

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: 9:05 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**

March 6, 2025

State Board of Nursing  
March 6, 2025

BOARD MEMBERS:

Colby P. Hunsberger, DNP, RN, CNEcl, Chair  
Arion R. Claggett, Acting Commissioner, Bureau of  
Professional and Occupational Affairs  
Donald H. Bucher, DNP, CRNP, ACNP-BC, FAANP, Vice  
Chair  
Kathryn L. Capiotis, MSN, BSN, RN  
Charlene W. Compheer, PhD, RD, LDN, FASPEN  
Susan Hellier, PhD, DNP, FNP-BC  
Brandy Hershberger, DNP, MSN, RN, CEN  
Sue E. Hertzler, LPN  
Linda A. Kerns, Esquire, Public Member - Absent  
David Scher, MPH, MSN, RN, CEN  
Tina D. Siegel, LPN

COMMONWEALTH ATTORNEYS AND LEGAL OFFICE STAFF:

Judith Pachter Schulder, Esquire, Board Counsel  
Megan E. Castor, Esquire, Board Counsel  
Ashley Keefer, Esquire, Board Counsel  
Cathy A. Tully, Esquire, Board Counsel  
Kathleen A. Mullen, Executive Deputy Chief Counsel,  
Department of State  
Carlton Smith, Esquire, Deputy Chief Counsel,  
Prosecution Division  
Codi M. Tucker, Esquire, Senior Board Prosecutor and  
Prosecution Co-Liaison  
Trista M. Boyd, Esquire, Board Prosecutor  
Kathryn E. Bellfy, Esquire, Board Prosecutor  
T'rese Evancho, Esquire, Board Prosecutor and  
Prosecution Co-Liaison  
David J. Schertz, Esquire, Board Prosecutor  
Matthew Fogal, Esquire, Board Prosecutor  
Matthew T. Sniscak, Esquire, Board Prosecutor  
Garrett A. Rine, Esquire, Board Prosecutor  
Michael Merten, Esquire, Assistant Counsel  
Alex Capitello, Legal Analyst, Office of Prosecution  
Debra Sue Rand, Esquire, Chief Hearing Examiner  
Peter Kovach, Esquire, Hearing Examiner  
William Dunagan, Office of Hearing Examiner

DEPARTMENT OF STATE AND BOARD STAFF:

Wendy Miller, MSN, RN, Executive Secretary

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DEPARTMENT OF STATE AND BOARD STAFF: (Cont.)

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  
Linda L. Kmetz, PhD, RN, Nursing Education Advisor  
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  
Willow Marsh, Legislative Aide, Department of State  
Kevin Knipe, MSW, LSW, CCDP Diplomate, Program  
Co-Manager, Professional Health Monitoring  
Danie Bendesky, Director of Intergovernmental  
Affairs, Department of State

ALSO PRESENT:

Mia Haney, CEO, Pennsylvania Homecare Association  
Mena Louies, Director of Program Development,  
Pennsylvania Homecare Association  
Anja Miller, Director, Guthrie Hospice  
Anne Hart, Government Relations Health Care Practice  
Lead, Bravo Group  
Julie Monteiro de Castro, Senior Business Development  
and Recognition Manager, Michigan Language  
Assessment  
Fernando Fleurquin, EdD, Director of Marketing,  
Communications, and Stakeholder Relations, Michigan  
Language Assessment  
Jordan Fuhrman, Government Relations Specialist,  
Pennsylvania State Nurses Association  
Wayne E. Reich, Jr., MSN, MBA, RN, Chief Executive  
Officer, Pennsylvania State Nurses Association  
Aaron Shenck, Executive Director, Mid-Atlantic  
Association of Career Schools  
Alissa Smethers, PhD, RD, LDN, Consumer Protection  
Coordinator, Pennsylvania Academy of Nutrition and  
Dietetics

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ALSO PRESENT: (Cont.)

Frances Bietsch, MSN-Ed, RN, Director, Practical Nursing Program, York County School of Technology/President, Pennsylvania Association Practical Nurse Administrators

Stacy Delaney, MSN, RN, Director, Practical Nursing Program, Delaware County Technical Schools

Denise Vanacore, PhD, ANP-BC, FNP-BC, PMHNP-BC, Vice Dean and Professor, Holy Family University School of Nursing & Health Sciences

Corey Dennis, MSN, BA, RN, CNE, Director, Practical Nursing Program, Pennsylvania Institute of Technology

Dorene Herrmann, RN, CCDS, St. Luke's University Health Network

Jenifer Stilgenbauer, MEd, BSN, Bethlehem Area Vocational-Technical School

Jill Mathewson, MSN, RN-BC, Nursing Instructor, Penn State Scranton

Judith A. Neubauer, Associate Dean and Program Director, Graduate Nursing, Neumann University

Elizabeth Menschner, DNP, MAS, MSN, RN, NEA-BC, Executive Director, Pennsylvania Organization of Nurse Leaders

Karen Clark, MSN, RN, Director, Practical Nursing Program, Lehigh Carbon Community College

Kathleen Rundquist, MSN, RN, Director, Practical Nursing Program, Franklin County Career and Technology Center

Katrina Maurer, DNP, Dean, Practical Nursing Program, Fortis Institute-Scranton

Laura Hollis, MSN, CRNP, Director, Practical Nursing Program, Greater Johnstown Career and Technology Center

Susan Leight, EdD, Research Professor and Director of CON Research Initiative; DNP-NP Options Director, Ross and Carol Nese College of Nursing, Penn State University

Lisa Urban, MSN, RN, Director, Practical Nursing Program, Greater Altoona Career and Technology Center

Marcia Landman, MSN-FNP, BSN, RN, Director, Practical Nursing, United Career Institute

Maureen May, RN, President, Pennsylvania Association of Staff Nurses and Allied Professionals

Callie Rohrbacher, BSN, RN, CMSRN, Senior Clinical Educator, AMI Expeditionary Healthcare

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ALSO PRESENT: (Cont.)

Misha Patel, Esquire, Government Relations Specialist,  
Pennsylvania Medical Society  
Angela Simmons, DNP, MSN-NCEL, RN, Director,  
Practical Nurse Program, Carlow University  
Diana Kozlina-Peretic, DNP, CRNP, MSN, RN  
Associate Dean, College of Health and Wellness,  
Carlow University  
Theresa Pietsch, PhD, RN, CRRN, CNE, Associate  
Professor/Dean, School of Nursing and Health  
Sciences, Neumann University  
Erin Welling, MSN, RN, Instructor, Undergraduate  
Department of Nursing, Carlow University  
Janice Nash, DNP, RN, Professor/Chair, Undergraduate  
Department of Nursing, Carlow University  
Kari Orchard, Democratic Executive Director, House  
Professional Licensure Committee  
Jennifer Smeltz, Republican Executive Director,  
Senate Consumer Protection & Professional Licensure  
Committee  
Nicole Sidle, Republican Executive Director, House  
Professional Licensure Committee  
Susan Lewis, MSN, RN, Director, Practical  
Nursing Program, Fayette County Career and  
Technical Institute  
Shauna Boscaccy, Esquire, Government Relations  
Specialist, One+ Strategies  
Wesley J. Rish, Esquire, Rish Law Office, LLC  
P. Daniel Altland, Esquire, Pennsylvania Association  
of Nurse Anesthetists  
Stephanie Weaver, BSN, RN, Practical Nursing  
Instructor, Greater Altoona Career & Technology  
Center  
Mary O'Connor, PhD, MSN, RN, DNAP, Pennsylvania  
Organization of Nurse Leaders Legislative Committee  
Janet Yontas, MSN, RN, Director, Practical Nursing Program,  
Career Technology Center of Lackawanna County  
Louise S. Frantz, RN, BSN, MHA, Ed, Coordinator, Practical  
Nursing Program, Penn State Berks Campus  
Heather Haines, MSN, BS, RN, Director, Practical Nursing  
Program, Mifflin County Academy of Science and Technology  
Lori Spiezio, MSN, RN, Director, Practical Nursing  
Program, Lansdale School of Business  
Larissa McDonnell, DNP, RN, CCRN, CCNS, NEA-BC, MSN,  
Director of Nursing Professional Development,  
Children's Hospital of Philadelphia

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ALSO PRESENT: (Cont.)

Tracy Campbell, CNS, Children's Hospital of  
Philadelphia  
Melanie Holt, MSN, RN, Director, Practical Nursing  
Program, Clearfield County Career and Technology  
Center  
Cynthia Cornelius, RN, Director, Practical Nursing  
Program, Venango Technology Center  
Ashley Cole, DNP, RN, CCRN, Program Director of  
Undergraduate Nursing & Assistant Professor, Carlow  
University  
Deborah Mitchum, DNP, ANP-C, WHNP, Chair, Graduate  
Nursing Department, Carlow University  
Katie Gruber, MSW, CADDC, Case Manager, Physicians'  
Health Program, PA Medical Society  
717-575-6888  
Ian Weeber, Sargent's Court Reporting Service, Inc.

State Board of Nursing

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The regularly scheduled meeting of the State Board of Nursing was held on Thursday, March 6, 2025. Colby P. Hunsberger, DNP, RN, CNEcl, Chair, called the meeting to order at 9:05 a.m.

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Introduction of Board Members

[Colby P. Hunsberger, DNP, RN, CNEcl, Chair, requested an introduction of Board members.]

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Introduction of Board Staff

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

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Introduction of Board Counsel

[Colby P. Hunsberger, DNP, RN, CNEcl, Chair, requested an introduction of Board Counsel.]

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Introduction of Board Prosecution

[Colby P. Hunsberger, DNP, RN, CNEcl, Chair, requested an introduction of Board Prosecutors.]

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Introduction of In-Person Attendees

1 [Colby P. Hunsberger, DNP, RN, CNEcl, requested an  
2 introduction of in-person attendees.]

3 \*\*\*

4 Introduction of Virtual Attendees

5 [Cynthia K. Miller, Board Administrator, provided an  
6 introduction of virtual attendees.]

7 \*\*\*

8 Adoption of the Agenda

9 CHAIR HUNSBERGER:

10 The agenda is before you. Are there  
11 any additions or corrections?

12 MS. PACHTER SCHULDER:

13 The only change is there should be  
14 recusals listed for item 60 for  
15 Hertzler, Kerns, and Bucher.

16 CHAIR HUNSBERGER:

17 Can I have a motion for approval?

18 MS. HERTZLER:

19 So moved.

20 DR. COMPHER:

21 Second.

22 CHAIR HUNSBERGER:

23 All those in favor? Opposed?

24 Abstentions?

25 [The motion carried unanimously.]



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[Judith Pachter Schulder, Esquire, Board Counsel,  
advised that the meeting was being recorded and those  
who continued to participate were giving their  
consent to be recorded.]

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Adoption of the Minutes

CHAIR HUNSBERGER:

The minutes from the January meeting  
are before you. Are there any  
additions or corrections? Hearing  
none, can we have a motion for  
approval?

DR. COMPHER:

So moved.

MR. SCHER:

Second.

CHAIR HUNSBERGER:

All those in favor? Opposed?

Abstentions?

[The motion carried unanimously.]

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Report of Prosecutorial Division

[Chair Hunsberger noted VRP Consent Agreement items 2  
through 12.]

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[Chair Hunsberger asked Prosecution to present batch cases relating to the Operation Nightingale investigation.

Ms. Evancho noted Case No. 21-51-014700.

Ms. Bellfy noted Case No. 23-51-006810 and Case No. 23-51-006826.

Mr. Sniscak noted Case No. 21-51-016921.

Ms. Evancho addressed all of the Consent Agreements that involve nurses who have been implicated in Operation Nightingale, the widespread nursing school fraud conducted by the Federal Bureau of Investigation (FBI) and US Department of Health and Human Services (HHS) Office of Inspector General (OIG). She addressed terms of the proposed Agreements which immediately remove Respondents' licenses and prohibits them from practicing practical nursing in the case of LPNs and from practicing professional nursing in the case of RNs.

Ms. Evancho also discussed probation and cancellation procedures. She noted the Agreements would have the same effect as a voluntary surrender, and the individuals would not be permitted to return to practice without meeting the conditions in the Consent Agreement, specifically completion of Board-

1 approved nursing education and retaking and passing  
2 the NCLEX®.

3 Board members questioned why a person charged  
4 with obtaining a license fraudulently would receive  
5 probation.

6 Dr. Bucher expressed concern with the semantics,  
7 noting revocation of a license and probation are  
8 different contexts, especially if someone moves to  
9 another state and asked how the proposed sanction  
10 protects the public.

11 Ms. Evancho explained that the proposed Consent  
12 Agreements protect the public by taking the people  
13 out of practice. She mentioned their goal and  
14 obligation is to protect the citizens of the  
15 Commonwealth but cannot determine how other states  
16 are or are not going to use the Agreements.

17 Ms. Evancho noted that even though it says  
18 probation, that it also says the license is  
19 inactivated and cannot be reactivated and the reason  
20 why it cannot be reactivated. She stated it is all  
21 public record and believed it gives other states the  
22 opportunity to either use it to decline the  
23 credentials of nurses in other states or discipline  
24 their licenses by reciprocal discipline.

25 Ms. Pachter Schulder stated that every Respondent

1 would make a choice whether to enter into an  
2 Agreement or not and be aware of the action of the  
3 Board.

4 Wesley J. Rish, Esquire, Rish Law Office, LLC,  
5 noted working with Commonwealth attorneys to resolve  
6 the cases and working with at least 22 of the  
7 individuals who had an Order to Show Cause against  
8 them.]

9 \*\*\*

10 [Ms. Bellfy noted item 73 and presented on behalf of  
11 Ms. Doll for items 14 and 15.]

12 \*\*\*

13 [Chair Hunsberger noted Ms. Evancho's items 16, 18,  
14 and 19.]

15 \*\*\*

16 [Chair Hunsberger noted Mr. Fogal's items 20 and 72.]

17 \*\*\*

18 [Chair Hunsberger noted Mr. Schertz's items 21, 75,  
19 and 76.]

20 \*\*\*

21 Appointment - LPN Pronouncement of Death

22 [Mia Haney, CEO, Pennsylvania Homecare Association  
23 (PHA); Anja Miller, Director, Guthrie Hospice; Anne  
24 Hart, Government Relations Health Care Practice Lead,  
25 Bravo Group; and Mena Louies, Director of Program

1 Development, Pennsylvania Homecare Association (PHA),  
2 presented to the Board to discuss Senate Bill 1080,  
3 which is now Act 137. Judith Pachter Schulder,  
4 Esquire, Board Counsel, asked PHA to provide a  
5 background for Act 137 and how PHA might see it  
6 playing out in a hospice facility.

7 Ms. Haney noted PHA has about 700 providers who  
8 deliver home health, homecare, and hospice services  
9 in a home and community-based setting in 67 counties.  
10 She noted they champion the policy to address the  
11 longstanding challenge that home-based hospice  
12 providers were facing under the Vital Statistics Law  
13 of 1953, where the authority to pronounce death is  
14 limited to a registered nurse, a physician,  
15 physician's assistant, or coroner.

16 Ms. Haney stated the goal was to modernize the  
17 Vital Statistics Law to allow LPNs to additionally  
18 pronounce death. She addressed two critical  
19 purposes, including providing compassion to grieving  
20 families and ensuring efficiency in the nursing  
21 shortage. She explained that allowing an LPN who is  
22 already present in the home and delivering care at an  
23 end-of-life scenario to pronounce death would reduce  
24 unnecessary delays and eliminate administrative  
25 burdens of what happens post passing.

1        Ms. Haney explained that the coroner does not  
2 need to be there on every occasion, and it then falls  
3 on the RN to potentially leave another patient's home  
4 and stop providing care to that patient to make a  
5 death pronouncement that an LPN can easily do.

6        Ms. Haney addressed safeguards when working on  
7 the legislation to ensure LPNs have ongoing training  
8 in death pronouncement, vital signs assessment,  
9 postmortem care, grief support, and identifying  
10 circumstances requiring a coroner's involvement.

11       Ms. Haney clarified that LPNs are not expressly  
12 prohibited from pronouncing death under the  
13 applicable scope of practice law but allows the Board  
14 to have the option to establish regulations within 18  
15 months of the amendment's effective date. She noted  
16 the amendment became effective December 31, 2024.

17       Ms. Haney asked the Board to recognize there is  
18 no need for additional regulations because the  
19 amendment was written to be standalone. She asked  
20 that the regulations be expedited to prevent any  
21 unnecessary delays that would waste valuable nursing  
22 resources if they decided to pursue regulations.

23       Ms. Pachter Schulder stated the Board decided to  
24 promulgate regulations, but it is not necessary for  
25 the regulations to be in place in order for an LPN to

1 pronounce death. She explained that under the Vital  
2 Statistics Law, LPNs cannot pronounce death until  
3 they receive the hospice training, noting that the  
4 amendment includes a 12-month window for that  
5 education, but any hold up in LPNs pronouncing death  
6 is not related to the Board.

7 Ms. Pachter Schulder noted the hospice training  
8 has to be done by the hospices, and the Board does  
9 not write hospice training, so once that training is  
10 in place, an LPN can take the training and then can  
11 pronounce death. She explained that the Board is  
12 writing regulations to make it clear to everyone who  
13 is not looking at the Vital Statistics Law and wants  
14 to know whether an LPN can actually pronounce death,  
15 which is why it is being added to the scope of  
16 practice.

17 Ms. Pachter Schulder further explained that there  
18 is nothing from the Board's perspective that will  
19 stop an LPN from pronouncing death, and they do not  
20 need regulations in place. She stated there is  
21 nothing in the Practical Nurse Law or this amendment  
22 to the Vital Statistics Law that gives the Board the  
23 authority to do an expedited regulation, and they do  
24 not need the statute in order for an LPN to pronounce  
25 death.

1       Ms. Haney noted that is great to hear but was not  
2 what has been discussed specifically with the  
3 Department of Health.

4       Ms. Pachter Schulder stated the Board has not  
5 spoken with the Department of Health (DOH) regarding  
6 this particular regulation.

7       Ms. Haney explained that the Department of Health  
8 told PHA that DOH understands the Vital Statistics  
9 Law was effective December 31, 2024; however, they  
10 are working with the State Board of Nursing because  
11 there are regulations coming and are not putting out  
12 any formal guidance until that happens. She stated  
13 hospice organizations are getting DOH audits where  
14 DOH is saying we do not know if they can do this  
15 because they are waiting to see what this regulation  
16 is going to say.

17       Ms. Pachter Schulder noted there was an inquiry  
18 to the Department of State's Legislative Office  
19 asking whether there needed to be amendments to the  
20 legislation in order to implement this amendment, and  
21 the Board is writing a regulation, but there is  
22 nothing in the Board's regulation that prohibits an  
23 LPN from pronouncing death but makes that  
24 pronouncement contingent on the required training.

25       Ms. Pachter Schulder stated the regulation of the



1 Board is essentially repeating the Vital Statistics  
2 Law that an LPN can pronounce death if the LPN is  
3 employed by a licensed hospice in the direct care of  
4 patients, the patient is in the care of a licensed  
5 hospice, the patient has a valid do-not-resuscitate  
6 (DNR) order, the LPN has conducted a focused  
7 assessment, and the LPN has completed the minimum 3  
8 hours of training.

9 Ms. Pachter Schulder noted the Practical Nurse  
10 Law does not mandate continuing education or  
11 subsequent education for LPNs and that is the reason  
12 the Board wanted to make it clear in the regulations  
13 that the training requirement does not apply to all  
14 LPNs and only the small subset of LPNs who are  
15 required to take it in order to pronounce death.

16 Ms. Haney stated she will work with the DOH to  
17 understand where they may need additional  
18 clarification.

19 Ms. Pachter Schulder mentioned that the DOH may  
20 be waiting for more formalized training and not  
21 expecting hospices to have their own individual  
22 training. She noted the DOH may expect training to  
23 be much more global, where someone going from one  
24 facility to another would be covered by the training  
25 taken at another hospice.

1 Ms. Pachter Schulder questioned when there would  
2 be "circumstances surrounding the nature of the death  
3 that are not anticipated" referenced in the statute.

4 Anja Miller, Director, Guthrie Hospice, noted the  
5 hospice nurses' hope is to make every patient  
6 comfortable at the end of life to walk through their  
7 last journey with them but have seen possible  
8 overdose suicides and gunshot wounds in a home where  
9 a coroner would be alerted. She stated LPNs are  
10 highly trained to make sure they know the difference  
11 between an expected death for hospice or an  
12 unexpected death.

13 Ms. Miller also addressed the rules of hospice in  
14 a facility. She explained that an RN has to be  
15 available 24/7 in a skilled nursing facility so the  
16 RN could pronounce. She further explained that an RN  
17 also has to go into a personal care home to  
18 pronounce. She noted that once the official  
19 pronouncement happens, that the body is prepared for  
20 the family and then the funeral home is called.

21 Ms. Miller noted the nurse stays with the family  
22 until the funeral home arrives, the LPN contacts the  
23 RN and office staff, who notify the physician of the  
24 death, and office staff notifies the county.

25 Ms. Haney asked whether the regulation would be

1 completed within that 18-month time frame.

2 Ms. Pachter Schulder explained that it would not  
3 be completed in 18 months, but again, the regulation  
4 is not required in order for LPNs to pronounce death.  
5 She noted a draft of a proposed Annex has been put on  
6 the Board's agenda after the legislation passed, and  
7 at this meeting, the Board will consider whether to  
8 send the draft to stakeholders for pre-draft input on  
9 the proposal. She also provided an overview of the  
10 regulatory process.

11 Dr. Bucher commented that hospice facilities not  
12 as connected may reach out to the Board asking  
13 whether an LPN can pronounce. Ms. Pachter Schulder  
14 explained that she cannot give an advisory opinion  
15 but would tell them to speak to an attorney and  
16 direct them to the section of the Vital Statistics  
17 Law that says an LPN can pronounce death under the  
18 four different conditions previously referenced plus  
19 the education.

20 Ms. Miller mentioned that LPNs can only pronounce  
21 for DNR/DNI patients, noting every hospice patient  
22 gets a new post order about their wishes. She  
23 explained that the facility also has an electronic  
24 medical record (EMR) system to alert the LPN that the  
25 patient is a full code and to notify an RN. She was

1 not speaking on whether that is in all facilities.

2 Ms. Pachter Schulder reiterated that LPNs can  
3 pronounce death under the Vital Statistics Law as  
4 long as the patient has a DNR, the LPN conducted a  
5 focused assessment, the patient is in the care of a  
6 licensed hospice, and the LPN has received the  
7 training.

8 Chair Hunsberger expressed concern with this  
9 amendment and asked if the patient's condition  
10 deteriorates, must the LPN still have to notify the  
11 RN and document that as well to be compliant with the  
12 Practical Nurse Law.

13 Ms. Pachter Schulder explained that the Vital  
14 Statistics Law was written more recently than the  
15 Practical Nurse Law, so the LPN would be required to  
16 make the contacts as directed in the Vital Statistics  
17 Law while in compliance with the Practical Nurse Law.  
18 She mentioned that best practices likely would still  
19 require that contact and that the DOH may want to  
20 have a protocol in place to make sure that everybody  
21 knows who has to call who and when.

22 It was agreed that the LPN will need to  
23 understand who and when to make that notification.  
24 PHA commented that the LPN will notify all of the  
25 hospice physicians at the time of death, and the

1 interdisciplinary team will be notified at the time  
2 of death through secure messaging.

3 Ms. Pachter Schulder asked Chair Hunsberger if he  
4 would have less concern if they notified the  
5 interdisciplinary team.

6 Chair Hunsberger referred to the focused  
7 assessment addressed in 21.141 of the regulations and  
8 where anytime an LPN finds an abnormal assessment, a  
9 registered nurse must be notified. He mentioned an  
10 instance where an LPN noted a patient was  
11 deteriorating and transferred to the ICU by the LPN  
12 without notifying the RN.

13 Ms. Pachter Schulder noted they are going to look  
14 again at the definition of focused assessment, which  
15 is in the Nursing Education Programs regs and in the  
16 current regulations.

17 Dr. Bucher commented that it is the natural  
18 progression of death and not decompensating where the  
19 patient needs to go to the ICU because they are in  
20 hospice. He was not sure what would be the benefit  
21 of an LPN calling an RN other than checking a box.  
22 Mr. Scher commented that LPNs' skillsets are valid,  
23 and it does not seem like a good utilization of  
24 resources if it is just to check a box.

25 Ms. Haney noted that any opportunity to educate

1 on hospice services, which are largely misunderstood  
2 in their community setting, is a good opportunity and  
3 noted PHA would be interested in working with the  
4 Board if they have any other efforts or initiatives  
5 surrounding hospice care.]

6 \*\*\*

7 Regulation Update - Regulation 16A-5151 - LPN

8 Pronouncement of Death

9 [Judith Pachter Schulder, Esquire, Board Counsel,  
10 directed the Board to the proposed Annex amending §  
11 21.145 of the regulation by adding subsection (g)  
12 which would permit an LPN to pronounce death if all  
13 of the following conditions are met: the LPN has to  
14 be employed by a licensed hospice in direct care of  
15 patients of the hospice, patient is in the care of a  
16 licensed hospice, patient has a valid DNR, LPN has  
17 conducted a focused assessment to identify the  
18 cessation of circulatory and respiratory functions,  
19 and the LPN has completed a minimum of 3 hours of  
20 training annually from the hospice in the categories  
21 listed in the Vital Statistics Law.

22 Ms. Pachter Schulder noted that the Board is also  
23 proposing adding new subsection (h), which provides  
24 that if the LPN meets the qualifications in (g), the  
25 LPN can release the body of a patient to either a

1 funeral director after notice has been given to the  
2 attending physician or CRNP, where the patient has an  
3 attending or CRNP or the family, or the coroner, so  
4 long as the issue about the circumstances of death  
5 are anticipated.

6 Finally, Ms. Pachter Schulder referred to  
7 §21.146a, the prohibited act section, to add  
8 subsection (b), which would provide that an LPN, even  
9 one who is lawfully allowed to pronounce death in  
10 subsection (g), is prohibited from determining the  
11 cause of the patient's death. She noted that this  
12 provision is also taken directly from the law.

13 Ms. Hertzler asked whether they need to put DNR  
14 and DNI in there. Ms. Pachter Schulder explained that  
15 the law only has DNR order and does not mention DNI,  
16 and it cannot be added if it is not in the law.

17 It was noted the form for life-sustaining  
18 treatment does have DNR/DNI in one checkbox.

19 Ms. Pachter Schulder noted that this may be  
20 another area where the DOH provides input, but the  
21 insertion of DNIs is not a State Board of Nursing  
22 issue. She explained that they would have to go to  
23 the Department of Health if they wanted DNI in the  
24 law.]

25 MS. PACHTER SCHULDER:

1                   Is there a motion to send 16A-5151 to  
2                   stakeholders for pre-draft input?

3 DR. BUCHER:

4                   So moved.

5 MS. HERTZLER:

6                   Second.

7 CHAIR HUNSBERGER:

8                   All those in favor?   Opposed?

9                   Abstentions?

10 [The motion carried unanimously.]

11   \*\*\*

12 Appointment - Michigan English Testing (MET)

13       Presentation

14 [Julie Monteiro de Castro, Senior Business  
15 Development and Recognition Manager, Michigan  
16 Language Assessment, stated they have been supporting  
17 healthcare and nurses for many years in the United  
18 States with a previous exam called the  
19 Michigan English Language Assessment Battery (MELAB),  
20 which has been approved by the Board for many years.  
21 She noted the exam was replaced by the Michigan  
22 English Testing (MET) and has subsequently been  
23 rolled out, supported, approved by the Health  
24 Resources and Services Administration (HRSA) for  
25 immigration purposes for internationally trained



1 nurses and rolled out across the country to over 30  
2 states.

3 Ms. Monteiro de Castro stated Michigan Language  
4 Assessment is a department of the University of  
5 Michigan and a joint venture with Cambridge  
6 Assessment English, who is the developer of both the  
7 International English Language Test System (IELTS)  
8 and the Cambridge English Qualifications.

9 Ms. Monteiro de Castro stated MET keeps their  
10 test results forever and addressed reducing the  
11 burden of cost to nurses over time. She noted  
12 candidates prefer MET because they assess English  
13 language ability similar to how they go through their  
14 academic career to give individuals the best choice  
15 they have to demonstrate their ability in English.

16 Ms. Monteiro de Castro reported that MET is  
17 accepted by HRSA for immigration purposes, the  
18 Commission on Graduates of Foreign Nursing Schools  
19 (CGFNS), and 30 boards of nursing at this point for  
20 first licensure. She noted MET could be utilized for  
21 nurses for licensure by endorsement, which would add  
22 additional states to the list, including Pennsylvania  
23 to include 44 states.

24 Ms. Monteiro de Castro addressed the minimum  
25 national standard set by HRSA at 55 and discussed how

1 HRSA fits into this. She noted several other  
2 healthcare fields have been approved beyond nursing.  
3 She provided links to prior research on how MET  
4 arrived at the scores with the National Council of  
5 State Boards of Nursing (NCSBN). She acknowledged  
6 Massachusetts set a lower standard at 53, and New  
7 Mexico set a higher standard at 59. She noted there  
8 may be changes coming out and are awaiting feedback  
9 from CGFNS.

10 Ms. Wendy Miller noted their interim  
11 recommendation for the MET is an overall score of 58  
12 with a speaking score of 59 for basically registered  
13 nurses and for lower level overall 53 with the  
14 speaking still of 59. She noted the TruMerit Report  
15 to HRSA on English Language Proficiency included as  
16 an FYI in this meeting Agenda.

17 Ms. Miller noted TruMerit, formerly CGFNS,  
18 convened the HRSA and all of the HRSA-approved  
19 English Language Proficiency Exam providers to start  
20 a process of ensuring a number of things, including  
21 quality and consistency. She noted their English  
22 proficiency does not vary depending on which test was  
23 chosen, whether it was the Test of English as a  
24 Foreign Language (TOEFL), MET, or Occupational  
25 English Test (OET), where a passing score provider

1 provides assurance of the same level of English  
2 proficiency.

3       Fernando Fleurquin, EdD, Director of Marketing,  
4 Communications, and Stakeholder Relations, Michigan  
5 Language Assessment, added that he participated in  
6 the meeting with CGFNS in January at the request of  
7 HRSA to make sure that all the different exams on  
8 English proficiency used for certification of  
9 licensed practical nurses and RNs will be aiming at  
10 exactly the same levels of proficiency. He addressed  
11 why CGFNS convened a meeting with all the major  
12 language providers for exams that HRSA accepts. He  
13 stated their recommendations were submitted after  
14 that meeting and accepted by CGFNS and sent to HRSA.  
15 He noted they are waiting to hear from HRSA on their  
16 final decision about how the initial scores are going  
17 to be revised based on input from all the different  
18 providers.

19       Ms. Monteiro de Castro acknowledged that  
20 Massachusetts chose something lower and New Mexico  
21 chose something higher.

22       Ms. Monteiro de Castro provided an overview of  
23 the MET, including proficiency skills, having  
24 assessment professionals write the exam, and  
25 statistical analysis. She noted MET is securely

1 administered around the world in test centers in  
2 multiple countries.

3 Ms. Monteiro de Castro mentioned they also have  
4 an at-home option, which is not approved for  
5 immigration through HRSA, and is not approved by most  
6 state boards of nursing. She discussed security  
7 protocols for at-home testing.

8 \*\*\*

9 [Susan Hellier, PhD, DNP, FNP-BC, exited the meeting  
10 at 10:40 a.m.]

11 \*\*\*

12 Ms. Monteiro de Castro addressed the structure of  
13 the exam, noting they focus in on the critical  
14 communication skills to make sure candidates are  
15 successful. She referred to sample tests, rubrics,  
16 and research data that backs up everything. She  
17 discussed how to prepare for MET, noting they offer  
18 preparation courses, videos, and have a YouTube  
19 channel where they can ask questions. She also  
20 mentioned they work with recruiters around the world  
21 who have their own set of individuals.

22 Ms. Monteiro de Castro provided application  
23 resources that included pricing and information on  
24 test centers around the world. She discussed One  
25 Skill Retake, noting MET permits test takers one

1   retake to obtain a better score, but the score report  
2   will contain an "R" to indicate the test taker retook  
3   the test.

4                                   \*\*\*

5   [Susan Hellier, PhD, DNP, FNP-BC, reentered the  
6   meeting at 10:43 a.m.]

7                                   \*\*\*

8           Ms. Monteiro de Castro stated MET for healthcare  
9   workers is recognized, affordable, is easy to prepare  
10   for, and accessible. She suggested the Board verify  
11   results through their portal because it is fast,  
12   convenient, and the least costly for the applicant.  
13   She addressed requirements and accessing and  
14   verifying results by the Board administrator. She  
15   also provided an example of a score report.

16          Ms. Pachter Schulder stated MELAB is currently an  
17   approved test of the Board, but MET was not an  
18   approved test of the Board. She noted Ms. Wendy  
19   Miller and Ms. Sue Bolig have put together what the  
20   Board is accepting from other approved testers.

21          Chair Hunsberger did not see an issue allowing  
22   test takers to retake a section of the test and  
23   recommends that it be accepted.

24          Ms. Miller noted they did not reach out to MET  
25   because they knew they were going to attend the

1 meeting but also knew from setting up or attempting  
2 to set up access with OET that they allow single test  
3 retake except for speaking and do combine scores.

4 Ms. Miller noted reaching out to the existing  
5 ones, but TOEFL has been difficult to communicate  
6 with and did not have a contact there. She reported  
7 they do not allow single score retakes but allow  
8 combining of scores over a two-year period.

9 Ms. Miller stated a candidate could take TOEFL  
10 three times, where the last report will have their  
11 scores from that attempt and then will have  
12 "MyBest®," which will have reading, listening,  
13 speaking, and writing. She further explained that  
14 TOEFL will have the test taker's best scores in each  
15 category for those three tests in two years.

16 Ms. Miller noted TOEFL has a list on their  
17 website about what entities/Boards accept the MyBest®  
18 combination but it seemed somewhat anecdotal, and she  
19 was not sure of its accuracy.

20 Ms. Miller stated IELTS does not combine scores  
21 but does offer a One Skill Retake, where they allow  
22 testers to take one of the four skills within 60 days  
23 of their original IELTS academic test. She noted the  
24 Board would need to go through a sign-up process with  
25 IELTS for them to allow a single test retake and

1 report it to the Board.

2 Ms. Miller addressed the Pearson Test of English  
3 Academic (PTE), noting they do not allow single test  
4 retake scores or combining of scores and provided a  
5 list of their rationale.

6 Ms. Pachter Schulder explained that the current  
7 rule in place for all ELP examinations requires the  
8 test taker to take the whole test, where someone who  
9 is deficient would have to retake the whole test.  
10 She noted OET was the first to come to the Board  
11 asking whether it would permit the retaking of  
12 individual parts and stacking up the different  
13 retakes in order to come up with a score which is why  
14 OET's approval is being brought back to the Board, as  
15 those issues were not initially discussed or  
16 determined.

17 Ms. Miller commented that there was a significant  
18 financial advantage to just retaking the one score  
19 from providers that did appear to offer a single test  
20 retake.

21 Ms. Pachter Schulder asked Board members whether  
22 they concur with Chair Hunsberger and Dr. Compher to  
23 allow the single test retake on all of the English  
24 language proficiency examinations, and Board members  
25 agreed.

1        Ms. Miller next noted that a test taker could  
2 take a single test retake to achieve the required  
3 passing standard but have more than one category in  
4 which they need to improve with the combined score.

5        Ms. Miller noted the English language proficiency  
6 providers that offer a single score retake allow one,  
7 where the only thing beyond that would be to retake  
8 the entire test, and if they offer combining of  
9 scores, they would take the best of those and put  
10 them together. She noted some of them only allow  
11 someone to combine two tests, but TOEFL considers  
12 their scores valid for two years and would look at  
13 every test taken in that validity period, take the  
14 best one in each category and put it in MyBest®.

15        Ms. Pachter Schulder asked whether the Board  
16 would allow multiple parts to be retaken and whether  
17 an overall test score could be based on a combination  
18 of the multiple retakes.

19        Dr. Bucher commented that being off on a section  
20 and needing to retake it is fair but taking the test  
21 six times and combining all these scores muddies the  
22 water as far as knowing whether the person is  
23 proficient.

24        Ms. Pachter Schulder noted the Board's agreement  
25 that a test taker can only take a single test retake



1 and use it for their overall score but cannot take  
2 retakes of additional parts.

3 Ms. Pachter Schulder referred to Dr. Bucher's  
4 comment regarding not combining multiple exams, and  
5 Board members agreed.]

6 MS. PACHTER SCHULDER:

7 Now that the Board has decided to  
8 permit a single test retake but not a  
9 combination of multiple part retakes,  
10 is there a motion that the Board add  
11 MET to the Board's list of approved  
12 English language proficiency  
13 examinations?

14 DR. BUCHER:

15 So moved.

16 DR. HERSHBERGER:

17 Second.

18 CHAIR HUNSBERGER:

19 All those in favor? Opposed?

20 Abstentions?

21 [The motion carried unanimously.]

22 \*\*\*

23 Ms. Pachter Schulder addressed the overall score  
24 and subpart scores. She noted the recommendation is  
25 a minimum score of 55 for each part including

1 speaking, even though there were the two different  
2 states that were outliers by a couple of points. She  
3 mentioned the Board could choose the recommended  
4 score used by other states and raise or lower the  
5 score when they receive additional information  
6 concerning HRSA or choose the recommended score of  
7 58.

8 Ms. Miller suggested reviewing other states,  
9 waiting on HRSA, considering all of the tests, and  
10 then revisit it. She expressed concern about taking  
11 it to 58, with the speaking of 59, which would  
12 disproportionately disadvantage LPNs because one of  
13 the things they are going to have to consider at some  
14 point is whether they have different standards for  
15 RNs and LPNs.

16 Dr. Hershberger agreed with setting the standard  
17 at 55, reviewing it, and then maybe aligning  
18 everything in the future once HRSA makes their  
19 decision but believed it should be the same for RNs  
20 and LPNs.]

21 MS. PACHTER SCHULDER:

22 Is there a motion to adopt the minimum  
23 score of 55 on each part including a  
24 speaking score of 55 for MET?

25 DR. COMPHER:

1                               So moved.

2   MS. HERTZLER:

3                               Second.

4   CHAIR HUNSBERGER:

5                               All those in favor?   Opposed?

6                               Abstentions?

7   [The motion carried unanimously.]

8   \*\*\*

9   MS. PACHTER SCHULDER:

10                           Is somebody willing to make a motion to  
11                           permit people who take English language  
12                           proficiency tests a single subsection  
13                           retake?

14   DR. BUCHER:

15                           So moved.

16   DR. COMPHER:

17                           Second.

18   CHAIR HUNSBERGER:

19                           All those in favor?   Opposed?

20                           Abstentions?

21   [The motion carried unanimously.]

22   \*\*\*

23   [Ms. Miller addressed At-home testing, noting most  
24   Nurse Boards are not accepting the At-home test and  
25   asked whether the Board wanted to discontinue

1 discussion or revisit it when ELP providers make a  
2 request to the Board or when additional boards start  
3 accepting it.

4 Ms. Monteiro de Castro noted Massachusetts and  
5 Washington accept At-home testing for nurses.  
6 Generally, boards are not accepting At-home testing  
7 because it has always been at a test center, and  
8 boards have not taken up the question yet on whether  
9 At-home would be acceptable. They offer both in  
10 certain states, and it can be challenging for  
11 internationally trained nurses to find the  
12 appropriate room to take the test.

13 Ms. Miller noted CGFNS will not accept any At-  
14 home versions. She noted it introduces the variable  
15 of security but has not answered questions about  
16 validity and reliability.

17 Chair Hunsberger asked what country their  
18 proctors are based in. It was noted they are in two  
19 countries and work with Prometric, which is a global  
20 company located in 180 countries, and provided an  
21 overview of security.]

22 MS. PACHTER SCHULDER:

23 Could we have a motion that the Board  
24 not accept any At-home versions of the  
25 English language proficiency exams at

1                   this time.

2 DR. BUCHER:

3                   So moved.

4 DR. HELLIER:

5                   Second.

6 CHAIR HUNSBERGER:

7                   All those in favor?   Opposed?

8                   Abstentions?

9 [The motion carried unanimously.]

10                                   \*\*\*

11 [The Board recessed from 11:15 a.m. until 11:18 a.m.]

12                                   \*\*\*

13 Regulation Update - 16A-5141 - Nursing Education  
14       Programs

15 [Judith Pachter Schulder, Esquire, Board Counsel,  
16 referred to 16A-5141 regarding Nursing Education  
17 Programs, noting the proposed regulation was  
18 published in the *Pennsylvania Bulletin*. She noted  
19 the Board received 70 comments on the regulations  
20 with more than three-quarters being comments from LPN  
21 programs with regard to the math and science  
22 requirement and faculty requirement. She also  
23 reported a couple of comments about accreditation.

24       Ms. Pachter Schulder noted the Board did receive  
25 one comment from a nursing education program that

1 commented significantly during the process and  
2 reported that the program agreed with the proposal.  
3 She reported no comments regarding the CRNP and very  
4 little on the RN.

5 Ms. Pachter Schulder will provide a breakdown of  
6 comments by topic at the next meeting.]

7 \*\*\*

8 Regulation Update - 16A-5145 - CRNA Licensure  
9 [Judith Pachter Schulder, Esquire, Board Counsel,  
10 noted 16A-5145 regarding CRNA Licensure. She advised  
11 that the regulations were delivered to the Governor's  
12 Offices of General Counsel, Budget and Policy on  
13 February 24, 2025.

14 Ms. Pachter Schulder noted she was asked to  
15 review the Department of Health's regulations  
16 concerning their proposed regulations regarding  
17 anesthesia services.]

18 \*\*\*

19 Regulation Update - 16A-5146 - Opioid Prescription  
20 and Education and Organ Donation Education  
21 [Judith Pachter Schulder, Esquire, Board Counsel,  
22 addressed 16A-5146 regarding Opioid Prescription and  
23 Education and Organ Donation Education. She  
24 explained that delivery and publication of the  
25 regulation is awaiting the Medical Board and

1 Osteopathic Boards' promulgation.]

2 \*\*\*

3 Regulation Update - 16A-5148 Nurse Licensure Compact-  
4 Temporary Regulation

5 [Judith Pachter Schulder, Esquire, Board Counsel,  
6 referred to 16A-5148 regarding the Nurse Licensure  
7 Compact (NLC). She reported the temporary  
8 regulations were sent to the Governor's Offices of  
9 General Counsel, Budget and Policy on February 7,  
10 2025. She noted receiving comments from the Office  
11 of General Counsel, and she prepared a memo in  
12 response to the comments concerning whether it is an  
13 improper delegation for the Board to require  
14 compliance with the rules of the Compact Commission.

15 Ms. Pachter Schulder noted the statute has it in  
16 there, but there is case law in Pennsylvania about  
17 improper delegation. She believed the statute has  
18 enough guardrails in place to overcome the concerns  
19 about improper delegation. She mentioned the  
20 conundrum for the Board is if the Board does not  
21 follow the ICNLC Rules, it would be in violation of  
22 the Nurse Licensure Compact Act and potentially  
23 kicked out of the Compact.

24 Ms. Pachter stated they are getting closer in  
25 terms of the Compact with the Federal Bureau of

1 Investigation (FBI) and who is receiving the criminal  
2 background checks and storing that information. She  
3 mentioned the Bureau has the technology in place to  
4 accept applications once a decision has been made to  
5 fully implement but cannot accept applications until  
6 the regulations are approved. She noted that PALS  
7 must be reconfigured to interface with NCSBN's  
8 database.]

9 \*\*\*

10 Regulation Update - Regulation 16A-5150 - CRNP

11 Prescribing and Dispensing Parameters

12 [Judith Pachter Schulder, Esquire, Board Counsel,  
13 addressed 16A-5150 regarding CRNP Prescribing and  
14 Dispensing, noting she has to write that package  
15 since the Board adopted it in proposed form at the  
16 January 22 meeting. These regulations address  
17 Suboxone and refills of the pain pumps.]

18 \*\*\*

19 Regulation Update - Regulation 16A-5151 - LPN

20 Pronouncement of Death

21 [Judith Pachter Schulder, Esquire, Board Counsel,  
22 noted the Board decided to adopt the Annex and send  
23 it out for pre-draft input.]

24 \*\*\*

25 Pennsylvania Legislative Update



1 [Judith Pachter Schulder, Esquire, Board Counsel,  
2 reported the House and Senate are back in session.  
3 She noted House Bill 334 provides tax credits for new  
4 nurses; Senate Bill 197 addresses the physical  
5 therapy direct access; House Bill 389 delineates the  
6 nursing faculty grant; and House Bill 390 provides  
7 for a health care preceptor deduction.

8 Ms. Pachter Schulder addressed Senate Bill 25 and  
9 House Bill 739 concerning CRNPs. She mentioned  
10 conversations are ongoing about whether they go to  
11 the pilot that they originally talked about years ago  
12 that was never implemented and whether they might  
13 change the groups for whom services could be  
14 provided. She noted the pilot bill has not been  
15 introduced at this point.

16 Ms. Patcher Schulder referred to Senate Bill 59,  
17 which is the same as House Bill 794 concerning  
18 community colleges being able to offer a Bachelor of  
19 Science in Nursing.

20 Ms. Pachter Schulder noted House Bill 192  
21 increases access to school nurses; House Bill 191  
22 addresses AEDs at athletic events; House Bill 194  
23 increases mental health professional access; House  
24 Bill 588 concerns elderly abuse; and House Bill 475  
25 has to do with ratios for dialysis caregivers. She

1 mentioned almost all of these were introduced  
2 previously but had to be reintroduced because of *sine*  
3 *die.*

4 \*\*\*

5 Report of Board Chair - No Report

6 \*\*\*

7 Report of Acting Commissioner - No Report

8 \*\*\*

9 Report of Committees - Probable Cause Screening  
10 Committee

11 [Sue E. Hertzler, LPN, noted the Probable Cause  
12 Screening Committee moved on 10 Petitions for  
13 Appropriate Relief, 10 Petitions for Mental and  
14 Physical Examinations, and 3 Immediate Temporary  
15 Suspensions on January 22, February 3, and February  
16 10. She reported the case on February 3 was  
17 withdrawn and presented again on February 10.]

18 \*\*\*

19 Report of Committees - Application Review Committee  
20 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair, noted  
21 the Application Review Committee met several times  
22 and moved those forward.]

23 \*\*\*

24 Report of Committees - Advanced Practice (Education,  
25 Regulation, & Application) - No Report

\*\*\*

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

\*\*\*

Report of Committees - Dietitian-Nutritionist  
Committee - No Report

\*\*\*

Report of Board Members Who Attended a Meeting on  
Behalf of the Board - No Report

\*\*\*

Report of Executive Secretary

[Wendy Miller, MSN, RN, Executive Secretary, reminded everybody in the April 30 odd year cohort that the renewal is now open and encouraged licensees to get the Child Abuse continuing education done and renewal submitted. She also reminded anyone with CRNP and CNS certifications that if they live out of state in a Compact state and have a multistate RN license, that they can use their multistate RN license in order to renew their Pennsylvania CRNP certification.

Ms. Miller noted four Board staff and four Board members will be attending the Midyear Nurse Licensure Compact (NLC) Commission Meeting on Monday, March 10, which is the 25th Anniversary of the Nurse Licensure Compact. She also noted the 2025 NCSBN Midyear

1 Meeting will be held March 11-13 in Pittsburgh.

2 Ms. Miller noted spring visits are coming up with  
3 the Pennsylvania Higher Education Nursing Schools  
4 Association (PHENSA) and Pittsburgh Community  
5 College's (PCC) Associate Degree Nursing (ADN)  
6 program. She mentioned they have not heard from the  
7 Pennsylvania Association of Practical Nurse  
8 Administrators (PAPNA) other than comments on the  
9 regulations. She informed Board members that all  
10 three of those have a spring and a fall meeting that  
11 staff tries to attend as Advisors to provide an  
12 update and answer questions.]

13 \*\*\*

14 Old Business - OET ELP Test Passing Standard  
15 [Judith Pachter Schulder, Esquire, Board Counsel,  
16 noted the Board previously discussed OET's ELP test  
17 passing standards.]

18 \*\*\*

19 New Business - 2025 NCSBN Discipline Case Management  
20 Conference

21 MS. PACHTER SCHULDER:

22 Would the Board be willing to authorize  
23 two people to attend the NCSBN  
24 Discipline Case Management Conference?

25 DR. BUCHER:

1                               So moved.

2 MS. HERTZLER:

3                               Second.

4 CHAIR HUNSBERGER:

5                               All those in favor?   Opposed?

6                               Abstentions?

7 [The motion carried unanimously.]

8   \*\*\*

9 For the Board's Information -

10 [Judith Pachter Schulder, Esquire, Board Counsel,  
11 noted the 2024 BPOA Annual Reports and a Professional  
12 Licensing Scam Alert for the Board's review.]

13   \*\*\*

14 [Pursuant to Section 708(a)(5) of the Sunshine Act,  
15 at 11:34 a.m., the Board entered into Executive  
16 Session with Judith Pachter Schulder, Esquire, Board  
17 Counsel; Megan E. Castor, Esquire, Board Counsel;  
18 Ashley Keefer, Esquire, Board Counsel; and Cathy  
19 Tully, Esquire, Board Counsel, for the purpose of  
20 conducting quasi-judicial deliberations on the Report  
21 of Prosecutorial Division, Report of Board Counsel,  
22 and Appointments. The Board returned to Open Session  
23 at 12:43 p.m.]

24   \*\*\*

25 MOTIONS

1 MS. PACHTER SCHULDER:

2 The Board engaged in quasi-judicial  
3 deliberations under Section 708(a)(5)  
4 of the Sunshine Act.

5 Board members who recused  
6 themselves from participation will be  
7 identified with each of the motions.

8 Is there a motion to approve the  
9 VRP Consent Agreements items 2 through  
10 12?

11 DR. COMPHER:

12 So moved.

13 MS. HERTZLER:

14 Second.

15 CHAIR HUNSBERGER:

16 All those in favor? Opposed?

17 Abstentions?

18 [The motion carried unanimously.]

19 \*\*\*

20 MS. PACHTER SCHULDER:

21 Is there a motion to grant the  
22 following four Consent Agreements, for  
23 which there are no recusals, at Case  
24 No. 23-51-006810, Case No. 21-51-  
25 014700, Case No. 21-51-016921, and Case

1 No. 23-51-006826?

2 DR. BUCHER:

3 So moved.

4 DR. COMPHER:

5 Second.

6 CHAIR HUNSBERGER:

7 All those in favor? Opposed?

8 Abstentions?

9 [The motion carried unanimously. The Respondent's  
10 name at Case No. 23-51-006810 is Aniran Zalmai, LPN;  
11 Case No. 21-51-014700, Fakayatu Ibironke Agboola, RN;  
12 Case No. 21-51-016921, Prince Mofoluso Adeparusi, RN,  
13 LPN; and Case No. 23-51-006826, Judy Facey, LPN.]

14 \*\*\*

15 MS. PACHTER SCHULDER:

16 Is there a motion to grant the  
17 following Consent Agreements, for which  
18 there are no recusals, at Case No. 23-  
19 51-017027, Case No. 24-51-006618, Case  
20 No. 19-51-007032, Case No. 24-51-  
21 003638, Case No. 24-51-017121, Case No.  
22 24-51-019073, and Case No. 21-51-  
23 000855?

24 DR. BUCHER:

25 So moved.

1 DR. COMPHER:

2 Second.

3 CHAIR HUNSBERGER:

4 All those in favor? Opposed?

5 Abstentions?

6 [The motion carried unanimously. The Respondent's  
7 name at Case No. 23-51-017027, Shoshana Ruskin, CRNP,  
8 RN; Case No. 24-51-006618, Ernest Ashbridge, RN; Case  
9 No. 19-51-007032, Rose Flynn, RN, a/k/a Rose Lazon;  
10 Case No. 24-51-003638, Joseph Gerald Sapp, CRNP, RN;  
11 Case No. 24-51-017121, Elizabethann Marie Ward, RN;  
12 Case No. 24-51-019073, Andre Maureece Angus, RN; and  
13 Case No. 21-51-000855, Theresa Sharp Smigo, CRNP,  
14 RN.]

15 \*\*\*

16 MS. PACHTER SCHULDER:

17 Is there a motion to adopt the  
18 following Consent Agreements, for which  
19 members Hertzler, Kerns, and Scher are  
20 recused, at Case No. 24-51-018079 and  
21 Case No. 23-51-001819?

22 DR. COMPHER:

23 So moved.

24 MS. CAPIOTIS:

25 Second.



1 CHAIR HUNSBERGER:

2 All those in favor? Opposed?

3 Abstentions?

4 [The motion carried. Members Hertzler, Kerns, and  
5 Scher recused themselves from deliberations and  
6 voting on the motion. The Respondent's name at Case  
7 No. 24-51-018079 is Lauren Reavy, RN; and Case No.  
8 23-51-001819 is Kaitlyn Marie Ramey, LPN.]

9 \*\*\*

10 MS. PACHTER SCHULDER:

11 Is there a motion to adopt the Consent  
12 Agreement at Case No. 23-51-005240, for  
13 which members Hertzler and Kerns are  
14 recused?

15 DR. HERSHBERGER:

16 So moved.

17 MS. CAPIOTIS:

18 Second.

19 CHAIR HUNSBERGER:

20 All those in favor? Opposed?

21 Abstentions?

22 [The motion carried. Members Hertzler and Kerns  
23 recused themselves from deliberations and voting on  
24 the motion. The Respondent's name at Case No. 23-51-  
25 005240 is Lisa Lynn Langan, RN.]

\*\*\*

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MS. PACHTER SCHULDER:

Is there a motion to grant  
reinstatement to general Probation with  
quarterly reports from her mental  
health practitioner in the matter of  
Lisa Abbott, RN, Case No. 25-51-002301?

MS. HERTZLER:

So moved.

MS. CAPIOTIS:

Second.

CHAIR HUNSBERGER:

All those in favor? Opposed?  
Abstentions?

[The motion carried unanimously.]

\*\*\*

MS. PACHTER SCHULDER:

Is there a motion to deny the request  
for early release for VRP Case No. 23-  
51-010281?

DR. HERSHBERGER:

So moved.

MS. HERTZLER:

Second.

CHAIR HUNSBERGER:

1 All those in favor? Opposed?

2 Abstentions?

3 [The motion carried unanimously.]

4 \*\*\*

5 MS. PACHTER SCHULDER:

6 Is there a motion to grant the request  
7 for reinstatement in the matter of Lori  
8 Marie Bernhisel, RN, Case No. 25-51-  
9 002062?

10 DR. BUCHER:

11 So moved.

12 MS. CAPIOTIS:

13 Second.

14 CHAIR HUNSBERGER:

15 All those in favor? Opposed?

16 Abstentions?

17 [The motion carried unanimously.]

18 \*\*\*

19 MS. PACHTER SCHULDER:

20 Is there a motion to authorize Counsel  
21 to prepare an Adjudication and Order in  
22 the matter of Samiratu Adamu Fianu,  
23 Case No. 24-51-010166?

24 DR. BUCHER:

25 So moved.

1 DR. HERSHBERGER:

2 Second.

3 CHAIR HUNSBERGER:

4 All those in favor? Opposed?

5 Abstentions?

6 [The motion carried unanimously.]

7 \*\*\*

8 MS. PACHTER SCHULDER:

9 Is there a motion to enter defaults,  
10 to deem the facts admitted, and to  
11 authorize Counsel to prepare  
12 Adjudications and Orders in the matters  
13 of Syreeta Marie Craven, LPN, Case No.  
14 23-51-001564; Patricia Williams Ballah,  
15 LPN, Case No. 24-51-005616; Natasha  
16 Paris Louise Forbes, RN, Case No. 24-  
17 51-013647; Deborah Hadley Kozar, RN,  
18 Case No. 24-51-014323; and Tilena Moon,  
19 LPN, Case No. 23-51-008632?

20 DR. BUCHER:

21 So moved.

22 MS. CAPIOTIS:

23 Second.

24 CHAIR HUNSBERGER:

25 All those in favor? Opposed?

1 Abstentions?

2 [The motion carried unanimously.]

3 \*\*\*

4 MS. PACHTER SCHULDER:

5 Is there a motion to deny the Consent  
6 Agreement in Case No. 24-51-012269 on  
7 the grounds that it is too lenient?

8 DR. BUCHER:

9 So moved.

10 MS. CAPIOTIS:

11 Second.

12 CHAIR HUNSBERGER:

13 All those in favor? Opposed?

14 Abstentions?

15 [The motion carried unanimously.]

16 \*\*\*

17 MS. PACHTER SCHULDER:

18 Is there a motion to enter defaults, to  
19 deem the facts admitted, and to  
20 authorize Counsel to prepare  
21 Adjudications and Orders in the matters  
22 of Kayla Broomell, RN, LPN, Case No.  
23 24-51-001002, and Sarah Jamila Elliott-  
24 Brickel, LPN, Case No. 23-51-013127,  
25 for which members Hertzler, Kerns, and

1                   Bucher are recused?

2 MS. CAPIOTIS:

3                   So moved.

4 DR. HERSHBERGER:

5                   Second.

6 CHAIR HUNSBERGER:

7                   All those in favor?   Opposed?

8                   Abstentions?

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

12   \*\*\*

13 MS. PACHTER SCHULDER:

14                   Is there a motion to authorize Counsel  
15                   to prepare an Adjudication and Order in  
16                   the matter of Mary Jo Bross, RN, a/k/a  
17                   Mary Jo Meyer, Case No. 24-51-004100?

18 DR. HERSHBERGER:

19                   So moved.

20 MS. CAPIOTIS:

21                   Second.

22 CHAIR HUNSBERGER:

23                   All those in favor?   Opposed?

24                   Abstentions?

25   [The motion carried unanimously.]

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MS. PACHTER SCHULDER:

Is there a motion to adopt the  
following Hearing Examiner Proposals:  
Patricia Ejoh, CRNP, RN, Case No. 24-  
51-006561, and Ayanna Kelly, Case No.  
24-51-014440?

MS. HERTZLER:

So moved.

DR. COMPHER:

Second.

CHAIR HUNSBERGER:

All those in favor? Opposed?  
Abstentions?

[The motion carried unanimously.]

\*\*\*

MS. PACHTER SCHULDER:

Is there a motion to authorize Counsel  
to prepare an Adjudication and Order in  
the matter of Bethany Ann Hamilton, RN,  
Case No. 22-51-017020?

DR. BUCHER:

So moved.

DR. HERSHBERGER:

Second.

1 CHAIR HUNSBERGER:

2 All those in favor? Opposed?

3 Abstentions?

4 [The motion carried unanimously.]

5 \*\*\*

6 MS. PACHTER SCHULDER:

7 Is there a motion to change the Board's  
8 determination from authorizing Counsel  
9 to prepare an Adjudication and Order to  
10 authorize Counsel to prepare a  
11 Memorandum Opinion in the matter of  
12 Tara Ashley Woznyj, RN, Case No. 22-51-  
13 002628?

14 DR. BUCHER:

15 So moved.

16 MS. HERTZLER:

17 Second.

18 CHAIR HUNSBERGER:

19 All those in favor? Opposed?

20 Abstentions?

21 [The motion carried unanimously.]

22 \*\*\*

23 MS. PACHTER SCHULDER:

24 Is there a motion to approve the Draft  
25 Adjudications and Orders, for which



1                   there are no recusals, of Karen Lynn  
2                   Carter, RN, Case No. 22-51-006497;  
3                   Danyal Lynn Gower, RN, Case No. 23-51-  
4                   016958; James J. Sasinowski, RN, Case  
5                   No. 20-51-008196; Tara Ann Seladones,  
6                   LPN, Case No. 22-51-010074; and  
7                   Michelle Ann Sturgeon, RN, Case No. 22-  
8                   51-017569?

9   DR. BUCHER:

10                   So moved.

11   MS. HERTZLER:

12                   Second.

13   CHAIR HUNSBERGER:

14                   All those in favor?   Opposed?

15                   Abstentions?

16   [The motion carried unanimously.]

17   \*\*\*

18   MS. PACHTER SCHULDER:

19                   Is there a motion to adopt the Draft  
20                   Adjudications and Orders in the  
21                   following matters, for which members  
22                   Hertzler, Kerns, and Bucher are  
23                   recused:   Daneen M. Herbert, LPN, Case  
24                   No. 23-51-001697; James Philip Meyer  
25                   Jr., RN, Case No. 23-51-017599; and

1 Jenyn M. Schalles, LPN, Case No. 22-51-  
2 017566?

3 MS. CAPIOTIS:

4 So moved.

5 DR. HERSHBERGER:

6 Second.

7 CHAIR HUNSBERGER:

8 All those in favor? Opposed?

9 Abstentions?

10 [The motion carried. Members Hertzler, Kerns, and  
11 Bucher recused themselves from deliberations and  
12 voting on 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 Rhonda Oliver, RN, Case No. 23-51-  
18 010331, for which members Hertzler and  
19 Bucher are recused?

20 MS. CAPIOTIS:

21 So moved.

22 DR. COMPHER:

23 Second.

24 CHAIR HUNSBERGER:

25 All those in favor? Opposed?

1 Abstentions?

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

5 \*\*\*

6 MS. PACHTER SCHULDER:

7 Is there a motion to adopt the Draft  
8 Adjudication and Order in the matter of  
9 Erika E. Rosa, LPN, Case Nos. 23-51-  
10 017684 & 24-51-007289, for which  
11 members Hertzler, Kerns, and Scher are  
12 recused?

13 DR. HERSHBERGER:

14 So moved.

15 MS. CAPIOTIS:

16 Second.

17 CHAIR HUNSBERGER:

18 All those in favor? Opposed?

19 Abstentions?

20 [The motion carried. Members Hertzler, Kerns, and  
21 Scher recused themselves from deliberations and  
22 voting on the motion.]

23 \*\*\*

24 [Judith Pachter Schulder, Esquire, Board Counsel,  
25 noted Agenda items 52, 59, and 61 have been

1 withdrawn.]

2 \*\*\*

3 Adjournment

4 CHAIR HUNSBERGER:

5 May I have a motion for adjournment?

6 DR. BUCHER:

7 So moved.

8 DR. HELLIER:

9 I'll second that.

10 CHAIR HUNSBERGER:

11 All those in favor? Opposed?

12 \*\*\*

13 [There being no further business, the State Board of  
14 Nursing Meeting adjourned at 12:59 p.m.]

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## CERTIFICATE

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

Ian Weeber

Ian Weeber,

Minute Clerk

Sargent's Court Reporting  
Service, Inc.

STATE BOARD OF NURSING  
REFERENCE INDEX

March 6, 2025

TIME	AGENDA
9:05	Official Call to Order
9:05	Introduction of Board Members
9:05	Introduction of Attendees
9:10	Adoption of Agenda
9:11	Approval of Minutes
9:12	Report of Prosecutorial Division
9:37	Appointment - LPN Pronouncement of Death
10:15	Regulation Update
10:15	Appointment - Michigan English Testing(MET) Presentation
11:08	Recess
11:17	Return to Open Session
11:17	Regulation Update (Cont.)
11:23	Pennsylvania Legislative Update
11:25	Report of Committees
11:29	Report of Executive Secretary
11:33	Old Business
11:33	New Business
11:34	For the Board's Information
11:34	Executive Session
12:43	Return to Open Session

STATE BOARD OF NURSING  
REFERENCE INDEX  
(Cont.)  
March 6, 2025

TIME	AGENDA
12:43	Motions
12:59	Adjournment