

**Oregon State Board of Nursing
Memorandum**

TO: Interested Parties

FROM: Rachel Prusak
Executive Director

DATE: October 2024

SUBJECT: NOTICE OF BOARD MEETING FOR OCTOBER 2024

The Oregon State Board of Nursing will meet on October 16, 2024. This will be a virtual meeting originating from the Board offices, 17938 S.W. Upper Boones Ferry Road, Portland, Oregon.

Virtual Public Attendance: The public will be able to view the meeting via livestream. Link: <https://www.youtube.com/@OregonStateBoardOfNursing/>

Members of the media can gain access to Executive Sessions by contacting Barbara Holtry (barbara.holtry@osbn.oregon.gov) at least 24 hours prior to meeting start time.

DATE: Wednesday, October 16, 2024

TIME: 4:30pm and continue until the end of business

Public Session: the Board will meet in Public Session at 4:30 p.m. and continue until the end of public business (approximately 5:00 p.m.) The Board will then go into Executive Session.

Executive Session as authorized by ORS 192.660(1), ORS 192.660(2)(f), (h) and (L), ORS 678.126, ORS 676.165, and ORS 676.175(1)

- Discuss investigatory cases and consider records exempt from public disclosure, including advice from legal counsel.
- During the Executive Session, the public video stream and audio will be blocked and muted, and public members attending will be asked to wait in the lobby.

The Board will return to Public Session

- Take formal votes on cases that have been reviewed in Executive Session
- Board action may include, but is not limited to, ratification of interim consent orders, motions for discipline, and approval or denial of licensure.

OSBN public meeting notice, Board meeting agenda and materials may be accessed via the following link:

<https://www.oregon.gov/osbn/Pages/board-meetings.aspx>

The meeting timeline is tentative, and the order of agenda items may be changed at the Board's discretion.

If you have a disability that requires any special materials, services, or assistance please contact Barbara Holtry (barbara.holtry@osbn.oregon.gov), so appropriate accommodations may be arranged.

Current Board Members:

Joni Kalis, P.T., M.P.T., MS, Public Member
 Aaron Green, Certified Nursing Assistant (President)
 Claire McKinley Yoder, PhD, RN, CNE, Nursing Educator Rep
 Marcus Cooksey, MSN, APRN, FNP, Direct Patient Care Rep
 Michelle Chau, Licensed Practical Nurse
 Yvonne Yan Duan, APRN, FNP, Nurse Practitioner
 Margaret Hill, Public Member (Secretary)
 Linda Stanich, RN, Nursing Administrator Rep
 Olanike Towobola, RN, Direct Care Rep

TENTATIVE TIMEFRAME FOR OCTOBER 16, 2024, BOARD MEETING

Wednesday, October 16, 2024

Agenda Items

4:30 – 5:00 p.m.

PUBLIC SESSION

5:00 p.m. – CLOSE OF BUSINESS

EXECUTIVE SESSION

Agenda Items

4:30 p.m. – 5:00 p.m. Public Session

1. CALL TO ORDER
2. PUBLIC MEETING NOTICE
3. PUBLIC PARTICIPATION NOTICE
4. ROLL CALL
5. DECLARATION OF QUORUM
6. INTRODUCTION OF BOARD MEMBERS, STAFF AND AUDIENCE

4:40 p.m. – 4:45 p.m. - Administrative Rule Making, Laura Blackhurst, MSN, RN, CNL

AR1: Request for Rule Hearing OAR 851-021-0045

p. 4

M.S.C. _____ that the Board (approves/does not approve) OAR 851-021-0045 as (presented/modified) to move to rule hearing.

4:45 p.m. – 4:50 p.m. - RN/LPN Practice, Gretchen Koch, MSN, RN, Policy Analyst

PR1: Draft Nursing Practice Interpretive Statement on I.V. Hydration Therapy

p. 10

M.S.C. _____ that draft Interpretive Statement titled *Nursing Practice Intravenous Hydration Therapy* (be/not be) adopted as (presented/modified).

4:50 p.m. – 5:00 p.m. - Administration, Rachel Prusak, Executive Director

A1: Delegation of Authority

p. 14

M.S.C. _____ the Board (approve/does not approve) the full delegated authority list from 1999 through September 2024.

A2: Listening Tour

p. 48

5:00 p.m. – Close of Business**Executive Session**

- Defaults
- Stipulations
- Board Direction
- Dismissals
- Consent Agenda of Cases for Recommended Closure
- Advice from Legal Counsel

Please note: The above timeframe is tentative. The time for individual agenda items may vary. Agenda items may also be rescheduled at the discretion of the Board president. Portions of the meeting may be conducted in Executive Session as authorized by ORS 192.660(1), (2)(a) and (7)(d), ORS 192.660(2)(f), (h) and (L), ORS 678.126, ORS 676.165, and ORS 676.175(1).



Oregon

Tina Kotek, Governor

Board of Nursing

17938 SW Upper Boones Ferry Rd
Portland, Oregon 97224
Oregon.BN.INFO@osbn.oregon.gov
www.oregon.gov/OSBN

Memorandum

To: Board of Nursing
From: Laura Blackhurst, MSN, RN, CNL
Policy Analyst, Nursing Education
Date: September 27th, 2024
Re: Request for Rule Hearing for Chapter 851, Division 21, Rule 0045

I am respectfully requesting that the temporary adoption of Oregon Administrative Rule Chapter 851, Division 21, Rule 0045 be approved to move to Rule Hearing for subsequent permanent adoption. The Board previously adopted this temporary rule in June 2024, which allowed OSBN staff to approve a nursing program administrator by exception. Since the temporary rule adoption, two nursing program administrators have been approved by exception, and at least one other nursing program is exploring this need.

This temporary rule is due to expire December 2024. Although draft language development continues in Division 21, to avoid any interruptions in the ability to approve nursing program administrators, a permanent rule change is needed.

M.S.C. _____, _____ that the Board (approves/does not approve) OAR 851-021-0045 as (presented/modified) to move to rule hearing.

851-021-0045

Standards for Approval: Nursing Faculty

- (1) Nursing program faculty must include a sufficient number of qualified Nurse Educators and Nurse Educator Associates to meet the identified learning outcomes of the nursing education program.
- (2) The Nurse Administrator and each nurse faculty member must hold a current, unencumbered license to practice as a registered nurse in Oregon, maintain current knowledge of nursing practice for the registered nurse and the licensed practical nurse, and be academically and experientially qualified for the level of appointment.
- (3) Qualifications for practical nurse programs:
 - (a) The Nurse Administrator must:
 - (A) Hold at least a master's degree in nursing with documentation of preparation or experience in curriculum and teaching; and,
 - (B) Have the equivalent of a minimum of four years of full-time nursing experience of which two years must have been in patient care, and two years must have been as a Nurse Educator or in an administrative position in an academic nursing education program.
 - (b) Each Nurse Educator must:
 - (A) Hold at least a baccalaureate degree in nursing;
 - (B) Have the equivalent of a minimum of three years of full-time patient care nursing experience; and,
 - (C) Document competency in teaching through experience, educational preparation, or continuing education.
 - (c) Each Nurse Educator Associate must:
 - (A) Hold at least a baccalaureate degree in nursing; and,
 - (B) Have the equivalent of a minimum of two years of full-time patient care nursing experience.
 - (d) If the program in practical nursing is embedded within a registered nurse program, all faculty member appointments shall meet the qualifications required for registered nurse programs.
- (4) Qualifications for registered nurse programs:
 - (a) The Nurse Administrator must:
 - (A) Hold at least a master's degree in nursing with documentation of preparation and experience in curriculum and teaching in an academic nursing program. In addition, for baccalaureate degree nursing programs, the Nurse Administrator must hold an earned doctorate degree; and,
 - (B) Have the equivalent of a minimum of five years of full-time nursing experience to include:
 - (i) A minimum of two years must be in patient care at the registered nurse level; and,
 - (ii) A minimum of three of these years must be in a Nurse Educator or administrative position in an academic nursing education program.
 - (b) Each Nurse Educator must:
 - (A) Hold at least a master's degree in nursing or a baccalaureate degree in nursing and master's or doctoral degree in a related field with relevant teaching and nursing experience related to the teaching assignment.
 - (B) Have the equivalent of a minimum of three years of full-time patient care experience at the registered nurse level; and,
 - (C) Document competency in teaching through experience, educational preparation, or continuing education.

- (c) Each Nurse Educator Associate must hold at least a baccalaureate degree in nursing with the equivalent of a minimum of two years of full-time patient care experience at the registered nurse level.
- (5) Non-nurse faculty teaching within the nursing curriculum or other required courses with embedded nursing outcomes must be academically and experientially qualified for assigned teaching responsibilities.
 - (a) A faculty appointment form must be completed by the nurse administrator and approved by the Board representative before such faculty assumes program responsibilities.
 - (b) No exceptions will be granted for non-nurse faculty members.
- (6) Faculty appointments without exception are made by the Nurse Administrator and do not require Board approval or notification. However, the Board maintains the authority to conduct audits of a program's faculty education and experience at any time to confirm compliance with OAR 851-021.
- (7) Approval for Appointment by Exception is required for nursing faculty and nurse administrator teaching serving in a nursing program as indicated:
 - (a) Any exceptions to the minimum qualifications for nursing program faculty and nurse administrator appointments as indicated in subsections (3) and (4) of this rule must be submitted in writing to the Board representative including the rationale for the request and description of recruitment efforts;
 - (b) The exception request must be approved by the Board representative before the faculty member or nurse administrator assumes the program assignment; and
 - (c) The fully qualified nurse educator providing oversight for the faculty appointed by exception is identified; and
 - (d) The current number of faculty and administrator appointments by exception in a program must be considered during the approval process by the Board representative.
- (8) The Board representative may grant exceptions to nursing faculty and nurse administrator appointments for any of the following circumstances:
 - (a) The education and experience qualifications are deemed equivalent to the requirements; or,
 - (b) The appointed individual is pursuing the needed qualifications. Reports on progress toward meeting the minimum qualifications must be provided as requested by the Board representative; or,
 - (c) The individual without full qualification is appointed for one year. The exception may be extended annually for a maximum of two times, with documentation of either continued and unsuccessful recruitment for a qualified replacement, or a plan to establish eligibility under exception (b) above.
- (9) Nursing program faculty may include full-time and part-time faculty members. Any individual responsible for evaluating student ability to meet outcomes in the classroom or any part of the nursing practice experiences is included in the faculty. Nurse faculty members must have the authority and responsibility to:
 - (a) Design, review, and implement the curriculum.
 - (b) Determine student admission, progression, and graduation eligibility.
 - (c) Define expected outcomes for each course and the program overall.
 - (d) Provide timely feedback to students on progression within a course and the program overall.
 - (e) Provide opportunity for students to evaluate teaching effectiveness, courses, and the program overall.
 - (f) Collaborate through defined channels with other nursing programs and nursing practice experience partners to develop appropriate and equitable access to nursing practice experiences.

- (g) Provide clear guidance to nursing practice experience partners, Clinical Nurses, and Clinical Preceptors on learning outcomes, expected competencies, and learning level of students assigned to nursing practice experiences.
 - (h) Provide faculty member and Clinical Preceptor orientation.
 - (i) Provide mechanisms for student input into and/or participation in decisions related to the nursing program.
 - (j) Implement a plan for on-going course-specific and comprehensive program evaluation.
 - (k) Maintain documentation of professional development activities that demonstrate links between periodic evaluation of competency, professional goals, planned professional development activities, and completion of these activities.
- (10) Faculty Operations must show the following:
- (a) A standard format for faculty meeting minutes to capture meaningful discussions, decision-making, and follow-up; and,
 - (b) A timetable for regular review of nursing program policy, including student, program, and course outcomes with overall curriculum evaluation and faculty input.
- (11) The Nurse Administrator and each nurse faculty member must demonstrate professional competence and continued development in nursing practice pertinent to assigned teaching responsibilities and, nursing education practices.
- (a) The Nurse Administrator and each faculty member must periodically review assigned teaching responsibilities, evaluating and revising professional development plans as indicated.
 - (b) The educational institution and Nurse Administrator shall support faculty in developing and maintaining competence in assigned teaching responsibilities and nursing practice.
 - (c) Links between evaluation of competency, professional goals, planned professional development activities and completion of these activities must be evident in documented performance review process.
- (12) Faculty providing oversight in nursing practice experience settings outside of Oregon must meet nurse practice act requirements in the state in which the nursing practice experience is occurring.
- (13) Faculty Member-to-Student Ratio in Faculty-led nursing practice experience:
- (a) Faculty-led nursing practice experience must include nursing practice experiences that lead to achievement of course outcomes.
 - (b) The number of faculty members appointed for oversight of direct care must be one faculty member to every eight students having experience in one or more patient care units at any given time. Nursing faculty may determine that student and patient safety and learning effectiveness are improved with a lower faculty to student ratio.
 - (c) Nursing program policy must include factors to be considered in determining the faculty member-to-student ratio in each nursing practice experience setting, such as:
 - (A) Outcomes to be achieved;
 - (B) Preparation and expertise of faculty member;
 - (C) Level of students;
 - (D) Type of environment;
 - (E) Number, type and condition of patients;
 - (F) Number, type, and location of nursing practice experience sites; and,
 - (G) Adequacy of the ratio for nurse faculty to:
 - (i) Assess students' capability to function safely within the nursing practice experience;
 - (ii) Select and guide student experience; and,
 - (iii) Evaluate student performance.

- (d) Faculty must remain in the same facility as the student group throughout the nursing practice experience shift and must maintain a meaningful presence in the facilitation of learning and evaluation as defined in program policy.
 - (e) When students are assigned to community-based practice sites, the faculty member assigned to the student group is not required to be consistently on-site, but must provide meaningful presence and appropriate, in-person participation with the student and agency staff as described in program policy.
 - (f) A faculty member must be readily available to the agency staff while students are involved in the nursing practice experience.
- (14) Faculty Member-to-Student Ratio in Dedicated Education Units (DEU):
- (a) The faculty member-to-student ratios may be modified in the DEU with the use of DEU-specific Clinical Preceptors.
 - (b) Clinical Preceptors may be used within a DEU as described by the following guidelines:
 - (A) Faculty must orient and provide on-going guidance for Clinical Preceptors in practice sites related to the program goals, teaching strategies, learning outcomes, and expected competencies of the students;
 - (B) Clinical Preceptors must be selected according to written criteria developed by faculty and agreed to by a responsible person in the practice site;
 - (C) Faculty are not required to remain in the same facility as the student group throughout the nursing practice experience shift but must maintain a meaningful presence with nursing practice experience Preceptors and students at the practice site, as defined in program policy;
 - (D) The faculty member must confer with each Clinical Preceptor and student (individually or in groups) regularly during the nursing practice experience as defined in program policy; and,
 - (E) Each Clinical Preceptor in the DEU may have oversight of no more than two students at one time.
- (15) Faculty Member-to-Student Ratio in the Final Clinical Practicum Experience:
- (a) The program must establish reasonable faculty-to-student ratios to:
 - (A) Allow for appropriate supervision and evaluation of the learning experience; and,
 - (B) Support student achievements of course outcomes.
 - (b) Each Clinical Preceptor may have oversight of one student at a time during the provision of patient care.
 - (c) The faculty member assigned to the student group is not required to be consistently on-site, but must provide meaningful presence and appropriate, in-person participation in the student-preceptor-faculty triad as described in program policy.
 - (d) A faculty member must be readily available to the Clinical Preceptor and student while students are involved in the learning experience.
 - (e) Nursing practice experience evaluation of student achievement of course outcomes remain the responsibility of the assigned faculty member with consideration of input from the Clinical Preceptor and Clinical Nurses.

Statutory/Other Authority: ORS 678.150, ORS 678.340 & ORS 678.360

Statutes/Other Implemented: ORS 678.150 & ORS 678.360

History:

[BN 12-2022, amend filed 07/28/2022, effective 08/01/2022](#)

BN 2-2021, minor correction filed 01/06/2021, effective 01/06/2021

BN 7-2020, amend filed 12/11/2020, effective 01/01/2021

BN 17-2010, f. & cert. ef. 11-29-10

BN 3-2008, f. & cert. ef. 6-24-08

BN 7-2001, f. & cert. ef. 7-9-01

BN 1-2001, f. & cert. ef. 2-21-01

NB 4-1996, f. & cert. ef. 9-3-96

NB 1-1990, f. & cert. ef. 4-2-90, Renumbered from 851-020-0061

NER 4-1985, f. & cert. ef. 7-10-85

NER 2-1985, f. & cert. ef. 4-5-85

NER 3-1984, f. & cert. ef. 10-4-84

NER 37-1977, f. & cert. ef. 7-18-77

NER 30-1976, f. & cert. ef. 1-27-76



State of Oregon
Tina Kotek, Governor

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Memorandum

To: Oregon State Board of Nursing
From: Gretchen Koch, MSN, RN
Policy Analyst, Nursing Practice and Evaluation
Date: September 27, 2024
Re: Draft Nursing Practice Interpretive Statement on Intravenous Hydration Therapy

Presented to the Board for review is a draft Interpretive Statement on nursing practice and intravenous hydration therapy. A suggested motion is provided below.

M.S.C. _____, _____ that draft Interpretive Statement titled *Nursing Practice Intravenous Hydration Therapy* (be/not be) adopted as (presented/modified).



Oregon State Board of Nursing Interpretive Statement

Nursing Practice Intravenous Hydration Therapy

Oregon State Board of Nursing Interpretive Statements

Oregon State Board of Nursing (OSBN) Interpretive Statements are not laws (statutes or rules) and are not intended to be legal advice. OSBN Interpretive Statements are adopted by the Board as a means of providing information to licensees who seek to engage in safe nursing practice. Licensees are encouraged to review the applicable laws themselves and, if necessary, obtain their own legal advice.

OSBN Statement

Intravenous (I.V.) hydration therapy is a rapidly expanding form of medical treatment in the state of Oregon and across the country. Typically, this treatment involves patients receiving a predetermined mixture of minerals, amino acids, vitamins, or prescription drugs such as Toradol, Pepcid, and Zofran. These mixtures are tailored to address dehydration, migraines, hangovers, nausea, athletic recovery, appetite regulation, inflammation, and more. Despite its growing popularity, there is a relative lack of regulation governing this treatment. The OSBN acknowledges these gaps and, with the mission of protecting the health, safety, and well-being of Oregonians, desires to inform.

Only licensed prescribers may prescribe I.V. products: Allopathic physicians, osteopathic physicians, physician associates, advanced practice registered nurses (APRN) with prescriptive privilege, and naturopathic physicians with a prescribing endorsement. There is no legal authority for a patient to self-prescribe I.V. products by choosing an I.V. "cocktail" from a menu.

Advanced Practice Registered Nurse

Oregon's Nurse Practice Act (NPA) limits the authority to diagnose medical conditions and determine the treatment for diagnosed conditions to those holding licensure as a nurse practitioner, clinical nurse specialist, and certified registered nurse anesthetist (i.e., the advanced practice registered nurse or APRN). The APRN with prescriptive privilege may consider the prescribing of I.V. hydration therapy to treat diagnosed conditions to be within their scope of practice, only when all decisioning points of the [APRN Scope of Practice Decisioning Algorithm](#) are met.

Registered Nurse

The registered nurse's (RN) role in I.V. hydration therapy is to assist with the execution of a medical order from an APRN or other licensed prescriber in accordance with the respective prescriber's plan of care or treatment plan for the patient. The RN's engagement in this role must be in adherence with [OAR 851-045-0060 Standards Related to RN Scope in the Practice of Nursing](#) and OAR 851-045-0065 Standards of Practice for the LPN and the RN.

Per OAR 851-045-0065(2)(b), the RN may not perform an I.V. hydration-related activity, intervention or role, until the RN has determined the activity, intervention or role to be within their individual scope of practice. The RN may consider an I.V. hydration-related activity, intervention or role to be within their individual scope of practice when all criteria listed in OAR 851-045-0065(2)(b)(A) through (H) are met.

Licensed Practical Nurse

The licensed practical nurse's (LPN) role in I.V. hydration therapy is to assist with the execution of a patient's medical order from an APRN or other licensed prescriber in accordance with the respective prescriber's plan of care or treatment plan for the client. The LPN's engagement in this role must be in adherence with OAR 851-045-0050 Standards Related to LPN Scope in the Practice of Nursing. These standards set forth a clinically directed practice of nursing for the LPN.

The LPN's clinically directed engagement in this role must also be in adherence with OAR 851-045-0065 Standards of Practice for the LPN and the RN. Per OAR 851-045-0065(2)(b), the LPN may not perform an I.V. hydration-related activity, intervention or role, until the LPN has determined the activity, intervention or role to be within their individual scope of practice. The LPN may consider an I.V. hydration-related activity, intervention or role to be within their individual scope of practice when all criteria listed in OAR 851-045-0065(2)(b)(A) through (H) are met.

Additional Information

OSBN licensees must ensure that any person or business engaged in the dispensing, delivery or distribution of a compounded drug in Oregon possesses the required Oregon Board of Pharmacy drug outlet registration(s) and complies with corresponding regulations, including those found in [OAR 855-45 Drug Compounding](#). Those that do not require registration with the Oregon Board of Pharmacy should be well educated in compounding practices and follow established guidelines and standards such as those found in [USP <795> and/or USP <797>](#).

Only the OSBN may grant prescriptive privilege to the license of an APRN. There is no legal authority for any health professional or business to grant prescriptive privilege to an APRN - or to delegate prescriptive authority to an RN or LPN.

I.V. hydration therapy may fall within the scope of practice of other healthcare professions. Questions concerning I.V. hydration therapy and other health care professionals should be directed to their respective regulatory board(s).

Additional Resources:

[American IV Therapy Association – Industry Position Statement 5 June 2024, Version 3.1.](#)

[Arizona State Board of Nursing \(5/2024\). Advisory Opinion Intravenous Hydration and Other Therapies.](#)

[Infusion Nurses Society \(2024\). Infusion therapy standards of practice \(9th edition\). *Journal of Infusion Nursing* 47\(15\), S17 – S274.](#)

[Joint Statement Regarding IV Therapy Clinics and Medical Spas from the Vermont Office of Professional Regulation and Boards of Medical Practice, Nursing, Osteopathic Medicine, and Pharmacy \(2024\).](#)

[National Infusion Center Association \(NICA\). Minimum Standards for In-Office Infusion: A threshold for minimum standards in infusion practice and quality of care.](#)

Authority for Approval: ORS 678

History of Document: Draft presented to Board at October 2024 Board Meeting.



Oregon

Tina Kotek, Governor

Exhibit A1
October 16, 2024

14

Board of Nursing
17938 SW Upper Boones Ferry Rd
Portland, Oregon 97224
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www.oregon.gov/OSBN

Memorandum

TO: Oregon State Board of Nursing Board Members
FROM: Rachel Prusak, Executive Director
DATE: October 2024
RE: Delegation of Authority

The Board of Directors plays a crucial role in the delegation of authority, a practice that has been in place since 1999. Over the past year, I have been asked to use this authority. As I acted, I would look back at the minutes to ensure that the board had delegated this authority. For transparency, I decided it was best to collect past minutes of meetings where authority had been delegated and bring them to the current board for an opportunity to review, discuss, and vote to approve continued delegation.

MOTION (s)

MSC _____, _____,

The Board (approve/does not approve) the full delegated authority list from 1999 through Sept 2024.

Mission: The Oregon State Board of Nursing is committed to protecting the public through regulatory excellence and promoting the wellness of our nursing professionals.

Vision: A safe and healthy Oregon promoted through a healthy and diverse nursing workforce.



DELEGATION OF AUTHORITY TO STAFF

(Updated September 2024)

Delegation	Date Adopted by Board	Motion Language	Notes
Adoption of Board/Staff Delegation Chart	April 16, 1999	The Board/staff delegation document be adopted as corrected	OSBN Main Delegation grid--4-16-99.pdf
Notice of Proposed Civil Penalty for continuing to practice nursing after the expiration date of the license	June 20, 2002	The Board delegated the authority to Issue Final Orders in Civil Penalty cases in which the licensee has defaulted on the Notice and the subject of the Notice of Proposed Civil Penalty is continuing to practice nursing after the expiration date of the license to staff	June 2002 Minutes
Interim Consent Orders	July 18, 2007	The Board delegate the authority to sign and issue Interim Consent Orders to the Executive Director Updated delegation in June 2021	July 2007 Minutes June 2021 Minutes
Extension of Due Dates for Board Reports	June 18, 2009	The Board delegated the authority to grant extensions of due dates for Board reports to the Executive Director Updated delegation request Sept 2024: The Board delegated the authority to grant extensions of due dates for Board reports to the Executive Director and Investigation manager(s).	June 2009 Minutes Updated 9/19/24 September 2024 Minutes
Education Consultant for Certain Actions	February 17, 2011	The Education Consultant act under the authority of the Board to adjust survey scheduling for programs that obtain national nursing accreditation, appoint faculty members by exception and grant placement petitions in Oregon for students from out-of-state nursing programs	February 2011 Minutes

		Updated delegation: The Education Consultant acts under the authority of the Board to schedule and conduct education program surveys, adjust the survey schedule for programs that obtain national nursing accreditation, approve faculty member and nurse administrator appointments by exception, grant placement petitions in Oregon for students from out-of-state nursing programs, develop the annual program reporting survey, triage complaints made about nursing education programs, and answer questions regarding the rules for nursing education programs.	
Nursing Assistant Program Consultant for Certain Situations	April 21, 2011	Consent Agenda Motion included A memo: Delegated Authority to Board Staff-Nursing Assistant Program Consultant was included in the Consent Agenda explaining the necessity for the Nursing Assistant Program Consultant to respond to nursing assistant and medication aide training programs under delegated authority of the Board in certain situations that require Board notification or approval	<u>April 2011 Minutes</u>
Extension to Due Dates on Stipulated Orders Conditions	April 19, 2012	The Board Delegated the authority for Extensions to Due Dates on Stipulated Orders Conditions to Staff	<u>April 2012 Minutes</u>
Failure to Cooperate	June 18. 2009	The Board delegated the authority to issue a Notice to Suspend for Failure to Cooperate to the Executive Director or designee.	<u>June 2009 Minutes</u>

	June 21, 2012	Delegated authority to send Notices of Suspension for Failure to Cooperate for situations to include, but not limited to, a failure to produce requested documents, a failure to sign any releases for treatment records, and/or a failure to provide any requested information in a timely manner at any time during an investigation to management	<u>June 2012 Minutes</u>
<p>Approve applications/petitions that meet requirements;</p> <p>Submit complex cases to the Board for Board direction;</p> <p>Approve pre-licensure petitions;</p> <p>Assess and determine the need for a civil penalty or discipline for student, faculty and/or preceptors engaging in unapproved clinical practicum, in addition to not counting clinical hours toward certification</p>	September 20, 2012	<p>The Board Confirmed the Board Staff has delegated authority to:</p> <ul style="list-style-type: none"> •Approve applications/petitions that meet requirements; •Submit complex cases to the Board for Board direction; •Approve pre-licensure petitions; •Assess and determine the need for a civil penalty or discipline for student, faculty and/or preceptors engaging in unapproved clinical practicum, in addition to not counting clinical hours toward certification <p>Updated Delegation request Sept 2024: The Board Confirmed the Board Staff has delegated authority to Education Consultant</p> <ul style="list-style-type: none"> •Approve applications/petitions that meet requirements; •Submit complex cases to the Board for Board direction; •Assess and determine the need for a civil penalty or discipline for student, faculty and/or preceptors engaging in unapproved clinical practicum, in addition to not counting clinical hours toward certification 	<p><u>September 2012 Minutes</u></p> <p>Updated 9/19/24</p> <p><u>September 2024 Minutes</u></p>
Notice of Proposed Civil Penalties	<p>June 20, 2002</p> <p>June 20, 2013</p>	The Board delegated the authority to Issue Notices of Proposed Civil Penalties to staff.	<u>June 2002 Minutes</u>

Sign Stipulated Orders for Civil Penalties		The Board delegate the authority to sign Stipulated Orders for Civil Penalties on behalf of the Board which will have the same force and effect as a final order to staff	Licensing: OAR 851-001-0009(2) 2002 <u>June 2013 Minutes</u> Investigation: OAR 851-001-0009
In event of agency error, withdraw a final order by default	April 23, 2014	The Board Delegated Authority That in the event of agency error, the Executive Director has delegated authority to withdraw a final order by default, until such time that the Board can convene to formally withdraw the order.	<u>April 2014 Minutes</u>
Approval of Executive Director's Time & Attendance and Expense Reimbursements	June 19, 2014	Delegated signing authority for Executive Director Time & Attendance and Expense Reimbursements approvals to OSBN Communications Manager	<u>June 2014 Minutes</u>
Below Threshold Criteria and License of Applicants	February 18, 2016	The Board delegated the authority to forward applications to Licensing if the investigation fits the criteria, prior to Board review and vote on the Below Threshold Report to Board staff	<u>February 2016 Minutes</u>
Extend probation stipulations	April 14, 2016	The Board delegate Board staff (Compliance Advisory Committee) the authority to extend the monitored practice requirement under certain conditions, as outlined in the memo presented to the Board at the April 2016 Board meeting. Executive Director is authorized to sign amended probation stipulation.	<u>April 2016 Minutes</u>

Approval of certain re-applications for Licensure where previous application was voluntarily withdrawn.	September 12, 2019	The Board delegate to the Executive Director or designee the ability to review and approve for licensure those applications previously resolved with Stipulation for Voluntary Withdrawal for either lack of practice hours or less than two years of sobriety once the applicant has met the licensing criteria of the Board.	<u>September 2019 Minutes</u>
Extend a probation for up to one year period	February 13, 2020	Delegation of authority to the CAC (Compliance Advisory Committee) to extend a probation for up to one year if the reason for the extension is due to their first positive UA, relapse, or substantial non-compliance occurring within six months of the anticipated completion date of the probation	<u>February 2020 Minutes</u>
Implement ORS 676.177	June 11, 2020	Delegation authority related to disclosure of investigation information	<u>June 2020 Minutes</u>
Publish draft minutes of Board meetings	April 15, 2021	Delegation to Board staff to publish draft minutes of Board meetings without Board approval prior to the publication and once the Board approves the minutes, the draft minutes will be replaced with the approved minutes.	<u>April 2021 Minutes</u>
Approve home telehealth practice for those on practice breakdown not associated with impairment probation.	June 17, 2021	Delegation to Board staff, the Compliance Advisory Committee (CAC), to approve home telehealth practice for those on practice breakdown not associated with impairment probation.	<u>June 2021 Minutes</u>
Signature Authority to the Executive Director or designee to approve disciplinary documents.	June 17, 2021 (Originally adopted 1993)	<u>851-001-0100</u> Delegation of Signature Authority (1) Approval of Interim Order by Consent (ICO): The Executive Director or designee via her/his signature has the delegated authority to grant approval of an ICO that has been signed by a licensee/certificate holder.	<u>June 2021 Minutes</u>

		<p>(2) Approval of Notices of Proposed Discipline: The Executive Director or designee has delegated authority to sign all Notices for Proposed Discipline.</p> <p>(3) The Executive Director or designee may sign Stipulated Orders for Civil Penalties levied due to reactivation of licenses when the RN/LPN continues to practice nursing for more than 60 days after license expiration date.</p> <p>(4) The signature allows the document to become a public document.</p>	
Failure to Pay Child Support Suspensions	Feb 2024	<p>The Board delegated to the Director or the Director's designee the authority to issue Orders of Suspension and Refusals to Renew/Reactivate/Reinstate for Failure to Pay Child Support when notices to suspend have been received by the Board from the Oregon Child Support Program.</p> <p>The Board delegated to Director, or the Director's designee the authority to lift the suspension once Oregon Child Support Program advises the Board to do so upon the licensee or certificate holder meeting their obligation to the Oregon Child Support Program</p>	<u>February 2024 Minutes</u>

NP1. NURSING PRACTICE

NP1.1 Revision for the Board's Policy "Disciplinary Policy Licensing/Certification with Immediate Disciplinary Sanctions"

The purpose of this policy was to identify risk factors for applicants for licensure or certification related to drug and alcohol abuse/dependence. The policy requires that an applicant for licensure or certification have at least two years of sobriety to be eligible for licensure/certification. Persons who are licensed or certified in another state and have a good practice record in that state, however may be endorsed regardless of two years of sobriety from use of drugs or alcohol. Board Counsel, Warren Foote, and staff will draft modifications to this policy and present them at the September Board meeting.

NP1.2 Civil Penalty Delegation Authority

The Board has imposed civil penalties since 1986, most frequently to licensees who allow his/her license to lapse by failing to renew and who continued to practice with an expired license. Board staff issue a notice of Proposed Civil Penalty to 150-160 licensees each fiscal year. Most licensees default on the Notice and either pay the civil penalty immediately or are eventually turned over to Department of Revenue for collection of the civil penalty.

The Board has received legal advice that every Notice of Proposed Civil Penalty must have a Final Order regardless if the matter is resolved by hearing or by default. Those cases that go to hearing, both those that have agency representation and those that have legal counsel representing the agency will, in the future, come to the board for a final decision and Final Order. It was requested that the Board delegate to staff the authority to issue a Final Order in cases where the licensee defaults or if the licensee pays the civil penalty.

M.S.C. Wagner, Sjobeck

that the Board delegate to staff the authority to issue Final Orders in civil penalty cases in which the licensee has defaulted on the Notice and the subject of the Notice of Proposed Civil Penalty is continuing to practice nursing after the expiration date of the license.

Ayes — 6, Nays — 0, Absent — 3 (Boriskin, Manous, Yeats)

1: 00 P.M.

THURSDAY, JUNE 20, 2002

OPEN FORUM

Patricia Riley, MSN, PNP, of CARES Northwest, Portland, Shelley White, RN, SANE, of St. Charles Medical Center, Bend, and Lauren McNaughton, MD, of Liberty House, Salem made a presentation to the Board. They requested that the Oregon State Board of Nursing appoint a Task Force to examine the scope of practice of RNs and NPs who provide physical assessment of children and adolescents in cases of sexual and physical abuse and RNs and NPs who provide physical assessment and forensic medical examinations of children, adolescents, and adults in cases of acute sexual assault. They stated the purpose of the Task Force would be to ultimately develop a policy or position statement regarding RN scope of practice in these areas.

By consensus, the Board members agreed that a Task Force should be established to deal with this issue. Tracy Klein, Advanced Practice Consultant, agreed to participate in this Task Force. Another RN staff member, as well as various outside interested parties will be represented on the Task Force.

Connie Howarth, RN, CNOR, and Oregon State Coordinator for the AORN National Legislative Committee, made a presentation addressing the need to have something in writing that mandates that only a Registered Nurse shall function as a circulating nurse in the operating room. She stated this was a patient

July 19, 2007 Board Meeting Minutes – Disciplinary Actions

5:04 p.m.

Thursday, July 19, 2007

EXECUTIVE SESSION

DISCIPLINE

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Interim Consent Orders, Delegation of Authority

M.S.C. Markesino, Williams
move that the Board delegate the authority to sign and issue Interim Consent Orders to the Executive Director.

Ayes – 9, Nays – 0, Absent – 0

Pamela Leann Arnett, RN
#095003087RN
Carmen Teresa Hottle, LPN
#0820124548LPN
Charolette Lee Stimson, LPN
#200530042LPN
Jenifer Marie James, CNA
#20011653CNA

M.S.C. Shields, Coon
that based on the evidence submitted through Notice and the agency files, the license or certificate be suspended as set forth in their respective Notices.

Ayes – 9, Nays – 0, Absent – 0

Cammy E Nye, CNA
#000014081CNA

M.S.C. Williamson, Markesino
that based on the evidence submitted through Notice, testimony, and the agency file in this case, the application for Reactivation of Certified Nursing Assistant Certificate of Cammy E Nye be denied.

Ayes – 9, Nays – 0, Absent – 0

Maren Christine Gailey
CNA Applicant

M.S.C. McDonald, Coon
that based on the evidence submitted through Notice, testimony, and the agency file in this case, the application for Certified Nursing Assistant certificate by examination of Maren Christine Gailey be denied.

Ayes – 9, Nays – 0, Absent – 0

Jason William Roy Soulier
CNA Applicant

M.S.C. Williamson, Markesino
that based on the evidence submitted through Notice, testimony, and the agency file in this case, the application for Certified Nursing Assistant Certificate by examination of Jason William Roy Soulier be denied.

Ayes – 9, Nays – 0, Absent – 0

Michelle Kathryn Fee
CNA Applicant

M.S.C. Markesino, McDonald
that based on the evidence submitted through Notice, testimony, and the agency file in this case, the application for Certified Nursing Assistant certificate by examination of Michelle Kathryn Fee be denied.

Ayes – 9, Nays – 0, Absent – 0

Danny Edward Olson, CNA
#200213352CNA

M.S.C. Shields, Markesino
that based on the Notice, evidence, and the agency file in this case, the Certified Nursing Assistant certificate of Danny Edward Olson be revoked.

Ayes – 9, Nays – 0, Absent – 0

A1.2 Legislative Session 2009

Executive Director Holly Mercer reported that the Board of Nursing's budget had passed and was waiting to be signed by the Governor. This new budget will increase licensing fees for nurses and nursing assistants. House Bill 2058 which has passed requires the Oregon State Board of Nursing to consist of five members who are Registered Nurses, one member who is a Licensed Practice Nurse, one member who is a Certified Nursing Assistant, and two public members. Board members may serve for an unlimited number of three-year terms and serve at the pleasure of the Governor. The Executive Director serves at the pleasure of the Governor and the Board members. House bill 2345 passed and directs the Department of Human Services to establish or contract to establish an impaired health professional program. It also requires all health professional licensing boards to participate in the health professional program and prohibits boards from establishing alternate impaired professional programs. House bill 2059 passed and requires health professional licensees to report prohibited or unprofessional conduct of another licensee to the regulatory board responsible for that licensee and also requires the Board to report prohibited conduct to law enforcement agencies.

A1.3 Executive Director's Report

Executive Director Holly Mercer stated that her report would primarily address board processes.

The following motions were made to cover these processes.

M.S.C. Uherbelau, Coon

that the proposed "Chemical, Mental Health, and Dual Diagnosis Assessment Guidelines" be approved as presented.

Ayes – 7, Nays – 0, Absent – 2 (Markesino, McDonald)

M.S.C. Carnegie, Williamson

that the proposed "Criminal Background Check Decision Guidelines" be approved as presented.

Ayes – 7, Nays – 0, Absent – 2 (Markesino, McDonald)

M.S.C. Uherbelau, Coon

that the proposed "Discipline Advisory Committee (DAC) 2009 Charter" be approved as presented.

Ayes – 7, Nays – 0, Absent – 2 (Markesino, McDonald)

M.S.C. Williamson, Coon

that the Board delegate the authority to issue a Notice to Suspend for Failure to Cooperate to the Executive Director or designee.

Ayes – 7, Nays – 0, Absent – 2 (Markesino, McDonald)

M.S.C. Williamson, Coon

that the proposed Board Policy "Referral to Law Enforcement" be approved as presented.

Ayes – 7, Nays – 0, Absent – 2 (Markesino, McDonald)

M.S.C. Cosgrove, Coon

that the Board delegate the authority to grant extensions of due dates for Board reports to the Executive Director.

Ayes – 7, Nays – 0, Absent – 2 (Markesino, McDonald)

Also, because the Board serves in a regulatory capacity, Ms. Mercer provided copies of letters to two organizations, the Oregon Nursing Leadership Collaborative and the Oregon Center for Nursing, whereby the Board confirmed their desire to change from a voting member to a non-voting member.

Ms. Mercer reported that the Board had received a letter from an attorney, Frank Mussell, who had expressed a desire to speak to the Board at Open Forum regarding prescribing of bioidenticals. After consulting with the Department of Justice, Ms. Mercer informed Mr. Mussell that since the Board has cases pending regarding this issue, it would not be prudent for the Board to consider the issue in Open Forum.

M.S.C. Hill, Stanich

The Board authorize a full survey of Portland Community College RN program to be completed by February 2025.

Ayes 7 (McKinley Yoder, Duan Absent)

NE4: University of Portland enrollment update (timestamp 4:45:08)

Item Removed, no action needed

NE5: Institute of Technology – RN-IDL program preliminary application (timestamp 5:01:15)

M.S.C. Hill, Stanich

that Institute of Technology's preliminary application for a new registered nursing program be approved as presented.

Ayes 7 (McKinley Yoder, Duan Absent)

ADMINISTRATION

Rachel Prusak, Executive Director

A3: Delegation of Authority (timestamp 5:20:48)

M.S.C. Hill, Stanich

the Board approve a modification for the Board to delegate authority to grant extensions of due dates for Board report to the Executive Director, *Investigation Manager and Support Investigation Manager*.

Ayes 7 (McKinley Yoder, Duan Absent)

M.S.C. Hill, Stanich

the Board approve a modification to for the Board to delegate authority to the Education Consultant to Approve applications/petitions that meet requirements; Submit complex cases to the Board for Board direction; Assess and determine the need for a civil penalty or discipline for student, faculty and/or preceptors engaging in unapproved clinical practicum, and not counting clinical hours toward certification and **remove delegated authority to "Approve pre-licensure petitions."**

Ayes 7 (McKinley Yoder, Duan Absent)

M.S.C. MOTION REMOVED

the Board (approve/does not approve) the full delegated authority list from 1999 through Sept 2024.

A4: Attestation Model Language (timestamp 5:39:21)

M.S.C. MOTION REMOVED / WILL BRING BACK TO BOARD AFTER FOLLOW UP.

the Board (approve/does not approve) the Attestation Model Language presented above to replace the broad and invasive mental health questions currently on OSBN licensure applications.

A5: 30 Day Extension Update (timestamp 5:25:08)

M.S.C. Carnegie, Mill

that Developmental Approval for the Sumner College Associate Degree Registered Nursing Program not be granted as presented.

Ayes – 6, Nays – 2 (Souede, Willis), Absent – 1 (Uherbelau)

E3. Southwestern Oregon Community College NCLEX® Pass Rate Response

Southwestern Oregon Community College outlined planned approaches to address the 2009/2010 NCLEX-RN® pass rate which was below the expected 85%. With the increase in the passing standard for the NCLEX-RN® which went into effect April 2010 SOCC experienced a sharp decline in their pass rate. The pass rate was 85.71% for 2009 and 70% for 2010 resulting in a two-year pass rate of 77.6%. The college took immediate steps to begin analysis of the factors impacting student success on the NCLEX®.

The main focus areas noted on the final page of the report are pertinent, reasonable, and would be likely to have an impact on the pass rate. The plan to develop the NCLEX® Preparation Course will provide another opportunity for students to recognize their areas of weakness and plan study specific to those areas.

Analysis of performance by the various categories of the test plan (e.g. nursing process) who areas of concern in content related to the evaluation step of the nursing process, physiological adaption, medical-surgical, and pathophysiology. These results, along with the grade distribution in courses such as pathophysiology and the acute care nursing courses suggests a need for additional analysis of the development of key medical-surgical concepts throughout the curriculum. It is recommended that the faculty also consider faculty development in the area of composing NCLEX-style examinations with questions at the application and analysis levels of the taxonomy of cognitive domains.

The areas of consideration by the faculty reflect an appropriate review of factors likely to impact NCLEX-RN® pass rates and are consistent with on-going systematic program evaluation.

The Board tabled the motion and requested a more detailed plan for improvement related to the medical-surgical and pathophysiology content. The revised plan is due April 2011. Susan Walker, Director of Nursing and Phlebotomy, was present to respond to the Board's questions and/or concerns.

E4. Delegated Authority to Education Consultant for Certain Actions

Within the Division 21 Oregon Administrative Rules, standards for pre-licensure nursing programs are specified. Some segments of the rules address expectations for notifications to the Board from the approved schools of nursing and in some areas Board approval is required. To expedite timely communication between the Board and the schools of nursing, the Education Consultant may respond under delegated authority of the Board in the following situations that require Board approval: 1) Adjusting survey scheduling for programs that obtain national nursing accreditation [OAR 851-021-0015(2)], 2) Appointment of faculty members by exception [OAR 851-021-0025(2)(c), and 3) Granting placement petitions in Oregon for nursing students from out-of-state nursing programs [OAR 851-021-0090].

M.S.C. Willis, Cosgrove

that the Education Consultant act under the authority of the Board to adjust survey scheduling for programs that obtain national nursing accreditation, appoint faculty members by exception and grant placement petitions in Oregon for students from out-of-state nursing programs.

Ayes 8, Nays – 0, Absent – 1 (Uherbelau)

E5. Environmental Scan – Board Review and Questions

There was no Environmental Scan due to time constraints.

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Oregon State Board of Nursing
Board Meeting: April 20-21, 2011
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THURSDAY, APRIL 21, 2011 – PUBLIC SESSION

Board President Pat Markesino called the meeting to order at 9:00 a.m. A quorum was present.

2. REVIEW OF MEETING AGENDA

2.1 ADDITIONS, MODIFICATIONS, REORDERING OF AGENDA

Executive Director Holly Mercer introduced guest, Mary Rita Hurley, Executive Director of the Oregon Center for Nursing. Ms. Hurley, along with one of the Oregon Center for Nursing program directors, will be at the September Board Meeting, to discuss StudentMAX.

2.2 APPROVAL OF CONSENT AGENDA

M.S.C. Willis, Uherbelau
that the Consent Agenda Items be approved as corrected.
Ayes – 9, Nays – 0, Absent – 0

Consent Agenda Items:

- C-M1 Approval of Minutes from the January 26, 2011 Emergency Board Meeting
- C-M2 Approval of Minutes from the February 16-17, 2011 Board Meeting
- C-M3 Approval of Minutes from the March 23, 2011 Board Meeting Teleconference
- C-A1 Fiscal Status Reports
- C-A2 Communications Manager and IT Report
- C-E1 Linfield-Good Samaritan School of Nursing Major Curriculum Change
- C-E2 Pioneer Pacific College Major Curriculum Change
- C-L1 Licensing and Customer Service Report
- C-L2 Ratification of CNA/CMA Training Program Approvals and Withdrawals
- C-L3 Delegated Authority to Board Staff – NA Program Consultant
- C-P2.1 Disciplinary Actions by HIPDB Category – January, February and March, 2011
- C-P2.2 Disciplinary Actions by License Type – January, February and March, 2011
- C-P2.3 Disciplinary Actions by HIPDB Category – Fiscal Year to Date for 2011
- C-P2.4 Disciplinary Actions by License Type – Fiscal Year to Date for 2011

Introductions: staff, Board members, audience

Executive Director Holly Mercer announced that on behalf of the Board of Regence, the faculty, and graduating class of Washington State University, that Tracy Klein is a candidate for the Degree of Doctor of Philosophy in Nursing, and will be awarded this degree on May 6, 2011.

ADVANCED PRACTICE – Tracy Klein, Advanced Practice Consultant

AP1. Revised First Reading of Amendment to Division 56 Administrative Rules Regarding Clinical Nurse Specialist and Nurse Practitioner Authority to Prescribe and Dispense

Advanced Practice Nurse Consultant Tracy Klein reviewed proposed revisions to draft rules to Division 56 to specifically address the addition of exceptions to the FDA approval requirement for prescribing, for those nurses who have prescriptive authority. Ms. Klein stated that this revision is at the Board's direction, it has been through two Board meetings, and public input had been heard. Ms. Klein explained that she was asked to make modifications to the definition of compounded drugs and stated that there was lengthy discussion regarding off-label and where it stood. Ms. Klein received feedback from prescribers that they really did want

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Oregon State Board of Nursing
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ADMINISTRATION

A5. Executive Director Report

- Delegation to Staff for Extensions to Due Dates on Stipulated Orders Conditions: Investigations Manager Marilyn Hudson explained that in some circumstances there are extenuating circumstances where it may be necessary to have delegation to staff giving reason and caution in terms of exercising this function.

M.S.C. Willis, Hickmann
that the Delegation to Staff for Extensions to Due Dates on Stipulated Orders Conditions be approved
Ayes 5, Excused 3 (Cain, Souede, Uherbelau)

- E-Board Report – Division 2: Executive Director Holly Mercer reported she had the understanding that the Rule change had to go through the Emergency Board. It does not, however, need to go through the Department of Administrative Services; that is why this rulemaking hearing was postponed until the June Board meeting.
- OCN Representative: She explained that she has resigned from one statewide advisory Board position and she will also resign her position as the OSBN representative on the Oregon Center for Nursing (OCN) Board. She did not want to run into conflicts on voting issues and is bringing this to the Board to see if there is interest in filling that role. If not, Board staff would be available and Ms. Mercer stated that Nursing Education Consultant Joy Ingwersen has indicated an interest. She added that OCN has an approval process for this.

M.S.C. Willis, Hickmann
that Nursing Education Consultant Joy Ingwersen represent Oregon Board of Nursing on the Oregon Center for Nursing Board and begins their approval process

- Travel Report: Ms. Mercer explained that at the last Board meeting she stated she was reluctant to approve some of the requests for travel for National Council of State Boards of Nursing (OSBN) meetings and conferences. At that time, she received guidance from the Board that it is important that we continue to participate in these whenever possible. She stated that she prepared a two year travel report related specifically to NCSBN meetings and conferences; NCSBN does reimburse for most of the expenses. There are very few conferences that are out of state that are not sponsored by NCSBN, one is the Citizen Advisory Council and one of our Board members participates in these, which is in Washington D.C. She pointed out that the report includes a few upcoming conferences this year.

M.S.C. Willis, Hickmann
that the date proposed for the 2012 OSBN Work Session be accepted as presented
Ayes 5, Excused 3 (Cain, Souede, Uherbelau)

- OSBN Work Session: Ms. Mercer explained that a work session has been agreed upon as June 22, 2012, following the two-day June Board meeting.

M.S.C. Tenscher, Willis
that the date proposed for the 2012 OSBN Work Session as June 22, 2012, be accepted as presented
Ayes 5, Excused 3 (Cain, Souede, Uherbelau)

A1.2 Legislative Session 2009

Executive Director Holly Mercer reported that the Board of Nursing's budget had passed and was waiting to be signed by the Governor. This new budget will increase licensing fees for nurses and nursing assistants. House Bill 2058 which has passed requires the Oregon State Board of Nursing to consist of five members who are Registered Nurses, one member who is a Licensed Practice Nurse, one member who is a Certified Nursing Assistant, and two public members. Board members may serve for an unlimited number of three-year terms and serve at the pleasure of the Governor. The Executive Director serves at the pleasure of the Governor and the Board members. House bill 2345 passed and directs the Department of Human Services to establish or contract to establish an impaired health professional program. It also requires all health professional licensing boards to participate in the health professional program and prohibits boards from establishing alternate impaired professional programs. House bill 2059 passed and requires health professional licensees to report prohibited or unprofessional conduct of another licensee to the regulatory board responsible for that licensee and also requires the Board to report prohibited conduct to law enforcement agencies.

A1.3 Executive Director's Report

Executive Director Holly Mercer stated that her report would primarily address board processes.

The following motions were made to cover these processes.

M.S.C. Uherbelau, Coon

that the proposed "Chemical, Mental Health, and Dual Diagnosis Assessment Guidelines" be approved as presented.

Ayes – 7, Nays – 0, Absent – 2 (Markesino, McDonald)

M.S.C. Carnegie, Williamson

that the proposed "Criminal Background Check Decision Guidelines" be approved as presented.

Ayes – 7, Nays – 0, Absent – 2 (Markesino, McDonald)

M.S.C. Uherbelau, Coon

that the proposed "Discipline Advisory Committee (DAC) 2009 Charter" be approved as presented.

Ayes – 7, Nays – 0, Absent – 2 (Markesino, McDonald)

M.S.C. Williamson, Coon

that the Board delegate the authority to issue a Notice to Suspend for Failure to Cooperate to the Executive Director or designee.

Ayes – 7, Nays – 0, Absent – 2 (Markesino, McDonald)

M.S.C. Williamson, Coon

that the proposed Board Policy "Referral to Law Enforcement" be approved as presented.

Ayes – 7, Nays – 0, Absent – 2 (Markesino, McDonald)

M.S.C. Cosgrove, Coon

that the Board delegate the authority to grant extensions of due dates for Board reports to the Executive Director.

Ayes – 7, Nays – 0, Absent – 2 (Markesino, McDonald)

Also, because the Board serves in a regulatory capacity, Ms. Mercer provided copies of letters to two organizations, the Oregon Nursing Leadership Collaborative and the Oregon Center for Nursing, whereby the Board confirmed their desire to change from a voting member to a non-voting member.

Ms. Mercer reported that the Board had received a letter from an attorney, Frank Mussell, who had expressed a desire to speak to the Board at Open Forum regarding prescribing of bioidenticals. After consulting with the Department of Justice, Ms. Mercer informed Mr. Mussell that since the Board has cases pending regarding this issue, it would not be prudent for the Board to consider the issue in Open Forum.

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M.S.C. Kostelecky, Willis

that the Board give delegated authority to staff and management to send Notices of Suspension for Failure to Cooperate for situations to include, but not limited to, a failure to produce requested documents, a failure to sign any releases for treatment records, a failure to provide any requested information in a timely manner at any time during an investigation, and that the proposal be approved

Ayes 9

Executive Session closed at 9:10 a.m.

THURSDAY, JUNE 21, 2012 – PUBLIC SESSION

Board President Kay Carnegie called the meeting to order at 9:15 a.m. A quorum was present.

Introductions: staff, Board members, audience

2. REVIEW OF MEETING AGENDA

2.1 ADDITIONS, MODIFICATIONS, REORDERING OF AGENDA

Executive Director Holly Mercer removed agenda item E1-University of Portland NURS 575, due to advice from Counsel and will be working with the University on an interim report. There were no additional requests for additions, modifications or reordering of the agenda.

2.2 APPROVAL OF CONSENT AGENDA

M.S.C. Willis, Uherbelau

that the Consent Agenda items be approved as presented

Ayes 9

Consent Agenda Items:

- C-M1 Approval of Minutes from the April 18-19, 2012 Board Meeting
- C-M2 Approval of Minutes from the May 16, 2012 Board Meeting Teleconference
- C-A1 Fiscal Status Reports
- C-A2 Communications Manager and IT Report
- C-E1 Linfield-Good Samaritan Nursing Program Curriculum Revision Clarification
- C-L1 Licensing and Customer Service Report
- C-L2 Ratification of CNA/CMA Training Program Approvals and Withdrawals

ADMINISTRATIVE RULEMAKING HEARING

The rule hearing began at 9:18 a.m. There were comments and feedback submitted to the Board, however, there was no testimony given in favor of, or in opposition to, the amendments to these Rules. The hearing closed at 9:23 a.m.

H1. Adoption of Amendments to Division 2 Rules Regarding Agency Fees

M.S.C. Kostelecky, Hickmann

that the amendments to OAR 851-002-0010, 0020, 0030 and 0035 be adopted as presented

Ayes 9

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the Board Consent Agenda for final approval. The other list was pending status and included those that had multiple issues including no Oregon licensed faculty, no program approval from the Office of Degree Authorization, no accreditation documentation, preceptor that is not an appropriate fit for the actual level of licensure being sought, student under investigation, and preceptor under investigation.

Ms. Mercer explained that the Board implemented rules that did have a sanction for faculty, preceptors and students that enter into these clinical placements without approval. After a screening investigation, if there was no approval and they did engage in clinical practicum, a case will be brought before the Board as a Civil Penalty case and staff would present those cases to the Board. It would be on all three levels; faculty, preceptors and students. Civil Penalty was built in the rule for this violation and would have disciplinary options.

Stephen Patten, National Association of Clinical Nurse Specialists, spoke on some of the experiences with Frontier University. He stated that he believes there needs to be more education to the advanced practice groups in the state as to what the requirements are before penalties are assessed.

There was direction from the Board to do temporary rulemaking in November pertaining to applying Oregon standards to out-of-state programs. It was the Board's direction to staff that between now and then, in cases where the preceptor, faculty or student is under investigation, but the matter has not yet been brought to the Board's attention, that that is not a basis on which to deny. Civil Penalty issues will be brought to the Board on a case by case basis; the result of engaging in an unapproved clinical is that they do not get licensed here.

Ginger Simmons, Administrative Assistant, Education and Advanced Practice, explained to the Board the contact she has had with the schools and students; there is confusion, as they do not realize the requirements when they get to the point of applying to do the clinical practicum in Oregon. Dr. Klein explained that there is a system of grandfathering, if the clinical practicum was already approved and there is an addendum to extend the rotation.

Board discussion and direction:

The Board confirmed that Board staff has delegated authority to:

- Approve applications/petitions that meet requirements
- Submit complex cases to the Board for Board direction
- Approve pre-licensure petitions
- Assess and determine the need for a civil penalty or discipline for student, faculty and/or preceptors engaging in unapproved clinical practicums, in addition to not counting clinical hours toward certification

There was discussion pertaining to students, preceptors, or faculty enrolled in HPSP and requesting approval for clinical practicum placements. Ms. Mercer stated that the language related to preceptor and faculty is addressed in Board policy, however, the language pertaining to a student enrolled in HPSP may need to be reviewed and brought before the Board with draft changes to clarify the language.

NEXT BOARD MEETING

The next scheduled Board Meetings via teleconference will be held in Executive Session on October 17, 2012, at the Board offices, 17938 S.W. Upper Boones Ferry Road, Portland, Oregon. The next regularly scheduled in-person Board meeting will be at the Board offices on November 14-15, 2012.

ADJOURNMENT – The meeting adjourned at 4:50 p.m.

M.S.C. Hill, Stanich

The Board authorize a full survey of Portland Community College RN program to be completed by February 2025.

Ayes 7 (McKinley Yoder, Duan Absent)

NE4: University of Portland enrollment update (timestamp 4:45:08)

Item Removed, no action needed

NE5: Institute of Technology – RN-IDL program preliminary application (timestamp 5:01:15)

M.S.C. Hill, Stanich

that Institute of Technology's preliminary application for a new registered nursing program be approved as presented.

Ayes 7 (McKinley Yoder, Duan Absent)

ADMINISTRATION

Rachel Prusak, Executive Director

A3: Delegation of Authority (timestamp 5:20:48)

M.S.C. Hill, Stanich

the Board approve a modification for the Board to delegate authority to grant extensions of due dates for Board report to the Executive Director, *Investigation Manager and Support Investigation Manager*.

Ayes 7 (McKinley Yoder, Duan Absent)

M.S.C. Hill, Stanich

the Board approve a modification to for the Board to delegate authority to the Education Consultant to Approve applications/petitions that meet requirements; Submit complex cases to the Board for Board direction; Assess and determine the need for a civil penalty or discipline for student, faculty and/or preceptors engaging in unapproved clinical practicum, and not counting clinical hours toward certification and **remove delegated authority to "Approve pre-licensure petitions."**

Ayes 7 (McKinley Yoder, Duan Absent)

M.S.C. MOTION REMOVED

the Board (approve/does not approve) the full delegated authority list from 1999 through Sept 2024.

A4: Attestation Model Language (timestamp 5:39:21)

M.S.C. MOTION REMOVED / WILL BRING BACK TO BOARD AFTER FOLLOW UP.

the Board (approve/does not approve) the Attestation Model Language presented above to replace the broad and invasive mental health questions currently on OSBN licensure applications.

A5: 30 Day Extension Update (timestamp 5:25:08)

NP1. NURSING PRACTICE

NP1.1 Revision for the Board's Policy "Disciplinary Policy Licensing/Certification with Immediate Disciplinary Sanctions"

The purpose of this policy was to identify risk factors for applicants for licensure or certification related to drug and alcohol abuse/dependence. The policy requires that an applicant for licensure or certification have at least two years of sobriety to be eligible for licensure/certification. Persons who are licensed or certified in another state and have a good practice record in that state, however may be endorsed regardless of two years of sobriety from use of drugs or alcohol. Board Counsel, Warren Foote, and staff will draft modifications to this policy and present them at the September Board meeting.

NP1.2 Civil Penalty Delegation Authority

The Board has imposed civil penalties since 1986, most frequently to licensees who allow his/her license to lapse by failing to renew and who continued to practice with an expired license. Board staff issue a notice of Proposed Civil Penalty to 150-160 licensees each fiscal year. Most licensees default on the Notice and either pay the civil penalty immediately or are eventually turned over to Department of Revenue for collection of the civil penalty.

The Board has received legal advice that every Notice of Proposed Civil Penalty must have a Final Order regardless if the matter is resolved by hearing or by default. Those cases that go to hearing, both those that have agency representation and those that have legal counsel representing the agency will, in the future, come to the board for a final decision and Final Order. It was requested that the Board delegate to staff the authority to issue a Final Order in cases where the licensee defaults or if the licensee pays the civil penalty.

M.S.C. Wagner, Sjobeck

that the Board delegate to staff the authority to issue Final Orders in civil penalty cases in which the licensee has defaulted on the Notice and the subject of the Notice of Proposed Civil Penalty is continuing to practice nursing after the expiration date of the license.

Ayes — 6, Nays — 0, Absent — 3 (Boriskin, Manous, Yeats)

1: 00 P.M.

THURSDAY, JUNE 20, 2002

OPEN FORUM

Patricia Riley, MSN, PNP, of CARES Northwest, Portland, Shelley White, RN, SANE, of St. Charles Medical Center, Bend, and Lauren McNaughton, MD, of Liberty House, Salem made a presentation to the Board. They requested that the Oregon State Board of Nursing appoint a Task Force to examine the scope of practice of RNs and NPs who provide physical assessment of children and adolescents in cases of sexual and physical abuse and RNs and NPs who provide physical assessment and forensic medical examinations of children, adolescents, and adults in cases of acute sexual assault. They stated the purpose of the Task Force would be to ultimately develop a policy or position statement regarding RN scope of practice in these areas.

By consensus, the Board members agreed that a Task Force should be established to deal with this issue. Tracy Klein, Advanced Practice Consultant, agreed to participate in this Task Force. Another RN staff member, as well as various outside interested parties will be represented on the Task Force.

Connie Howarth, RN, CNOR, and Oregon State Coordinator for the AORN National Legislative Committee, made a presentation addressing the need to have something in writing that mandates that only a Registered Nurse shall function as a circulating nurse in the operating room. She stated this was a patient

PR3. Environmental Scan – Board Review and Questions

Ms. Hudson reported that the Nursing Practice Committee has begun work on the topic of tele-health, or tele-nursing, mainly due to the number of questions and the issues that arise around the state, and what it means related to licensing. Due to the complexity of the issue, the Nursing Practice Committee is working on developing a White Paper rather than initially developing a policy. This subject may be an agenda item for the Board to review at the the September Board meeting, or possibly an agenda item at the September Board Work Session. The White Paper will address some of the pros and cons of tele-nursing; Ms. Hudson will also work with Board counsel regarding a legal opinion on this issue.

LUNCH

INVESTIGATIONS

IN1. NMP vs. Probation

Investigations Manager Jeff McVay

Interim Executive Director Margaret Semple explained that at the April 25, 2013 Board meeting, the Board asked for data pertaining to comparisons between the success rate of the Health Professionals' Services Program (HPSP) and the prior program, Nurse Monitoring Program (NMP), as well as a similar study for success rates for licensees or certificate holders on probation. A review of the licensees in the NMP between January 2008 and June 2010 showed that 60% of the licensees who participated successfully completed the program. The success rate is 10% to 15% higher than HPSP, which is in the 45% to 50% range of participants who successfully completed the program; the probation success rates were somewhat lower, with a 44% rate.

IN2. Delegation to Staff – Clarifications/Ratifications

Ms. Semple explained that per Oregon Statute, the Oregon Department of Revenue is authorized to direct other state regulators to suspend licenses or certificate holders for licensees' failure to pay state income taxes. This issue was discussed at a prior Board meeting pertaining to delegation to staff the authority to issue the notices of suspension when suspension letters are received from the Department of Revenue, as well as the authority to lift the suspension once the Department of Revenue notifies the Board that the licensee or certificate holder is in compliance with payment of taxes.

M.S.C. Mill, Gibbs

that the Board delegate to staff the authority to issue Notices of Proposed Suspension for Failure to Pay Oregon State Income Taxes when suspension letters have been received from the Department of Revenue. It is further proposed that the Board delegate to staff the authority to lift the suspension once the Department of Revenue confirms that the taxes have been paid

Ayes 6, Abstain 1 (Kostelecky), Excused 2 (Hickmann, Souede)

Ms. Semple explained how the Civil Penalty cases are processed. There was Board discussion pertaining to civil penalty cases and delegation to staff of the authority to negotiate civil penalty amounts, issue Notices of Proposed Civil Penalties, and sign Stipulated Orders for Civil Penalties on behalf of the Board. There was a request from the Board to provide data, possibly included in the Consent Agenda section of the Board packets, related to paying and non-paying Civil Penalty cases.

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M.S.C. Wayman, Kostelecky

that the Board delegate to staff the authority to issue Notices of Proposed Civil Penalties; it is further proposed the Board delegate to staff the authority to sign Stipulated Orders for Civil Penalties on behalf of the Board which will have the same force and effect as a final order

Ayes 7, Excused 2 (Hickmann, Souede)

IN3. Report on NCSBN Discipline Case Management Conference – June 5-7, 2013 in Annapolis, Maryland

Interim Investigations Manager Jeff McVay reported that along with three investigators, he recently attended the National Council of State Boards of Nursing (NCSBN) Discipline Case Management Conference in Annapolis, Maryland. He reported that it was a good learning experience and interesting to see the comparisons between our Board and the Boards in other states. Some of the topics were Evidence in Administrative Proceedings, Investigator Safety and De-escalating During an Interview, Regulatory Innovations Including Incorporating Just Culture Principles, and the Development of Sanctioning Guidelines for Public Discipline. The three investigators also spoke as to their individual experiences at the conference.

OPEN FORUM

The Board is not able to act on any issues presented at the Open Forum because prior public notice has not been given, but the Board can take matters under consideration as agenda items at future Board meetings.

Tricia Tully, Nursing Program Coordinator, Lane Community College, was present and spoke before the Board regarding the request submitted to the Board by Pioneer Pacific College to initiate an LPN-RN bridge model program at their Springfield site. She wanted to bring to the Board's attention two issues; one being the lack of employment potential for new graduates and the other related to the lack of sites for clinical experience. She met with representative from Pioneer Pacific College to discuss her concerns; the request for the bridge program seems to be a business plan rather than a need-based plan.

INVESTIGATIONS (Continued)

IN4. Update – Core Competency/Best Practices Efforts

Mr. McVay explained that this item relates to investigative reports, how they are written, and how investigations are conducted. The goal is to work towards a summary, framing the allegation and report, sorting and mapping from the beginning of the investigation forward with the goal of consistency, and the best approach and expeditious way to present cases to the Board.

ADMINISTRATION

A1. Executive Director Report

- o Budget Update – Ms. Semple reported that the Board's budget passed the legislative session. Ms. Ingwersen, Communications Manager Barbara Holtry, and Chief Financial Officer Sangit Shrestha headed the budget through the Ways and Means Committee. Included in the budget were four limited duration positions that were made permanent; the only change to the budget was the HPSP contract, which was extended for one year.
- o Legislative Update – Ms. Semple explained that there were a few bills in the current legislative process related to advanced practice that would allow more flexibility for Certified Registered Nurse Anesthetists (CRNA) to provide certain services without the need for medical consultation.

The Board Delegated Authority to Executive Director: that in the event of agency error, the Executive Director has delegated authority to withdraw a final order by default, until such time that the Board can convene to formally withdraw the order.
MSC Mill, Kostelecky
that based on the evidence presented, the Board withdraw the Final Order by Default issued to
James Scarmack Jr, RN
based on an administrative error.
Ayes 7, Excused 2 Souede, Hickmann
Adjourned at 4:25 p.m.

A2. 2015 Board Meeting Dates

Ms. Jason suggested that the annual Board work session dates be added to the future Board meeting dates for both 2015 and 2016.

M.S.C. Wayman, Cain
that the 2015 Board meeting dates be adopted as modified
Ayes 8, Excused 1 (Mill)

A3. 2016 Board Meeting Dates

M.S.C. Wayman, Cain
that the 2016 Board meeting dates be adopted as modified
Ayes 8, Excused 1 (Mill)

A4. Disciplinary Sanctions for Sexual Misconduct Policy

Ms. Jason explained that in 2012, the Disciplinary Sanctions for Sexual Misconduct policy was rescinded. At that time, the information presented to the Board was that there were issues within this policy and that the policy needed to be rewritten to more closely align with the direction of the Board. There was Board discussion regarding leaving the policy as rescinded, review and rewrite the policy, and present the draft policy to the Board.

M.S.C. Wayman, Kostelecky
that the Disciplinary Sanctions for Sexual Misconduct Policy not be reinstated and revisions returned to the Board for review
Ayes 8, Excused 1 (Mill)

A5. Delegation to Communications Manager for Executive Director Time & Attendance and Expense Reimbursements

Ms. Jason explained that according to the Oregon Accounting Manual Policy 10.90.00, when there is an agency head reporting to a Board or a commission, delegated authority needs to be appointed to staff for the approval of the Executive Director's time and attendance, and expense reimbursements. Since there is no longer a Chief Financial Officer position, Ms. Jason requested that the Board delegate authority to the OSBN Communications Manager position. As outlined in this policy, an accounting report of the executive director's expenses and time and attendance will be presented to the Board. This report will be provided to the Board at the annual Board work session in September.

M.S.C. Hickmann, Cain
that the Delegation to the OSBN Communications Manager for Executive Director Time & Attendance and Expense Reimbursements be approved
Ayes 8, Excused 1 (Mill)

[Return to Delegation List](#)

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A5. Below Threshold Criteria and License of Applicants

In February of 2013, the Board approved a new Criminal Background Check Decision Guideline. Inadvertently, the definition of what constituted a Below Threshold Investigation was eliminated, yet Board staff continued to write Below Threshold reports for Board approval. In addition, what had also transpired, in following procedures developed prior to 2012, in the case of license applicants, the Below Threshold Reports resulted in Board staff forwarding the applications to full licensure, prior to being presented to the Board. As a remedy, Ms. Jason requested Board direction pertaining to the definition of what a Below Threshold really is, as proposed in the memo contained in the Board packet, and direction to delegate the authority to Board staff to forward the applications for licensing, if the investigation fits the Below Threshold criteria.

M.S.C. Epeneter, Chinn
that the Board accept the definition of Below Threshold as written
Ayes 6, Excused 1 (Cain)

M.S.C. Epeneter, Chinn
that the Board delegate the authority to Board staff to forward applications to Licensing if the investigations fit the criteria prior to Board review and vote on the Below Threshold Report
Ayes 6, Excused 1 (Cain)

NEXT BOARD MEETING

The next scheduled teleconference Board meeting will be held in Executive Session on March 23, 2016, at the Board offices, 17938 S.W. Upper Boones Ferry Road, Portland, Oregon. The next regularly scheduled in-person Board meeting will be at the Board offices on April 12-14, 2016.

PUBLIC SESSION

Topics for evening sessions.

ADJOURNMENT

Adjourned at 4:47 p.m.

of issuing licenses. There is a significant increase in the amount of people coming into Oregon, not only new graduates, but endorsements. There are many manual processes that will always be a part of licensing, including criminal background checks and obtaining necessary paperwork for licensure. In addition, Roberta Poole, the CNA/CMA Licensing Technician, has recently received an internal promotion moving to the Intake Complaint Coordinator, replacing Molly Taube, who was promoted to an Investigator 3 position. Ms. Jason reported that she will be going before the Emergency Board in May to request an increase in the expenditure cap for the Limited Duration positions in the agency. In addition, there will be a request for permanent financing for a series of reclassifications. Ms. Jason reported that the agency financial status is solid.

The NCSBN 2016 NCLEX® conference is scheduled on September 12, in Philadelphia. Ms. Jason pointed out that the materials in the Board packet included a list of Programs and Services offered by NCSBN.

All ten of the Legislative Concepts have been submitted; Communications Manager Barbara Holtry explained each of the concepts. Prior to June 3, DAS will review all of the concepts and pass them on the Governor's Office to review for approval. If approved, notice of approval will be received and the concepts will be sent to Legislative Counsel for drafting. Ms. Holtry stated that one of the ten concepts is a placeholder to possibly add two additional members to the Board, this is the only concept that has a fiscal impact. There was Board discussion regarding this concept; a decision will need to be made about the placeholder by June 24th, which is the deadline, if the Governor approves it. This will be brought up at the June Board meeting, which is scheduled prior to the 24th.

A2. Policy – Proposed Notices of Discipline on OSBN Website

At the February Board meeting, there was Board direction for staff to rewrite the policy, to specifically include language that notices of proposed revocation or suspension of a license or certificate generated by the Board staff, or the staff of the Attorney General's Office, will be posted on the verification page of the OSBN website. The Board was reminded that in these cases, the license remains unencumbered; a license is not encumbered until a final order is issued. It was explained that the purpose of posting these notices would add an additional level of transparency and proactive approach related to public safety.

M.S.C. Epeneter, Chinn

that the disciplinary actions of suspension or revocation imposed by the Oregon Board of Nursing be made available on the OSBN website to promote transparency and public safety
Ayes 6, Excused 1 (Wayman)

A3. Delegation to Board Staff to Extend Probation Stipulations

Ms. Jason reminded the Board that they heard several cases where Board staff requested the Board to extend the probation stipulations for several licensees who could not find jobs, lost their original job due to termination, or removed themselves from practice. All probation stipulations require a specified period of monitored practice within a specified timeframe. Some licensees have difficulty finding new employment. Many of the licensees are completely compliant with the probation requirements and are actively seeking employment. If the licensee will not meet the required period of monitored practice within the specified probation timeframe, the staff must bring the information to the Board for approval to extend the original probation period to allow for completion of the monitored practice requirements. The staff is requesting that the Board allow the compliance committee to authorize an extension only for allowing the licensee to adhere to the original stipulation of monitored practice. If approved, the Board would delegate to the Compliance Advisory Committee, consisting of Board staff, the authority to extend the monitored practice requirement under certain conditions. There was Board discussion to confirm that these would only be one-time extensions, for the purpose of completing their original probation.

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M.S.C. Cain, Epeneter

that the Board delegate authority to the Compliance Advisory Committee to extend probation stipulations as described

Ayes 6, Excused 1 (Wayman)

A4. Oregon Administrative Rule Hearing Process

Ms. Jason reminded the Board that at a previous Board meeting, there was discussion regarding conducting administrative rule hearings outside of the Board meetings. At that time, Board Counsel explained that there are Boards that currently conduct hearings this way; a public hearing is held outside of the regular Board meeting, all testimony, also required to be provided in written format, is collected by the rule hearings officer and presented to the Board. The Board would review testimony between the time of the public hearing, and the time the Board votes at the following Board meeting. Board direction was to further look into this process; it was found that multiple Boards in this state have rule hearings separate from Board meetings. There was Board discussion to try this for a period of time to see how it works. There was concern from the Board that they would not actually hear verbal testimony, denying those who wish to testify in person before the Board. There was agreement that there would be no vote at this meeting, but to bring this back before the Board at a future Board meeting including a process flow as to what this would look like.

A5. Definition of Delegation and “Assignment & Supervision”

Ms. Jason stated that Board staff had a discussion about the definitions of Delegation and Assignment and Supervision after receiving reports about confusion regarding the nurse’s responsibilities regarding these acts. In OAR 851-045, Delegation has a specific meaning and definition. The interpretive statement presented was developed to guide the licensee involved in either nursing activity. Ms. Koch explained that the document included FAQs, and stated that she would make a correction to the definition of the term “assignment” as found in Division 45, and clarify some of the language in the FAQs. When finalized, the interpretive statement will be posted on the agency website.

M.S.C. Epeneter, Gibbs

that the Board accept the Interpretive Statement regarding Delegation and “Assignment & Supervision” as modified

Ayes 6, Abstain 1 (Cain), Excused 1 (Wayman)

A6. Cosmetic Services Interpretive Statement

Ms. Jason stated that the Interpretive Statement reiterates that cosmetic services are within the scope of practice for an RN, and for an LPN under the clinical supervision of the RN. However, if the individual nurse is going to perform these services, they must do so in accordance with OAR 851-045, in conjunction with other statutes. The interpretive statement was designed to fit the decision scope tree, related to the nurse’s knowledge, skills, and ability, while working with an Licensed Independent Practitioner (LIP). There was a suggestion for minor language modifications. There was Board discussion regarding the intent of the interpretive statement not including cosmetic procedures for medical issues. When finalized, the interpretive statement will be posted on the agency website.

M.S.C. Epeneter, Gibbs

that the Board accept the Interpretive Statement regarding Cosmetic Services as modified

Ayes 6, Excused 1 (Wayman)

nursing language was proposed, and was soundly rejected. What was originally stated was that if there is a continuity of care issue, it is not considered an issue. It has been a long-standing position of the nursing association that nursing practice is where the nurse is; the Board's purpose is to focus on patient safety, and if there is harm to the patient, it is where the patient is located, and is the jurisdiction of the OSBN.

M.S.C. Chinn, Caddy

that the Telehealth Nursing Interpretive Statement be posted on the OSBN website as modified for minor spelling and grammatical revisions

Ayes 6, Excused 1 (Enghouse)

A6. Alignment of Board Education Surveys with National Nursing Accreditation Surveys

Ms. Jason stated that Board staff propose to align Board education surveys with national accreditation surveys currently allowable in OAR 851-021, but not allowable in the APRN division, OAR 851-050, requiring surveys to be conducted every three to five years. Both APRN programs in Oregon are approved by the Commission on Collegiate Nursing Education (CCNE) and cycled every 10 years. Ms. Jason stated that she has been in contact with both APRN programs, University of Portland (UOP) and Oregon Health and Science University (OHSU), and referred to the table included in the Board materials, listing all Oregon nursing programs, indicating which programs are nationally certified, and outlining proposed future survey dates. Ms. Jason explained the proposal, to align the survey due dates with the national accreditation survey dates, pointing out that the Board has the authority to request a survey if the Board determines that the program has violated the rules of the Nurse Practice Act. Ms. Jason stated that she has communicated this proposal to both programs. If approved, rule writing will begin to align language in rule.

M.S.C. Chinn, Caddy

that Board staff be directed to align Board education survey with National Nursing Accreditation Survey

Ayes 6, Excused 1 (Enghouse)

A7. Approval of Certain Re-applications for Licensure Where Previous Application was Voluntarily Withdrawn

Traditionally, the Board has had the authority to deny a license application, or stipulated withdrawal by licensee for licensure, if the applicant is found to have, or disclose, a substance abuse issue. If the individual does not have enough practice hours, the application can be withdrawn by the individual during the licensing phase, or the Board can deny the application. Traditionally, for stipulations for voluntary withdrawals only, the Board has processed these by reviewing the application and referring to the Investigations Department. Board direction to Board staff that for these two types of Stipulated Voluntary Withdrawals, the Board delegate to the Executive Director or designee the ability to review these applications for meeting licensure criteria and approve issuance of the license. Cases where the Board issues a Denial shall be assigned to an investigator and shall go before the Board for a vote.

M.S.C. Chinn, Caddy

that the Board delegate to the Executive Director or designee the ability to review and approve for licensure those applications previously resolved with Stipulation for Voluntary Withdrawal for either lack of practice hours or less than two years of sobriety once the applicant has met the licensing criteria of the Board

Ayes 6, Excused 1 (Enghouse)

A2. ORS 676 – Delegation Authority Related to Disclosure of Investigation Information

Ms. Jason referred to a memo in the Board meeting materials. It has been the Board's understanding that pursuant to ORS 676, which is the overriding statute for all health professional regulatory Boards, the Board can share certain investigation information with either law enforcement or other state agencies. For the Board to share any confidential information with any of the entities described in ORS 676.177, the Board must give the staff the delegated authority to do so. Consultation with Board legal counsel resulted in being unable to find previous delegation for this activity.

ORS 676.175 and ORS 676.180 authorizes that the Board may release information regarding the Board's decision not to issue a notice of intent to impose a disciplinary sanction on the license of the respondent to the complainant. Currently, other than a courtesy letter sent that the Board did not impose sanctions, no other information is sent to the complainant, resulting in the complainant, in some cases, requesting additional information. Board staff requested the Board to determine that if such information is released, the Board approve delegated authority to Board staff to implement ORS 676.175(2)(b). There was Board discussion and direction for Board staff to develop a standardized process prior to approving. Board staff will work on a process and present to the Board at the September Board meeting.

M.S.C. Enghouse, Chau
that the Board delegates authority to the Executive Director or designee to implement ORS 676.177
Ayes 8

A3. Development of Jurisprudence Exams for Oregon Applicants

Ms. Jason explained that a jurisprudence exam is a test of a state's rules and laws applicable to licensure. Currently, there are 18 Boards of Nursing in the U.S. that require a jurisprudence exam prior to the applicant being awarded a license. The intent of the exam is to test key statutes and rules of the practice act to assure that applicants have enough practice act knowledge to be awarded Oregon licensure/certification and safely enter into Oregon practice. If approved, Board staff would develop a separate jurisprudence exam for each license type; CNAs, RNs, LPNs, and advanced practice nurses. The exams would be no cost to the applicant, in an online format, and the exam would be required for all first-time licensees, applications by exam, and endorsements. The Board, at its discretion, may write rule to also require renewal applicants to take the exam. Board staff would develop these exams using various resources and references, but would only include the public in the testing phase of the online exam, a focus group for each license type before the exam is implemented. The target for implementation including rule writing will be July 1, 2021. There was Board discussion and direction to include the requirement for license renewals. Board members Sheryl Caddy and Judith Woodruff agreed to be the Board representatives for the focus group, facilitated by Board staff Gretchen Koch.

M.S.C. Cole, Chau
that the Board authorizes Board staff to develop a jurisprudence examination as modified
Ayes 8

A4. Update on OAR 851-006 Revisions Regarding Definitions

Dr. Irland and Ms. Jason reviewed the proposed changes in OAR 851-006, Definitions, included in the Board packet materials including additional proposed definitions. The additional revisions not included in the Board packet draft of OAR 851-006 were Faculty of Record, Clinical Practicum Supervisor, and Course Progression. If approved, the proposed revisions of OAR 851-006 would proceed to an Administrative Rule Hearing, along with OAR 851-021.

M.S.C. Enghouse, Chau
that based on the information presented, Board staff move forward to Administrative Rule Hearing for OAR 851-006
Ayes 8

to as APRN. The struggle for APRNs over the years has been how much autonomy they have in their entry to practice. There are technically three different ways throughout the country that an APRN can practice; most related to NP; they can graduate, get their national certification, and have direct entry to practice with full practice authority. This is what Oregon does, including diagnosing and prescribing, as long as they have the knowledge, skills, abilities, and competencies to do so. In Oregon, the Practice Act is lenient about the fact that an APRN self describes their scope of practice based on their knowledge, skills, abilities, and competencies to do. There are those states that require a transition to practice; in those states, the licensee is required to work a certain number of hours under a supervision of a physician. The movements nationally, especially during this legislative session and in various states, are how the APRNs are trying to make progress towards being able to practice at the top of their scope, and independently of physician partners. Currently in California, NPs do not enjoy full scope of practice; although California will move to full scope of practice in 2023. In Arkansas, the state Medicare provider designated APRNs as primary care providers, which gave CNMs full practice authority. In Arizona, the Board will be developing a preceptorship awareness campaign for licensed APRNs on how to become a preceptor for graduate nursing students. In Oregon, there is a current issue where there is a limited amount of preceptors. A few years ago, the Board directed Board staff to propose legislation that would allow APRN preceptors who precept a graduate student from an Oregon based program would receive a tax credit up to \$5,000. That went to the finance committee, but did not move forward through the legislative process. In Indiana, the bill that went to the governor changes the definition of an Advanced Practice Registered Nurse to include a forensic nurse. Maryland has just placed the Certified Nurse Midwives under the Board of Nursing, but they are also placing the direct entry midwives under the Board of Nursing. Oregon also has direct entry midwives who are not nurses, but could be, and in Oregon fall under the Professional Licensing Board. The big issues for advanced practice nurses is telehealth and cross-border practice; the second biggest issue is the expansion of scope. A lot of individuals do not want to do primary care any longer, for a variety of reasons. Currently in Oregon, unless there is a complaint and the APRN has the knowledge, skills, abilities, and competencies to do a procedure, they are allowed to do that procedure. That has been controversial of other Boards, stating that allowing NPs to have their own scope is not in the best interest of the public. Observation indicates that over the last seven years, there has been a significant increase in cases involving NPs. The OSBN staff is working with representatives from the Oregon Nurses Association (ONA) to develop some type of orientation to independent practice for anyone endorsing their license into Oregon from a state where there is not full practice authority. This work has been put on hold due to the pandemic.

LUNCH BREAK

PRACTICE AND EVALUATION

The Practice and Evaluation section was removed from the agenda. The agenda items that were in this section will be included in a future Board meeting.

ADMINISTRATION

Oregon Government Ethics Commission Complaint

Ms. Jason explained that the Oregon Government Ethics Commission (OGEC) received a complaint that named individual OSBN board members, who were members in September 2020, as respondents.

The complaint referenced several Board processes, including the publishing of Board meeting agendas and minutes, and the statutes cited regarding executive session.

In response to the complaint, the Board directed changes in the frequency of publishing meeting minutes, the content of meeting agendas, and the script read at the beginning of board meetings. Although there is no statutory requirement that describes how soon after meetings that the minutes must be published, the Board requested that a draft of each meetings' minutes be posted before the next scheduled meeting.

M.S.C. Green, Wynter-Lightfoot

that the board delegates the ability to Board staff to publish draft minutes of Board meetings without Board approval prior to the publication; once the Board approves the minutes, the draft minutes will be replaced with the approved minutes

Ayes 8

EDUCATION

E1. State of Education Programs – Winter Term

At a previous Board meeting, the Board directed Board staff to conduct a survey of all education programs regarding the status of winter term. The survey was sent to all of the programs that are registered with the Board. The CNA program results were presented earlier in the day. Ms. Jason reported on the survey results of the RN and LPN programs. There were 28 responses out of 35 schools.

E5. Klamath Community College Associate Degree Nursing Program Survey Report

Dr. Sarah Wickenhagen, the contracted consult for nursing program surveys stated that she conducted the survey in March of 2021. The program met all of the standards related to OAR 851-021. Dr. Wickenhagen referred to the report included in the Board meeting materials; the program met all of the indicators. There were questions and comments from the Board including continuing to include the NCLEX® pass rates in the reports. Klamath Community College Nursing Program Administrator, Allison Sansom, answered questions from the Board. Of note was that the partially met item regarding Simulation Technician and Program Assistant was an error; Dr. Wickenhagen stated that the report would be corrected to show that the item was met. There were recommendations for class title changes and other minor revisions to the report.

M.S.C. Green, Wynter-Lightfoot

that the Klamath Community College Associate Degree Nursing Program be approved until March 2029, with a single modification to the report.

Ayes 7, Excused 1 (Horn)

E2. Institute of Technology (IOT) Practical Nursing Program Re-Survey Report

Dr. Wickenhagen conducted part of the survey in November 2020, at a Board-directed visit, and returned in February 2021 to complete the survey and for remediation of previous findings. Dr. Wickenhagen commended Bonnie Olson, Nurse Administrator, on her work on the direction regarding the articulation agreement. A curriculum change is necessary in order to facilitate an articulation agreement, as the current program curriculum will not allow students to transfer seamlessly into another program. Board staff will provide a timeline of required reports and surveys to the program, expectations of what is to be included in the reports, and the timeline for when the reports are due.

individuals who are licensed by the Board, and if they are ever investigated by the Board, have the same level of confidentiality and privacy as any other licensee of the Board.

M.S.C. Chau, Caddy
that the Board approve the policy “Licensed Board Staff” as presented
Ayes 9

A3. Telehealth and Monitored Practice

During the April 2021 Board meeting, a discussion was introduced regarding the ability for licensees to participate in the practice of telehealth from their home while on monitored practice, either probation or the alternative to discipline program which in Oregon is the Health Professionals Services Program (HPSP). At that time, the Board directed Board staff to obtain information from other Boards regarding home telehealth monitored practice. A survey was sent through the National Council of State Boards of Nursing (NCSBN) survey portal, sent to 54 Boards with a return response from 25 Boards (46% return). Only one state responded that they did allow this type of monitored practice, giving the monitored practice supervisor the responsibility for assuring that the requirements of monitored practice are met. All other responding states stated that they did not allow for home practice; practice had to be in a clinical area where supervision was available. Most states responded that supervisions is required, and home telehealth practice is prohibited. Given the increase in telehealth practice throughout the COVID-19 pandemic and the high probability that telehealth will continue to grow post-pandemic, the Board staff propose that the Board:

- 1) Allow home telehealth practices for those licensees requiring monitor for practice breakdown issues while prohibiting home telehealth for impairment of any kind. This would effectively delete home health practice from the HPSP program since this program is not available to those with practice breakdown, and the investigator would determine if practice breakdown was due to impairment and, if so, home telehealth practice would be prohibited.
- 2) If approved, the Board order would indicate the number of charts to be submitted monthly to the monitoring supervisor for review.
- 3) That the Compliance Advisory Committee be delegated the authority to approve home telehealth practice for those on practice breakdown not associated with impairment probation.

M.S.C. Chau, Caddy
that the Board approve staff recommendations as presented including that the Compliance Advisory Committee (CAC) be delegated the authority to approve home telehealth practice for those on practice breakdown not associated with impairment probation
Ayes 9

A4. Governor’s Executive Order Update

Ms. Jason referred to the memo included in the Board meeting materials, an update to the Board’s request for updates on the current Governor’s Executive Orders intended to deal with the COVID-19 pandemic. The Board had requested that as long as the executive orders were enforced, that Board staff provide the Board with regular updates. The current Emergency Order is set to expire on June 28; at the time of the memo, there was no further information on extension or rescinding all or part of the order. Questions from Board staff to the Board:

- 1) Emergency Authorizations: Does the Board wish to continue to authorize this process?
- 2) Reactivation of inactive and expired licenses without background checks, as long as the applicant can meet the requirement of 960 hours of practice in five years.
- 3) Continue to allow education programs to;
 - a. Continue to use simulation for learning labs and clinical practicums if their cohorts are locked out of access to program facilities and clinical placements.
 - b. Continue with online or hybrid didactic presentations if required by social distancing or program requirements.
 - c. Due to the capacity of the Oregon NCLEX seats, keep the current 180 day authorization to test dates pending staff review of seat availability. The usual timeframe is 120 days from registration with NCLEX to take the test.

APPROVAL OF BOARD MEETING MINUTES

C-M1 Approval of November 15-16, 2023, Meeting Minutes

C-M2 Approval of December 20, 2023, Meeting Minutes

M.S.C. Hill, Chau

that the Board Meeting Minutes be approved as presented.

Ayes 9

ADMINISTRATION

Rachel Prusak, Executive Director

A1. Oregon Wellness Program (10:28 timestamp)

In June 2022 Oregon Wellness Program received \$500,000 from OSBN. In September 2023, Oregon Wellness Program requested a second installment; the OSBN Board decided to distribute half of that amount and requested they attend February 2024 Board meeting and provide an update on the data from their research and to request the additional installment of \$250,000. Presenters: Dr. Diane Soloman and Tim Goldfarb.

OWP is working to secure an additional \$250,000 from the legislature; all tying to the goal of and key to having sustainable funding. Sustainable funding also would allow for inclusion of other areas.

Question on 2 areas of service on the outreach – rural uptake and LPN/CAN uptake both showing low. These are 2 areas that we are aware of and have been working towards; word of mouth is key for both of these.

M.S.C. Chau, Hill

that based on the report provided by the Oregon Wellness Program, the Board approves the release of \$250,000 dedicated to funding the Oregon Wellness Program as presented.

Ayes 9

A2. Contact Center Update (50:00 timestamp)

Speaker: Sonja Hultsman – OSBN contact center was offline for almost 4 years but are currently back online as of January 22, 2024. The team has logged 686 calls from opening to February 16, 2024. Expect call volume to continue to increase.

A2. Delegation of Board Authorities (51:28 timestamp)

DOJ regulates those who have defaulted on child support programs. Under ORS 25.750 – 25.783 the OR child support program has authorized to direct other state regulators to suspend license certificates held by persons who failed to pay their child support and have the order to pay for those who owe equal to or greater than support of 3 months. ORS 25.774 prohibits licensing agencies from renewing, re-issuing, reinstating or otherwise a license certificate permit or registration available to the OR child support program holder notifying the licensing agency that the licensing certificate may be made available again. This is in-line with other delegations.

M.S.C Chau, Hill

the Board delegates to Rachel Prusak, Executive Director, with assistance of Board staff as she deems appropriate and necessary, the authority to issue Orders of Suspension and Refusals to Renew/Reactivate/Reinstate for failure to pay child support when notices to suspend have been received by the Board from the Oregon Child Support Program.

Ayes 9

M.S.C. Chau, Hill

the Board delegates to Rachel Prusak, Executive Director, with assistance of Board staff as she deems appropriate and necessary, the authority to lift the suspension upon notification from the Oregon Child Support Program that the suspension may be lifted due to the licensee or certificate meeting their obligation to the Oregon Child Support Program.

Ayes 9

A3. Adjustment of Board Meeting Dates (54.50 timestamp)

Review of 2024 Board Meeting dates showed there were times that had 6 weeks between meetings and then subsequently 3 weeks between meetings. Modifying this schedule would change 3 meeting dates to bring back to 4 or 5 weeks between all meetings.

March 13th moves to March 20th. April 24, 25 moves to April 17, 18. June 26, 27 moves to June 12, 13.

M.S.C. Chau, Hill

that based on the information provided the Board (approves/not approves) the proposed changes to the Board Meeting Dates (presented/modified).

Ayes 9

ADMINISTRATIVE RULE MAKING

Sarah Wickenhagen, APRN Policy Analyst, and Barbara Ju, NA Education & Assessment Policy Analyst

AR1: Permanent Adoption of OAR 851-061-0090(2) and (3) (1:00:55 timestamp)

Changes were approved by the Board last year and the changes to the curriculum and education were implemented August 1, 2023. The changes are a product of a nursing assistant curriculum taskforce that met from January to March 2023. Section 2 amendment was to clarify language in regarding classroom instruction provided by a live virtual platform. The Administrative rule hearing was held on February 15, 2024, with no oral testimony. 1 public member attended to observe. 3 testimonies were received, 2 in favor, 1 opposed.

M.S.C. Chau, Hill

that Board approves OAR 851-061-0090(2) and OAR 851-061-0090(3) as presented as permanent rules.

Ayes 9

AR2: Permanent Adoption of OAR 851-063-0030 (1:04:08 timestamp)

The changes are to align the authorized duties in Division 63 with the Nursing Assistant curriculum revisions that were presented above. Requesting it be effective March 1, 2024. The Administrative rule hearing was held on February 15, 2024 with no oral testimony. 3 testimonies received and all in favor.

M.S.C. Chau, Hill

that the Board (approves/does not approve) OAR 851-063-0030 as (presented/modified) as permanent rules.

Ayes 9



Oregon

Tina Kotek, Governor

Exhibit A2
October 16, 2024

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Board of Nursing

17938 SW Upper Boones Ferry Rd
Portland, Oregon 97224
Oregon.BN.INFO@osbn.oregon.gov
www.oregon.gov/OSBN

Memorandum

TO: Oregon State Board of Nursing Board Members

FROM: Rachel Prusak, Executive Director

DATE: October 2024

RE: Listening Tour

I embarked on a statewide listening tour making stops in Eastern Oregon, Southern Oregon, and the Coast to hear from community partners. The listening tour was an opportunity for a roundtable discussion, bringing together healthcare and education systems for nurse leaders to share insights on the challenges they face, the collaborative opportunities they are engaged in, and how OSBN can partner with the community.

I shared OSBN's updated mission and vision, which now incorporates Nurse Wellness as a core belief. I elevated the message that a regulatory board is a guardrail and barrier that protects the public but also asked the same question she asked staff: **'What are the unnecessary barriers OSBN puts on the community?'**

I look forward to discussing the listening tour at the upcoming Board meeting.

Mission: The Oregon State Board of Nursing is committed to protecting the public through regulatory excellence and promoting the wellness of our nursing professionals.

Vision: A safe and healthy Oregon promoted through a healthy and diverse nursing workforce.

