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

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

MEETING OF:

STATE BOARD OF NURSING

TIME: 9:00 A.M.

Held at

PENNSYLVANIA DEPARTMENT OF STATE

2525 North 7th Street

CoPA HUB, Eaton Conference Room

Harrisburg, Pennsylvania 17110

as well as

VIA MICROSOFT TEAMS

April 20, 2026

State Board of Nursing
April 20, 2026

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 - Absent
Laura Frank, PhD, RD, LDN
Brandy Hershberger, DNP, MSN, RN, CEN
Sue E. Hertzler, LPN
David Scher, MPH, MSN, RN, CEN
Tina D. Siegel, LPN

COMMONWEALTH ATTORNEYS AND LEGAL OFFICE STAFF:

Carolyn DeLaurentis, Esquire, Chief Counsel, Office
of Chief Counsel
Judith Pachter Schulder, Esquire, Board Counsel
Megan E. Castor, Esquire, Board Counsel
Ashley Keefer Jones, Esquire, Board Counsel
Tiffanie Camarota, Esquire, Board Counsel
Lindsay Szymanski, Esquire, Board Counsel
Codi Tucker, Esquire, Senior Board Prosecutor and
Prosecution Co-Liaison
T'rese Evancho, Esquire, Board Prosecutor and Board
Prosecution Co-Liaison
David Schertz, Esquire, Board Prosecutor
Kathryn Bellfy, Esquire, Board Prosecutor
Garrett Rine, Esquire, Board Prosecutor
Caitlin Everetts, Esquire, Board Prosecutor
Christopher Jones, Esquire, Board Prosecutor
Alex Capitello, Legal Analyst, Office of Prosecution

DEPARTMENT OF STATE AND BOARD STAFF:

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

State Board of Nursing
April 20, 2026

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DEPARTMENT OF STATE AND BOARD STAFF: (Cont.)

Leslie House, MSN, RN, Nursing Practice Advisor
Dulcey Frantz, DNP, RN, RAC-C, Nursing Practice
Advisor
Willow Marsh, Legislative Aide, Department of State
Andrew LaFratte, MPA, Deputy Policy Director, Office
of Policy, Department of State
Taylor Koch, Fiscal Chief, Bureau of Finance and
Procurement
Tamie Laudenslager, Fiscal Management Specialist,
Bureau of Finance and Procurement
Kevin Knipe, MSW, LSW, CCDP Diplomate, Program Co-
Manager, Professional Health Monitoring Programs
Julie Drodody, Program Co-Manager, Professional Health
Monitoring Programs

ALSO PRESENT:

Nicole Campbell, Division Chief, Division of Law
Enforcement Education and Trade Schools,
Pennsylvania Department of Education
Michele Orner, Private Licensed Schools Education
Administration Specialist, Pennsylvania Department
of Education
Jessica Moyer, Private Licensed Schools Education
Administration Specialist, Pennsylvania Department
of Education
P. Daniel Altland, Esquire, Pennsylvania Association
of Nurse Anesthetists
Angie Jacobs, CRNA, UPMC
Tiffany Booher, MA, LPC, CAADC, CIP, CCSM, Director,
Peer Assistance Monitoring Programs, Foundation of
the Pennsylvania Medical Society
Katie Gruber, MSW, CADC, Billing Data and Training
Manager, Peer Assistance Monitoring Program,
Foundation of the Pennsylvania Medical Society
Amanda Irons-Bennett, MS, LPC, Case Manager, Nurses'
Health Program, Foundation of the Pennsylvania
Medical Society
Heather Wilson, MSW, CFRE, CAE, Executive Director,
Foundation of the Pennsylvania Medical Society
Julie Heaney, Coordinator, Outreach, Education &
Communication, Nurses' Health Program, Foundation
of the Pennsylvania Medical Society

State Board of Nursing
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ALSO PRESENT: (Cont.)

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7 Kathie Simpson, RN, Advisory Committee Member,
8 Nurses' Health Program, Foundation of the
9 Pennsylvania Medical Society
10 Denise Vanacore, PhD, ANP-BC, FNP-BC, PMHNP-BC, Vice
11 Dean and Professor, Holy Family University School
12 of Nursing & Health Sciences,
13 Misha Patel, Esquire, Assistant General Counsel,
14 Pennsylvania Medical Society
15 Kathleen Rundquist, MSN, RN, Practical Nursing
16 Program Director, Franklin County Career and
17 Technology Center
18 Wayne Reich, MSN, MBA, RN, Chief Executive Officer,
19 Pennsylvania State Nurses Association
20 Jordan Fuhrman, Director of Government Affairs,
21 Pennsylvania State Nurses Association
22 Elizabeth Menschner, DNP, MAS, MSN, RN, NEA-BC,
23 Executive Director, Pennsylvania Organization of
24 Nurse Leaders
25 Will Anderson, Western Governors University
26 Lisa Urban, MSN, RN, Practical Nursing Program
27 Director, Greater Altoona Career and Technology
28 Center
29 Larissa McDonnell, DNP, RN, CCRN, CCNS, NEA-BC, MSN,
30 Director of Nursing Professional Development,
31 Children's Hospital of Philadelphia
32 Talonda Rogers, MSN, RN, Practical Nursing Program
33 Director, Chester County Intermediate Unit
34 Michelle Davis, MSN, RN, Director of Nursing, Lincoln
35 Technical Institute
36 Amy Ricords, MEd, BSN, RN-BC, Director of Nursing
37 Professional Advancement, Pennsylvania Nursing
38 Workforce Coalition
39 Mindy Guinard, EdD, Director of Nursing and Health
40 Sciences, Wilson College
41 Carla Le'coin Jordan, RN, Jefferson Einstein
42 Philadelphia Campus, Pennsylvania Association of
43 Staff Nurses and Allied Professionals Executive
44 Board
45 Mary Marshall, Senior Director, Workforce and
46 Professional Development, The Hospital and
47 Healthsystem Association of Pennsylvania
48 Pam Nicodemus, MS, RN, CNS Applicant
49 Jenifer Stilgenbauer, MEd, BSN, Bethlehem Area
50 Vocational-Technical School

State Board of NursingApril 20, 2026ALSO PRESENT: (Cont.)

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7 Judith Neubauer, DNP, MSN, BSN, Associate Dean,
8 Director of Graduate Nursing Programs, Neumann
9 University
10 Janet Yontas, MSN, RN, Director, Practical Nursing
11 Program, Career Technology Center of Lackawanna
12 County
13 Caitlin Ryan, MSN, BSN, RN, Nurse Manager, Penn
14 Medicine, University of Pennsylvania Health System
15 Diane Kondas, DNP, MSN, BSN, Nursing Program
16 Director, Assistant Professor, Seton Hill
17 University
18 Ann Sullivan, Practical Nursing Program Director,
19 Orleans Technical College
20 Stephanie Maurer, MS, Director of Communications and
21 Membership, Pennsylvania State Nurses Association
22 Melanie Best, MSN-CPNP, DNP, Department Chair Nursing
23 and Health Professions, Assistant Professor,
24 Pennsylvania Western University
25 Catherine Zurawski, DNP, FNP-BC, NP-C, CNE, Director
26 of Graduate Nursing Programs, Associate Professor,
27 Cedar Crest College
28 Nashiah Cotton, Cedar Crest College
29 Madison Smith, Student, Cedar Crest Community College
30 Vivien Adeoye, Cedar Crest College
31 Kalsang Yangla, Student, Cedar Crest College
32 Amita Avadhani, PhD, DNP, NEA-BC, CNE, DCC, ACNP-BC,
33 NP-C, CCRN, FAANP, FCCM, FNAP, Chair of Nursing,
34 Professor, Temple University College of Public
35 Health
36 Pamela Chapman, PhD, RN, CCRN, Assistant Professor,
37 Chair, Department of Nursing, La Roche University
38 Stacy Delaney, MSN-Ed, RN, Practical Nursing Program
39 Director, Delaware County Technical Schools
40 Aaron Shenck, Executive Director, Mid-Atlantic
41 Association of Career Schools
42 Jinsy Mathew, DNP, MSN, RN, Dean, School of Nursing
43 and Health Sciences, Holy Family University
44 Erin Peterman, MSN, CPNP-PC, Pediatric Nurse
45 Practitioner, PM Pediatric Care
46 Christie DeWitt, Field Apprenticeship and Training
47 Representative, Apprenticeship & Training Office,
48 Department of Labor and Industry
49 Tara Loew, Director, Apprenticeship & Training
50 Office, Department of Labor and Industry

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ALSO PRESENT: (Cont.)

Danielle Demirovic, Pre-Apprenticeship Supervisor,
Apprenticeship & Training Office, Department of
Labor and Industry

Tricia Ryan, PhD, MSN, RN, CNE, Practical Nursing
Program Director, Laurel Technical Institute -
Hermitage

Laurie Badzek, LLM, JD, MS, RN, FNAP, FAAN,
Pennsylvania State University College of Nursing

Louise Frantz, RN, BSN, MHA, Ed, Practical Nursing
Program Coordinator, Penn State University Berks
Campus

Luann Carrillo, MSN, RN, Coordinator, Practical
Nursing Program, Lenape Technical School

Edie Brous, Esquire, RN, Law Offices of Edie Brous

Dionnette Stone-Riegler, BSN, RN, Faculty, District
1199c Training and Upgrading Fund

Jessica Thompson, Family Service & Children's Aid
Society

Zoey Feyes

Megan McQueen, RN

Linda Kuhar

Guerline Pierre Louis

Jamie Richards

Heather

561-929-3420

Erin Badstuebner, Sargent's Court Reporting Service,
Inc.

1 ***

2 State Board of Nursing

3 April 20, 2026

4 ***

5 The regularly scheduled meeting of the State
6 Board of Nursing was held on Monday, April 20, 2026.
7 Colby P. Hunsberger, DNP, RN, CNEcl, Chair, called
8 the meeting to order at 9:00 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. David Scher, MPH, MSN, RN, and Laura
14 Frank, PhD, RD, LDN, were not present at the
15 commencement of the meeting.]

16 ***

17 Introduction of Board Staff

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

20 ***

21 Introduction of Board Counsel

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

24 ***

25 Introduction of Board Prosecution

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

3 ***

4 Introduction of Attendees

5 [Cynthia K. Miller, Board Administrator, provided an
6 introduction of virtual attendees. In-person
7 attendees introduced themselves.]

8 ***

9 Adoption of Agenda

10 CHAIR HUNSBERGER:

11 The Agenda is before you. Are there
12 any corrections?

13 MS. PACHTER SCHULDER:

14 There are three additional recusals.
15 For No. 37, please add Dr. Hershberger.
16 For 61, please add Hertzler and Scher,
17 and for 80, please add Hunsberger.

18 CHAIR HUNSBERGER:

19 Can we have a motion to adopt the
20 Agenda with the corrections?

21 DR. BUCHER:

22 So moved, Bucher.

23 DR. HERSHBERGER:

24 Second, Hershberger.

25 CHAIR HUNSBERGER:

1 All those in favor? Opposed?

2 Abstentions?

3 [The motion carried unanimously.]

4 ***

5 Adoption of Minutes

6 CHAIR HUNSBERGER:

7 The minutes for the March 2, 2026,
8 meeting are before you. Are there any
9 additions or corrections?

10 Hearing none, can we have a motion
11 for approval?

12 DR. BUCHER:

13 So moved, Bucher.

14 MS. HERTZLER:

15 Second, Hertzler.

16 CHAIR HUNSBERGER:

17 All those in favor? Opposed?

18 Abstentions?

19 [The motion carried. Acting Commissioner Claggett
20 abstained from the motion.]

21 ***

22 Report of Prosecutorial Division

23 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair, noted
24 Agenda Items 2 through 14 and Agenda Item 78 were VRP
25 Consent Agreements.]

1 ***

2 [T'rese Evancho, Esquire, Board Prosecutor, presented
3 Agenda Items 15, 16, 17, and 18. Ms. Evancho also
4 presented Agenda Items 24 and 79 on behalf of Matthew
5 Sniscak, Esquire, Board Prosecutor.]

6 ***

7 [David Scher, MPH, MSN, RN, CEN, entered the meeting
8 at 9:10 a.m.]

9 ***

10 [Garrett Rine, Esquire, Board Prosecutor,
11 presented Agenda Items 19, 20, 21, and 22.]

12 ***

13 [David Schertz, Esquire, Board Prosecutor, presented
14 Agenda Item 23.]

15 ***

16 Regulation Update

17 [Judith Pachter Schulder, Esquire, Board Counsel,
18 discussed 16A-5141, Nursing Education Programs,
19 particularly the section regarding administrators.
20 The Board had discussed the impacts of requiring
21 existing faculty and administrators to go back to
22 school. The Board carved out exceptions in the
23 regulation for PN and CRNP programs but did not carve
24 out exceptions for RN programs as the requirements
25 last changed for faculty in 1988.]

1 All those in favor? Opposed?

2 Abstentions?

3 [The motion carried unanimously.]

4 ***

5 [Ms. Pachter Schulder stated that with the amendment,
6 Regulation 16A-5141 would be leaving the department
7 by the end of the week to proceed through the
8 regulatory process. She noted the goal was to have
9 the final package at the Independent Regulatory
10 Review Commission (IRRC) at their September or
11 October meeting.

12 Ms. Pachter Schulder reviewed other open
13 regulations. 16A-5145, CRNA Licensure, has been
14 approved by the Office of General Counsel, Office of
15 Budget, and Office of Policy. The anticipated
16 delivery date to IRRC and the legislative committees
17 is the second week of May 2026. The timing would
18 place publication in the *Pennsylvania Bulletin* around
19 September of 2026. Once final and delivered to the
20 Office of Attorney General, notifications would be
21 added to the Board's website so people will know when
22 they can start applying in PALS.

23 Ms. Pachter Schulder stated the next regulation
24 to be drafted was not on the list but would be the
25 permanent Nurse Licensure Compact (NLC) regulation.

1 She noted there have been temporary NLC regulations
2 which expire in three years. Following the NLC
3 regulation, 16A-5150, CRNP Prescribing and
4 Dispensing, would be picked up again.

5 16A-5151, LPN Pronouncement of Death, was
6 scheduled to be published in the *Pennsylvania*
7 *Bulletin* in two weeks, opening the 30-day comment
8 period. Once received, the Board will be able to
9 review any comments and move further on the
10 regulation.

11 She noted the last regulation in the pipeline is
12 for volunteer licenses.]

13 ***
14 Pennsylvania Legislative Update
15 [Judith Pachter Schulder, Esquire, Board Counsel,
16 reported there was very little to report for
17 Legislative Updates. Senate Bill 402 relates to the
18 administration of anti-seizure medications in
19 schools. She noted the bill would be viewed again in
20 the next legislative session if it had not
21 successfully passed.

22 March 12, 2026, was LDN Recognition Day and was
23 recognized on March 18, 2026, with Senate Resolution
24 255.]

25 ***

1 Appointment - Annual Budget Presentation
2 [Taylor Koch, Chief, Division of Fiscal Management,
3 Bureau of Finance and Procurement, presented the
4 Fiscal Year 2025 Annual Financial Report. The first
5 PowerPoint slide was a breakdown of licensee counts
6 over the last six years. He noted Pennsylvania
7 joined the Nurse Licensure Compact, adding the multi-
8 state licensing class. He pointed out that while
9 there was a dip in single state registered nurses,
10 there was huge upswing in terms of the multistate
11 licenses. Overall, he stated there had been an
12 uptick of approximately 3,700 licenses over the last
13 fiscal year. Comparing the 2022-2023 biennium and
14 the 2024-2025 biennium, there had been an increase of
15 about 5,400 licensees, bringing the licensee count at
16 the end of March 2026 to about 347,000 licensees
17 total. Mr. Koch explained the breakdown of what each
18 license class pays for their renewal fees. He noted
19 that while there are renewals scattered throughout
20 the year, the bulk of renewals are in the spring of
21 even years. The last Board-approved fee increase was
22 in 2019. He added that the Certified Registered
23 Nurse Anesthetist (CRNA) license class was new, and
24 the renewal fee would start in March of 2027.

25 Ms. Pachter Schulder commented there would not be

1 any CRNA renewals in March of 2027, as the licensing
2 would start near the end of 2026.

3 Mr. Koch presented revenue definitions prior to
4 showing the breakdown of revenues for the prior
5 biennium and current biennium. The FY 2022-2023
6 biennium brought in about \$44.1 million. The revenue
7 for the current FY 2024-2025 biennium is projected at
8 \$42.6 million. He pointed out that almost 97 percent
9 of revenue is derived from applications and renewals.
10 He noted the other categories were minimal in
11 comparison but did contribute to the overall bottom
12 line.

13 Mr. Koch next discussed expenses. The prior
14 biennium had expenses totaling \$36.4 million, and the
15 current biennium is projected at about \$54.1 million.
16 He noted that within the Legal and Administrative
17 Costs categories, expenses are derived in three ways:
18 timesheet based, direct charges, and licensee
19 population. He noted the licensing modernization
20 project is broken down as a licensing cost, meaning
21 that each of the boards picks up a percentage based
22 on their license counts. The Nurse Board has a
23 significantly larger licensee population which means
24 they are picking up a larger percentage of the
25 project costs. He pointed out most of the project

1 costs fall into the Board Administration and Legal
2 Administration lines. He noted there are other
3 determining factors and variables that are factored
4 in, such as the overall higher costs of the economy.
5 He also noted most of the project costs in FY 2025
6 are one-time deliverables. Future fiscal years will
7 see maintenance costs baked into the projections.

8 Next, Mr. Koch brought together the revenue and
9 expenses to show the overall numbers. He noted there
10 was a \$7.6 million surplus in FY 2022-2023. He also
11 emphasized a National Council of State Boards of
12 Nursing (NCSBN) grant for \$387,450 in FY 2024-2025
13 which helped to offset some costs. He explained that
14 the projections ultimately show a deficit. Based on
15 the numbers, he suggested that the Board entertain a
16 fee increase next year. He noted the Board was only
17 about halfway through the RN renewals post
18 implementation, and the LPN impacts would not be
19 realized until later in the summer as they go through
20 their renewal.

21 Mr. Koch stated Fiscal Management felt it was in
22 the Board's interest to go through the remainder of
23 the renewals and the remainder of the cycle of the
24 first year with the new NLC prior to implementing a
25 fee increase. He added that by spring 2027, Fiscal

1 Management will have a more accurate count of renewal
2 numbers, allowing them to present an accurate
3 recommendation to the Board. He shared that Fiscal
4 Management is closely monitoring the Board due to the
5 number of licensees. In addition to planning a
6 spring fee increase presentation, Mr. Koch reported
7 that Fiscal Management intends to present an interim
8 financial presentation in late summer. The interim
9 presentation will allow Fiscal Management to show
10 where projections for FY 2025 landed and allow for
11 continued refinement of numbers.

12 Ms. Pachter Schulder commented that with CRNAs,
13 they would show in the RN count, but like CRNPs and
14 CNSs, they would also be recognized as CRNAs in the
15 certification count. She noted it was unlike the NLC
16 where single state RNs were being taken out of one
17 category but added to the multistate licensee
18 category.

19 Mr. Koch noted Ms. Pachter Schulder's remarks.
20 He concluded by encouraging the Board to reach out to
21 Board Administration with any questions, who would
22 then contact Fiscal Management.]

23 ***

24 Appointment - Professional Health Monitoring Programs
25 and Nurses' Health Program Presentation

1 [Tiffany Booher, MA, LPC, CAADC, CIP, CCSM, Director,
2 Peer Assistance Monitoring Programs, Foundation of
3 the Pennsylvania Medical Society, noted many of her
4 colleagues were also in attendance. She presented a
5 slideshow on the Nurses' Health Program (NHP) and the
6 Peer Assistance Monitoring Program (PAMP). PAMP has
7 provided services since 1985, starting with
8 physicians and expanding to include pharmacists,
9 dentists, and veterinarians. Nursing and dietitian
10 nutritionist professionals were added to the PAMP in
11 2023. The Foundation is a 501(c)(3) non-profit
12 affiliate of the Pennsylvania Medical Society with a
13 separate board of trustees. The mission of NHP is to
14 facilitate rehabilitation of nurses with concerns
15 related to substance use disorders, mental health
16 disorders, and/or behavioral concerns. NHP works by
17 coordinating assessment and treatment services,
18 providing monitoring, advocacy, and outreach to
19 ensure the safe practice of their profession and the
20 safety of the public.

21 Ms. Booher provided an overview of PAMP's
22 leadership team. She noted there were three open
23 seats on the NHP Advisory Committee, and they were
24 particularly looking for a dietitian nutritionist.
25 Ms. Booher also provided an overview of NHP staff.

1 Ms. Booher noted NHP uses treatment providers who
2 specialize in treating healthcare professionals. She
3 added that people in the program do not go to
4 treatment with the general public unless there is a
5 significant financial barrier. She shared that NHP
6 tries to keep people in healthcare professional-
7 specific treatment because specialized expertise
8 provides a better understanding of the unique needs
9 and challenges of healthcare professionals.

10 Workplace-specific risks can be addressed, such as
11 drug diversion, high stress environments, burnout,
12 and ongoing access to controlled substances. Peer-
13 based support also helps reduce feelings of guilt,
14 shame, and isolation. She further explained there is
15 a unique balance that comes with trying to engage in
16 monitoring requirements, work, and home environments.

17 Ms. Booher shared how NHP has evolved over the
18 last few years to meet participants' needs, including
19 the creation of an Intake Department to streamline
20 the referral and intake process. NHP staff has also
21 worked to address financial barriers, dependent care
22 responsibilities, individuals who do not want to take
23 time off for an evaluation, and situations where
24 insurance will not cover an evaluation.

25 Staff guides the participants to the most

1 appropriate level of care for their needs, which can
2 mean an inpatient evaluation. She noted that if a
3 person has unique needs which prevent them from
4 participating in an inpatient evaluation, NHP is
5 willing to recommend a lower level of care. She
6 added that the outcome may not be as good, but it is
7 more important to have someone participate in the
8 program than it is to have them refuse.

9 Ms. Booher highlighted successes from the past
10 two years. NHP expanded their evaluation provider
11 network, adding +11 in-state and +4 out-of-state
12 evaluators. NHP also worked to expand healthcare
13 professional-specific treatment programs across the
14 Commonwealth. Six intensive outpatient programs, two
15 partial hospitalization programs, and three general
16 outpatient programs have been developed. In
17 addition, an inpatient program is currently in
18 development. She noted the programs have created a
19 great foundation for nurses to receive specific
20 treatment with other nurses and healthcare
21 professionals to be more successful in their
22 recovery.

23 Ms. Booher stated staff have advocated for and
24 secured financial support for participants through
25 scholarships, sliding scales, payment plans, and

1 income-based fee schedules for evaluations and
2 treatment. She noted treatment and evaluation can be
3 expensive, which creates a barrier for some people.
4 NHP has built partnerships with the district Offices
5 of Vocational Rehabilitation (OVR). OVR provides
6 services for individuals who are currently out of
7 work by providing financial assistance to cover the
8 costs of evaluation, treatment, drug testing, and
9 monitoring fees for qualified participants.

10 Outreach has included presenting the NHP overview
11 to hospitals, primarily UPMC, schools of nursing, and
12 Senator Judy Ward. NHP has also exhibited at various
13 nursing conferences in the state. Ms. Booher thanked
14 the Board for providing contact information for
15 nursing associations at the start of the contract.
16 Strategic outreach has been done with the Student
17 Nurses' Association of Pennsylvania and the
18 Pennsylvania Higher Education Nursing School
19 Association in an effort to connect with nursing
20 students. She pointed out there were resources
21 available on the PAMP website, including posters
22 which can be put up in work environments.

23 Ms. Booher reviewed statistics from 2024 and
24 2025. In 2024, there was an average active caseload
25 of 749 cases per month, with an average of 71 new

1 referrals each month. There was a total of 855 new
2 referrals in 2024; of those 855 referrals, 131
3 entered monitoring, 482 were closed due to no
4 diagnosis, declining evaluation, or leaving
5 monitoring, and 242 remained pending at the end of
6 the year and rolled over to 2025. Overwhelmingly the
7 referrals by license types were RNs and LPNs, with a
8 few CRNPs, CRNAs, LDNs, and students. She reviewed
9 the types of monitoring agreements which have been
10 designed to meet the unique needs of participants.
11 The bulk of NHP Agreements address substance use
12 disorders, with other agreements being non-advocacy,
13 re-signing, long-term, interstate, psychiatric, rule-
14 out, occupational, and lifetime.

15 Ms. Booher stated that in 2025, there was an
16 average of 786 active cases each month, with 72
17 average new referrals each month; of the 868 new
18 referrals in 2025, 124 entered monitoring, 588 were
19 closed for no diagnosis, declined evaluation, or left
20 monitoring, and 156 were pending at the end of the
21 year. Of those pending cases, 107 had completed
22 intake, and 49 had not contacted NHP. Referrals by
23 license type were similar to 2024, with slight
24 increases in CRNPs and students.

25 Chair Hunsberger asked if CRNAs might be included

1 in the RN category because CRNAs did not have a
2 separate license. He added the number of CRNAs
3 seemed low based on the profession.

4 Ms. Booher explained that when people are
5 referred by the Professional Health Monitoring
6 Program (PHMP), the referral sheet may only have RN
7 on it and not CRNA. If the person does not engage in
8 the process with NHP, they remain listed as an RN as
9 NHP never learns they are a CRNA.

10 Ms. Booher noted 156 agreements were signed in
11 2025, some of which came from pending referrals from
12 2024. The agreement types were similar to 2024
13 statistics. She explained non-advocacy agreements
14 are for individuals who refuse to cooperate with the
15 level of treatment recommended through their
16 evaluation. She stated that in those cases, NHP will
17 not advocate for the individual's return to practice
18 until they have demonstrated a period of compliance
19 with a lower level of treatment. Ms. Booher noted
20 the final return to practice comes from PHMP. NHP
21 gathers documentation and evidence of recovery that
22 is presented to PHMP, who communicates directly with
23 the participant.

24 Ms. Booher discussed relapse, which the program
25 defines as a return to use of a prohibited substance.

1 She noted that relapse does not include someone who
2 has been prescribed medication for surgery. Relapses
3 can be someone who starts drinking again, uses
4 medical marijuana, or uses another person's
5 medication or prescription without permission and
6 then has a positive drug test. In 2024, the NHP
7 relapse rate was 11 percent, and in 2025, the relapse
8 rate was 16 percent. She noted the national benchmark
9 is 40-60 percent relapse rate in the general public.
10 She attributed the lower rate to peer assistance
11 monitoring and healthcare professional-specific
12 treatment.

13 Ms. Booher concluded by reviewing the length of
14 time in monitoring agreements at NHP—40 percent of
15 agreements were in their third year, 24 percent were
16 in their second year, and 36 percent were in the
17 first year.]

18

19 [Kevin Knipe, MSW, LSW, CCDP Diplomate, Program Co-
20 Manager, Professional Health Monitoring Programs
21 (PHMP), provided data from the past ten years for the
22 Voluntary Recovery Program (VRP) and the Disciplinary
23 Monitory Unit (DMU). He explained that PHMP is the
24 state monitoring program within the Bureau of
25 Professional and Occupational Affairs (BPOA) and

1 monitors all BPOA boards. He explained that for the
2 PowerPoint presentation, the cases are grouped into 4
3 categories: Nurse Board, PHP Cases (Physicians'
4 Health Program), Pharmacy Board, and PHMP Only Cases.
5 He noted that the pharmacists had their own program
6 up until three years ago and are now under the
7 Foundation of Pennsylvania Medical Society's
8 Pharmacists' Health Program. PHMP Only Cases are
9 cases for boards that do not have the availability of
10 a peer assistance program.

11 Mr. Knipe explained the Active and Closed
12 categories for VRP and DMU cases. Active case
13 categories are Active, Active Extended, and Active
14 Referred to Legal. Closed case categories are Closed
15 Completed, Closed Violated, Closed Deceased, and
16 Closed Other. He pointed out the Closed Deceased
17 category was broken out to highlight that when
18 substance use disorders and mental health illnesses
19 are left untreated, these issues can result in death.
20 He noted PHMP is unable to define the cause of death
21 for participants, which may or may not be related to
22 the reason they were in the program.

23 Mr. Knipe demonstrated a breakdown of licensure
24 applicant cases which are based only on referrals and
25 not people who have enrolled. The breakdown showed

1 the types of cases and the final dispositions of the
2 cases. Some of the categories included Assessed Not
3 Impaired, Refused to Cooperate, and Enrolled in VRP.

4 The next two slides presented the violations,
5 which were categorized into VRP and DMU cases. Mr.
6 Knipe emphasized the breakdown was based solely on
7 the primary reason or most significant factor for why
8 the case was referred to Prosecution. He noted most
9 cases that end up before the Board have multiple
10 violations. He added the most serious category is
11 Diversion, which PHMP hopes to avoid at all costs by
12 providing people with avenues.

13 Mr. Knipe referred to slides showing violation
14 rates for VRP and DMU cases. Twenty-three percent of
15 nurses who entered into a VRP agreement had
16 disciplinary action imposed due to a violation; DMU
17 cases had a 38 percent violation rate.

18 Mr. Knipe showed the ten-year referral trends for
19 VRP and DMU cases. He noted there was a significant
20 drop in the referral rates during the COVID years.
21 He added that the rate had been declining prior to
22 COVID. He stated PHMP was concerned about the lower
23 referral rates and the impact on the VRP and DMU
24 programs. He noted in his 25 years with PHMP, he had
25 seen much higher referral rates. He attributed the

1 lower rates to facilities and people not being aware
2 of resources and mandatory reporting guidelines
3 within Pennsylvania.]

4 ***

5 [Mr. Knipe opened the floor up to questions regarding
6 PHMP and NHP.

7 Dr. Bucher commented there seemed to be a
8 standard approach of three years of monitoring, and a
9 standard that three years equates to recovery. He
10 noted that when looking at relapse statistics and
11 evidence-based practice, the three-year mark did not
12 seem to equate with recovery. He asked if the
13 recommendation should be more than three years to
14 help the nurse and protect the public.

15 Mr. Knipe stated the question had arisen several
16 times over the years. He explained that the three-
17 year agreements were predominately used when PHMP was
18 formed. He noted that over the years there have been
19 trends of similar programs in other states shifting
20 to five-year agreements. He noted that while most
21 PHMP agreements are three years, there are some five-
22 year agreements. He added all the boards need to
23 consider what they would like in the future. He
24 commented five years can provide an extra layer of
25 protection for the public, but the agreement length

1 also depends on available resources.

2 Ms. Booher stated PAMP uses a five-year agreement
3 so people who come to them through PHMP can
4 voluntarily stay with PAMP for a full five years of
5 monitoring. She added the National Organization of
6 Alternative Programs (NOAP) recently did a survey
7 which showed about 60 percent of programs like PHMP
8 use five-year agreements. In addition, she noted
9 statistically outcomes are better with five-year
10 agreements. She shared that in her personal
11 experience, the biggest barrier for nurses is the
12 financial aspect.

13 Ms. Booher stated NHP is fundraising for a
14 scholarship fund for nurses but needs to have a lot
15 of money in the fund before starting to use it
16 because of the number of nurses with financial need
17 in the program. She noted that while finances are
18 the biggest issue as to why people leave the program,
19 2026 would be the first year where PAMP would have
20 impact statistics, as anyone leaving the program
21 would be given an impact survey. She noted PAMP
22 wanted to look at how to break barriers down and
23 engage people for a longer period of time to be more
24 successful. She added drug testing is becoming more
25 expensive which is why options like virtual treatment

1 are being used to lower other costs like
2 transportation. She stated PAMP is constantly
3 looking at how to evolve to support professionals and
4 keep them in the program longer.

5 Ms. Booher agreed with Dr. Bucher that just
6 because a person is in a monitoring program does not
7 mean they are in recovery. She noted some people are
8 just abstaining and checking boxes off so they can
9 get out of the program and do what they want in three
10 years. She shared that nurses have a unique
11 presentation compared to other professionals. She
12 added they seem to have higher amounts of personal
13 stress, and the acuity of illness seemed to be higher
14 by the time they got to PHMP.

15 Ms. Hertzler commented the lengths of agreements
16 did not match up to the severity of their diagnosis
17 or illness. She pointed out a young person may have
18 just started drinking and had a DUI for the first
19 time ever and gets a three-year agreement while
20 someone with a decade's old substance use disorder
21 history also gets three years. She added three years
22 of monitoring and treatment will be more effective
23 for the young person, while the person with a long-
24 term issue will not be as efficiently treated in the
25 same three years.

1 Dr. Bucher asked if there were conversations
2 about how to best do fundraising for a nurses'
3 scholarship fund and if there was a specific
4 percentage of the amount of money made by the
5 Foundation going towards a nursing fund.

6 Ms. Booher replied there is a philanthropy
7 department who does the fundraising. PAMP also has a
8 specific staff member who manages all the
9 scholarships, as there are also funds for physicians,
10 pharmacists, and dentists.

11 Heather Wilson, MSW, CFRE, CAE, Executive
12 Director, Foundation of the Pennsylvania Medical
13 Society stated there is a specific fund clearly
14 indicated to pay expenses for the nursing
15 participants. The fund does not pay for any salaries
16 and exists to make sure nurses can access their
17 toxicology. She explained there is specific
18 fundraising for the Nurses Assistance Fund. She
19 shared they were currently leveraging existing
20 relationships with hospitals to ask if they would
21 support the fund. She also described other ways they
22 are raising money such as the State Employee Combined
23 Appeal, past participants giving back, and
24 educational community outreach. She noted there had
25 been a challenge with the nurses' contract that

1 prevented NHP from fully engaging in fundraising.
2 However, now that NHP knows the contract is moving
3 forward, they are fully engaged with fundraising and
4 outreach. She also noted they had just secured a
5 list of family foundations who may support nursing
6 and/or substance abuse and recovery. She emphasized
7 all money raised goes specifically towards
8 participants and no overhead is taken care of with
9 the funds.

10 Ms. Booher mentioned there is a quarterly
11 newsletter and Ms. Wilson's Director's Message was
12 specifically about the fund and asking for money for
13 nurses.

14 Dr. Bucher commented with the Foundation being a
15 non-profit, he knows there is a steering committee,
16 but he thought it would be nice to see a nurse on the
17 steering board. He noted the Foundation board was
18 physician heavy, and a nurse appointment would help
19 build trust in addition to helping with guidance in
20 nursing.

21 Ms. Booher agreed with Dr. Bucher and stated a
22 nursing position was being pursued.

23 Dr. Hershberger noted Ms. Booher had mentioned
24 finances being one of the reasons why nurses declined
25 to participate. She asked if the reasoning was the

1 same for physicians and pharmacists or if nursing was
2 different than other professions.

3 Ms. Booher stated she did not want to say nursing
4 was different but acknowledged PAMP looks at the
5 unique characteristics of participants and what they
6 are experiencing in life. She shared nurses,
7 overwhelmingly, have trauma issues, are in abusive
8 relationships, and many are single parents. As a
9 result, the barriers faced by nurses are a lot
10 higher, making them more likely to refuse treatment.
11 She added they are also more likely to throw caution
12 to the wind with their first violation and see what
13 the Board will do. She also noted there is a more
14 nonchalant attitude with the actual monitoring
15 process. She added that physicians are more likely
16 to comply, and pharmacists will refuse at higher
17 rates than physicians. She stated investment in
18 professions seemed to play a role in compliance.
19 Motivations vary by profession, largely dependent on
20 personal lives. She felt strongly that if the
21 scholarship fund had enough money to start accessing
22 funds for nurses, the refusal rate would go down, and
23 more people would engage in the program.

24 Chair Hunsberger asked if consideration had been
25 given to presenting a pamphlet to nurses and

1 employers showing that health organizations should
2 consider covering the cost of treatment as it would
3 drastically reduce the cost of training new nurses.
4 He noted the pamphlets could ask employers to sponsor
5 their nurses.

6 Ms. Booher stated they have not given out
7 pamphlets but could consider the idea. She explained
8 one of the things noticed by PAMP is that
9 organizations are more likely to write off nurses
10 because they see them as a nuisance and danger to
11 their system depending on what situation the nurse
12 finds themselves in. She also shared that in
13 situations where the work environment has perpetuated
14 substance use issues, hospital systems have been more
15 willing to pay for evaluation and treatment as
16 opposed to when the situation arises from outside of
17 work. She pointed out the importance of breaking
18 down stigmas and giving people a better understanding
19 of the disease concept of addiction.

20 Dr. Frank offered to put Ms. Booher in contact
21 with the Pennsylvania Academy of Nutrition and
22 Dietetics.

23 Ms. Hertzler mentioned the National Council of
24 State Boards of Nursing (NCSBN) had resources,
25 including a collection of the latest research on

1 substance use disease.

2 Sue Petula, PhD, MSN, RN, NEA-BC, FRE, Nursing
3 Education Advisor commented that the *Journal of*
4 *Nursing Regulation* had recently published a
5 collection of key research in substance use disorders
6 in nurses. The collection is free to access through
7 the end of 2026. She noted they had not gone into
8 detail with the research and did not know if three-
9 or five-year agreements were recommended.

10 Kathie Simpson, RN, Advisory Committee Member,
11 Nurses' Health Program, Foundation of the
12 Pennsylvania Medical Society, commented that as the
13 past president of NOAP, several state programs had
14 looked at three versus five years. After extensive
15 research, the three-year agreement was recommended.
16 She asked Mr. Knipe if PHMP had looked at the
17 recidivism rate over the ten-year span for which he
18 gathered data.

19 Mr. Knipe noted the current database does not
20 allow for the functionality needed to look at
21 recidivism rates. The function was being built into
22 the new licensure replacement project.

23 Ms. Simpson stated when she looked at data from
24 2009 through 2019, there was a less than one percent
25 recidivism rate.

1 Dr. Hershberger shared NCSBN was creating a
2 substance abuse committee.

3 Ms. Hertzler commented that at last year's NCSBN
4 meeting in Pittsburgh, there was a presentation on
5 the topic of substance abuse. The presenter stated
6 that anyone being referred for drug and alcohol abuse
7 will take on average seven years but no less than
8 four years to get to the result of where they want to
9 be.

10 Julie Droddy, Program Co-Manager, Professional
11 Health Monitoring Programs, noted PHMP's more severe
12 cases can sometimes have several relapses and the
13 three years can be restarted through extensions.]

14 ***

15 [The Board recessed from 10:46 a.m. until 10:56 a.m.]

16 ***

17 Appointment - Apprenticeship and Training Office

18 (ATO) Presentation - Pennsylvania Department of
19 Labor and Industry/Workforce Development

20 [Christie DeWitt, Field Apprenticeship and Training
21 Representative Supervisor, Apprenticeship and
22 Training Office (ATO), introduced herself and
23 colleagues Tara Lowe, Director, and Danielle
24 Demirovic, Pre-Apprenticeship Supervisor. Ms. DeWitt
25 explained that her office was identified by the U.S.

1 Office of Apprenticeship to act on behalf of the U.S.
2 Department of Labor and Industry to oversee
3 apprenticeships in Pennsylvania. ATO is responsible
4 for overseeing the development, registration, and
5 compliance of all registered apprenticeship and pre-
6 apprenticeship programs. She noted ATO also works
7 alongside the Pennsylvania Apprenticeship and
8 Training Council (PATC), who acts as the approving
9 agency of registration for apprenticeship programs.
10 She explained that PATC has 11 voting members made up
11 of union and non-union members.

12 Ms. DeWitt defined a registered apprenticeship
13 versus apprenticeship. She noted apprenticeship in
14 general is usually a training program of some kind to
15 train individuals in their field. Registered
16 apprenticeship goes to another level where the
17 program is registered with Pennsylvania. She added
18 the distinction is that when a person graduates from
19 a registered program, they get a journey worker
20 certificate.

21 Ms. DeWitt explained ATO currently has a staff of
22 23 people under the direction of Ms. Loew. The ATO
23 divisions include Grants, Statistical Development and
24 Compliance, Pre-Apprenticeship, Field Apprenticeship
25 and Training, and Administrative.

1 Ms. DeWitt noted a registered apprenticeship can
2 be a no-cost training option for job seekers. She
3 explained that a registered apprenticeship is a way
4 for employers to invest in their workforce and close
5 skill gaps. She noted apprentices earn a competitive
6 wage from their employers throughout the
7 apprenticeship. She stated apprenticeships would
8 start at a portion of the wage that a nurse may start
9 at but then would gain skills until graduating the
10 program at the nurse level.

11 Dr. Bucher stated nursing is not an
12 apprenticeship field. Nursing is a science where the
13 person goes to college.

14 Ms. DeWitt replied there are already registered
15 nurse (RN) apprenticeship programs registered with
16 the state. Apprentices in the programs are doing
17 clinicals, schoolwork, and on-the-job training while
18 being paid progressive wages.

19 Ms. Pachter Schulder stated the current
20 registered programs are nursing schools.

21 Tara Loew, Director, Apprenticeship and Training
22 Office, responded that for RN apprenticeship
23 programs, the education portion is built into the
24 program. In addition to the education portion
25 overseen by the Board, there are also coinciding work

1 processes and on-the-job learning that further
2 support the process and supplement training.

3 Ms. DeWitt explained each of the five components
4 to a registered apprenticeship program. She noted
5 the first component, Paid Jobs, was already
6 mentioned.

7 The second component, On-the-Job Learning,
8 provides apprentices the experience to be successful
9 in their careers. She noted registered
10 apprenticeship programs were required to have a
11 minimum of 2,000 hours of on-the-job training per
12 year, and the programs could be anywhere from one to
13 six years.

14 The third component, Related Technical
15 Instruction (RTI), can be conducted in person,
16 virtually, or a combination of both. Providers can
17 be colleges, career and tech schools, or the sponsors
18 themselves. There is a minimum requirement of 144
19 hours per year for technical instruction, but it can
20 go up to whatever the industry needs. There are
21 collaborations between education and business to
22 develop curriculum. In addition, national skills and
23 industry-recognized standards must be incorporated in
24 the RTI.

25 The fourth component, Mentorship, provides

1 apprentices with the support of a skilled worker,
2 enhancing hands-on learning, and ensuring knowledge
3 is transferred to the apprentices.

4 The last component, Credentialing, can take many
5 forms and goes beyond the journey worker certificate
6 or certificate of completion that is the nationally-
7 recognized credential from Pennsylvania. She
8 explained industry-recognized credentials are often
9 built into programs and can range from licensing
10 certificates to bachelor's degrees. Some of the
11 certifications mentioned included CPR, First Aid, and
12 other safety certificates.

13 Ms. DeWitt next reviewed pre-apprenticeship
14 programs, which are good pathways into registered
15 apprenticeship programs. She stated that in order to
16 have a pre-apprenticeship program, there must be a
17 connection to a registered apprenticeship program.
18 She noted pre-apprenticeship programs are similar to
19 registered apprenticeship programs but allow for more
20 flexibility and are a little less rule driven. She
21 added pre-apprenticeship programs are a good place to
22 start building a registered apprenticeship and allow
23 for programs to get in touch with students who are
24 still in high school.

25 Ms. DeWitt explained the steps involved with

1 developing an apprenticeship with the state of
2 Pennsylvania. A sponsor would connect with ATO, who
3 would help develop an apprenticeship program and help
4 complete registration paperwork. She noted the
5 paperwork is looked at as an accreditation process.
6 Verification is done to ensure the program follows
7 all state laws, safety, and industry standards. Once
8 registered, the program is launched and maintained.

9 Ms. DeWitt stated pre-apprenticeship program
10 sponsors are the same as registered apprenticeship
11 program sponsors. Sponsors can include employers,
12 educational institutes, labor unions, industry
13 associates, workforce development boards, and
14 community-based organizations. She reviewed the
15 roles and tasks of the sponsors and of registered
16 technical instruction (RTI) providers.

17 Regarding supporting partners, Ms. DeWitt shared
18 the importance of having partnerships, as ATO is not
19 the expert in every occupation. Ms. DeWitt stated
20 ATO tries to build partnerships with licensing
21 regulatory bodies, state agencies, employer and
22 industry education training providers, unions, and
23 industry associations and workforce boards.

24 Required partners of apprenticeship are employers
25 and a joint apprenticeship and training committee.

1 She noted the committee is mandatory if the program
2 is associated with a union and recommended for all
3 other programs. The committee has full oversight of
4 the program and can ensure the program moves forward
5 if a point of contact is lost. Another required
6 partner is the training provider who provides the
7 technical instruction.

8 Ms. DeWitt mentioned support partners included PA
9 CareerLink, workforce development boards, K-12
10 educational systems, economic development
11 organizations, and community-based organizations.
12 Ms. DeWitt also reviewed additional partnerships.
13 She noted regulatory alignment prevents downstream
14 barriers and helps to accelerate program approvals.
15 Partnerships with licensing and regulatory bodies
16 also help ensure ATO is aligning licensure with
17 professional standards.

18 Ms. DeWitt shared a recent, successful
19 partnership with the Department of Education to
20 create teacher apprenticeship programs. She stated
21 if the program could be created with education, it
22 could also be done with nursing.

23 Dr. Bucher disagreed with Ms. DeWitt. He noted
24 that while teachers are amazing, with nursing, lives
25 are at stake, so the protection of the public and

1 safety are important.

2 Ms. DeWitt replied safety is the backbone of
3 apprenticeship programs. She noted ATO has a full
4 outline of safety standards that need to be met in
5 different industries.

6 Dr. Bucher commented his concern was not safety
7 in the program. His concern stemmed from how the
8 program may be used in hospitals who may look at
9 apprentices as staff.

10 Dr. Hershberger commented that UPMC already has
11 an apprentice going through their school of nursing
12 who was approved by ATO. She explained the
13 individual is an LPN working towards an RN and that
14 the apprenticeship program is working.

15 Ms. Pachter Schulder asked Dr. Hershberger how
16 the program was working.

17 Dr. Hershberger explained that the nurse works 20
18 hours as an LPN and the other portion of her time is
19 spent on the related technical instruction, which is
20 the didactic portion of nursing school. The on-the-
21 job training is all of the nurse's clinical hours and
22 part of the UPMC School of Nursing program. She also
23 noted there is a grant that helps to reimburse the
24 didactic, allows for the apprentice to be paid while
25 going to school, and helps provide supportive

1 services such as books, uniforms, and equipment. In
2 addition, the apprentice can get tuition help. When
3 asked, Dr. Hershberger also explained the related
4 technical instruction consisted of courses like med
5 surg and fundamentals.

6 Ms. Wendy Miller asked what happens during the 20
7 hours the person is on the job.

8 Dr. Hershberger explained that during the 20
9 hours, the apprentice is working as an LPN beside the
10 RN, as she is a licensed LPN. The time does not
11 replace clinical hours. The person still has to
12 complete all clinical hours as required by the
13 school.

14 Ms. Pachter Schulder questioned what the benefit
15 was to the institution, noting it seemed the benefit
16 was the institution receiving reimbursement for the
17 employment of a licensed person.

18 Dr. Hershberger noted they were only reimbursed
19 for 20 hours and still had to pay 20 hours.

20 Ms. Pachter Schulder commented in terms of the
21 Board's evaluation, the 20 hours of work is not a
22 factor, as the person is an LPN doing only LPN work.

23 Chair Hunsberger noted the other 20 hours is when
24 the person is in school with a clinical instructor
25 registered with the Board.

1 Ms. Hertzler noted it seemed like the LPN had
2 agreed they would give 20 hours a week as an
3 employee, and the employer would pay for 20 hours a
4 week in the person's education.

5 Mr. Scher commented he did a cooperative
6 education in his attendance at Drexel University. He
7 worked for six months at Jefferson's Emergency
8 Department. He noted he did not work outside of his
9 licensed capacity unless supervised by a faculty
10 member who was a part of the program. He explained
11 there were stipulations on what he was allowed or not
12 allowed to do. He stated the experience was powerful
13 and led to him getting a job at Jefferson. He noted
14 that from a personal perspective, his clinical
15 practice was better after his co-op experience.

16 Chair Hunsberger stated it seemed similar to what
17 hospitals already do with internships or externships.

18 Mr. Scher noted his co-op experience did not
19 count towards clinical hours and was part of his
20 overall education.

21 Ms. Hertzler stated she could see how an
22 apprenticeship program would work as long as the
23 person learned their skills.

24 Ms. DeWitt stated there are career lattices in
25 the programs. She noted that a person would not go

1 directly from no education to an RN without working
2 through licensure for CNA and LPN first. She added
3 apprenticeship programs are built off of the needs of
4 the sponsor. She noted there are CNA programs in
5 which apprentices work until they get their CNA and
6 then they graduate. She added at no point is someone
7 doing work outside of the work they are certified to
8 do.

9 Dr. Hershberger commented the programs also help
10 individuals who may not otherwise have the means to
11 fund their career into nursing.

12 Ms. Pachter Schulder noted that hospitals are not
13 already helping students with costs because the
14 apprenticeship programs help give federal funding to
15 defray costs.

16 Dr. Hershberger stated the programs are another
17 avenue. She stated UPMC is already providing tuition
18 reimbursement as an employer and providing monthly
19 loan repayment. She noted, now with apprenticeship
20 approval, the program can be duplicated.

21 Ms. Pachter Schulder asked how the apprenticeship
22 programs would work for somebody who is not at a
23 school. She noted that UPMC already has schools so
24 there is a natural flow into the program.

25 Dr. Hershberger stated the program would

1 collaborate with an academic partner such as Allied
2 Health who would provide technical instruction.

3 Ms. Wendy Miller asked what would happen if
4 someone did not progress in their education or could
5 not handle working 20 hours a week and going to
6 school.

7 Dr. Hershberger replied that the person would be
8 removed from the apprenticeship program.

9 Ms. Miller asked if the person who was removed
10 would owe any money.

11 Dr. Hershberger stated they would not owe money
12 with the UPMC program.

13 Ms. Pachter Schulder stated it would depend on
14 the program's agreement.

15 Dr. Hershberger noted there was a situation with
16 the Allied Health program where there was a code of
17 conduct problem where the program and the school had
18 to work collaboratively. She clarified if a person
19 is terminated from their program due to code of a
20 conduct violation or failing, then they lose the
21 apprenticeship.

22 Ms. DeWitt commented ATO asks sponsors to provide
23 some form of remediation opportunities if an
24 apprentice is falling behind academically.

25 Chair Hunsberger shared his concern would be the

1 clinical hours would at some point be replaced by
2 work hours.

3 Ms. Pachter Schulder noted that from the Board's
4 perspective, there was nothing for the Board to
5 consider. She noted that education is contained in
6 the Board's requirements and the regulations, and
7 there is no on-the-job training that can replace the
8 education.

9 Dr. Hershberger noted that in writing the
10 apprenticeship application, they were very specific
11 that nothing in the program could be replaced, and
12 the program had to continue as it was.

13 Ms. Pachter Schulder stated in terms of the
14 Board's involvement, there was nothing for the Board
15 to approve. She noted, if the Board approves a
16 school, it is approved because the school filed an
17 application with the Board to become a school, not in
18 terms of being an apprenticeship.

19 Ms. Loew stated ATO wants to ensure they are
20 supporting anything the Board communicates as a need.
21 Additionally, ATO wants to make sure the field team
22 knows and understands the licensing requirements of
23 each individual occupation. She stated a need for an
24 open line of communication to ensure sponsors and RTI
25 providers are doing things correctly.

1 Ms. Pachter Schulder stated the Board cannot
2 provide advisory opinions. She noted that even to
3 another Commonwealth agency, the Board cannot tell
4 them if a program is doing well or not. She
5 explained a complaint could be filed, but there would
6 be a hearing to determine if a program meets the
7 requirements of the regulations. When asked by Ms.
8 Loew, she confirmed approved programs are on the
9 website.

10 Ms. DeWitt commented the partnership with the
11 Board would be more specific to the occupation itself
12 and regulatory compliance.

13 Ms. Wendy Miller noted nursing is a profession,
14 not an occupation, and nurses have battled for years
15 with the distinction of a profession that has even
16 recently been called into question. She noted, if a
17 program was being built, they would need to be
18 approved by the Board, operate as an educational
19 institution from the Department of Education, and
20 comply with Board standards.

21 Ms. Pachter Schulder explained that what Ms.
22 Miller was describing would not be coming through the
23 apprenticeship program. She stated the Board does
24 not have a role in apprenticeship programs because
25 their role is with the nursing education program.

1 She also explained how apprenticeship decisions would
2 lie with the programs and not with the Board.

3 Ms. DeWitt noted that the example with the
4 Department of Education was just an example. She
5 expressed her hope that the Board could provide
6 assistance and input to ATO.

7 Ms. Pachter Schulder reiterated the Board can
8 only provide the same advice it gives to everyone,
9 which is not much advice. She noted the only advice
10 the Board can give is usually that someone may want
11 to look at the particular sections of the regulations
12 and they need to speak with their attorney. She
13 emphasized ATO would probably need to talk more with
14 nursing programs rather than the Board. She noted
15 most of the information the Board can provide can be
16 found on the Board's website.

17 Ms. DeWitt stated the information provided by Ms.
18 Pachter Schulder was good as it allowed ATO to know
19 they did not need to have a relationship with the
20 Board like they do with the Department of Education.

21 Ms. Pachter Schulder also explained if the Board
22 were to be involved with assisting ATO with schools
23 who were creating new programs, there would be a
24 conflict of interest when the program comes to the
25 Board for approval.

1 Acting Commissioner Claggett stated the main
2 purpose of the ATO presentation at the meeting was to
3 establish a line of communication between ATO and the
4 Board. He noted there would be some questions the
5 Board could answer and some the Board could not.

6 Dr. Frank asked if ATO had considered working
7 with nutrition or dietetic programs.

8 Ms. DeWitt responded there was an apprenticeship
9 program for dietitians in the pipeline.

10 Ms. Loew stated the field team needs to
11 understand the intricacies of each profession or
12 occupation and where the need is.

13 Ms. Pachter Schulder replied, relative to the
14 need, the Board does not collect workforce data and
15 does not have any data. She noted the Department of
16 Health was gathering workforce data at one point.
17 She emphasized her earlier remarks about the ATO
18 relationship being more with nursing education
19 programs and clinical agencies or sponsors.

20 Ms. DeWitt agreed but added that while the Board
21 may not be able to help, the support would be
22 invaluable.

23 Dr. Bucher commented on how the apprenticeship
24 program was framed, especially with regards to
25 nursing. He shared there have been several nursing

1 programs which have duped students into thinking they
2 did not need to do clinicals, so the Board is very
3 sensitive to such programs. He noted, if ATO had
4 initially presented by saying they work with
5 established nursing programs to help advance clinical
6 skills for student nurses, he may have thought the
7 idea was great. However, when ATO started by saying
8 they work with developing programs, his radar went
9 up, and he had concerns regarding program legitimacy.

10 Ms. Pachter Schulder noted there was a difference
11 in the language used by ATO and the language used by
12 the Board and nursing programs.

13 Ms. DeWitt acknowledged the challenge of meshing
14 the language of the industry with the language of
15 apprenticeships. She noted the challenge shows the
16 importance of open conversations to ensure ATO is
17 presenting correctly from the beginning.

18 Dr. Hershberger noted everything is new, as ATO
19 is fitting healthcare apprenticeships into an
20 existing journeyman idea. She noted the language
21 will evolve and change.

22 Ms. Pachter Schulder noted the journeyman worker
23 certificate does nothing for licensure as a nurse.

24 Acting Commissioner Claggett concluded the
25 presentation by noting ATO had established a line of

1 communication with the Board. He noted ATO had
2 provided questions to the Board which had to be
3 approved by himself and Board Counsel prior to being
4 answered. He added the point of contact for any
5 additional questions would be Ms. Cynthia Miller.]

6

7 [Brandy Hershberger, DNP, MSN, RN, CEN exited the
8 meeting at 11:46 a.m. for recusal purposes.]

9

10 [Arion R. Claggett, Acting Commissioner, Bureau of
11 Professional and Occupational Affairs exited the
12 meeting at 11:46 a.m. and reentered the meeting at
13 11:48 a.m.]

14

15 Appointment - Laurel Technical Institute - Hermitage

16 PN Program's Request for Increased Enrollment

17 [Tricia Ryan, PhD, MSN, RN, CNE, Program Director,
18 Laurel Technical Institute (LTI), explained that she
19 was there to answer any questions the Board may have
20 regarding LTI's proposal, given that they were still
21 under their initial approval. She noted Michelle
22 Borland, DNP, MSN-Ed, APRN, CRNP, FNP-C, CNE, is
23 LTI's Vice President of Nursing, while she is the
24 Program Director at the Hermitage site.

25 Dr. Ryan stated the initial approval occurred in

1 July 2024. The program graduated 13 students on
2 October 29, 2025. Out of the 13 students, ten
3 students had taken the NCLEX with a 100 percent pass
4 rate.

5 Ms. Pachter Schulder asked when the three
6 outstanding students were scheduled to take the
7 NCLEX.

8 Dr. Ryan replied that the students had
9 rescheduled their NCLEX a couple of times. She
10 explained that she was unsure of why they had not
11 taken the NCLEX. All three students are currently
12 employed with an active graduate practical nurse
13 permit. She noted LTI had been tracking via text,
14 phone calls, and emails with only some
15 responsiveness.

16 Ms. Pachter Schulder asked what would happen to
17 the program's pass rate if the three outliers were to
18 take the NCLEX and fail.

19 Ms. Kelly Hoffman, MSN, RN, Board Nursing
20 Education Advisor, stated that the pass percentage
21 would drop to 76.9 percent. Dr. Ryan acknowledged
22 the concerns of the three failing.

23 Ms. Pachter Schulder explained that the Board
24 generally does not let programs that are on initial
25 approval add cohorts until they have the pass rate

1 and move to full status; however, they are not
2 precluded from doing so. She noted LTI had outreach
3 to the students, but there was not any certainty
4 regarding when they may test except to say their
5 graduate permit is only good for one year. She asked
6 when LTI hoped to add a new cohort.

7 Dr. Ryan state LTI hoped to add a cohort on July
8 6, 2026. She noted the initial approval for an
9 annual cohort is for October 2026. She explained,
10 demographically, the area her school is in is hurting
11 for LPNs, particularly in assisted living and skilled
12 care facilities.

13 Ms. Pachter Schulder asked if Dr. Ryan had
14 tracked when the graduate permits would expire for
15 the three outliers.

16 Dr. Ryan stated two permits would expire in
17 October 2026, with the third expiring in January
18 2027.

19 Ms. Wendy Miller asked if the program was looking
20 for two new starts for a total of three cohorts.

21 Dr. Ryan confirmed they would like to add two
22 cohorts to align closer with their Uniontown partners
23 in terms of curriculum, enrollment, and start dates.
24 She noted, for Hermitage, it would mean July and
25 October start dates in 2026. She added there is

1 potential, based on interest, for three eventual
2 start dates like for which the Uniontown program
3 already has approval.

4 Ms. Pachter Schulder asked how many open spots
5 there were for the class that graduated.

6 Dr. Ryan noted the class that graduated 13 had 20
7 who originally started.

8 Ms. Pachter Schulder asked if there was a
9 detriment to starting in October instead of July.

10 Dr. Ryan replied that LTI would like students to
11 start sooner to get them into the workforce sooner.
12 She noted that if LTI cannot start a July cohort,
13 they would absolutely take the interested students in
14 October. She emphasized the area in which she works
15 and teaches could accommodate three start dates each
16 year, with 24 seats at each start in March, July, and
17 October.

18 Ms. Pachter Schulder asked why the initial class
19 had 20 students and not 24.

20 Dr. Ryan replied she was not originally with the
21 program when the group that started in October 2024
22 was recruited. She explained that for the class that
23 started in October 2025, there were 24 students
24 prepared to start; however, two dropped out due to
25 life circumstances.

1 Ms. Hertzler asked, out of the first class of 20
2 that graduated 13, what happened to the seven who did
3 not graduate.

4 Dr. Ryan stated she was strategically tracking
5 why students did not finish the program. She noted
6 most of the students recruited into the PN program
7 are working full-time while managing and juggling
8 life responsibilities such as young children. She
9 noted the greatest loss was due to everything being
10 too much of a juggle for students. She stated that
11 she was tracking to make sure any academic decline
12 was due to life circumstances and not due to the
13 program. She added that she wants to constantly find
14 ways to improve the curriculum, clinical experiences,
15 and lab opportunities of the program.

16 Dr. Bucher asked if Dr. Ryan thought there was
17 adequate infrastructure and clinical sites in place
18 for additional cohorts.

19 Dr. Ryan replied that her program was blessed
20 with amazing clinical support from the clinical
21 agencies with which they have affiliation agreements.
22 She believed through LTI's contacts, there would be
23 sufficient clinical sites. She noted that
24 structurally, LTI Hermitage has the lab, clinical,
25 simulation, and classroom space needed. She stated

1 her biggest need would be additional faculty;
2 however, she has an open position posted and has been
3 interviewing people.

4 Chair Hunsberger asked if the curriculum used was
5 the same as Uniontown or if faculty members created
6 their own curriculum.

7 Dr. Ryan stated the program uses the same
8 curriculum as Uniontown.

9 Ms. Pachter Schulder asked what Uniontown's pass
10 rate was.

11 Chair Hunsberger stated that the 2024-2025 pass
12 rate was 84.62, and the 2023-2024 pass rate was 100
13 percent.

14 Ms. Pachter Schulder stated the Board would
15 deliberate during Executive Session and would
16 announce a decision at the end of the meeting.

17 ***

18 [Brandy Hershberger, DNP, MSN, RN, CEN, reentered the
19 meeting at 11:59 a.m.]

20 ***

21 Report of Board Chairperson

22 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair, noted he
23 would combine his report with his meeting report.

24 Chair Hunsberger stated it was Ms. Pachter
25 Schulder's last meeting, as she was retiring. He

1 thanked her for her many years of dedication to the
2 Board.

3 Ms. Pachter Schulder thanked Chair Hunsberger.
4 She noted it had been a privilege working with the
5 Board. She expressed appreciation for her learning
6 experience regarding the nursing profession and
7 nurses. She found it interesting to listen to the
8 news with the Board hat and Bureau hat on. She
9 thanked everyone she had worked with over the years,
10 especially the Advisors, fellow Counsel, and Board
11 staff, as well as the relationships built years ago,
12 including Dr. Bucher. She added that she learned a
13 lot every day in her role. She stated what the Board
14 does is important not just to the profession but to
15 the patients and how the healthcare system functions.
16 She expressed gratitude for spending the past 15
17 years with the Board. She added that she hoped to
18 come back as an annuitant to finish the regulations
19 that she has helped work on during her years.

20 Collective appreciation was expressed via
21 clapping and multiple expressions of thanks.

22 Chair Hunsberger reported he was chosen along
23 with Dr. Tracy Scheirer to be on the NCLEX Item
24 Review Subcommittee. He explained the review
25 process, noting the process is quite expensive.

1 During the Midyear Meeting, NCSBN presented their
2 budget, which has been running at a deficit since
3 before COVID. The NCSBN Board of Directors is
4 recommending a fee increase for NCLEX from \$200 to
5 \$350. The fee increase will be voted on during the
6 August NCSBN Annual Meeting and would take effect in
7 February 2027. He noted that in speaking with other
8 board chairs, he expected the approval to go through.

9 Ms. Pachter Schulder stated after the vote in
10 August, the Board should post something on the
11 website to take people to the NCSBN page to say there
12 is going to be an increase in exam costs. She added
13 the Board's regulations would not need to change as
14 there is no mention of the NCLEX exam fees.

15 Dr. Bucher noted the fee was last increased 20
16 years ago.

17 Ms. Pachter Schulder added the increase was
18 similar to when the program approval fees were
19 changed by the Board in 2019 and went from \$945 to
20 \$2,000, but the large increase was because there had
21 not been an increase for 25 years.]

22

23 Report of Acting Commissioner

24 [Arion R. Claggett, Acting Commissioner, Bureau of
25 Professional and Occupational Affairs, echoed the

1 well wishes for Ms. Pachter Schulder. He thanked her
2 for all the times she dropped everything to answer
3 his questions. He stated she was the blueprint for
4 what a Board Counsel should be. He stated she would
5 be missed and wished her well in retirement.]

6 ***

7 Committee Meetings - Probable Cause

8 [Sue E. Hertzler, LPN, reported that the Committee
9 moved on 7 Petitions for Appropriate Relief, 33
10 Petitions for Mental Physical Examinations, and had
11 no Immediate Temporary Suspensions.]

12 ***

13 Committee Meetings - Application Review

14 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair, reported
15 that the Committee met multiple times and moved
16 applications forward.]

17 ***

18 Committee Meetings - Advanced Practice - No Report

19 ***

20 Committee Meetings - RN/PN Practice, Education &
21 Regulation

22 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair, noted
23 that the Committee topics were discussed earlier in
24 the meeting.]

25 ***

1 Committee Meetings - Dietitian-Nutritionist

2 [Laura Frank, PhD, RD, LDN, stated she had no report;
3 however, she expressed appreciation for the Senate
4 Resolution designating March 12, 2026, as Registered
5 Dietitian Nutritionist Day in Pennsylvania.]

6

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

9

10 Report of Executive Secretary

11 [Wendy Miller, MSN, RN, Executive Secretary, reported
12 she had also attended the NCSBN Midyear Meeting. She
13 noted NCSBN had a compelling case for raising the
14 NCLEX fees.

15 Ms. Miller reported that information was being
16 sent out to pre-licensure programs explaining that
17 Pearson Professional Centers were starting a new
18 security program where candidates would be scanned
19 with a wand prior to entering testing. Pearson Vue
20 plans to have all sites in the United States fully
21 launched by the end of May and the remaining centers
22 completed by the end of their Quarter 2. She
23 explained that Pearson Vue is strengthening candidate
24 check-in policies to maintain exam integrity and that
25 there will be informational and policy signage at all

1 test centers. Candidates who refuse scanning will not
2 be permitted to test. Any candidate who requires an
3 exception to the scanning process will have to
4 request the exception from the Board. She added more
5 information will be forthcoming.

6 Ms. Pachter Schulder asked what situation would
7 require an exemption.

8 Ms. Miller responded that when she looked into
9 it, Pearson Vue had not listed specifics but had
10 stated exemptions could be made for religious
11 reasons.

12 The Board discussed different possibilities and
13 possible alternatives to using a wand such as pat
14 downs. Ms. Miller noted that the Board would likely
15 not know specifics until they started getting
16 requests. She added the extra security measures were
17 likely due to new technology such as smart glasses.

18 Ms. Miller stated she attended a virtual meeting
19 of the Pennsylvania Higher Education Nursing Schools
20 Association along with the Nursing Education
21 Advisors. In addition, both she and the Advisors
22 would be attending the Pennsylvania Coalition of
23 Associate Degree Nursing Programs to discuss topics
24 of interest and answer questions.

25 Ms. Miller recognized Dr. Tracy Scheirer and Dr.

1 Sue Petula for completing the NCSBN International
2 Center for Regulatory Scholarship (ICRS) Certificate
3 Program in the Governance and Leadership track. She
4 noted Ms. Kelly Hoffman was also completing the
5 Certificate Program. It was noted that the ICRS
6 Certificate Program is being phased out and something
7 else would be taking its place.

8 Ms. Miller reminded everyone that the April
9 renewal closed on April 30, 2026, for RNs, CRNPs,
10 CNSs, and Prescriptive Authority. She encouraged
11 everyone to get their mandatory Child Abuse CE
12 completed to make the renewal process easier. She
13 stated that renewals for LPNs would open 60 days
14 prior to the June 30, 2026 deadline.]

15 ***

16 Miscellaneous

17 [Wendy Miller, MSN, RN, Executive Secretary,
18 requested that the Board consider approving her to
19 attend the NCSBN Executive Officer Summit in June
20 2026.]

21 ***

22 DR. BUCHER:

23 I'm going to make a motion to let Wendy
24 Miller attend the Executive Officer
25 Leadership Summit.

1 MS. HERTZLER:

2 Second, Hertzler.

3 CHAIR HUNSBERGER:

4 All those in favor, give their consent.

5 Opposed? Abstentions?

6 [The motion carried unanimously.]

7 ***

8 [Chair Hunsberger asked about the Organ and Tissue
9 Donation and Recovery Process mandatory 2-hour continuing
10 education (CE) requirement.

11 Ms. Pachter Schulder stated that the regulation
12 passed by the Board had an effective start date of
13 May 1, 2026. All registered nurses would be required
14 to complete at least 2 hours of Board-approved CE in
15 organ and tissue donation and recovery process one
16 time within 5 years of initial licensure or within 5
17 years of licensure renewal, whichever comes first. An
18 additional question will be added to the renewal
19 applications. She noted the organ donation
20 curriculum was developed by a state-appointed
21 workgroup composed of government health agencies and
22 the state's two federally designated Organ
23 Procurement Organizations, who were partnering with
24 existing sponsors but also offering the course free
25 of charge. Information is available on the Board's

1 website.

2 Ms. Miller noted that some organizations have
3 their people do organ donation and procurement with
4 their yearly competencies or annuals. The
5 attestation question will be added starting with the
6 October renewal.]

7 ***

8 Old Business - None.

9 ***

10 New Business

11 [Colby P. Hunsberger, DNP, RN, CNEcl, Chair, stated
12 Agenda Item No. 37 was for Executive Session
13 discussion. Agenda Item No. 38 is the 2026 NCSBN
14 Discipline Case Management Conference.

15 Ms. Pachter Schulder stated that at the last
16 meeting, Prosecution had requested to send two
17 Prosecution attorneys to the meeting. She noted
18 Board Counsel was willing to cede their conference
19 seat to Prosecution since the conference would be
20 geared more towards Prosecution topics.]

21 ***

22 MS. PACHTER SCHULDER:

23 You would have to make a motion to
24 approve two members from the Office of
25 Prosecution to attend the 2026 NCSBN

1 Disciplinary Case Management
2 Conference.

3 DR. BUCHER:

4 So moved, Bucher.

5 DR. HERSHBERGER:

6 Second, Hershberger.

7 CHAIR HUNSBERGER:

8 All those in favor? Opposed?

9 Abstentions?

10 [The motion carried unanimously.]

11 ***

12 Public Comment - None

13 ***

14 [Pursuant to Section 708(a)(5) of the Sunshine Act,
15 at 12:20 p.m., the Board entered into Executive
16 Session for the purpose of conducting quasi-judicial
17 deliberations on the matters on the Agenda under the
18 Report of Board Counsel, Report of the Prosecutorial
19 Division, the program waiver request at Item 37, and
20 Laurel Technical Institute's application. The Board
21 returned to Open Session at 1:50 p.m.

22 Ms. Pachter Schulder advised that Board Members
23 who recused themselves would be noted in the
24 motions.]

25 ***

1 For the Board's Information
2 [Judith Pachter Schulder, Esquire, Board Counsel
3 stated Agenda Item No. 72 was a letter from Eli Lilly
4 regarding potential patient risk from compounded GLP-
5 1s and B12 combination products. She noted the Board
6 had the FDA alert on its website. She added that it
7 made the most sense to continue to have the FDA alert
8 on the website instead of the Eli Lilly letter. Eli
9 Lilly would be informed the Board was using the FDA
10 alert. She added that she spoke with Acting
11 Commissioner Claggett about having some of the other
12 boards also post the same FDA alert.]

13 ***

14 Report of Prosecutorial Division Motions

15 MS. PACHTER SCHULDER:

16 Is there a motion to adopt the Consent
17 Agreements for Items 2 through 14 and
18 78? Those are the VRPs.

19 DR. BUCHER:

20 So moved, Bucher.

21 MS. HERTZLER:

22 Second, Hertzler.

23 CHAIR HUNSBERGER:

24 All those in favor? Opposed?

25 Abstentions?

1 [The motion carried unanimously.]

2 ***

3 MS. PACHTER SCHULDER:

4 Is there a motion to adopt the
5 following Consent Agreements for which
6 Members Hertzler and Scher are recused?
7 And that's 23-51-012248, 24-51-008036
8 and 24-51-016514.

9 DR. BUCHER:

10 So moved, Bucher.

11 MS. SIEGEL:

12 Second, Siegel.

13 CHAIR HUNSBERGER:

14 All those in favor? Opposed?

15 Abstentions?

16 [The motion carried. Ms. Hertzler and Mr. Scher were
17 recused from deliberations and voting on the matter.
18 The Respondents are as follows: Case No. 23-51-
19 012248, Allison L. Gaiser, RN; Case No. 24-51-008036,
20 Amy Melissa Mallory, LPN, and Case No. 24-51-016514,
21 Jocelyn Brittany Williams, LPN.]

22 ***

23 MS. PACHTER SCHULDER:

24 Is there a motion to adopt the Consent
25 Agreement in Item No. 17, which is Case

1 Abstentions?

2 [The motion carried unanimously.]

3 ***

4 MS. PACHTER SCHULDER:

5 Is there a motion to adopt the
6 following Consent Agreements for which
7 there are no recusals? And that's 23-
8 51-018017, 24-51-018476, 24-51-018484,
9 and 26-51-002766?

10 DR. BUCHER:

11 So moved, Bucher.

12 MS. HERTZLER:

13 Second, Hertzler.

14 CHAIR HUNSBERGER:

15 All those in favor? Opposed?

16 Abstentions?

17 [The motion carried unanimously. The Respondents are
18 as follows: Case No. 23-51-018017, Melissa Karin
19 Zyak, LPN; Case No. 24-51-018476, Katherine Marie
20 Pletz, RN; Case No. 24-51-018484, Sarah Diane Landis,
21 RN; and Case No. 26-51-002766, Edward Andrew Sabol,
22 LPN.]

23 ***

24 MS. PACHTER SCHULDER:

25 Is there a motion to adopt the Consent

1 Agreement in Item No. 24 for which
2 Members Hertzler, Capiotis and Scher
3 are recused? That's 25-51-014115.

4 DR. BUCHER:

5 So moved, Bucher.

6 DR. HERSHBERGER:

7 Second, Hershberger.

8 CHAIR HUNSBERGER:

9 All those in favor? Opposed?

10 Abstentions?

11 [The motion carried. Ms. Hertzler and Mr. Scher were
12 recused from deliberations and voting on the matter.
13 The Respondent in Case No. 25-51-014115 is Christine
14 Knocke McGillen, RN.]

15 ***

16 MS. PACHTER SCHULDER:

17 Is there a motion to reject as written
18 Case No. 23-51-001118?

19 DR. BUCHER:

20 So moved, Bucher.

21 MS. HERTZLER:

22 Second, Hertzler.

23 CHAIR HUNSBERGER:

24 All those in favor? Opposed?

25 Abstentions?

1 [The motion carried unanimously.]

2 ***

3 New Business - BSN Program Faculty Waiver Request

4 MS. PACHTER SCHULDER:

5 Is there a motion to deny the request
6 for a waiver of the requirement of
7 having a degree within five years in
8 the matter of Robin Rudy on the grounds
9 that she began teaching in 2020, for
10 which Member Hershberger was recused?

11 DR. BUCHER:

12 So moved, Bucher.

13 MS. SIEGEL:

14 Second, Siegel.

15 CHAIR HUNSBERGER:

16 All those in favor? Opposed?

17 Abstentions?

18 [The motion carried. Dr. Hershberger was recused
19 from deliberations and voting on the matter.]

20 ***

21 Report of Board Counsel

22 MS. PACHTER SCHULDER:

23 Is there a motion to reinstate the
24 license of Stacie M. Shaw, 26-51-
25 002746?

1 DR. BUCHER:

2 So moved, Bucher.

3 DR. HERSHBERGER:

4 Second, Hershberger.

5 CHAIR HUNSBERGER:

6 All those in favor? Opposed?

7 Abstentions?

8 [The motion carried unanimously.]

9 ***

10 MS. PACHTER SCHULDER:

11 Is there a motion to deny the license
12 but applicant can reapply in the matter
13 of Shae Setzer, and there is no number?

14 DR. BUCHER:

15 So moved, Bucher.

16 MS. SIEGEL:

17 Second, Siegal.

18 CHAIR HUNSBERGER:

19 All those in favor? Opposed?

20 Abstentions?

21 [The motion carried unanimously.]

22 ***

23 VICE CHAIR BUCHER ASSUMED THE CHAIR.

24 ***

25 MS. PACHTER SCHULDER:

1 I'm going to No. 80, and so the Chair
2 swings to Dr. Bucher, and Dr.
3 Hunsberger is recused. Is there a
4 motion to grant the CNS Certification
5 Application of Pamela J. Nicodemus on
6 the grounds of the combination of her
7 additional education and national
8 certification?

9

10 DR. HERSHBERGER:

11 So moved, Hershberger

12 MS. SIEGEL:

13 Second, Siegel.

14 ACTING CHAIR BUCHER:

15 All those in favor? Opposed?

16 Abstentions?

17 [The motion carried. Dr. Hunsberger was recused from
18 deliberations and voting on the matter.

19 ***

20 DR. HUNSBERGER RESUMED THE CHAIR.

21 ***

22 MS. PACHTER SCHULDER:

23 Is there a motion to enter a default,
24 to deem the facts admitted, and to
25 authorize Counsel to prepare an

1 Adjudication and Order in the matter of
2 Luke Samuel Arbuckle, RN, 23-51-018531,
3 for which Members Hertzler, Capiotis,
4 and Scher are recused?

5 DR. HERSHBERGER:

6 So moved, Hershberger.

7 DR. BUCHER:

8 Second, Bucher.

9 CHAIR HUNSBERGER:

10 All those in favor? Opposed?

11 Abstentions?

12 [The motion carried. Ms. Hertzler and Mr. Scher were
13 recused from deliberations and voting on the matter.]

14 ***

15 ***

16 MS. PACHTER SCHULDER:

17 Is there a motion to deem the facts
18 admitted and to authorize Counsel to
19 prepare Adjudications and Orders in the
20 matters of Louella Ann Thompson, RN,
21 24-51-006681; Rashondra Lynell Harmon,
22 LPN, 25-51-016107; Benjamin Alexander
23 Hart, RN, 24-51-013795; Leslie Ellen
24 Johnson, RN, 23-51-002739; Krista Renee
25 Oltmann, RN, 23-51-0174688; and Briana

1 Marie Robles, LPN, 24-51-010012, for
2 which there are no recusals?

3

4 DR. HERSHBERGER:

5 So moved, Hershberger.

6 DR. BUCHER:

7 Second, Bucher.

8 CHAIR HUNSBERGER:

9 All those in favor? Opposed?

10 Abstentions?

11 [The motion carried unanimously.]

12 ***

13 DR. BUCHER ASSUMED THE CHAIR.

14 ***

15 MS. PACHTER SCHULDER:

16 Is there a motion to enter a default,
17 to deem the facts admitted, and
18 authorize Counsel to prepare an
19 Adjudication and Order in the matter of
20 Tashiba Renae Mahoney, 21-51-018198 and
21 22-51-017023, for which Members
22 Hertzler and Hunsberger are recused, so
23 the Chair swings to Dr. Bucher?

24 MS. SIEGEL:

25 So moved, Siegel.

1 DR. HERSHBERGER:

2 Second, Hershberger.

3 ACTING CHAIR BUCHER:

4 All those in favor? Opposed?

5 Abstentions?

6 [The motion carried. Ms. Hertzler and Dr. Hunsberger
7 were recused from deliberations and voting on the
8 matter.]

9 ***

10 DR. HUNSBERGER RESUMED THE CHAIR.

11 ***

12 MS. PACHTER SCHULDER:

13 In the matter of the Hearing Examiner's
14 Proposal, is there a motion to
15 authorize Counsel to prepare an
16 Adjudication and Order in the matter of
17 Erica Brooks, LPN, 24-51-018605, for
18 which Members Hertzler and Scher are
19 recused?

20 DR. BUCHER:

21 So moved, Bucher.

22 DR. HERSHBERGER:

23 Second, Hershberger.

24 CHAIR HUNSBERGER:

25 All those in favor? Opposed?

1 Abstentions?

2 [The motion carried. Ms. Hertzler and Mr. Scher were
3 recused from deliberations and voting on the matter.]

4 ***

5 MS. PACHTER SCHULDER:

6 Is there a motion to adopt the Hearing
7 Examiner's Proposal but substitute a
8 Board Order in the matter of Daniel H.
9 Deleon, 24-51-019293, for which Members
10 Hertzler and Scher are recused?

11 DR. BUCHER:

12 So moved, Bucher.

13 MS. SIEGEL:

14 Second, Siegel.

15 CHAIR HUNSBERGER:

16 All those in favor? Opposed?

17 Abstentions?

18 [The motion carried. Ms. Hertzler and Mr. Scher were
19 recused from deliberations and voting on the matter.]

20 ***

21 MS. PACHTER SCHULDER:

22 Is there a motion to authorize issuance
23 of a Memorandum Opinion in the matter
24 of Natalie Ruth Wagner, RN, LPN, 23-51-
25 005772?

1 DR. HERSHBERGER:

2 So moved, Hershberger.

3 MS. HERTZLER:

4 Second, Hertzler.

5 CHAIR HUNSBERGER:

6 All those in favor? Opposed?

7 Abstentions?

8 [The motion carried unanimously.]

9 ***

10 MS. PACHTER SCHULDER:

11 Is there a motion to authorize Counsel
12 to prepare Adjudications and Orders in
13 the matters of Cyrus N. Browne, LPN,
14 23-51-006812; Dejanae Carter, LPN, 23-
15 51-012990; Stefi Dorvil, LPN, 23-51-
16 006844; Zoey Judith-Ann Feyes, 25-51-
17 018941; Nadege Josma-Jean, LPN, 22-51-
18 001137; Dianna Kehyee, LPN, 23-51-
19 006814; Gentry Roberts, RN, LPN, 21-51-
20 016918; Steevens Plaisime, LPN, 23-51-
21 006843; and Deanna Lanay Mercado, LPN,
22 25-51-002034?

23 DR. BUCHER:

24 So moved, Bucher.

25 DR. HERSHBERGER:

1 Second, Hershberger.

2 CHAIR HUNSBERGER:

3 All those in favor? Opposed?

4 Abstentions?

5 [The motion carried unanimously.]

6 ***

7 MS. PACHTER SCHULDER:

8 Is there a motion to adopt the Draft
9 Adjudications and Orders for which
10 Members Hertzler and Scher are recused?
11 Nydesha Brown, LPN, 19-51-012887; Kayla
12 Brooks, RN, 25-51-008657; Jeremy
13 Carter, RN, 24-51-004408; Megan Regina
14 McQueen, RN, 25-51-004801; and Rebecca
15 Jo McCartney, LPN, 25-51-002322?

16 DR. BUCHER:

17 So moved, Bucher.

18 DR. HERSHBERGER:

19 Second, Hershberger.

20 CHAIR HUNSBERGER:

21 All those in favor? Opposed?

22 Abstentions?

23 [The motion carried. Ms. Hertzler and Mr. Scher were
24 recused from deliberations and voting on the matter.]

25 ***

1 MS. PACHTER SCHULDER:

2 Is there a motion to adopt the Draft
3 Adjudication and Orders in the matters
4 of Debra Lynn Derr, RN, 25-51-004832;
5 and Desiree Lynn Dornetta, RN, 25-51-
6 009443, for which Members Hertzler,
7 Capiotis, and Scher are recused?

8 DR. HERSHBERGER:

9 So moved, Hershberger.

10 DR. BUCHER:

11 Second, Bucher.

12 CHAIR HUNSBERGER:

13 All those in favor? Opposed?

14 Abstentions?

15 [The motion carried. Ms. Hertzler and Mr. Scher were
16 recused from deliberations and voting on the matter.]

17 ***

18 MS. PACHTER SCHULDER:

19 Is there a motion to adopt the Draft
20 Adjudications and Orders for which
21 there are no recusals? Amina Taraa
22 Harris, RN, 22-51-015451; Manushka
23 Laibhen, LPN, 22-51-001153; Christal
24 Lativa Nesbeth, LPN, 23-51-000041;
25 Martona Moody, CRNP, RN, LPN, 24-51-

1 016615?

2 DR. BUCHER:

3 So moved, Bucher.

4 DR. HERSHBERGER:

5 Second, Hershberger.

6 CHAIR HUNSBERGER:

7 All those in favor? Opposed?

8 Abstentions?

9 [The motion carried unanimously.]

10 ***

11 Appointment Motion

12 MS. PACHTER SCHULDER:

13 In the matter of Laurel Technical
14 Institute-Hermitage PN Program's
15 request for increased enrollment for
16 which Member Hershberger is recused, is
17 there a motion to grant the request for
18 increased enrollment subject to Laurel
19 Technical Institute - Hermitage's proof
20 that they have met the 80 percent pass
21 rate of all test takers?

22 DR. BUCHER:

23 So moved, Bucher.

24 MS. HERTZLER:

25 Second, Hertzler.

1 CHAIR HUNSBERGER:

2 All those in favor? Opposed?

3 Abstentions?

4 [The motion carried. Dr. Hershberger was recused
5 from deliberations and voting on the matter.]

6 ***

7 Miscellaneous Motion

8 MS. PACHTER SCHULDER:

9 In Item No. 81, the Request for
10 Reconsideration of Debra Torrone
11 Kilkenny, RN, 22-51-011688, is there a
12 motion to deny the request for
13 reconsideration?

14 DR. BUCHER:

15 So moved, Bucher.

16 DR. HERSHBERGER:

17 Second, Hershberger.

18 CHAIR HUNSBERGER:

19 All those in favor? Opposed?

20 Abstentions?

21 [The motion carried unanimously.]

22 ***

23 Adjournment

24 CHAIR HUNSBERGER:

25 Is there any additional business to

1 come before the Board?

2 Hearing none, may I have a motion
3 for adjournment?

4 DR. BUCHER:

5 So moved, Bucher.

6 DR. HERSHBERGER:

7 Second, Hershberger.

8 CHAIR HUNSBERGER:

9 All those in favor?

10 ***

11 [There being no further business, the State Board of
12 Nursing Meeting adjourned at 2:08 p.m.]

13 ***

14 CERTIFICATE

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

20

21



22

Erin Badstuebner,

23

Minute Clerk

24

Sargent's Court Reporting

25

Service, Inc.

STATE BOARD OF NURSING
REFERENCE INDEX

April 20, 2026

	TIME	AGENDA
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6		
7	TIME	AGENDA
8		
9	9:00	Public Session
10		
11	9:00	Official Call to Order
12		
13	9:01	Introduction of Board Members
14		
15	9:02	Introduction of Attendees
16		
17	9:05	Adoption of Agenda
18		
19	9:05	Adoption of Minutes
20		
21	9:06	Report of Prosecutorial Division
22		
23	9:16	Regulation Update
24		
25	9:26	Pennsylvania Legislative Update
26		
27	9:27	Appointment - Annual Budget Presentation
28		
29		
30	9:43	Appointment - Professional Health Monitoring Programs and Nurses' Health Program Presentation
31		
32		
33		
34	10:46	Recess
35		
36	10:56	Appointment - ATO Presentation
37		
38	11:46	Appointment - Laurel Technical Institute
39		
40		
41	11:58	Report of Board Chairperson
42		
43	12:04	Report of Acting Commissioner
44		
45	12:06	Report of Executive Secretary
46		
47	12:14	Miscellaneous
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49		
50		

STATE BOARD OF NURSING
REFERENCE INDEX

April 20, 2026

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TIME	AGENDA
12:19	New Business
12:20	Executive Session
1:50	Return to Open Session
1:51	Motions - Prosecution
1:55	Motion - New Business
1:55	Report of Board Counsel
2:06	Motion - Appointment
2:07	Motion - Miscellaneous
2:08	Adjournment