Past Event: 2024 NCSBN Leadership and Public Policy Conference - Interdisciplinary Regulation: Strength in Numbers Video Transcript

Event
2024 NCSBN Leadership and Public Policy Conference

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Presenters

Moderator: Nicole Livanos, JD, MPP, Director, State Affairs, NCSBN;
Phyllis Polk Johnson, DNP, RN, FNP-BC, President, NCSBN Board of Directors; Executive Director, Mississippi Board of Nursing;
Kelly Jenkins, MSN, RN, NE-BC, Executive Director, Kentucky Board of Nursing;
David Brown, DC, Former Director, Virginia Department of Health Professions

- [Nicole] So between now and lunch, we are going to have a panel titled, "Interdisciplinary Regulation: Strength in Numbers." So the goal of this panel with these esteemed panelists is to demonstrate how regulatory boards can work together to achieve policy goals.

So I think here to connect it to Jefferson, we can think about Lewis and Clark and all the individuals that had to play their specific roles in order to achieve an outcome. And so it's really what we're hoping to highlight here is how you can work together with other regulatory boards in your jurisdiction to achieve policy goals or to stop a policy initiative that you believe will harm the public.

So in order to accomplish this goal, we have with us David Brown, who you may recognize from yesterday, who has served as the director of the Virginia Department of Health Professions under three Virginia Governors overseeing the work of Virginia's 13 health regulatory boards. And David was also a member of the Virginia Board of Medicine and the past president of the Federation of Chiropractic Licensing Boards.

So obviously a lot of collaboration going on within David's tenure working at DHP and prior to that on the Board of Medicine. We then have Kelly Jenkins, who is the executive director of the Kentucky Board of Nursing. And prior to her role as executive director, Kelly previously served on the Kentucky Board of Nursing for seven years and was both president and vice president of the Kentucky Board.

And then last but not least, we have Phyllis Polk Johnson, who is the CEO and Executive Director of the Mississippi Board of Nursing, and currently serves as president of NCSBN. So we welcome our panelists here to talk about this important issue, and we hope that the audience will have some

takeaways, some lessons, some thoughts on how you can work with other professional regulatory boards in your jurisdiction to achieve public policy and advocacy goals.

So I'm going to start off with a prompt, and I'm going to start with you Phyllis, and then work our way this way towards David, just talking about and telling us about a time when you worked with other regulatory boards to affect policy change.

- [Dr. Johnson] Well, first of all, I want to say thank you to NCSBN for allowing me to be a part of this panel and be with these esteemed guests up here. I feel very honored and privileged to be sitting with the historian David there. And I know we had met briefly prior to his presentation, which was a great presentation. So I'm excited to speak to you just shortly about a time when we've worked in Mississippi.

I am from Mississippi, so many of you probably have contacted me about the IV hydration issues. I know there are a couple of states that have. That is one of the issues that we talked about and did some things with our regulatory entities. Another one is the mileage restriction.

Prior to me becoming the executive director, I was the director of Advanced Practice and Licensure for the Mississippi Board of Nursing. One of the issues was the mileage restriction of 25 to 30 miles. And we are a collaborative state. So that was an issue that basically was in the Board of Medical Licensure's rules and regulations. We reviewed our rules and regulations.

We did not have a mileage restriction, but because we were a collaborative state, we had to work with the Board of Medical Licensure to get that rule changed. So that was one of the things that we worked with initially with the regulatory board. And just let me be clear. There was not a good relationship between the Board of Medical Licensure and the Board of Nursing. When I say not a good relationship, there was mistrust quite naturally, mistrust.

They had control of how basically the nurse practitioners or the APRNs could practice in our state because we were a collaborative state. It required us to have a physician. So there were some barriers that need to be broken down at that point. One of the things that assisted with that was a change in leadership at the Board of Medical Licensure during my tenure.

And that has continued now with being in the executive director role. We developed a good working relationship with the new executive director who was willing to reach out and cross the aisle. And as I think our last speaker, Larry, I believe, talked about how politics is dirty, but politics is the driving force in almost everything we do in the regulatory arena.

So that was one of the things. Another major component, I know we have a time limit, another major item that we dealt with in addition to the IV hydration was the Mississippi Community College Board who legislated at that a couple of years ago, about three years ago now, to bring the Practical Nursing Education Program under the Board of Nursing.

That happened during my tenure. That was... They had tried before and it failed, but this time they approached us, and by working together, we were able to get the Practical Nursing Education program on the Board of Nursing. So more to come on that, and I can give you more specifics of how we did that once everyone else speaks.

But those are three things that we have worked with other boards to affect policy change. And policy change was affected in each one of those areas.

- Kelly?

- [Kelly J.] Okay. So what I'm going to talk about is what I kind of consider a perfect storm that happened in Kentucky. So we also have done the IV hydration and a few other things that Phyllis had mentioned. But one of the nuances that we had, problems, and complaints was regarding certified medication aides.

And I'm not sure how many of you all provide oversight for them, but we had complaints that were coming in from constituents that there were not enough classes to become certified medication aides. So all of our long-term skilled facilities required that. And what we found out was that we only had one sole provider in the state, and that was through our community college system.

The community college system was facing a staffing shortage of faculty members, as you all probably can realize that. And so they were pulling the courses that usually would be taught for the certified medication aides. They were having to take that faculty and teach programs of nursing. So they were only scheduling the classes for certified medication aides whenever they had a class that was full.

So you can imagine the skilled facility centers who needed staffing and they could not afford to wait. We also had an ask from the long-term care facilities for certified medication aides to be able to administer insulin injections. So again, over 60% of their population are diabetics, and they were having a nursing shortage as well. So that was one of the ask that came to us.

So we then in turn developed a work group. So our work group consisted of the pharmacy board. We had members from the Licensed Diabetes Educator Board, which is a separate board in Kentucky. We had KCTCS members who is our community college system. We had the Cabinet for Health and Family Services. And the agency is called the OIG in Kentucky.

It's not the federal OIG, but we do refer to them as the Office of Inspector General. So we even had a state representative who served on our work group. So when we learned all about these, you know, issues, we developed a plan. So we did get a bill. So we drafted a bill, we had a bill sponsor. Actually, there was three of them.

And it helped to have the co-chairs of the Health and Family Services Committee. So we have Senator Meredith, who used to be a CEO for like 30 years. And then we have Representative Moser who is a registered nurse. So that kind of helped along the way with the bill sponsor. So what we realized is when we got into the work group, we didn't have a formal data registry for certified medication aides.

What the college system had was an Excel spreadsheet that started in 1991 that had over 10,000 names on it. So we had no idea how many were active, how many were non-active. So along the way of the bill drafting, we certainly recognized that we needed to set standards for the application and renewal process and have some educational requirements for the renewal process.

So we developed the training program standards for Certified Medication Aide I, which were just the oral and topical medications. And then we also created standards for Certified Medication Aide II, which would be allowed to give insulin by prefilled insulin injections.

So what we learned from this is, you know, you definitely have to have everybody on board. So you wouldn't want pharmacy board opposing your bill. You wouldn't want the OIG opposing your bill. So it

takes everybody working together collaboratively to set the tone before you take a bill to your legislators.

Because we all sat at the table when we testified, there were no questions asked really by our legislators at all. I can tell you it was a great bill. We now have... We just started taking the applications. We already have 809 certified medication aides now. We have about 15 training programs that have already been approved in Kentucky.

We also now are utilizing the MACE exam, which is offered through the National Council of State Boards of Nursing through Credentia. So that is just now getting ready to go up on our website within the next two weeks. So we're very...we've had very good results from this. And I also, just another caveat, I think it's important for the regulator executive director to be involved with professional organizations that speak to these entities.

So we have, like, leading age and we have some other... We have a couple other organizations. And so I'm invited to be an annual speaker at those events so that I'm able to give them Kentucky Board of Nursing updates so that it keeps them current. It also relaxes them, and they realize that they can come to us and ask questions so that we can ensure they're doing the right things.

So...

- Thank you, Kelly. David?

- [David] Sure. You know, there's a number of directions I could go on this. Obviously, Virginia having a very comprehensive agency with all the boards under one roof, there's a lot of examples of collaboration. But I wanted to start 30 years ago. And 30 years ago, I had just gotten on the board of the Federation of Chiropractic Licensing Boards. And in 1995, the Pew Health Professions Commission task force on healthcare workforce regulation issued a well-publicized report on how health professional regulation should be reformed.

Now I'm pretty sure that I was attending either a FARB conference or a CLEAR conference that a group of us who were attending from different professions kind of started talking about this. It has just come out and it had some recommendations that we all could kind of agree on, the need for...

Is there some way to standardize among the states the language that we use, certification, registration, licensure? Can we standardize those terms and standardize the categories? So it's apples to apples in all jurisdictions.

Well, a noble goal, not necessarily easy. Another recommendation they had, collect workforce data using state boards. Well, okay, we can agree on that one. But some of the recommendations, especially back then, were pretty on the edge. For example, the Pew Commission recommended that entry to practice in all health professions to be based only on demonstrated competence, nothing else, because they wanted to improve mobility, make it easy for people to get licensed in one state go somewhere else.

Continued licensure, according to the Pew Commission, also would depend on periodic competence assessments. So we're kind of going, "Uh-oh." They also recommended developing in each state an oversight board with the majority of citizen members who could amend or overturn regulations by individual boards.

So this is kind of worrisome stuff. The National Council of State Boards of Nursing at the meeting where we started talking about this, got all the professions together.

Now, of course, there was one profession that didn't choose to participate. Can you guess? Medicine. Well, anyway, I won't go there too far. But we all get together. And it was a great thing that the National Council did for the smaller professions, the Federation of Chiropractic Licensing Board, for example, because we have limited resources, we have limited real experience, and we got to work at the table.

So we all understood what all of our concerns were. We met a number of times in Chicago. It was led by a nurse at the National Council. I mean, the...yes, Jennifer Bosma. I don't know if any of you knew her.

She was fabulous. And then at the end of this, the National Council put out a very detailed and specific response to the Pew Commission's report. I don't know that other... We didn't, the Federation of Chiropractic Licensing Boards. But what we did do was we had knowledge of it.

We talked about it at our conferences. It was on our radar and we understood from our annual meeting and district meetings of the federation what the problems were in case these things came up in our states. I will say the one thing I'm curious about because I can't find a direct link, but a lot of the recommendations of the Pew Commission were about mobility of healthcare practitioners.

1996 is when our groups are meeting and coming up with ideas, and it's around that time that their interstate compact in nursing starts. And so, I don't know, I don't necessarily...

I didn't see it being a direct response, but I think it was a reason to respond, yes, there is a problem. Let's see what we can do to fix it. And so I'll stop there.

- Thank you. Thank you so much. And David, I think what you just spoke to there in part is talking about a formal structure that was in place. NCSBN brought together different professions, some small, some large to come together and really, you know, face the challenge and come up with solutions or a response that would hopefully be able to guide any policy changes moving forward.

But Phyllis and Kelly, I want to ask you about any formal or informal structures in place for regulators in your jurisdictions to interact. And also, you know, as executive officers, are those structures in place so that you can communicate with other board heads? But also, what about for board members?

- So in Kentucky, executive directors from all of our licensing boards that report through the Governor's office, we meet on a quarterly basis. So we actually meet in person and have a lunch meeting. And so I think, you know, having that collective voice whenever you go forth with a bill or whatever you're proposing, you know, definitely has more influence on your policymakers because if you're all sitting at the table, you're all in agreeance.

You know, it's harder for them to ignore your recommendations. I'm fortunate also that we are across the parking lot from the Board of Medical Licensure. So that makes it kind of convenient for myself and our staff attorneys. They write a lot of documents together whenever we put out any type of kind of, like, the IV hydration. You know, we did a unified response to that between the pharmacy, the Board of Medical Licensure, and the Board of Nursing.

So our three attorneys, I'm not going to take the credit for all that elegant writing, you know, they put out that joint statement together. So our board members, now my board president is here, but it's hard for

them, I think, to get in a room with the other board members just because our meetings are on different dates, on different days of the week.

And, you know, our board members, you know, they have other commitments, other jobs. So although I do think it might be beneficial maybe to sponsor maybe an event, we could certainly do that. It'd be interesting. But in Kentucky, I'm fortunate because we get along with all of our other executive directors. I'm in the same building as dentistry, physical therapy, the barbering board is right beside me.

So there's a lot of uniqueness, but a lot of things that are similar and a lot of things that are not. But essentially, we try to share our expertise. For example, my administration, CFO has been there for decades and she assists other licensing boards all the time on questions. My staff attorney, again one of those have been there for a long time.

She assists the other boards. You know, they reach out to her whenever they have questions. So I think just collaborating, you know, building those relationships are vitally important.

- So to echo some of what Kelly was saying, do we have a formal or informal structure? I'm not aware of a formal structure. However, we do have several informal structures in which we in Mississippi collaborate with the other regulatory entities now.

I think Virginia is like an umbrella board, and is Kentucky an umbrella... Independent. So we are similar in that we're not an umbrella board. And I will acknowledge my president is here also. And our board members don't necessarily get a chance to interact as the staff does because of the availability, you know, of the staff.

This is our job every single day to do that. But no, there's not an opportunity. There may be opportunities, but they don't...that's not a formal structure where they can do that. Let me tell you what we do have in Mississippi. We have a regulatory leadership meeting with the Board of Medicine, the Board of Pharmacy, the Board of Dentistry, the Mississippi State Department of Health medical officer, chief medical officer, and us.

And we do that on a periodic basis. It's every other month. These meetings were developed to discuss issues and concerns that affect the practice of our licensees and to develop our legislative agendas to address any concerns prior to the legislative session starting. Now, our session starts in January, but we start...

These meetings are continuous through the year. And so this has allowed us to have one unified voice when legislative issues arise that we can go as a unified front and say, "All of these regulatory entities support this one cause."

That has somewhat been beneficial. A few years ago, it probably would not have happened. But that is an evolution of how collaboration works and when you're willing to reach across the aisle and start things that affect all of our license needs because we're all about public health and the protection of public health.

So that was one of the entities. So we have developed a good working relationship with those entities. And when you look at the benefits of what that does is the achievement of common goals. We all have common goals. So achieving of common goals. We respect each other. And we had to develop that respect because there was a lack of respect among those regulatory entities.

Resolution of interest, safeguarding the contributions that each member makes to achieve the optimal goal of what? Public safety. That's what it's all about. And so I always, and those entities always bring back what is our purpose? What is our role?

Public safety, to protect the safety and the welfare of the citizens that receive the care which we render in our respective states. So it's been beneficial to us, but that probably wouldn't have been something that happened a few years ago. And not only that, we bring industry into those decision made. Our stakeholders are involved in those collaborative efforts as well.

The industry, the educators. I'm also... It's also nice to have the director of nursing education from the institutions of higher learning at this meeting today from Mississippi, Dr. Melissa Temple. My board president is Ms. Sandra Culpepper. And so we have to work with IHL because we are one of probably two states that don't control the RN education, the programs.

A lot of your other boards of nursing do that. So we don't. We do have the practical nursing education. So Dr. Temple is great to work with. Dr. Temple, wave your hand if you're in the room.

There she is in the back. She told me she was coming. She has been a godsend, and she is very easy to work with because they have their own standards and policies, but they affect what we do in regulation. So we have to work together. So that has worked well for us. That's another example of collaboration and how you develop those relationships and partnerships that are beneficial for the common good.

- I wanted to just kind of echo what I heard Kelly say, and then I heard Phyllis say, which is how important the collaboration is among the staff, you know, the executive directors and other staff of the different professions when it's feasible. Virginia kind of has both.

We have the Board of Health Professions, which has a member from each of our licensing board, a member of the board, but then we also have the building where all of our boards are together and the executive directors rub shoulders every day. And I will say, I like to remind sometimes some of the board members when they need it, is rely on your executive director and the other staff because they do this work all day, every day, as opposed to board members who often come in with fairly limited knowledge.

And so to me, if it's a... Efforts and collaborations really should come by establishing ties at the staff level.

- Thank you so much for those comments. And Kelly, you had talked about a specific, you know, instance where you worked with other boards and variety of stakeholders outside of boards. As we've learned, so important to work with the professions as well and work with stakeholders across the board on an issue.

Phyllis, can you talk about an example of... I know you brought up IV hydration and others about... Sort of what was the problem that you as regulatory boards in Mississippi came together on? Who was involved in that effort? And what has come from it? How have you seen the strength and numbers affect, you know, play out?

- So I would probably say, well, there are two, and I mentioned two at the beginning. But the number one would probably be the IV hydration because it was such an issue. And what happened was, you know, we have statutes, even different regulatory agencies have their own statutes.

So what we looked at, what we saw when this became an issue in Mississippi was that some of the statutes did not overlap, and some statutes had more power than the other, if that makes sense. So it made it even more rational for us to work together because the Nurse Practice Act, statute, may allow us to do a lot of things that the Board of Medicine could not do because they're not over nurses but by working together.

And then the Pharmacy Board, there were things that the Pharmacy Board could not do, but our statute would allow us to do. So it made more sense for us to work together to come up with a plan of how best to tackle this issue from a regulatory standpoint and from statutory law. So we were able to join forces and go out together.

We go out on all investigations together, the Board of Medicine, the Board of Pharmacy, Board of Nursing on any IV hydration issue. Pharmacy deals with IV and medications. We are a collaborative state. There's a physician involved somewhere at some point with our APRN. So the Board of Medicine has statutes that address what that physician is doing or is not doing.

Then the Board of Nursing can do a lot of things in their statute. And the other regulatory entities realize, hmm, it makes sense for us to partner together because then our laws can overlap. What this person can't do by this person being there, they can do.

They can get all the information they need while they're sitting there. Board of Medicine We send a subpoena. They have subpoena power right there, and they give it to them and they have to give them the record. So we can get everything we need in one swoop. So it made more sense for us to work together. That's just one example of how I can say it all came together and it made more sense to work together. The other one is the acquisition of the Practical Nursing Education program from the Mississippi Community College Board.

They approached us. They said, "We don't have a nurse over here that's running this program. You're nursing. It makes more sense for you guys to be able to have the accreditation, the standards, the education of nurses." Makes sense, doesn't it? Makes sense to me. So they started this process of...and this was a large collaborative effort. It involved multiple stakeholders, the PN council, the educators across the state, nursing education.

It involved our legislators, it involved industry, the professional associations. So it was a gamut of people working together to achieve this particular component of, you know, obtaining the practical nursing education system under the Board of Nursing.

And it has shown that it was a great choice. We've had it now since 2019, I believe. And I have a great director, Dr. Priscilla Burks, who was in the community college board system who is now the director of that program and doing miraculous things, and evolving practical nursing education in the state of Mississippi.

So that's worked well. Those are just a couple of examples.

- Wonderful. Thank you so much. So we've talked a lot about working together in sort of that kumbaya, but the reality is that sometimes working with other regulatory boards, you may disagree on a policy issue. And although it's important to think about how you can plan ahead for what issues may arise, especially during the legislative session, we know lawmakers can create problems like that.

A filed bill comes out and you had no idea. In fact, your colleagues through these professional or through these informal or formal structures had no idea that it was coming. And so you have issues arise quickly. I want to specifically focus on those moments where your boards that you've developed these relationships with, you disagree on a policy issue.

Can you give an example? And David, I think from your perspective of overseeing some boards that may disagree with one another on a policy issue, that's going to be fascinating to hear about. Can you give examples or talk about how you navigate through those situations, in your case, you know, as a leader?

- Well, that's a great question. And it does arise. You know, it certainly arises in our state between the Board of Medicine and the Board of Nursing, given the fact that we still have a joint board doing regulation of nurses. And even though there've been recommendations to kind of move away from that, we're one of the only states that still has that structure.

But we have it in other boards as well. And, you know, for an example, the ability of physical therapist to do dried needling as a treatment for pain. Well, that's opposed by the acupuncturist. The acupuncturist have an advisory board underneath the Board of Medicine. You know, navigating that, in my opinion, is less a matter of at the board level because I think at the board level, you know, you certainly have something where there's respect, mutual respect, people that know how to get along.

It's really the legislative level is where the issues really come to fore. And that's why it's so important to have established relationships with the other boards so you get a heads-up on what legislation may be coming that impacts your board that may come in with a lot of legislative support because it's a controversial issue.

And just one short example of that, the optometrists in Virginia last year or two years ago, got the ability to do laser surgery. Well, the Board of Medicine and the medical profession was completely opposed to this. But the way they got it through, they didn't let anyone know they were doing this bill except for when they went to meet with legislators at events.

And so they had done their homework and gotten commitments of support before the other professions even knew what the bill was going to say. And so having a heads up legislatively, either contact with legislators or contacts with other boards so you know what's coming and can prepare for it because the legislature is where these conflicts really arise, in my opinion.

- Thank you. Kelly or Phyllis?

- I mean, we have had those sneaky bills. I mean, the last day of session, somebody slides in something, and that is actually hell. And it's kind of funny. And so with the certified medication aides, we have a group of now they're classified all long-term care facilities, but at one point in time, the assisted living homes were classified under something else, okay, like a different social model.

But years ago, one of the ring leaders who was a lobbyist, very connected with these assisted living homes, he slid in the bill. That's how they were able to have non-licensed or non-credentialed people passing medications in these assisted living homes.

And it was slid under a bill that wasn't even health-related. And so whenever we started this journey and I was setting... We had a meeting in Frankfurt with key legislators that were going to be tied to this

because again, we've got the Office of Inspector General for all of health and family services at the table. And I kind of sat in the back row, and they've all been through this with me, with Senate Bill 10, which is a whole nother story that I adopted when I first came.

And it was terrible for nursing. Very terrible. I had a lot of negotiations through that bill. Lowered our standards for faculty. It did a lot of bad things in Kentucky. So anyway, they sit, they do all this talking and then they lean back and they're like, "Well, what do you think, Kelly?" And I said, "I don't know who slid this in, but you all know that was dirty. You know that no Board of Nursing would have ever approved somebody not having formal training for our nurses to delegate to that individual to pass their medications. You all know that."

They all got silent. They said, "We're going to proceed on with this work group though. And Kelly's got the CMA." So, you know, you learn that respect though. But I had a lot of negotiations that I think helped me gain respect through Senate Bill 10, which was something that was pushed through at the time through Kentucky Hospital Association, which I could not fathom.

I worked in acute care hospital for 32 years, or 30 years. So I'm like, "Why did you all do this? What were you all thinking?" And it was just... They were just so coming out of COVID, they really didn't know what to do. They were just so short-staffed. They were just grasping at straws. And they paired up with somebody who wrote this bill, and it did a lot of crazy things.

At one point in time, they wanted a nurse to have a provisional license in our state. That's somebody who has not passed their boards for 12 months. That would have allowed them to fail the NCLEX, like, eight times. And I had to negotiate down and we got one failure. They could remain in a provisional status if the employer wanted to continue to employ them under a provisional license, which at least meant they were still supervised and we at least had a cap to six months.

But that was the original language in the bill was 12 months for a provisional. So we had a lot of... I learned the hard way my very first year to negotiate, negotiate, negotiate. So, yeah.

- So I was sitting listening to David, and he's so right in that the relationship building is such a big component of how you get things accomplished in the legislature. We are fortunate to have a lobbyist, and I'm not sure how many other boards of nursing have a lobbyist.

We have a lobbyist that works on our behalf in addition to very competent staff. We are really involved on the legislative session, even during the non-legislative session. And building those relationships, those partnerships, understanding who the key people are, and then making sure that we develop that relationship with those key individuals about prospective bills that may be coming up that may affect our agency and our licensees in general.

During the legislative session, I know my CFO, myself, and I think one of the legal individuals, we get anything with nurse in it. We get an email, we get a notification of, "This is coming up in legislation," and we read all of those bills.

I spend the majority of my time doing the legislative session, reading every line. And then my staff will tell you, "She's going to read every line." I don't care if it's 500 pages.If we have to divide it up because they slipped stuff in, we're dealing with an issue now that was slipped in at the 12th hour that deals with our appropriations. And so I get a notification on my way up here that the legislative budget office needs

a draft of what that bill had asked us for that somebody slipped in last year in our appropriations bill and we're not going to get our money.

And I had to have it in today. Needless to say, we had already had it done because we'd been meeting with these individuals but they... And when I get back home and meet with that particular person I had this relationship with, I'm going to tell him, "That was dirty, sneaky, and low-down and underhanded," what he did. And I will have that conversation with him because that was low-down and dirty.

And politics is so dirty and low-down. That's just the way it is. And so, you know, I don't appreciate that, but that's the way they do stuff. So you have to stay on top of things. You have to stay abreast of what's going on. You have to have those relationships. You have to have those partnerships.

Good, bad, indifferent. I ain't got to like you because I don't have to sleep with you, but we got to work together. We got to work together. So it's important. Those key relationships are so, so important.

- And Phyllis mentioned that, and I think we've all mentioned how things can just get slipped into bills, even bills with different subject matters. But in Mississippi, she's not lying. All you have to do in Mississippi in order to delete an entire chapter of law is put two asterisks and you have no idea what's being deleted. It could be a word, could be a sentence, a section, or an entire chapter.

And so Tom knows this from analyzing Mississippi bills that come across our desk. They're either just striking out "shall" and putting "must" or they're deleting the entire, you know, Advanced Practice section of law. And so definitely in Mississippi, I can see where it's very important to stay on top of that because even the bills are not transparently written at all.

So I think you talked about just there about relationship building. So I wonder if you have advice for our audience, any of you, about how to engage in relationship-building with other regulators if they do not even have informal structures in place. What advice would you give about how to go about creating those networks?

- I mean, I think you have to... Sometimes if you have to take the initiative, you know, do it, it's worth it. We meet a lot of legislators or we meet a lot of the other boards at legislative committees through the summer months because a lot of the bills, they won't hear it unless it's been heard through the joint committee meetings that we have during the summer in Kentucky.

And so, you know, we stand out in the halls, we talk to everybody. I think it's great for the legislators to see that all of our staff, it's usually the executive director and one of their legal representatives from each of the boards usually show up at these committee meetings. And I think it's good for us. And if sometimes, like, you have those executive directors who maybe are...maybe they think their board's the most important, I'll put it that way, just let them think that.

You know what I mean? Just let them think that. You know, thank goodness, like, I've worked with doctors all my life and so, you know, sometimes you just have to let them think they came up with the idea. Let them think it. You know they didn't, but just let them think that because it makes them feel good about themselves. And then you just roll on. It's a much smoother shift than, you know, whenever you have issues.

And I learned that the hard way a long time ago as house supervisor on the, you know, night shift for years when I was a brand new nurse. You know, but you gain that respect over time. So don't argue.

Pick your battles. You know, you're here for a reason, and that's to represent your board and to protect the public.

And you have to always keep that in hindsight. You don't have to be the center of attention in a room. If you think that, you're probably not going to make it very tenured years through this because you have to be willing to negotiate, and you have to be willing to take the back seat. You know what I mean? I think that's the most important thing for me anyway.

- Okay. Well, and I'll just quickly add that in the same way that the National Board back in the '90s took the lead in reaching out to the other regulatory groups, I think the boards of nursing, which are generally better resourced than a lot of the smaller boards and are probably aware of bills that not only affect nursing but affect other professions, should just reach out and say, "I don't know if you saw this bill, but I wanted to call it to your attention because it's actually going to affect you more than it will us."

And so I think there's a great opportunity for boards of nursing to really establish those relationships because you don't have to wait for them to come to you.

- Yeah. Very important part, David, because that now is what the Board of Medicine does with me. They will reach out to me and keep me abreast of something that is on their radar that may affect me, and they will reach out. The executive director will reach out and say, "Hey, Phyllis," this is coming up. What are your thoughts?" That never would have happened in the field a few years ago.

Never, never, never, never. But now, because we have developed that relationship...and I'm just... You know, I can't remember what you said. I almost wrote it down about, you know, let them think they're right. I just tell them they're wrong. I just tell them, "You're wrong, you're wrong." And this is the way it should be done because we have to work together.

But I think the most important part is even though we're different boards and we have different statutes, we're alike in a lot of ways. So my advice would be start the conversation. Start the conversation, develop that relationship, even if you don't think you can move the needle. You will move the needle because we were able to move the needle under new leadership in those boards and change that mileage restriction that our APRNs, nurse practitioners, if they're in primary care, there is no mileage restriction at the Board of Medicine anymore, which has allowed greater access to care for our patients.

And the bottom line is patient care, access to that. So we were able to do that by moving the needle a little bit each year until we crossed the finish line. So start the conversation and develop a relationship. And just remember, there's a lot of overlap, whether you believe it or not.

There's a lot of common ground. And so if we can get that common ground, you can get things achieved that way.

- And I think that it's important that now that we live in a legislative environment where we're seeing bills, pardon me, come across, you know, our desk that are these one-size-fits-all type of bills. So they talked about how, at the end of the day, there's a lot of commonalities in how your statutes may read and how your processes may play out.

It's more commonalities probably than differences among regulatory boards, both small and large. And so one of the opportunities I would challenge you with is when there is one of these one-size-fits-all bills that comes across, hopefully before it's introduced, but reality, sometimes it's once it's introduced and

maybe even headed towards a committee hearing, a formal hearing, is to use that as an opportunity to reach out to colleagues across different disciplines and different regulatory boards.

And, you know, we're talking about that from board-to-board relationships, but also with stakeholders and outside groups as well, to ask them what their thoughts are, what they're hearing, what can we do together? Who knows who? Right? Because a lot of this is about who knows who. And if you know that the head of the medical board has a really great relationship with the sponsor, then the sponsor may be very much more interested in hearing from their colleague who they have a relationship with perspective than yours, and you may not have yet developed that relationship with that individual.

So really, strength in numbers is about utilizing different talents, different relationships to work together. I will tell you that one of the...or whenever a board comes to our group, state affairs, and asks us, you know, "What should I do about this bill? We want to testify against this bill. We really believe that it's going to harm the public." I'll give you an example.

In Maryland this past year, there was a bill that would have limited what criminal history the board might have been able to take into account when licensing an individual, including around whether or not they were participating in an alternative program in another jurisdiction or within Maryland. It impacted every board. So the last thing I wanted to advise the Board of Nursing on as they wanted to testify against the bill, was to be the only one up there at the table doing that.

Because you're also putting a spotlight on nursing. And in that moment, in that instance, the sponsor of the bill felt like he was reducing barriers to get to work in Maryland. So you don't want only the Board of Nursing sitting there testifying against this individual's bill, especially if they're an individual who holds political power, might be on a key committee, etc.

So to the extent that you can work with colleagues, maybe even do a joint statement may not be possible, or invite your colleagues to also share their views, their shared views on this issue with the legislature, whether that be in a committee setting or outside of that process. I think that those bills are a great opportunity to build relationships.

So the last question that I will ask this group before we'll open it up for a couple of questions before we head to lunch is to challenge, you know, you all have relationships with these boards. You've talked about them here. What is one regulatory board or agency relationship that you hope to strengthen, and why?

- So I'll speak, because Nancy is here in the room and she knows that I'm dealing with this in Kentucky right now. So post-secondary education has started a big... Well, they're trying to do a little media push of heroes to...I can't even think of now what it is, healers.

Heroes to healers. And they're trying to have... Well, they started with a push to have military medics be equivalent to an LPN from the get-go. Like, go straight to an NCLEX. And so we have negotiated down. We're really trying hard to work with them. And the good thing is that one of the bills, well, the bill sponsors I have worked with with the CMA group and some other things.

So they keep saying, "Just go talk to Kelly. She's reasonable, she'll talk to you." So now they're kind of coming around. They do understand that they are going to need more didactic education before they can just go straight for the NCLEX. But we are definitely trying to still continue to strengthen that relationship with post-secondary education.

And I will tell you, they carry a big stick with some of the legislators, not so much in Health and Family Services Committee, which is where I'm at all the time, but in other licensing board or committees. So that's probably the biggest one. And I encourage you to rely on your NCSBN experts because they've been through this probably with another state.

And so I have reached out to Nicole before on issues that we were having with our APRNs and now with Nancy's group on this military-to-medic crosswalk, so to speak. So...

- Well, I'll offer a brief comment even though I'm actually not actively involved, but it really does disappoint me that in Virginia we still have, as I mentioned earlier, this joint regulation of advanced practice nurses and that we have the Board of Medicine, you know, really the board members themselves really not on board with the idea that nurse practitioners and other advanced practice nurses have the skills to practice independently.

And I think that if I could do something, that's the direction I would like to see it go. One of the ways I've tried to help that happen that I think is a good strategy is to make sure legislators have access to the documents that help them inform their decision. And that's advice I could give anyone, is one way of reaching out, getting to know legislators is send them a report.

Say, "I don't know if you're aware of this report, but I thought you might be interested in it." And it's a good way of meeting and making relationships, but also in a subtle fashion influencing what they do.

- So I agree with David and Kelly on that about strengthening, like, the Board of Medical Licensure and making sure legislators have the information. We continue to educate them over and over and over on the same thing every year. So I'm not sure what educational institution they attended that they can't comprehend. However, and Nicole can attest to that before practice authority, we educate, educate, but you have to educate them over and over.

I do believe that being visible as the executive officer for your agency, doing the legislative session so that they know who you are, they see you all the time, they know you're concerned. It sticks with them when you show up, not only you but your staff that are involved in the legislative components of what goes on.

We have a lobbyist, but we show up, we are there, they see us, our board members show up and they're there. So they see us and that gives us a certain amount. We've earned a certain amount of respect, and that the board knows what they're talking about, but we have to continue to educate and educate and educate. So that's important.

Also, I think just continuing to strengthen the relationship with the Board of Medical Licensure because the medical association is so powerful and they appoint a lot of people to the Board of Medicine. So continuing to build on what we've already established and continuing to strengthen that relationship is so, so important.

But last but not least, the most important, and it's not a regulatory board, but it is a agency relationship, we are regulation, we regulate. And I have to always remind that we are not a professional association. And so our professional associations sometimes are our biggest enemies, and that I would like to see us all get on one accord and have one unified voice and stop tearing each other down when legislation comes forward.

Because sometimes it's just one group that will tear our bill up because they don't like one little component in there. And if we could all just work together and stop fighting when it comes in trying to advance the profession and the cause, you may not get it this time, but you may be included the next time.

But as for what can we do right now to get across the finish line, and then once we get across the finish line, we can bring everybody else on board. That's the thing that I see, the discord within the profession that prevents us from getting some legislative things done.

- Thank you so much, and thank you to you, all. Does anyone have any questions? Please come up to a mic and ask or share an experience from working with boards in your jurisdiction.

- [Kelly H.] Hi, I'm Kelly Hoffman from the Pennsylvania Board of Nursing. I'm a nursing education advisor. I have two questions. I'm not trying to hold up lunch, but the first is for Dr. Johnson. If you don't mind speaking to the timeframe in which it took to kind of acquire that PN education under your board.

- I think we started working on it one year, and I think the legislation went forth the next year. So it was a one-year process of meetings, continuous meetings, great debate, stakeholder involvement. And I think that next year the bill went forward and it passed without any opposition to us obtaining the PN education program.

And I mentioned that Dr. Temple was in the room, who was over the RN educational programs in the state. And they were instrumental also because, you know, we had to kind of work together to make sure that we were not infringing upon their rules and regulations and standards, but it was the PN educational program so it was a joint effort with all the stakeholders involved.

But it took about a year, I guess.

- That's impressive collaboration then. Thank you. My next question is for Ms. Jenkins. Can you speak to the level of detail that your, you know, collaborative groups really dealt with in that certified medical assistant piece? As far as the curriculum, was there a standardized curriculum that was developed, and is that now mandatory?

- Yes, it's even written in our regulation, the exact standards that are required for that certified medication aide, the one and the two. So I do not know the exact research study use. I know that we reached out to other multiple boards that prepare for the MACE exam. We had also the Kentucky Community College System.

They referred to their training program as Kentucky Medication Aides. It was actually written in statute like that. The Kentucky Board of Nursing, when that was created back in 1990s, the Board of Nursing education consultants were really involved in that development of that curriculum as well.

So we basically took that curriculum. We looked at current curriculum through some other boards that I reached out to, and then they developed those standards. So they're actually written in our regulation.

- So now your board then has oversight of that curriculum as well?

- Correct.

- Okay.

- We approve the training programs in Kentucky.

- Thank you. Thank you, both.

- All right. I realize that we are right up to lunch. I have one announcement. Well, first of all, please thank the panel [inaudible 00:56:09.341].

- Thank you.