OREGON BOARD OF NURSING

SENTINEL

[VO. 44 • NO. 4 • FALL 2025]

inside this issue

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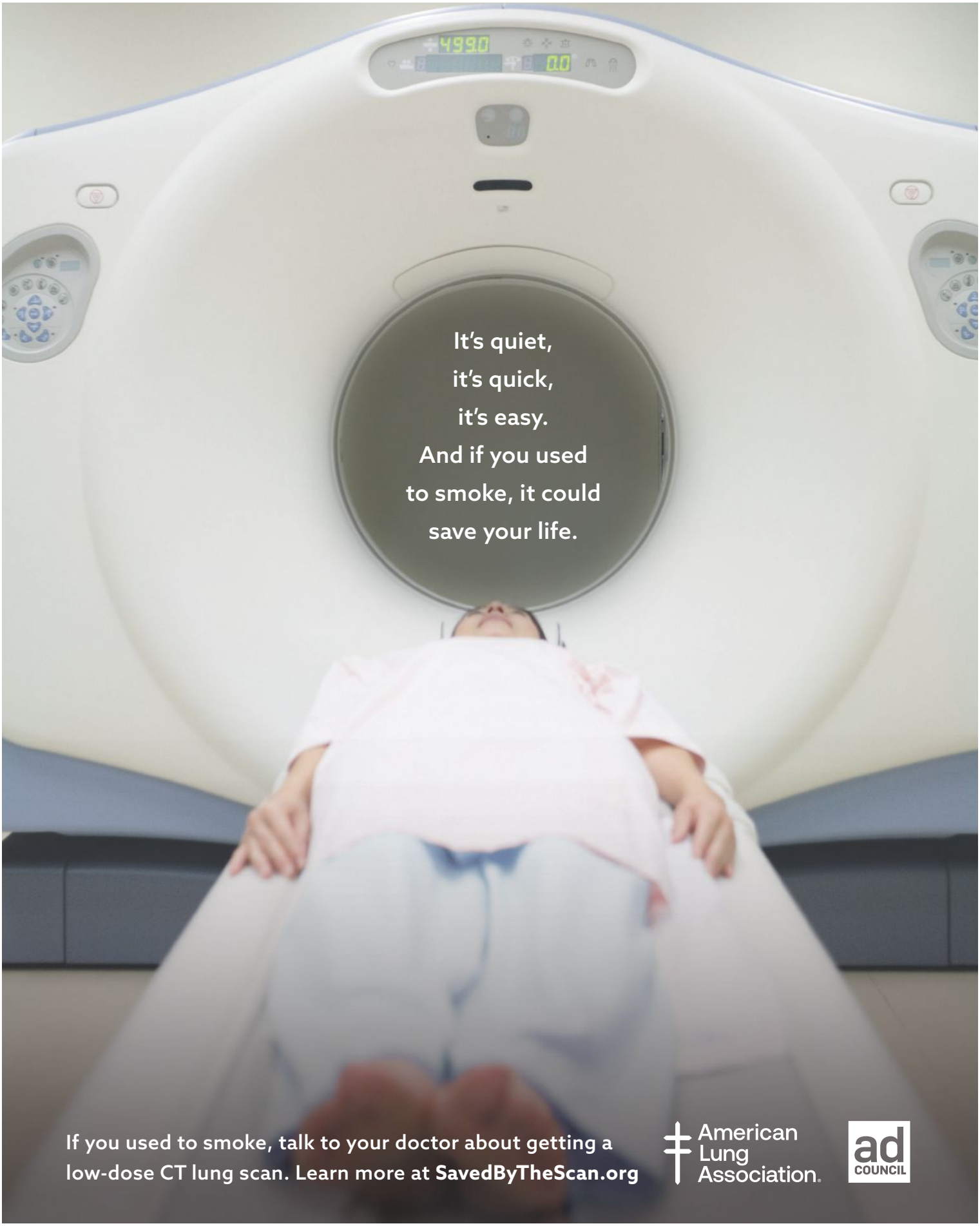
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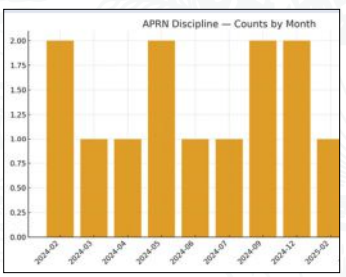

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By OSBN Executive Director ***Rachel Prusak***, MSN, APRN, FNP-C, FAAN

WEST COAST HEALTH ALLIANCE RECOMMENDATIONS

On August 27, 2025, the U.S. Food and Drug Administration (FDA) limited the approval of updated COVID-19 vaccines to individuals aged 65 and older, as well as those under 65 with underlying medical conditions. Meanwhile, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) had yet to issue recommendations for the updated vaccine.

In response to these challenges, the Governors of Oregon, California, Hawaii, and Washington established the West Coast Health Alliance (WCHA). This alliance aims to provide a unified regional response to concerns about the credibility and scientific integrity of the CDC under its current leadership. The WCHA is committed to safeguarding scientific expertise and ensuring equitable access to vaccines, while leading with clarity, evidence, and care. Their goal is to ensure that individuals and families are well-informed about their options and can access the protection they need.

During the first week of September, Oregon Health Authority at the direction of the governor collaborated with the Oregon State Board of Nursing (OSBN), the Oregon Medical Board (OMB), and the Oregon Board of Pharmacy (OBOP) to address Oregon rules and regulations to acknowledge the ongoing concerns among healthcare providers regarding the lack of clear federal guidelines. In Oregon, ACIP recommendations have historically served as the basis for protocols that enable pharmacists to administer vaccines. This situation led to confusion among families, pressure on healthcare providers, under-resourced pharmacies, and increased vulnerability within communities.

On September 10, 2025, the OSBN, OMB, and OBOP acknowledged the ongoing concerns among healthcare providers regarding the lack of clear ACIP guidelines for COVID-19 vaccine protocols for the 2025-2026 respiratory season. We communicated with licensees, acknowledging that the absence of comprehensive federal guidance created uncertainty in clinical practice and posed challenges for healthcare providers striving to deliver optimal care to their patients.

While the medical board and the board of nursing did not need to update Oregon Administrative Rules, the board of pharmacy had to meet and adopt rules allowing pharmacists to prescribe and administer COVID-19 vaccines to patients aged seven and older, bringing the process in line with other vaccines already available at pharmacies in Oregon.

On September 17, 2025, The West Coast Health Alliance issued immunization recommendations for the 2025-2026 respiratory virus season informed by trusted national medical organizations, including the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP).

The WCHA believes that all recommended immunizations should

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Mission Statement:

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

Vision Statement:

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DIRECTOR'S MESSAGE

be accessible to the people of our states. Immunization is safe, effective, and the best protection available against respiratory viruses such as COVID-19, influenza, and RSV. Seasonal immunization is also a critical public health tool to reduce serious illness, community transmission, and health care systems strain. The WCHA will continue to evaluate new evidence and recommendations as they become available and is committed to sharing any updated assessments with our communities.

Moving forward, the Oregon State Board of Nursing has ongoing confidence in our nursing professionals to operate in accordance with the WCHA recommendations. All nurse practitioners should feel empowered to prescribe vaccines within their scope of practice and in accordance with WCHA recommendations, and all nurses in Oregon should feel confident in administering vaccines in accordance with WCHA recommendations.

I am grateful for the dedication to patient care and public health shown by Oregon's nursing professionals who have consistently served their communities and prioritized safety and well-being, even amid federal regulatory uncertainty.

All nurses are encouraged to review the WCHA recommendations and use their professional and clinical judgment when providing vaccines to patients. For up-to-date information, nurses, nurse practitioners, and the public can visit: Oregon State Board of Nursing : Vaccine Guidance : State of Oregon.

Additional Information:

Governor Kotek Makes Access to Safe, Effective Vaccines Possible in Oregon Ahead of Respiratory Virus Season

Consensus WCHA 2025-26 Respiratory Virus Season Immunization Recommendations

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DESPITE SIGNS OF RECOVERY, NEW NURSING WORKFORCE RESEARCH REVEALS UNCERTAIN FUTURE

The 2024 National Nursing Workforce Study tells a complicated story. While not as dramatic as the results of the 2022 research that predicted a loss of almost a million nurses, the current study reveals some positive strides toward recovery and a more stable workforce, but also points to the persistence of longstanding systemic issues and general malaise across all segments of the nursing workforce. The threat of workforce shortages, understaffing and nurse discontent remain.

The research was gathered as part of a biennial nursing workforce study conducted by NCSBN and the National Forum of State Nursing Workforce Centers. As the largest and most comprehensive research study of the nursing workforce, this research reveals data which have wide ranging impact on the health care system as a whole and for patient populations, now and in the immediate future.

Few would argue that nurses are the backbone of the health care system. Their work is irreplaceable in advocating for their patients, keeping the nation healthy and leading at the forefront of innovation. Diving deep into the statistics of a research study, it is easy to forget that among each demographic reported, response provided, or sentiment expressed are the voices of more than 800,000 nurses. Whether they are standing at the bedside, making a home health visit, attending to schoolchildren, caring for those in long-term care facilities, serving as a nurse administrator or educating the next generation of nurses, each "statistic" represents a person — dedicated to their patients, but wanting their own needs and challenges acknowledged, counted, and solved.

The facts emerging from the research are straightforward. While the intensity of the COVID-19 pandemic has faded, the inherent issues of stress, burnout, understaffing and violence, while lessened, still remain an omnipresent part of the health care culture.

The Good News

The study does reveal some encouraging advances for the profession, not the least of which is that the nursing workforce is at the highest educational level ever documented by NCSBN. More than 73% of registered nurses (RNs) hold a baccalaureate degree or higher.

Employment levels remain high, with 87.7% of RN licensees and 70.6% of licensed practical/ vocational nursing (LPN/VN) licensees now actively employed in nursing. Median pretax annual earnings for both RNs and LPNs have increased by 10–16%, likely driven by inflation and rising demand for health care services.

The workforce is also becoming more racially diverse, although progress varies across racial and ethnic groups. One of the most notable trends from the 2024 National Nursing Workforce Survey is the continued growth in Latino/Hispanic representation. In 2015, just 3.6% of RNs identified as Hispanic or Latino; in 2024, that number has doubled to 7.2% — a steady climb over the past decade. The percentage of Black/ African American RNs increased from 6.3% in 2022 to 8.6% in 2024, and Asian representation rose slightly from 7.4% to 7.9%. The share of RNs identifying as more than one race or "other" has also slightly increased. White/Caucasian nurses remain the majority at 76.6%, and individuals of color and men continue to be underrepresented.

A Complex Portrait

More good news emerging from the study was the revelation that a number of more experienced nurses who left the profession during the COVID-19 pandemic have returned to the field, although this fact may be at the tip of a double-edged sword. The survey found that the median age of RNs was 50 in 2024, increasing from a median age of 46 in 2022. Their return

may be of assistance to newly licensed and early career nurses because they can provide vital mentorship to less experienced nurses.

In the past, a typical hospital unit had a blend of veterans with years — sometimes even decades — of experience, alongside newer nurses learning from their seasoned wisdom. That balance faded during the peak of the pandemic when mentors retired early or moved away from bedside care, leaving a vacuum that the newly licensed nurses alone couldn't fill. This void placed an enormous burden on early-career nurses before they had the chance to "get their feet under them" in a professional environment. When older and more experienced nurses leave the profession, it is not merely individuals making personal choices; it is about the erosion of a vital ecosystem of experience within clinical settings, especially hospitals. In their absence, early-career nurses face a steeper, more isolating learning curve, leading to potentially higher attrition rates for these nurses as well.

NCSBN Research Director Brendan Martin, PhD, cautions, "How significant is that rebound in experienced nurses beyond just numbers? While I think overall a net gain in practicing qualified nurses is a benefit to patient safety and improved outcomes, only time will tell how durable this trend is. We have to ask whether these nurses will stay long enough to have a sustained impact."

Martin continues, "The other part of the equation is determining where these more seasoned nurses are now practicing. In general, the number of nurses in direct care across all age demographics is declining. How many of these returning nurses actually came back to the bedside, or did they opt for reduced stress and less physically demanding positions?"

While I think overall a net gain in practicing qualified nurses is a benefit to patient safety and improved outcomes, only time will tell how durable this trend is. We have to ask whether these nurses will stay long enough to have a sustained impact. — Brendan Martin

Another optimistic trend found in the results is the fact that stress and burnout rates have moderated from extreme levels recorded during the height of the pandemic. The proportion of RNs reporting they feel burned out from work either every day or a few times per week decreased from 45.2% in 2022 to 35.4% in 2024. Likewise, in 2024, 21.0% of LPNs/ LVNs reported that they felt burned out from work every day, which is a decrease from 25.3% in 2022.

While these results indicate a trend in a more positive direction, it is important to note that the health care ecosystem is still plagued by short staffing and the accompanying high workloads that predate the pandemic.

The 2022 study discovered an intent to leave the workforce by approximately 900,000, or almost one-fifth of the nation's 4.5 million total RNs. The 2024 study also revealed a large proportion of RNs (40%) and LPN/LVNs (41%) reporting an intent to leave the profession in the next five years. In the two years between the 2022 and 2024 studies, 138,000 nurses left the profession and another 469,000 opted to retire.

While the intensity of the COVID-19 pandemic has faded, the inherent issues of stress, burnout, understaffing and violence, while lessened, still remain an omnipresent part of the health care culture.

Stress, burnout, workload, understaffing, inadequate salary, and workplace violence were cited as reasons for intending to leave the profession. Retirement was also included in that list. Even as circumstances have moderated, the unaddressed and unresolved issues pervasive in the health care system are driving nurses from the profession.

A more detailed examination of those who indicate an intention to leave finds that for those nurses under age 55, across all age ranges, the number is almost universally about 20% of each stratified age group total. This accounts for nearly 1 in 5 nurses who plan to leave nursing in the next five years without reported plans to retire.

While burnout and intent to leave are now fairly consistent across age groups, younger nurses are far more likely to cite salary dissatisfaction as a key motivator for exiting the profession. Martin comments, "For them, pay isn't just about making ends meet it is also a signal of respect and recognition."

The rise in the median age for nurses is a good news/bad news scenario. The U.S. population is aging with longer life expectancy than in the past, however advanced age goes hand in hand with greater acuity of illnesses and the need for skilled care. The need for nurses at all levels will increase but there is debate whether there will be enough nurses to care for those who need them. Regardless of if there are actual shortages of nurses or simply a maldistribution of nurses where they are most needed, there is disagreement whether we have enough nurses entering and remaining in the field to balance the continuing high numbers of those who retire or leave prematurely.

Nurses are not immune to the afflictions affecting all individuals as they age. Because nursing is such a physically

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demanding profession, a nurse's own health history may necessitate retirement when someone is no longer able to safely and effectively perform the duties of a bedside nurse. While some may opt to remain in the profession in some other capacity such as the opportunities now offered by virtual nursing, others may consider retirement from the profession entirely. What also cannot be discounted is the "silver tsunami," an era of significant demographic and societal change whereby the youngest cohort of the baby boomer generation turns 65 by 2030.

Another area of concern is the fact that the proportion of RNs who identified "hospital" as their primary workplace setting is at the lowest level NCSBN has tracked since 2015. While hospitals are still the setting where most RNs are employed, the trend indicates an employment shift away from the acute care environment, which may be the setting of greatest need in the years ahead.

Retention as a Key to Workforce Sustainability

Examined on a surface level, it appears that the entry of new nurses into the field remains robust. Hundreds of thousands of individuals pass the NCLEX® exam each year, the majority of whom enter the profession. If, however, you take a deeper look at the numbers, a troubling trend emerges. Retention is often not keeping pace with recruitment. If we rely solely on new nurses to fill the ranks, the profession risks a significant net loss in the years ahead. Martin asserts, "If we don't retain nurses, the influx of new nurses alone will never be enough."

While many hospital systems and other health care facilities did institute programs aimed at nurse retention (see In Focus volume 3, 2024) such as mental health services, alternative staffing models, flexible schedules and the use of artificial intelligence (AI) and virtual nursing, many experts believe that the longterm solution lies in in a shift from reactive to proactive policy. True sustainability requires a system where nurses don't just survive the early years of their careers but thrive in them and ultimately become mentors to those who follow them into the profession.

> *" 40% indicate an intent to leave the workforce by 2029. That's potentially 1.6 million total nurses. While I think overall a net gain in practicing qualified nurses is a benefit to patient safety and improved outcomes, only time will tell how durable this trend is. We have to ask whether these nurses will stay long enough to have a sustained impact. "*
> *— Brendan Martin*

Generational differences are also affecting the recruitment and retention of younger nurses. Gen Z and millennials are dedicated nurses but are more outspoken in demanding flexibility, safety and respect. If their concerns are not addressed, many may leave the hospital setting for outpatient clinics, elective care, or even pursue advanced practice nursing (APRN) roles—often leaving bedside care behind. Data show that those leaving to become APRNs are doing so much earlier in their RN career than what occurred a decade ago. While the need for advanced practice nurses is also increasing, the exodus from the bedside has the potential to become increasingly significant.

Seizing the Moment

The profession stands at a landmark moment in time with the next few years defining nursing's trajectory for decades to come. While challenges are deep and complex, solutions are tangible and within reach.

"Many of the factors that influence a nurse's decision to leave the profession,

like salary, understaffing, workplace violence and bullying, are not unsolvable problems," Martin says. "They're practical, fixable and overdue for reform."

NCSBN CEO Phil Dickison, PhD, RN, says, "Unless we as health leaders across all disciplines, regulation, practice and education, act intentionally and systemically, we will be unable to solve these issues, but if we work together on innovative solutions, we can evolve the health care system into one that uplifts nurses and increases the safety and quality of care for patients."

Moving Forward with More Research

NCSBN's unique and vital research will again be conducted in 2026. The next iteration of its study may be pivotal in workforce research determining whether trends identified over the last several cycles continue.

Many factors external to nursing may come into play, including economic uncertainty driven by inflation, market instability and retirement fund concerns delaying some nurses' retirement, keeping experienced practitioners in the workforce longer. Policy decisions at the state and national level could make an impact.

> *"While hospitals are still the setting where most RNs are employed, the trend indicates an employment shift away from the acute care environment, which may be the setting of greatest need in the years ahead... If we don't retain nurses, the influx of new nurses alone will never be enough."*
> *— Brendan Martin*

With each study, NCSBN strives to delve deeper and uncover data that is invaluable to workforce planning. Martin notes, "In addition to the data we have always collected, the 2026 National Nursing Workforce Survey will probe these trends further looking not just at why nurses leave, but how they navigate temporary breaks or career shifts within nursing. It will explore the evolving expectations around work-life balance, compensation, and the desire for more meaningful and sustainable practice environments."

In today's turbulent health care environment, nurses don't see themselves as just caretakers; their identities are complex. They view their role in a complicated ecosystem in multiple ways, as advocates, leaders, innovators, teachers, mentors, peacemakers and often as survivors of an exhausting system unsupportive of their needs. Understanding this multifaceted identity and dealing with ongoing challenges is imperative to solving the challenges facing the nursing workforce.

By OSBN Nursing Practice & Evaluation Policy Analyst ***Gretchen Koch,*** MSN, RN

INDIVIDUAL SCOPE OF PRACTICE

"What is my scope?" When this question is posed to Oregon State Board of Nursing (OSBN) staff by RNs and LPNs, the nurse is readily directed to the Chapter 851 Oregon Administrative Rule (OAR) Division 45 scope in the practice of nursing standards: 851-045-0050 for the LPN, and 851-045-0060 for the RN.

Those familiar with Division 45 of the Nurse Practice Act (NPA) know these cited standards identify both the degree of independence in the practice of nursing granted for the two separate license types and the singular and connected actions which demonstrate the practice.

However, direction does not end there.

This is because in most instances, what the licensee really wants to know is whether their license allows them to perform a specific activity, a certain intervention, or a different practice role.

When this is the underlying question, OSBN staff response is: It depends. It depends because the NPA does not expressly authorize, nor expressly prohibit, the performance of any specific activity, intervention, or role, by all nurses.

So how is a nurse to know? Such knowledge is gained through a nurse's application of OAR 851-045-0065(2) individual scope of practice standards.

Individual Scope of Practice Standards

First, what is individual scope of practice? OAR 851-006 of the NPA defines the term to mean "…an individual nurse's known set of activities, interventions, and roles, occurring within their practice of nursing for which they possess the competencies necessary to perform safely in their context of care."

A nurse's knowledge of, and practice within, the boundaries of their individual scope of practice is critical for the protection of people to whom they provide nursing services and the public.

Nurse responsibilities established under the individual scope of practice standards are two-fold. First, the standards establish that a nurse must only accept an assignment that the nurse knows is within their individual scope of practice. The standards also specify a nurse may not perform an activity, intervention, or role until they have determined it to be within their individual scope of practice.

Second, the standards set forth eight specific criteria that, when a nurse determines all are met, establishes the activity, intervention, or role in question as within the nurse's individual scope of practice. This means that if any single criterion is not met, the activity, intervention, or role is not within the nurse's individual scope of practice.

The Criteria:

- The activity, intervention, or role is not prohibited by Oregon's NPA or any other applicable law, rule, regulation, or accreditation standard.
- Performing the activity, intervention, or role, is consistent with professional nursing standards, evidence-based nursing, and other health care literature.
- The practice setting has policies and procedures in place to support the licensee's performance of the activity, intervention, or role.
- The licensee has completed the education necessary to safely perform the activity, intervention, or role.
- The licensee has documented evidence of their current competence to safely perform the activity, intervention, or role.
- The licensee has the appropriate resources to perform the activity, intervention, or role in the practice setting.
- A reasonable and prudent nurse would perform the activity, intervention, or role in this setting.
- The licensee is prepared to accept accountability for the activity, intervention, or role, and any related outcomes.

Again, it is only when a nurse determines all criteria are met that the activity, intervention, or role in question is within the

nurse's individual scope of practice.

Nurses who need assistance in application of the criteria should reach out to their employer's education department and/or nursing administration or management.

The Citeria are Not New

Most nurses will recognize these criteria as those published in the Board's Scope of Practice Decision-Making-Framework Interpretive Statement. The interpretive statement still exists, with the criteria now codified in OAR 851-045, as of July 1, 2024. The interpretive statement serves as a helpful tool for use by employers, stakeholders, and interested parties, to identify the multiple factors that allow for nurses to engage in specific activities, interventions, or roles; factors such as it's not illegal, it's consistent with nursing science and professional standards, it's supported by policies of the setting, the individual nurse has the education and competencies necessary, etc.

In Conclusion

Adherence to the NPA's individual scope of practice standards is a responsibility of all OSBN license owners and essential for the protection of people in Oregon receiving nursing services and the public. The NPA inclusive of all OARs is accessible from the Boards website at www.oregon.gov/osbn.

By OSBN Nursing Evaluation Policy Analyst ***Laura Blackhurst***, MSN, RN, CNL

UPDATES TO THE STANDARDS FOR APPROVAL OF NURSING EDUCATION PROGRAMS

Educational program standards for all levels of nursing education are now located in Division 21 of the Nurse Practice Act, thanks to rule changes adopted by the Oregon State Board of Nursing during the June 26, 2025, board meeting. Division 51, which dealt with APRN educational program standards, was repealed effective July 1.

Background

Prior to this update, Division 21 of the Nurse Practice Act established the standards for approval of nursing education programs at the practical nursing (PN) and registered nursing (RN) level. Division 51 established standards for advanced practice registered nursing programs (APRN), inclusive of nurse practitioners, certified registered nurse anesthetist, clinical nurse specialist, and certified nurse midwife education. In Oregon, all current APRN education programs were located at institutions which also have RN programs, meaning these institutions were required to follow two different sets of Oregon Administrative Rules (OARs).

The OARs in Division 21 have been under review since 2023. In spring 2024, Board staff began a renewed focus on the OARs, guided by four primary goals:

1. Aligning Oregon with national and regional regulatory trends
2. Removing unnecessary barriers for nursing education programs
3. Simplifying regulatory standards by developing one set of OARs for academic institutions
4. Increasing the accessibility of the Nurse Practice Act.

Using data and evidence to inform the OARs, while ensuring public protection is upheld, Board staff developed an updated draft of Division 21. This draft included standards for APRN programs, with Division 51 planned for repeal, unifying all education program standards into one set of OARs.

Multiple meetings were held with the Division 21 Rule Advisory Committee to gather feedback on the proposed rule changes. Ultimately, the Board was presented the third and final draft of Division 21 for their consideration and approval.

Summary of Changes

In addition to condensing all nursing education standards into one division, the biggest changes to the standards for approval include:

- Simplified new program approval process.
- Requirement of national nursing accreditation for programs.
- Removal of barriers around reporting and approvals.
- Updated nursing faculty and administrator qualifications.
- Greater flexibility around clinical experiences.
- Updated NCLEX standards.

Overview of Division 21

The following is a breakdown of key changes to Division 21:

851-021-0010 Establishment and Approval of a New Nursing Education Program

- This process has been simplified into three steps, based on recommendations from the National Council of State Boards of Nursing. Removed redundant requirements between steps and removed most limitations on timelines.
- The three approval steps now involve:
  - Step 1: A Preliminary Developmental Application wherein an institution showcases the need for a new

nursing program and the resources to support that program development.
  - Step 2: An Initial Approval for Admission of Students, where the program showcases their developed curriculum, faculty, physical resources, and clinical resources prior to accepting students.
  - Step 3: Full Approval. This step occurs after this new program has graduated their first cohort of students and gives a Board an opportunity to evaluate the quality and safety of the program once operating.
- Note: These rules apply to nursing education programs which physically establish a presence in Oregon.

851-021-0012 Accreditation Requirements of Nursing Education Programs

- Requires all nursing education programs to obtain national nursing accreditation.
- Currently approved programs must obtain national nursing accreditation within four years, by July 1, 2029. Any future new program will have four years following their full approval.
- Establishes the documentation and reporting standards surrounding accreditation.

851-021-0015 Continuing Board Approval of Nursing Education Programs

- Reorganized to start with routine procedures for continuing approval first.
- Simplified the survey process and aligned with the requirements of accreditation.
- When the Board can authorize a survey, including the timeframe and expectations and expectations around a survey.
- Incorporated information on the deficiency process for any program that may not meet a standard for approval.

851-021-0025 Reports and Approvals

- Reorganized to start with routine procedures.
- The rules outline what program changes the Board needs to be notified of, as well as outlining the changes that require Board approval.
- New processes surrounding programs that are opening new education tracks and innovative education approaches, allowing programs more flexibility with their educational offerings.
- Exceptions process for approval of faculty and administrator.

851-021-0035 Closing of an Approved Nursing Education Program

- Simplified expectations around closing an approved nursing program.
- Aligned with standards prescribed by the Oregon Higher Education Coordinating Commission regarding education institution closure.

851-021-0040 Nursing Education Program Organization and Administration

- Updated the responsibilities of the nurse administrator.
- Removed the requirement that the nurse administrator be Board approved, although they must still meet the qualifications for the role as established in rule.
- Updated requirements for records retention.

851-021-0045 Nursing Faculty

- Updated faculty qualifications to align with regional and national trends. Removed specific limitations around number of years of full-time direct care practice experience.
- Standards for APRN program faculty are now included in this rule.
- Clarified expectations around faculty professional development, and programs support of faculty in obtaining and ensuring ongoing development occurs.
- Added flexibility on faculty to student ratios in certain clinical placements with new language around student supervision.

851-021-0050 Curriculum

- Minor changes to the overall curriculum requirements, newly relocated the APRN education program standards.
- Updated terminology to refer to the clinical component, while reaffirming clinical may occur in any setting impacting a health outcome.
- Removed requirements of 1:1 practicum, redundancies in simulation rules.
- Raised simulation limit to 50% of clinical component.

851-021-0051 Exception Request for Clinical Experiences due to Unforeseen Circumstances

- Provides nursing programs flexibility when unforeseen extraordinary circumstances occur, which might otherwise affect student progression or even delay graduation. Examples of extraordinary circumstances include work stoppages, natural disasters, and pandemics.
- This rule does not apply to routine and foreseeable challenges in locating clinical placements.
- Programs may submit, and have approved by Board staff, alternate plans for student learning.

851-021-0055 Program Responsibilities to Students

- Outlined information that must be provided to student applicants.
- Standards for students while in the program more clearly

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reference the Oregon Health Authority requirements for students in clinical experiences, and the necessary support services of the program.
- Programs are now required to have a documented process for remediation of clinical incidents.
- Removed language placing onus on programs to share Board limits on eligibility.

851-021-0065 Facilities and Resources

- Minor changes to clarify language.
- Information regarding clinical nurses and preceptors was removed.

851-021-0070 Outcomes and Evaluation

- Simplified requirements around the programs systematic plan of evaluation.
- Relocated NCLEX standards to this rule, as NCLEX pass rates are a component of a nursing programs overall outcomes and evaluation.
- Updated pass rate standards primarily speak to non-accredited programs. Accredited programs must meet their accreditors' standard.
- For non-accredited programs there are more paths to meet the pass rate standard via the first-time pass rates or total pass rate of program graduates over a 12- or 36-month period.
- First-time NCLEX pass rates standard was raised to 80%.

851-021-0090 Standards for Out-of-State Pre-licensure Programs Offering Educational Experiences in Oregon

- Realigned this rule with the scope of our authority. The Board must be notified of clinical placements in Oregon, but this no longer requires approval. Other regulatory processes for higher education still apply.
- Removed redundant information regarding programs located in Oregon, as this rule is meant for out-of-state programs.

In conclusion, the updated Division 21 OARs are intended to reduce barriers for nursing education programs while ensuring high standards for quality in education. The use of clarified and simplified language is designed to make the Nurse Practice Act more accessible to the public while also aligning Oregon with national nursing regulatory trends.

DID YOU KNOW?

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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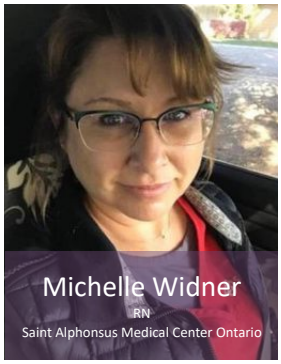
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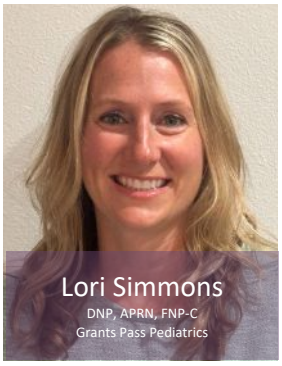
BSN, RN, Certified Preceptor
St. Charles Medical Center

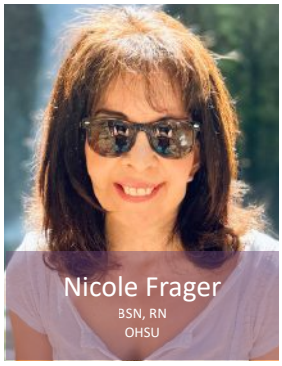

Jennifer Rhodes
RN
Legacy Good Samaritan


Capella Lapham
DNP, FNP
Coastal Healthcare & OHSU SON


Lori Simmons
DNP, APRN, FNP-C
Grants Pass Pediatrics

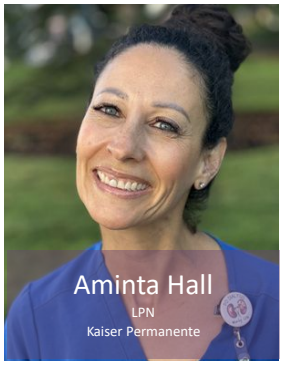

Joe Brinkman
MSN, RN, CNOR
Peace Harbor Hospital

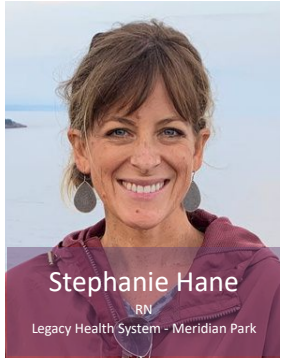

Chelsea Michielsen
DNP, FNP
Bridgeport Family Medicine

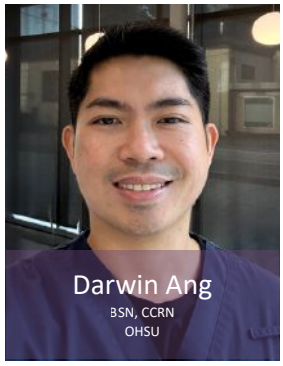

Nicole Frager
BSN, RN
OHSU


Stephanie Merritt
BSN, RN
Bay Area Hospital


Zane Smith-Lundy
BSN, RN, CEN
OHSU SON & Grande Ronde Hospital


Aminta Hall
LPN
Kaiser Permanente


Stephanie Hane
RN
Legacy Health System - Meridian Park


Darwin Ang
BSN, CCRN
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Kyle Anderson
LPN
Oregon State Hospital


Kate Panum
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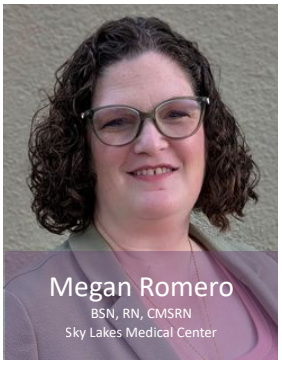
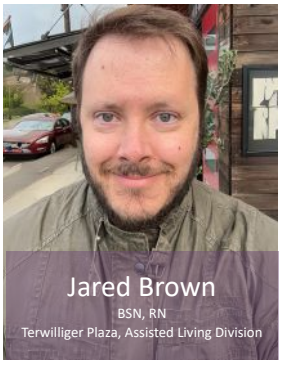
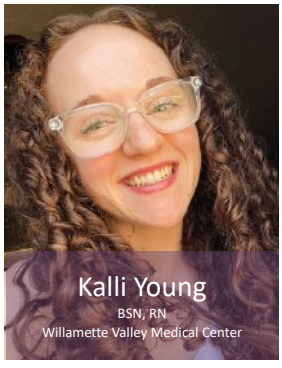
PeaceHealth Riverbend


Megan Romero
BSN, RN, CMSRN
Sky Lakes Medical Center


Jared Brown
BSN, RN
Terwilliger Plaza, Assisted Living Division


Kalli Young
BSN, RN
Willamette Valley Medical Center

Scan to learn more about the Outstanding Nurse Preceptor Awards

By OSBN Advanced Practice Policy Analyst ***Sarah Wickenhagen***, DNP, APRN, FNP-C

APRN DISCIPLINE IN OREGON: LESSONS IN A NATIONAL CONTEXT

Imagine a healthcare landscape where the highest standards of practice are upheld, yet even the most skilled professionals occasionally face challenges that test their boundaries and decision-making. Between January 2024 and June 2025, the Oregon State Board of Nursing issued a small number of disciplinary actions against Advanced Practice Registered Nurses (APRNs). While these cases highlight important lessons in prescribing, documentation, and professional boundaries, they represent a very small fraction of the APRN workforce.

To place Oregon's data in context, it is useful to compare it to national patterns. Across the United States, annual nurse discipline affects less than one percent of active licenses, and boards of Nursing consistently report the same themes: prescribing/medication management issues, boundary violations, and scope alignment concerns. Disciplinary actions are reported through Nursys®, the National Council of State Boards of Nursing's licensure and discipline database, and the National Practitioner Data Bank (NPDB), ensuring transparency across states.

This article reviews Oregon's recent APRN discipline cases and situates them against current workforce counts. The number of complaints resulting in discipline remains small relative to the NP workforce and the broader APRN population (NP+CRNA+CNS). Additionally, this article identifies common themes and compares them with national data to provide a broader perspective on risk, accountability, and public protection.

The following table summarizes the disciplinary actions taken against APRNs licensed in Oregon between January 2024 and June 2025.

Summary of Disciplinary Actions (Jan 2024 – Jun 2025)

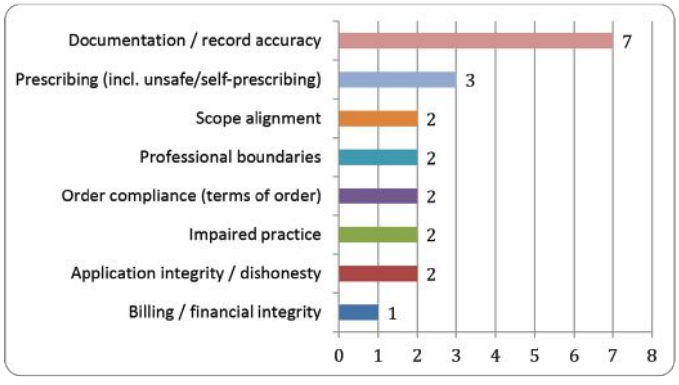
Date	Role	Violation Summary	Outcome
Feb 2024	PMHNP	Failed to document interventions in a timely manner; failed to conform to essential standards	24-month probation
Feb 2024	FNP	Self-prescribing medications; inaccurate documentation; failure to conform to essential standards	12-month probation
Mar 2024	WHCNP	Improper billing; incidents of dishonesty; failure to report felony arrest	Voluntary surrender
Apr 2024	PMHNP	Failure to provide documents; failed to conform to essential standards	Voluntary surrender
May 2024	CRNA	Violation of terms of Board order	Voluntary surrender
May 2024	PMHNP	Failure to maintain professional boundaries; failed to conform to essential standards	Reprimand
Jun 2024	FNP	Practicing beyond scope	Reprimand
Jul 2024	ACNP	Boundary issue; documentation concerns	12-month probation
Sep 2024	FNP	Failed to answer application questions truthfully	Denied license
Sep 2024	PMHNP	Probation while impaired	Probation
Dec 2024	FNP	Failed to document data pertinent to care; failed to conform to essential standards	Reprimand
Dec 2024	FNP	Privacy/confidentiality breach	Reprimand
Feb 2025	FNP	Prescribing/documentation error	12-month probation
Apr 2025	PMHNP	Practicing nursing while impaired	24-month probation
Jun 2025	FNP	Practicing beyond scope; unsafe prescribing; inadequate assessment/documentation	Reprimand
Jun 2025	FNP	Professional boundary violation with client	Reprimand

Role-Specific Rates

Role	Cases	Workforce count	Rate
FNP	8	5,702	0.14%
PMHNP	5	2,435	0.21%
ACNP (legacy: Acute only)	1	96	1.04%
ACNP (Acute + AGACNP)	1	509	0.20%
WHCNP	1	182	0.55%
Pediatrics (Peds + Peds AC + Peds PC)	0	267	0.00%
Adult/AG Primary Care (Adult + AGPC + Geriatric)	0	815	0.00%
Nurse Midwife (CNM)	0	480	0.00%
CRNA	1	1,103	0.09%
CNS	0	122	0.00%

Themes & Consistencies

The following themes recur across cases (counts reflect mentions in violation summaries):



National Comparison — APRN Discipline (Jan 2024 – Jun 2025)

Metric	Value
NP-only rate	15 cases / 10,482 NPs = 0.14%
APRN (NP+CRNA+CNS) rate	16 cases / 11,707 APRNs = 0.14%
Role rates — FNP	8 / 5,702 = 0.14%
Role rates — PMHNP	5 / 2,435 = 0.21%
Role rates — ACNP (legacy Acute)	1 / 96 = 1.04%
Role rates — ACNP (Acute + AGACNP)	1 / 509 = 0.20%
Role rates — WHCNP	1 / 182 = 0.55%
Role rates — Pediatrics (combined)	0 / 267 = 0.00%
Role rates — Adult/AG Primary Care (combined)	0 / 815 = 0.00%
Role rates — CRNA	1 / 1,103 = 0.09%
Role rates — CNS	0 / 122 = 0.00%

Indicative national benchmark: NP adverse actions around ~0.18% annually (varies by definition/timeframe).

Oregon's observed NP-only discipline rate over this period is 0.14% (15 cases across 10,482 NPs), and the broader APRN rate (NP + CRNA + CNS) is 0.14% (16 cases across 11,707 APRNs). These figures are small in absolute terms and fall within—if not slightly below—national benchmarks that place annual NP adverse-action rates on the order of a few tenths of a percent.

Within the Oregon data, FNPs appear most often in cases because they represent the largest segment of the NP workforce; role-specific rates remain low across categories (e.g., FNP ≈ 0.14%, PMHNP ≈ 0.21%, ACNP ≈ 0.20% using the combined Acute + AGACNP denominator). Themes are consistent with national patterns—prescribing/documentation, scope alignment, professional boundaries, impaired practice, and application integrity—suggesting that standards-based practice, early consultation, and robust documentation remain the most effective safeguards.

Method & Caveats

Inclusion of Initial License Denials: Including initial license denials in the analysis is crucial because it provides a comprehensive view of the regulatory landscape. This inclusion ensures that the data encompasses not only disciplinary actions but also the instances where licenses were denied at the outset.

This broader perspective helps in understanding the full scope of regulatory actions and their impact on the APRN workforce. By accounting for initial license denials, the analysis can more accurately reflect the challenges and issues faced by APRNs from the very beginning of their professional journey[1].

Variability in National Benchmarks: National benchmarks can vary significantly due to differences in definitions and reporting windows. For example, the term "adverse action" might be defined differently across various states, with some including minor infractions while others only count severe violations.

Similarly, the reporting window can vary, with some states reporting data annually, while others might use a bi-annual or quarterly reporting period. These variations can lead to discrepancies in the data, making it essential to understand the context and definitions used in different reports to accurately interpret the data[2].

Impact of Small Numerators: Small numerators in Oregon can cause year-to-year percentage shifts to appear large, which can be misleading. Therefore, it is essential to view trends over multiple periods to avoid misinterpretation of short-term fluctuations. Long-term trends provide a more stable and accurate picture of the regulatory landscape, helping to identify consistent patterns and issues that might not be apparent in short-term data[3].

continued on page 20 >>

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The National Practitioner Data Bank (NPDB) Data Analysis Tool is a valuable resource for obtaining precise national comparators. This tool allows users to pull counts using identical definitions and time windows, ensuring that the data is comparable and reliable. By dividing these counts by the current workforce, users can obtain accurate national comparisons. This method helps in providing a clear and consistent benchmark for evaluating disciplinary actions and understanding their impact on the APRN workforce[4].

Practice Takeaways

- **Prescribing**: avoid self-prescribing; document indications/monitoring; reconcile controlled substances consistently.
  Example: Ensure that all prescriptions are documented accurately and include the rationale for the prescribed medication. For instance, if an APRN prescribes a controlled substance, they should clearly document the patient's diagnosis, treatment plan, and follow-up schedule to avoid any discrepancies.
- **Documentation:** chart contemporaneously; capture interventions/rationale; issue corrective addenda when needed; avoid copy-forward artifacts.
  Example: Maintain thorough and up-to-date patient records. This includes documenting patient interactions, treatment plans, and any changes in the patient's condition. For example, if a patient reports a new symptom, the APRN should document the symptom, any advice given, and the follow-up actions taken.
- **Scope:** align services with education/certification and Oregon scope; consult when at edges of population focus or setting.
  Example: Adhere strictly to the defined scope of practice. APRNs should avoid performing procedures or making clinical decisions that are outside their authorized scope. For instance, if an APRN is not certified to perform a particular procedure, they should refer the patient to a qualified specialist.
- **Boundaries:** deploy chaperones/policies; seek peer input early if relationships blur or communications drift outside norms.
  Example: Maintain clear professional boundaries with patients. This includes avoiding dual relationships that could impair professional judgment or increase the risk of exploitation. For example, an APRN should not treat close friends or family members to prevent conflicts of interest.
- **Impairment:** follow employer/OSBN protocols promptly; consider non-punitive pathways early when appropriate.
  Example: Address any issues of impairment promptly and seek appropriate support. APRNs should be aware of the signs of impairment, such as substance abuse or mental health issues, and take steps to address them. For instance, if an APRN notices signs of burnout, they should seek professional help and consider taking a break to recover.
- **Application integrity:** answer completely and truthfully; disclose convictions or discipline; correct omissions promptly in writing.
  Example: Ensure the accuracy and honesty of all information provided in licensure and employment applications. APRNs should double-check their applications for any errors or omissions. For example, if an APRN has a past disciplinary action, they should disclose it accurately in their application rather than omitting it.

Figures

Figure 1. Outcomes distribution

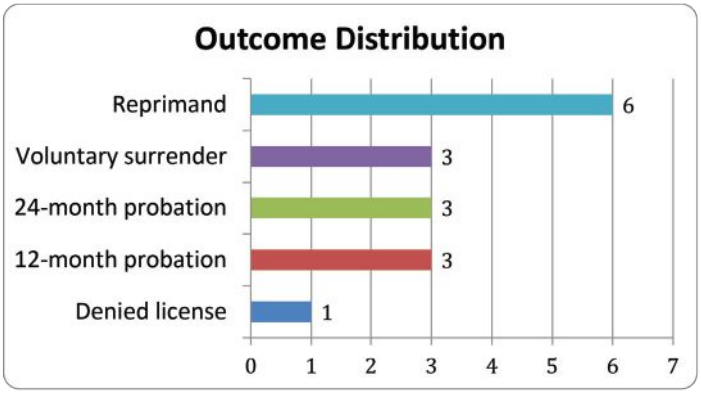
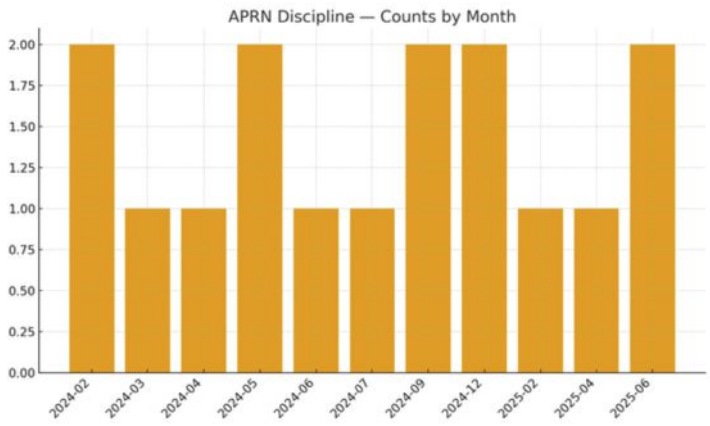


Figure 2. Roles distribution

Figure 3. Counts by month



Conclusion

The review of Oregon's APRN disciplinary actions between January 2024 and June 2025, viewed alongside national trends, shows remarkable consistency:

- Prescribing unsafely, to themselves, or family members
- Documentation issues
- Professional boundaries
- Scope alignment

These remain the most common themes across states. Yet the actual number of cases in Oregon is strikingly low. With only a handful of APRNs disciplined out of thousands actively practicing, the data underscores that Oregon's APRNs overwhelmingly provide safe, ethical, and evidence-based care. In fact, the rarity of discipline—whether compared within the state or nationally—speaks to the strength of advanced nursing education, licensure standards, and the professionalism of APRNs in Oregon.

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By OSBN Communications Manager ***Barbara Holtry***

NPA MODERNIZATION CHANGES PROPOSED FOR 2026

During the upcoming November board meeting, the Oregon State Board of Nursing (OSBN) will consider the adoption of rule changes to better align the Nurse Practice Act (NPA) with current practice standards, improve customer service, and eliminate unnecessary regulatory barriers. The proposed changes span 11 divisions of the NPA and would benefit all licensees, certificate-holders, and applicants.

Like many statutes, the NPA has evolved incrementally over decades, resulting in a patchwork of statute and rules. Some of these statutes no longer align with or reflect current nursing standards or practices. House Bill (HB) 3044, which passed during the 2025 Regular Legislative Session, was designed to address this need for modernization.

The passage of HB 3044 made necessary statutory changes required for the OSBN to make much-needed administrative rule updates. These proposed changes would affect Oregon Administrative Rule Chapter 851, Divisions 1, 2, 6, 21, 31, 41, 45, 49, 53, 55, and 62.

Following the bill's passage in June 2025, OSBN staff began developing draft rules to implement the required changes. During the September 18, 2025, board meeting, OSBN board members approved the draft rule language to proceed to a public comment period and rule hearing, which was held October 21. Changes that receive final approval at the November board meeting will go into effect January 1, 2026.

For more information about the proposed changes and the public rulemaking process, please review the draft rules located on the OSBN website at www.oregon.gov/osbn/Pages/NPA-Modernization.aspx.

Other Legislation

In addition to HB3044, several other bills passed during the 2025 Legislative Session that affect nursing practice in Oregon. The following is a brief description of some bills that affect licensees, the Board itself, or healthcare in general:

House Bills

- HB 2748 —Prohibits nonhuman entity, including artificial intelligence, from using the following titles: advanced practice registered nurse or APRN; certified registered nurse anesthetist; clinical nurse specialist; nurse; nurse practitioner; medication aide; certified medication aide or CMA; nursing aide; nursing assistant; or certified nursing assistant or CNA.
- HB 2948— Provides that only a registered nurse may supervise a nurse in a school setting with respect to the practice of nursing. Permits a school administrator or other staff member to supervise a school nurse or registered nurse for purposes not related to the practice of nursing.
- HB 3043—Updates the impaired health professional program.
- HB 5023—The 2025-27 OSBN budget bill.

Senate Bills

- SB 476—Requires professional licensing boards to provide culturally responsive training to specified staff members and publish guidance on pathways to professional authorization for internationally educated individuals.
- SB 536—Provides that a licensed physician associate or nurse practitioner may be a medical examiner.
- SB 837—Modifies laws governing the emergency health care provider registry to allow a broader range of volunteer services and allow deployment of volunteers outside of declared emergencies.

To learn more about any of the bills passed during the 2025 Legislative Session, visit the Legislature's website (www.oregonlegislature.gov) or contact your district legislators.

NPA Modernization Timeframe

- June: HB 3044 passed the Oregon legislature and signed into law
- Sept. 18: Board approved drafts of all rule divisions to move forward to rule hearing.
- Public comment period open Sept. 23 – Oct. 21.
- Oct. 21: Rule hearing held.
- Nov. 13: Board vote scheduled to possibly adopt draft rule language during Board Meeting with an effective date of Jan. 1, 2026.

By OSBN Contact Center Supervisor ***Sonja Hultsman***

UNDERSTANDING THE CULTURAL COMPETENCY EDUCATION REQUIREMENT FOR HEALTH PROFESSIONALS

Cultural competency education is a vital licensure requirement not only for nurses and CNAs but all health professionals. Every licensed healthcare provider, including physicians, physician assistants, acupuncturists, podiatrists, chiropractors, naturopaths, psychologists, nurses, CNAs, and others must complete two hours of cultural competency education. This requirement helps ensure that health professionals provide culturally sensitive care while protecting the public, which is essential in today's diverse healthcare environment.

The requirement applies to initial license applications, renewals, and reactivations. Each time you renew your license, you must complete the two-hour education. During renewal, simply checking the box that confirms completion of this requirement is necessary. If you select the box indicating you have not yet completed the training, the licensing board will wait for you to finish the education before issuing your license.

Health professionals have flexibility in choosing how to fulfill this requirement. You are not limited to specific continuing education (CE) providers. You can find courses independently, through your employer, or on the list of approved programs available on the Oregon Health Authority website: https://www.oregon.gov/oha/ei/pages/ccce.aspx. It's important to note that the licensing board itself, including the Oregon State Board of Nursing, does not maintain or approve a list of specific courses or providers.

You don't need to submit proof of completion when you apply or renew your license. However, if you are selected for a licensure audit, you will need to show evidence that you completed the required cultural competency education. Therefore, be sure to keep records of all your completed continuing education courses.

For more information on the cultural competency education requirement, please visit the OSBN website: https://www.oregon.gov/osbn/Pages/Cultural-Competency.aspx.

By OSBN Policy Analysts ***Gretchen Koch***, MSN, RN, ***Laura Blackhurst***, MSN, RN, CNL, and ***Sarah Wickenhagen***, DNP, APRN, FNP-C

YOU ASK, WE ANSWER

Question: When are nursing programs required to meet the updated standards in Division 21?

Answer: The Oregon Administrative Rules in Division 21 became effective July 1, 2025. All standards therein were immediately applicable to nursing education programs. The one exception is attainment of national nursing accreditation for the program, which OAR 851-021-0012 specifies must be obtained by July 1, 2029.

Question: Based on the updated OARs in Division 21, can a clinical faculty directly oversee eight students and an additional four students if they are supervised by someone else in the clinical setting?

Answer: No. Clinical faculty who are responsible for direct supervision of students in a clinical setting may be responsible for up to eight students. They may not supervise additional students beyond this ratio.

Question: Can nurse practitioners admit patients in Oregon without a physician?

Answer: Yes—Nurse Practitioners (NPs) in Oregon can be granted hospital admitting privileges, but whether they are allowed to admit independently or must co-admit with a physician depends on the hospital's internal policies and bylaws. Oregon Revised Statute 441.064 allows hospitals in Oregon to grant privileges to nurse practitioners (NPs) and physician assistants (PAs). These privileges may include admitting patients, but the hospital can decide whether to require NPs or PAs to co-admit with a physician.
Link: https://oregon.public.law/statutes/ors_441.064

ORS 441.064 includes a specific provision for Certified Nurse Midwives (CNMs):

- If a hospital grants them privileges, those must include admitting privileges.
- CNMs cannot be required to co-admit with a physician.

This language was added after successful advocacy efforts to ensure independent practice recognition for CNMs in Oregon.

It's important to note that there is no federal CMS rule that overrides Oregon law regarding who can admit patients. CMS does require that hospitals define who is qualified to admit patients in their governing policies. So, hospitals—not CMS—decide locally who may admit, based on Oregon law and accreditation requirements.

Bottom Line:

Provider Type	Can be Granted Admitting Privileges?	Co-Admit Required?
Nurse Practitioners	Yes, if allowed by hospital bylaws	Only if the hospital requires it
Certified Nurse-Midwives	Yes, must include admitting privileges	No – law says co-admit not required

Question: As an APRN in Oregon, can I store controlled substance samples in my practice?

Answer: Great question! This issue often comes up when prescribers consider how to provide timely care while meeting both state and federal requirements.

The primary regulation of controlled substances, including storage of samples, falls under the federal Controlled Substances Act (CSA) and is enforced by the Drug Enforcement Administration (DEA). If you hold a DEA registration, you are required to comply with DEA rules on how controlled substances must be stored, labeled, secured, and documented.

The Oregon Nurse Practice Act and Division 55 rules authorize APRNs with prescriptive authority to prescribe, administer, and dispense controlled substances when they are properly credentialed (including holding DEA registration and, if dispensing beyond 72 hours, Oregon dispensing authority). However, the Board does not regulate the detailed mechanics of storage — that authority rests with DEA.

From a practice standpoint, this means you must comply with DEA requirements on security, recordkeeping, and disposal if you store controlled substances (including samples).

Question: What constitutes patient abandonment?

Answer: The term "patient abandonment" is not found in Oregon's Nurse Practice Act (NPA). However, Division 45 of the NPA does contain a standard which describes the action of a nurse accepting an assignment and failing to complete the assignment. The standard, OAR

851-045-0070(3), establishes as conduct derogatory to the standards of nursing, the action of: "Accepting an assignment and then leaving or failing to complete the assignment, including a supervisory assignment, without notifying the appropriate personnel and confirming that assignment responsibilities will be met."

Question: What is the Oregon licensed nurse's obligation to OSBN when they find themselves under investigation by the Oregon Department of Human Services (ODHS) because someone reported the nurse for suspected or observed abuse?

Answer: At a minimum, the nurse must disclose on their next licensure renewal application, that they are subject to an abuse investigation. There is a query field on all licensure applications to disclose this type of information.

Additionally, based on a nurse's knowledge of their own actions or conduct, the nurse could be responsible to report themselves (make a self-report) to the OSBN using the OSBN online complaint system (www.oregon.gov/osbn/pages/complaint.aspx). This is based on ORS 678.135, and ORS 676.150.

Question: Can an RN practice as an aesthetic injector independent of an NP or MD treatment plan for their client?

Answer: No. The practice role of the RN who administers aesthetic injections to a client is that of a practice team member who assists with implementation of a treatment plan for the aesthetics client which has been developed by an APRN or other health care provider whose licensure permits medical diagnosis and prescribing treatment.

It is important to remember that in any practice role, including that of an RN aesthetic injector, the individual RN is always responsible for engaging in their own practice of registered nursing (see OAR 851-045-0060) and responsible for adhering to OAR 851-045-0065 standards of practice. The latter include standards on accepting and executing medical orders and on documentation of one's practice of nursing.

Stay Connected

We look forward to hearing from you! Submit your questions for future editions to: osbn.practicequestion@osbn.oregon.gov.

YOUR BOARD IN ACTION
HIGHLIGHTS FROM THE AUGUST AND SEPTEMBER 2025 BOARD MEETINGS

Rulemaking

The Board adopted the following proposed rule changes during the August 2025 meeting:

- Permanent rule changes to Division 10 (Administration): the proposed changes adjust the board stipends in accordance with the new meeting schedule.
- Permanent rule changes to Division 70 (Monitoring Behavioral Health and Cognitive or Physical Impairment): the changes allow the Board to resume admitting eligible licensees to the Health Professionals' Services Program, Oregon's alternative to discipline program.

In September, the Board adopted the following proposed rule changes:

- Permanent rule changes to Division 1 (Rules of Practice and Procedure): the changes implement a new state law (ORS 670.280(4)) that allows individuals to petition a licensing board prior to beginning an educational program for a determination as to whether a criminal conviction would prevent the individual from receiving a professional license or certificate.
- Permanent rule changes to Division 2 (Agency Fees): the changes include license fee increases as allowed by the legislatively approved 2027-27 budget and a new fee for predetermination reviews.

During the September 2025 meeting, the Board also approved the following draft rules to move forward to an administrative rule hearing. The hearing was held October 21, and the Board will consider the changes during the November 13 board meeting. Please see article on page 22 for more information.

- Division 1, Rules of Practice and Procedure (OAR 851-001)
- Division 2, Agency Fees (OAR 851-002)
- Division 6, Standard Definitions (OAR 851-006)
- Division 21, Standards for Nursing Education Programs (OAR 851-021)
- Division 31, Standards for Licensure of RNs and LPNs (OAR 851-031)
- Division 41, Standards for the Nurse Intern: Licensure and Functions (OAR 851-041)
- Division 45, Standards and Scope of Practice for the LPN and RN (OAR 851-045)
- Division 49, Standards for Licensed Nurse Protocol Development and Utilization, Communicating A Prescriber's Re-Authorization of a Prescription, and RN Dispensing (OAR 851-049)
- Division 53, Standards for Licensure as an Advanced Practice Registered Nurse (OAR 851-053)
- Division 55, Scope and Standards of Practice for the Advanced Practice Registered Nurse (OAR 851-055)
- Division 62, Standards for Certification of the Nursing Assistant and Medication Aide (OAR 851-062)

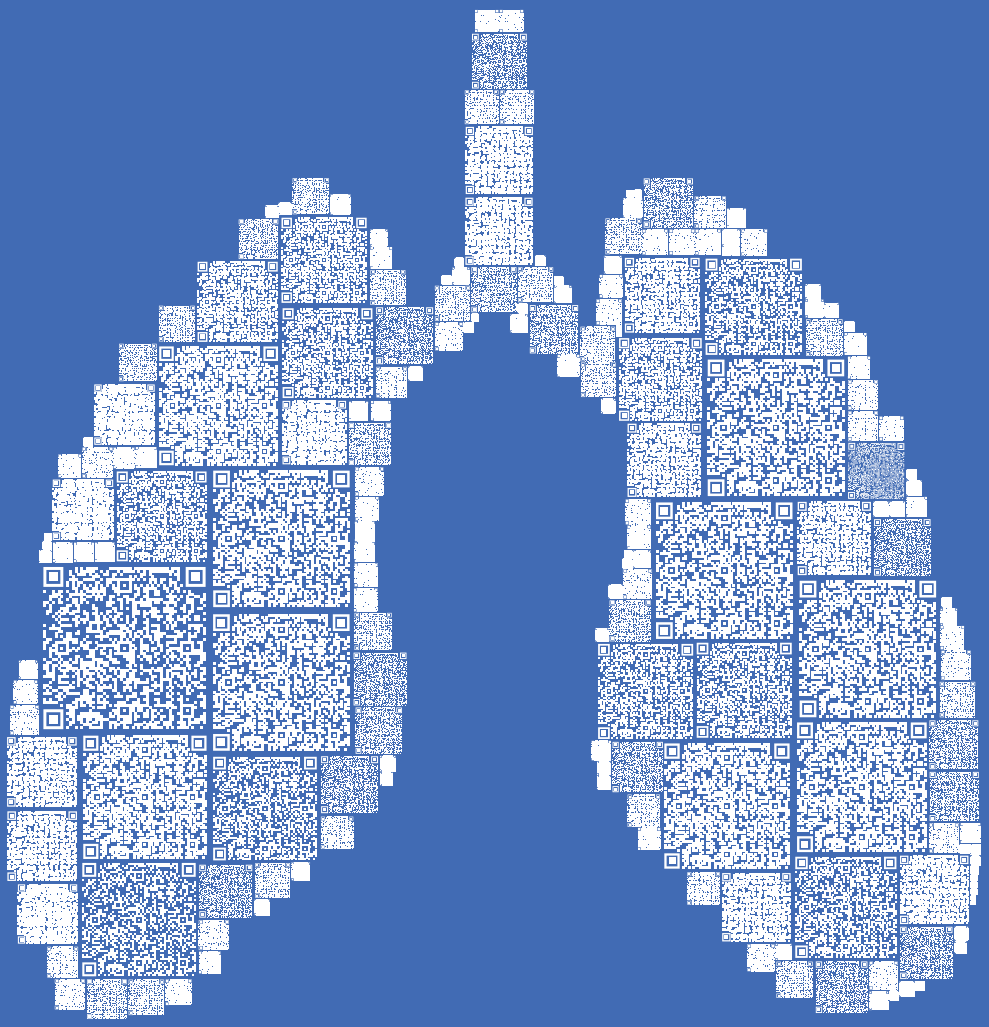
Nursing Education

During the September meeting, the Board approved Carrington College's application for initial approval of admission of students to its associate degree level RN nursing education program.

Administration

Board President Marcus Cooksey, MSN, APRN-NP, announced during the September meeting that he would step away from his board member position at the end of 2025.

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.



If you used to smoke, scan these lungs to see if you should scan yours.

SavedByTheScan.org

American Lung Association.

ad COUNCIL

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 – 12/31/25
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.

2026 OSBN BOARD MEETING DATES

February 18, 2026	9 a.m.	Board Meeting (Primarily Executive Session)
February 19, 2026	9 a.m.	Board Meeting
April 14, 2026	9 a.m.	Annual Board Retreat
April 15, 2026	9 a.m.	Board Meeting (Primarily Executive Session)
April 16, 2026	9 a.m.	Board Meeting
June 24, 2026	9 a.m.	Board Meeting (Primarily Executive Session)
June 25, 2026	9 a.m.	Board Meeting
August 19, 2026	9 a.m.	Board Meeting (Primarily Executive Session)
August 20, 2026	9 a.m.	Board Meeting
October 14, 2026	9 a.m.	Board Meeting (Primarily Executive Session)
October 15, 2026	9 a.m.	Board Meeting
December 16, 2026	9 a.m.	Board Meeting (Primarily Executive Session)
December 17, 2026	9 a.m.	Board Meeting

Please visit the OSBN website at 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/

Nurses!

Licensing Tip: National Certifications

All nurse practitioners and CRNAs must have proof of current national certification on file in the OSBN office to renew their Oregon nursing license. When you renew your national certification, remember to send a copy to OSBN.

DISCIPLINARY ACTIONS

Actions taken in September 2025. Public documents for all disciplinary actions listed below are available on the OSBN website at www.oregon.gov/OSBN (click on 'License Verification').

Name	License Number	Discipline	Board Vote	Violations
Abebe J. Aduna	202009269RN	Reprimand	9-17-25	Reprimand with conditions. Failing to accurately document nursing practice implementation and failing to conform to the essential standards of acceptable nursing practice.
Debra A. Barrera	000016235CNA	Probation	9-17-25	24-month probation. Performing CNA authorized duties while impaired.
Stephanie R. Carrier	201405708RN	Reprimand	9-17-25	Performing acts beyond her authorized scope and failing to conform to the essential standards of acceptable nursing practice.
Stacie M. Cunningham	(201705562LPN)	Reprimand	9-17-25	Performing acts beyond licensee's authorized scope of practice and failing to conform to the essential standards of acceptable nursing practice.
Lawrence Geihsler-Jensen	201230293LPN	Voluntary Surrender	9-17-25	Using a mind-altering substance to the extent that impairs the ability to practice safely.
Lena E. Hawtin	096000628RN	Civil Penalty	9-17-25	$143 civil penalty. Practicing without a current Oregon license.
Tracy L. Massey	202002680LPN	Reprimand	9-17-25	Failing to document nursing practice implementation in a timely and accurate manner and failing to conform to the essential standards of acceptable nursing practice.
Karen L. Metz	093003166LPN	Voluntary Surrender	9-17-25	Violating the terms and conditions of a Board Order.
Michael S. Moody	200930459LPN	Reprimand	9-17-25	Entering inaccurate documentation into a health record and documenting the occurrence of events that did not occur.
Richard R. Moreno	202214055RN	Suspension	9-17-25	90-day suspension. Practicing nursing when licensee's ability to practice was impaired by use of alcohol.
Ioana C. Pamfile	201503329RN	Civil Penalty	9-17-25	$1,200 civil penalty. Violating a person's rights of privacy and confidentiality by accessing information without proper authorization or need to know and failing to conform to the essential standards of acceptable nursing practice.
Farah Pasha	10050542	Probation	9-17-25	24-month probation. Conduct that impairs the licensee's ability to safely practice nursing.
Zahlia C. Rami	202211334LPN	Reprimand	9-17-25	Performing nursing practice activities that are not within the licensee's individual scope of practice.
Kyle Sewell	202200239RN	Voluntary Surrender	9-17-25	Using a mind-altering substance to the extent that impairs the ability to practice safely and the unauthorized removal of medications from the workplace.
Jeffrey B. Sperla	201903568RN/ 202113373NP-PP	Suspension/Probation	9-17-25	90-day suspension with conditions, followed by 36 months of probation. Practicing nursing while impaired, engaging in the unsecured and unauthorized transmission of protected client data, and failing to report to the Board a conviction for a crime within 10 days of the conviction.
Gabriel G. Tanner	10010810	Probation	9-17-25	12-month probation. Failing to conform to the essential standards of acceptable and prevailing nursing practice.
Carissa A. Teacutter	201908065LPN	Reprimand/Probation	9-17-25	12-month probation. Violating the terms and conditions of a Board Order.
Meghan L. Tilley	201408789RN	Probation	9-17-25	24-month probation. Demonstrated incidents of violent behavior.
Patricia D. Twombly	201402422LPN	Revocation	9-17-25	Failing to comply with the terms and conditions of a Board Order.

Licensing Tip:
Use a Personal Email Address

When adding or changing your email in the OSBN License Portal, remember to use a personal email address, such as Gmail or Comcast. If you use a school, company, or hospital email address, you may miss important notifications from the board. Companies or schools may not recognize OSBN as an approved sender. You could miss the online account validation email or courtesy renewal reminders

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[1]https://www.unitekcollege.edu/about-us/ (Accessed 7/31/2025).

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