

908-720-5015

201-608-0740

502-836-3272

724-422-2675

Derek Richmond, Sargent's Court Reporting Service,
Inc.

1 ***

2 State Board of Nursing

3 May 2, 2024

4 ***

5 The regularly scheduled meeting of the State
6 Board of Nursing was held on Thursday, May 2, 2024.
7 Linda L. Kmetz, PhD, RN, Chair, called the meeting to
8 order at 9:00 a.m.

9 ***

10 Introduction of Board Members

11 [Linda L. Kmetz, PhD, RN, Chair, requested an
12 introduction of Board members. A quorum was
13 present.]

14 ***

15 Introduction of Board Staff

16 [Wendy Miller, MSN, RN, Executive Secretary, provided
17 an introduction of Board staff.]

18 ***

19 Introduction of Board Counsel

20 [Carole Clarke Smith, Esquire, Senior Board Counsel,
21 introduced Board Counsel.]

22 ***

23 Introduction of Board Prosecution

24 [Codi M. Tucker, Esquire, Senior Board Prosecutor and
25 Prosecution Co-Liaison, introduced Board

1 prosecutors.]

2

3 Introduction of In-Person Attendees

4 [Linda L. Kmetz, PhD, RN, Chair, requested an
5 introduction of those attending in person.]

6

7 Introduction of Virtual Attendees

8 [Cynthia K. Miller, Board Administrator, provided an
9 introduction of virtual attendees.]

10

11 Adoption of the Agenda

12 CHAIR KMETZ:

13 The agenda is before you. Do we have
14 any additions or corrections?

15 MS. PACHTER SCHULDER:

16 The addition would be to have a
17 discussion about changing the June 4
18 meeting date.

19 CHAIR KMETZ:

20 May I have a motion to adopt the agenda
21 with that one addition?

22 DR. BUCHER:

23 So moved.

24 MS. HERTZLER:

25 Second.

1 CHAIR KMETZ:

2 All those in favor? Opposed?

3 Abstentions?

4 [The motion carried unanimously.]

5 ***

6 Adoption of the Minutes

7 CHAIR KMETZ:

8 We have two sets of minutes before us.

9 We have January 29. Do we have any
10 additions or corrections?

11 If there are none, may I have a
12 motion for approval of the January 29
13 minutes?

14 DR. HUNSBERGER:

15 So moved.

16 DR. BUCHER:

17 Second.

18 CHAIR KMETZ:

19 All those in favor? Opposed?

20 Abstentions?

21 [The motion carried unanimously.]

22 ***

23 Adoption of the Minutes

24 CHAIR KMETZ:

25 We also have March 6 minutes in front

1 of us. Any additions or corrections?
2 Hearing none; seeing none, may I have a
3 motion for approval?

4 DR. HUNSBERGER:

5 So moved.

6 MS. HERTZLER:

7 Second.

8 CHAIR KMETZ:

9 All those in favor? Opposed?

10 Abstentions?

11 [The motion carried. Arion Claggett and Dr. Charlene
12 Compher abstained from voting on the motion.]

13 ***

14 [Judith Pachter Schulder, Esquire, Board Counsel,
15 reminded everyone that the meeting was being
16 recorded, and voluntary participation constituted
17 consent to be recorded.]

18

19 Report of Prosecutorial Division

20 [Chair Kmetz noted VRP Consent Agreement items 2
21 through 8 and 94.]

22 ***

23 [Chair Kmetz noted Ms. Bellfy's items 9 through 11
24 and 98.]

25 ***

1 [Chair Kmetz noted Ms. Boyd's items 12 and 13.]

2 ***

3 [Chair Kmetz noted Ms. Doll's items 14 through 17.]

4 ***

5 [Chair Kmetz noted Ms. Evancho's items 18 through
6 22.]

7 ***

8 [Chair Kmetz noted Mr. Fogal's items 23, 96 and 97.]

9 ***

10 [Chair Kmetz noted Mr. Schertz's item 24.]

11 ***

12 [Chair Kmetz noted Mr. Sniscak's items 25 through 29
13 and 95. She also noted item 28 has been tabled.]

14 ***

15 Appointment - NHP-PHMP Initial Presentation

16 Kevin Knipe, MSW, LSW, CCDP Diplomate, Co-Program
17 Manager, Professional Health Monitoring Program
18 (PHMP); Julie Droddy, MS, BSW, PHMP Co-Program
19 Manager; Edwin Kim, MD, DABPN, MRO, Medical Director;
20 Tiffany Booher, MA, LPC, CAADC, CIP, CCSM, Director
21 of Peer Assistance Monitoring Programs; Raymond C.
22 Truex, Jr., MD, FACS, FAANS, MRO, Medical Director;
23 Heather Wilson, MSW, CFRE, Executive Director of the
24 Foundation of Pennsylvania Medical Society; and
25 Tracey Ziegler, RN, BSN, NHP Nurse Consultant and NHP

1 Advisory Committee Member, presented information to
2 the Board about PHMP and the Nurse Peer Assistance
3 Monitoring Program and the Nurses' Health Program
4 under the Foundation of the Pennsylvania Medical
5 Society.

6 Mr. Knipe provided a brief history of how the
7 Nurse Peer Assistance Monitoring Program started 15
8 to 20 years ago. He noted that the Commissioner at
9 that time in an effort to satisfy some of the
10 requests from stakeholders issued a request for a
11 proposal to confirm capable vendors that could
12 administer a program to nurses similar to the
13 programs for physicians and pharmacists.

14 Mr. Knipe stated in 2007, Secundum Artem Reaching
15 Pharmacists with Help (SARPH), a program for impaired
16 pharmacists, was awarded the contract based on their
17 bid to create the Pennsylvania Nurse Peer Assistance
18 Program (PNAP), and at the end of each contract, a
19 new Request for Proposal (RFP) was issued to procure
20 the services.

21 Mr. Knipe noted a new RFP was issued in May or
22 June 2023 for the new contract, and in October of
23 2023, the contract was officially awarded to the
24 Nurses' Health Program. In mid-December, PHMP
25 received official clearance to begin transitioning to

1 referring new nurse board referrals to NHP and also
2 working toward transferring and having existing
3 enrollees that were in either PHMP only or in PNAP
4 enroll in the Nurses' Health Program. He noted NHP
5 has been working on transferring existing ones from
6 PNAP to NHP.

7 Dr. Kim provided an overview of the process at
8 the Nurses' Health Program and conveyed enthusiasm
9 for working with nurses in the Commonwealth. He
10 provided a broad overview of the Foundation, which
11 operates under the auspices of the Pennsylvania
12 Medical Society, a 501(c)(3) charitable affiliate of
13 the Pennsylvania Medical Society which operates
14 through the core values as noted, including quality,
15 integrity, respect, transparency, diversity, access,
16 stewardship, innovation, and confidentiality, and how
17 these core values drive the mission for values and
18 how it operates to protect healthcare professionals
19 in the Commonwealth.

20 Dr. Kim noted the Foundation has a rich history
21 of helping healthcare professionals in the
22 Commonwealth, noting the Foundation of the
23 Pennsylvania Medical Society has been monitoring
24 healthcare professionals since the 1970s. There has
25 been an expanded recognition by state boards to

1 provide peer assistance monitoring, starting off with
2 the Board of Medicine and Board of Osteopathic
3 Medicine in 1989 and progressing to establish
4 relationships with the Board of Dentistry in 1997,
5 the Board of Podiatry in 2004, Board of Pharmacy in
6 2023, and the Board of Nursing in 2024.

7 Dr. Kim emphasized monitoring or helping nurses,
8 specifically advanced practice nurses, before any
9 formal relationship was formed and before actually
10 any formal peer assistance monitoring program was
11 created. Additionally, it helped veterinarians
12 throughout their recovery journey, but as of yet,
13 there is no contract with the Commonwealth.

14 Dr. Kim shared the mission and vision of the
15 Program and what guides them in their mission at the
16 NHP to promote early identification and facilitate
17 rehabilitation of nurses, dietitian-nutritionists and
18 student nurses related to substance use, mental
19 health and/or behavioral concerns. He stated the
20 goal is to increase awareness among nursing
21 professionals and promote the early identification,
22 coordination of assessment or evaluation, and
23 treatment, as well as monitoring and providing an
24 advocacy to ensure the safe practice of the nursing
25 profession and the safety of the public.

1 Dr. Kim explained the vision of the NHP as
2 follows: Substance use and mental health disorders
3 are illnesses prevalent in the community and equally
4 common among nurses, dietitian-nutritionists, and
5 student nurses. The NHP strives to educate the
6 public and health professionals on the medical model
7 of substance use disorders and reduce stigma
8 associated with substance use disorder, and mental
9 health and behavioral concerns. Early recognition of
10 these disorders and behavioral concerns that may
11 impact a nursing professional's ability to practice
12 are encouraged.

13 Dr. Kim indicated the NHP is here to advocate for
14 and facilitate effective, confidential treatment that
15 preserves nursing careers and carries the message of
16 hope. He noted a very robust team, including Ms.
17 Tiffany Booher, Program Director; Dr. Ray Truex, Jr.,
18 Dr. Charles Burns, Jr., and himself, the three
19 medical directors who are always on call and always
20 manning the system.

21 Also included on the team is Wendie Dunkin,
22 Office Manager; and Case Managers Melissa Devonshire,
23 Tyson Davis, Brenda Iliff, Amanda Irons-Bennett,
24 Michele Davis; and Administrator Assistant, Kelly
25 Mylnek. All work collaboratively to carry out the

1 mission of the NHP.

2 Dr. Kim noted the Advisory Committee consists of
3 Jacqueline Foster, Shane Moes, Kathie Simpson, and
4 Tracey Ziegler. He stated the Foundation is
5 currently looking for additional members to help
6 guide into the future.

7 Dr. Kim indicated Program Consultants include
8 Marcia Linato and Tracey Ziegler who provide their
9 expertise in the nursing field.

10 Dr. Kim noted the services provided by NHP are
11 confidential, which is key to helping nurses engage
12 in professional monitoring and in activities related
13 to their recovery. Case management is provided and
14 includes education to the professionals or potential
15 participants. Referrals are made for the evaluation,
16 treatment, and monitoring of professionals on
17 medications for an opiate use disorder and medical
18 cannabis usage. Advocacy is also provided for those
19 participants who successfully participate in the
20 program.

21 Dr. Kim discussed the standard in terms of
22 addiction treatment which is often rooted in a fail-
23 first model. An individual with the concern for a
24 substance use disorder or mental health disorder will
25 seek treatment at the lowest level of care, and in

1 this case, outpatient. If there is no progress in
2 treatment or failure of treatment, the individual
3 will be advised to progress to the next level of
4 care, which could be intensive outpatient, otherwise
5 known as IOP, or inpatient, otherwise known as
6 residential or also known as rehab.

7 Dr. Kim explained that for healthcare
8 professionals this model does not necessarily apply,
9 and there is a need for a successful first model. He
10 believed that nurses deserve the best possible care
11 immediately, as soon as possible, to provide that
12 early recognition and treatment as an opportunity to
13 enter into recovery.

14 Dr. Kim stated often the program will try to
15 connect nurses and other potential participants in
16 the highest level of care that is appropriate to
17 their circumstance, which includes a residential
18 setting and a program with specific healthcare
19 professional tracks. He explained these are clinical
20 teams and administrators, who are well adept at
21 working with healthcare professionals, safety
22 sensitive workers, and other individuals that are
23 involved in public safety.

24 Dr. Kim mentioned that as treatment progresses at
25 the inpatient, residential, or rehab levels, one can

1 progress downward. The natural progression is to
2 partial hospitalization programs and the ultimate
3 goal of intensive outpatient programs. He noted that
4 participants do not necessarily have to go through
5 each step and start at the inpatient residential
6 rehab setting.

7 Dr. Kim noted the goals of the process are to
8 identify early detection and early identification.
9 By identifying those professionals that require
10 treatment or help, a thorough assessment and
11 evaluation can be provided through approved
12 evaluators. He stated the key is to work with
13 individuals, practitioners, and facilities that have
14 experience in working with healthcare professionals
15 and providing appropriate treatment recommendations.

16 Dr. Kim pointed out that there are participants
17 who enter into abstinence-based treatment and can
18 enter into long-term monitoring. As the participant
19 progress through monitoring, their success,
20 abstinence, and compliance with terms to the
21 agreement are documented, and advocacy is provided
22 based on their ability to adhere to their agreement.

23 Dr. Kim highlighted that there is this fallacy
24 that professional health programs provide a service
25 by adhering to a set of rules. He opined that this

1 is not the case. The primary focus is on the nurse
2 or nursing professional's health and works backwards
3 by connecting the participant with the treatment
4 model that has been shown to work for healthcare
5 professionals, and then determines how the different
6 rules, the different parameters, and the different
7 components of monitoring advocacy fit into their
8 recovery journey.

9 Dr. Kim reiterated that the driving premise here
10 is nursing health.

11 Dr. Kim discussed the formal referral process.
12 The initial contact is made by the referral source--a
13 large health system, a medical director, chief
14 wellness officer, chair of a wellness committee, or
15 can also be the individual themselves seeking help. He
16 noted that calls are welcomed from anyone seeking
17 care.

18 Dr. Kim stated the case manager will then conduct
19 a telephone call with the individual being referred,
20 which is labeled as screening intake. The team will
21 then discuss the screening intake in case conference
22 and determine an evaluation recommendation. Most
23 individuals seeking help will need an evaluation to
24 further assess what components of treatment or
25 recovery are required.

1 Dr. Kim mentioned that the case manager will
2 contact the individual and offer choices for
3 evaluation within the initial contact with the
4 referral source, collecting a standardized set of
5 information that includes the precipitating event or
6 events, and documentation, which can include a
7 complaint, drug test results, criminal dockets, and
8 previous monitoring information. Any screens for
9 substance use, mental health, and behavioral
10 information will also be collected to help with the
11 assessment.

12 Dr. Kim noted that during the intake call with
13 the participant, the case manager collects and
14 screens precipitating events, current and historical
15 substance use, mental health, behavioral and medical
16 concerns focusing on last use, frequency, amount of
17 each classification of substances over the lifespan,
18 current and historical treatment for substance use
19 and mental health concerns, any legal history, any
20 family history of substance use or mental health
21 concerns, current medical conditions, and treatment,
22 as well as their level of insight into the problem.
23 Dr. Kim referred to this as a very comprehensive
24 assessment based on the expertise and experience of
25 all case managers.

1 Dr. Kim reviewed the meaning of the case
2 conference, which involves full team discussion of
3 each individual case to determine a connection to
4 care. He noted discussion is attended by all members
5 of the team, including the program director, the
6 three medical directors, case managers, and
7 administrative assistants. He noted that during the
8 conference, all data collected during intake and the
9 referral call is reviewed by all members of the NHP
10 team. Based on the data collected and the specific
11 needs of each case, the team will discuss and
12 recommend an evaluation level of care, which in some
13 cases means directing an individual to treatment.

14 Dr. Kim stated the NHP team does consider a
15 participant's physical address to recommend
16 geographically the closest options and attempt to
17 match evaluators and treatment facilities as close as
18 possible to a participant or future participant's
19 residence.

20 Dr. Kim discussed the level of assessment needed,
21 which might include repeated legal issues related to
22 substance use or mental health, confounding medical
23 conditions with substance use or mental health
24 concerns, or an obvious or apparent need for
25 neuropsychological testing as part of the substance

1 use in mental health concerns. He mentioned the
2 staff includes a board-certified addiction medicine
3 physician, and he is a double board-certified
4 addiction psychiatrist and psychiatrist. He noted,
5 with their expertise, screening information can be
6 evaluated to help in the assessment as well.

7 Dr. Kim stated, additionally, that expertise
8 helps the staff determine the medications for opiate
9 use disorder and medical marijuana compared with
10 substance use and mental health concerns. He noted
11 another trigger that might necessitate a
12 comprehensive assessment is diversion and substance
13 use in the workplace.

14 Dr. Kim noted the team really values their strong
15 collaboration with the PHMP and being very proactive
16 in meeting with the PHMP. He indicated all staff
17 members participate in a monthly meeting with all
18 eleven members of the NHP. All leaders of the PHMP
19 and all case managers sit together to discuss the
20 cases to determine how to proceed. He emphasized
21 that each case is handled with care and fair and
22 equitable practices. He noted there being a personal
23 investment in each participant. Nurses as frontline
24 workers are the most overworked, disenfranchised
25 specialties within the healthcare system and deserve

1 the advocacy, respect, and connection to care that we
2 provide for all our healthcare professionals. He
3 commented that best practices are utilized on
4 evidence-based models and shared with the Board that
5 NHP is their partner. It is hoped that with their
6 participation, NHP can continue to work with the
7 Board, the PHMP, and the Commissioner to continue to
8 provide a safe setting for nurses and other
9 healthcare professionals, and thereby improve public
10 safety and patient safety in the Commonwealth. Dr.
11 Kim will provide contact information.

12 Board members questioned whether the Foundation
13 does anything else other than providing this service
14 to nurses and physicians. Executive Director Heather
15 Wilson responded that the Foundation has the peer
16 assistance monitoring program, PHP, NHP, and
17 LifeGuard, a clinical competency assessment program
18 directed by Tracey Ziegler. A scholarship and loan
19 program are also part of the Foundation. She
20 explained that the program is clinical competency,
21 making sure that the staff is doing the right thing
22 at the right time with the right medical decision-
23 making, and then confirming there is access to school
24 for students.

25 Dr. Bucher questioned why there were no nurses or

1 pharmacists on the Foundation Board of Trustees. It
2 was noted there are definitely conversations working
3 towards that.

4 Ms. Wilson noted that the Foundation would
5 probably add pharmacists onto the Board, which is
6 ultimately approved by the Pennsylvania Medical
7 Society Board as they are the parent board. It was
8 further noted that Ms. Booher and the team have done
9 an excellent job in seeking nursing professionals.
10 Tracey and Marcia are on staff already as licensed
11 nursing professionals, who were able to offer
12 guidance in the initial discussion.

13 Dr. Bucher also questioned whether there was an
14 opportunity for financial assistance. It was noted
15 that the monthly monitoring fee for all nurses is set
16 at \$50 per month; and for those not working, the fee
17 would be reduced to \$30. Ms. Wilson indicated
18 currently there is fundraising for an assistance fund
19 so that scholarship money can be provided towards
20 monitoring fees, evaluations, and drug testing. She
21 noted there is no interruption in testing and
22 monitoring through RecoveryTrek as the participants
23 that are transitioning from the previous vendor have
24 continued in the same drug testing that they were in
25 prior to coming to the NHP. She stated the

1 monitoring fee is a bit different as it is a monthly
2 charge.

3 Ms. Wilson indicated that several grants have
4 been written asking for assistance, noting much of
5 the fundraising is very organic. The nurses' health
6 fund is money to be used by participants and not used
7 to pay for salaries or any other part of the peer
8 monitoring assistance program. It is solely to help
9 the nursing professionals who come into the program.
10 The goal in the next 12 months is to potentially
11 start offering the application once there is enough
12 money.

13 Ms. Evancho requested additional information
14 regarding the comprehensive assessment. It was noted
15 that the advisory committee is in place to help drive
16 policy, procedure, mission, value, vision, and the
17 staff that Dr. Kim spoke of sits in a meeting three
18 days a week, Monday, Wednesday, and Friday, to review
19 these cases. A referral will go through the intake
20 process with a case manager, and the case manager
21 brings all the data to the team for discussion to
22 determine the level of care.

23 Ms. Evancho indicated another concern is what the
24 program does to address an individual who cannot
25 afford being a patient since nurses, obviously, have

1 a little bit of a different financial demographic.

2 Ms. Wilson commented that nurses are not the
3 first set of professionals the program has worked
4 with that have limited means. Others include dental
5 assistants and hygienists which presentation-wise
6 have many overlaps with the nurses and do not have
7 many resources.

8 She referred to a nonadvocacy agreement by which
9 an individual can enter into this agreement for six
10 to twelve months to demonstrate their ability to
11 comply with abstinence, and the participant will be
12 in affordable treatment at a lower level of care.
13 The participant would be considered for advocacy
14 after a period of time. She noted that sometimes an
15 evaluation may be necessary as part of that process.

16 Ms. Pachter Schulder inquired as to how that
17 would fit in with the PHMP and would PHMP give
18 participants with a lower level of care credit for
19 that care.

20 Mr. Knipe explained that policies have not
21 changed around that issue, and it has been a
22 longstanding problem that some participants have had
23 a financial inability to afford the cost of the
24 participation and/or treatment. He noted having a
25 long-term policy that will allow nurses who do have

1 either financial or some type of household issue as a
2 single parent type of situation at times to receive a
3 recommendation from the evaluator for a much higher
4 level of care. Per policy, the participant would
5 still be offered monitoring at a lower level of care
6 but brought along at a little bit slower pace than a
7 typical case. If the individual is able to undergo
8 the recommended treatment at a much higher level, the
9 individual is able to advance through the system
10 faster.

11 Mr. Knipe noted ultimately the primary goal is
12 public safety. If a nurse who is not receiving the
13 optimal level of care based on the recommendation
14 provided by their treatment provider, that is deemed
15 as a concern about their ability to safely practice
16 until the individual can demonstrate a longer period
17 of abstinence under the lower levels of care.

18 Ms. Pachter Schulder questioned whether the
19 individual could actually be out of practice longer
20 and their agreement would need to be extended. Mr.
21 Knipe stated the minimum period of probation is set
22 by when the Board adopts the agreement and is no less
23 than three years from Board adoption.

24 Dr. Kim stated the NHP model is unprecedented in
25 the success rate and unmatched by any other

1 intervention in the medical setting. There is a
2 period of time where the participant has to
3 deprioritize their work temporarily.

4 Ms. Wilson pointed out that individuals do better
5 in their success first model program versus one that
6 is not a healthcare professional program, and those
7 individuals are sometimes not as successful and
8 relapse.

9 Dr. Hunsberger asked whether there was any
10 thought to creating local partners in different
11 counties where the individuals would be hired in a
12 different capacity. He mentioned that hospitals and
13 nursing homes around Pennsylvania are short staffed
14 and may be willing to hire those individuals.

15 Ms. Wilson explained that their current employer
16 ends up hiring the individual at the lower pay rate
17 and lower job responsibilities.

18 Ms. Clarke Smith asked what goes into deciding
19 whether someone should do the standard evaluation
20 versus asking the individual to seek inpatient
21 treatment. Ms. Wilson noted that inpatient treatment
22 is when someone has multiple, compounding variables
23 and medical concerns that would necessitate a higher
24 level of medical treatment. She mentioned that
25 outpatient providers can treat an individual with a

1 substance use condition or with a mild psychiatric
2 condition. She noted most of their clients are
3 outpatient and offered to provide statistics
4 concerning reinstatement cases. She emphasized the
5 importance of clearing individuals rather than
6 conducting an evaluation that does not examine all of
7 the components of their needs.

8 Mr. Knipe noted working with PHMP for 23 years
9 and directly with PHMP for 20 years and all the
10 professionals regarding reinstatement cases for
11 Medical, Osteopathic, Dental, and Podiatry during
12 that time period. He mentioned it has been rare that
13 there has been a request for inpatient. He noted the
14 inpatient evaluation recommendation increases for new
15 referrals.

16 Mr. Knipe referred to the PHMP structure, noting
17 the licensees who benefit from peer assistance
18 programs and also those that do not have peer
19 assistance programs. He stated PHMP is handling the
20 entire case, including making referrals for cases
21 that do not have peer assistance programs.

22 Mr. Knipe mentioned emphasizing the importance of
23 an accurate evaluation to the PHMP case manager who
24 is embraced by the staff of peer assistance programs.
25 When individuals undergo that evaluation, they come

1 before the Board with that evaluation and may get
2 their license back without monitoring. He addressed
3 the intake process.

4 There was a discussion related to the difficulty
5 with getting in touch with someone at NHP regarding
6 reinstatement cases so the information could be taken
7 to the Board or an agreement signed to go to the DMU.
8 Dr. Kim stated the program is looking for a
9 longstanding relationship and will fine tune the
10 communication with the Board and Counsel. He noted
11 wanting to be a model for surrounding states and
12 appreciated the feedback.

13 A member of the audience, Jill Snyder, RN, asked
14 whether a process had been considered that people can
15 start, while waiting to reinstate a license, to work
16 toward getting the licensee where they need to be
17 that would help move the process along. Ms. Clarke
18 Smith explained that someone petitioning for
19 reinstatement receives a Board order directing what
20 is needed to be submitted to open the case and move
21 it along. She mentioned there is a difference
22 between someone who is in the program currently and
23 petitioning for reinstatement compared to someone who
24 has been suspended.

25 Ms. Wilson stated the process may be started for

1 someone considering reinstatement, and it may be
2 helpful to have NHP participation ahead of time.

3 Ms. Pachter Schulder asked whether the time is
4 credited in terms of how long the person will be out
5 of practice when first entering the program. Ms.
6 Wilson explained that the individual works with PHMP
7 to acquire credit towards their PHMP monitoring and
8 process, noting many of the PHP participants come to
9 them right after their license renewal. In two
10 years, the participants are actively monitored and
11 able to receive credit.

12 Dr. Kim noted disciplinary cases are actively
13 engaged with a peer program and documenting
14 abstinence through that peer program, noting their
15 return to work is much quicker.

16 Chair Kmetz thanked the participants for their
17 presentation.]

18 ***

19 [The Board recessed from 10:20 a.m. until 10:25 a.m.]

20 ***

21 CHAIR KMETZ RECUSED HERSELF FROM PARTICIPATION. VICE

22 CHAIR HUNSBERGER ASSUMED THE CHAIR

23 ***

24 Appointment - Fayette County Career & Technical

25 Institute - Extension of Provisional Status

1 [Susan C. Lewis, MSN, RN, Practical Nursing Program
2 Director, presented on behalf of Fayette County
3 Career & Technical Institute.

4 Judith Pachter Schulder, Esquire, Board Counsel,
5 noted that the Program's pass rate for the first
6 quarter was 91.67% and second quarter was 100% with
7 12 of 13 testers having passed.

8 Ms. Lewis stated it had been a little over a year
9 since the implementation of their new curriculum
10 changes. She noted the September class had a 100%
11 pass rate, and 91.67% came from a tester who had
12 waited a year to test. She reported everyone passed
13 except for two students in the March class.

14 Ms. Lewis noted being excited about the changes,
15 being focused on the NCSBN test plan, and using that
16 to incorporate areas of deficiency where students are
17 not testing well. She mentioned continuing to offer
18 incentives for the students to test within the first
19 three months.

20 Ms. Pachter Schulder asked how many students need
21 to test from the prior graduating class. Ms. Lewis
22 noted having one individual left to test from the
23 prior graduating class. She addressed areas of
24 deficiency and improvements, noting witnessing many
25 good outcomes.

1 Ms. Pachter Schulder asked how many were
2 anticipated to graduate in the next class and their
3 graduation date. Ms. Lewis noted 22 students so far
4 are set to graduate at the end of September.

5 Ms. Pachter Schulder noted the Board will
6 deliberate during Executive Session and decide as to
7 the length of the extension of provisional status and
8 congratulated Fayette County Career & Technical
9 Institute on their hard work to get the pass rates to
10 a wonderful level.]

11 ***

12 CHAIR KMETZ RESUMED THE CHAIR

13 ***

14 Appointment - Prism Career Institute - Extension of
15 Provisional Status

16 [Khadijah Williams, MSN-ED, RN, Director of Nursing,
17 presented on behalf of Prism Career Institute.

18 Judith Pachter Schulder, Esquire, Board Counsel,
19 noted a pass rate for the first quarter of 82.86% and
20 second quarter of 82.35% and congratulated Prism
21 Career Institute on having raised the pass rate above
22 the 66.67% in 2022-2023 and 67.31% in 2020-2021. She
23 asked Ms. Williams to address the number of graduates
24 who are left and how many from that last class still
25 have to test.

1 Ms. Williams noted Prism has been working hard to
2 promote and change their curriculum to make it more
3 streamlined. She mentioned working with book
4 publishers and ATI, along with having a coordinator
5 to help everything stay on track.

6 Ms. Williams also mentioned looking at the
7 blueprint of the NCLEX®-PN Test to ensure the points
8 are touched with their curriculum and using that as
9 their guideline. She reported doing evaluation
10 regarding their assessments as well as reviewing the
11 Mountain Measurements Report.

12 Ms. Williams reported having about 25 students to
13 test within this quarter, 4 testing from March, and 1
14 student who will finish the program on May 19, 2024.

15 Ms. Pachter Schulder asked whether there were any
16 outstanding students from prior graduating classes.
17 Ms. Williams stated there was no one outstanding at
18 this point from their records. She noted the next
19 graduating class finishes on May 19, 2024.

20 Ms. Pachter Schulder noted the Board will vote on
21 the length of the extension after the Executive
22 Session.]

23 ***

24 Appointment - Chestnut Hill College Department of
25 Nursing Proposal for Establishment of a

1 Prelicensure Baccalaureate of Science Degree in
2 Nursing (BSN) Program with an Accelerated Second-
3 Degree BSN Option

4 [Susan Apold, PhD, RN, ANP-BC, A-GNP-B, FAAN, FAANP,
5 Chief Nursing Administrator, and Brian McCloskey, DM,
6 MBA, Vice President for Financial Affairs, presented
7 on behalf of Chestnut Hill College seeking approval
8 to offer a prelicensure baccalaureate nursing program
9 to traditional undergraduate nursing students and to
10 accelerated second-degree students.

11 Judith Pachter Schulder, Esquire, Board Counsel,
12 stated the Board does have the application and read
13 Chestnut Hill College's proposal for a prelicensure
14 BSN with an accelerated second-degree BSN option.

15 Dr. Apold provided a brief summary of her
16 professional and personal background. Dr. Apold
17 informed the Board that the curriculum is very
18 traditional because of regulations that have to be
19 met, along with other standards and criteria that
20 need to be addressed. She noted becoming very
21 familiar with the Board of Nursing regulations in
22 Pennsylvania and NCLEX® standards, along with each
23 major component of the test plan.

24 Dr. Apold participated in AACN for the past 20
25 years and pursued that organization for guidance for

1 excellence in nursing education. She noted utilizing
2 the 2021 revised Essentials document to plan
3 coursework. She also reviewed the 10 domains
4 reflected in their program learning outcomes. She
5 noted working to ensure all the program learning
6 outcomes were reflected in the overall student
7 learning outcomes.

8 Dr. Apold noted examining rubrics and evaluation
9 measures in an attempt to align the concepts that
10 they are trying to measure in each course with those
11 and some of the competencies in the evaluation
12 material. She believed, once they are given
13 permission to move forward, they will hire faculty
14 that afternoon and begin to build consensus around
15 all of the Essentials.

16 Dr. Apold mentioned being familiar with the CCNE
17 standards and stated with confidence that the program
18 is compliant with those issues. She also mentioned
19 being deeply devoted to nursing social policy
20 statements and the code of ethics.

21 Dr. Apold addressed immersion and clinical
22 education. She noted identifying clinical partners
23 who are interested in the program. She stated Saint
24 Joseph Villa agreed to serve as their first immersion
25 clinical partner. She noted that one of the

1 realities of nursing education over the past 50 or 60
2 years was forcing diploma education to higher
3 education but may not have given the importance to
4 the clinical aspect of education. She did not
5 believe any profession is practice-ready the day
6 after they leave their clinical practice but believed
7 nursing can do a better job, noting AACN encourages
8 clinical immersion.

9 Dr. Apold noted receiving a letter from the
10 President of Saint Joseph's Villa providing Chestnut
11 Hill College graduates exclusive access to all of
12 their health-related endeavors. She mentioned that
13 would include didactics, lab with simulation, along
14 with spending concentrated time during the week in
15 the clinical program.

16 Dr. Apold noted the President of the college has
17 agreed to hire clinical faculty, who will live in
18 that facility so that they can supervise eight
19 students at a time throughout the facility. She
20 stated she is in negotiation with another facility
21 who said they will adopt this model.

22 Dr. Apold noted working with nursing officers and
23 CEOs discussing the difficulty their partners are
24 having with recruitment and retention. She reported
25 procuring a \$139,000 grant to begin the process at

1 Saint Joseph Villa. She stated equipment would
2 arrive on May 6, 2024, so students and employees can
3 mutually use the educational equipment, noting she is
4 working on codifying that model.

5 Dr. Apold stated the history of nursing education
6 requires them to identify the geriatric community
7 because they have issues that need to be
8 intentionally addressed in nursing. She noted
9 offering the course in a couple of other curriculums
10 because nurses need to be aware of issues of this
11 population.

12 Dr. Apold noted the importance of covering
13 social determinants of health, diversity issues, and
14 issues that are particularly unique to that
15 population. She addressed the ramifications of the
16 pandemic and the devastation on graduates.

17 Dr. Apold mentioned working with Dr. Sheila
18 Kennedy, who is a therapist in charge of the
19 Counseling Center at Chestnut Hill College, noting
20 their work on developing a program for students to
21 identify stressors so students have the tools to deal
22 with issues like burnout and fatigue.

23 Dr. Apold noted the biggest problems facing
24 nursing education are faculty and clinical
25 placements. She stated Dr. Latimer reached out and

1 received verbal agreement for the program before she
2 arrived. She presented 15 Memorandums of
3 Understanding (MOUs) addressing 19 clinical
4 placements in the proposal and received 3 more since
5 that time. She noted another college in their area
6 closed and some of those individuals are seeking
7 work. She reported also having people who are
8 interested in leadership positions in the nursing
9 program.

10 Dr. Apold noted the development of student
11 success programs specifically for nursing students,
12 particularly for the traditional undergraduates, and
13 she is working with the Vice President for Strategic
14 Innovation to put together a formal program. She
15 will be requiring an adjunct supplemental educational
16 program to determine faculty input.

17 Dr. Apold addressed admission criteria, noting
18 the college has made a commitment for a once-a-year
19 admission cycle.

20 Ms. Pachter Schulder asked whether simulation
21 would be used. Dr. Apold stated Saint Joseph's Villa
22 may not be able to get students to see ill children
23 in acute care settings but will be able to use their
24 community agencies. She noted having exclusive
25 access to an elementary school, high school, and

1 community services with the goal of getting them to
2 see children who are mostly well. She mentioned that
3 even when she uses simulation for pediatrics that she
4 is going to move Heaven and Earth for them to see
5 kids.

6 Dr. Apold addressed obstetrics, noting she
7 ordered a manikin for purposes of budgeting and is
8 investigating the use of virtual for psychiatric-
9 mental health. She hoped health facilities will
10 accommodate the students some of the time in
11 outpatient and drug rehab centers.

12 Ms. Pachter Schulder asked whether the person in
13 charge of the simulation lab will have the
14 International Nursing Association for Clinical
15 Simulation and Learning (INACSL) or Drexel
16 certification. Dr. Apold noted her past practice has
17 been not to hire nurse educators for simulation, and
18 she has been using Drexel.

19 Chair Kmetz requested information concerning
20 theory experience. Dr. Apold noted that theory and
21 clinical are part of the same course and will be
22 introducing clinical traditionally initially and
23 addressed the way she constructed it.

24 Dr. Hunsberger asked whether they will struggle
25 to find the opportunity to get 18 hours and with some

1 of the other courses around the clinical. Dr. Apold
2 commented that it would not be easy and incredibly
3 immersive but believed the hours exist. She noted
4 previously using one clinical facility for two groups
5 in a day and being confident that it will work.

6 Ms. Pachter Schulder asked Dr. Apold to speak
7 more globally to the fiscal commitment of the college
8 to the program.

9 Dr. McCloskey noted their competitive advantage
10 over many other programs including a campus dedicated
11 to the program should this committee approve our
12 application.

13 Dr. McCloskey noted the unwavering support and
14 commitment of the Sisters of Saint Joseph. He stated
15 they will welcome their 100th class this fall to
16 Chestnut Hill College. He addressed refinancing \$30
17 million, noting the Sisters of Saint Joseph
18 themselves are underwriting that debt and owning the
19 entire project. He noted having a budget in place
20 and a commitment from Allied Health and Nursing if
21 the application is approved. He also noted having a
22 plan to recruit technicians and staff to support the
23 program.

24 Dr. McCloskey addressed cohorts, yields of
25 applicants, and yields to attrition. He noted they

1 are going to be priced very competitively and
2 believed the model is sustainable and will contribute
3 to the college's long-term growth and sustainability.

4 Dr. McCloskey stated that the Board of Chestnut
5 Hill College and the Sisters of Saint Joseph, with
6 all their ministries in and around Philadelphia, are
7 behind them because it aligns perfectly with the
8 mission of the college and the mission of the Sisters
9 of Saint Joseph.

10 Dr. Apold addressed pass rates of the last
11 program she started, noting the importance of making
12 sure students walk out the door and pass any class,
13 to be the core of how she manages.

14 Ms. Pachter Schulder noted the Board will review
15 their application during Executive Session.]

16

17 Regulation Update - 16A-5139 - Volunteer License
18 [Judith Pachter Schulder, Esquire, Board Counsel,
19 noted the regulatory package for 16A-5139 regarding
20 the Volunteer License will be drafted by Regulatory
21 Counsel.]

22

23 Regulation Update - 16A-5141 - Nursing Education
24 Programs

25 [Judith Pachter Schulder, Esquire, Board Counsel,

1 addressed 16A-5141 regarding the Nursing Education
2 Program regulations. She noted the Office of General
3 Counsel (OGC) and the Budget Office approved the
4 regulation and is awaiting approval or a request for
5 change from the Office of Policy.

6 Ms. Pachter Schulder noted that when the OGC
7 reviewed the regulation, it asked the Board to
8 consider using a different citation for the
9 controlling institution. She noted the change could
10 be easily made. OGC also questioned whether state
11 correctional institutions and other facilities can be
12 a clinical agency and asked how that works together.
13 She noted that part of the explanation to them was
14 the Board approves the institution and the
15 institution then has their contracts with the
16 clinical agencies. There are many clinical agencies
17 that are correctional institutions and other
18 Commonwealth institutions.]

19

20 Regulation Update - 16A-5143 - Continued Competency
21 and Licensure by Endorsement
22 [Judith Pachter Schulder, Esquire, Board Counsel,
23 noted 16A-5143 regarding Continued Competency and
24 Licensure by Endorsement is still under review by OGC
25 and Policy.]

1 ***

2 Regulation Update - 16A-5145 - CRNA Licensure
3 [Judith Pachter Schulder, Esquire, Board Counsel,
4 noted her continued work on 16A-5145 regarding CRNA
5 Licensure.]

6 ***

7 Regulation Update - 16A-5146 - Opioid Prescription
8 and Education and Organ Donation Education
9 [Judith Pachter Schulder, Esquire, Board Counsel,
10 noted 16A-5146 regarding Opioid Prescription and
11 Education and Organ Donation Education has been
12 approved by the OGC. She reminded Board members that
13 no comments were received, and the Board is waiting
14 for the Policy Office to approve that regulation.
15 She noted when this regulation goes to the
16 Legislative Committees, if there are not any changes,
17 it will be approved.]

18 ***

19 Regulation Update - 16A-5148 - NLC
20 [Judith Pachter Schulder, Esquire, Board Counsel,
21 referred to 16A-5148 regarding what will be the Nurse
22 Licensure Compact (NLC) regulation, whether temporary
23 regulation or regular regulation. She mentioned
24 being asked to consider a temporary regulation,
25 noting the temporary regulation does not go through

1 the whole regulatory process.

2 Ms. Pachter Schulder noted a regulation is needed
3 to set fees for the multistate license and also to
4 describe the conversion process to go from a single
5 state Pennsylvania license to a multistate license so
6 people understand the documentation needed for a
7 single state license versus multistate license.
8 Participants in Practice, Education, Remediation, and
9 Collaboration (PERC) or in PHMP's Disciplinary
10 Monitoring Unit or Voluntary Recovery Program (VRP),
11 are not eligible for a multistate licensure. She
12 noted the fee would be the current initial licensure
13 fee if a regulation is not in place.

14 Ms. Pachter Schulder addressed conditional
15 approval from the Federal Bureau of Investigation
16 (FBI). She noted the FBI has requested additional
17 information about where the Board fits within the
18 Department's umbrella and where the federal
19 background check information for the multistate
20 licenses will be housed.

21 She referred to House Bill 2200 where all health
22 care professionals would be required to have a
23 federal criminal background check not just those
24 involved in the Compact. She stated approval from
25 the FBI is still required to proceed further.

1 Ms. Pachter Schulder again mentioned that the
2 Department has worked on the technology piece to make
3 the process quicker when it is ready to go. She
4 explained that when the federal criminal background
5 check language is approved by the FBI and the
6 legislature has passed the legislation, there will
7 also be federal requirements with regard to
8 maintaining and securing the background checks, which
9 will be done through the State Police and a third-
10 party vendor.

11 Ms. Pachter Schulder explained that the day the
12 FBI approves the background check language, the Board
13 will not be able to issue multistate licenses because
14 they still have to wait for the rest of the criminal
15 background check piece to be in place. She further
16 explained that the Bill could maybe run partially and
17 then possibly work on implementation. She noted it
18 all ties in together so the final language would need
19 to be in place before multistate licenses are
20 issued.]

21 ***

22 Regulation Update - 16A-5149 - Conversion Therapy -
23 Statement of Policy
24 [Judith Pachter Schulder, Esquire, Board Counsel,
25 noted Regulatory Counsel, Jacqueline Wolfgang, will

1 be explaining the Statement of Policy to the Board
2 later in the meeting.]

3

4 Regulation Update - 16A-66 - BPOA Regulation - Crimes
5 Directly Related to the Profession

6 [Judith Pachter Schulder, Esquire, Board Counsel,
7 addressed 16A-66 regarding the Bureau of Professional
8 and Occupational Affairs' regulation for Crimes
9 Directly Related to the Profession, the final package
10 of which was forwarded to the Board from the Deputy
11 Chief Counsel. There were no further questions about
12 the Final Annex.

13 She noted the Independent Regulatory Review
14 Commission (IRRC) disapproved the regulation, and the
15 Department is reviewing its next steps with regard to
16 that regulation. She explained that the regulation
17 can be resubmitted without change, resubmitted with
18 change, or withdrawn.]

19

20 Pennsylvania Legislative Update

21 [Judith Pachter Schulder, Esquire, Board Counsel,
22 addressed Senate Bill 668 regarding certified
23 medication aides. She explained it would not be a
24 licensure class under the State Board of Nursing, but
25 the Board would have a review role in terms of

1 education. She referred to questions about whether a
2 certified medication aide would be able to be a
3 pathway to LPN licensure. She indicated that the
4 answer would depend on education obtained, but if it
5 was only provided by the long-term care facility,
6 that education will not meet the Board's
7 requirements. Ms. Pachter Schulder mentioned the
8 programs would make the determination as to what and
9 how much education would receive credit.

10 Ms. Pachter Schulder noted House Bill 2067 is the
11 nurse grant program. She also noted there are two
12 resolutions: House Resolution 392 for Nurses Month
13 in May and Senate Resolution 243 for LDN Registered
14 Dietitian Day. She reported House Bill 2113 deals
15 with long-term care ratios, and House Bill 2169 is
16 supporting education for the healthcare workforce.
17 She mentioned the Board already discussed House Bill
18 2200.

19 Ms. Pachter Schulder addressed House Bill 2178,
20 noting the bill would require education on cultural
21 competence and implicit bias in order to obtain
22 licensure. She mentioned the Bill does not have the
23 number of hours or the education itself, rather a
24 requirement that there be that education. She said
25 it is an open question whether the cultural

1 competence education can be like advanced
2 pharmacology for CRNPs, for example, which is part of
3 CRNP education or predesigned like Child Abuse
4 education.

5 Dr. Compher believed cultural competence and
6 implicit bias was an important topic and would be
7 stronger if it is encouraged in the nursing and
8 dietetic education as part of the curriculum rather
9 than as an add-on because it would be integrated into
10 the care.

11 Chair Kmetz commented that accredited schools are
12 required to teach that, and it is in the standards.]

13

14 Regulation Update - 16A-5149 - Conversion Therapy -

15 Statement of Policy

16 [Jacqueline A. Wolfgang, Esquire, Regulatory Counsel,
17 noted the Statement of Policy sets forth guidelines
18 that should be considered by licensees regarding
19 conversion therapy on minors.

20 Ms. Wolfgang explained that the Shapiro
21 Administration and Department of State are strongly
22 committed to protecting the rights and well-being of
23 lesbian, gay, bisexual, transgender, queer or
24 questioning, intersex, asexual/aromantic/agender
25 (LGBTQIA+) Pennsylvanians, especially young members

1 of those communities.

2 Ms. Wolfgang stated Governor Shapiro is calling
3 on the licensing boards to adopt statements of policy
4 clarifying that the practice of conversion therapy
5 may constitute a disciplinable offense.

6 Ms. Wolfgang referred to Executive Order 2022-02,
7 which was adopted by Governor Wolf in August 2022 to
8 protect Pennsylvanians from conversion therapy and
9 supporting LGBTQIA+ Pennsylvanians.

10 Ms. Wolfgang noted Executive Order 2022-02
11 indicates that conversion therapy has been rejected
12 by the scientific, medical, and educational
13 communities, and numerous professional organizations
14 have denounced conversion therapy due to its lack of
15 scientific validation and negative and dangerous
16 impact on the health and well-being of LGBTQIA+
17 persons and communities, along with the specific harm
18 it causes to the mental health of LGBTQIA+ children.

19 Ms. Wolfgang stated all agencies under the
20 Governor's jurisdictions were directed to protect
21 Pennsylvanians, including children and youth, from
22 conversion therapy. She noted the Executive Order
23 specifically directs the Department of State to
24 discourage the practice and inform the public of
25 mechanisms to report licensed professionals who cause

1 harm to patients as a result of practicing conversion
2 therapy.

3 Ms. Wolfgang also stated a recent report by a
4 national research and advocacy organization found
5 that conversion therapy is practiced by licensed
6 professionals across the country, including
7 Pennsylvania.

8 Ms. Wolfgang provided information regarding the
9 role of the Statement of Policy as compared to a
10 regulation. She explained that a statement of policy
11 is a guidance document and basically an announcement
12 to the public of a policy an agency intends to
13 implement in future adjudications. She noted it also
14 serves as a notice to licensees.

15 Ms. Wolfgang explained that any agency applying
16 the statement of policy in a particular situation
17 must be prepared to support the policy as if the
18 statement of policy had never been issued. She
19 mentioned a statement of policy is not a rule to be
20 used in the adjudication of a case. She explained
21 that a regulation establishes a standard of conduct
22 which has the force of law, whereas a statement of
23 policy does not create that binding norm.

24 Ms. Wolfgang explained that the conversion
25 therapy statement of policy provides guidelines that

1 should be considered by licensees to ensure
2 compliance with the Practice Act and the Board's
3 regulations. She noted the Statement of Policy
4 explains that being lesbian, gay, bisexual,
5 transgender, queer, questioning, intersex or asexual
6 is not a disease, disorder, illness, deficiency, or
7 shortcoming.

8 Ms. Wolfgang explained that the statement of
9 policy also announces that a licensee who uses
10 conversion therapy on a minor may be subject to
11 discipline by the Board. She requested the Board
12 adopt the Statement of Policy.

13 Ms. Kerns commented that the Statement of Policy
14 contains definitions that are unconstitutionally
15 broad and violates both First Amendment rights to
16 free speech and also potentially freedom of religion
17 rights. She reported that laws on this issue have
18 already been challenged in many states and may reach
19 the Supreme Court.

20 Ms. Kerns believed the regulation allows the
21 Board to impose discipline on a licensee who voices
22 anything other than what the Pennsylvania government
23 approves as an opinion on treatment of gender
24 dysphoria. She also believed that the nuance and
25 complex issues of human sexuality biology deserve

1 much more.

2 Ms. Kerns asked what would happen if a nurse,
3 with the support of a child's parent, wants to help
4 someone who is questioning themselves understand all
5 their options, especially before medically or
6 surgically altering their bodies, which is often
7 irreversible. She noted that position stands in
8 stark contrast to what some activists mandate, which
9 is immediate, unquestioning affirmation of a person
10 stated gender identity.

11 Ms. Kerns also asked what would happen if a nurse
12 in Pennsylvania wants to encourage something called
13 watchful waiting, which is an approach that
14 encourages time and space rather than an aggressive
15 approach. She stated the way the regulation is
16 written that the nurse could receive disciplinary
17 action.

18 Ms. Kerns stated the definition in the regulation
19 of conversion therapy, "a practice of treatment that
20 seeks to change an individual's sexual orientation or
21 gender identity" is the exact definition of what the
22 drafters of this regulation appear to want to avoid.

23 Ms. Kerns stated under that definition could they
24 not discipline someone who encourages or counsels a
25 person to change his/her sexual orientation from

1 straight to gay or gay to bisexual and is just as
2 much of a change. She noted the language that
3 follows it in section (C)(3) does attempt to exclude
4 that from discipline, but the language is broad,
5 ambiguous, and confusing.

6 Ms. Kerns noted that someone may come in and say
7 their peers, parents, friends, and TV are telling
8 them they are gay or transgender, but they do not
9 think they are and needs counseling and asked whether
10 they are going to discipline someone for providing
11 that counseling that might affirm that the person is
12 not transgender or gay. She also mentioned there may
13 be someone who is truly conflicted because of
14 strongly held religious beliefs and needs to navigate
15 that, along with the complex issues of human biology
16 and sexuality.

17 Ms. Kerns stated she could not find anywhere that
18 the Statement of Policy would be published for public
19 comment and believed the Board should invite public
20 comment because it is going to affect all
21 Pennsylvanians. She noted that the Statement of
22 Policy is poorly written, unconstitutionally broad,
23 violates Pennsylvanians right to free speech and
24 religion, interferes with parents' rights with regard
25 to their minor children, and will not survive a court

1 challenge.

2 Ms. Kerns stated nurses provide compassion, care,
3 understanding, dignity, and are often the only one
4 for a patient who has never been more scared or
5 alone. She urged the Board to vote against this
6 proposed Statement of Policy as written and go back
7 to the drawing board and think about how they can
8 protect all Pennsylvanians and not advance a limited
9 agenda. She commented that Pennsylvanians, especially
10 children, deserve that, particularly those dealing
11 with a complex, multifaceted, and nuanced issue of
12 questioning gender and sexuality.

13 Ms. Wolfgang wanted to clarify that it is not a
14 regulation that would have a public comment period
15 and engage stakeholders and so forth. She noted it
16 is not a law or ban on conversion therapy. She
17 mentioned that the Statement of Policy is the Board
18 saying to the public and to its licensees that this
19 is how the Board would decide if a case came before
20 it. She also noted that the Statement of Policy is
21 not binding on any person being disciplined on the
22 Board.

23 Ms. Wolfgang mentioned that some of the concerns
24 regarding constitutionality and so forth really are
25 not applicable because the Statement of Policy is not

1 a law the Board is trying to enforce. She noted the
2 Statement of Policy only applies to minors and does
3 not apply across the board to anyone who receives
4 conversion therapy. She noted the practice has been
5 widely discredited and stated the Administration and
6 the Bureau believe that this is important for Boards
7 to consider and to adopt so that its licensees
8 understand the potential repercussions of using
9 conversion therapy.

10 Ms. Kerns referred to the language "widely
11 discredited," noting there are many studies and many
12 organizations that believe a wait-and-see approach is
13 also a viable option, and because this policy
14 basically outlines a way to discipline a nurse for
15 what she believes would be something protected under
16 the free speech and freedom of religion amendments to
17 the Constitution, she could not adopt it as is and
18 believed it is way too one-sided.

19 Ms. Wolfgang referred to free speech, noting
20 there is case law that specifically has addressed
21 that issue and case law that is controlling with
22 respect to the Board in Pennsylvania. She noted the
23 law of the land and disagreed that it would be a
24 violation because it is not an accurate statement of
25 fact. She disagreed with Ms. Kerns' assessment that

1 it would be a violation. She mentioned that it is
2 not a statutory ban and the Board reaching out to its
3 licensees that they could be subject to discipline,
4 not that they will be subject to discipline, if they
5 engage in conversion therapy. She strongly urged the
6 Board to consider adoption of the Statement of
7 Policy.

8 Dr. Bucher, as a member of the LGBTQ population
9 and growing up in a world that may not support them,
10 disagreed with Ms. Kerns. He noted it has been
11 rejected as a common practice, and the Board should
12 support the policy because science has shown that 12%
13 of the LGBTQ population have tried to commit suicide.

14 Dr. Compher asked whether anyone knows how many
15 nurses work in facilities that provide conversion
16 therapy, whether it is 2 or 2000, and how dominant a
17 problem is it. She noted being supportive of the
18 concept. Ms. O'Malley noted there are no statistics
19 available, but that conversion therapy is occurring
20 in the state.

21 Dr. Hunsberger commented that the Statement of
22 Policy has importance to any nurse who works in a
23 pediatric population. Nurses need to have an
24 openness to that and to accept whatever that patient
25 or child is saying to them and provide them with

1 support. He mentioned that if it is the questioning
2 and it is the waiting approach, that is providing
3 therapy to them and answering questions on both sides
4 and maybe lining them up with a counselor. He stated
5 the suicide rate in young people is astronomically
6 high in today's society.

7 Ms. Kerns agreed with being concerned about this
8 population, but her issue is with the drafting of
9 this, where the definitions are way too broad. She
10 asked whether a nurse would have to say they do not
11 want to lose their license if someone says they need
12 their help because they do not want to be gay. She
13 disagreed with the law of the land comment, noting
14 the Third Circuit upheld a ban, but the Eleventh
15 Circuit did not, where there is a big split in the
16 circuits in this country, and it is not a completely
17 settled law. She again commented that she did not
18 believe the Policy was drafted appropriately and
19 urged the Board to look at it before its adoption.

20 Dr. Bucher commented that there needed to be some
21 broadness where a nurse pointing youth in the right
22 direction to get a certified counselor or whatever
23 would make it hard for the Board to submit that
24 person for discipline but providing a conversion
25 therapy camp then allows the Board to seek out

1 discipline on that person.

2 Ms. Kerns commented that there are many
3 definitions of conversion therapy, and the broadness
4 is what creates problems and hinges on the freedom of
5 speech. She believed it would have an absolute
6 chilling effect on nurses and anyone in the religious
7 space.

8 Ms. Kerns also believed anyone looking at the
9 Policy would feel they would not be able to do any
10 type of counseling if a child asked for help because
11 they believed they were gay or wanted to transition.
12 She stated some people do want or need counseling,
13 especially children, when talking about human biology
14 and things that cannot be irreversible.

15 Ms. Wolfgang explained that the definition is not
16 binding on anyone and is a notice that the Board
17 could put on its website. She noted prosecution
18 could not use that definition against a licensee, and
19 any case before the Board must go through the normal
20 process, along with having expert witnesses. She
21 also noted the Statement of Policy is a notice to
22 licensees and is specific to children concerning
23 conversion therapy. She stated the Medical Board,
24 Osteopathic Board, Psychology Board, and Social Work
25 Board have adopted the Statement of Policy and is

1 meant to be information about providing conversion
2 therapy in this Commonwealth and the potential
3 discipline that a licensee could incur if they
4 provided conversion therapy.

5 Ms. Kerns commented that any nurse reading this
6 is going to be concerned that they are going to lose
7 their license and not be able to help children if
8 they give counseling to minors that does not comport
9 with what is perceived to be Pennsylvania
10 governmental policy on it.]

11 MS. PACHTER SCHULDER:

12 Hearing no more discussion, is there a
13 motion to adopt 16A-5149, the Statement
14 of Policy, regarding conversion
15 therapy?

16 ACTING COMMISSIONER CLAGGETT:

17 So moved.

18 DR. BUCHER:

19 Second.

20 CHAIR KMETZ:

21 All those in favor? Opposed?

22 Abstentions?

23 [The motion carried. Member Kerns opposed the
24 motion.]

25

1 Report of Board Chairperson - No Report

2 ***

3 Report of Acting Commissioner

4 [Arion R. Claggett, Acting Commissioner, Bureau of
5 Professional and Occupational Affairs, informed
6 everyone that phone lines will be turned off on
7 Friday, May 3, 2024, from 1:30 p.m. until closing due
8 to a Board-wide training.

9 Acting Commissioner Claggett also noted
10 applicants will be able to print their own licenses
11 beginning on May 31, 2024. He mentioned the license
12 will have a quick response (QR) code and can connect
13 with the database showing the status of their
14 license. He noted that licenses will still be mailed
15 but wanted to provide the added benefit. He
16 mentioned that not every license will be printed once
17 the new licensure system is implemented but will
18 continue to print licenses while the Pennsylvania
19 Licensing System (PALS) is online.]

20 ***

21 Report of Committees - Probable Cause Screening

22 Committee

23 [Sue E. Hertzler, LPN, noted the Probable Cause
24 Screening Committee moved on 5 Petitions for
25 Appropriate Relief, 14 Petitions for Mental and

1 Physical Exams, and 0 Immediate Temporary
2 Suspensions.]

3 ***

4 Report of Committees - Application Review Committee
5 [Linda L. Kmetz, PhD, RN, Chair, reported that the
6 Application Review Committee met virtually several
7 times and made decisions on many applications.]

8 ***

9 Report of Committees - Advanced Practice (Education,
10 Regulation, & Application) - No Report

11 ***

12 Report of Committees - Dietitian-Nutritionist
13 Committee - No Report

14 [Charlene W. Compher, PhD, RD, LDN, FASPEN, noted the
15 Pennsylvania Academy of Nutrition and Dietetics
16 Conference was one week ago.]

17 ***

18 IT & Communication Issues Committee - No Report

19 ***

20 Report of Committees - RN/PN Practice, Education, &
21 Regulation - No Report

22 ***

23 Report of Board Members Who Attended a Meeting on
24 Behalf of the Board

25 [Linda L. Kmetz, PhD, RN, Chair, reported that she

1 attended the National Council of State Boards of
2 Nursing Midyear Meeting, along with Dr. Bucher and
3 Ms. Wendy Miller. She stated the American
4 Association of Colleges of Nursing (AACN) Essentials
5 will be changing three-year implementation. She
6 noted the focus is competence-based, and they did a
7 really nice job giving an overview of what
8 competence-based nursing education is for when they
9 get their proposals for curriculum change in front of
10 them.

11 Chair Kmetz mentioned there was a lot of talk
12 nationally about the regulation of support personnel,
13 noting Pennsylvania does not do that because it
14 becomes overwhelming, noting colleagues across the
15 country have to regulate CNAs, and it is a challenge.

16 Chair Kmetz mentioned there was a lot of
17 discussion about Operation Nightingale.

18 Dr. Bucher thanked Acting Commissioner Claggett
19 for allowing them to attend. He noted it helps as a
20 Board member to listen to what is happening in other
21 states and understand changes happening.]

22 ***

23 Report of Executive Secretary

24 [Wendy Miller, MSN, RN, Executive Secretary,

25 commented that there was also good information on new

1 approaches to discipline and taking the discipline
2 down the road along the lines of trauma-informed care
3 and getting at the root of the person's journey, why
4 the disciplinary issue occurred, and tailoring
5 discipline to make it meaningful for that particular
6 problem.

7 Ms. Miller stated NCSBN is developing a course
8 that will be along the line of ethics but have a live
9 instructor and tailor the person's experience to what
10 their violation of the ethical standards was to make
11 sure the ethics course is meaningful for that
12 specific violation.

13 Ms. Miller mentioned that someone could be given
14 continuing education (CE) on ethics, but the ethics
15 course does not always address the person's specific
16 type of violation. She noted it is sometimes
17 difficult to locate something meaningful toward what
18 actually happened, and having this as an option would
19 make sure the person gets something tailored to their
20 situation.

21 Ms. Miller reminded everybody that the June 30
22 renewal is now open for LPNs, noting the need to
23 complete their 2 hours of mandatory Child Abuse
24 Recognition and Reporting continuing education for
25 their license renewal.

1 Ms. Miller noted renewal for RNs, CRNPs,
2 Prescriptive Authority, and CNSs closed April 30.
3 She mentioned running licensee numbers in March
4 before the April 30 renewal closed and reported
5 244,517 RNs, 52,464 LPNs, 20,577 CRNPs, and 286
6 Clinical Nurse Specialists.

7 Ms. Miller also reminded everyone that their fees
8 are set by regulation and can be found on their
9 website under Regulations. She also mentioned fees
10 can be found under Announcements or by calling the
11 Board. She informed everyone that there is
12 information on Google that is not accurate,
13 particularly regarding RNs, and noted the RN renewal
14 fee is currently \$122.

15 Ms. Miller introduced and welcomed new Practice
16 Advisor, Dr. Dulcey Frantz.

17 Ms. Pachter Schulder requested a summary of the
18 number of curriculums reviews the advisors have been
19 conducting. Ms. Miller offered to provide a summary
20 at the next Board meeting. She noted seeing a few
21 curriculum changes related to the Essentials. She
22 also reported seeing a lot of curriculum changes for
23 PN programs that have clock hours in excess of 1500,
24 noting they are revising their curriculums to get
25 their clock hours to the 1500 in compliance with the

1 federal regulation that goes into effect on July 1.

2 Ms. Pachter Schulder noted the legislation
3 discussed last month had not moved forward, and the
4 feds came out with guidance that said if nursing
5 education programs do not meet that deadline on July
6 1 that they will take into consideration actions that
7 the program may have made to make the revision. She
8 mentioned that some programs may have incorrectly
9 believed that they would not have to submit anything
10 because it is an automatic couple-month extension.

11 Ms. Pachter Schulder encouraged everyone to read
12 the federal guidance because that does not have
13 anything to do with the Board. Nonetheless, she
14 noted that curriculum changes must be approved by the
15 Board.]

16 ***

17 Old Business - Lorna Breen Heroes' Foundation

18 PowerPoint

19 [Judith Pachter Schulder, Esquire, Board Counsel,
20 stated the Board delayed recommending to the
21 Commissioner that applications be revised to remove
22 the intemperate use question and instead use the
23 question recommended by the Foundation.

24 Acting Commissioner Claggett agreed with the
25 change and informed Board members that it has been

1 changed.]

2

3 New Business - NCSBN Executive Officer Leadership
4 Summit

5 [Linda L. Kmetz, PhD, RN, Chair, noted the June 2024
6 Board meeting may need to be changed due to a
7 conflict with the NCSBN Executive Officer Leadership
8 Summit.]

9 Ms. Miller wished to attend the Executive Officer
10 Leadership Summit in June. Board members agreed to
11 cancel the June and July meetings and reschedule the
12 meeting for July 12, 2024.]

13 DR. BUCHER:

14 I make a motion to cancel the June and
15 July meeting and reschedule it for July
16 12.

17 ACTING COMMISSIONER CLAGGETT:

18 So moved.

19 CHAIR KMETZ:

20 All those in favor? Opposed?

21 Abstentions?

22 [The motion carried unanimously.]

23

24 CHAIR KMETZ:

25 We need a motion to send Wendy [Miller]

1 to the EO Summit.

2 DR. HUNSBERGER:

3 So moved.

4 MS. HERTZLER:

5 Second.

6 CHAIR KMETZ:

7 All those in favor? Opposed?

8 Abstentions?

9 [The motion carried unanimously.]

10 ***

11 New Business - NCSBN Discipline Case Management

12 Conference

13 MS. PACHTER SCHULDER:

14 Is there a Motion to send two
15 prosecuting attorneys to the NCSBN
16 Discipline Case Management Conference?

17 DR. HUNSBERGER:

18 So moved.

19 MS. HERTZLER:

20 Second.

21 CHAIR KMETZ:

22 All those in favor? Opposed?

23 Abstentions?

24 [The motion carried unanimously.]

25 ***

1 [Pursuant to Section 708(a)(5) of the Sunshine Act,
2 at 12:21 p.m., the Board entered into Executive
3 Session with Judith Pachter Schulder, Esquire, Board
4 Counsel; Carole Clarke Smith, Esquire; Senior Board
5 Counsel; Ariel E. O'Malley, Esquire, Board Counsel;
6 Todd P. Kriner, Esquire, Board Counsel; and Megan E.
7 Castor, Esquire, Board Counsel, for the purpose of
8 conducting quasi-judicial deliberations on the
9 matters on the Agenda under the Report of Board
10 Counsel, Report of Prosecution, and Appointments.
11 The Board returned to Open Session at 1:25 p.m.]

12 ***

13 MOTIONS

14 MS. PACHTER SCHULDER:

15 During Executive Session, the Board
16 engaged in quasi-judicial deliberations
17 on the matters listed on the Agenda
18 under Report of Prosecution, Report of
19 Board Counsel, and some of the
20 Appointments.

21 Board members who recused
22 themselves from participation will be
23 identified with each of the motions.

24 Is there a motion to adopt the VRP
25 Consent Agreements at items 2 through 8

1 and 94?

2 DR. COMPHER:

3 So moved.

4 CHAIR KMETZ:

5 Is there a second?

6 DR. HUNSBERGER:

7 Second.

8 CHAIR KMETZ:

9 All those in favor? Opposed?

10 Abstentions?

11 [The motion carried unanimously.]

12 ***

13 MS. PACHTER SCHULDER:

14 Is there a motion to adopt the
15 following Consent Agreements, for which
16 members Hertzler, Kerns, and Hunsberger
17 are recused, at Case No. 23-51-001976,
18 Case No. 23-51-011547, Case No. 22-51-
19 004858, Case No. 23-51-002814, Case No.
20 23-51-001508, and Case No. 22-51-
21 008342?

22 DR. BUCHER:

23 So moved.

24 DR. COMPHER:

25 Second.

1 CHAIR KMETZ:

2 All those in favor? Opposed?

3 Abstentions?

4 [The motion carried. Members Hertzler, Kerns, and
5 Hunsberger recused themselves from deliberations and
6 voting on the motion. The Respondent's name at Case
7 No. 23-51-001976 is Jill E. Snyder, RN; Case No. 23-
8 51-011547, Michelle D. Picard, RN; Case No. 22-51-
9 004858 is Amber L. McCleary, RN; Case No. 23-51-
10 002814, Licia Witt, RN; Case No. 23-51-001508,
11 Jennifer Lynn Gold, RN; and Case No. 22-51-008342,
12 Sabrina Anderson, RN.]

13 ***

14 MS. PACHTER SCHULDER:

15 Is there a motion to reject the Consent
16 Agreement at Case No. 22-51-017247 as
17 too lenient, for which there are no
18 recusals?

19 DR. HUNSBERGER:

20 So moved.

21 MS. HERTZLER:

22 Second.

23 CHAIR KMETZ:

24 All those in favor? Opposed?

25 Abstentions?

1 [The motion carried unanimously.]

2 ***

3 MS. PACHTER SCHULDER:

4 Is there a motion to adopt the
5 following Consent Agreements for which
6 members Hertzler, Kerns, and Bucher are
7 recused, at Case No. 23-51-016873, Case
8 No. 23-51-015015, and Case No. 24-51-
9 002360?

10 DR. HUNSBERGER:

11 So moved.

12 DR. COMPHER:

13 Second.

14 CHAIR KMETZ:

15 All those in favor? Opposed?

16 Abstentions?

17 [The motion carried. Members Hertzler, Kerns, and
18 Bucher recused themselves from deliberations and
19 voting on the motion. The Respondent's name at Case
20 No. 23-51-016873 is Lisa Bedow Depew, RN; Case No.
21 23-51-015015, Paramjit Narang, RN; and Case No. 24-
22 51-002360, Denie Marie Morris, LPN.]

23 ***

24 MS. PACHTER SCHULDER:

25 Is there a motion to adopt the Consent

1 Agreement at item 17 at Case No. 23-51-
2 016313 for which members Hertzler and
3 Bucher are recused?

4 DR. HUNSBERGER:

5 So moved.

6 DR. COMPHER:

7 Second.

8 CHAIR KMETZ:

9 All those in favor? Opposed?

10 Abstentions?

11 [The motion carried. Members Hertzler and Bucher
12 recused themselves from deliberations and voting on
13 the motion. The Respondent's name is Stacey A.
14 McGrail, RN.]

15 ***

16 MS. PACHTER SCHULDER:

17 Is there a motion to adopt the Consent
18 Agreement at item 18 at Case No. 21-51-
19 018889 for which members Hertzler and
20 Kerns are recused?

21 DR. HUNSBERGER:

22 So moved.

23 DR. BUCHER:

24 Second.

25 CHAIR KMETZ:

1 All those in favor? Opposed?

2 Abstentions?

3 [The motion carried. Members Hertzler and Kerns
4 recused themselves from deliberations and voting on
5 the motion. The Respondent's name at Case No. 21-51-
6 018889 is Michael J. McNeal, RN.]

7 ***

8 MS. PACHTER SCHULDER:

9 Is there a motion to adopt the Consent
10 Agreement at Case No. 22-51-014128 for
11 which members Hertzler and Hunsberger
12 are recused?

13 DR. BUCHER:

14 So moved.

15 DR. COMPHER:

16 Second.

17 CHAIR KMETZ:

18 All those in favor? Opposed?

19 Abstentions?

20 [The motion carried. Members Hertzler and Hunsberger
21 recused themselves from deliberations and voting on
22 the motion. The Respondent's name at Case No. 22-51-
23 014128 is Clarissia Koontz, RN.]

24 ***

25 MS. PACHTER SCHULDER:

1 Is there a motion to adopt the
2 following Consent Agreements for which
3 there are no recusals at Case No. 23-
4 51-011708, Case No. 23-51-005576; Case
5 No. 23-51-004475; Case No. 23-51-
6 014426; Case No. 23-51-016208; Case No.
7 24-51-003024; Case No. 24-51-000997;
8 Case No. 21-51-005991; Case No. 22-51-
9 011809; Case No. 23-51-016201; and Case
10 No. 23-51-013096?

11 DR. HUNSBERGER:

12 So moved.

13 MS. HERTZLER:

14 Second.

15 CHAIR KMETZ:

16 All those in favor? Opposed?

17 Abstentions?

18 [The motion carried unanimously. The Respondent's
19 name at Case No. 23-51-011708 is Amanda Jean
20 Shemansky, RN; Case No. 23-51-005576, Danita Monique
21 Robinson, RN; Case No. 23-51-004475, Deanna Lee
22 Hamilton, RN; Case No. 23-51-014426, Bridget T.
23 Breslin, LPN; Case No. 23-51-016208, Deborah Ann
24 Shook, RN; Case No. 24-51-003024, Tressie Russo, RN;
25 Case No. 24-51-000997, Douglas Hostetler, LPN; Case

1 No. 21-51-005991, Carmen T. Gonzalez-Torres, RN; Case
2 No. 22-51-011809, Eric Robert Hart, LPN; Case No. 23-
3 51-016201, Kevin Robert Barthold, RN; and Case 23-51-
4 013096, Joseph M. Brookes, RN.]

5 ***

6 MS. PACHTER SCHULDER:

7 Is there a motion to grant the request
8 for early termination from the PHMP in
9 the matter of Vaughn Hansen, RN, Case
10 No. 20-51-014025?

11 DR. HUNSBERGER:

12 So moved.

13 MS. HERTZLER:

14 Second.

15 CHAIR KMETZ:

16 All those in favor? Opposed?

17 Abstentions?

18 [The motion carried. Member Kerns opposed the
19 motion.]

20 ***

21 MS. PACHTER SCHULDER:

22 Is there a motion to authorize Counsel
23 to prepare an Adjudication and Order in
24 the matter of Lisa Margaret Schuman,
25 RN, Case No. 21-51-012936?

1 DR. HUNSBERGER:

2 So moved.

3 DR. BUCHER:

4 Second.

5 CHAIR KMETZ:

6 All those in favor? Opposed?

7 Abstentions?

8 [The motion carried unanimously.]

9 ***

10 MS. PACHTER SCHULDER:

11 Is there a motion to grant the Motion
12 to Enter Default and Deem Facts
13 Admitted and authorize Counsel to
14 prepare an Adjudication and Order in
15 the matter of Tierney Boyles, LPN, Case
16 No. 21-51-018953, for which members
17 Hertzler and Kerns are recused?

18 DR. BUCHER:

19 So moved.

20 DR. COMPHER:

21 Second.

22 CHAIR KMETZ:

23 All those in favor? Opposed?

24 Abstentions?

25 [The motion carried. Members Hertzler and Kerns

1 recused themselves from deliberations and voting on
2 the motion.]

3 ***

4 MS. PACHTER SCHULDER:

5 In the matter of Adriann M. Cunningham,
6 LPN, Case No. 21-51-000637, for which
7 in March members Hunsberger made the
8 motion and Hertzler seconded, and at
9 that time, the Board made the motion to
10 grant the Motion to Deem Facts
11 Admitted.

12 In light of the Answer having been
13 filed, is there a motion in that case
14 to change the previous motion from
15 March from granting the MDFA to
16 delegating the matter to a hearing
17 examiner?

18 DR. HUNSBERGER:

19 So moved.

20 MS. HERTZLER:

21 Second.

22 CHAIR KMETZ:

23 All those in favor? Opposed?

24 Abstentions?

25 [The motion carried unanimously.]

1 ***

2 MS. PACHTER SCHULDER:

3 In the matters of Ryan Phillips, RN,
4 Case No. 23-51-018393; Michelle Marie
5 Sabo, LPN, Case No. 21-51-010697;
6 Judith Louise Simms, RN, Case No. 23-
7 51-004375; and Case No. 23-51-016343,
8 Ashley Thomas, RN, is there a motion to
9 enter defaults, deem the facts
10 admitted, and to authorize Counsel to
11 prepare Adjudications and Orders in
12 those matters?

13 DR. COMPHER:

14 So moved.

15 DR. HUNSBERGER:

16 Second.

17 CHAIR KMETZ:

18 All those in favor? Opposed?

19 Abstentions?

20 [The motion carried unanimously.]

21 ***

22 MS. PACHTER SCHULDER:

23 Is there a motion to authorize Counsel
24 to prepare Adjudications and Orders,
25 for which there are no recusals, for

1 Karen Lynn Carter, RN, Case No. 22-51-
2 006497; Senor Villette, LPN, Case No.
3 23-51-001724; and Shakiera Monay
4 Thomas, LPN, Case No. 21-51-001833?

5 DR. COMPHER:

6 So moved.

7 DR. HUNSBERGER:

8 Second.

9 CHAIR KMETZ:

10 All those in favor? Opposed?

11 Abstentions?

12 [The motion carried unanimously.]

13 ***

14 MS. PACHTER SCHULDER:

15 Is there a motion to authorize Counsel
16 to prepare an Adjudication and Order in
17 the matter of Kaitlyn Horsman, RN, Case
18 No. 22-51-018567, for which members
19 Hertzler, Kerns, and Hunsberger are
20 recused?

21 DR. COMPHER:

22 So moved.

23 DR. HUNSBERGER:

24 Second.

25 CHAIR KMETZ:

1 All those in favor? Opposed?

2 Abstentions?

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

6 ***

7 MS. PACHTER SCHULDER:

8 Is there a motion to authorize Counsel
9 to prepare an Adjudication and Order in
10 the matter of Zoe Elysia Nowell, RN,
11 Case No. 22-51-004979, for which
12 members Hertzler and Hunsberger are
13 recused?

14 DR. BUCHER:

15 So moved.

16 DR. COMPHER:

17 Second.

18 CHAIR KMETZ:

19 All those in favor? Opposed?

20 Abstentions?

21 [The motion carried. Members Hertzler and Hunsberger
22 recused themselves from deliberations and voting on
23 the motion.]

24 ***

25 MS. PACHTER SCHULDER:

1 Is there a motion to adopt the Hearing
2 Examiner's Draft Adjudications and
3 Orders for the following cases for
4 which there are no recusals: Mary Beth
5 Arrain, RN, Case No. 23-51-015436;
6 Christopher John Chimera, LPN, Case No.
7 21-51-008124; Kyme McCleary, LPN, Case
8 No. 22-51-001578; and Rose Eyoma Umana,
9 RN, LPN, Case No. 23-51-011184?

10 DR. COMPHER:

11 So moved.

12 DR. HUNSBERGER:

13 Second.

14 CHAIR KMETZ:

15 All those in favor? Opposed?

16 Abstentions?

17 [The motion carried unanimously.]

18 ***

19 MS. PACHTER SCHULDER:

20 Is there a motion to adopt the
21 following Draft Adjudications and
22 Orders for which members Hertzler,
23 Kerns, and Hunsberger are recused:
24 Crista Cloak, LPN, Case No. 21-51-
25 008258; Christopher Fraser, LPN, Case

1 No. 21-51-012520; Mari Dempsey Hart,
2 RN, Case No. 22-51-014379; Kelly
3 Hostetler, RN, Case No. 21-51-019999;
4 Charles S. Moore, RN, Case No. 21-51-
5 009387; and Nancy M. Schaeffer, RN,
6 Case No. 22-51-005531?

7 DR. COMPHER:

8 So moved.

9 DR. BUCHER:

10 Second.

11 CHAIR KMETZ:

12 All those in favor? Opposed?

13 Abstentions?

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

17 ***

18 MS. PACHTER SCHULDER:

19 Is there a motion to adopt the
20 following Draft Adjudications and
21 Orders for which there are no recusals:
22 Daryl Edward Brown, LPN, Case No. 19-
23 51-010781; Sara Carlson, LPN, Case No.
24 21-51-014087; Victoria Lynn Rink, RN,
25 Case No. 18-51-01331; Michael Dean

1 McNeely, RN, Case No. 20-51-012921;
2 Danielle Mertz, RN, Case No. 19-51-
3 013131; Jason Milliken, LPN, Case No.
4 20-51-013066; Monica Ramirez, RN, Case
5 No. 21-51-015994; Ashley Taylor
6 Rugheimer, RN, Case No. 23-51-002812;
7 Olasoji Vincent Satimehin, LPN, Case
8 No. 20-51-012751; and Bridget Tuggle,
9 LPN, Case No. 22-51-006666?

10 DR. HUNSBERGER:

11 So moved.

12 MS. HERTZLER:

13 Second.

14 CHAIR KMETZ:

15 All those in favor? Opposed?

16 Abstentions?

17 [The motion carried unanimously.]

18 ***

19 MS. PACHTER SCHULDER:

20 Is there a motion to adopt the Draft
21 Adjudications and Orders for which
22 members Hertzler and Kerns are recused:
23 Nydia Fuller, RN, Case No. 21-51-
24 012033; Chanya N. McNeil, LPN, Case No.
25 21-51-017660; Sheila Marie Spadt, LPN,

1 Case No. 21-51-015075, and Steven Terry
2 Stahl, RN, Case No. 21-51-008144?

3 DR. BUCHER:

4 So moved.

5 DR. COMPHER:

6 Second.

7 CHAIR KMETZ:

8 All those in favor? Opposed?

9 Abstentions?

10 [The motion carried. Members Hertzler and Kerns
11 recused themselves from deliberations and voting on
12 the motion.]

13 ***

14 MS. PACHTER SCHULDER:

15 Is there a motion to adopt the Draft
16 Adjudication and Order in the matter of
17 the Application for Approval of a
18 Diploma Professional Nursing Program of
19 Indiana Regional Medical Center, Case
20 No. 23-51-008273, for which member
21 Hunsberger is recused?

22 DR. BUCHER:

23 So moved.

24 MS. HERTZLER:

25 Second.

1 CHAIR KMETZ:

2 All those in favor? Opposed?

3 Abstentions?

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

6 ***

7 MS. PACHTER SCHULDER:

8 Is there a motion to adopt the Draft
9 Adjudication and Order for which member
10 Hertzler is recused in the matter of
11 Mary Ellen Volb, RN, Case No. 21-51-
12 004157?

13 DR. HUNSBERGER:

14 So moved.

15 DR. BUCHER:

16 Second.

17 CHAIR KMETZ:

18 All those in favor? Opposed?

19 Abstentions?

20 [The motion carried. Member Hertzler recused herself
21 from deliberations and voting on the motion.]

22 ***

23 MS. PACHTER SCHULDER:

24 Is there a motion to adopt the Draft
25 Adjudication and Order in the matter of

1 Kathleen White Miller, LPN, Case No.
2 22-51-012352, for which members
3 Hertzler and Hunsberger are recused?

4 DR. COMPHER:

5 So moved.

6 DR. BUCHER:

7 Second.

8 CHAIR KMETZ:

9 All those in favor? Opposed?

10 Abstentions?

11 [The motion carried. Members Hertzler and Hunsberger
12 recused themselves from deliberations and voting on
13 the motion.]

14 ***

15 MS. PACHTER SCHULDER:

16 Is there a motion to approve Chestnut
17 Hill College Department of Nursing
18 Proposal for Establishment of a
19 Prelicensure BSN Program with an
20 Accelerated Second-Degree BSN Option?

21 DR. HUNSBERGER:

22 So moved.

23 DR. BUCHER:

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 to extend Provisional
7 Status for Prism Career Institute until
8 after the Board's July meeting, at
9 which time Prism will return to the
10 Board?

11 DR. BUCHER:

12 So moved.

13 MS. HERTZLER:

14 Second.

15 CHAIR KMETZ:

16 All those in favor? Opposed?

17 Abstentions?

18 [The motion carried unanimously.]

19 ***

20 VICE CHAIR HUNSBERGER ASSUMED THE CHAIR

21 ***

22 MS. PACHTER SCHULDER:

23 Is there a motion to extend Provisional
24 Status for Fayette County Career &
25 Technical Institute until the end of

1 the examination year for which Chair
2 Kmetz is recused?

3 MS. HERTZLER:

4 So moved.

5 DR. BUCHER:

6 Second.

7 VICE CHAIR HUNSBERGER:

8 All those in favor? Opposed?

9 Abstentions?

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

12 ***

13 CHAIR KMETZ RESUMED THE CHAIR

14 ***

15 Election of Officers

16 [Linda L. Kmetz, PhD, RN, Chair, announced she is
17 resigning from the position of Board Chair and would
18 be working for the Nurse Board as a Nursing Education
19 Advisor starting May 11.]

20 MS. PACHTER SCHULDER:

21 We need a motion to amend the Agenda
22 for election of officers.

23 DR. BUCHER:

24 So moved.

25 MS. HERTZLER:

1 Second.

2 CHAIR KMETZ:

3 All those in favor? Opposed?

4 Abstentions?

5 [The motion carried unanimously.]

6 ***

7 CHAIR KMETZ:

8 Position of Chair? Is there a

9 nomination?

10 CHAIR KMETZ:

11 I nominate Colby Hunsberger.

12 DR. BUCHER:

13 Second.

14 CHAIR KMETZ:

15 All those in favor? Opposed?

16 Abstentions?

17 [The motion carried unanimously.]

18 ***

19 CHAIR KMETZ:

20 Now we need a Vice Chair.

21 DR. HUNSBERGER:

22 I would nominate Dr. Bucher.

23 MS. HERTZLER:

24 Second.

25 CHAIR KMETZ:

1 All those in favor? Opposed?

2 Abstentions?

3 [The motion carried unanimously.]

4 ***

5 [Judith Pachter Schulder, Esquire, Board Counsel,
6 noted the number of vacancies on the Board and that
7 the Board was unable to act on some of the cases last
8 month and recommended having only two members on the
9 Probable Cause Screening Committee.]

10 MS. PACHTER SCHULDER:

11 Does somebody want to make a motion to
12 reduce the size of the Probable Cause
13 Screening Committee to two unless there
14 is a tie between the Committee members?

15 DR. BUCHER:

16 So moved.

17 DR. COMPHER:

18 Second.

19 CHAIR KMETZ:

20 All those in favor? Opposed?

21 Abstentions?

22 [The motion carried unanimously.]

23 ***

24 [Colby P. Hunsberger, DNP, RN, CNEcl, Vice Chair,
25 asked another Board member to join him and Dr. Bucher

1 on the Applications Review Committee, and Ms. Siegel
2 volunteered. He noted Dr. Bucher will stay on the
3 Advanced Practice Committee.]

4 ***

5 [Carol Clarke Smith, Senior Board Counsel, also
6 announced she is leaving the Board and moving on to
7 the Department of Insurance.

8 Chair Kmetz thanked Ms. Clarke Smith for her
9 years of service.

10 Ariel O'Malley also announced that she is leaving
11 the Board and moving on to the Department of General
12 Services. She reiterated her thanks to the Board.

13 Chair Kmetz thanked Ms. O'Malley for her service
14 to the Board.]

15 ***

16 Adjournment

17 CHAIR KMETZ:

18 Motion for adjournment.

19 DR. HUNSBERGER:

20 So moved.

21 DR. BUCHER:

22 Second.

23 CHAIR KMETZ:

24 All those in favor? No opposed. No
25 abstentions.

1 [The motion carried unanimously.]

2 ***

3 [There being no further business, the State Board of
4 Nursing Meeting adjourned at 1:53 p.m.]

5 ***

6
7
8
9

11 CERTIFICATE

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

18

19



20

21

Derek Richmond,

22

Minute Clerk

23

Sargent's Court Reporting

24

Service, Inc.

25

26

STATE BOARD OF NURSING
REFERENCE INDEX

May 2, 2024

	TIME	AGENDA
1		
2		
3		
4		
5		
6		
7		
8		
9	9:00	Official Call to Order
10		
11	9:01	Introduction of Board Members
12		
13	9:02	Introduction of Attendees
14		
15	9:05	Adoption of Agenda
16		
17	9:06	Approval of Minutes
18		
19	9:07	Report of Prosecutorial Division
20		
21	9:13	Appointment - NHP-PHMP Initial
22		Presentation
23		
24	10:20	Recess
25		
26	10:25	Return to Open Session
27		
28	10:25	Appointment - Fayette County Career &
29		Technical Institute - Extension of
30		Provisional Status
31		
32	10:30	Appointment - Prism Career Institute -
33		Extension of Provisional Status
34		
35	10:35	Appointment - Chestnut Hill College
36		Department of Nursing Proposal for
37		Establishment of a Prelicensure
38		Baccalaureate of Science Degree in
39		Nursing Program with an Accelerated
40		Second-Degree BSN Option
41		
42	11:18	Regulation Update
43		
44	11:22	Pennsylvania Legislative Update
45		
46	11:33	Regulation Update (Cont.)
47		
48	11:59	Report of Board Chair
49		
50	11:59	Report of Acting Commissioner

STATE BOARD OF NURSING
REFERENCE INDEX
(Cont.)
May 2, 2024

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TIME	AGENDA
12:01	Report of Committees
12:01	Report of Board Members Who Attended a Meeting on Behalf of the Board
12:03	Report of Executive Secretary
12:13	Old Business
12:13	New Business
12:21	Executive Session
1:25	Return to Open Session
1:25	Motions
1:43	Amendment to the Agenda - Election of Officers
1:53	Adjournment