

OREGON BOARD OF NURSING

# SENTINEL

[ VO. 44 • NO. 2 • SPRING 2025 ]

*inside this issue*

**RACs Are Vital to  
Public Rulemaking Process**

**Outside of the NPA:  
Reporting Responsibilities of Nurses**



**Creating a Safe Environment:  
Addressing Workplace Violence**

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# NURSE WELLNESS IS PUBLIC PROTECTION

Ensuring health professionals can access mental health care benefits their wellbeing and improves our state's overall health. However, it has been found that overly invasive questions on healthcare licensing applications have created barriers for healthcare workers, including nurses, from seeking the mental health support they need.

In fulfilling their public protection role, state boards of nursing (BONs) ensure applicants meet minimum education standards, competency, and background checks before being issued a license. To flag potential situations during the licensing application process that might impact a nurse's ability to practice safely, BONs have historically defaulted to asking about an applicant's mental health. Such questions often go beyond an applicant's current status and request their history of mental health diagnosis and related treatment, including substance use disorder and any breaks in their practice.

As state entities, BONs are required to adhere to the Americans with Disabilities Act. Yet, in 2019, a study published in the *Journal of Psychosocial Nursing and Mental Health Services* identified 22 BONs that asked licensure application questions that were not ADA compliant. More recently, a *Worldviews on Evidence-Based Nursing* study used the Dr. Lorna Breen Heroes' Foundation's Toolkit to identify BONs with invasive questioning, concluding that 37 states did not meet the guidelines for adherence. Oregon State Board of Nursing (OSBN) was one of them.

The Dr. Lorna Breen Heroes' Foundation initially challenged all medical boards to audit mental health questions used in license applications and change invasive or stigmatizing language, which the Oregon Medical Board did in April 2023. The foundation then challenged all nursing boards to do the same. Learning this, in April of

2024, I invited the Dr. Lorna Breen Heroes' Foundation to present to the Board about their "Caring for Our Caregivers" initiative, which seeks to remove questions about past mental health conditions from the licensing applications for health professionals. Their presentation shared that application questions focused on a history of any diagnosis or treatment, as opposed to current impairment, are stigmatizing, and can deter healthcare clinicians from seeking and receiving the care they need. The presentation stressed the need for change at state licensing levels to remove stigma. You can watch the presentation and discussion on the OSBN YouTube channel here: [OSBN - Board Meeting - 4/18/2024 - YouTube](#)

At that time, the following questions were included in OSBN applications:

- Since your last renewal, have you been diagnosed with a mental or emotional condition that currently affects your ability to practice nursing or perform nursing assistant duties with reasonable skill and safety?
- Since the date of your last renewal, have you used alcohol or drugs in a manner that could impair your ability to practice nursing or perform nursing assistant duties with reasonable skill and safety?
- Since the date of your last renewal, have you been diagnosed with or treated for a substance use disorder? If so, please include your sobriety date and an explanation.

After the presentation, the Board directed me to research attestation models, which were discussed in public meetings over the last year. The discussions culminated in the Board removing the overly intrusive questions and voting at the November 2024 Board meeting on the following attestation:

*continued on page 6 >>*



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Failure to adequately address a health condition, resulting in the inability to practice your profession with reasonable skill and safety, may result in the Board taking action against your Oregon Nursing Board license or certificate."

The Oregon Board of Nursing (OSBN) staff is dedicated to carrying out the initiatives set forth by the Board. OSBN believes that "Nurse Wellness is Public Protection" and is therefore committed to removing barriers that prevent nurses from seeking mental health support. To achieve this objective, the Board’s staff prioritized their efforts and collaborated with our licensing data system vendor to remove stigmatizing questions from all applications. This project is expected to be completed in **April 2025**.

If you would like to learn more about the efforts to remove intrusive mental health questions from licensure applications, please check out the following articles:

1. Remove intrusive mental health questions from licensure and credentialing applications. Available at: <https://drlornabreen.org/wp-content/uploads/2022/12/ALL-IN-Audit-Change-Communicate-Toolkit.pdf>.
  2. An audit of mental health questions on U.S. nursing licensure applications: Evidence to guide urgent action for change. Worldviews on Evidence-based Nursing. Available at: An audit of mental health questions on U.S. nursing licensure applications: Evidence to guide urgent action for change
  3. American Academy of Nursing Expert Panel Consensus Statement on leveraging equity in policy to improve recognition and treatment of mental health, substance use disorders, and nurse suicide. Available at: American Academy of Nursing Expert Panel Consensus Statement on leveraging equity in policy to improve recognition and treatment of mental health, substance use disorders, and nurse suicide - Nursing Outlook
  4. American Academy of Psychiatry Law. Medical licensure questions about mental illness and compliance with the Americans with Disabilities Act. Available at: Medical Licensure Questions About Mental Illness and Compliance with the Americans with Disabilities Act - PubMed
- Depression, substance abuse, and suicide are real and present factors among health care professionals. If you or someone you know is experiencing thoughts of suicide, call or text the **988 Suicide & Crisis Lifeline**, or visit **988lifeline.org** to chat online.

### Mission Statement:

The Oregon State Board of Nursing protects the public through regulatory excellence and promoting the wellness of nursing professionals.

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# CREATING A SAFE ENVIRONMENT: ADDRESSING WORKPLACE VIOLENCE



One of the most shocking facts reported by the U.S. Bureau of Labor Statistics is that health care and social service workers are five times as likely to suffer a workplace violence injury than workers overall. What is even more alarming is that many experts believe most cases go unreported.

A recent “pulse check” survey conducted by the Emergency Nurses Association from February to March of this year revealed that “more than half of the responding emergency nurses had been either physically or verbally assaulted or threatened with violence in the previous 30 days.”

The violence included “being head-butted, kicked, slapped, punched, stabbed with a pencil or hit with thrown objects, among other types of aggression.” Additionally, verbal assaults and threats were also reported.

NCSBN’s own 2022 National Nursing Workforce Study found that nurses when asked about factors contributing to their stress and burnout in what they perceived as “unsafe working conditions” used the following words “abused, danger, dangerous, threatened, violent, violence, yelling, security, rude, gun, attack, attacks, attacked or weapon.”

According to the World Health Organization (WHO), “between 8 and 38% of nurses suffer from health-care violence

at some point of their career.” Compared to other workplaces, health care workers have a higher risk of getting physically, sexually, or psychologically injured.

These statistics are especially disheartening because most people who enter the health care profession do so out of a desire to help people and make a difference in their lives. Year after year, nurses top the Gallup Poll of most trusted professions people hold in high regard, but that respect does not always translate to the behavior that patients and their family members exhibit to nurses at the bedside.

While emergency departments and psychiatric units are more likely to experience workplace violence than other care settings, it is increasing among all health care settings. While some individuals may be more prone to lashing out — because of disorientation or confusion due to dementia, being under the influence or experiencing a mental health crisis — violence against nurses is still escalating throughout hospitals and health care facilities. In yet another shocking report, the Bureau of Labor Statistics revealed that the rate of injuries from violent attacks against medical professionals grew by 63% from 2011 to 2018.

While no one knows exactly what is triggering the violence, many theorize that it may stem from understaffing at many health care facilities. Such situations can increase stress levels among patients leading to aggression. In many cases, nurses are not adequately trained in how to de-escalate tense encounters and may be ill equipped to handle aggressive behavior.

Unsurprisingly, workforce experts believe that the “exposure to, or fear of, violence in the workplace can lead to negative psychological consequences for health care workers such as anxiety, depression, loss of self-esteem and post-traumatic stress disorder. Subsequently, nurses may choose to leave the bedside and health care facilities may face increased costs due to turnover, treating injuries and staff time away from work for dealing with the aftermath of violent incidents.

In light of accelerating violent incidents and the recognition that creating a safe environment for its patients and nurses is paramount, health care facilities across the nation are enhancing current measures and introducing new modalities to better protect their staff by creating a culture of safety, focusing on prevention, response and supporting those who have experienced violence.

One such institution is Ochsner Health, the largest health system in Louisiana with 46 hospitals and more than 370 health and urgent care centers. In Focus had the chance to interview Ochsner’s Tracey P. Moffatt, MHA, RN, internal senior executive consultant who was previously the system’s chief nursing officer and vice president of quality, about what the health system has done to improve the work environment of its staff and measures they have taken to mitigate violence. Moffatt is also the newly elected president of the Louisiana State Board of Nursing (LSBON).

“According to a Press-Ganey analysis, the rate of reported assaults against nurses nationwide went up 5% from 2022 to 2023,” says Moffatt. “When you think about the number of nurse and patient encounters that happen across this country every day, you know that 5% is a big number. What is discouraging is that many nurses see violence as somewhat routine.”

When asked about what may be causing this alarming increase, Moffatt says, “I think there are a number of factors contributing to the increasing violence and some of it is related to a post COVID-19 ‘hangover.’ It’s not like violence never happened before COVID, but the rules and the regulations that were in place during the pandemic seemed to have lit a spark not only in health care, but also in many other workplace settings. Policies related to mask wearing, vaccinations and hospital visitation restrictions became very polarizing and very charged. This unfortunately led to some patients and their caregivers responding in an increasingly aggressive manner,” she explains.

Commenting on research that workplace violence is chronically underreported across the country, Moffatt notes, “I think nurses struggle with reporting incidents because of the relationship they have with their patients. They want to protect them even when the patient’s behavior might be unsafe.”

Shortages of nurses at the bedside is a problem that health systems across the U.S. are combating. “I work with a lot of health care organizations across the country,” Moffatt explains. “I haven’t spoken to a single chief nursing officer, chief operating officer or CEO who wasn’t committed to bringing the right number of resources to the bedside. Post-COVID, hospitals have experienced a significant shortage of nurses. But I would highlight that most of the big health systems I work with on a regular basis have done a lot to offset that by bringing more technology to the bedside and utilizing more paraprofessionals like patient care technicians or nursing assistants and many are also partnering with academic institutions to enhance and grow training opportunities that will bring more nurses to the workforce. I think part of what we have to do as health care leaders, and particularly as nursing leaders, is make sure that we’re making the job of being a nurse easier and lightening the workload of nurses.”

Moffatt points out that Ochsner has been working to decrease and mitigate violence in the workplace since well before the pandemic. They looked at their security staffing to ensure there was the proper staffing levels across the system. They made sure that it was clear Ochsner has zero tolerance for violence, and they ensure staff have the correct training and resources for dealing with volatile situations. Metal detectors and panic buttons were installed. De-escalation training was made mandatory.

Since 2016, Ochsner has invested almost \$200 million in security measures. “I think it’s a testament to the organization about our passion, our commitment and our focus – the safety of our teams and our patients is our number one priority,” Moffatt notes.

Ochsner has gone “all-in” to create a safe environment for its staff and are constantly looking at ways to sponsor and advocate for programs through its Workplace Violence Mitigation Committee. Additional measures that have been implemented include a visitor management system, improved door access controls, distributed personal duress buttons and a tool incorporated within Epic to identify those at risk of disruption.

Moffatt enumerates that security patrol zones are up 125% and security positions are up over 400% since 2016. “These are major investments. We have new reporting software that allows officers to record all of the incidents no matter the severity if it’s reported. It’s captured in that record, and we track those

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## NURSING PRACTICE

statistics and events in order to deploy and respond in more effective ways. There is increased radio communication among the security officers. Security does rounds so that our staff know we're paying attention to what has been happening in their work area, and we even have a K-9 (canine) program to further provide a secure and comforting environment" she notes.

All of these measures have made an impact, with Moffatt reporting that Ochsner has seen a 15% reduction in violent incidents over the past two years. "One of the things that I hear from our nurses is how much they appreciate that when they report situations, they know that information is going somewhere. As a result of that feedback, we have also invested in significant Crisis Prevention Institute (CPI) de-escalation training and safe restraint for all of our patient-facing employees. I think that's really

critical. You've got to give staff the skills that they need to try and bring the heat down."

Moffatt relates that Ochsner shares this information with their staff and lets them know about the investments being made for their safety. "We thank them for their feedback and input. We thank them for reporting incidents. I'm really proud that my organization has done an excellent job with this issue."

Ochsner is an example of what can be done to help curb violence against health care workers. As a dedicated nurse leader, Moffatt worked diligently to ensure that the more than 10,000 nurses under her charge were given the appropriate measures to help ensure their safety. Not one to rest on this accomplishment, she worked with other Ochsner nurse leaders to set out to help protect all nurses in her state. She testified in support of Louisiana Sen.

Patrick Connick's bill that "imposes enhanced penalties for the assault or battery of emergency room personnel, emergency services personnel, or a health care professional." Signed into law in 2022, this new provision makes battery or assault of emergency room personnel, emergency services personnel, or a health care professional a felony in Louisiana and expands the prior definition of "health care professional" to include nearly all staff of a health care facility. The law also creates a new criminal offense: the crime of unlawful disruption of the operation of a health care facility.

She also joined Ochsner's new Senior Vice President and Chief Nursing Officer Tiffany Murdock, MSN, MBA, DNP, for the American Organization of Nursing Leaders (AONL) advocacy days in Washington, D.C. where they had the chance to meet with several federal legislative offices from their districts. Moffatt says, "There is a call from health care workers for some federal action to be taken on workplace violence and we want to respond to that."

"During our advocacy visit with AONL, I was so inspired standing with Tracey and nurse leaders from around the country on Capitol Hill. We can better protect and support our health care workers through grant funding and legislative support," Murdock shared. "As nurse leaders, we know the power of the nursing voice – and we need to use it. It's encouraging to know that changemakers on the federal and state levels are listening to us and can help advocate and influence protections for our workforce."

The American Nurses Association, the American College of Emergency Physicians and Emergency Nurses Association are at the forefront of urging lawmakers to strengthen safety protections for workers in health care. "Nurses are calling for the same protections that flight attendants have. If someone is attacked in the process

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of delivering health care, the perpetrator should be charged with a felony,” notes Moffatt.

On the other side of the coin, Moffatt, in her capacity as a board member for the last seven years and as the new president of the LSBON, has seen that regulation has an important role to play in ensuring that in the rare cases when a nurse is aggressive or retaliatory against a patient, they are appropriately disciplined. She states, “Our position is very clear. There is no circumstance where a nurse should be violent or aggressive with a patient, and if that happens, your license will be impacted and maybe even revoked.”

From her own experiences throughout her nursing career and as a nurse leader, Moffatt recognizes how stressed nurses can become because they sometimes see people at their lowest ebb. Patients can lash out violently but there is never an excuse for a nurse to harm them. She feels that health care facilities have a responsibility to implement all available violence mitigation strategies and create an environment where nurses have the opportunity to decompress and know that they have resources available to support them. She also believes that health systems that are not willing to spend the money to keep their staff and patients safe are making poor financial decisions.

“If you lose a bedside nurse because of violence or burnout, and you need to recruit and orient a new nurse, that cost can be upwards of \$50,000. As a health care leader, if you connect the dots, how can you not afford to make those kinds of investments? That decision can come from a financial perspective, but in my case, it comes from the fact I love nurses. I love the profession of nursing. I want to bring joy back to nursing and I think this is one of our biggest barriers to that. I want to solve this problem,” Moffatt declares.

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# OUTSIDE OF THE NPA: REPORTING RESPONSIBILITIES OF NURSES

When one thinks of the laws and rules that regulate the actions of nurses, one thinks of Oregon's Nurse Practice Act (NPA), and rightly so.

However, there are also laws and rules outside of the NPA which direct certain actions of nurses. The non-NPA laws of interest here are those that establish duty to report responsibilities for nurses related to patient and public safety, including those on the reporting of abuse and neglect. These laws are vital for the protection of vulnerable individuals and for the broader public.

While describing each non-NPA reporting law in detail both exceeds the scope of this article and the authority of Board staff, it is hoped OSBN licensees will be prompted to refresh their knowledge of the laws listed here and transform that knowledge into nursing actions.

## Non-NPA Reporting Laws

Below are some of the laws found in Oregon law that establish the reporting responsibilities of nurses. The list is presented by Oregon Revised Statute (ORS) chapter name, which is followed by the section name of the chapter where the nurse reporting law is located. All statutes may be accessed directly at [www.oregonlegislature.gov](http://www.oregonlegislature.gov).

- ORS Chapter 419B - Reporting and Investigation of Child Abuse. ORS 419B.010 Duty of officials to report child abuse; exceptions; penalty. 419B.015 Report form and content; notice.
- ORS Chapter 430 - Mental and Behavioral Health Treatment; Developmental Disabilities. Abuse Reporting for Adults with Mental Illness or Developmental Disabilities. ORS 430.765 Duty of officials to report abuse; exceptions for privileged communications; exception for religious practice.
- ORS 441 Health Care Facilities. ORS 441.600 Long

Term Care Facilities. ORS 441.640 Report of suspected abuse of resident required. ORS 441.645 Oral report to area agency on aging, Oregon Department of Human Services (ODHS) or law enforcement agency.

- ORS 676 Health Professionals Generally. ORS 676.150 Duty to report prohibited or unprofessional conduct, arrests and convictions. ORS 676.300 Authority of health care provider to notify law enforcement agency that patient who is under influence of intoxicants is about to drive.
- Chapter 146 - Investigations of Deaths, Injuries and Missing Persons. ORS 146.750 Injuries to be reported to law enforcement agency.

## Knowledge to Action

With (some of) the non-NPA reporting laws listed, now begins the process of applying knowledge of the laws to nursing actions. This journey can be facilitated through the active exploration of the who, what, why, where, when, and how, of a reporting law.

For the purposes of the following example, we'll use ORS 419B.010 and 419B.015 related to the report of child abuse. Important: The intent of this demonstration is to describe the exploration process that can result in nursing actions. The following is not a lesson on, or interpretation of, child abuse reporting requirements under Oregon Department of Human Services (ODHS) law.

## Let's Go Exploring

**Who:** An OSBN-licensed nurse accesses and reads 419B.010 and 419B.015 related to the report of child abuse to refresh their knowledge of the law.

**What:** The nurse validates their understanding of the law's reporting requirements applicable to nurses. To be best positioned to properly apply the law, the nurse takes extra

time to re-read the law's definition of key terms such as "abuse," "child," and "public or private official." The nurse also accesses ODHS' Mandatory Reporting of Abuse website where supplemental and educational information about the law is located. The nurse also finds the 855-503-SAFE (7233) abuse hotline number which is open 24 hours a day, 365 days a year.

**Why:** Because adherence to ORS 419B.010 and 419B.015 is not an option; it's the law. The nurse also knows it is conduct derogatory to the practice of nursing to fail to report actual or suspected abuse, neglect or mistreatment, and to violate any law rule or regulation intended to guide the conduct of nurses per OAR 851-045-0070(3)(n) and (8)(a).

**Where:** The nurse knows their responsibility to make a report of child abuse is not exclusive to a specific setting or location—the responsibility is carried anywhere the nurse goes. The nurse also recognizes their responsibility to report child abuse extends even to a report for their own young children.

**When:** The nurse knows that, according to the law, their responsibility to report child abuse applies 24 hours a day, seven days a week. To be prepared to make a report at any time, our example nurse carries retrievable information on how to make a report to the agencies specified in the law.

Our example nurse also considers how the law can be applied at the gerontology health clinic where they practice. The nurse recognizes that the older patients often have family members bring them to the clinic, so children (as defined in the law) may also be in the setting. Because of this, the nurse takes action to ensure the clinic has a current policy that acknowledges and/or operationalizes the child abuse reporting law for nurses and other "public or private officials" (as defined by the law) who work in the setting. The nurse also ensures that the clinic's policy does not prevent

nurses from fulfilling their reporting responsibilities under the law.

**How:** By actively maintaining knowledge of the 419B.010 and 419B.015 reporting requirements, and actively transforming that knowledge into nursing actions, the nurse is positioned to fulfill reporting requirements under the law. The nurse also takes the opportunity to incorporate the clinic's policy on the reporting of child abuse into the clinic's annual in-service materials and distributes wallet cards that include the ODHS abuse hotline number to coworkers.

Take this opportunity to conduct your own thoughtful exploration of this and other non-NPA reporting laws. During the process, employ deliberate actions to transform your refreshed knowledge

into actions that promote the safety and wellbeing of Oregon's vulnerable populations.

One might also take this opportunity to locate any non-NPA reporting laws not identified in this article which direct actions of nurses.

### In Closing

Nurses fulfilling their duty to report responsibilities for vulnerable populations is vital for the safety of individuals and for the wellbeing of the broader public.

Questions concerning a non-NPA reporting law should be directed to the state agency responsible for the law's enforcement, to one's employer, and/or to one's attorney.



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# RACs ARE VITAL TO PUBLIC RULEMAKING PROCESS



Although the Nurse Practice Act (NPA) may seem daunting, in an all-capital-letters stone tablet sort of way, it's a fluid document with changes potentially occurring several times a year. To achieve most of these changes, the Oregon State Board of Nursing uses a public rulemaking process that ensures stakeholders and the public have the opportunity to review and comment on any proposed changes. Volunteer rule advisory committees (RAC) are an important part of that public process and provide valuable insight into the needs of the public and how best to meet them, while providing members an opportunity to help shape the profession. Using a RAC allows the Board to collect feedback on draft rule language and gather information on the possible fiscal impact of the draft rules and how the proposed changes would impact equity in the state.

The NPA is found in Oregon Administrative Rule (OAR) Chapter 851 and is arranged in divisions that list the rules governing nursing practice in Oregon. Changes are needed when: 1) a public safety need arises, 2) the Board identifies a need to clarify, correct, or modernize existing rule language, or 3) there is a legislative statute change that requires a complicated, substantive modification to the administrative rules. In these situations, the Board votes to authorize staff to develop the new or revised rule language and convene a RAC. (Statute changes that don't require substantive rule changes don't need the RAC process.)

## Public Notice

To encourage membership for a rules advisory committee, Board staff send a public notice announcing the formation of a RAC and invite participation. The notice is distributed to all licensees, certificate-holders, and any interested parties who have signed up via the OSBN subscription service. It is also posted on the OSBN website (click on Proposed Administrative Rules) and the Oregon Transparency website to get the widest distribution possible. The notice lists the OAR Chapter and specific division at issue, a description of the rules affected, the name and contact information for the OSBN staff member convening the RAC, and a deadline to respond for those interested in participating.

The average RAC consists of about 12 participants who are selected to ensure statewide representation and often include stakeholders representing different practice settings, small business owners, professional organizations, labor organizations, and private citizens.

There is no set number of meetings; RACs may meet once or several times over the course of months, depending on the nature and complexity of the rule(s) being written. To encourage participation, RAC meetings are often held virtually and are scheduled well in advance. Following the formation of the RAC, Board staff send a notice for one or more meetings to the membership. The RAC meeting

notice will also be distributed to interested parties, posted to the OSBN meeting calendar, and posted on the Oregon Transparency website. Materials for scheduled RAC meetings are made available on the Board's meeting calendar about a week prior to the event and includes the agenda, draft rule language, and a link to the virtual meeting.

### Meeting Process

All rule advisory committee meetings are open to the public and have time dedicated to collect public input; during the meeting, RAC members and non-members may comment and share suggestions on the draft rules. All participants are also asked for feedback on the fiscal impact of the draft rules and how the rules impact equity in this state.

As its name implies, the committee is advisory only and no changes to the draft rules are made during a RAC meeting. Prior to any suggestion being included into the draft rules, Board staff must evaluate whether a suggestion falls within the Board's statutory authority, is consistent with evidence-based practice or regulation, and promotes public protection. Assuming those three aspects are met, staff will prepare a new rule draft to be discussed at the RAC's next scheduled meeting. All RAC meetings are recorded and the minutes and recordings posted to the OSBN website.

During the rulemaking process, Board staff keep the Board apprised of the RAC's progress. This consists of reporting during Board meetings on draft rulemaking to date, on RAC meetings, and on suggestions made by RAC members.

### Following the Meeting(s)

When Board staff believes the draft rules sufficiently address the issue that prompted rulemaking, the draft is presented to the Board along with a request to move forward to an administrative rule hearing.

All rule changes go through a public rule hearing to give the public and interested stakeholders a final chance to comment on the language before it goes to a final vote for adoption. If the Board votes to approve the request, a virtual administrative rule hearing is scheduled and public

notice of the hearing is published in the Oregon Bulletin. The hearing notice is distributed to any interested parties who have signed up via the OSBN subscription service, and is posted to the OSBN website meeting calendar, and the Oregon Transparency website. The notice includes the date of the hearing and virtual meeting link, directions for submitting testimony, deadline for submitting testimony, and the proposed rules. Anyone wishing to provide testimony on the proposed rule language may do so either in writing before the published deadline or verbally during the hearing.

On the day of the administrative rule hearing, the Board's rules coordinator facilitates the hearing and collects testimony; following the hearing, all testimony is forwarded to the Board for review.

### Board Votes

The draft rules are presented at the next in-person public Board meeting. This is when the Board votes on the adoption of the proposed rules. Testimony collected during the administrative rule hearing is included in the Board meeting's materials packet; these packets are posted on the Board's website with the meeting notice and sent directly to anyone who has signed up to receive them. (You can sign up to receive Board packets here: <https://public.govdelivery.com/accounts/ORSBN/subscriber/new>.)

If the Board decides to adopt the proposed rule language, the RAC will formally be disbanded. If the board doesn't adopt the proposed rules, it may direct that the RAC continue its work, and the rulemaking process continues.

Although few people would describe administrative rules as a fun read, they are necessary to protect the citizens who receive nursing services. The Board understands how much time and effort goes into providing such a systematic review and highly values the work and expertise of RAC members. Members of a RAC also benefit; this public service role is a great opportunity to give back to their profession, exercise their leadership skills, and develop a greater understanding of the public rulemaking process. Watch your email box and the OSBN's Proposed Administrative Rules webpage (<https://www.oregon.gov/osbn/Pages/Proposed-Rules.aspx>) for the next RAC volunteer opportunity.



# NURSE INTERN LICENSURE BENEFITS NURSING STUDENTS AND EMPLOYERS

Established as a license type in 2022 following the passage of House Bill 4003, the Nurse Intern role allows nursing students to reinforce their learning by gaining valuable healthcare experience, while benefiting from paid employment while still in school.

Recently updated by the Oregon State Board of Nursing, Division 41 of the Nurse Practice Act (NPA) operationalizes the NPA's statutory requirements related to the licensure and functions of nurse interns. The standards further clarify statutory requirements to ensure that only applicants who meet specified standards receive an intern license, as well as clarifying how the intern functions as a member of the healthcare team, and their professional responsibilities related to conduct and reporting.

Key changes to Division 41 include:

- Simplifying requirements for nurse intern licensure.
- Simplifying the license renewal process.
- Clarifying the duty to report.

- Clarifying the authorized functions and prohibited acts of the nurse intern.

## Nurse Intern Licensure

The requirements for nurse intern licensure can be found in OAR 851-041-0020. Intern applicants must have completed one academic term in a nursing program, as well as one academic term in a course with a direct-care clinical component. Additionally, the applicant must submit verification of good academic standing, complete a criminal background check, and pass the Certified Nursing Assistant exam. To aid in this process, the applicant's nursing program provides to licensing staff the verification that an intern applicant has indeed completed the required academic course work, attesting that they are a current non-graduated student.

Recent revisions to this rule include:

- Updating the academic requirements from one-year

in a nursing program to one-term, and

- Removing the limitation on the number of attempts to pass the CNA exam, by specifically removing rule language that limited applicants to one attempt per term. Importantly, this change will allow more nursing students to pursue the nurse intern license and earlier in their programs.

These changes especially benefit students in programs that may not have much academic coursework beyond the first year.

### **Nurse Intern License Renewal**

The process for renewal of a nurse intern license can be found in OAR 851-041-0030. A significant revision to this rule is the extended length of the nurse intern license. Previously, the nurse intern license expired 30-days after the end of an academic term. Now, the nurse intern license is now valid for up to 12-months, with licenses now issued for a period of September 1 – August 31.

These revisions greatly reduce barriers for applicants, who might otherwise have needed to renew their nurse intern license multiple times per academic year. They also reduce the burden on nursing education programs needing to continually reverify the student's status for the Board. An additional benefit of the recent rule revision is that now the nurse intern license will not expire over longer academic breaks.

### **Duty to Report**

The nurse intern's duty to report standards can be found in OAR 851-041-0080, which provides standards for reporting requirements pursuant to

ORS 678.135. Recent revisions to this rule have added requirements stating nurse interns must report any leaves of absence from their nursing education program or any failure to maintain good academic standing.

### **Authorized Functions and Prohibited Acts**

Finally, the Board repealed the former OAR 851-041-0050 and 851-041-0060. These rules previously established nurse intern authorized functions and prohibited acts. Importantly, these functions and acts are outlined in ORS 678.396. The former administrative rules contained language which mirrored the statutes but imposed additional limitations on the nurse intern functions. Because of

discrepancies in interpretation, that rule language has been removed for clarity.

### **Conclusion**

The nurse intern role has significant potential to support nursing students in the transition from academic learning to professional practice. The recent updates to Division 41 of the Nurse Practice Act represent a step forward in making intern licensure more accessible and clarifying the functions of the role.

If you have questions about nurse intern licensure or about developing a nurse intern program in your health care system, please contact Oregon. [bn.info@osbn.oregon.gov](mailto:bn.info@osbn.oregon.gov).



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# MEDICATION AIDE CURRICULUM REVISIONS AIMED AT INCREASING PASS RATES AND ENROLLMENT

A new, streamlined medication aide (MA) curriculum goes into effect July 1, 2025, in an effort to increase exam candidate success and enrollment, and enhance public safety.

Due to a concern about low medication aide candidate pass rates, the Oregon Board of Nursing convened a task force in January 2025 to review the MA curriculum and discuss possible solutions. The 13 task force members agreed that the previous curriculum content was at a higher level of complexity than it should be for entry level certified medication aides (CMA); some content even seemed more appropriate for nursing education programs.

The updated course content focuses on essential content that is important for an entry level MA to know. It reflects current best practice and increases patient safety, while removing barriers and streamlining the curriculum overall. The Board approved the suggested curriculum changes during the February 2025 board meeting and the new curriculum goes into effect July 1.

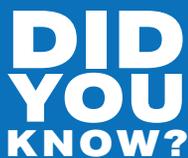
Key changes to the new MA curriculum include the following:

- Adapted the National Council Boards of Nursing (NCSBN) Medication Assistants-Certified (MA-Cs) Model Curriculum to meet Oregon’s needs. Visit the OSBN website and click on Education and Training Program Faculty/Administrators to find the new MA curriculum ([https://www.oregon.gov/osbn/Documents/Resource\\_MA\\_Curriculum\\_7-1-25.pdf](https://www.oregon.gov/osbn/Documents/Resource_MA_Curriculum_7-1-25.pdf)).
- The content includes five modules:
  - medication fundamentals,
  - safety, communication, and documentation,
  - medication administration,
  - ethical and legal, and
  - clinical experience.

- Decreases the total education hours from 84 hours to at least 80 hours divided into:
  - At least 45 hours of didactic instruction,
  - At least 11 hours of supervised laboratory instruction, and
  - At least 24 hours of 1:1 supervised clinical experience.
- The lab and clinical checklists and lab site equipment evaluation form are also updated.

## MA Curriculum Task Force Participants:

- Bradley Brown, Marquis NA/MA, Program Director (PD), Primary Instructor (PI)
- Susan Crow, Avamere Health Services NA, PD/PI
- Veronica Gutierrez, Regency Pacific NA, PD/PI
- Paula Love, Oregon Care Institute NA, PD/PI
- LouAnn Manwarren, Creswell Post Acute NA, PD/PI
- Bonnie Marshall, Rogue Valley Manor NA/MA, PD/PI
- Rebecca Moore, Moore Nurse Consulting NA/MA, PD/PI
- Jennifer Nagel, Regency Pacific NA, PI
- Nicolette Riley, VP Quality Oregon Healthcare Association
- Lisa Rye, Mt Hood Community College NA, PD/PI
- Mary Ann Vaughan, EMT Associates, Owner/PI
- Bonnie Wilkinson, Caregiver Training Institute NA/MA, PD/PI
- Board staff: Barbara Ju, MPH, RN, NE-BC



Division 31 of the Nurse Practice Act (OAR 851-031-0001) requires all nurses to keep their **legal name, current mailing address, and employer name** up-to-date with the OSBN. Division 62 (OAR 851-062-0011) **requires the same for nursing assistants**. If you’ve recently moved, switched jobs, or changed your name, login to your account in the [OSBN online licensing portal](#) and go to your Dashboard. You can easily update all the information as needed.





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# LEGAL AND PROFESSIONAL CONSIDERATIONS FOR APRNS

Advanced Practice Registered Nurses (APRNs) play a pivotal role in healthcare, necessitating a comprehensive understanding of legal and professional considerations. This article delves into key legal frameworks, malpractice issues, regulatory guidelines, and current developments affecting APRNs in Oregon. The content references the Oregon Revised Statutes (ORS) 678.010 to 678.410, Chapter 851 Oregon Administrative Rules (OAR), and Oregon State Board of Nursing (OSBN) Interpretive Statements. While this article provides general insights, APRNs should consult official legal texts for definitive guidance.

## Malpractice Considerations

Malpractice claims pose significant legal risks for APRNs. Understanding common malpractice claims is essential for mitigating liability risks.

In Oregon, specific statutes govern malpractice:

- ORS 12.110 (4): Establishes a two-year statute of limitations for malpractice claims.
- ORS 12.160: Allows for a five-year extension under certain circumstances.
- ORS 31.710: Caps non-economic damages in wrongful death cases at \$500,000.

APRNs must be cognizant of these legal parameters to protect themselves from litigation and ensure they practice within their scope.

**Malpractice Report Submission to OSBN:** APRNs are required to submit a malpractice report to the Oregon State Board of Nursing (OSBN) under certain circumstances. The OSBN must receive Malpractice Report Form (available on

the OSBN website) within the required reporting time (within 30 days) following a malpractice settlement or judgment. This ensures transparency and adherence to regulatory standards.

For details on how to submit the malpractice report, APRNs can refer to OSBN's website for submission guidelines and required documentation.

## Criminal Cases & Administrative Law

APRNs may encounter legal issues beyond malpractice, including criminal cases and administrative law violations. Criminal charges can have severe consequences, including loss of licensure. Administrative law, as defined by OSBN, regulates professional conduct and compliance with practice standards.

### Case Study: License Revocation for Unprofessional Conduct

In a case involving the Oregon State Board of Nursing, the board revoked a nurse practitioner's license for conduct derogatory to the standards of nursing. The practitioner had written unauthorized prescriptions and failed to maintain proper records, highlighting the importance of adhering to professional standards and regulatory requirements.

## Nurse Practice Act & Liability

The Nurse Practice Act serves as the foundation for APRN practice, defining their scope of practice, responsibilities, and legal obligations.

APRNs must also consider credentialing vs. privileging, which affects their ability to practice in hospital settings:

- Credentialing: Verifies qualifications and ensures

compliance with licensure requirements.

- **Privileging:** Determines the specific services an APRN can provide within an institution's by-laws.

Scope of practice is dynamic, and APRNs should regularly review OSBN updates to ensure compliance with evolving regulations.

### Union Representation & Collective Bargaining

APRNs may work in settings where union representation influences workplace conditions and professional rights. While OSBN does not regulate unions, APRNs should understand:

- Collective bargaining rights
- Grievance processes
- The role of unions in workplace advocacy

Staying informed about labor protections ensures that APRNs can navigate employment-related issues effectively.

APRNs should stay updated on OSBN meetings and policy changes to remain compliant and advocate for professional advancements.

### Final Thoughts

The primary goal of nurse regulation is public safety, ensuring that APRNs provide competent and ethical care. However, regulation also aims to support nurses in returning to practice safely after legal or professional challenges.

APRNs must stay informed about legal considerations, malpractice risks, union rights, and OSBN regulatory updates to ensure compliance and maintain high professional standards.

For more information, visit OSBN's website.

*Note: The case study presented is based on publicly available information and is intended for educational purposes. APRNs should consult legal professionals for specific legal advice.*



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# LICENSING PORTAL NOW WELCOMES MOBILE DEVICES

Nursing applicants and licensees will find a welcome change the next time they apply for or renew their licenses—the Oregon State Board of Nursing online licensing portal is now mobile device-friendly. The OSBN Licensing department has worked extensively with the database team at the National Council for State Boards of Nursing during the last year to develop the changes and improve usefulness of the portal.

In addition to accepting all mobile devices, several other recent upgrades to the portal will make navigating the portal (and the overall licensure process) easier.

### Navigation Bar

- Home button: Now directs user straight to the dashboard.
- Inbox: Directs user to Message Center, where they can send a message directly to Licensing staff.
- Help: Directs users to the OSBN main website.
- My Account: Sends users directly to “manage profile” or “logout.”

### Your Licenses Panel

Licenses are now shown as a “card view,” where the user can see all the

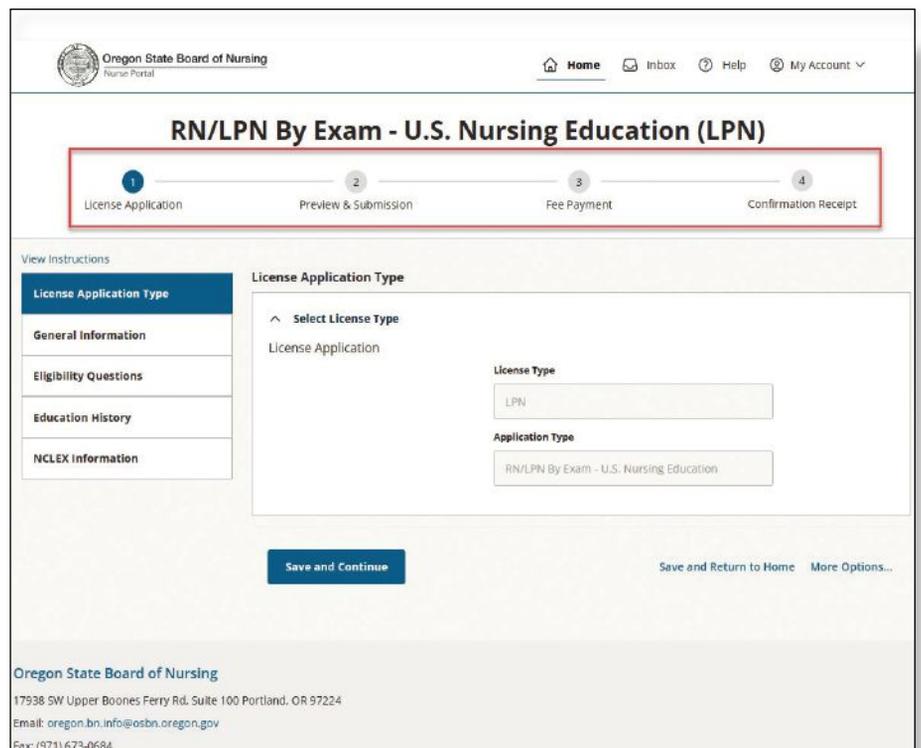
relevant information for that license:

- Status—active, expired, etc.
- License Type and License Number.
- Original Issue Date.
- Expiration Date.
- Renewal or Reactivate/reinstate links will be available if the user is within their renewal cycle or is eligible to reactivate or reinstate their license/certificate.
- For APRNs, related details of their license will be visible, such as

population focus or prescriptive authority.

### Updated Icons

- New color feature gives users a quick check of their license status. (green = active)
- Now features a “Download Icon” for users who want a PDF copy of their application.



## Applications

A new Progress Bar at the top of each application shows your movement through the application.

Next Steps: As users work through the application, a step level panel is displayed and enabled with a “Next Section” button. The next section is suppressed by default but expanded when “Next Section” is selected. This provides an intuitive flow for focus on each step. Users may go back and expand the previous step as needed. If a required field is missed, it will show a red icon and prevent users from moving forward until the field is filled.

You may access the online portal through the OSBN website: <https://osbn.boardsofnursing.org/orbn>. For more information regarding licensing requirements, please email the OSBN office here: <https://www.oregon.gov/osbn/pages/ask-us-a-question.aspx>.

The screenshot displays the OSBN dashboard for a nursing student. On the left, there are four main sections: 'NURSING STUDENT' with contact info and a 'Manage Profile' link; 'Payments Nurse Portal Dashboard' showing \$0.00 in payments; 'Message Center' with 1 new message; and 'Next Generation NCLEX' and 'nursys' links. The main content area is titled 'Your Licenses with OSBN' and includes an 'Apply for License' button. Below this, an 'Expired' RN license is shown with its original and expiration dates. A section for 'Your License Applications in Process' shows no active applications. Under 'Submitted License Applications', there are two entries: one 'Expired' renewal application from August 2018 and one 'Approved' initial endorsement application from April 2017. The 'Your Credentials' section at the bottom shows no credentials listed.

*The appearance of your Dashboard view has been updated to display everything users need: profile and payment information, license data, any applications you may have submitted, and a link to the message center.*



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# YOU ASK, WE ANSWER

**Question:** My question is about RN delegation in a community-based setting. Another RN I work with me told me her client's parents had to be formally delegated to perform nursing procedures for their own son. I've never heard of this before, nor have I ever used RN delegation process with a client's parent or other family member; I have always just taught my client's family members how to perform the procedures their loved one needs. Am I wrong, or did the rules change?

**Answer:** The answer is no; you're not wrong and the rules haven't changed. The RN is granted the practice authority to teach their client's family member how to execute a medical order (e.g., a health-related procedure) and how to carry out other RN plan of care interventions. This is based on ORS 678.010 (9) (c) and RN scope of practice standards in OAR 851-045-0060 (2) and (4) (c) (A).

**Question:** I'm an RN who practices in a school setting and I have a question about teaching emergency medication administration that does not fall under Oregon Health Authority's lifesaving treatment protocols. With the repeal of 851-047-0040 in 2023 (i.e., teaching the performance of tasks for an anticipated emergency), is there another place in the Nurse Practice Act which addresses how an RN would address the administration of emergency medications by an unregulated assistive person care team member?



**Answer:** Yes. Division 45 (where the RN scope of practice standards are located) contains a rule that expressly permits a registered nurse to teach a practice team member how to administer PRN (as needed) injectable or noninjectable lifesaving medication to a specific client when such action is appropriate for their context of care. This RN scope of practice standard is found in OAR 851-045-0060(4)(c)(E) and is available to read on the OSBN website.

**Question:** Does my nursing program qualify me to apply for a nurse intern license?

**Answer:** Currently, all nursing education programs in the state of Oregon provide the qualifying education needed for students to apply for a nurse intern license. The education standards for nurse interns can be found in Oregon Administrative Rule (OAR) 851-041-0010 of the Nurse Practice Act. The nursing education program must be approved by the Board, or accredited or approved by the Board of another state or US territory. Additionally, the nursing education program must include face-to-face nursing practice experiences, i.e. a

clinical component. You can review the Nurse Practice Act on our website.

**Question:** I am interested in setting up an LPN program. Does this need to be approved by the Board?

**Answer:** Yes, all nursing education programs based in Oregon require Board approval. The process for approval of a new nursing education program can be found in OAR 851-021-0010 of the Nurse Practice Act. This administrative rule describes the five-step approval process for new education programs, with the timeline for approvals beginning one year in advance of the anticipated opening date. Additional approvals from Oregon's Higher Education Coordinating Commission may be required.

**Question:** With CNA consolidation, can the "additional authorized duties for CNAs" be taught and competency validated by anyone in healthcare who has the content expertise?

**Answer:** No; an RN presenting the CNA employment site must teach performance of the authorized duty and validate that the CNA is competent to perform the duty.

**Question:** My organization is planning on training all CNA1s with some of the "additional authorized duties for CNAs" before July 1, 2025. Do the CNA1s who are trained and competency validated have to wait to perform those additional authorized duties until July 1, 2025, when the new rules go into effect?

**Answer:** They do not need to wait until July 1. As allowed by OAR 851-063-0030(9), CNAs who are taught and competency validated, can perform the additional authorized duties and not wait until July 1, 2025.

**Question: What are the legal and ethical considerations for an APRN to consider with a newly published book outside of his/her current clinical practice?**

**Answer:**

1. Promotion of Your Book to Clients  
You may inform clients of your book; however, it is important to avoid conflicts of interest and undue influence. Clients should not feel any obligation to purchase the book, as this could create ethical concerns. To maintain appropriate professional boundaries, board

staff recommends that you do no in-clinic promotion—avoid discussing or selling the book during appointments. Division 45 of the Oregon NPA outlines professional conduct expectations, including the duty to avoid conflicts of interest.

2. What If Clients Discover the Book on Their Own? If a client independently finds your book:
  - Maintain professional boundaries and redirect the conversation to clinical matters.
  - Clarify that it is a separate project unrelated to their care.

**Question: What do I need to consider if I need to provide telehealth to a client across state lines?**

**Answer:** The ability to provide telehealth services in another state depends on state licensing laws and whether the state allows independent practice for PMHNPs. Before offering telehealth services in another state, you must:

- **Verify state laws** to ensure independent practice authority.
- **Confirm licensing requirements** (whether licensure in that state is required or if a licensure compact applies).
- **Ensure the client is physically located in a state where you have legal authority to practice** at the time of the session.

**Reference:** Division 55 of the Oregon NPA covers prescriptive and practice authority for APRNs.

If you require further clarification, please contact us at osbn.  
practicequestion@osbn.oregon.gov.



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# 2025 OSBN BOARD MEMBERS



**MARCUS COOKSEY, RN, APRN-NP**  
**PRESIDENT**

TERM: 2/8/24 – 12/31/26

Mr. Cooksey is a family nurse practitioner working in the Transitions Services Program for Multnomah County Corrections Health department and has more than 20 years of nursing experience. He received his Master of Science in Nursing from the University of California in San Francisco, Calif. Mr. Cooksey serves as one of the two direct-care RN positions on the Board. He resides in Portland, Ore.



**MARGARET HILL**  
**PRESIDENT-ELECT**  
**PUBLIC MEMBER**

TERM: 7/15/23 – 12/31/25

Ms. Hill has almost 30 years of experience in commercial real estate and securities compliance for financial institutions. She has also volunteered for more than 10 years at the Oregon Museum of Science and Industry. She received her Bachelor of Arts degree in economics from California State University in Sacramento, Calif. Ms. Hill serves as one of two public members on the Board and resides in Portland, Ore.



**RACHEL DENNIS, CNA**

TERM: 3/1/25-12/31/27

Ms. Dennis is a CNA and monitor technician at PeaceHealth Sacred Heart Medical Center Riverbend in Springfield, Ore., and has more than 10 years of experience as a CNA. She received her CNA training and Associate of Science degree from Lane Community College in Eugene, Ore., and her CNA2 training from EMT Associates in Springfield. Ms. Dennis serves in the CNA position on the Board and resides in Springfield, Ore.



**JONI KALIS, MPT, MS, PT**  
**PUBLIC MEMBER**

TERM: 2/8/24 – 12/31/26

Ms. Kalis has more than 30 years of experience in physical therapy and more than 20 years of experience on regulatory bodies; she most recently served on the board of directors for the Federation of State Boards of Physical Therapy. She received her Bachelor of Science degree from Mankato State University in Mankato, Minn., her Master of Science degree from the University of Arizona in Tucson, Ariz., and her Master of Physical Therapy degree from Northern Arizona University in Flagstaff, Ariz. Ms. Kalis serves as one of two public members on the Board and resides in Lincoln City, Ore.



**FELIPA NESTA, LPN**

TERM: 3/1/25-12/31/27

Ms. Nesta is a licensed practical nurse at Kaiser Permanente Sunnyside Medical Center in Clackamas, Ore., and has more than 17 years of healthcare experience. She received her practical nursing diploma from Concorde Career College in Portland, Ore. Ms. Nesta serves in the LPN position on the Board and resides in Happy Valley, Ore.



**RACHEL MITZEL, RN, APRN-CRNA,**  
**APRN-NP**

TERM: 3/1/25-12/31/27

Ms. Mitzel is a certified registered nurse anesthetist at Cascade Anesthesia Services in Powell Butte, Ore., and has more than 20 years of nursing experience. She received her Bachelor of Science degree in Zoology from Oregon State University in Corvallis, Ore., her Bachelor of Science in Nursing from the University of Colorado in Colorado Springs, Colo., her Master of Science in Nursing Anesthesia from the University of Cincinnati in Cincinnati, Ohio, and her Master of Science in Nursing in mental health from the University of Pueblo, in Pueblo, Colo. Ms. Mitzel serves in one of the two direct-care RN positions on the Board. She resides in Powell Butte, Ore.



**LINDA STANICH, RN**

TERM: 2/8/24 – 12/31/26

Ms. Stanich is the director of Health Services at Hearthstone at Murrayhill in Beaverton, Ore., and has more than 30 years of nursing experience. She received her Bachelor of Science in Nursing degree from Purdue University in West Lafayette, Ind. Ms. Stanich serves in the Nurse Administrator position on the Board. She resides in Forest Grove, Ore.



**OLANIKE TOWOBOLA, RN, DNP**

TERM: 2/8/24 – 12/31/26

Ms. Towobola is a registered nurse at the Veterans Affairs Hospital and has 10 years of nursing experience. She received her Bachelor of Science in Nursing degree from Morgan State University in Baltimore, Md., and her Doctor of Nursing Practice degree from Capella University in Minneapolis, Minn. Ms. Towobola serves in one of the two direct-care RN positions on the Board. She resides in Corvallis, Ore.



**CLAIRE MCKINLEY YODER, PHD, RN, CNE**  
**BOARD SECRETARY**

TERM: 2/8/24 – 12/31/26

Ms. McKinley Yoder is director and assistant professor at the University of Portland School of Nursing in Portland, Ore., and has more than 25 years of nursing experience. She received her Bachelor of Science degree from Oregon State University, Corvallis, Ore, her Bachelor of Science in Nursing and her Master of Nursing degrees from the University of Pennsylvania in Philadelphia, Pa., and her PhD in Nursing from Villanova University in Villanova, Pa. Ms. McKinley Yoder serves in the Nurse Educator position on the Board. She resides in Portland, Ore.

# NEW BOARD MEMBERS CONFIRMED

Oregon State Senate Rules Committee confirmed three new members for the Oregon State Board of Nursing. Together, they bring a wealth of nursing experience that will help inform the board's decisions.

- Rachel Dennis, CNA works at PeaceHealth Sacred Heart Medical Center Riverbend in Springfield, Ore., and has more than 10 years of experience as a CNA.
- Rachel Mitzel, CRNA, APRN-NP, PMHNP-C works at Cascade Anesthesia Services in Powell Butte, and Cascade Mind & Body Clinic in Redmond, Ore., and has more than 20 years of nursing experience.

- Felipa Nesta, LPN works at Kaiser Permanente Sunnyside Medical Center in Clackamas, Ore., and has more than 17 years of healthcare experience.

Their three-year terms began March 1, 2025. Learn more about all board members on the OSBN website or by watching the confirmation hearing on the OSBN YouTube channel.



Read about OSBN Board Members



OSBN YouTube Channel

## 2025 OSBN BOARD MEETING DATES

June 25, 2025	9 a.m.	Board Meeting
June 26, 2025	9 a.m.	Board Meeting
July 23, 2025	4:30 p.m.	Board Meeting (Primarily Executive Session)
August 20, 2025	4:30 p.m.	Board Meeting (Primarily Executive Session)
September 16, 2025	9 a.m.	Board Meeting—Strategic Planning
September 17, 2025	9 a.m.	Board Meeting
September 18, 2025	9 a.m.	Board Meeting
November 12, 2025	9 a.m.	Board Meeting
November 13, 2025	9 a.m.	Board Meeting
December 17, 2025	4:30 p.m.	Board Meeting (Primarily Executive Session)

Please visit the OSBN website at [www.oregon.gov/osbn/Pages/board-meetings](http://www.oregon.gov/osbn/Pages/board-meetings) for agendas, materials, time changes, and logistical details. To view all board meetings, visit <https://www.youtube.com/@OregonStateBoardOfNursing/>.

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# DISCIPLINARY ACTIONS

Actions taken in January, February, and March 2025. Public documents for all disciplinary actions listed below are available on the OSBN website at [www.oregon.gov/OSBN](http://www.oregon.gov/OSBN) (click on 'License Verification').

Name	License Number	Discipline	Board Vote	Violations
Cheyl K. Boethin	094000675RN	Reprimand	1/15/25	Violating a client's rights to privacy and confidentiality.
Susan E. Cunningham	201608738NP-PP	Probation	2/19/25	12-month probation. Failing to properly assess and document client assessment when prescribing drugs and prescribing drugs in an unsafe or unlawful manner.
Godson I. Egungwu	202205515CNA	Voluntary Surrender	2/19/25	Conviction of a crime that bears demonstrable relationship to the duties of a nursing assistant and abusing a person.
Adrian A. Garibay	201404485RN	Probation	1/15/25	24-month probation. Documenting nursing practice that did not occur and failing to conform to the essential standards of acceptable nursing practice.
Lisel N. Ham	096007312RN	Probation	1/15/25	Probation stayed until such time as she re-applies for licensure for violating the terms and conditions of a Board Order.
Rebecca S. Herren	201142200RN	Voluntary Surrender	2/19/25	Violating the terms and conditions of a Board Order.
Rachel Green Hopkins	200842524RN	Probation	2/19/25	24-month probation. Practicing nursing while impaired and using a medication to an extent injurious to herself or others.
Jessica L. Killian	200740650RN	Probation	2/19/25	24-month probation. For previously practicing while impaired.
Michael A. Lee	202007574CNA	Voluntary Surrender	2/19/25	Conviction of a crime that bears demonstrable relationship to the duties of a nursing assistant and abusing a person.
Ethan R. Logo	202201425CNA	Reprimand	3/19/25	Falsifying data in a client record.
Lynda J. Mjelde	095006686RN	Voluntary Surrender	3/19/25	Violating the terms and conditions of a Board Order.
Michelle J. Molitor	201504022RN	Reprimand	3/19/25	Performing acts beyond her authorized scope of practice and failing to conform to the essential standards of acceptable nursing practice.
Kristyne D. Ranney	201340733RN	Voluntary Surrender	1/15/25	Failing to maintain professional boundaries with a client.
Nance L. Renwick	200710894CNA	Revocation	2/19/25	Violating the terms and conditions of a Board Order.
Anna M. Stratton	201604930RN	Civil Penalty	3/19/25	\$4,650 civil penalty. Practicing nursing without a current license.
Maria T. West	201010624CNA	Reprimand	1/15/25	Failing to accurately document CNA activities and tasks.
Kerrin A. Williams	RN Applicant	Application Denied	1/15/25	Failing to meet educational requirements for licensure and failing to cooperate with the Board during an investigation.

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**Amber Zupancic-Albin**  
JD, BSN, RN

Attorney at Law  
Licensed in Oregon  
and Washington

- Nursing License Investigation Representation
- Healthcare Entity/Clinic Formation
- Advice Regarding Healthcare Laws & Regulations



Amber has extensive experience representing nurses under investigation with the Oregon Board of Nursing, helping nurses start their own clinics/practices and providing general healthcare law and regulatory advice.

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# YOUR BOARD IN ACTION

## HIGHLIGHTS FROM THE FEBRUARY 2025 BOARD MEETING

### Rulemaking

In February, the board adopted the following proposed rule changes:

- Permanent rule changes for Division 41 (Nurse Interns): the changes repeal OAR 851-041-0050 and -0060. The rules were deemed redundant since the information was included in statute.
- Permanent rule changes for Division 31 (Licensure Standards for RNs and LPNs): Changes ensure the language aligns with the intent of ORS 678, remove barriers to the licensure process, and maintain public safety.
- Temporary rule changes for Division 63 (Standards & Authorized Duties of CNA and CMA): Allows CNAs to perform additional authorized duties when all criteria for employer training and competency are met.
- Permanent rule changes for Division 6 (Standard Definitions): Changes simplify definition for Re-entry.
- Temporary rule changes for Division 45 (Standards and Scope of Practice for RNs and LPNs): Changes to OAR 851-045-0060(4) aligns the rules with temporary revisions to 851-063-0030 until June 20, 2025.

The Board also approved these draft rules to move forward to an administrative rule hearing:

- Proposed rule draft for Division 61 (Standards for Education Programs for NAs and MAs): Changes clarify language and align rules with Division 63 changes that go into effect July 1, 2025.
- Proposed rule draft for Division 62 (Standards for Certification of NAs and MAs): Aligns rules with Division 63 changes that go into effect July 1, 2025.
- Proposed rule draft for Division 49 (Scope of Practice Standards for RN Protocol Utilization): Changes align rules with Division 45.

### Nursing Education

During the February meeting, the Board approved Oregon Health and Science University to increase admissions to its

Monmouth and Klamath Falls campuses. The Board also approved Lane Community College's request to start a pilot project for a paramedic to RN bridge program.

The Board approved George Fox University's request for initial approval for a Doctor of Nursing Practice-Nurse Anesthesia program.

### Nursing Assistants

The board approved changes to both the nursing assistant and medication aide curriculums. The changes to the MA curriculum update content to reflect current best practice and patient safety while removing barriers and streamlining the curriculum. Changes to the NA curriculum remove references to CNA 1 in anticipation of the July 1 consolidation of CNA levels 1 and 2.

### Administration

In support of their commitment to diversity, equity, inclusion, and accessibility, the Oregon State Board of Nursing adopted the following statement during the February meeting: "The Oregon State Board of Nursing is united in its ongoing goal to provide equitable services to nursing professionals and the public. The Board welcomes every voice and respects diverse views to promote an environment where fairness and respect guide our actions and decisions." To learn more, review the OSBN's Diversity, Equity, Inclusion & Accessibility Action Plan on our website.

To ensure that all members of the public, regardless of their location, have the opportunity to participate in an in-person Board meeting, the Board agreed to hold in-person board meetings in Southern Oregon in June 2025, the Oregon Coast in September 2025, and Eastern Oregon in April 2026. Specific locations will be listed on the OSBN website when confirmed.

For a copy of meeting materials, complete meeting minutes, or a list of scheduled events, please visit the OSBN website at [www.oregon.gov/OSBN/meetings](http://www.oregon.gov/OSBN/meetings).



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