

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: 9:04 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

April 16, 2025

State Board of Nursing
April 16, 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
David Scher, MPH, MSN, RN, CEN - Absent
Tina D. Siegel, LPN

COMMONWEALTH ATTORNEYS AND LEGAL OFFICE STAFF:

Kathleen A. Mullen, Executive Deputy Chief Counsel,
Department of State
Jason C. Giurintano, Deputy Chief Counsel
Judith Pachter Schulder, Esquire, Board Counsel
Megan E. Castor, Esquire, Board Counsel
Ashley Keefer, Esquire, Board Counsel
Cathy A. Tully, Esquire, Board Counsel
Codi M. Tucker, Esquire, Board Prosecution Co-Liaison
T'rese Evancho, Esquire, Board Prosecution Co-Liaison
Kathryn Bellfy, Esquire, Board Prosecutor
Garrett Rine, Esquire, Board Prosecutor
Matthew Fogal, Esquire, Board Prosecutor
Matthew Sniscak, Esquire, Board Prosecutor
Adrianne Doll, Esquire, Board Prosecutor
Alexis Capitello, Legal Analyst, Office of
Prosecution
Debra Sue Rand, Esquire, Chief Hearing Examiner
Peter Kovach, Esquire, Hearing Examiner

DEPARTMENT OF STATE AND BOARD STAFF:

Wendy Miller, MSN, RN, Executive Secretary
Cynthia K. Miller, Board Administrator
Kori Linn, Board Operations Chief
Kelly Hoffman, MSN, RN, Nursing Education Advisor
Sue Petula, PhD, MSN, RN, NEA-BC, FRE, Nursing
Education Advisor

State Board of Nursing

April 16, 2025

DEPARTMENT OF STATE AND BOARD STAFF: (Cont.)

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

Susan Bolig, MSN, RN, Nursing Practice Advisor

Linda L. Kmetz, PhD, RN, Nursing Education Advisor

Leslie House, MSN, RN, Nursing Practice Advisor

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

Willow Marsh, Legislative Aide, Department of State

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

Kevin Knipe, MSW, LSW, CCDP Diplomate, Program

Co-Manager, Professional Health Monitoring Program

ALSO PRESENT:

Melanie Holt, MSN, RN, Director, Practical Nursing
Program, Clearfield County 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

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

Janyce Collier, MSN, RN, CNE, JLM Consulting

Michelle Davis, LPN, MSN, Director of Nursing,
Lincoln Tech

Mary O'Connor, PhD, MSN, RN, Pennsylvania Association
of Nurse Leaders, Penn West School of Nursing

Lauren Bowen, PhD, Juniata College, Provost

Jennifer K. DellAntonio, DEd, MSN, RN, CNE, Director
of Nursing Program, Juniata College

Dominick Peruso, Juniata College, Associate Provost

Patty Knecht, PhD, RN, ANEF, Ascent Learning/ATI
VP/Chief Nursing Officer

Anita Litz, MSN, RN, Practical Nursing Program
Director, Orleans Technical College

Rodney Brutton, Orleans Technical College, Campus
President

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

Mike Potteiger, Dauphin County Adult Probation

State Board of Nursing
April 16, 2025

ALSO PRESENT: (Cont.)

Wayne E. Reich, Jr., MSN, MBA, RN, Chief Executive
Officer, Pennsylvania State Nurses Association
Jordan Fuhrman, Government Relations Specialist,
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
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
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
Lisa Urban, MSN, RN, Director, Practical Nursing
Program, Greater Altoona Career and Technology
Center
Misha Patel, Esquire, Government Relations
Specialist, Pennsylvania Medical Society
Jeff Mann, Campus Director, Prism Career Institute
Khadijah Williams, MSN, RN, Director of Nursing,
Prism Career Institute
Lauren Scheetz, RN, MSN, Director Practical Nursing
Pennsylvania College of Technology
Marissa Fouse, Executive Assistant, Juniata College
Bailey Shafer, LPN, RN, BSN, MSN, Erie County
Community College
Anna Gale, DNP, FNP-BC, Rowan Health and Wellness
Sandra Cohen, MSN, CRNP, CNE, Senior Dean, St. Luke's
School of Nursing
Amina Harris, MBA, MSN, RN, Messiah University CRNP
Program
Patricia Delucia, Corporate Director of Nursing,
Lincoln Educational Services
Laurie Badzek, LLM, JD, MS, RN, FNAP, FAAN,
Pennsylvania State University College of Nursing
Nikolaos S. Moraros, EdD, MSN, MSHSA, RN, PHN,
Executive Regional Dean of Nursing Education, Prism
Career Institute

State Board of Nursing
April 16, 2025

ALSO PRESENT: (Cont.)

Peggy Pearl, Executive Director, PCNP
Sheri Matter, PhD, MHA, MSN, BSN, RN, NEA-BC,
Assistant Dean for Professional Practice Programs,
Associate Teaching Professor, Pennsylvania State
College of Nursing
Beth Ann White, DNP, CRNP, ANP-C, CNE, Associate
Teaching Professor, Pennsylvania State College of
Nursing
Nicole Campbell, Division Chief, Division of Law
Enforcement Education and Trade Schools,
Pennsylvania Department of Education
Fred Fitchett, Direction of Regulatory Compliance and
Accreditation, Prism Career Institute-Cherry Hill
Katie Guise, Nutritionist, Maternal and Family Health
Services WIC Center
Shona Murphy, Chief Administrative Officer, Health &
Technology Training Institute
Dionnette Stone-Riegler, Lansdale School of Business
Heather Wilson, MSW, CFRE, Executive Director,
Foundation of the Pennsylvania Medical Society
Amita Avadhani, PhD, DNP, NEA-BC, CNE, ACNP-BC,
FAANP, FCCM, FNAP, Nursing Department Chair, Temple
University College
Edith Brous, Esquire, Law Offices of Edith Brous
Jo Ann Miller, MSN, FNP-C, CCRN, TCRN, Pennsylvania
Medicine Lancaster General Health
Ginger Peterson, DNP, RN, CNE, NPD-BC, Professor,
Wilson College
Michelle Wallace, RN, Pennsylvania College of Health
Sciences
Larissa M. McDonnell, DNP, RN, CCRN, CCNS, NEA-BC,
MSN, Director of Nursing Professional Development,
Children's Hospital of Philadelphia
Cynthia 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
Heather Haines, MSN, BS, RN, Director, Practical
Nursing Program, Mifflin County Academy of Science
and Technology
Catherine Zurawski, CRNP, Director of Graduate
Nursing Programs, Cedar Crest College

State Board of Nursing
April 16, 2025

ALSO PRESENT: (Cont.)

Mary Marshall, Director, Workforce & Professional
Development, The Hospital and Healthsystem
Association of Pennsylvania
Louise S. Frantz, RN, BSN, MHA, Ed, Coordinator,
Practical Nursing Program, Penn State Berks Campus
Andrea Potteiger, MSN, NE-BC, Nurse Expert for the
Prosecution
Angela Reppert, Campus President, Lincoln Technical
Institute
Candice Kiskadden, ATI Integration Specialist Nurse
Educator
Adam Morrison, ATI Nursing Education
Erika Yuhas, RN, SCI Dallas, Pennsylvania
Carl D. Glaeser
Sharon Rhoads
Mary White
717-418-6980
717-599-8098
717-575-6888
267-872-0673
Jessica Ashman, Sargent's Court Reporting Service,
Inc.

1 ***

2 State Board of Nursing

3 April 16, 2025

4 ***

5 The regularly scheduled meeting of the State
6 Board of Nursing was held on Thursday, April 16,
7 2025. Colby P. Hunsberger, DNP, RN, CNEcl, Chair,
8 called the meeting to order at 9:03 a.m.

9 ***

10 Introduction of Board Members

11 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair,
12 requested an introduction of Board members. A quorum
13 was 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 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair,
21 requested an introduction of Board Counsel.]

22 ***

23 Introduction of Board Prosecution

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

Introduction of In-Person Attendees

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

Introduction of Virtual Attendees

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

Adoption of the Agenda

CHAIR HUNSBERGER:

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

MS. PACHTER SCHULDER:

There are two additional recusals. In item number 83, the recusal should be Hertzler and Kerns. And in item number 60, the recusal should add Kerns. So, it should be Hertzler, Scher, and Kerns. On 62, there are recusals on your agenda for Hertzler, Kerns, and Scher.

CHAIR HUNSBERGER:

May I have a motion of approval?

DR. COMPHER:

1 So moved.

2 DR. HERSHBERGER:

3 Second.

4 CHAIR HUNSBERGER:

5 All those in favor? Opposed?

6 Abstentions?

7 [The motion carried unanimously.]

8 ***

9 Adoption of the March 6, 2025 Minutes

10 CHAIR HUNSBERGER:

11 The minutes for the March 06, 2025

12 meeting are before you. Are there any

13 additions or corrections?

14 Hearing none, can we have a motion

15 for approval?

16 VICE CHAIR BUCHER:

17 So moved.

18 DR. COMPHER:

19 Second.

20 CHAIR HUNSBERGER:

21 All those in favor? Opposed?

22 Abstentions?

23 [The motion carried unanimously.]

24 ***

25 Report of Prosecutorial Division

1 [Chair Hunsberger noted VRP Consent Agreement items
2 Nos. 2 through 8. Ms. Pachter Schulder noted batch
3 cases 9 through 24, and 33 through 39.]

4 ***

5 [Chair Hunsberger asked Prosecution to present on the
6 batch cases:

7 Ms. Evancho noted the batch cases of Consent
8 Agreements with the same terms as previously
9 approved: A two-year probation requiring license
10 inactivation, completion of Board-approved
11 education, and eventual cancellation of the
12 fraudulent license. Licensees may reapply for
13 licensure afterward. Failure to meet terms results
14 in automatic, non-disciplinary, but reportable
15 license cancellation.

16 A typographical error was noted in some
17 agreements regarding the type of nursing education.
18 Corrections were made and signed, except for item No.
19 19 where Respondent's Attorney agreed but did not
20 return the corrected document. The Board was asked
21 to decide whether to approve it as is or require the
22 signed correction. Ms. Tucker confirmed the
23 Respondent's Attorney agreed with the terms.

24 The Board requested clarification on the license
25 being cancelled on item No. 35.

1 Ms. Evancho mentioned that there are additional
2 similar cases that have not settled and are scheduled
3 for hearings.]

4 ***

5 [Chair Hunsberger noted Ms. Evancho's item Nos. 25,
6 26, 27.]

7 ***

8 [Chair Hunsberger noted Mr. Schertz's item Nos. 30,
9 31 and 32.]

10 Ms. Evancho reported on item No. 31 involving a
11 licensee who entered a nolo contendere plea to a
12 charge of abuse of a care-dependent person. The
13 charge stemmed from the licensee using a personal
14 cell phone to document patient activities intended
15 for family communication, without malicious intent.
16 Although no inappropriate or suggestive content was
17 involved, the conduct raised HIPPA and consent
18 concerns and resulted in criminal charges. A less
19 severe sanction was recommended due to the absence of
20 ill intent. The reinstatement case is addressed in
21 the Consent Agreement.]

22 ***

23 [Mr. Fogal presented on item No. 28.]

24 ***

25 [Chair Hunsberger noted Mr. Rine's item Nos. 29 and

1 89. Mr. Rine explained the term comingling in the
2 Consent Agreement.]

3 ***

4 [Chair Hunsberger noted Ms. Tucker's item Nos. 40 and
5 41.]

6 ***

7 [Ms. Pachter Schulder noted the entry of new
8 attendees to the meeting and requested their
9 introductions.]

10 ***

11 Regulation Update - Regulation 16A-5141 - Nursing
12 Education Programs

13 [Judith Pachter Schulder, Esquire, Board Counsel,
14 informed the Board that comments would be discussed
15 at 10:30 a.m., regarding regulation 16A-5141.

16 On Regulation 16A-5145, CNRA Licensure,
17 Ms. Pachter Schulder explained that the package has
18 been approved by the Offices of General Counsel,
19 Budget, and Policy, and is now with the Office of the
20 Attorney General. The Attorney General has up to 30
21 days to review and comment. If comments or questions
22 are issued, the Board will respond as done with past
23 regulations. Once approved, the regulation will move
24 to publication, after which the Board will review any
25 public comments received.

1 On Regulation 16A-5146, Opioid Prescription and
2 Education and Organ Donation Education, Ms. Pachter
3 Schulder explained that regulation is currently on
4 hold to align with similar regulations being
5 developed by the State Boards of Medicine and
6 Osteopathic Medicine. The State Board of Medicine
7 has completed pre-draft input and will review the
8 updated draft at its next meeting. However, the
9 State Board of Osteopathic Medicine has not yet
10 circulated its draft for stakeholder feedback.

11 Ms. Pachter Schulder noted that the regulation
12 must be finalized within two years of its proposed
13 publication to avoid restarting the process. If the
14 other Boards' versions are not ready in time, this
15 regulation may proceed independently to meet the
16 deadline. The original goal was to maintain
17 consistency across licensees regarding educational
18 requirements.

19 For Regulation 16A-5148, NLC Temporary
20 Regulations, Ms. Pachter Schulder explained that the
21 temporary regulations implement the Nurse Licensure
22 Compact. The package has received approval from the
23 Offices of General Counsel, Policy, and Budget.
24 While the regulation is ready for publication, it is
25 being temporarily held to ensure all necessary

1 components for full implementation are in place.
2 This delay is intended to avoid confusion among
3 licensees and stakeholders about the regulation's
4 effective date.

5 Ms. Pachter Schulder noted three key elements
6 required for implementation. First, the FBI
7 fingerprint-based criminal background checks. The
8 channeling approvals have been received. A contract
9 with a third-party vendor is in place to facilitate
10 these checks, although the service is not yet
11 operational. It is expected to be active by mid-June
12 or early July. The background check process must
13 comply with federal storage and handling
14 requirements, which are managed by the Pennsylvania
15 State Police through the vendor.

16 Second, publication of the regulation. It will be
17 published only when the implementation date is clear.
18 Publishing too early could lead to misinterpretation
19 that the regulation is immediately effective, causing
20 confusion for licensees, associations, and
21 legislators. The Board intends to include clear
22 implementation details at the time of publication.

23 Third, IT and communications components related
24 to the implementation of the Nurse Licensure Compact.
25 Technology integration is underway between the

1 state's PALS licensure system and the NURSUS system
2 managed by the National Council of State Boards of
3 Nursing (NCSBN). Testing is in progress to ensure
4 that licensing records accurately display whether a
5 nurse holds a single state or multistate license, and
6 to verify that the licensee's primary state of
7 residence is clearly identified. This is critical,
8 as individuals may only hold a multistate license in
9 their state of primary residence and cannot hold both
10 single state and multistate licenses simultaneously.
11 Meetings and testing efforts for this system update
12 are ongoing.

13 Ms. Pachter Schulder noted that a scanning
14 project initiated about a year ago has successfully
15 digitized education records previously stored on
16 microfilm, microfiche, and card catalogs. Although
17 all documents have been scanned and indexed,
18 retrieving this information efficiently is still a
19 challenge, and discussions are ongoing with NCSBN
20 about whether this could slightly delay
21 implementation. This issue is particularly important
22 for license verification, as the Board will no longer
23 verify licensure once the Compact is active—requiring
24 accessible education history for multistate license
25 holders.

8 Ms. Pachter Schulder stated that progress has
9 moved beyond planning and into implementation, with
10 hopes to provide a specific start date by the next
11 meeting or in July. She also noted that Compact
12 implementation was highlighted in the Governor's
13 recent budget address. No questions were raised
14 following the update.

15 For Regulation 16A-5150, CNRP Prescribing and
16 Dispensing, Ms Pachter Schulder noted that the
17 preamble and regulatory analysis form is currently
18 being worked on.

19 Finally, Regulation 16A-5151, LPN Pronouncement
20 of Death, Ms. Pachter Schulder noted the Board
21 adopted the Annex and sent it out for pre-draft
22 input.]

24 Pennsylvania Legislative Update

25 Legislation Affecting Nursing - Senate Bill 1161

1 [Judith Pachter Schulder, Esquire, Board Counsel,
2 provided an overview of Senate Bill 1161, which
3 proposes to allow Certified Registered Nurse
4 Practitioners (CRNPs) to serve in medical roles at
5 professional wrestling contests, a responsibility
6 currently reserved for physicians. The bill does not
7 include Physician Assistants (PAs), though that was
8 suggested for consideration. The primary purpose of
9 the bill is to increase flexibility, as events are
10 sometimes canceled due to the unavailability of
11 physicians.

12 Chair Hunsberger and Board members agreed that
13 CRNPs could participate, but only within their scope
14 of practice and certified specialty area. Concerns
15 were raised regarding prescribing medications at such
16 events, which would depend on the CRNP's
17 collaborative agreement with a physician. It was
18 noted that prescriptive authority is typically broad
19 and may not need to specifically reference the event
20 location. However, prescribing outside one's
21 certified area, such as an OB-GYN CRNP practicing at
22 a sports event, would be considered outside of scope.

23 The Board discussed whether the legislation
24 should explicitly limit participation to CRNPs acting
25 within their specialty. While Chair Hunsberger

1 favored allowing CRNPs to self-monitor their scope of
2 practice, Ms. Pachter Schulder noted that if the
3 legislative intent is to open the role to all CRNPs
4 regardless of specialty, regulatory or statutory
5 changes may be necessary. Ultimately, the Board
6 expressed consensus that CRNP involvement should be
7 limited to those practicing within their certified
8 specialty, and that additional legislative language
9 may not be required if this limitation is applied.

10 Ms. Ashley Keefer, Esquire, Board Counsel,
11 explained that that CRNPs at wrestling events would
12 primarily be performing health screenings such as
13 checking for rashes, weight class compliance, or
14 visible issues rather than engaging in prescribing or
15 treatment. Wrestlers may range in age from children
16 to adults as old as 80, and events include both men
17 and women. The medical role is supportive and
18 safety-focused, not treatment-intensive.]

19 ***

20 Legislation Affecting Nursing - Senate Bill 316
21 [Judith Pachter Schulder, Esquire, Board Counsel,
22 provided an overview of Senate Bill 316, which
23 addresses insurance coverage for eating disorder
24 treatments. The bill includes Licensed Dietitian-
25 Nutritionists (LDNs) and references medical nutrition

1 therapy and nutrition therapy as defined in the
2 Professional Nursing Law. However, concerns were
3 raised about the appropriateness of extending these
4 terms to other listed professionals such as
5 counselors, social workers, psychologists, and
6 physicians, particularly since these terms are
7 specifically tied to nursing law and may not fall
8 within the scope of practice for some of the other
9 providers named.

10 The bill does not include Certified Registered
11 Nurse Practitioners (CRNPs). Jordan Fuhrman,
12 Government Relations Specialist, PSNA, stated that
13 outreach to the bill sponsor was being considered,
14 although there were no guarantees of change. He
15 emphasized that insurance coverage for nutrition
16 counseling is often a barrier for patients,
17 especially in conditions such as anorexia and
18 bulimia, and that expanding coverage could help
19 address treatment gaps.

20 Dr. Compher explained that treating eating
21 disorders typically requires a team-based approach,
22 often involving severe cases with life-threatening
23 malnutrition. In such cases, LDNs conduct nutrition
24 assessments and recommend care plans, which are
25 ordered by physicians or nurse practitioners and

1 carried out by nurses. She noted that professionals
2 such as counselors and psychologists play important
3 therapeutic roles, but decisions regarding medical
4 feedings are generally made within the clinical
5 nutrition and medical scope. She expressed concern
6 that the bill's language should not unintentionally
7 exclude necessary providers or misrepresent scopes of
8 practice.

9 The Board acknowledged the complexity of
10 multidisciplinary treatment for eating disorders and
11 agreed that clarity in the legislation is important
12 to ensure proper roles are maintained and covered by
13 insurance.]

14 ***

15 Appointment - Juniata College's Proposal for a
16 Prelicensure Generic BSN Nursing Education Program
17 [Lauren Bowen, PhD, Provost; Jennifer DellAntonio,
18 DEd, MSN, RN, CNE, Director of Nursing; and Dominick
19 Peruso, MEd, Associate Provost, presented on behalf
20 of Juniata College's proposed BSN program

21 Dr. Bowen explained that the BSN program was
22 developed collaboratively and with full support from
23 Juniata College's Board of Trustees. She noted that
24 philanthropic contributions had funded a new nursing
25 facility, with ground-breaking scheduled for the

1 following week. In the meantime, Juniata College
2 will utilize temporary facilities, including a fully
3 equipped simulation lab, to begin the program in Fall
4 2025.

5 Dr. Bowen described the curriculum as intentional
6 and thoughtful and noted the College's excitement
7 about the initiatives.

8 Dr. DellAntonio explained that the program is
9 designed as a four-year traditional track with
10 clinical experiences already secured across the
11 lifespan, including pediatrics, obstetrics, adult
12 health, community health, and mental health.

13 Dr. DellAntonio detailed that the simulation lab
14 contains ten beds and includes both high and low
15 fidelity manikins, which will initially be used for
16 skills training. She reported that over 100 students
17 had expressed interest in entering the pre-nursing
18 track, although the initial BSN cohort is expected to
19 consist of approximately twelve students.

20 Mr. Peruso noted that he is responsible for
21 evaluating new academic programs and confirmed that
22 he had reviewed the proposed BSN program as part of
23 his role.

24 Dr. Bowen stated that Juniata College has a long-
25 standing pre-nursing curriculum as part of its health

1 professions offerings. She explained that the BSN
2 program would build upon this track, with students
3 completing general education and prerequisite science
4 courses in the first year and entering nursing
5 courses in the second year. She added that Juniata
6 College has an existing affiliation agreement with
7 Case Western Reserve University for students who
8 pursue nursing education post-graduation.

9 Dr. DellAntonio clarified that students would
10 begin nursing coursework in their second year after
11 completing 30 credits in general education and
12 science courses such as anatomy, physiology, and
13 chemistry. She confirmed that admitted pre-nursing
14 students are currently completing these prerequisites
15 and would transition into the BSN program upon
16 approval.

17 Dr. Bowen explained that Juniata College plans to
18 hire new nursing faculty while continuing to utilize
19 current biology and chemistry faculty for
20 foundational coursework. She stated that having
21 nursing students study alongside pre-med students in
22 science courses would be beneficial. She confirmed
23 that nursing specific coursework would be taught by
24 qualified nursing faculty.

25 Dr. DellAntonio shared that she had joined

1 Juniata College in January and is new to this
2 specific curriculum, although she has extensive
3 experience as a program chair and director. She
4 mentioned that three experienced nursing faculty have
5 already expressed interest in joining the program.

6 Chair Hunsberger raised concerns regarding the
7 curriculum, specifically the sequencing of Mental
8 Health Nursing before Fundamentals of Nursing. Chair
9 Hunsberger questioned whether students would be
10 adequately prepared for mental health clinicals
11 without foundational knowledge, including legal,
12 ethical, and medication safety content.

13 Dr. DellAntonio acknowledged the concern and
14 noted that course sequencing could be revised if
15 necessary. She emphasized that therapeutic
16 communication early in the program could help reduce
17 stigma and improve patient outcomes in mental health
18 settings.

19 Dr. DellAntonio explained that health assessment
20 and other foundational skills would be introduced
21 before students begin clinicals and assured the Board
22 that these competencies would be addressed in time.
23 However, she agreed with the Chair's suggestion that
24 course sequencing be re-evaluated.

25 Chair Hunsberger also expressed concern over the

1 3 credit Medical-Surgical Nursing course, questioning
2 whether it would provide enough depth to adequately
3 prepare students for the NCLEX, particularly on high-
4 priority topics like cardiovascular care. He cited
5 his experience with failed clinical immersion models
6 and stressed the importance of extended coverage over
7 two semesters.

8 Dr. DellAntonio acknowledged the concern and
9 explained that students would also receive clinical
10 experience in their final semester during a
11 leadership preceptorship.

12 Ms. Pachter Schulder suggested that Juniata
13 College could consider revising the curriculum to
14 increase clinical preparation and distribute critical
15 nursing content more effectively. She advised that
16 the Board might prefer to table the proposal until
17 the June meeting, allowing Juniata College time to
18 make revisions rather than granting approval
19 contingent on later changes.

20 Dr. Bowen requested clarification on specific
21 changes the Board would like to see. Chair
22 Hunsberger recommended combining less essential
23 courses such as Informatics and Evidence-Based
24 Practice to create a two-part Medical-Surgical
25 Nursing sequence, thereby enhancing student readiness

1 for the NCLEX.

2 Dr. Bowen acknowledged the feedback and
3 reiterated Juniata College's commitment to student
4 success. She explained that the College's flexible
5 scheduling structure allows for longer class sessions
6 and that such adjustments could be made to support
7 curriculum changes.]

8 *****

9 Appointment - Orleans Technical College's Request to
10 Start a Second Practical Nursing Cohort
11 [Rodney Brutton, Campus President, and Anita Litz,
12 MSN, RN, Practical Nursing Program Director, presented
13 Orleans Technical College's request to add a second
14 winter cohort while still operating under initial
15 approval status.

16 Ms. Pachter Schulder reminded the Board that this
17 is a continuance of the presentation made by Orleans
18 at the December 2024 meeting, wherein the Board voted
19 to table the request until they were able to provide
20 data regarding the likely outcomes on the NCLEX® given
21 the newness, changes, and anticipated changes to the
22 program. She outlined the documentation submitted by
23 the program, including past performance data,
24 clinical partner surveys, letters addressing faculty
25 and student performance, transcripts and ATI score

1 reports for 18 students, a workforce survey, and a
2 statement supporting the demand for local practical
3 nurses.

4 Mr. Brutton confirmed the request and clarified
5 that the proposed winter cohort would be in addition
6 to the already approved September start. He stated
7 that the program had attempted to address the Board's
8 previous questions by submitting additional data such
9 as student final grades from term one and results
10 from ATI's Fundamentals of Nursing assessments. He
11 emphasized that these efforts were made to
12 demonstrate student progress and program readiness in
13 lieu of available NCLEX® pass rate data.

14 Ms. Litz provided information about the ATI exam
15 results. She stated that all current students had
16 achieved at least a Level 1 on their first attempt of
17 the ATI Fundamentals exam, which indicates they met
18 the minimum standards associated with future NCLEX®
19 success. She explained that the students had been
20 assigned focused review activities to prepare for a
21 second attempt at the exam, which would occur later
22 in the month.

23 Chair Hunsberger questioned the significance of
24 the Level 1 scores, pointing out that 83 percent of
25 students fell below Level 2 and thus required a more

1 rigorous review to increase their chances of NCLEX®
2 success. He noted that ATI recommends focused review
3 plans for such students. Ms. Litz confirmed that all
4 students were engaged in focused review activities
5 and that time requirements had been set to ensure
6 student accountability.

7 Ms. Wendy Miller asked why only 15 students had
8 results reported for one of the ATI exams. Ms. Litz
9 responded that three students had been unable to test
10 due to COVID-related absences during the exam period.

11 Ms. Pachter Schulder inquired about student
12 retention, asking how many students had begun the
13 program and how many had since withdrawn. Ms. Litz
14 stated that the program started with 27 students,
15 dropped to 24, and now had 18 remaining. She
16 clarified that no student failures had occurred so
17 far, and the withdrawals were due to medical issues
18 or dismissals related to attendance.

19 Ms. Pachter Schulder and Chair Hunsberger
20 questioned how the ATI Fundamentals exam correlates
21 with NCLEX® content. Ms. Litz responded that ATI
22 materials align with the NCLEX® content structure
23 recommended by the state, although she did not have
24 the specific percentage breakdown readily available.
25 Chair Hunsberger stating that Fundamentals makes up

1 approximately 23-35 percent of the NCLEX-PN® exam.

2 Ms. Wendy Miller asked how many ATI content
3 mastery exams were embedded throughout the
4 curriculum. Ms. Litz responded that the program
5 includes ATI exams for mental health, maternity,
6 pharmacology, medical-surgical nursing, and the NCLEX®
7 predictor exam. She noted that students had recently
8 completed mental health and maternity exams and that
9 many achieved Level 2 proficiency on those.

10 Mr. Brutton reiterated that the data provided was
11 the most current available at the time of submission
12 and reflected progress made by the students,
13 particularly in Fundamentals. He emphasized that the
14 program sought to respond directly to the Board's
15 request for additional supporting data and maintained
16 the request for approval of an additional winter
17 cohort.]

18 ***

19 [The Board recessed from 10:30 a.m. until 10:41 a.m.]

20 ***

21 Appointment - Educational Resources Presentation
22 [Patty Knecht, PhD, RN, ANEF, Ascend Learning/ATI
23 VP/Chief Nursing Officer, opened the discussion by
24 addressing common challenges in nursing education,
25 focusing first on the impact of the Next Generation

1 NCLEX®(NGN). She noted that while intensive
2 preparation occurred nationwide, the stabilization of
3 pass rates might be attributed to several factors,
4 including preparation, the effects of COVID, or
5 recent changes in exam logic. Dr. Knecht emphasized
6 the central role of clinical judgment in the new exam
7 format, highlighting that nearly half of a new
8 graduate's responsibilities involve clinical decision
9 making—an area tied closely to early career retention
10 and student confidence.

11 Dr. Knecht outlined several ongoing challenges in
12 nursing programs, including faculty retention,
13 student data transparency, and supporting at-risk
14 students. She stressed the importance of providing
15 students with regular, detailed performance feedback
16 to support continuous improvement. She also raised
17 concerns about fragmented resources, unprepared
18 applicants, and the increasing demands placed on
19 faculty. According to Dr. Knecht, these demands can
20 lead to burnout and limit the deep student engagement
21 needed to foster success. She emphasized the need
22 for a balance between human connection and
23 technological support in education.

24 Dr. Knecht described today's learners,
25 emphasizing their digital habits—such as heavy video

1 consumption and near-constant online presence—which
2 have reshaped expectations in postsecondary
3 education. She warned that traditional teaching
4 methods often disadvantage students coming from non-
5 traditional K-12 settings. She advocated for
6 educational approaches that fall between passive
7 lectures and full student-led teaching, recommending
8 evidence-based, technology-supported methods that
9 improve knowledge retention and align with students'
10 lived experiences.

11 Dr. Knecht highlighted the enduring importance of
12 fundamentals in nursing education. She explained
13 that fundamentals are not confined to one course but
14 are instead integrated throughout the curriculum.
15 She referenced Bloom's Taxonomy and emphasized the
16 need to help students develop beyond memorization
17 toward analysis and evaluation. She described
18 current educational models as scrambled or hybrid,
19 where responsibility for learning is shared between
20 students and faculty. With the NCLEX®'s emphasis on
21 applied knowledge, Dr. Knecht stressed that both
22 mental readiness and fast informed use of technology
23 are critical to modern nursing practice.

24 Dr. Knecht emphasized the growing importance of
25 data-driven decision making, noting that access to

1 large-scale educational data has enabled programs to
2 identify at-risk students and cohorts more accurately
3 and intervene in real time. She called for
4 consistent, visible, and actionable data at all
5 levels of student, faculty, and administration to
6 inform curriculum improvements, track interventions,
7 and meet accreditation standards. She advocated for
8 quarterly reviews and yearly in-depth evaluations to
9 ensure continuous improvement.

10 Dr. Knecht explained how educational technology
11 and simulation tools can support student retention
12 and learning by allowing for early intervention,
13 practice in low-risk environments and deeper clinical
14 understanding. She acknowledged systemic issues in
15 the education pipeline and emphasized the need to
16 address academic preparedness and faculty
17 recruitment.

18 Dr. Knecht presented the national data on
19 academic readiness. She cited the 2024 Nation's
20 Report Card and other sources that reveal continued
21 declines in K-12 performance, especially in math and
22 reading post-COVID. These deficits, she explained,
23 are most severe in rural areas and among students
24 entering healthcare programs. She noted that academic
25 preparedness has now surpassed faculty shortages and

1 clinical site access as the top concern among
2 surveyed faculty. She stressed that students are
3 delaying or avoiding nursing programs due to academic
4 challenges, and even those who do enroll often arrive
5 unprepared, particularly in anatomy and physiology,
6 contributing to attrition early in the nursing
7 pathway.

8 Dr. Knecht acknowledged the ongoing faculty
9 shortage, noting its significant impact on nursing
10 school admissions. She cited a 2023 Science Direct
11 study highlighting faculty burnout and discussed
12 efforts in some states to creatively reengage retired
13 faculty.

14 Dr. Knecht pointed to survey findings indicating
15 that a lack of assessment resources is burdensome,
16 especially for faculty transitioning from clinical
17 practice without formal education training. She
18 introduced Clair, an AI tool designed to reduce the
19 time needed to develop NCLEX®-style questions,
20 emphasizing that while technology is helpful, it must
21 always work in tandem with human expertise.

22 Dr. Knecht noted that diversity in student
23 populations should also reflect the communities they
24 will serve. She highlighted ATI Launch which blends
25 human coaching with technology to support students

1 struggling in math and reading. Additionally, she
2 discussed the need for data-informed policies
3 embedded in curriculum design, noting the importance
4 of faculty and students understanding and utilizing
5 analytics to guide learning and teaching.

6 Vice Chair Bucher raised concerns about school
7 administrators prioritizing enrollment numbers over
8 student readiness, which places undue stress on
9 faculty and jeopardizes educational quality. He
10 suggested that more education and guidance be
11 provided to administrators about the long-term
12 importance of admitting academically prepared
13 students to ensure program and workforce quality.

14 Dr. Knecht strongly agreed with Vice Chair
15 Bucher, affirming that student and faculty retention,
16 as well as new graduate retention, must be addressed
17 through strategic planning and resource allocation.
18 She emphasized the need for evidence-based
19 conversations with university leadership, including
20 CFOs and admissions directors, to demonstrate the
21 return on investment of using educational resources.
22 Dr. Knecht explained that resources should not only
23 be used at the start of a student's journey but
24 should be integrated throughout to ensure consistent
25 learning, engagement, and success.

1 Dr. Knecht outlined the role of educational
2 resources at various stages of a student's journey,
3 from readiness and core learning to simulation,
4 assessment, remediation, and NCLEX® preparation. She
5 stressed that the current evidence-based approach
6 replaces the old model of front-end testing and
7 remediation with continuous integration of learning
8 tools across the curriculum.

9 Dr. Knecht discussed the evolving conversation
10 around standardized testing. She clarified that
11 while some states have enacted regulatory policies on
12 testing, the best practice is to avoid high stakes
13 testing and instead use assessments for diagnostic
14 and developmental purposes.

15 Dr. Knecht noted that well-structured entrance
16 tests can help identify academic gaps and guide
17 remediation rather than serve as strict gatekeepers.
18 She emphasized that strategic use of educational
19 resources not only protects patient safety and public
20 trust but also supports student success and prevents
21 financial and emotional burden from incomplete
22 education paths.

23 Dr. Knecht noted that ATI Launch is one of
24 several similar products that emerged in response to
25 academic disruptions during COVID-19. She noted that

1 such tools were not available in nursing prior to the
2 pandemic, although some allied health fields had
3 similar resources. Launch is based on research from
4 national assessments such as NAEP and high school
5 entrance data. It targets academically at-risk
6 students and has shown early evidence of improving
7 both academic performance and student confidence.
8 The program blends technology with human coaching—
9 operating asynchronously but including group or
10 individual interaction as needed to support student
11 progression.

12 Dr. Knecht added that mental health challenges
13 among students have increased significantly, and
14 faculty feedback reflects this concern. To address
15 the growing need, interactive wellness simulations
16 have been incorporated into the program. These
17 simulations aim to teach students how to identify and
18 support peers experiencing mental health struggles,
19 with the goal of early intervention and retention.

20 Dr. Knecht reiterated her position on testing,
21 emphasizing that educational assessments and
22 remediation tools should not be used for high stakes
23 decisions. She clarified that while some schools may
24 opt for high stakes usage, it is not the philosophy
25 of her organization or others like Kaplan. She

1 emphasized that testing should be integrated
2 continuously from the start of a student's academic
3 journey through graduation. Dr. Knecht supported the
4 practice of rewarding students for engaging in
5 focused review and remediation, citing third-party
6 research that validates this approach as effective
7 and supportive of long-term learning outcomes.]

8 ***

9 RN/PN Practice, Education & Regulation Committee
10 [Judith Pachter Schulder, Esquire, Board Counsel,
11 summarized post-publication public and Independent
12 Regulatory Review Commission's (IRRC) comments
13 regarding the proposed Nursing Education Programs
14 regulations, 16A-5141. She noted that several
15 commenters expressed concern that the new regulations
16 might reduce flexibility and innovation within
17 programs. These individuals suggested that the Board
18 should instead concentrate on outcomes such as NCLEX®
19 pass rates, graduation rates, and job placement
20 rather than dictating educational procedures. Many
21 also referenced the 2024 HAP study, which predicted
22 significant workforce shortages, cautioning that
23 additional barriers to program entry or completion
24 could further strain the nursing pipeline.

25 Ms. Pachter Schulder reported that some

1 commenters supported the consolidation of RN, LPN,
2 and CRNP provisions, appreciating the streamlined
3 approach. However, others objected to aligning LPN
4 requirements too closely with those of RNs,
5 particularly in relation to increased math and
6 science prerequisites.

7 Ms. Pachter Schulder explained that in the
8 proposed regulations, like in the current
9 regulations, under § 21.915(a)(1), a program would
10 automatically be placed on provisional status if it
11 failed to meet the 80 percent NCLEX® pass rate,
12 without a hearing. She clarified that this provision
13 remained in the proposed regulations because pass
14 rates are objective and not subject to manipulation.
15 The remaining standards in proposed § 21.915(a)(2)-
16 (12) would trigger provisional status but instead of
17 it being administrative once the pass rates are
18 announced, however, for these remaining standards,
19 programs would be entitled to due process through an
20 Order to Show Cause, a formal hearing, and an
21 Adjudication prior to being placed on provisional
22 status.

23 Ms. Pachter Schulder addressed proposed §
24 21.915(b)(2) requiring programs to seek Board
25 approval if they planned to appoint more than two

1 directors within a year. She stated that this
2 measure was based on past Board experience and
3 findings from the NCSBN which linked high
4 administrative turnover with poor program outcomes.
5 The goal, she emphasized, was not to prevent
6 leadership changes but to ensure continuity and give
7 the Board an opportunity to understand the systems in
8 place for effective transition.

9 Ms. Pachter Schulder discussed proposed §
10 21.912(e) limiting the length of time a program can
11 remain on provisional status to the full-time
12 duration of the program—four years for BSNs, and
13 shorter for certificate programs. She raised a
14 question for future Board consideration, based upon
15 comments received, whether the Board should also
16 establish a minimum duration for provisional status.
17 She noted that under the current §§ 21.33a(g) and
18 21.162(c), programs can remain on provisional status
19 for up to two years without Board approval, which may
20 inadequately reflect the realities of shorter
21 programs. This topic will be revisited in upcoming
22 discussions.

23 Ms. Pachter Schulder addressed proposed standards
24 in § 21.915(a) and (b). She noted that some
25 commenters raised concerns about the requirement in

1 proposed § 21.915(b)(2) that identifies having more
2 than two administrators within an academic year
3 without Board approval to be a violation of program
4 standards.

5 These commentators felt the provision did not
6 adequately account for unforeseen circumstances and
7 could unintentionally disrupt program operations.
8 Ms. Schulder clarified that such disruption was not
9 the Board's intent and acknowledged the need for
10 further discussion on this issue, particularly in
11 relation to proposed § 21.915(b)(2), which includes
12 exceptions for emergency circumstances.

13 Ms. Pachter Schulder reported that the Board
14 received a few comments regarding accreditation
15 provisions under proposed § 21.916. While limited in
16 number, some commenters argued that programmatic
17 accreditation should not be mandated by the Board and
18 should instead be an institutional decision. These
19 commenters advocated for the use of outcome-based
20 metrics in place of strict accreditation
21 requirements.

22 Ms. Pachter Schulder referenced comments on
23 proposed § 21.917(a), which pertained to the
24 qualifications of controlling institutions for

1 professional nursing education programs. She
2 explained that proposed § 21.917(a) requires RN
3 nursing education programs to be accredited by a U.S.
4 Department of Education-recognized body, approved by
5 the Board, and authorized by the Department of
6 Education to confer generic master's, baccalaureate,
7 or associate degrees. This would replace language in
8 current § 21.51(a)(1) that more broadly required an
9 institution to be a college or university offering an
10 academic degree. She noted that, per previous Board
11 discussions and public feedback, including comments
12 from Mr. Shenck, there is disagreement about whether
13 associate of specialized technology (AST) degrees are
14 considered terminal academic degrees. She noted that
15 the Board would revisit the definition of controlling
16 institutions and this requirement at the next Board
17 meeting.

18 Ms. Pachter Schulder reported that the largest
19 volume of comments received by the Board were form
20 letters with minor variations addressing proposed §
21 21.918's minimum student program qualification
22 requirements. These comments primarily addressed
23 proposed § 21.918(a)(1). Some commenters expressed
24 opposition to requiring nursing programs to meet the

1 controlling institution's general education
2 requirements in subsection (a), stating that such a
3 mandate would reduce program flexibility.

4 Ms. Pachter Schulder noted that the Board had
5 originally asserted in the preamble that programs
6 embedded within an institution should follow that
7 institution's requirements. However, she
8 acknowledged that the Board would need to further
9 discuss the distinction between institutional and
10 nursing-specific requirements.

11 Ms. Pachter Schulder further noted that in
12 addition to the form letters addressing §
13 21.918(a)(1), roughly 20 other comments echoed
14 similar concerns about the requirement that admission
15 requirements for prelicensure programs mandate
16 completion of two courses in math, with one being in
17 algebra, and two courses of physical science with a
18 related laboratory or the equivalent. These
19 commenters argued that there was no proven link
20 between licensed practical nurse (LPN) success or
21 graduation rates and the proposed math and science
22 requirements. They cited workforce challenges
23 including a declining number of licensees for nursing
24 homes and a shortage of educators and nurses in an
25 aging population and warned that increasing

1 educational requirements could exacerbate these
2 issues.

3 Ms. Pachter Schulder summarized additional
4 feedback, which pointed to broader educational system
5 struggles, such as underperformance on standardized
6 exams (PSSA and Keystone), insufficient funding, and
7 a need for stronger academic support. Suggestions
8 included improved test preparation, incorporation of
9 social-emotional learning, the addition of lab
10 components to science courses, and better alignment
11 between high school and post-secondary curricula.
12 Some commenters proposed using existing assessment
13 tools like the NLN, ATI, or Keystone Exams in lieu of
14 added coursework requirements. Others recommended
15 restricting the math and science requirements to only
16 associate, baccalaureate, and doctoral programs—
17 excluding PN programs entirely.

18 Ms. Pachter Schulder relayed that multiple
19 commenters, including Senator Ward, warned that the
20 proposed entrance requirements could reduce the
21 nursing workforce pipeline and disproportionately
22 impact disadvantaged and non-traditional students,
23 especially those from rural areas, vocational
24 schools, and older age groups. While there was
25 general support for keeping the requirements in place

1 for higher degree programs, there was strong
2 opposition to their application for PN programs.

3 Ms. Pachter Schulder reported that several
4 commenters suggested revising the requirement for
5 prerequisite completion before enrollment. They
6 proposed either allowing remediation or training
7 during enrollment but before graduation or delaying
8 implementation of the requirement by five years to
9 accommodate current students. Others raised concerns
10 about Career Link's ability to offer algebra and
11 science courses with labs, noting, if possible, it
12 could lead to higher costs. Additional feedback
13 noted that labs were often not recorded on high
14 school transcripts, especially during the COVID-19
15 pandemic when labs were held virtually or not at all.
16 Commenters also stated that the algebra requirement
17 was particularly challenging.

18 Ms. Pachter Schulder also shared that there were
19 concerns regarding the vagueness of credit and course
20 equivalency definitions. Commenters said there was
21 inconsistency between the Board's proposed
22 requirements and those of the Pennsylvania Department
23 of Education (PDE) and questioned the lack of
24 evidence connecting commencement requirements with
25 better nursing practice. IRRC echoed concerns,

1 requesting clarity on what qualifies as an equivalent
2 course, justification for including physical
3 sciences, and a rationale for the math and science
4 requirement. IRRC suggested that if the Board
5 chooses to promulgate this provision unchanged that
6 the Board consider delaying implementation to allow
7 programs to adjust, and stated that upon final
8 review, they would determine whether the regulation
9 aligns with public interest.

10 Ms. Pachter Schulder summarized feedback on
11 proposed §§ 21.931, 21.932, and 21.933, which
12 addressed minimum administrator, faculty, and staff
13 qualifications. Commenters found these provisions
14 overly prescriptive, particularly regarding mandated
15 staff roles and the five-year timeline for RN program
16 administrators to obtain a doctoral degree. These
17 concerns centered around proposed § 21.933, which
18 requires RN program administrators to hold at least
19 one graduate degree in nursing and a doctoral degree
20 within five years of employment.

21 Ms. Pachter Schulder added that additional
22 comments received focused on faculty and staff
23 qualifications under proposed § 21.934. Commenters
24 argued that the qualifications were burdensome,
25 particularly for rural programs that struggle to hire

1 and compensate highly educated faculty. They
2 requested alternative pathways for experienced nurses
3 without graduate degrees, including use of prior
4 experience in partner settings. Ms. Schulder stated
5 that this topic would be discussed further at the
6 next Board meeting.

7 Ms. Pachter Schulder also noted comments
8 regarding nutrition course instruction in proposed §
9 21.934(e). Some felt it was unnecessary to require a
10 Licensed Dietitian Nutritionist (LDN) to teach
11 dietetics if the content was not in a standalone
12 course. The current regulation allows registered
13 nurses (RNs) to teach integrated dietetics content
14 but requires an LDN for dedicated nutrition courses.
15 Finally, there were questions about the need for
16 additional required support staff. IRRC indicated it
17 would wait for the Board's clarification before
18 making a final determination.

19 Susan Petula, PhD, MSN, RN, NEA-BC, FRE, Nursing,
20 Education Advisor, provided background on the
21 proposed regulations, noting that discussions began
22 in 2015 and have evolved significantly over the past
23 ten years. She outlined key developments, including
24 the release of the AACN Essentials focused on
25 competency-based education, research informing the

1 Next Generation NCLEX®, and the persistent nursing
2 shortage both before and after the COVID-19 pandemic.
3 She referenced national data, including a 2023
4 *Journal of Nursing Regulation* article and reports
5 from the National Council, emphasizing the continued
6 strain on the nursing workforce. She also
7 acknowledged the rapid adoption of technology in
8 nursing education, such as online learning,
9 simulation, virtual reality, and artificial
10 intelligence.

11 Dr. Petula noted that the 2023 launch of the Next
12 Generation NCLEX® emphasized clinical judgment and
13 competency. She discussed the increasing complexity
14 of healthcare environments and the decline in
15 foundational academic skills among nursing
16 applicants. She referenced Pennsylvania's
17 participation in a 2020 Delphi study which aggregated
18 and published data from nursing program reports to
19 identify quality indicators and warning signs. Dr.
20 Petula shared that while there is ample research
21 regarding predictors of success in BSN programs,
22 there remains a lack of equivalent data for practical
23 nursing (PN) programs. She cited several nursing
24 scholars, including Billings, Benner, and Spector,
25 who have called for additional correlation studies to

1 close this gap.

2 Dr. Petula highlighted the Charles A. Dana
3 Center's work on improving math and statistics
4 education for nurses, reinforcing the importance of
5 mathematical competency in safe practice and quality
6 improvement. She noted that more research on math
7 skills in nursing has been conducted internationally
8 in countries such as Australia, Canada, the UK, and
9 New Zealand. She referenced a 2001 Austrian study in
10 *Nurse Educator* that identified cumulative nursing GPA
11 as the most significant predictor of NCLEX®-PN
12 success. Additionally, she discussed a *Journal of*
13 *Nursing Regulation* study on medication errors, which
14 linked incorrect dosing to math calculation errors
15 and called for improved mathematical instruction in
16 nursing curricula. The study included both RN and PN
17 students and provided seven key recommendations for
18 reform.

19 Dr. Petula emphasized that while research on math
20 in nursing is limited, science consistently appears
21 as a foundational support for clinical education.
22 She noted that a strong base in math and science is
23 widely considered essential for developing critical
24 thinking and clinical judgment across all nursing
25 license types. She also recommended Board members

1 review a recently published practice analysis
2 specific to practical nursing, which reaffirmed the
3 growing complexity of healthcare and the increasing
4 need for well-developed clinical reasoning and
5 judgment skills.

6 Dr. Petula stated that there was limited
7 literature specifically addressing which factors
8 contribute to success on the NCLEX® exam for practical
9 nursing candidates. She noted that while this gap in
10 research exists, the Board's review of literature
11 over the years was guided in part by the NCSBN Model
12 Rules. These Model Rules emphasized the importance
13 of using data to inform program decisions, including
14 admission standards, student progression, and
15 performance outcomes. Dr. Petula explained that
16 data-informed decision-making is essential and
17 aligned with what Dr. Knecht's research has also
18 emphasized.

19 Dr. Petula explained that nursing accreditors
20 have begun to incorporate new standards focused on
21 outcomes and evidence-based data into their
22 evaluations. She drew a parallel between these
23 academic expectations and the quality improvement
24 initiatives commonly seen in health care systems. In
25 addition to the NCSBN Guidelines, she referenced a

1 2020 publication on evidence-based quality indicators
2 and also noted that the Board tracks relevant
3 information through Annual Reports. She acknowledged
4 that while this data is helpful, it could benefit
5 from being more specific.

6 Ms. Pachter Schulder stated that many commenters
7 raised concerns about a perceived lack of correlation
8 between NCLEX® pass rates and program entry
9 requirements. She requested that Dr. Petula or other
10 Advisors provide the Board with data related to
11 student attrition since the issue had been brought up
12 specifically in the context of education programs.

13 Dr. Petula explained that over the past several
14 years, programs appearing before the Board have
15 indicated a need to improve support for students
16 struggling with math competency. She reviewed LPN
17 attrition data from Annual Reports dating back to
18 2018, covering exam years through 2023. According to
19 this data, the percentage of students who left before
20 graduating ranged from 34 to 38 percent of those
21 admitted to the graduating class. Of those who left,
22 between 42 and 54 percent did so due to academic
23 failure. She clarified that while the Board collects
24 data on academic failure, it does not currently
25 capture the specific causes behind those failures.

1 Ms. Pachter Schulder asked Dr. Petula to explain
2 the differences between the rollout of the Next
3 Generation NCLEX® exam and the anticipated changes
4 coming in 2026. She noted that many Board members
5 may not be familiar with what is expected in the
6 upcoming version.

7 Dr. Petula responded that the initial rollout of
8 the Next Generation NCLEX® (NGN) was designed to
9 better assess clinical competency by incorporating
10 evolving case studies into the exam format. She
11 clarified that while this was a major shift, the
12 overall complexity of the exam, measured by what is
13 known as a logit increase, was not raised at that
14 time. Dr. Petula stated that the upcoming changes in
15 2026 may involve a reevaluation of that complexity.
16 She explained that NCSBN is responsible for such
17 decisions, and they will consider recommendations
18 from their Examination Committee. She added that for
19 practical nursing programs (PN programs), changes may
20 begin as early as this fall, following the recent
21 practice analysis, with further discussion and
22 potential decisions at NCSBN's Annual Meeting in
23 August.

24 Ms. Pachter Schulder asked for information
25 regarding how many PN programs had been placed on

1 provisional status in recent years, in the context of
2 public comments concerning the math and science
3 requirements for PN programs.

4 Dr. Petula responded that from 2018 to 2019, six
5 PN programs were on provisional status. That number
6 increased to 17 in 2019-2020, and 16 in 2020-2021.
7 The number began to decline afterward, with 11
8 programs on provisional status in 2022-2023, and only
9 three in the most recent exam year. She noted that
10 this information is publicly available on the Board's
11 website and invited her colleagues to correct her if
12 needed.

13 Ms. Pachter Schulder then requested that Dr.
14 Petula or other Advisors provide the Board with more
15 detailed information on the status and trends of the
16 Keystone and PSSA exam scores, noting that Dr. Knecht
17 had referenced those earlier and suggesting further
18 clarity would be helpful.

19 Dr. Petula reported that the 2024 average
20 proficiency score for Grade 11 Algebra on the
21 Keystone Exam was 41.6 percent, which represented a
22 decline from 44.8 percent in 2018. In contrast, the
23 2024 science proficiency score rose to 50.5 percent,
24 up from 44.1 percent in 2018. She added that when
25 disaggregated by race, the proficiency rate in

1 science was 50 percent for Caucasians, 15 percent for
2 Black students, and 22 percent for Hispanic students.
3 She emphasized that these subjects are foundational
4 to nursing coursework.

5 Dr. Hellier observed that the increase in the
6 number of PN programs placed on provisional status
7 over time was noteworthy and asked whether that trend
8 correlated with any improvements. Dr. Petula
9 responded that the rise in provisional status cases
10 during 2020 and 2021 may have been linked to
11 underperformance on the NCLEX® by programs overall
12 during that period.

13 Ms. Pachter Schulder added that the Board had
14 strengthened its oversight of programs on provisional
15 status during that time, requiring them to appear
16 more frequently. Programs were expected to present
17 performance improvement plans more often and to
18 target specific issues, such as curriculum alignment
19 with exam standards. She noted that many programs
20 were previously unaware of available reports that
21 compare student performance to NCLEX® results, which
22 could help identify curriculum deficiencies.
23 Additionally, she highlighted that high turnover in
24 program directors contributed to challenges.
25 However, she reported positively that no current

1 programs required an extension of provisional status,
2 reflecting recent success.

3 Dr. Petula noted that the COVID-19 pandemic,
4 particularly from March 2020 onward, had a
5 significant impact on nursing education programs.
6 Programs had to rapidly transition to online
7 education, lost access to clinical sites, and turned
8 to resources such as ATI, HESI, and Kaplan to support
9 both faculty and students. She credited these rapid
10 adaptations as contributing factors to the subsequent
11 decline in programs on provisional status.

12 Dr. Hellier noted that the NCLEX® exam had
13 recently begun awarding partial credit for more
14 complex questions and asked whether this change might
15 be contributing to improved pass rates. Dr. Petula
16 explained that according to NCLEX® pass rate data
17 published by NCSBN, outcomes did improve following
18 the introduction of the Next Generation NCLEX®. She
19 suggested that this could indicate the exam is more
20 accurately measuring the competencies required in
21 nursing and better aligns with the real nature of
22 nursing practice.

23 Chair Hunsberger stated that during the previous
24 year's NCSBN Annual Meeting, it was shared that NCLEX®
25 data had been separated into pre- and post-COVID

1 categories. It was reported that pass rates were
2 equivalent between those timeframes. At that time,
3 NCSBN indicated there were no immediate plans to
4 increase the exam's difficulty, but further updates
5 would likely come this year.

6 Dr. Petula explained that changes to the NCLEX®
7 passing standard follow a cycle, and during the
8 introduction of the Next Generation NCLEX®, the
9 decision was made not to adjust the logits in order
10 to first evaluate the full impact of the clinical
11 judgment model. She noted that a clearer view of
12 NGN's effect on pass rates was needed before making
13 any changes. She added that an expert panel would
14 review the NCLEX®-PN following the practice analysis,
15 with the panel expected to meet in September. Based
16 on their findings, the NCSBN Board may decide whether
17 a change to the passing standard is needed. She
18 emphasized that so far, anecdotal feedback and pass
19 rate data suggest NGN has not negatively impacted
20 student performance, and first-time pass rates have
21 remained stable.

22 Dr. Hellier noted that historically, when the
23 passing standard is raised, a dip in pass rates tends
24 to follow. She referenced a similar instance in 2013
25 when NCLEX®-RN standards were increased, which led to

1 a noticeable drop in program pass rates.

2 Dr. Petula confirmed this, stating there was an
3 approximate 8 percent decline in pass rates following
4 the 2013-2015 standard change. She remarked that
5 although the Board will not know the outcome of any
6 potential passing standard changes until the fall, it
7 is unlikely that the standard would be lowered—it may
8 either remain the same or increase.

9 Chair Hunsberger and Kathryn Capiotis, MSN, BSN,
10 RN, stated that algebra is fundamental to nursing,
11 particularly because medication calculations rely on
12 algebraic formulas. Chair Hunsberger emphasized that
13 this is critical in rural areas of Pennsylvania,
14 where many practical nurses practice independently,
15 including in pediatric home care settings where
16 accurate medication dosing is essential. He noted
17 that more LPNs are now working in hospital
18 environments, which also requires independent
19 medication calculations. While acknowledging the
20 limited research specifically linking math and
21 science requirements to practical nursing success.

22 Brandy Hershberger, DNP, MSN, RN, questioned the
23 need for a physics course and recommended that the
24 Board not be so rigid in order to add additional
25 members to the workforce. The Board discussed the

1 usefulness of physics in the nursing curriculum
2 related to applications such as body mechanics and
3 blood flow. The Board determined that physics is a
4 significant content area to be addressed in the
5 curriculum.

6 Ms. Pachter Schulder presented six possible
7 options for addressing the math and science
8 requirement for PN programs. These included keeping
9 the provision as written, removing it entirely,
10 modifying it by reducing hours or subjects,
11 integrating the requirement into the nursing
12 curriculum, refining the required content areas, and
13 requiring it for graduation rather than admission.
14 She asked the Board for initial thoughts and feedback
15 on the direction the Board should consider.

16 Ms. Pachter Schulder was asked why the Board
17 originally supported including a lab requirement.
18 She recalled that the rationale was based on the
19 value of hands-on learning and questioned whether
20 clinical experience could substitute for lab work.
21 She requested further input from Dr. Knecht on this
22 matter.

23 Dr. Knecht explained that anatomy and physiology
24 labs help students understand essential concepts such
25 as joint articulation, which are foundational to safe

1 patient movement. She clarified that labs do not
2 have to involve physical specimens—virtual labs or
3 interactive digital tools can also fulfill the
4 purpose. She emphasized that labs serve as a
5 critical bridge between didactic instruction and
6 practical application, aligning with educational
7 models like Bloom's Taxonomy and the flipped
8 classroom approach.

9 Ms. Pachter Schulder noted that the goal behind
10 proposing anatomy and physiology with a lab component
11 was to avoid outdated practices like dissecting
12 animal eyes, suggesting a more modern, targeted
13 approach.

14 Dr. Petula added that some programs are
15 incorporating advanced tools like Anatomage cadaver
16 tables, which allow for virtual dissection and a
17 deeper understanding of anatomical structures. While
18 expensive, these tools are increasingly being adopted
19 even by community colleges.

20 Chair Hunsberger stated a high school-level
21 algebra course is sufficient to meet the needs of
22 medication calculation for practical nursing.

23 Ms. Pachter Schulder noted that the proposed
24 requirement is that students must have completed two
25 math courses, including algebra, potentially while in

1 high school. She acknowledged that for older or non-
2 traditional students, particularly those from arts
3 academies or vocational-technical schools, additional
4 remediation might be necessary.

5 Chair Hunsberger added that, from his teaching
6 experience, older students often struggle with
7 medication calculations when they have not recently
8 completed a course in algebra.

9 Dr. Hellier expressed concern that RN students
10 also struggle with these concepts and questioned the
11 appropriateness of applying such requirements
12 specifically to PN students.

13 Ms. Pachter Schulder confirmed that the
14 requirements apply to both RN and PN programs but
15 acknowledged the comments were limited to applying
16 them to PN programs. She noted that some PN programs
17 already integrate this material into their coursework
18 and suggested that instead of making math and science
19 a prerequisite, the Board could consider embedding it
20 within the curriculum requirements. She also raised
21 the question of whether a similar adjustment should
22 be made for RN programs or just for PN programs.

23 Ms. Pachter Schulder referenced feedback from PN
24 programs that claimed they already cover this content
25 in their curriculum. They cautioned that requiring

1 these subjects at admission could reduce the
2 applicant pool and worsen the ongoing nursing
3 shortage.

4 Dr. Knecht's presentation was noted regarding the
5 need for nursing programs to reflect the diversity of
6 society so patients can identify with their
7 caregivers. Charlene W. Compber, PhD, RD, LDN,
8 agreed that the nursing population should reflect
9 patients.

10 Dr. Petula pointed out that students with a GED
11 might have a different motivation for learning math
12 and science once they commit to becoming nurses.

13 Ms. Pachter Schulder added that some students may
14 not have seen the need for math and science earlier
15 in life but noted that commenters expressed concern
16 that stricter admission requirements could limit
17 access for motivated candidates. The Board noted
18 that raising entry barriers could make it harder for
19 underrepresented groups to enter PN programs,
20 ultimately reducing the diversity of the nursing
21 workforce.

22 Tina D. Siegel, LPN, advised that she decided to
23 go to nursing school later in life, and if these
24 additional requirements were in place, the financial
25 burden may have precluded her from going. To

1 mitigate the cost concern, the Board discussed that
2 including math and science in the curriculum would be
3 better than making them prerequisites.

4 Dr. Hellier questioned whether adding math and
5 science to the curriculum would require increasing
6 program hours given already tight schedules.

7 Ms. Pachter Schulder responded that changes might
8 not require more hours. She said some PN schools
9 already provide this education possibly by
10 rearranging existing content without adding time.

11 Dr. Bucher posited there was too much focus on
12 NCLEX® pass rates and reminded those at the meeting
13 that the Board's primary duty was public protection.
14 He emphasized that while regulations should not block
15 the flow of new nurses, requiring certain courses
16 before entry could create racial disparities by
17 limiting access for students who haven't had those
18 opportunities.

19 Dr. Bucher supported including math and science
20 within the program instead of as prerequisites,
21 stating it should still be structured as designated
22 courses. He favored science with a lab component,
23 noting that hands-on or visual learning was more
24 effective for him, even in virtual formats. He
25 reiterated that integrating these subjects into the

1 program would allow more people to start nursing
2 education and give opportunities to those who
3 otherwise might not qualify.

4 Chair Hunsberger asked if the requirements would
5 be incorporated into the curriculum and raised a
6 concern about whether a bachelor's-prepared nurse
7 would be qualified to teach algebra at a high school
8 level, suggesting they likely wouldn't be.

9 Ms. Pachter Schulder clarified that the algebra
10 she had in mind was more aligned with nursing
11 practice than traditional high school math but said
12 it was up to the Board to decide.

13 The Board discussed whether having a standalone
14 course was preferable because it provides a clear
15 syllabus, objectives, and assessments, which make the
16 educational purpose more explicit.

17 Ms. Pachter Schulder explained that current
18 regulations do not require courses to have specific
19 names but do require certain content components to be
20 included in the curriculum. She said the Board could
21 update the language in proposed § 21.942(b)(1)(i) to
22 reflect a lab requirement for anatomy and physiology.

23 Chair Hunsberger confirmed the Board's intention
24 to keep anatomy and physiology with a lab component.

25 Ms. Pachter Schulder agreed and further suggested

1 adding algebra and nursing-related math under the
2 prelicensure curriculum components. She said these
3 could be part of a designated course or simply listed
4 as required content. She mentioned potential issues
5 like program hour limits and financial aid
6 eligibility, acknowledging that federal and
7 legislative actions could impact implementation.

8 Dr. Hershberger noted that nursing programs
9 should allow students to choose their path and
10 emphasized that while the Board protects the public,
11 it also has a responsibility to support workforce
12 development in alignment with Governor Shapiro's
13 goals.

14 Chair Hunsberger noted that the nursing shortage
15 is complex, with up to 37 percent of new graduates
16 leaving the workforce due to burnout and poor work
17 conditions. He said the actual shortage might be
18 less severe than perceived and stressed the need for
19 improved job satisfaction and nurse retention.

20 Dr. Bucher pointed out that the Board's current
21 structure and charter limit its ability to address
22 broader workforce issues.

23 Chair Hunsberger stated that educational quality
24 should not be compromised to increase graduate
25 numbers. The Board noted that some foundational

1 problems in education begin as early as third grade.
2 Chair Hunsberger stressed the importance of ensuring
3 that graduating nurses are properly trained,
4 especially in drug calculations, to prevent fatal
5 errors. He referenced a recent case involving a
6 child who received 40 times the correct dose of a
7 beta blocker, highlighting the life-or-death
8 consequences of inadequate preparation.

9 Ms. Pachter Schulder explained that the Board
10 would address the public comments in the final
11 preamble and confirmed that meeting minutes would be
12 available. She emphasized that the Board was
13 concerned about not worsening the nursing shortage
14 while still ensuring nurses are trained safely and
15 effectively, even if they lacked preparation coming
16 in. She noted that the Board seemed to agree on
17 amending a section to specify anatomy and physiology.

18 Chair Hunsberger clarified that the lab
19 requirement could be fulfilled through online
20 programs and did not require a physical lab facility.

21 Dr. Hellier stressed the importance of
22 distinguishing an academic lab from a nursing skills
23 lab, noting that terms like "nursing lab" could be
24 misunderstood as referring to hands-on skills
25 training.

1 Ms. Pachter Schulder proposed adding a category
2 to the curriculum in proposed § 21.942(b) for algebra
3 and quantitative concepts, potentially focusing on
4 nursing-related applications.

5 Dr. Hellier suggested placing this algebra
6 component before pharmacology in the curriculum
7 structure.

8 Ms. Pachter Schulder agreed and said the
9 placement could be flexible. She mentioned
10 originally linking medication calculations with
11 algebra but asked whether it should instead align
12 with pharmacology. She explained that the Board does
13 not prescribe where the content must be taught just
14 that it must be included in the curriculum.

15 Ms. Pachter Schulder confirmed they would make
16 two amendments—updating proposed § 21.942 (b)(1)(i),
17 to include a lab setting and adding content to
18 proposed § 21.942 (b)(3). The Board agreed on keeping
19 the entry-level requirement for associate RN
20 programs.

21 Ms. Pachter Schulder referred to amending
22 proposed § 21.918 to clarify that subsection (a)(1)
23 does not apply to PN students.

24 Chair Hunsberger asked whether a GED or high

1 school diploma was required. Ms. Pachter Schulder
2 confirmed that by statute, students must have either
3 a GED or a high school diploma.

4 Ms. Pachter Schulder added that this
5 clarification would align with other sections of the
6 regulations that specify which requirements apply to
7 RN, PN, or CRNP programs, and suggested they could
8 generalize the educational requirement language to
9 simplify future references.

10 The Board turned its attention back to proposed §
11 21.916. Ms. Pachter Schulder explained the
12 difference between institutional and programmatic
13 accreditation, emphasizing that programmatic
14 accreditation is specific to nursing and is the
15 profession's standard for quality. While many public
16 comments focused on NCLEX® pass rates, programmatic
17 accreditation evaluates broader outcomes such as
18 persistence to graduation and transition to practice.
19 There is little research supporting accreditation's
20 impact and that it's primarily needed for access to
21 federal financial aid and employment in systems like
22 the VA.

23 Ms. Hertzler reported that private schools,
24 especially online ones, had lower graduation and
25 NCLEX® pass rates. She raised concerns about the

1 quality of unaccredited programs and their impact on
2 public safety.

3 Ms. Pachter Schulder recalled prior findings that
4 accredited private schools performed better than
5 unaccredited ones. She clarified that new programs
6 cannot be accredited immediately, which affects
7 federal funding eligibility.

8 Ms. Pachter Schulder added that programmatic
9 accreditation improved articulation between programs
10 and was often required for military employment,
11 though not for LPN roles.

12 Chair Hunsberger asked if only two out of three
13 PN programs were accredited. Ms. Pachter Schulder
14 confirmed this and noted that most public comments
15 did not oppose removing the accreditation
16 requirement. She stated that as of 2022, only 40
17 percent of LPN programs were accredited compared to
18 100 percent of RN programs.

19 Chair Hunsberger acknowledged that accreditation
20 holds programs accountable but also highlighted the
21 financial burden it could place on nonprofit and
22 smaller schools.

23 Chair Hunsberger raised concerns about some PN
24 programs admitting hundreds of students and
25 graduating very few. He stated that without

1 accreditation, the Board has little power to enforce
2 standards.

3 Ms. Pachter Schulder referenced NCSBN Model Rules
4 and survey data, indicating growing national support
5 for accreditation. She cited PAPNA's stance that
6 accreditation enhances program quality, supports
7 practice standards, and improves marketing and
8 articulation pathways.

9 Ms. Pachter Schulder explained that vocational
10 schools may lack sufficient institutional
11 accreditation to qualify as Title IV gatekeepers,
12 making programmatic accreditation essential for
13 student aid and academic progression.

14 Ms. Pachter Schulder noted a 2017 study
15 indicating data showing higher NCLEX® pass rates for
16 accredited programs across RN and PN tracks. She
17 noted that the Board originally proposed a five-year
18 implementation window to give programs time to secure
19 accreditation or candidacy status.

20 Dr. Knecht agreed that accreditation improves
21 quality but acknowledged that evidence is limited for
22 PN and associate degree in nursing programs. She
23 added that in her experience, programs often sought
24 accreditation primarily to access Title IV funding
25 due to institutional limitations.

1 Chair Hunsberger and Dr. Hershberger noted that
2 the cost is a key concern for the PN programs and may
3 influence students to pursue RN pathways instead. An
4 article was shared about Minnesota, where statewide
5 accreditation was implemented. The state provided
6 support through consultants, grants, and loans to
7 help programs manage accreditation costs. It was
8 suggested similar support might be possible in
9 Pennsylvania.

10 Chair Hunsberger provided a breakdown of program-
11 level accreditation fees, stating that a program
12 application costs \$3,470, with a flat fee of \$7,700
13 for one to two programs, and annual fees around
14 \$3,070. Site visit fees added \$3,850, which could be
15 burdensome for programs with small budgets.

16 Ms. Pachter Schulder elaborated on costs from
17 different accrediting bodies. She cited an example
18 from Tennessee where initial accreditation cost
19 around \$14,500, including evaluator and site visit
20 fees. Other accrediting agencies, like CNEA, had
21 slightly lower costs at around \$10,645. She
22 clarified that the evaluator fee of \$7,875 was part
23 of the \$14,500 total and only occurred once every 8
24 to 10 years.

25 Dr. Compher suggested that despite the initial

1 cost, the benefits of accountability and ensuring
2 quality education outweighed the expense. The Board
3 agreed that accreditation should remain in the
4 regulations.]

5 ***

6 [The Board recessed from 1:31 p.m. until 1:41 p.m.]

7 ***

8 Report of Committees - Probable Cause Screening
9 Committee-

10 [Sue E. Hertzler, LPN, reported that prior to the
11 meeting, the Probable Cause Screening Committee moved
12 on 9 Petitions for Appropriate Relief, 29 Petitions
13 for Mental and Physical Examinations, and one
14 Immediate Temporary Suspension that was issued on
15 March 18, 2025.]

16 ***

17 Report of Committees - Application Review Committee -
18 No Report

19 ***

20 Report of Committees - Advanced Practice (Education,
21 Regulation, & Application) - No Report

22 ***

23 Report of Committees - RN/PN Practice, Education, &
24 Regulation - No additional report beyond the prior
25 discussion about 16A-5141.

Report of Committees - Dietitian-Nutritionist

Committee - No Report

Report of Board Chairperson

[Colby P. Hunsberger, DNP, RN, CNEcl, Chair, reported that several Board members attended the NCSBN Midyear Meeting and noted that many nursing programs still use care plans despite research showing they do not improve clinical judgment. He suggested considering alternative assignments to enhance students' critical thinking.]

Dr. John F. Kelly's presentation was noted.

Individuals with substance use disorders typically wait four to five years before seeking help, often undergoing multiple failed treatment attempts, and it can take eight years and four to five treatment episodes to achieve 12 months of recovery.]

Report of Executive Secretary

[Wendy J. Miller, MSN, RN, reminded the Board that the April 30, 2025 renewal deadline was approaching and urged licensees to complete the required Child Abuse continuing education and submit their renewal applications. She shared highlights from the NLC and

1 NCSBN Midyear Meetings, particularly a presentation
2 by Marilyn H. Oermann, PhD, RN, on Practice Ready:
3 Innovative Approaches to the Education of Students
4 and a panel discussion with Dr. Oermann and Nancy
5 Spector, PhD, RN, on clinical education in nursing.

6 Ms. Miller added that she asked about research
7 specific to PN programs and was told there is little
8 available with most insights derived from RN program
9 studies. She also reported attending a virtual
10 meeting of the Pennsylvania Higher Education Nursing
11 Schools Association (PHENSA) and mentioned an
12 upcoming meeting with the Pennsylvania Coalition of
13 Associate Degrees in Nursing (PCADN).

14 Ms. Miller stated that effective January 13, the
15 only acceptable criminal background check is the FBI
16 Identity History Summary Check, which applicants must
17 complete and upload to their application until a new
18 process with the Pennsylvania State Police is
19 implemented.]

20 ***

21 New Business - NCSBN Executive Officer Summit
22 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair,
23 presented on the NCSBN Executive Officer Summit.]
24 MS. PACHTER SHULDER:

25 I believe the Chair would entertain a

1 motion to send Ms. Wendy Miller to the
2 NCSBN Executive Officer Summit.

3 DR. COMPHER:

4 I make a motion to send Ms. Wendy
5 Miller to the NCSBN Executive Officer
6 Summit.

7 VICE CHAIR BUCHER:

8 Second.

9 CHAIR HUNSBERGER:

10 All those in favor? Opposed?

11 Abstentions?

12 [The motion carried unanimously.]

13 ***

14 For the Board's Information

15 [Judith Pachter Schulder, Esquire, Board Counsel,
16 introduced an FYI item about the Governor's visit to
17 Temple University regarding nursing shortage
18 solutions.

19 Before moving into Executive Session, she invited
20 public comment, noting the Board had already reviewed
21 all submitted letters and asked speakers not to
22 repeat previously submitted points.

23 Mr. Shenck shared comments on the accreditation
24 discussion, stating he represents around 100 post-
25 secondary trade and technical schools in

1 Pennsylvania, many with nursing and allied health
2 programs. He clarified that while all of their
3 institutions are institutionally accredited, not all
4 have programmatic accreditation.

5 Mr. Shenck agreed that accreditation supports
6 quality outcomes and financial aid eligibility but
7 questioned whether both institutional and
8 programmatic accreditation would be required. He
9 felt the discussion affirmed the value of
10 accreditation but did not clearly answer whether dual
11 accreditation should be mandated. He raised a
12 comparison to hospital accreditation, noting
13 hospitals are accredited at the institutional level
14 without needing separate accreditation for each
15 department. He suggested the same principle could
16 apply to nursing programs.

17 Mr. Shenck concluded by emphasizing that
18 accreditation costs go beyond listed fees,
19 highlighting the substantial time and staffing
20 resources required for applications, preparation, and
21 site visits.]

22 ***

23 [The Board entered into Executive Session from 1:54
24 p.m. until 2:40 p.m.]

25 ***

1 [Pursuant to Section 708(a)(5) of the Sunshine Act,
2 at 1:55 p.m., the Board entered into Executive
3 Session with Judith Pachter Schulder, Esquire, Board
4 Counsel; Megan E. Castor, Esquire, Board Counsel;
5 Ashley Keefer, Esquire, Board Counsel; and Cathy
6 Tully, Esquire, Board Counsel, for the purpose of
7 conducting quasi-judicial deliberations on the Report
8 of Prosecutorial Division, Report of Board Counsel,
9 and Appointments. The Board returned to Open Session
10 at 2:46 p.m.]

11 ***

12 MOTIONS

13 MS. PACHTER SCHULDER:

14 Is there a motion to adopt the VRP
15 Consent Agreement items 2 through 8 on
16 the agenda, for which there are no
17 recusals?

18 MS. SIEGEL:

19 So moved.

20 DR. COMPHER:

21 Second.

22 CHAIR HUNSBERGER:

23 All those in favor? Opposed?

24 Abstentions?

25 [The motion carried unanimously.]

MS. PACHTER SCHULDER:

Is there a motion to adopt the following Consent Agreements for which there are no recusals: 21-51-015867, 22-51-001154, 22-51-001157, 22-51-001161, 23-51-005905, 23-51-006020, 23-51-006822, 23-51-006827, 22-51-001135, 22-51-001148, 22-51-001163, 23-51-003545, 23-51-006513, 23-51-006825, 23-51-006846, 23-51-006848, 21-51-012875, 22-51-001145, 22-51-011834, 23-51-006516, 23-51-006815, 23-51-006835, and 23-51-006842?

DR. COMPHER:

So moved.

DR. HELLIER:

Second.

CHAIR HUNSBERGER:

All those in favor? Opposed?

Abstentions?

[The motion carried unanimously. The Respondent's name at Case No. 21-51-015867 is Ruth Marie Crosdale, RN, LPN; Case No. 22-51-001154, Linda A. Idede, LPN; Case No. 22-51-001157, Mencon Blendeh Tolbert, LPN;

1 Case No. 22-51-001161, Salamatu Kabba, LPN; Case No.
2 23-51-005905, Frank Chibuike Chukwu, RN, LPN; Case
3 No. 23-51-006020, Eunice Oronto-Pratt, LPN; Case No.
4 23-51-006822, Isatu Bangura, LPN; Case No. 23-51-
5 006827, Kumba Marah, LPN; Case No. 22-51-001135,
6 Judith Hawa Tuayemie, LPN; Case No. 22-51-001148,
7 Vivien Temitope Adeoye, LPN; Case No. 22-51-001163,
8 Juliana O. Facey Mitchell, LPN; Case No. 23-51-
9 003545, Rose N. Freeman, RN, LPN; Case No. 23-51-
10 006513, Isha Musa, LPN; Case No. 23-51-006825, Femi
11 Olaniyi, LPN; Case No. 23-51-006846, Vanessa Almeida
12 Silva, LPN; Case No. 23-51-006848, Yanique Gillot,
13 LPN; Case No. 21-51-012875, Bettyann Carlies, RN,
14 LPN; Case No. 22-51-001145, Fatmata B. Kamara, LPN;
15 Case No. 22-51-011834, Mary Sesay, RN, LPN; Case No.
16 23-51-006516, Mohammed Soloku, LPN; Case No. 23-51-
17 006815, Elda Colin Tervil, I, LPN; Case No. 23-51-
18 006835, Moliere Roger, LPN; and Case No. 23-51-
19 006842, Shella Seide Altidor, LPN.]

20 ***

21 MS. PACHTER SCHULDER:

22 Is there a motion to adopt the
23 following two Consent Agreements for
24 which members Hertzler and Kerns are
25 recused, and that's 24-51-002508 and

1 24-51-000827 & 24-51-007124?

2 DR. BUCHER:

3 So moved.

4 MS. SIEGEL:

5 Second.

6 CHAIR HUNSBERGER:

7 All those in favor? Opposed?

8 Abstentions?

9 [The motion carried. Members Hertzler and Kerns
10 recused themselves from deliberations and voting on
11 the motion. The Respondent's name for Case No. 24-
12 51-002508 is Beth Ann Lushko, RN. The Respondent's
13 name for Case Nos. 24-51-000827 & 24-51-007124 is
14 Kimberly K. Naus, RN.]

15 ***

16 MS. PACHTER SCHULDER:

17 Is there a motion to adopt the
18 following two Consent Agreements, for
19 which members Hertzler, Kerns, and
20 Scher are recused, and that's 24-51-
21 014221 and 24-51-018224?

22 DR. HERSHBERGER:

23 So moved.

24 MS. SIEGEL:

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 voting
6 on the motion. The Respondent's name for Case No. 24-
7 51-014221 is Pamela Jean Klecha, LPN. The
8 Respondent's name for Case No. 24-51-018224 is
9 Rachelle Elizabeth Hoover, RN, CRNP.]

10 ***

11 MS. PACHTER SCHULDER:

12 Is there a motion to table the Consent
13 Agreement in No. 26, which is 24-51-
14 003479, for which Hertzler and Bucher
15 are recused?

16 DR. COMPHER:

17 So moved.

18 MS. CAPIOTIS:

19 Second.

20 CHAIR HUNSBERGER:

21 All those in favor? Opposed?

22 Abstentions?

23 [The motion carried. Members Hertzler and Bucher
24 recused themselves from deliberations and voting on
25 the motion.]

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MS. PACHTER SCHULDER:

Is there a motion to deny the Consent
Agreement in 24-51-013197 as to harsh?

DR. HERSHBERGER:

So moved.

MS. SIEGEL:

Second.

CHAIR HUNSBERGER:

All those in favor? Opposed?

Abstentions?

[The motion carried unanimously.]

MS. PACHTER SCHULDER:

Is there a motion to deny the Consent
Agreement in item No. 31, which is 23-
51-007102, on the grounds it is too
lenient?

DR. BUCHER:

So moved.

DR. HERSHBERGER:

Second.

CHAIR HUNSBERGER:

All those in favor? Opposed?

Abstentions?

1 [The motion carried unanimously.]

2 ***

3 MS. PACHTER SCHULDER:

4 Is there a motion to stay the effective
5 date of the Adjudication and Order
6 pending results of an evaluation in the
7 matter of Rhonda Oliver, RN, 23-51-
8 010331, for which members Hertzler and
9 Bucher are recused?

10 DR. HERSHBERGER:

11 So moved.

12 MS. SIEGEL:

13 Second.

14 CHAIR HUNSBERGER:

15 All those in favor? Opposed?

16 Abstentions?

17 [The motion carried. Members Hertzler and Bucher
18 recused themselves from deliberations and voting on
19 the motion.]

20 ***

21 MS. PACHTER SCHULDER:

22 Is there a motion to enter defaults,
23 deem the facts admitted, and authorize
24 Counsel to prepare Adjudications and
25 Orders in the matters of Garry Roger

1 Dormevil, RN; 21-51-020242; Brittany
2 Victoria Poplin, LPN, 22-51-013209; and
3 Robert Piazza, LPN, 22-51-015208?

4 DR. COMPHER:

5 So moved.

6 DR. HERSHBERGER:

7 Second.

8 CHAIR HUNSBERGER:

9 All those in favor? Opposed?

10 Abstentions?

11 [The motion carried unanimously.]

12 ***

13 MS. PACHTER SCHULDER:

14 Is there a motion to grant the Motion
15 for Judgment on the Pleadings and
16 authorize Counsel to prepare an
17 Adjudication and Order in the matter of
18 Diana Mahoney, RN, 24-51-017992, for
19 which members Hertzler, Kerns, and
20 Scher are recused?

21 DR. COMPHER:

22 So moved.

23 DR. HERSHBERGER:

24 Second.

25 CHAIR HUNSBERGER:

1 All those in favor? Opposed?

2 Abstentions?

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

6 ***

7 [The Chair switched to Vice Chair Bucher due to a
8 recusal.]

9 MS. PACHTER SCHULDER:

10 Is there a motion to adopt the Hearing
11 Examiner's Proposal in item number 65,
12 Sherri Ace, LPN, Case Number 23-51-
13 006858, for which members Hertzler,
14 Kerns, and Hunsberger are recused, so
15 the Chair swings to Dr. Bucher?

16 DR. HERSHBERGER:

17 So moved.

18 DR. COMPHER:

19 Second.

20 VICE CHAIR BUCHER:

21 All those in favor? Opposed?

22 Abstentions?

23 [The motion carried. Members Hertzler, Kerns, and
24 Hunsberger recused themselves from deliberations and
25 voting on the motion.]

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MS. PACHTER SCHULDER:

And while the Chair is still there, is there a motion to adopt the Draft Adjudication and Order in the matter of Daniel Dunsmore, RN, 23-51-000027, in which members Hertzler, Kerns, and Hunsberger are recused?

DR. HERSHBERGER:

So moved.

MS. CAPIOTIS:

Second.

VICE CHAIR BUCHER:

All those in favor? Opposed?
Abstentions?

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

[The Chair returned to Dr. Hunsberger.]

MS. PACHTER SCHULDER:

Is there a motion to adopt the following Hearing Examiner Proposals for which there are no recusals: Nina Marie Duncan, RN, a/k/a Nina Marie

1 Klein, RN, 24-51-017169; Eugenia T.
2 Franklin, LPN, 22-51-017247; Stephanie
3 J. Truckey, RN, 24-51-008910; and
4 Amanda Jo Stephens, LPN, 24-51-009405?

5 DR. COMPHER:

6 So moved.

7 DR. HERSHBERGER:

8 Second.

9 CHAIR HUNSBERGER:

10 All those in favor? Opposed?

11 Abstentions?

12 [The motion carried unanimously.]

13 ***

14 MS. PACHTER SCHULDER:

15 Is there a motion to adopt the Proposed
16 Adjudications and clarify the Orders in
17 the matters of Kimberly Ann Eddis, RN,
18 22-51-006571; and Walter C. Gregg, Jr.,
19 LPN, 24-51-015269?

20 VICE CHAIR BUCHER:

21 So moved.

22 DR. COMPHER:

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 authorize Counsel
6 to prepare Adjudications and Orders in
7 the matter of Daphne Gilles, RN, LPN,
8 22-51-004144; Matthew Ryan Jennings,
9 RN, 23-51-008931; Maria Montoya, LPN,
10 24-51-002714; Della Ann Orsmond, RN,
11 23-51-013317; and Andrea Trunzo Tighe,
12 RN, 22-51-015338?

13 MS. CAPIOTIS:

14 So moved.

15 DR. COMPHER:

16 Second.

17 CHAIR HUNSBERGER:

18 All those in favor? Opposed?

19 Abstentions?

20 [The motion carried unanimously.]

21 ***

22 MS. PACHTER SCHULDER:

23 Is there a motion to adopt the Draft
24 Adjudications and Orders in following
25 matters for which members Hertzler,

1 Kerns, and Bucher are recused, Kayla
2 Broomell, RN, LPN, 24-51-001002;
3 Bridget H. Ciambrone, RN, 23-51-017931;
4 and Sarah Jamila Elliot-Brickell, LPN,
5 23-51-013127?

6 DR. COMPHER:

7 So moved.

8 MS. CAPIOTIS:

9 Second.

10 CHAIR HUNSBERGER:

11 All those in favor? Opposed?

12 Abstentions?

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

16 ***

17 MS. PACHTER SCHULDER:

18 Is there a motion to adopt the Draft
19 Adjudications and Orders, for which
20 members Hertzler and Kerns are recused,
21 in the matters of Joanna Marie Beck,
22 LPN, 23-51-018350; and Alexander Robert
23 Lamay, RN, 21-51-017774?

24 VICE CHAIR BUCHER:

25 So moved.

1 DR. COMPHER:

2 Second.

3 CHAIR HUNSBERGER:

4 All those in favor? Opposed?

5 Abstentions?

6 [The motion carried. Members Hertzler and Kerns
7 recused themselves from deliberations and voting on
8 the motion.]

9 ***

10 MS. PACHTER SCHULDER:

11 Is there a motion to adopt the Draft
12 Adjudication and Order in the matter of
13 Natasha Paris Louise Forbes, RN, 24-51-
14 013647?

15 DR. HERSHBERGER:

16 So moved.

17 DR. COMPHER:

18 Second.

19 CHAIR HUNSBERGER:

20 All those in favor? Opposed?

21 Abstentions?

22 [The motion carried unanimously.]

23 ***

24 MS. PACHTER SCHULDER:

25 Is there a motion to table Juniata

1 College's Proposal for a prelicensure
2 generic BSN nursing education program
3 pending receipt of information about
4 how medical surgical content can be
5 obtained within the current curriculum
6 plan and with the inclusion of
7 examinations mentioned during the
8 presentation?

9 DR. COMPHER:

10 So moved.

11 MS. CAPIOTIS:

12 Second.

13 CHAIR HUNSBERGER:

14 All those in favor? Opposed?

15 Abstentions?

16 [The motion carried unanimously.]

17 ***

18 MS. PACHTER SCHULDER:

19 In the matter of Orleans Technical
20 College's request to start a second
21 practical nurse cohort, is there a
22 motion to table the request as the
23 program has still not provided
24 sufficient evidence of content mastery
25 as the Level 1 proficiency indicates

1 that the students have to have an
2 extensive study plan?

3 DR. HERSHBERGER:

4 So moved.

5 MS. CAPIOTIS:

6 Second.

7 CHAIR HUNSBERGER:

8 All those in favor? Opposed?

9 Abstentions?

10 [The motion carried unanimously.]

11 ***

12 MS. PACHTER SCHULDER:

13 Is there a motion to adopt the Consent
14 Agreements for there for which there
15 are no recusals, and that is 24-51-
16 006958 and 24-51-010268?

17 VICE CHAIR BUCHER:

18 So moved.

19 MS. CAPIOTIS:

20 Second.

21 CHAIR HUNSBERGER:

22 All those in favor? Opposed?

23 Abstentions?

24 [The motion carried unanimously. The Respondent's
25 name for Case No. 21-51-006958 is Jessica Scalzo,

1 CRNP. The Respondent's name for Case No. 24-51-
2 010268 is Andrea Annette Mable, RN.]

3 ***

4 MS. PACHTER SCHULDER:

5 Is there a motion to adopt the
6 following Consent Agreements for which
7 there were no recusals for 22-51-015330
8 and 24-51-006974?

9 MS. HERTZLER:

10 So moved.

11 MS. CAPIOTIS:

12 Second.

13 CHAIR HUNSBERGER:

14 All those in favor? Opposed?

15 Abstentions?

16 [The motion carried unanimously. The Respondent's
17 name for Case No. 22-51-015330 is Tanisha Raquel
18 Parker, LPN. The Respondent's name for Case No. 24-
19 51-006974 is Felicia Michelle Joan Spears, RN, LPN.]

20 ***

21 CHAIR HUNSBERGER:

22 May I have a motion for adjournment?

23 CHAIR HUNSBERGER:

24 All those in favor? Opposed?

25 Abstentions?

1 [The motion carried unanimously.

2 ***

3 [There being no further business, the State Board of
4 Nursing Meeting adjourned at 3:21 p.m.]

5 ***

6

7 CERTIFICATE

8

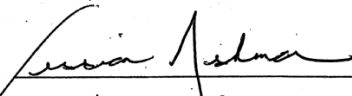
9 I hereby certify that the foregoing summary
10 minutes of the State Board of Nursing meeting, was
11 reduced to writing by me or under my supervision, and
12 that the minutes accurately summarize the substance
13 of the State Board of Nursing meeting.

14

15

16

17


Jessica Ashman,

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Minute Clerk

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Sargent's Court Reporting

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Service, Inc.

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STATE BOARD OF NURSING
REFERENCE INDEX

April 16, 2025

TIME	AGENDA
9:04	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
9:20	Regulation Update
9:40	Pennsylvania Legislative Update
9:50	Appointment - Juniata College's Proposal for a Prelicensure Generic BSN Nursing Education Program
10:12	Appointment - Orleans Technical College's Request to Start a Second Practical Nursing Cohort
10:30	Recess
10:41	Appointment - Educational Resources Presentation
12:20	Regulation Update - Regulation 16A-5141
1:31	Recess
1:41	Report of Board Chairperson
1:43	Report of Executive Secretary
1:48	For the Board's Information
1:54	Executive Session
2:24	Return to Open Session

STATE BOARD OF NURSING
REFERENCE INDEX
(Cont.)
April 16, 2025

TIME	AGENDA
2:25	Motions
3:21	Adjournment