State Board of Nursing July 16, 2025

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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 Susan Hellier, PhD, DNP, FNP-BC Brandy Hershberger, DNP, MSN, RN, CEN Sue E. Hertzler, LPN Linda A. Kerns, Esquire, Public Member

17 David Scher, MPH, MSN, RN, CEN

18 Tina D. Siegel, LPN

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COMMONWEALTH ATTORNEYS AND LEGAL OFFICE STAFF:

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Judith Pachter Schulder, Esquire, Board Counsel Megan E. Castor, Esquire, Board Counsel Ashley Keefer, Esquire, Board Counsel Cathy A. Tully, Esquire, Board Counsel Tiffanie Camarota, Esquire, Board Counsel Tara Czekner, Intern, Counsel Division Michael Merten, Esquire, Counsel Division David Schertz, Esquire, Board Prosecutor Codi Tucker, Esquire, Board Prosecutor and Board Prosecution Co-Liaison T'rese Evancho, Esquire, Board Prosecutor and Board Prosecution Co-Liaison

Kathryn Bellfy, Esquire, Board Prosecutor Garrett Rine, Esquire, Board Prosecutor Adrianne Doll, Esquire, Board Prosecutor

Matthew Fogal, Esquire, Board Prosecutor

Jason Giurintano, Esquire, Deputy Chief Counsel, Department of State

Alex Capitello, Legal Analyst, Office of Prosecution

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DEPARTMENT OF STATE AND BOARD STAFF:

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Wendy Miller, MSN, RN, Executive Secretary Cynthia K. Miller, Board Administrator Kelly Hoffman, MSN, RN, Nursing Education Advisor Tracy Scheirer, PhD, MSN, RN, CMSRN, CNE, Nursing Education Advisor

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DEPARTMENT OF STATE AND BOARD STAFF: (Cont.)

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Linda Kmetz, PhD, RN, Nursing Education Advisor Susan Bolig, MSN, RN, Nursing Practice Advisor Dulcey Frantz, DNP, RN, RAC-C, Nursing Practice Advisor

Leslie House, MSN, RN, Nursing Practice Advisor Andrew LaFratte, Deputy Policy Director, Department of State

Willow Marsh, Legislative Aide, Department of State Robert Beecher, Policy Director, Department of State Stephen Behun, Intern, Policy Office

Molly Smith, Commissioner Liaison, Department of State

Piri Pantoja, Deputy Director of Legislative Affairs

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ALSO PRESENT:

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Jesse Monoski, Executive Director, Senate Consumer Protection & Professional Licensure Committee, Office of Senator Lisa Boscola

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

Heather Wilson, MSW, CFRE, Executive Director, Foundation of the Pennsylvania Medical Society Kathleen Rundquist, MSN, RN, Director, Practical Nursing Program, Franklin County Career and Technology Center

Michelle Davis, LPN, MSN, Director of Nursing, Lincoln Technical Institute

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

Corey Glavin-Dennis, MSN, RN, CNEn, Assistant Dean of Nursing, Pennsylvania Institute of Technology

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

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

Misha Patel, Esquire, Government Relations Specialist, Pennsylvania Medical Society Edie Brous, Esquire, Law Offices of Edith Brous

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5 6 ALSO PRESENT: (Cont.) 7 Jake Muskovitz, Data Analyst, Special Projects, 8 Pennsylvania Healthcare Cost Containment Council 9 Barry Buckingham, Executive Director, Pennsylvania 10 Healthcare Cost Containment Council 11 Renee Greenawalt, Deputy Executive Director, 12 Pennsylvania Health Care Cost Containment Council 13 Alan Mburu Kagiri, Intern, Pennsylvania Health Care 14 Cost Containment Council 15 Katie Jordan, Program Analyst, Communications & 16 Education, Pennsylvania Healthcare Cost Containment 17 Council 18 Bailey Shafer, LPN, RN, BSN, MSN, Director, Allied Health 19 Program, Erie County Community College 20 Sandra Cohen, MSN, CRNP, CNE, Senior Associate Dean, 21 St. Luke's School of Nursing 22 Patricia Delucia, Corporate Director of Nursing, 23 Lincoln Technical Institute 24 P. Daniel Altland, Esquire, Pennsylvania Association 25 of Nurse Anesthetists 26 Marcia Landman, MSN-FNP, BSN, RN, Director, Practical 27 Nursing, United Career Institute 28 Andrea Wandling, PHR, SHRM-CP, Human Resources 29 Manager, Pennsylvania Association of Community 30 Health Centers 31 Jenifer Stilgenbauer, MEd, BSN, Bethlehem Area 32 Vocational-Technical School 33 Tracy Campbell, DNP, Children's Hospital of 34 Philadelphia 35 Michelle Borland, DNP, APRN, FNP-C, CN, Vice 36 President, Director of Nursing, Laurel College of 37 Technology 38 Beth Ann Puckett, Director of Nursing, Jersey College 39 - Jenkintown 40 Deanna Greene, Campus President, All-State Career, 41 Inc. 42 Lori Spiezio, MSN, RN, Director, Practical Nursing 43 Program, Lansdale School of Business 44 Debra Clark, BSN, RN, Nursing Instructor, Lansdale School of Business 45

Shirley Wolhar, Pennsylvania Institute of Technology Kimberly O'Neill, Practical Nursing Program

Coordinator, Schuylkill Technology

Center/Intermediate Unit 29

Ryan Scott, Ascend Learning

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ALSO PRESENT: (Cont.)

5 6 7 Luann Carrillo, MSN, RN, Coordinator, Practical 8 Nursing Program, Lenape Technical School 9

Heather Haines, MSN, RN, Director, Practical Nursing Program, Mifflin County Academy of Science and Technology

Susan Balint, MS, CCC-SLP, John P. Moses Esq. Wilkes-Barre Pediatric Rehab Center

Rachel Mann, Esquire, Imagine Different Coalition Steering Committee/Consultant

Patricia A. Hubbs, RN, BSN, MBA, Administrative Director, Nursing and Clinical Care Services, Children's Hospital of Philadelphia

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

George Mikluscak, EdD, Vice President, West Virginia Re-Authorization Review Committee

Kathleen Prendergast, LPN, Assistant Director of Nursing Clinical and Lab Experiences, Pennsylvania Institute of Technology

Gail Holby, MSN, RN, Director, Practical Nursing Program, Wilkes-Barre Area Career & Technical Center

Marianne Schwalbe, BSN, RN, MS, Nursing Faculty, Pennsylvania Institute of Technology

Larissa Smollar, MSN, RN, CHSE, Pennsylvania Institute of Technology

Janet Yontas, BSN, MSN, Director, Practical Nursing Program, Career Technology Center of Lackawanna County

Alissa Smethers, PhD, RD, LDN, Consumer Protection Coordinator, Pennsylvania Academy of Nutrition and Dietetics

Katie Isselman, Instructor, Nursing Simulation Lab, Pennsylvania Institute of Technology

Matt Myers, President, Pennsylvania Institute of Technology

Kaylynn Beck, BSN, RN, Director, Practical Nursing Program, Institute of Medical and Business Careers Christine Bagley, RN, BSN, Butler Memorial Hospital

Tammy Sanfilippo, MBA, RN, Program Director, Meadville Medical Center Institute for Healthcare

Professionals Preet Chahal, RN, MSN, CHE, President, Falcon Institute of Health and Science

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ALSO PRESENT: (Cont.)

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Education

Renee Gaddis, Practical Nursing Program Director, Penn Commercial Business/Technical School

Larissa McDonnell, DNP, RN, CCRN, CCNS, NEA-BC, MSN, Director of Nursing Professional Development, Children's Hospital of Philadelphia

Jean Marie Truman, DNP, Director of Assessment/Program Review, Associate Professor of

Nursing, University of Pittsburgh at Bradford Heather Pfleger, Vice President of Academic Affairs, Pennsylvania Institute of Technology

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

Wendy Ruderman, Investigative Reporter, The Philadelphia Inquirer

Lauren Scheetz, RN, Director of Practical Nursing, Pennsylvania College of Technology

Karen Whitham, EdD, Director of Nursing Compliance, Education Affiliates

Lauren Bogar, RN, U.S. Department of Veteran Affairs Felicitas Akanno, RN, U.S. Department of Veteran Affairs

Mindy Guinard, EdD, Interim Director of Nursing & Health Sciences, Wilson College

Laurie Badzek, LLM, JD, MS, RN, FNAP, FAAN, Pennsylvania State University College of Nursing Peggy Pearl, Executive Director, Pennsylvania Coalition of Nurse Practitioners

Marjorie Hinkle, Professor, Harrisburg Area Community College - York Campus

Catherine Wang, Esquire, Morgan Lewis

Mary O'Connor, PhD, MSN, RN, Pennsylvania Organization of Nurse Leaders Legislative Committee, Professor Emeritus (retired), PennWest University

Katrina Mauer, DNP, Dean, Practical Nursing Program, Fortis Institute-Scranton Campus

Makesa Toure, Wilmington University Kenya Martin, Wilmington University

Judith Dixon, DNP Student, Wilmington University

Nicole Campbell, Division Chief, Division of Law Enforcement Education and Trade Schools, Pennsylvania Department of

Francis Giglio, Senior Vice President of Compliance and Regulatory Services, Lincoln Educational Services

8 * * * 1 2 State Board of Nursing 3 July 16, 2025 * * * 4 5 The regularly scheduled meeting of the State 6 Board of Nursing was held on Wednesday, July 16, 7 2025. Colby P. Hunsberger, DNP, RN, CNEcl, Chair called the meeting to order at 9:02 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. It was noted David Scher would be 14 arriving late.] 15 Introduction of Board Staff 16 [Wendy Miller, MSN, RN, Executive Secretary, provided 17 18 an introduction of Board staff.] * * * 19 20 Introduction of Board Counsel 21 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair, 22 requested an introduction of Board Counsel.] 23 24 Introduction of Board Prosecution 25 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair,

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   requested an introduction of Board Prosecutors.]
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   Introduction of Virtual Attendees
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   [Cynthia K. Miller, Board Administrator, provided an
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   introduction of virtual attendees.1
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   Introduction of In-Person Attendees
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   [Colby P. Hunsberger, DNP, RN, CNEcl, Chair,
   requested an introduction of in-person attendees.]
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   Adoption of Minutes - April 16, 2025
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   CHAIR HUNSBERGER:
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                  The minutes of the April 16, 2025
                  meeting, are there any additions or
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15
                  corrections? Can I have a motion for
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                  approval?
   DR. BUCHER:
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                  So moved.
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   MS. HERZLER:
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                  Second.
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   [The motion carried unanimously.]
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   Adoption of Minutes - June 5, 2025
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   CHAIR HUNSBERGER:
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                  The minutes of the June 5, 2025 meeting
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10 1 are also before you. Are there any 2 additions or corrections? Can I have a 3 motion for approval? DR. BUCHER: 4 5 So moved. 6 MS. HERTZLER: 7 Second. 8 [The motion carried. Chair Hunsberger abstained from 9 the vote.1 10 11 Adoption of the Agenda CHAIR HUNSBERGER: 12 13 The agenda is before you. Are there 14 any additions or corrections to that? 15 MS. PACHTER SCHULDER: 16 The only addition we have are some 17 recusals in number 32, Bucher, Kerns 18 and Hertzler. 34 has been withdrawn. 19 46, the recusal is Kerns. 53, recusals 20 are Hertzler, Kerns, and Scher. 21 CHAIR HUNSBERGER: 22 Can we have a motion for approval? 23 DR. HERSHBERGER: 24 So moved. DR. BUCHER: 25

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                  Second.
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   CHAIR HUNSBERGER:
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                  All those in favor?
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   [The motion carried unanimously.]
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   Report of Prosecutorial Division
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   [Colby P. Hunsberger, DNP, RN, CNEcl, Chair stated
   Agenda items 2 - 11 and 58 are VRP Consent
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9
   Agreements.]
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   [Adrienne Doll, Esquire, Board Prosecutor, presented
12
   Agenda Items 12 and 13.]
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                               * * *
14
   [Kathryn Bellfy, Esquire, Board Prosecutor, presented
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   Agenda Items 14 and 15.]
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   [Matthew Fogal, Esquire, Board Prosecutor, presented
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   Agenda Item 16.]
                               * * *
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   [David Schertz, Esquire, Board Prosecutor, presented
21
   Agenda Item 17.]
22
                               * * *
23
   Regulation Updates
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   [Judith Pachter Schulder, Esquire, Board Counsel,
25
   stated there was no new update for regulation 16A-
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5139 concerning Volunteer Licensing as it is a Bureau driven regulation across multiple boards.

On 16A-5141, the Nursing Education Programs regulation, the Board will be continuing its review of the post-publication comments later in the meeting.

Ms. Pachter Schulder reported regulation 16A-5145 regarding Certified Registered Nurse Anesthetist (CRNA) Licensure was published in the *Pennsylvania Bulletin* on June 28, 2025. Public comment will be open until July 28, 2025. She stated the Board will not review the comments in the September meeting as after the public comment period, there will be comments from House and Senate Licensure Committees and Independent Regulatory Review Commission.

Ms. Pachter Schulder explained that regulation 16A-5146 addressing Opioid Prescription and Education and Organ Donation Education has been delayed at the Commissioner's request to align with the Medical and Osteopathic Boards' regulations. However, the Osteopathic Board regulation is just now going out for an exposure draft. The Medical Board adopted the regulation as proposed, but it has not published yet or received comments. The Nurse Board is up against the two-year deadline from original publication. Due

to the deadline and to avoid starting the process 1 2 over, the regulation package in final will be delivered on July 24, 2025, with an effective date of 3 4 May 1, 2026. This timeline will allow integration 5 into the upcoming licensure system and coordination with the other Boards. She reminded attendees that 6 7 while the opioid education requirement already 8 exists, licensees could begin the organ donation education early and receive credit for it within the

Ms. Pachter Schulder stated for regulation 16A-5150 regarding Certified Registered Nurse
Practitioners (CRNPs) Prescribing and Dispensing, the package still needs to be finished.

five-year compliance window.

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Ms. Pachter Schulder shared that regulation 16A-5151 which concerns Licensed Practical Nurse (LPN) Pronouncement of Death had only received one comment from the Patient Safety Authority who supported the regulation. The regulation will come back to the Board at its next meeting or the following meeting.

Ms. Pachter Schulder also briefly referenced regulation 16A-5152 related to permanent Nurse Licensure Compact regulations, noting it was not currently listed on the agenda. She noted it was best to wait a bit longer in case issues arise as a

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   result of the temporary implementation.
                                              She added
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   the Board will likely need to start moving on the
3
   regulation within the next six months.]
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   Pennsylvania Legislative Update -
   [Judith Pachter Schulder referred to the Report in
6
7
   the Agenda.]
8
                              * * *
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   Report of Chairperson
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   [Colby P. Hunsberger, DNP, RN, CNEcl, Chair, shared a
11
   proclamation thanking Licensed Dietitian-Nutritionist
12
   member Dr. Charlene Compher for her time served with
13
   the Commonwealth. He read, "The Department of State
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   Bureau of Professional Occupational Affairs and the
15
   State Board of Nursing of the Commonwealth of
16
   Pennsylvania extend their gratitude to Charlene
17
   Compher for her contributions to the State Board of
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18 Nursing and to the citizens of the Commonwealth. It

19 recognizes her commitment to the highest standard of

20 ethics, the betterment of the nursing profession and

21 responsible acts as a public servant." He noted her

22 | last day on the Board was July 1, 2025.]

23

24 Report of Acting Commissioner

25 | [Arion R. Claggett, Acting Commissioner, Bureau of

Professional and Occupational Affairs, noted that the replacement for the PALS Licensure System, Evoke, is still on schedule for early 2026. He also stated the 4 Nurse Licensure Compact (NLC) has been implemented 5 and applications are currently being processed.

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Ms. Pachter Schulder noted if a registered or practical nurse is in the VRP program, they are not eligible for multistate licensure. She added all participants in VRP have received letters letting them know they are not eligible, and if they were to apply for multistate licensure, they would have to disclose their participation in VRP in the application. She explained future VRP consent agreements will include language about single state versus multistate licensure.

Ms. Pachter Schulder shared that while the Board thought uploading a Pennsylvania driver's license and other Pennsylvania identification would suffice for the declaration of primary state residency, the NLC requested a declaration of primary state residence. This will be a document on the Board's website which licensees can download and then upload to their multistate application. She added seeking clarification from the NLC as to whether the document will also have to be uploaded for renewals.

Acting Commissioner Claggett added the process
for getting a background check is contained in the
application. When a person applies for licensure,
there will be a series of instructions. They will
receive a service code and information on going to a
fingerprinting center to get their fingerprints and
to upload for their license.

Ms. Pachter Schulder noted for single state licensees, as health care practitioners, the applicant will have to provide the FBI background check. For multistate licensees, the applicant will have to provide the Pennsylvania background check in addition to the FBI background check.]

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15 Report of Committees - Probable Cause

16 [Sue E. Hertzler, LPN, reported that the Probable

17 | Cause Committee moved on 0 Petitions for Appropriate

18 Relief, 20 Petitions for Mental and Physical

19 Examinations, and 2 Immediate Temporary Suspensions-

20 one on June 28th and the other on July 9th.]

21 **

22 Report of Committees - Application Review

23 [Donald H. Bucher, DNP, CRNP, ACNP-BC, FAANP, Vice

24 | Chair, reported that virtual meetings occurred, and

25 | the Committee moved on applications submitted.]

* * *

2 Report of Committees - Advanced Practice - No Report

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4 Report of Committees - RN/PN Practice, Education and

5 Regulation

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6 | [It was noted the regulations meeting would occur at

7 10:25 a.m. during the Board meeting.]

8 ***

9 Report of Committees - Dietitian-Nutritionist - No

10 Report

11 ***

12 Report of Board Members Who Attended a Meeting on

Behalf of the Board - No Report

14

15 Report of Executive Secretary

16 | [Wendy J. Miller, MSN, RN, Executive Secretary,

17 reported on the American Academy of Nurse

18 | Practitioner Certification Board (AANPCB), which has

19 a new CRNP certification exam for psychiatric mental

20 health nurse practitioners. The exam has been

21 accredited by the Accreditation Board for Specialty

22 | Nursing Certification as of January 1, 2025 according

23 to the National Council of State Boards of Nursing

24 (NCSBN). Ms. Wendy Miller asked the Board to vote

25 and determine if it should accept the additional

1 | certification exam for nurse practitioner applicants.

- 2 | The Board does have a list of approved CRNP exams,
- 3 and it would be an additional exam on the list. The
- 4 | Board also has a list of recognized certifiers and
- 5 AANPCB is one of the national certification agencies
- 6 on the list.
- 7 Ms. Pachter Schulder asked for the full name of
- 8 | the exam. Ms. Wendy Miller relayed it is the
- 9 | American Academy of Nurse Practitioner Certification
- 10 Board Psychiatric Mental Health Nurse Practitioner
- 11 [Exam.]
- 12 ***
- 13 MS. PACHTER SCHULDER:
- 14 Is anyone interested in making a motion
- to add this examination to the Board's
- approved list of exams?
- 17 DR. BUCHER:
- 18 Moved.
- 19 DR. HELLIER
- 20 Second.
- 21 [The motion passed unanimously.]
- 22 ***
- 23 Report of Executive Secretary (cont.)
- 24 | [Wendy J. Miller, MSN, RN, Executive Secretary,
- 25 shared there is no LPN renewal right now as it is an

1 odd year. LPN renewals are on even years. The next

2 renewal will be for RNs, CRNPs, CNSs, and

3 prescriptive authority on October 31, 2025, and will

4 open 60 days prior to October 31st.]

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6 Old Business

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7 [Wendy J. Miller, MSN, RN, Executive Secretary,

8 stated she had received two emails from TruMerit

9 | following the last Board meeting. The first email

10 was a follow-up on the Nepali Proficiency Certificate

11 Level (PCL) programs. The second email from June

12 27th explained TruMerit had looked at the programs

13 | four years prior, but due to renewed interest, their

14 professional standards committee will be examining

15 them again. She inquired as to whether the Board

16 wanted to move forward with current applicants based

17 on the emails. In the past, the Board issued

18 licenses to such applicants provided there were not

19 any content deficiencies cited by the foreign

20 credentials evaluator and the deficiency was at the

21 | high school level. She noted, from the June Board

22 meeting, Mr. Joseph Silny felt strongly the programs

23 inherently were not equivalent. She also questioned

24 | if the Board should go back to Mr. Silny and ask what

25 he suggested the path forward for the applicants

should be or if it should be waiting for TruMerit's
new evaluation of the programs. She stated when the
Board denies a license, it generally provides
information on how to remediate any deficiency.

Ms. Wendy Miller asked TruMerit to provide programs wherein high school completion was not a requirement. The two examples she gave were the Nepali PCL programs and the Technical and Vocation Education and Training Program (TVET). Unlike the PCL program, the TVET program is a tiered program, which was started when the person was 15 or 16 and completed at 17 or 18. TruMerit did not feel the TVET program was equivalent in standards in the United States as it was not for a general nursing education. TruMerit had stated if someone from the TVET program completed a BS, then they would be considered equivalent. In addition, Ms. Wendy Miller stated the Board statutes cover high school graduation or its equivalence.

Dr. Bucher stated based on the review from Mr. Silny last month and based on TruMerit stating they would look at the programs again, the programs do not meet equivalency standards.

Ms. Pachter Schulder added the Board may want to hold off on a decision until the additional

information is obtained. She stated the Board may want to tell applicants who are outstanding that the Board is awaiting information to ensure the program She added the TruMerit information is acceptable. and additional email responses made it a confusing scenario. She further explained there needed to be a pathway for people who want to obtain a Pennsylvania license but are unable to document sufficiently completion of the required education.

The Board discussed the merits of additional education to meet equivalency. It added having two different evaluators stating two different things about the same program is concerning.

Ms. Wendy Miller stated she was hearing that if the program does not require high school prior to admission, the Board is unable to determine the equivalency of the program until it receives additional information from TruMerit. She added she would contact Mr. Silny and get his recommendation on how applicants might remediate in order to establish equivalency.

Dr. Hershberger asked if the Board has historically approved applicants from Nepal for an RN license. Ms. Pachter Schulder confirmed it had after a foreign credential evaluation made a determination

of equivalency.

Ms. Wendy Miller added the reports would use language of the program being equivalent in most or some aspects. The deficiency is in the fact high school was not required for admission. There is no noted deficiency in the nursing content breakdown.

Chair Hunsberger stated it would be interesting to know if Nepal licensed applicants scored differently on the NCLEX® if they complete the PCL program or the Bachelor of Science in Nursing.

Dr. Bucher suggested applicants be given information that they may have to go for additional education, which may at least give them the opportunity to start looking at programs. Ms. Pachter Schulder added the Board could tell applicants it had not decided, but the applicant is welcome to ask for a review right now as it stands, or their application could be supplemented with additional education.

Dr. Hellier questioned what the additional education would look like. Ms. Wendy Miller stated there was one recommendation from TruMerit, but she would like to ask Mr. Silny for his thoughts.

Chair Hunsberger stated he would like to know the actual differences in the PCL program versus the BS

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degree in Nepal.

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Dr. Bucher added he was stuck on the high school equivalent part and how it would be part of an applicant's remediation. Ms. Wendy Miller suggested they may be able to be evaluated by a PA program to determine their deficiencies. Dr. Bucher still questioned how the Board would get documentation which would meet the regulations if the applicant completes remediation but still does not have a GED or high school degree.

Ms. Pachter Schulder stated they would hold on the discussion and the Board's decision. She added the Board would tell applicants it is still reviewing information from foreign credential evaluators with regards to their education and they are welcome to supplement with additional education.]

17

18 [David Scher MPH, MSN, RN, CEN, entered the meeting 19 at 9:46 a.m.]

20 ***

21 Appointment - PA Health Care Costs Containment

22 Council (PHC4)

23 | [Jake Muskovitz, Data Analyst, Special Projects;

24 Barry Buckingham, Executive Director; and Katie

25 Jordan, Program Analyst, Communications & Education,

Pennsylvania Healthcare Cost Containment Council (PHC4), made a presentation to the Board.

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Mr. Muskovitz explained that PHC4 is an independent state agency created by the General Assembly in 1986 to collect, analyze, and disseminate health care cost and quality data to promote competition and improve care in the state. While created by the General Assembly, it functions independently to provide unbiased, public information and data to consumers, purchasers, and policymakers. PHC4 is governed by Council members comprised of a multidisciplinary team of professionals that represent key stakeholders from across the Commonwealth. PHC4 collects inpatient hospital discharge and ambulatory/outpatient procedure records from hospitals and freestanding ambulatory surgery centers in Pennsylvania. The data is used to publish free public reports and provide customized data to various stakeholders, including consumers, healthcare providers, insurers, policymakers, and researchers.

Mr. Muskovitz stated the topic before the Board was non-compete agreements. Act 74 of 2024, Fair Contracting for Healthcare Practitioners Act, took effect in January of 2025. Act 74 of 2024 limits non-compete agreements to a length of one year maximum.

The agreements are only enforceable with voluntary departure. If the employee is dismissed for any reason, the agreement is considered void. The law specifically relates to only five license types: MDs, DOs, PAs, CRNPs, and CRNAs.

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Mr. Muskovitz explained PHC4 created a survey to understand the prevalence and gain insight on noncompete agreements impacting healthcare professionals in Pennsylvania. The survey collects several relevant data points which are needed to study the impact of this legislation and to aid in studying the occurrence of non-compete agreements from 2025 to 2027. The first survey collection period was from February 15, 2025, through April 15, 2025. Four hundred thirty-nine responses were received from hands-on healthcare providers; 71.3% of those surveyed currently practice under a non-compete Mr. Muskovitz added optional data was clause. collected to track where a provider lives versus where they practice. This information will be assessed, in addition to remarks collected during an initial comment period offered by PHC4 which ended October 21, 2024, to gather the thoughts of the general public. PHC4 plans to analyze this survey against a second round of survey data collection that will occur in 2027.

Mr. Muskovitz added PHC4 is tracking facility specific NPI numbers which are made public through the National Plan and Provider Enumeration Survey and the Center for Medicare and Medicaid Services. They can then track how many facilities are being activated or deactivated in Pennsylvania. He added, while not perfect, it allows them to track how much access patients have to healthcare throughout the state.

Mr. Muskovitz shared they are also tracking filed civil lawsuits at the request of members of Legislature and support staff. Specifically, they want to determine if non-compete agreements in healthcare are burdening the judicial system. Data from prothonotaries, data vendors, and courts across Pennsylvania are being collected as a starting point. They have noticed a slight uptick over the last handful of years at a statewide level but still need to dig at a county level. He added the most recent data available is from 2023.

He further explained PHC4 is also looking at the number of active medical staff with clinical privileges. This is being done through collaboration with various Commonwealth agencies. PHC4 intends to

use the data to see if the new law impacts the number of medical staff with more or less privileges.

Mr. Muskovitz shared the last data point PHC4 is studying is the impact of the law on employers. He stated they started with the Hospital and Health System Association of Pennsylvania but plan to expand their efforts. The data they are collecting is specific to how hospital employers use non-compete agreements and how many practitioners they have under non-compete agreements.

Mr. Muskovitz concluded his presentation by providing contact information for PHC4 and offered to answer any questions the Board may have.

Dr. Hellier asked if they had found nurse practitioners signing non-compete agreements. She noted she works for UPMC and does not recall signing one, while her husband did as a doctor. Mr. Muskovitz responded they are working to expand how to collect who is signing the agreements. He added they are limited at the moment to the people who answered the survey, and he is unable to speak specifically on nurse practitioners.

Dr. Hershberger asked how PHC4 gains consents for the overall collections of patient records throughout Pennsylvania. Mr. Muskovitz replied it was mandated in the legislation for PHC4. Mr. Buckingham stated not only was it a mandate, but they have the choice of collecting the data from the payers or the providers. He added traditionally hospitals have been the most cooperative.

Dr. Hershberger asked if the information was deidentified. Mr. Buckingham stated PHC4 does the deidentifying of the information. Mr. Muskovitz added if someone wanted the information, they would get in touch with the special requests team. The team would work with the researcher to determine what they want to answer and how they want to answer it. Because their primary focus is security, there is data they cannot provide. Mr. Buckingham conveyed it can be frustrating what they can and cannot provide due to specifics in the law.

Dr. Hershberger suggested PHC4 specifically look at non-compete clauses in executive leadership roles as there may be dual roles which could potentially impact future workforces.

Mr. Buckingham noted when the law was about to be passed, non-compete was not allowed at all. The law was modified due to concerns of the rural health community. He added the study PHC4 is doing was a mandate in the law.

Dr. Bucher commented it would be interesting to 1 2 see how results of the study are used. 3 Buckingham stated he always gets a lot of feedback on 4 studies, especially the financial report which looks 5 at hospitals and the average profit margin.] 6 7 [The Board recessed from 10:15 a.m. until 10:25 a.m.] 8 9 Committee Meeting - RN/PN Practice, Education & 10 Regulation/Advanced Practice 11 [Judith Pachter Schulder, Esquire, Board Counsel, 12 explained she would start by reviewing what the Board 13 had agreed to so far based upon the public comments 14 received on 16A-5141, the Nursing Education Programs 15 regulations. As written, current Sections 21.33a and 16 21.162a permit an RN or LPN program to be on 17 provisional status for two years maximum before they 18 have to file a request for an extension. Proposed 19 Section 21.912 changed the timeframe to the length of 20 the program because the Board wanted to give longer 21 programs more time to correct deficiencies. 22 not the Board's intent to shorten the timeframe for 23 shorter programs. Based on comments, the Board 24 agreed to amend Section 21.912 to read: "A nursing 25 education program may remain on provisional status

for two years or the length of the program, whichever is longer."

Ms. Pachter Schulder shared there were questions about the proposed regulation Section 21.915 regarding standards. Current 21.33b(2) sets out the sole standard for programs. If a program does not meet the minimum pass rate of 80% of first-time test takers, the Board would administratively switch the program to provisional status. Proposed 21.915 keeps the minimum pass rate requirement and also adds 11 additional standards. The Board received the most comments on proposed Section 21.915(b)(2) which limits a program to having more than two administrators in an academic year without preapproval by the Board unless an emergency exists.

Ms. Pachter Schulder explained for a program to go on provisional status under Subsection (b)(2), the Commonwealth would have to file formal charges in an Order to Show Cause and the program would be provided an opportunity to defend against the charges, including have a formal hearing. Secondly, (b)(2) does not prohibit a program having more than two administrators; however, there must be pre-approval by the Board. The reason for the insertion of the pre-approval requirement is because historically,

- 1 when there have been a number of programs on 2 provisional status, the Board saw a very high 3 turnover of program directors. One of the quality 4 indicators for a program is stability in the program 5 director. Third, (b)(2) specifically allows for more than two administrators in the case of an emergency. 6 7 Therefore, the Board decided to keep Section 8 21.915(b)(2) as proposed with no changes despite the 9 comments. 10 Ms. Pachter Schulder reviewed Section 21.916 that 11 requires programs to obtain programmatic 12 accreditation within 5 years of the effective date 13 for current programs and 5 years from approval for 14 new programs. She stated the Board had agreed in 15 principle there would not be any additional changes 16 to 21.916 as programmatic accreditation is a quality 17 standard. She noted that there are many factors in 18 favor of programmatic accreditation including: 19 interstate portability, easier licensure by 20 endorsement, legitimacy of programs, Title IV
- 23 Proposed Section 21.917 requires that in 24 addition to programmatic accreditation, the 25 controlling institution must also be accredited. In

funding, and easier movement between programs as

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needed.

addition, the Board decided to retain the requirement in proposed subsection (a)(1) that RN programs be authorized by the Pennsylvania Department of Education to grant either a baccalaureate, associate degree, master's degree or above in professional nursing and that an Associate Degree in Specialized Technology (AST) is not the equivalent of an associate degree in professional nursing.

Ms. Pachter Schulder stated the next section the Board looked at was proposed Section 21.918 regarding minimum student program qualification requirements. Subsection (a) requires that the student must not only meet program requirements but also the requirements of the controlling institution. The Board received comments that the programs would not be able to be nimble if they were tied to the admission requirements of the controlling institution. The Board decided that because the controlling institution actually confers the degree, students must meet the institution's requirements as well as the nursing program's requirements.

The majority of the comments on Section 21.918 were regarding the pre-commencement requirements in subsection (a)(1) that RN and LPN students complete two mathematics courses, one in algebra and two in

physical science with a related lab before beginning the nursing program. The comments relayed that this requirement has cost implications, may even prevent people from entering LPN programs, and there is no evidence that these prerequisites equate to higher pass rates. RN programs currently contain these science and math pre-requisites. The Board decided to take the practical nursing programs out of the requirement to complete the math and science courses before entering the program but concomitantly decided to make a curriculum change for the LPN programs in proposed Section 21.942. Section 21.942(b)(1)(i) will now require, for both RN and LPN programs, that the curriculum includes anatomy and physiology with a lab, which can be virtual or in person. In addition, in Section 21.942(b)(3)(iii), the Board added in the requirement for pre-licensure programs that the curriculum also include an algebra course.

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Dr. Hershberger requested clarification on Section 21.917 in regard to controlling institution accreditation for programs that award ASTs. Ms. Pachter Schulder explained both under the current regulation and the new regulation AST schools would not be permitted to provide RN education; they would still be permitted to provided LPN education.

Ms. Hertzler asked if the length of programs would change with the addition of algebra. Ms. Pachter Schulder stated the program length did not need to change as algebra did not need to be a separate course, but algebra just needed to be incorporated within the curriculum. Additionally, programs advised in their comments that they are already providing this content. She added the Board put the algebra requirement in because programs on provisional status routinely told the Board that students were not prepared prior to their programs. The incorporation of algebra is one way to remediate students who do not have the course prior to entering a program.

Ms. Hertzler asked if programs would have to prove they incorporated algebra. Ms. Pachter Schulder replied that new programs will have to prove it, but the conversation has not been had as to current programs. She added normally when there is a change in regulation, programs only have to provide documentation if the Board says they have until a certain date to accomplish the change. Ms. Hertzler stated her opinion is the programs should be made to prove it given how important the addition of algebra is.

Ms. Wendy Miller confirmed that as the Essentials have changed, the Board receives curriculum change requests in order to comply with regulatory standards. Ms. Pachter Schulder noted that the Board received a number of comments from programs stating they did not want algebra to be a prerequisite as their programs already provide the education within the program. She stated that without requesting a curriculum for programs that already include this content, a question could be added to the Annual Reports since it is a regulatory requirement.

Dr. Hellier asked and received confirmation that the list of programs on provisional status would be public knowledge as it is posted on the Board's website. Dr. Hellier questioned who would calculate the pass rate for CRNP programs and where the pass rate information and numbers would be coming from.

Ms. Pachter Schulder explained that the Board can get information directly from exam administrators, but most of the information would come directly from schools. Ms. Wendy Miller added she had checked with national certifiers, and schools can run reports within specific time frames or requests reports. She explained pass rate calculations are determined by an average of the students grades for exams within a

specialty.

Dr. Hellier expressed her concern that programs reporting their own pass rates could result in their intentionally or accidently muddle or misinterpreting information because the stakes are high. Ms. Wendy Miller stated the Board can request the reports that were used to calculate the numbers to confirm the calculations. She added the program director also has to sign an attestation confirming the calculations. Dr. Hellier stated she thinks the programs should be told the exact way the pass rate is to be calculated so that everyone does it the same way.

The Board next turned to the qualification requirements in proposed Sections 21.931 and 21.932 regarding administrative requirements and administrator, faculty and staff requirements. She noted that under proposed 21.932(1), full time administrators must meet the requirements of 21.933, and if the administrator also teaches, the administrator must also meet the requirements of both faculty and administrators. The Board received no comments regarding student/faculty ratios in proposed 21.932(2).

The Board received comments regarding proposed

Section 21.932(5) which requires programs to have nursing education support staff including administrative, library, admissions, financial aid, 4 academic counseling, student services, technological 5 and dedicated clerical support. Post-publication commentors questioned if the Board was requiring all of the staff be dedicated to the program, therefore, creating a financial burden on the program. Pachter Schulder stated the Board intended the programs simply have access to those support staff.

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Dr. Hershberger stated the Board should not be mandating support staff if it can be done with the current complement at the controlling institutions and that is for the programs and their controlling institutions to figure out.

The Board discussed if the support staff should be separated based on the program type. In addition, discussion was had if the positions were intended to be separate full-time positions of if one person could do multiple jobs. Dr. Hellier stated that most of the services listed are simply a part of higher education, and the schools should already be offering the services. The Board concluded that a dedicated person is not needed to fill each role, but the program needs to have the services available for the

students.

Dr. Bucher confirmed availability of services also helps students succeed and for programs to have higher pass rates. He used the example if the Board sees a program is having issues and then the Board sees the students do not have access to a library, it could explain the poor pass rate.

Chair Hunsberger raised concerns about librarians being specialized, and if they are doing administrative work, it would defeat the purpose of what was originally proposed. Ms. Wendy Miller stated if the students have access to online sources such as Medline and EBSCOhost, that would be like a library. She added if the PN program is small, then 24/7 online access would likely be better than what a small brick and mortar library may have.

Ms. Pachter Schulder recommended that the Board remove the word "staff" or change the provision to read the nursing education program "shall have access to support staff."

Dr. Hershberger questioned what the dedicated clerical support person would be doing. Ms. Pachter Schulder explained when the Board originally wrote the regulation, there was concern nursing programs would not receive the same support other departments

may get. By writing it into the regulation, programs informed the Board that they could justify the need for program support staff to their institutions. Ms. Wendy Miller added there are concerns about clerical and administrative functions falling onto program directors when they need to be teaching.

The Board debated what library access can look like such as EBSCOhost, cooperatives with other local colleges, or availability of textbooks for students who cannot afford them. Dr. Bucher stated it was not necessary for the Board to determine what exactly the library is. He added he thinks the proposed regulation is good the way it is, as it helps the program and protects the student.

Dr. Hershberger recommended the removal of "technological and dedicated support staff." Other Board members added dedicated does not mean fulltime. It was also questioned about online programs receiving needed support.

Ms. Pachter Schulder explained she could explain in the preamble that one person could assume multiple roles and would remove the word staff from the regulation as written.

Proposed Section 21.933, relating to administrator requirements, would require in

1 (a) (1) (i), that the administrator of a baccalaureate 2 degree professional nursing program hold at least one 3 degree in nursing and a doctoral degree within five 4 years of appointment. For a professional nursing 5 program conferring associate degrees or diplomas, 6 proposed Section 21.933(a)(1)(ii) would require that 7 the administrator possess at least one graduate 8 degree in nursing. For practical nursing programs, 9 proposed Section 21.933(b)(1) would require that the 10 administrator hold a bachelor's degree, preferably in 11 nursing, with experience in the areas of nursing 12 practice, nursing education, nursing research and 13 administration and a graduate degree within five 14 years of appointment. For CRNP programs, proposed 15 Section 21.933(c)(1) would require that the 16 administrator hold a graduate degree in nursing and a 17 doctoral degree or plan of getting the degree within 18 five years.

The Board then reviewed faculty requirements in proposed Section 21.934. For RN graduate programs,

(a) (1) (i) would require that faculty hold a graduate degree in nursing or obtain a minimum master's degree in nursing within five years. For PN programs,

(a) (2) (i) would require that faculty hold a bachelor's degree, preferably in nursing, or obtain a

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bachelor's degree in nursing within five years. For
CRNP programs, (a)(3)(i) would require that faculty
hold a graduate degree in nursing and obtain a
doctoral degree within five years.

- Ms. Pachter Schulder asked Nurse Education
 Advisor Tracy Scheirer, DNP, to speak on the issues
 about faculty qualifications for teaching. Dr.
 Scheirer shared that it boiled down to looking at two
 different program types. For practical nursing
 programs, a bachelor's degree in nursing does not
 address the educational principles present in a
 master's program. She stated one alternative could
 be a certificate program to address deficiencies.
 She found for professional nursing programs, the
 graduate degree highly correlated with quality
 indicators for successful education programs.
- Ms. Pachter Schulder explained that the commentators indicated that requiring a doctoral degree for the administrator of an RN program is very challenging and is not required for RN licensure.

 The comments regarding faculty qualifications for PN programs would create financial burdens and facilities may have to pay more for someone with a higher education than the person who might currently hold the position. She added the Hospital and

Healthsystem Association of Pennsylvania commented that the Board could consider a variety of pathways.

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Chair Hunsberger stated putting a burden on current long-term faculty members is a valid concern. Ms. Pachter Schulder suggested the possibility of those faculty getting a certification or certificate as opposed to a degree as recommended by Dr. Scheirer. Chair Hunsberger acknowledged the national standard according to the National League for Nursing is that educators should have a master's degree or higher. He asked if there was a way to differentiate faculty hired after a certain date. It was suggested the Board consider permitting educators who have been approved as faculty by the Board prior to the effective date of the regulation to continue to teach using current credentials but requiring new educators to meet the requirements in the proposed regulations.

The Board discussed what makes a good educator and that the degree a person holds does not necessarily make them equipped to teach in a nursing program. It was stated the subject of the degree holds more importance than the level of degree.

Chair Hunsberger expressed that educators go into teaching to make a difference, and they know they will be taking a drastic pay cut compared to what

they would make working in the field.

Dr. Hershberger expressed concern over requiring expensive degrees in a time when there is already a faculty shortage. She also stated the gold standard of the Board has always been an MSN and that a PhD or DNP does not necessarily make the faculty member a better educator. She questioned if now is the time to change requirements to make people have an additional cost and additional loans when a master's degree requirement has worked, and the programs are already good.

Ms. Wendy Miller stated there actually is not a lot of change between current regulations and proposed regulations. The main change is the graduate degree in nursing for the administrator.

Chair Hunsberger suggested the Board start with the PN category and work through it before continuing. Ms. Wendy Miller quoted the current section 21.192(a)(3) for a PN administrator as having "a baccalaureate degree, preferably in nursing, with experience in the areas of nursing, nursing education and educational administration. The nurse director or coordinator shall give evidence of ability to provide leadership and shall have a specific plan for completing work towards a master's degree with

evidence of consistent effort toward completion of the plan." The difference between the current regulation and the proposed regulation would be adding a five-year time frame and the graduate degree being in nursing instead of being a master's degree in anything. The Board discussed the difference between an MSN and a master's degree in anything. There was agreement the degree should be related to nursing.

The Board discussed permitting administrators of PN programs who have been approved as an administrator by the Board prior to the effective date of the regulation to continue using current credentials but requiring new PN administrators to meet the requirements in the proposed regulations.

Ms. Pachter Schulder stated the Board could create two qualification requirements: one for previously approved administrators and one for new administrators approved on or after the effective date of the regulations.

The Board moved onto PN faculty regulations. Ms. Wendy Miller quoted the current section 21.192(b)(3) "qualifications of the instructor shall be as follows: a baccalaureate degree, preferably in nursing, with additional preparation appropriate to

the teaching of practical nursing." The proposed
regulations would add the requirement for a BSN
within five years.

It was questioned if the PN faculty could also have two qualification requirements where PN faculty approved prior to the effective date of the regulations could meet the requirements of the current regulations while new PN faculty would be required to meet the qualifications in the proposed regulations. Chair Hunsberger summarized that all PN administrators and faculty approved by the Board prior to the effective date of the regulations would be required to meet the current regulations while those on or after the effective date would be required to meet the enhanced qualifications.

The Board discussed the type of degree and subject they thought should be required for PN faculty and administrators.

Ms. Pachter Schulder clarified that proposed 21.933(b)(1) would require a PN administrator to hold a bachelors, preferably in nursing, plus they would need to get a graduate degree in nursing to be a PN administrator, unless they are a current administrator. For PN faculty, proposed 21.934(a)(2)(i) would require a bachelors, preferably

in nursing, to start and they would need at minimum a BSN, within five years of the regulation going into effect, unless they are a current faculty member.

The Board reviewed the current and proposed regulations for RN-BSN administrators. Proposed 21.933(a)(1)(i) would require these administrators to hold a baccalaureate degree, one graduate degree in nursing and within five years a doctoral degree. For programs conferring an AD or diploma, proposed 21.933(a)(1)(ii) would require these administrators to hold at least one graduate degree in nursing. This provision does not change the current regulations.

Ms. Wendy Miller referred to the requirements for RN faculty. Ms. Pachter Schulder stated that under proposed 21.934(a)(1)(i), faculty would need one graduate degree in nursing or an MSN within five years of appointment. It was agreed there was just a change in language but not meaning.

Ms. Wendy Miller reviewed current Section
21.365(b) of the Board's regulations applicable to
CRNP administrators. Dr. Hellier questioned if an
administrator needed to hold certification in the
program they are supervising. She used the example
of her administrator holding an FNP because they are

an FNP program. Ms. Wendy Miller explained it was not a Board requirement but fell under accreditation requirements. The Board concluded the current and proposed CRNP administrator regulations were aligned.

Ms. Wendy Miller compared current 21.367 and proposed 21.934(a)(3) regarding CRNP faculty requirements. The proposed regulation would require CRNP faculty to hold a doctoral degree while the existing does not. The Board discussed if there were current faculty who did not already have doctorates and if it would be out of the question to require current faculty to obtain one. The Board also debated if the doctoral degree needed to be in nursing or if it could be in another field like public health, education or educational leadership. It was agreed, the doctorate could be in various fields because there is also a requirement of a master's in nursing.

Dr. Hershberger asked if current CRNP faculty could also be permitted to meet the requirements of the current regulations while new CRNP faculty would have to meet the requirements of the proposed regulations. Acting Commissioner Claggett and Dr. Hershberger supported this approach so as to not lose current faculty. Dr. Bucher and Dr. Hellier did not

support separate qualification requirements for CRNP faculty. Dr. Hellier pointed out most universities are not hiring at the master's level anymore.

Dr. Hershberger added there are nurse practitioner programs which have not transferred over to DNP from MSN programs. She expressed concern rural colleges in particular may have not made the transition to DNP programs.

Chair Hunsberger point out if a university offers a CRNP program, there is a high likelihood they also offer doctoral programs. He added many universities offer drastically reduced costs or even free programs for faculty who already work there. He conveyed it would allow the person to obtain their doctorate at little or no financial burden.

Upon further discussion, the majority of the Board agreed with Dr. Hershberger and Acting Commissioner Claggett to allow current CRNP faculty to meet the requirements of the current regulations while new CRNP faculty would have to meet the requirements of the proposed regulations.

Ms. Pachter Schulder confirmed there would be two qualification requirements for the CRNP and PN administrator and faculty positions depending on when the administrators/faculty were approved by the

Board. There would not be different qualification requirements for RN administrators and faculty as no change was being made to the current requirements.

The Board next turned to the requirement that CRNP faculty members who teach clinical courses have to engage in clinical practice. Ms. Pachter Schulder noted that current 21.367(b)(3) of the regulations requires CRNP faculty to maintain currency in clinical practice through ongoing clinical practice. Proposed 21.934(c) includes that same requirement.

Ms. Wendy Miller explained that often programs provide release time for faculty to get the clinical practice they need to meet the requirement.

Dr. Hellier stated there is not a current shortage of CRNPs in Western Pennsylvania. She stated her concern would be if she were to leave her current clinical practice, how would she find another job to fulfill the requirement of clinical practice when no one is hiring part-time CRNPs. She added for ANCC, her teaching is considered her clinical practice for recertification purposes. Dr. Bucher stated he understood the national requirement still included direct care clinical practice.

Dr. Hellier expressed concern over forcing people who may be doing their clinical practice on a casual

basis into working part-time jobs on top of their
full-time teaching position. Ms. Wendy Miller stated
programs are providing the opportunity to meet the
regulatory requirement. Dr. Hellier reiterated her
stance that one does not need face to face clinical
hours to be recertified as a nurse practitioner.

Ms. Bolig pointed out the clinical practice does not have to be a paid position; for example, it could be volunteer work at a clinic or a church parish.

Dr. Hellier asked if the required clinical practice would need to reflect what the person is teaching in the CRNP program. Ms. Wendy Miller stared the requirement is ongoing clinical practice in the specialty. She added the requirements are not increasing in the new regulation.

Dr. Bucher stated his opinion is CRNP faculty should have real work experience in the nurse practitioner world. He added most places carve out time for the required practice.

Dr. Frantz added she has been through two annual reports and the idea of clinical practice has never been an issue.

Ms. Pachter Schulder returned the discussion to the regulations themselves and looked at the RN and PN requirements, both state faculty needs to have

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  expertise in the area of instruction.
                                          She added
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  under CRNPs, there is a line which states faculty
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  must "maintain expertise in the area in the clinical
  or functional areas of specialization."
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                                            She stated
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  this is functionally the same as the RN and PN
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  faculty requirements. It was concluded that the
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  regulation would not be changing.
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The final comment discussed by the Board related to the requirement in proposed Section 21.934(e), modeled after the current provision, that requires an LDN has to teach dedicated dietitian-nutrition The Board discussed the differences between courses. a discrete nutrition course and having it interspersed throughout the nursing curriculum. Ιt was concluded a discrete nutrition course required the additional knowledge an LDN could provide. nurse educator would be sufficient to teach topics like how nutrition relates to disease. The Board concluded that proposed Section 21.934(e)would not change.]

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22 [The Board recessed from 12:39 p.m. to 12:44 p.m.]

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24 Appointment - Monitored Practice Restrictions for

25 LDNs

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[T'rese Evancho, Esquire, Board Prosecutor and Prosecution Co-Liaison, explained she was looking at the Voluntary Recovery Program (VRP) terms for licensed dietitian nutritionist (LDN). She shared there are clear monitored practice terms for LPNs and RNs specific to their practice. However, in working with the VRP, it has come to her attention that the Board may not have deliberated on terms for an LDN for what their monitored practice should look like.

Ms. Evancho asked the Board to think about what the terms might be and then come back to her with ideas for the LDN monitored practice section. The example she shared was for nursing. She explained while some terms are specific to LPNs and RNs, they may want to keep some of the language for LDNs such as notification to prospective and current employers. She shared she is specifically looking for language on when an LDN is allowed to return to practice and what they should be doing.

Ms. Pachter Schulder added the Board had a conversation a number of years ago during which the Pennsylvania Nurse Peer Assistance Program requested the Board remove some of the practice site restrictions. At that time, there was a lengthy discussion, and the Board opted to not remove any

restrictions. She added it would be a more difficult task right now without an LDN member on the Board.

Ms. Hertzler asked how many LDNs were coming to the Board and if the behavior had occurred outside of work or while they were practicing. Ms. Evancho stated it could be either one, that there are a variety of reasons a person could be placed in the VRP.

The Board discussed various scenarios an LDN may find themselves in and what monitoring should look like. There was concern if the LDN was at a smaller health system, they may not even have a direct supervisor to monitor. The decision was made for the Board to think about it over the next few weeks and bring it back at the September meeting. Dr. Bucher and Ms. Capiotis will take the lead in doing research and developing the language needed. The Board will consider a vote in September.]

* * *

[Pursuant to Section 708(a)(5) of the Sunshine Act, at 12:55 p.m., the Board entered into Executive Session for the purpose of conducting quasi-judicial deliberations on the matters on the Agenda under the Report of Board Counsel and the Report of the Prosecutorial Division. The Board returned to Open

54 1 Session at 1:33 p.m. It was noted Board members who 2 recused themselves will be noted in the motions.] 3 * * * 4 MOTIONS 5 MS. PACHTER SCHULDER: 6 Is there a motion to adopt the VRP 7 consent agreements at Items 2 through 8 11 and 58? 9 DR. BUCHER: 10 So moved. DR. HERSHBERGER: 11 Second. 12 CHAIR HUNSBERGER: 13 14 All those in favor? Any opposed? 15 Any abstentions? 16 [The motion carried unanimously.] * * * 17 18 MS. PACHTER SCHULDER: 19 Is there a motion to adopt the 20 following two Consent Agreements for 21 which there are no recusals, 23-51-22 012201 and 23-51-006845? 23 Dr. BUCHER: 24 So moved. DR. HERSHBERGER: 25

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1 Second.

2 CHAIR HUNSBERGER:

3 All those in favor? Any opposed? Any

4 abstentions?

5 | [The motion carried unanimously. The Respondent in

6 | Case No. 23-51-012201 is Brittany M. Deutsch, RN, and

7 | in Case No. 23-51-006845 is Stephanie Bellande, LPN.]

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9 MS. PACHTER SCHULDER:

10 Is there a motion to adopt the Consent

11 | Agreement in Case No. 25-51-002086 for

which Hertzler and Scher are recused?

13 DR. BUCHER:

14 So moved.

15 MS. CAPIOTIS:

16 Second.

17 CHAIR HUNSBERGER:

18 All those in favor? Any opposed? Any

19 abstentions?

20 | [The motion carried. Ms. Hertzler and Mr. Scher were

21 recused from deliberations and voting on the motion.

22 | The Respondent in Case No. 25-51-002086 is Monica

23 Blackwell, LPN.]

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25 MS. PACHTER SCHULDER:

57 CHAIR HUNSBERGER: 1 2 All those in favor? Any opposed? 3 Abstentions? 4 [The motion carried unanimously.] * * * 5 6 MS. PACHTER SCHULDER: 7 Is there a motion to grant the motion for reconsideration in the matter of 8 Rhonda L. Oliver, RN, and that's Case 9 10 No. 23-51-010331? DR. HERSHBERGER: 11 12 So moved. 13 MR. SCHER: 14 Second. 15 CHAIR HUNSBURGER: 16 All those in favor? Opposed? 17 Abstentions? 18 [The motion passed. Ms. Hertzler, Ms. Kerns and Dr. Bucher were recused from deliberations and voting on 19 20 the motion.] 21 * * * 22 MS. PACHTER SCHULDER: 23 Is there a motion to grant licensure 24 for applicant Priscilla Oduraah 25 Sarpong, Case No. 24-51-011066?

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   MS. HERTZLER:
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                   So moved.
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   DR. HERSHBERGER:
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                   Second.
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   CHAIR HUNSBERGER:
                  All those in favor? Opposed?
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                  Abstentions?
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   [The motion carried unanimously.]
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   MS. PACHTER SCHULDER:
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                   Is there a motion to enter a default,
                   to deem the facts admitted and to
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                   authorize Counsel to prepare an
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                   Adjudication and Order in the matter of
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                   Savannah Leann Martin, LPN, 23-51-
                   011071?
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   MS. CAPIOTIS:
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                   So moved.
19
   MS. HERTZLER:
20
                   Second.
21
   CHAIR HUNSBERGER:
22
                  All those in favor? Opposed?
23
                  Abstentions?
24
    [The motion carried unanimously.]
25
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59

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MS. PACHTER SCHULDER:
1
2
                  Is there a motion to adopt the Hearing
3
                  Examiner's Proposals for Martina
4
                  Victoria Albulet, 24-51-017801, and
5
                  Fawn Munro, RN, 22-51-013160?
   DR. HERSHBERGER:
6
7
                  So moved.
8
   DR. BUCHER:
9
                  Second.
10
   CHAIR HUNSBERGER:
11
                  All in favor? Any opposed?
                                                  Any
                  abstentions?
12
13
   [The motion carried unanimously.]
                               * * *
14
15
   MS. PACHTER SCHULDER:
                  Is there a motion to authorize Counsel
16
17
                  to prepare Adjudications and Orders in
18
                  the matters of Krystle S. Johnson, LPN,
19
                  17-51-13554; Christal Lativa Nesbeth,
20
                  LPN, 23-51-000041; and Martona Moody,
21
                  CRNP, RN, LPN, 24-51-016615?
22
   MS. CAPIOTIS:
23
                  So moved.
24
   MS. HERTZLER:
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60 Second. 1 2 CHAIR HUNSBERGER: 3 All those in favor? Any opposed? 4 Abstentions? 5 [The motion carried unanimously.] * * * 6 7 MS. PACHTER SCHULDER: 8 Is there a motion to issue a Memorandum 9 Order granting licensure to Unique 10 Markle, 24-51-015386? 11 DR. BUCHER: So moved. 12 13 MS. CAPIOTIS: 14 Second. 15 CHAIR HUNSBERGER: 16 All those in favor? Any opposed? Abstentions? 17 18 [The motion carried unanimously.] * * * 19 20 MS. PACHTER SCHULDER: 21 Is there a motion to adopt the Proposed 22 Adjudication but correct the proposed 23 Order in the matter of Angla Sue Wolfe, 24 LPN, 21-51-000365? 25 DR. HERSHBERGER:

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61
                   So moved.
1
2
   MS. HERTZLER:
3
                   Second.
4
   CHAIR HUNSBERGER:
5
                  All those in favor? Opposed?
                  Abstentions?
6
7
   [The motion carried unanimously.]
8
9
   MS. PACHTER SCHULDER:
10
                   Is there a motion to adopt the Proposed
11
                  Adjudication but to substitute a Board
12
                  Order in the matter of Sherry Lynn
13
                  Rivenburgh, RN, 24-51-008911?
   DR. BUCHER:
14
15
                  So moved.
   MS. CAPIOTIS:
16
17
                   Second.
18
   CHAIR HUNSBERGER:
19
                  All those in favor? Opposed?
20
                  Abstentions?
21
   [The motion carried unanimously.]
22
23
   MS. PACHTER SCHULDER:
24
                   Is there a motion to adopt the Hearing
25
                  Examiner's Proposal in the matter of
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62 1 Theresa A. West, LPN, 21-51-012235, for 2 which member Kerns is recused? 3 MS. HERTZLER: 4 So moved. MS. CAPIOTIS: 5 Second. 6 7 VICE CHAIR BUCHER: All those in favor? Opposed? 8 9 Abstentions? 10 [The motion carried. Ms. Kerns was recused from deliberations and voting on the motion.] 11 12 13 MS. PACHTER SCHULDER: 14 Is there a motion to adopt the Draft 15 Adjudications and Orders in the matters 16 of Guilene Douge, LPN, 24-51-014372; 17 Nydesha Tyshea Brown, LPN, 24-51-18 018536; and David Christoper Racemus, Jr., LPN, 24-51-018582 and 24-51-018278 19 20 for which members Hertzler, Kerns and 21 Scher are recused? 22 DR. HERSHBERGER: 23 So moved. 24 MS. CAPIOTIS: 25 Second.

63 CHAIR HUNSBERGER: 1 2 All those in favor? Opposed? 3 Abstentions? 4 [The motion carried. Ms. Hertzler, Ms. Kerns and Mr. 5 Scher were recused from deliberations and voting on 6 the motion. 1 * * * 7 8 MS. PACHTER SCHULDER: 9 Is there a motion to adopt the Draft 10 Adjudication and Order for Amanda Rachael Jocken, RN, 23-51-11 12 002389, for which members Hertzler, 13 Kerns and Bucher are recused? 14 MS. SIEGEL: 15 So moved. 16 DR. HERSHBERGER: 17 Second. 18 CHAIR HUNSBERGER: 19 All those in favor? Opposed? 20 Abstentions? 21 [The motion carried. Ms. Hertzler, Ms. Kerns and Dr. 22 Bucher were recused from deliberations and voting on 23 the motion.] 24 25 MS. PACHTER SCHULDER:

1 Is there a motion to adopt the Draft 2 Adjudication and Order in the matter of 3 Janita P. Johnson, LPN, 24-51-004072, in which members Hertzler, Kerns and 4 5 Scher are recused? 6 DR. BUCHER: 7 So moved. 8 DR. HELLIER: 9 Second. 10 CHAIR HUNSBERGER: 11 All those in favor? Opposed? 12 Abstentions? 13 [The motion carried. Ms. Hertzler, Ms. Kerns, and 14 Mr. Scher were recused from deliberations and voting 15 on the motion.] 16 17 MS. PACHTER SCHULDER: 18 Is there a motion to adopt the Draft 19 Adjudications and Orders for which no 20 one is recused? Scott Eyong Kemah, RN, 21 24-51-011535, Deborah Hadley Kozar, 24-51-014323, Kevin William Thomer, RN, 22 23 24-51-006229, and Syreeta Marie Craven, 24 LPN, 23-51-001564? 25 DR. BUCHER:

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65
                   So moved.
1
2
   MS. CAPITIOS:
 3
                   Second.
 4
   CHAIR HUNSBERGER:
 5
                   All those in favor? Opposed?
 6
                   Abstentions?
7
   [The motion carried unanimously.
8
9
   Adjournment
   CHAIR HUNSBERGER:
10
11
                   Okay, do we have a motion for
12
                   adjournment?
13
   MS. HERTZLER:
                   So moved.
14
15
   MS. CAPIOTIS:
16
                   Second.
17
   CHAIR HUNSBERGER:
18
                   All in favor? Opposed?
                               * * *
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20
   [There being no further business, the State Board of
   Nursing Meeting adjourned at 1:43 p.m.]
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23
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CERTIFICATE

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

Allison Walker,

Minute Clerk

Sargent's Court Reporting Service, Inc.

			68
1 2 3 4 5		STATE BOARD OF NURSING REFERENCE INDEX (Cont.) July 16, 2025	
6 7	TIME	AGENDA	
8 9 10 11 12 13 14 15 16	12:45	Appointment - Monitored Practice Restriction for LDNs	
	12:55	Executive Session	
	1:33	Return to Open Session	
	1:33	Motions	
17 18 19	1:43	Adjournment	
20 21 22 23 24 25 26 27 28 29 30 31 31 33 33 33 33 33 33 33 34 44 44 44 44 44			