

BEFORE THE OHIO BOARD OF NURSING

ADVISORY COMMITTEE ON ADVANCED PRACTICE REGISTERED NURSING

MEETING
before the Advisory Committee on Advanced Practice Registered Nursing, at 17 South High Street, Suite 660, Columbus, Ohio, called at 10:00 a.m. on Monday, April 29, 2019.

Advisory Committee on Advanced Practice Registered Nursing:

- Peter DiPiazza, APRN-CNP, Vice Chairman
Kristine Scordo, APRN-CNP, Board Member
Jody Miniard, APRN-CNP, Board Member
Sandra Wright-Esber, APRN-CNP, Board Member
James Furstein, APRN-CRNA, APRN-CNP, Board Member

Also Present:
Lisa Emrich, RN, Program Manager
Anita DiPasquale, Staff Attorney
Chantelle Sunderman, Administrative Professional.

ARMSTRONG & OKEY, INC.
22 East Town Street, Second Floor
Columbus, Ohio 43215-5201
(614) 224-9481 - (800) 223-9481

RECEIVED
OHIO BOARD OF NURSING
2019 MAY 13 PM 12:51

1 Practitioner and I represent faculty.
2 MEMBER WRIGHT-ESBER: Sandy Wright-Esber.
3 I'm a Pediatric Nurse Practitioner and the Director
4 of Advanced Practice Nursing at Metro Health and I
5 represent employers.
6 MEMBER SCORDO: Kris Scordo, faculty at
7 Wright State University.
8 VICE CHAIRMAN DiPIAZZA: And I'm Pete
9 DiPiazza, FNP representing primary care.
10 MS. DiPASQUALE: I'm Anita DiPasquale,
11 Board Staff as well.
12 MS. EMRICH: With the first agenda item,
13 we have 1a which is the selection of a temporary Vice
14 Chair to facilitate this meeting. In accordance with
15 a Memorandum that was included in your packet, the
16 Board revised its Policy E-09 recently to allow for a
17 member of the Advisory Committee to serve on a
18 temporary basis as a Vice Chair in the absence of the
19 Committee Chair.
20 So we will spend the next -- this next
21 business really is for you to select from among
22 yourselves a Vice Chair who will facilitate this
23 meeting.
24 MEMBER WRIGHT-ESBER: Is this -- a
25 question, is this just for this meeting or will this

Monday Morning Session,
April 29, 2019.

MS. EMRICH: Thank you all. It is 10:08,
so we will call to order. We do have a quorum
present. Just announcements, if you would please
turn off your cell phones. Those of you at the
table, watch your liquids due to the electronics. We
appreciate that.

We may or may not need to take a break
depending -- or lunch break depending on the amount
of time we spend, but as of right now, we're planning
to break between 11:35 and 12:45.

My understanding, this meeting is being
recorded and videoed by a third party, so please be
aware. And we will go around and do introductions
and then we will get to the first item on the agenda
and I will explain that when we get there. My name
is Lisa Emrich. I'm the Program Manager for the
Board.

MS. SUNDERMAN: Chantelle Sunderman,
Board Staff.

MEMBER FURSTEIN: Jamie Furstein. I'm a
Nurse Anesthetist-Nurse Practitioner.

MEMBER MINIARD: Jody Miniard, Nurse

1 be the person if the Chair is absent?
2 MS. EMRICH: This is just for this
3 meeting if it is -- yes.
4 MEMBER FURSTEIN: We can just -- is
5 anyone interested in doing this?
6 MEMBER MINIARD: Who wants to do it?
7 MEMBER WRIGHT-ESBER: To me it might make
8 sense for those who are -- in case it comes up again,
9 for those of you who are still in the term because
10 several of us are terming out, and it's unclear if
11 we'll be back, if we're reapplying or not. So it
12 would make sense to me if it's either Pete or Jody in
13 case this happens again, and maybe that would make
14 sense that you've had the experience.
15 MEMBER SCORDO: I agree.
16 VICE CHAIRMAN DiPIAZZA: You gave that up
17 too freely.
18 MEMBER MINIARD: I think Pete should do
19 it.
20 VICE CHAIRMAN DiPIAZZA: You're going to
21 have to walk me through this, Lisa.
22 MS. EMRICH: No problem. Thank you.
23 Thank you very much. We appreciate it.
24 VICE CHAIRMAN DiPIAZZA: You're welcome.
25 Do I need to go through the -- Thanks, Jody.

1 Remember, I have a year to remember this.
 2 MEMBER WRIGHT-ESBER: If it ever happens
 3 again.
 4 VICE CHAIRMAN DiPIAZZA: If it ever
 5 happens again, right. Do I need to read through the
 6 Public Participation Guidelines?
 7 MS. EMRICH: Yes, that would be helpful
 8 because the next on the agenda is public comments.
 9 VICE CHAIRMAN DiPIAZZA: Great. So I'll
 10 go through these real quick then. Public
 11 Participation Guidelines: The committee as an
 12 Advisory Committee to the Ohio Board of Nursing
 13 follows Roberts Rules of Order, 11th Edition in the
 14 conduct of its meetings unless a policy or guideline
 15 is adapted that allows for a variance.
 16 (Off the record.)
 17 VICE CHAIRMAN DiPIAZZA: So in order that
 18 committees' meetings be orderly and serve the
 19 purposes of the committee, we just want to remind
 20 members of the public they may be heard on matters on
 21 the agenda, may make comments or may ask questions of
 22 the committee by requesting permission of the Chair
 23 during the public comments portion of the meeting.
 24 Commentators will be limited to five
 25 minutes unless the Chair moves to increase or extend

1 MEMBER WRIGHT-ESBER: Or maybe a
 2 clarification on something in here.
 3 MS. EMRICH: I think as Chair, you can
 4 speak to....
 5 VICE CHAIRMAN DiPIAZZA: Yeah, I think
 6 that would be great because I actually had a comment
 7 on that as well. Go ahead, Sandy.
 8 MEMBER WRIGHT-ESBER: Thank you. So on
 9 Page 10, I just needed clarification if this was the
 10 correct word or not. On the second paragraph, it
 11 says, "The board cannot professionally work with a
 12 professional trade fraud organization," and I think
 13 that was incorrect because I think we were referring
 14 to OAAPN, and it's a professional trade organization,
 15 not trade fraud organization, so I would like that
 16 corrected.
 17 VICE CHAIRMAN DiPIAZZA: That was the
 18 same one I noticed. Thank you.
 19 MEMBER SCORDO: Yeah. You're done?
 20 MEMBER WRIGHT-ESBER: Well, the other
 21 thing, I had e-mailed about this too, the letter from
 22 Bernadette Melnyk was kind of -- after I reconsidered
 23 it, we were given it only as an Advisory Committee
 24 and it wasn't -- it's referred to in these notes, but
 25 it wasn't read out loud, so I had requested via

1 the time period and the committee approves of this
 2 motion.
 3 Clapping, shouting and other such
 4 demonstrations of speaking out of turn are
 5 counterproductive and will not be tolerated. There
 6 are forms if anyone hasn't filled one out and would
 7 like to make a public comment. They're at the end of
 8 the table along with the guidelines. Great.
 9 So with that, yeah, we have -- yes,
 10 Sandy.
 11 MEMBER WRIGHT-ESBER: Before you move
 12 forward, I didn't see an approval of the minutes. I
 13 didn't know if that was maybe e-mailed because I had
 14 a comment about the minutes.
 15 MEMBER SCORDO: I do, too.
 16 MS. EMRICH: There are no minutes. What
 17 we have are an official transcript of the meeting
 18 proceedings and they are certified. So those are the
 19 recordings of the meeting.
 20 MEMBER SCORDO: If there's errors in
 21 them, can we not address them?
 22 MEMBER WRIGHT-ESBER: There's a -- I
 23 don't know if you found the same one I did.
 24 MEMBER SCORDO: Well, mine are -- I'm
 25 waiting for your answer, I'm sorry.

1 e-mail, may have been to Chantelle and hopefully she
 2 forwarded it, to have that read out loud at this
 3 meeting because I thought it was very important that
 4 it was shared.
 5 VICE CHAIRMAN DiPIAZZA: Do we --
 6 MEMBER WRIGHT-ESBER: And on record
 7 because it wasn't on record. There's a notation of
 8 the letter, but it was not read. And she's such an
 9 important nursing leader in the country. It just
 10 felt like we -- I think it caught us off guard. It
 11 wasn't part of our -- we didn't get it ahead of time.
 12 And so it was kind of informally given at this
 13 meeting. And my understanding is she didn't get it
 14 to us till close before the meeting.
 15 VICE CHAIRMAN DiPIAZZA: Do we normally
 16 read material that's provided as a document?
 17 MEMBER WRIGHT-ESBER: I think it's up to
 18 us.
 19 MS. EMRICH: Any document that the
 20 committee has provided, the expectation is the
 21 committee members will read it and consider it within
 22 the conduct of your business. There's nothing as far
 23 as -- that says every information or document
 24 received has to be read verbatim during the open
 25 meeting as if it was....

1 VICE CHAIRMAN DiPIAZZA: It's made
 2 available, too, right?
 3 MEMBER SCORDO: It's made available.
 4 It's not that we're the only ones that saw it, so
 5 it's public; am I correct on that?
 6 VICE CHAIRMAN DiPIAZZA: Right.
 7 MS. EMRICH: Also, she's discussing the
 8 transcript of the proceedings. The transcript of the
 9 proceedings are the transcript of the proceedings.
 10 So if it was not read during -- you know, if it was
 11 not read out loud during the meeting, then it was not
 12 part of...
 13 MEMBER WRIGHT-ESBER: Right. That's my
 14 concern. That it wasn't read out loud.
 15 MS. EMRICH: But it was considered by the
 16 committee at that time.
 17 MEMBER WRIGHT-ESBER: Right. I think,
 18 again, it caught us off guard what to do with that
 19 type of information, so I'm requesting today that we
 20 read it out loud so it's part of the record.
 21 MEMBER SCORDO: Can we finish the
 22 minutes?
 23 VICE CHAIRMAN DiPIAZZA: Sure.
 24 MEMBER WRIGHT-ESBER: So on Page 30,
 25 Jennifer, it's not Putman, it's Butlin, B-U-T-L-I-N.

1 that you're following through on that. Most people
 2 don't do that because you work in collaboration with
 3 the students to get these appropriate sites.
 4 So they have to -- the program has to
 5 provide experiences that will allow them to meet the
 6 program outcome and their appropriate experiences. I
 7 just want that to be clarified since this is coming
 8 straight from CCNE and I don't want to give the
 9 public wrong information. So that was Page 30.
 10 And then on 29 -- on 29 down at the
 11 bottom, it says CCME. It's CCNE. And that's all I
 12 had. Thank you.
 13 VICE CHAIRMAN DiPIAZZA: So your first
 14 request for revisions is --
 15 MS. EMRICH: There's no revisions.
 16 MEMBER SCORDO: I wanted clarification in
 17 these documents so that when you've got all these
 18 people reading that, I don't want to make it sound
 19 like, hey, we don't have to do anything. That's not
 20 the case. We have to meet the standards for
 21 accreditation.
 22 CCNE will not tell you how to do it, but
 23 they're going to see the product. So they're not in
 24 the process but they're into the product, is an easy
 25 way to put it. I just wanted that to be clear.

1 And then I really want to clarify this so
 2 we're not giving the public wrong information, and
 3 when I talked to that CCNE, which is the Commission
 4 on Collegiate Nursing Education, we were talking
 5 about preceptors. The standard which is from the
 6 Standards for Accreditation for the baccalaureate and
 7 graduate nursing programs, the standard itself,
 8 because I didn't have the book with me at that time,
 9 basically says, 3A, The curriculum includes planned
 10 clinical practice experiences that enable students to
 11 integrate new knowledge and demonstrate attainment of
 12 program outcomes.
 13 I'm not going to read the whole thing,
 14 but the sentence that I was looking for was clinical
 15 practice experiences are provided for students in all
 16 programs including those with distance educational
 17 offerings. Now -- and it goes on to elaborate, but
 18 CCNE doesn't say how we're going to do that, but
 19 there's no reason why the faculty and students cannot
 20 work together to get these appropriate clinical
 21 experiences.
 22 What I did say which is correct is that
 23 if a program has on their website we will give you
 24 these clinical experiences, then when we come in as
 25 site evaluators, you made that comment, now how is it

1 Thank you.
 2 VICE CHAIRMAN DiPIAZZA: Thank you.
 3 Anyone else? No. All right. So for public
 4 comments, we have received two requests. We'll ask
 5 the first person, Joe Hollabaugh, to come up. I'll
 6 put the timer on.
 7 MR. HOLLABAUGH: What's the timer?
 8 VICE CHAIRMAN DiPIAZZA: Five minutes.
 9 MR. HOLLABAUGH: Do I hear a ding or
 10 should I --
 11 VICE CHAIRMAN DiPIAZZA: No. Go right
 12 ahead.
 13 MR. HOLLABAUGH: Thank you very much for
 14 the opportunity to be here. Again, my name is Joe
 15 Hollabaugh and I represent the Ohio State Association
 16 of Nurse Anesthetists. And really what I wanted to
 17 do today is follow up on some of the comments that
 18 you guys have heard from our President Elect and our
 19 Government Relations Chair about legislation that
 20 we're soon to be introducing.
 21 So Representatives Jon Cross and Shane
 22 Wilken are joint sponsoring a piece of legislation
 23 that's very similar to the legislation that we
 24 introduced in the last General Assembly, at least the
 25 substitute version as we got toward the end, of House

1 Bill 191. And I wanted to give you just a brief idea
2 and a basic understanding of the framework of the
3 bill that will be introduced.

4 First, we've had approximately I would
5 say six to seven interested party meetings, and we
6 are continuing to try to work on the legislation with
7 everybody that is interested in it, but following
8 several of those meetings in the last General
9 Assembly, one of the major pieces that I know caused
10 most of -- a lot of the controversy at least was
11 physician supervision.

12 So the draft of legislation that we're
13 starting with in this General Assembly does not
14 remove physician supervision of CRNAs. So those
15 provisions will remain exactly as they are in current
16 statute.

17 We've also had a very protracted
18 discussion about when CRNAs are implementing any part
19 of what their scope is. And so in this draft, we're
20 including the phrase "upon consultation with the
21 physician." So all patient care then provided by a
22 CRNA will be with the supervision of a physician,
23 upon consultation with a physician and then of course
24 consistent with the nurse's education and
25 certification and in accordance with the rules

1 of practice and add some clarity to them. And so
2 what we mean by that is the existing Revised Code
3 says, for example, that a CRNA may perform
4 preanesthetic preparation and evaluation.

5 And the draft that we have and will be
6 introducing says -- it explains what that means in a
7 more specific way, to say that a CRNA can perform and
8 document evaluations and assessments which may
9 include ordering or evaluating one or more diagnostic
10 tests and consulting with one or more health care
11 professionals, establishing future care plans,
12 determine whether a plan of anesthesia is appropriate
13 and obtain informed consent for a patient which we
14 believe makes up exactly what preanesthetic
15 preparation evaluation is.

16 The second function in current statute is
17 that a CRNA may administer anesthesia and perform
18 anesthesia induction, maintenance and emergence.
19 That will be retained exactly as it is in current
20 statute to say that in the immediate presence of a
21 physician, they can select and administer anesthesia
22 and perform anesthesia induction, maintenance and
23 emergence.

24 Also, it's necessary for patient
25 management and care that they can select, order and

1 adopted by the Board of Nursing which is the
2 beginning of their scope of practice statute as well.

3 So by nature, the legislation is
4 permissive. And to get us where we want to be in
5 direct response to the Attorney General's opinion
6 which has in general restricted the practice of CRNAs
7 in all phases of patient care, the first thing that
8 we do is actually define CRNAs and add them to the
9 list of prescribers. That would be consistent with
10 the other APRNs.

11 However, the language in the legislation
12 also strictly prohibits them from prescribing a drug
13 for use outside of a facility. So it is solely meant
14 to place their ability to order medications related
15 to the administration of anesthesia, not to prescribe
16 medication to be taken -- filled at the pharmacy and
17 taken home.

18 So the basic function of the bill that we
19 are introducing, and we hope to have that -- I
20 believe it will be introduced actually today, so that
21 the joint sponsors have filed the legislation. And
22 we expect it to be introduced this week and be
23 proffered in public.

24 The major function of it is to take the
25 existing four functions that are in the current scope

1 administer fluids, treatments and drugs for
2 conditions related to the administration of
3 anesthesia, select and order, administer pain relief
4 therapies.

5 The current Revised Code says that a CRNA
6 may perform post anesthesia care. So, again, we're
7 offering the clarification that they may perform and
8 document post-anesthesia care preparation and
9 evaluation; also be able to direct Registered Nurses,
10 Licensed Practical Nurses and Respiratory Therapists
11 to provide supportive care as necessary for patient
12 management and care.

13 The current Revised Code also states that
14 a CRNA may perform clinical functions, so we add some
15 clarity to what the clinical functions are. That
16 language is retained in our draft that they may
17 perform clinical functions.

18 MS. SUNDERMAN: That was the timer.

19 MR. HOLLABAUGH: Thank you. Is that the
20 timer? Okay.

21 VICE CHAIRMAN DiPIAZZA: That was the
22 timer.

23 MR. HOLLABAUGH: That is the basic
24 outline of what the actual legislation looks like,
25 and I'd be happy to answer any questions. Yes.

1 MEMBER SCORDO: I'm just curious,
 2 probably from a political standpoint would be my
 3 guess, but why not collaboration as opposed to
 4 supervision? Is that not I mean even thought of?
 5 Because we're in a collaborative state. So you're
 6 talking about under the supervision of a physician.
 7 Is it not -- are you looking to collaborate with a
 8 physician as opposed to being supervised or is that
 9 something that's totally --
 10 MR. HOLLABAUGH: It's not something that
 11 we have directly complicated because I don't think
 12 that -- we don't think that most accurately reflects
 13 the actual practice of anesthesia. So they're
 14 working under the supervision and then being
 15 consulted for the anesthesia services which we're
 16 trying to reflect in the legislation.
 17 MEMBER SCORDO: So you feel that you need
 18 that under the supervision as opposed to in
 19 collaboration with a physician?
 20 MR. HOLLABAUGH: Yes, correct. That will
 21 be maintained. That's the way the current statute is
 22 now, so that would allow the facilities and
 23 physicians to be able to --
 24 MEMBER SCORDO: No, I'm see it as getting
 25 away from the supervision and doing collaboration

1 minute.
 2 MS. GREAVES: Thank you for allowing me
 3 or all of us actually the ability to speak for a few
 4 minutes and just kind of provide some updates.
 5 As many of you have probably been aware,
 6 House Bill 177 had testimony with Representative
 7 Brinkman about three weeks ago and presented the bill
 8 and the Health Committee. And OAAPN is thankful for
 9 the support of all the APRNs who are writing letters,
 10 speaking to our legislator, just providing that
 11 encouragement to their legislators from their
 12 constituents with regards to this House Bill.
 13 It does make a huge difference for our
 14 process moving forward trying to remove the standard
 15 of care arrangement. It will continue. And as you
 16 probably already know, we are having proponent
 17 testimony tomorrow which is super exciting for all of
 18 us and the next step as the bill does move forward
 19 through the Health Committee.
 20 So side subject also, as you guys are
 21 working on your interpretive guidelines and speaking
 22 about that a little bit more this morning, the stuff
 23 from across the street, I had a few comments, and I
 24 appreciate that, we were able to provide as outsiders
 25 comments that we may have in regards to this

1 which is what, you know, we have, is where I was
 2 going with it. We didn't want supervision. We got
 3 collaboration. I'm just wondering why you're not
 4 pursuing kind of the same thing that the other APRNs
 5 did.
 6 MR. HOLLABAUGH: That was part of the
 7 initial draft of legislation. So as we're working
 8 through the process, we realize that's become a very
 9 big sticking point. So we're willing to work with --
 10 we're trying to work as hard as we can with
 11 everybody --
 12 MEMBER SCORDO: Baby steps, right?
 13 MR. HOLLABAUGH: Good baby steps.
 14 MEMBER SCORDO: Good luck.
 15 MR. HOLLABAUGH: Thank you.
 16 VICE CHAIRMAN DiPIAZZA: Any other
 17 questions?
 18 MR. HOLLABAUGH: Thank you.
 19 VICE CHAIRMAN DiPIAZZA: Thank you.
 20 MEMBER SCORDO: Thank you.
 21 VICE CHAIRMAN DiPIAZZA: Our next speaker
 22 is Joscelyn Greaves.
 23 MS. GREAVES: Hi all. Welcome, Pete, to
 24 your new role.
 25 VICE CHAIRMAN DiPIAZZA: For a hot

1 interpretive guideline.
 2 All of you should have received that. I
 3 think it did get e-mailed out, some of our opinions,
 4 and so I just kind of wanted to comment and hit on a
 5 few of those again. These are more questions I have
 6 back to you that maybe you can think about that I'm
 7 sure other APRNs will have depending on where you
 8 guys go with this draft.
 9 You probably are all aware about the ones
 10 that they're Master or Doctoral trained. What about
 11 the ones that are certificates and that didn't really
 12 go in to finish their Masters and they were
 13 grandfathered in? Where do we need to address those
 14 in those guidelines?
 15 The definition of critical care is
 16 technically a billing definition. In primary care in
 17 outpatient practices, we are seeing some acute
 18 conditions which we know, sinusitis, those kinds of
 19 things, but what happens if someone with an acute MI
 20 or someone who's a stroke or someone actually codes
 21 in your office? Now, I realize those are not things
 22 that are common but will an FNP get in trouble or
 23 have issues if they're trying to treat or stabilize
 24 that patient?
 25 What about patients who are FNP

1 certification for emergency -- emergency rooms, where
2 is -- how is that addressed in the guidelines because
3 technically they do have an FNP to be able to get
4 that emergency room certification.

5 And then what about some procedures. And
6 I think Lisa might have hit on this, so forgive me if
7 you did last time, do procedures or do not procedures
8 fit into these guidelines because those are training
9 certifications that you can take or is that something
10 that you have different guidelines, scope of
11 practice. Again, forgive me if you did address that
12 last time.

13 And then what about the patients that are
14 like pediatrics or neonatal that have congenital
15 diseases that they then progress into their
16 adulthood? And so if you look on those graphs, the
17 boxes, they stop at young adulthood, what about
18 those? Typically those pediatrics treat into that
19 adulthood population. How is that addressed and does
20 that go outside of those guidelines?

21 So just kind of -- These are questions
22 that probably other APRNs are going to have and so
23 I'm just trying to provide them as things that maybe
24 you can kind of think about as you move forward in
25 working on them.

1 MS. GREAVES: Right.

2 MEMBER WRIGHT-ESBER: And so trying to
3 put a rule around it has been difficult because of
4 definition.

5 MS. GREAVES: Yeah, I know that you guys
6 have all talked about it over the last couple years
7 or two years what is the definition of critical care
8 which -- and, you know, the thought that -- the
9 concern that we have is that if you have this as the
10 definition, it's a billing definition, outpatient
11 providers bill high complexity.

12 So you might have a patient that has four
13 different diagnoses, you know, hypertension, diabetes
14 and acute angina or whatever and that you're treating
15 them in an outpatient setting. So if they're a bill
16 high complexity or a critical care complexity, then
17 they come back and now they're dinged because they're
18 billing at high complexity where they could make
19 decent money in the outpatient setting. So that was
20 just kind of the thought we had behind that.

21 MEMBER WRIGHT-ESBER: So your concern is
22 if they -- and they do, I have billed level 5, you
23 know, on well -- well visits, so your concern is that
24 then that might reflect as them going beyond scope
25 because of the billing code?

1 I know this is a draft, and again, I
2 appreciate being able to provide comments, and
3 hopefully other people did as well, but those are
4 some of the concerns that we have. And my concern is
5 that questions like these or more will continue to --
6 to arise over the course of time and will this cause
7 more confusion by the APRNs and then maybe even
8 potentially hinder patient care. My thought is
9 sometimes simpler might be better.

10 That's it. Thank you. If you have any
11 questions, I'll take them.

12 VICE CHAIRMAN DiPIAZZA: Any questions
13 for Joscelyn?

14 MEMBER SCORDO: No, but thank you.

15 MEMBER WRIGHT-ESBER: I have a question.
16 So it's very interesting about the comment about
17 critical care being a billing code. And I guess my
18 question for OAAPN would be, so does OAAPN, you as
19 President of OAAPN feel that because it's so
20 specifically a CMS rule, that it's inappropriate to
21 use as the guideline here?

22 It's been one of our sticking points for
23 how many years of the definition of acute care
24 because the law clearly says that APRNs can take care
25 of acute disease.

1 MS. GREAVES: Right.

2 MEMBER WRIGHT-ESBER: I see. Thank you
3 for that.

4 VICE CHAIRMAN DiPIAZZA: So one of the --
5 I'll just make a comment regarding the CMS billing.
6 So while the definition is definitely from CMS
7 billing, we also want to keep in mind the World
8 Health Organization also uses a very similar
9 definition to define what is acute care. I know we
10 brought those two definitions forward several
11 meetings ago. Just wanted to make that comment.

12 MS. GREAVES: And these are just
13 thoughts.

14 VICE CHAIRMAN DiPIAZZA: Yeah, no, very
15 good thoughts.

16 MEMBER WRIGHT-ESBER: Good thoughts.

17 MS. GREAVES: Thanks, guys. Have a great
18 day.

19 MEMBER WRIGHT-ESBER: Thank you.

20 VICE CHAIRMAN DiPIAZZA: So, Kellie....

21 MS. DEETER: Yes, hi.

22 VICE CHAIRMAN DiPIAZZA: How are you?
23 This is Kellie Deeter.

24 MS. DEETER: Hello. Kellie Deeter, Ohio
25 State Association of Nurse Anesthetists. I just

Page 25

1 wanted to follow up on your question, kind of give
 2 some context regarding the collaboration. Since we
 3 work in the immediate presence of our supervising
 4 physicians, it would be impossible to collaborate
 5 with maybe 50 or a hundred physicians that may be
 6 supervising at any given time because it's not just
 7 one physician. So we would have to have a standard
 8 of care agreement with up to 50 or a hundred
 9 different physicians depending on what facility you
 10 worked in....
 11 MEMBER SCORDO: Unless you have the chief
 12 give it. I was leaning more towards of what we
 13 fought for for years. We didn't want supervision; we
 14 wanted collaboration.
 15 MS. DEETER: Right, which required a
 16 standard of care agreement.
 17 MEMBER SCORDO: To kind of get to your
 18 side --
 19 MS. DEETER: But we could work up to like
 20 it could be 50 to a hundred physicians, so it would
 21 be one separate physician that we would be
 22 collaborating with rather than the physician we're
 23 working with.
 24 MEMBER SCORDO: No, I understand.
 25 MS. DEETER: Because there are some

Page 26

1 states that do have collaboration of nurse
 2 anesthetists, so....
 3 MEMBER WRIGHT-ESBER: Just to comment
 4 too, I mean this is strategic why supervision is
 5 still in there, and I appreciate that, but the
 6 physician assistants have to list everybody and so
 7 many of them are surgical, that you will see them
 8 with 30, 40, 50 physicians on their supervisory
 9 agreement, so don't let that be a barrier.
 10 MS. DEETER: Right, but in Ohio,
 11 collaboration requires the standard of care, so
 12 that's kind of something....
 13 MEMBER FURSTEIN: And if you're like
 14 running a CRNA group, then you also have -- would
 15 have to have collaboration agreements with every
 16 single surgeon across every single service, so this
 17 likely would be hundreds of all the surgeons that you
 18 work with.
 19 MS. DEETER: Including anesthesiologists,
 20 including ER physicians that call us or....
 21 MEMBER FURSTEIN: Yeah.
 22 MEMBER SCORDO: Even if you had a
 23 designated chief or a chair that could sign for that?
 24 MS. DEETER: The collaborator is supposed
 25 to be a nurse specialty.

Page 27

1 MEMBER WRIGHT-ESBER: And the Chair of
 2 Anesthesia.
 3 MS. DEETER: So it would be difficult, I
 4 mean, but the ER physician --
 5 MEMBER SCORDO: But that's anesthesia,
 6 right?
 7 MS. DEETER: -- is not an
 8 anesthesiologist. So we're not sure how that would
 9 play out either or how that would work.
 10 MEMBER SCORDO: Thank you for that
 11 clarification. We were trying to help you out.
 12 VICE CHAIRMAN DIPIAZZA: Moving on. Next
 13 business is Draft Interpretive Guideline, OAAPN
 14 comments. Kris, were you going to say something?
 15 MEMBER SCORDO: Well, are we going to
 16 talk about interpretive guidelines in the comments?
 17 MS. EMRICH: Yeah.
 18 MEMBER SCORDO: That's what I have. Is
 19 that okay?
 20 VICE CHAIRMAN DIPIAZZA: Yes, that's what
 21 we're moving to.
 22 MEMBER SCORDO: First of all, thank you
 23 to the people that are working on these interpretive
 24 guidelines because we know this is a major task. So
 25 I have a number of things I'd like to go through, if

Page 28

1 you could please bear with me, okay.
 2 So I'd like to speak to some of the
 3 comments and the documents that we were given for a
 4 review. It's my understanding they are public. We
 5 all know that scope of practice is a legal term. I
 6 think Lisa just passed out some other things too.
 7 It's based on nationally vetted competencies, formal
 8 graduate education and certification.
 9 It can be narrowed by the employee's
 10 desires, but it cannot be expanded so that an adult
 11 acute care person, we're not qualified to take care
 12 of these pediatric people or to provide wellness and
 13 women's health or an internal medicine type of a
 14 practice.
 15 A family psych person isn't qualified to
 16 provide primary care for physicians such as
 17 pneumonia, hypertension, things along those lines.
 18 Peds primary care NP isn't prepared to provide
 19 intrapartal care to laboring women and the list goes
 20 on and on and on. We tend to focus on acute care,
 21 but we have other issues elsewhere.
 22 There's specialization in all fields.
 23 And I think a good example of that is if a family
 24 physician wants to do neurosurgery, there is no
 25 hospital that I would imagine where the board of

1 medicine would allow them to or credential them to do
2 that. So they went back for further education and
3 for certification. So that I think we have to keep
4 that piece in mind because it's a public -- it's to
5 protect the public.

6 Now, with respect to fellowships, and you
7 could all go online and read our FAQs, CCNE is in the
8 process of developing standards for accreditation of
9 graduate fellowships. Some places call them
10 residencies. That's unfortunate. They're
11 fellowships, okay.

12 They have made it clear and when our
13 Chair met with NOF, one of the concerns was is the
14 intent to increase scope of practice, and it was a
15 resounding no. And it's right in their FAQs that the
16 point of these -- developing these standards for
17 accreditation is that CCNE was asked, but it was very
18 clear that the fellowships do not expand their scope
19 of practice because the education needs to be within
20 the person's scope of practice and certification.

21 I gave you an example, I don't know when,
22 about if I went out and learned how to deliver babies
23 or do colposcopies, that does not make me a women's
24 health provider, nor does it make me any type of a
25 midwife.

1 I will tell you it comes up at every
2 meeting. It's an issue. Acute care people cannot
3 take this exam. It's based on portfolios. It's --
4 it's -- we have a ways to go. I said before at this
5 meeting that I really think we do a disservice to
6 people that are working in emergency rooms because
7 it's a specialty in and of itself.

8 So I do think when we look at all of
9 this, we have to keep in mind that scope of practice
10 is a legal term and it is on nationally vetted
11 competencies and formal education and certification
12 and -- when we're working on this.

13 And there's a lot of gray areas. And one
14 of the things that we had talked about the last time,
15 and maybe I missed it, but on the guideline, we had
16 said that we really need to reference primary care
17 scope of practice, women's health. I mean, we need
18 some kind of an arrow or something or asterisk that
19 sends the person back to their scope and standards of
20 practice for the exam they sat for.

21 I know that we have the references here
22 for the exams, but I think we actually need the
23 scopes and standards of practice that have been
24 vetted by all of these organizations as something
25 that's follow-through with this whole consensus

1 And I know that whole thing was brought
2 up about acute MI. Even in my chronology about this,
3 the treatment would be to call 911, I don't care
4 where you're at. I mean, even the MA's would know
5 how to do CPR, so that was... but that was one thing.

6 My understanding from at our last NOF
7 meeting, and Lisa probably knows more about this than
8 I do, the Council of State Boards funded a research
9 study that is going to really query the hospitals and
10 credentialing boards for really an understanding of
11 where they're at because not everybody's got somebody
12 like Sandy on board who's got a good handle on scope
13 of practice. We know that's the case not just in
14 Ohio but throughout the United States, but I think to
15 get that information, which I think is not going to
16 come forward for another year or so, is going to be
17 amazing.

18 The whole thing with the emergency room
19 is an issue on a national level. It came up at the
20 LACE meeting at NOF, Licensure Accreditation
21 Certification Education, the standards for LACE under
22 the APRN consensus model. My understanding is from
23 the national and state boards, and I know Ohio is
24 there, is that it does not increase the scope of
25 practice.

1 model. Thank you for listening.

2 VICE CHAIRMAN DiPIAZZA: Kris, you're
3 speaking specifically to the scope of practice, not
4 the core competencies that you had referenced, right?

5 MEMBER SCORDO: I would -- yeah, as I
6 said, scope and standards of practice are in the
7 yellow. Primary care is blue. I mean, there's a
8 whole bunch of them that are out there that are
9 taught in the leadership classes that the students
10 have to get.

11 So I think that would be -- you know,
12 because that's what they need to refer to, is that
13 there's scope and standards of practice for peds,
14 acute, primary, neonatal, women's health and I think
15 we need to definitely reference that in this
16 document. I would refer people back to that.

17 So this is great. This is -- I mean,
18 we're working on this guideline, and that's just it,
19 it's a guideline, but I think these people need to be
20 aware that, hey, look at your scope and standards of
21 practice, the certification exam that you took,
22 right? Does that make sense?

23 VICE CHAIRMAN DiPIAZZA: Yes. Yes, it
24 does. Thank you.
25 Sandy.

1 MEMBER WRIGHT-ESBER: So, you know, just
2 to harp back to the past two years, this has been the
3 problem all along, you know, this kind of
4 oversimplification of scope. Yes, that's scope, but
5 then it's mostly gray areas that we're talking about.

6 MEMBER SCORDO: Agreed, agreed.
7 MEMBER WRIGHT-ESBER: This is, again, the
8 same issue. I'm just afraid you're oversimplifying
9 it, Kris. So as we move forward to look at what
10 Jeana Singleton has put forward for OAAPN and the
11 guidelines that the Board laboriously have been
12 working on too, I think that we have to keep in mind
13 that we haven't really clarified that, that this is
14 all about putting a rule on something that there's
15 still a lot of disagreement.

16 I don't disagree about scope, but I
17 disagree about training and what's beyond scope is
18 critical to your practice. And yes, you're
19 absolutely right, I wouldn't go do neurosurgery.
20 We're not talking about those areas. We're talking
21 about the areas that are much harder to define.
22 Surgical procedures, you do a -- ask for a privilege,
23 you do your competency, you're doing surgical
24 procedures in outpatient setting, that happens all
25 the time.

1 Because there are many -- for example,
2 there are many FNP's who are working in acute care
3 settings which is not a problem, but it's when
4 they're taking care of hemodynamically unstable
5 patients that is outside of their scope of practice.
6 And when you have acute care nurse practitioners
7 taking care of stable patients in a specialty clinic,
8 in my opinion that is not outside of their scope of
9 practice.

10 So I mean I think there are gray areas
11 but I -- and when I first looked at this chart, it
12 was sort of confusing to me. I wasn't at the last
13 meeting, so boo on me, but I still think that it
14 leaves a lot to gray. I'm not sure -- and I
15 appreciate all the work that went into it, but what
16 is orange? What is yellow? It just says usual
17 health and critical, and I'm not sure that it gives
18 enough -- gets rid of enough gray to define where the
19 line is, you know what I mean, the line in the sand.

20 VICE CHAIRMAN DiPIAZZA: Do we want to
21 get rid of that gray?

22 MEMBER MINIARD: Right.

23 MEMBER WRIGHT-ESBER: We can't get rid of
24 the gray, it's always with us. But the line, I mean,
25 we talked about that at the last meeting, Jody, that

1 MEMBER SCORDO: That's not critical care.
2 I mean, to me it's not. I mean, the FNP can learn --
3 MEMBER WRIGHT-ESBER: Right, but
4 you're -- wait, I'm not talking about that. I'm
5 talking simply about scope and how you expand what
6 you are able to do beyond your initial training.

7 MEMBER SCORDO: But that is taught in
8 training.

9 MEMBER WRIGHT-ESBER: Sometimes depends
10 on the person's training.

11 MEMBER MINIARD: Well, I don't think
12 that -- from an education standpoint, I mean, I would
13 have to agree with Kris and probably because we're
14 both educators, from an education standpoint, there
15 are many things that people will do within their
16 scope of practice that are not taught in the
17 classroom, so -- because you can't teach everything
18 in an academic program.

19 But there are things that are outside of
20 the scope that people -- that I think that's where
21 we're coming into the -- to me, that's where the gray
22 area is, is not some of the things that are within
23 the scope but the things that are outside of the
24 scope that people are being -- that people are doing
25 in primary care or acute care per se.

1 that line -- you know, it's not a line.

2 MEMBER MINIARD: It's a waving...

3 MEMBER WRIGHT-ESBER: Fading or
4 something.

5 MEMBER MINIARD: And I don't think you
6 want to get rid of the line, you don't want to get
7 rid of the gray, but I don't mean it in a way that
8 it's punishable, but in a way that it's definable and
9 understandable and gives guidance to the practicing
10 APRNs as to exactly -- you know, there has to be some
11 sort of wavy line, diagonal line, something that they
12 understand where they're supposed to be in a gray
13 broad spectrum.

14 VICE CHAIRMAN DiPIAZZA: Sure.

15 MEMBER MINIARD: I think there needs to
16 be more a definition of that.

17 MEMBER FURSTEIN: One of the challenging
18 pieces when we alluded to this years ago was also the
19 evolution in practice as well. So what was once seen
20 as critical care is not necessarily critical care
21 anymore. So that's where it's challenging in trying
22 to remove the gray entirely.

23 And Latina brought up when she was here
24 the perfect example of a transition through the gray
25 is your asthmatic which may be seen in a primary care

1 all the way through the critical care setting or your
 2 diabetic, there's lots of examples, that I'm not sure
 3 you're ever going to be able to remove the gray.
 4 MEMBER SCORDO: And if we can take the
 5 focus off the acute, because you've got primary peds,
 6 and you've got psych, we just -- I didn't interview
 7 this person, but a relatively new FNP doing
 8 psychotherapy and managing these really complicated
 9 psych patients, to me that's a little bit dicey. I
 10 wouldn't want to do that.
 11 MEMBER FURSTEIN: In ICU, we get all the
 12 admissions if they overdose. We get them for the
 13 first 24 to 48 hours, you know, looking out for --
 14 MEMBER SCORDO: She's doing this
 15 constantly on an outpatient basis.
 16 MEMBER FURSTEIN: So are we
 17 unfortunately.
 18 VICE CHAIRMAN DiPIAZZA: I have a
 19 question for the committee, and maybe it's been
 20 discussed before and I just wasn't a part of the
 21 committee at the time. And I think I heard a little
 22 bit -- a little bit of this maybe in Sandy, some
 23 comments you have made, but have we ever defined what
 24 formal education is other than just academic?
 25 MEMBER WRIGHT-ESBER: Well, I think we

1 couldn't I put them in an ED if they stop when the
 2 patient gets critical just like you said you do --
 3 MEMBER MINIARD: That's appropriate.
 4 MEMBER SCORDO: Well, yeah, if they're in
 5 fast track, that's appropriate. I think we agree on
 6 that. If an NP is working in fast track, it's very
 7 appropriate.
 8 MEMBER WRIGHT-ESBER: But no, an ED, if
 9 they're in an ED, let's say a rural -- let's say a
 10 rural ED where, you know, that's a mix. It's not
 11 Metro Health ED where we have gunshots and all kinds
 12 of things all the time, right? That's critical. We
 13 have critical patients all the time in our ED, 350 a
 14 day or something we do.
 15 So the rural place where there's an FPNP,
 16 for sake of argument, we'll say she or he has not
 17 trained -- has the additional certification in ED,
 18 normally they just get run of the mill things that
 19 are like Metro Health's express care which we
 20 actually had a gunshot there once.
 21 MEMBER SCORDO: So you stabilize the
 22 person and you transport them.
 23 MEMBER MINIARD: Right, which is
 24 typically what happens in a rural ED, an acute
 25 patient is transferred.

1 did -- we haven't other than what Kris just put
 2 forward, but I think in the OAAPN model, so their
 3 draft, they try to define it a little more. So I
 4 don't know if you've gotten through this. This is a
 5 very important document I think for this group.
 6 MEMBER SCORDO: It's formal graduate
 7 education. So how would you define that?
 8 VICE CHAIRMAN DiPIAZZA: So that's how --
 9 that's how I have come to understand it --
 10 MEMBER SCORDO: Right.
 11 VICE CHAIRMAN DiPIAZZA: -- but what I'm
 12 wondering if we need to define it because formal
 13 education, I hear a lot of folks often refer to I've
 14 had continuing education, I've undergone a fellowship
 15 or a residency program.
 16 MEMBER WRIGHT-ESBER: Well, as Jody just
 17 said, you can't teach everything in an academic
 18 program. You just said it all right there. If you
 19 can't teach it all in an academic program and then I
 20 get them as the employer, I need to continue to teach
 21 them.
 22 MEMBER SCORDO: Right, within their scope
 23 of practice, so we agree on that.
 24 MEMBER WRIGHT-ESBER: So a family
 25 practice NP who did training in an express care, why

1 MEMBER WRIGHT-ESBER: So correct,
 2 exactly.
 3 MEMBER SCORDO: I think we all agree on
 4 that piece.
 5 MEMBER WRIGHT-ESBER: I don't get what
 6 the argument is.
 7 MEMBER SCORDO: Well, that's why I want
 8 to take this whole focus off of acute care because
 9 it's a lot of other specialties and it's always been
 10 acute care, and it's like wait a minute, there's
 11 other issues and it's going on in the United States.
 12 MEMBER WRIGHT-ESBER: Ohio law says APRNs
 13 can deal with -- can manage acute disease and
 14 illness, so we are allowed to. Acute, it's in the
 15 law. It's in the law.
 16 MS. EMRICH: Says acute illnesses?
 17 MEMBER WRIGHT-ESBER: Illnesses, right,
 18 same thing. Acute illnesses, what does that mean?
 19 Again, it's gray. I think what the board was trying
 20 to do with this colorful document was to try and say
 21 critical care, which I liked that definition, but now
 22 as I hear from OAAPN and read this document, you
 23 know, will that cause more problems than we are
 24 looking for.
 25 I like the fact that the critical care

1 comment means that patient is truly, truly sick, and
 2 I think even Kris said, as an acute care NP who works
 3 in an outpatient setting, she wouldn't manage that
 4 patient either.
 5 MEMBER SCORDO: You have to transfer them
 6 out. My treatment would be 911.
 7 MEMBER WRIGHT-ESBER: Right.
 8 VICE CHAIRMAN DiPIAZZA: So it sounds
 9 like what's concerning might be those shades of
 10 orange that lead up to the red?
 11 MEMBER WRIGHT-ESBER: Well, I feel also
 12 after I had a chance to review this document, I feel
 13 your intention from the Board was to be clear, and
 14 it's not clear. It's muddier I think, and there
 15 would have to be too many explanations to make it
 16 usable. There's overlap. You know, CNSs, where do
 17 they fall? We talked a little bit about that at the
 18 last meeting.
 19 MS. EMRICH: I need to be clear. This
 20 particular IG -- draft IG is specific to Certified
 21 Nurse Practitioners. It does not address CNM scope
 22 of practice, nor a CNS scope of practice, nor a CRNA
 23 scope of practice. Each one of those APRNs have
 24 their own distinct statutory scope of practice, so
 25 this application -- the application of CNP applied

1 VICE CHAIRMAN DiPIAZZA: Part of this
 2 work.
 3 MEMBER WRIGHT-ESBER: But again, many of
 4 them even though the traditional CNS that you're
 5 thinking of, and I have those, the traditional CNSs
 6 that is in the nursing world and doesn't bill
 7 typically different from the CNS who is billing doing
 8 face-to-face interactions with patients.
 9 MEMBER SCORDO: I know that's what goes
 10 on out there.
 11 MEMBER WRIGHT-ESBER: That's in their
 12 scope. That's in their training, and that's in their
 13 scope. So I think we have to not exclude them if
 14 we're trying -- you're going to see that more and
 15 more. You know, these CNS programs don't have enough
 16 of the traditional CNS roles. So many of them are
 17 looking at jobs that are what you would call an NP.
 18 There's nothing in law that precludes a CNS from
 19 doing that type of work. They have an APRN license.
 20 They can prescribe. They can manage patients just
 21 like an NP. So I think we're ignoring the fact that
 22 they should be included if we're going to do this
 23 kind of rule and model.
 24 VICE CHAIRMAN DiPIAZZA: If I could make
 25 a recommendation that perhaps maybe we save the CNS

1 only to the IG.
 2 MEMBER WRIGHT-ESBER: You want us to
 3 raise our hands. Correct, but CNSs function very
 4 much like NPs in many, many settings. That is the
 5 modern way to use CNSs. It is within their scope.
 6 They have the didactic training and the clinical
 7 training. Most -- many are parallel with NPs in
 8 their training except the systems, when they learn
 9 process and systems. That's where they're -- they
 10 differ. So why are we singling out NPs when we have
 11 to consider CNSs.
 12 And then, you know, psych CNSs were the
 13 original -- they no longer train that way, but the
 14 psych CNSs were the original mental health providers
 15 back in the day. Now you have to be an NP. We have
 16 to -- there's so much complexity of who these people
 17 are. To try and put it in a nice, neat table, I just
 18 don't think it can be done.
 19 VICE CHAIRMAN DiPIAZZA: Is the thought,
 20 Lisa, that this committee at some point will address
 21 CNS in a similar manner?
 22 MS. EMRICH: Well, CNSs have not raised
 23 any questions on concerns as the NPs have. They're a
 24 different certification, scope of practice. So it's
 25 the CNSs have never been at question.

1 conversation then for another time so that we
 2 don't -- because they are from what I hear very
 3 different from a scope of practice, educational. If
 4 we could maybe just focus on the APRNs.
 5 MEMBER WRIGHT-ESBER: Well, APRNs include
 6 CNSs.
 7 MEMBER MINIARD: I agree.
 8 MEMBER SCORDO: It's complicated enough.
 9 VICE CHAIRMAN DiPIAZZA: It's complicated
 10 enough.
 11 MEMBER WRIGHT-ESBER: But, again, as an
 12 employer, I have those people. I have those people.
 13 And if you're going to tell me as the employer -- you
 14 know, academics is different, so you're training
 15 them, but then I have them in real world and they're
 16 functioning and then you're making an algorithm that
 17 I can't slot them in, and that's when you will get
 18 questions.
 19 I'm trying to be proactive here so you're
 20 not missing the boat on what's really going on out
 21 there. There's not a lot of them, but you're going
 22 to see more and more because they can't get jobs in
 23 the traditional CNS role.
 24 VICE CHAIRMAN DiPIAZZA: I think if we
 25 could perhaps get this model to reflect what we want,

1 it might be easier and pave the way for addressing
 2 that for CNSs.
 3 MEMBER WRIGHT-ESBER: I think we should
 4 build it in would be my recommendation so that we
 5 don't have to go back.
 6 MS. EMRICH: I think if you were to do an
 7 IG for CNSs, it would be a separate IG.
 8 MEMBER SCORDO: They would look
 9 different.
 10 MS. EMRICH: It would not be -- it's just
 11 not -- from the way the Board develops interpretive
 12 guidelines, interpretative guidelines -- may I
 13 continue?
 14 VICE CHAIRMAN DiPIAZZA: Absolutely.
 15 MS. EMRICH: Interpretive guidelines are
 16 in and of themselves not enforceable by the Board.
 17 They are truly a guideline. And the whole idea of a
 18 guideline is to take existing statute and rules and
 19 apply that to particular situations since we've been
 20 doing that with Registered Nurse practice for a
 21 number of years now and LPN practice.
 22 So this is the first attempt at an
 23 interpretive guideline for APRNs, specifically
 24 APRN-CNPs. As this process of application comes up
 25 and we've been asked to do it, understanding that the

1 certifications defined the population by specific
 2 age. They no longer do that. And this reflects the
 3 general physiological or developmental age.
 4 MEMBER SCORDO: Right.
 5 MS. EMRICH: And so that's reflected
 6 here.
 7 MEMBER SCORDO: I know, that's terrible.
 8 The acute care, it used to be 18, and then they came
 9 off the website and none of us were really thrilled
 10 about that, and then they go with what it says in the
 11 APRN consensus model.
 12 MS. EMRICH: In providing the references,
 13 our goal or hope is that persons would refer back to
 14 the national organization's certification.
 15 MEMBER SCORDO: Can we request that the
 16 scope and standards of practice for all of these
 17 different areas is put on there so people can know to
 18 at least refer to their own scope and standards of
 19 practice?
 20 MS. EMRICH: Within the national
 21 certifying organization?
 22 MEMBER SCORDO: Yeah. You know, like
 23 AAPN has the scope of practice for acute care. The
 24 primary care people have theirs. Peds has NAFED.
 25 NAFED has got theirs. Psych, mental health, you know

1 idea of an administrative rule to clearly define
 2 terms was not what this committee -- the direction
 3 this committee wanted to go.
 4 So, therefore, we took the statute,
 5 pulled in the national certification which is
 6 referenced and then provided you with this particular
 7 chart and IG. If we were to do a CNS one, it would
 8 be different based on that statute for the CNSs and
 9 their rules related and then there's certifications
 10 as well.
 11 VICE CHAIRMAN DiPIAZZA: Lisa, with this
 12 draft, with this chart, when the lines were
 13 determined to end at a certain point, what was used
 14 to say this is where we think that line falls?
 15 MS. EMRICH: We went with what that
 16 particular certifying recommendation stated within
 17 its standard. Now, could it be more orange, could it
 18 be more red? Yeah, that is the human part of it.
 19 That's arbitrary in that sense, but it got as close
 20 as to what we in reading versus trying to
 21 objectively/subjectively apply that, that's where we
 22 were.
 23 VICE CHAIRMAN DiPIAZZA: Okay.
 24 MS. EMRICH: The age ranges, I come back
 25 to when -- with the -- years ago national

1 that. So I would definitely put that as a reference,
 2 their scope and standards of practice. I mean, they
 3 should know them, but I would definitely because, you
 4 know, you go to -- that's something that needs to be
 5 looked at...
 6 VICE CHAIRMAN DiPIAZZA: Is there
 7 anything that this committee would find more helpful
 8 with this diagram that...
 9 MEMBER SCORDO: What's written here is
 10 pretty good. And then if we refer them back to their
 11 own scope -- their scope and standards of practice, I
 12 think that would be very helpful also. I mean, what
 13 qualifies this individual to care for this patient,
 14 that's the first thing the lawyers in risk management
 15 ask, having worked with all of them. And it's going
 16 to go back to their certification, scope, formal
 17 education, scope and standards of practice, then
 18 education within that field.
 19 MEMBER MINIARD: I don't know if
 20 there's -- I can't think off my head what would be
 21 more helpful. Like I agree with Kris that their
 22 written language here is much more helpful than the
 23 chart, than the visual. It's very -- it tends to try
 24 to draw a line where there is no line, right, but it
 25 doesn't. It makes it even more vague of

1 understanding where that is.
 2 I think having it as written language,
 3 and I agree with Kris that, you know, giving
 4 reference including those scopes of practice and
 5 things in the written language would be helpful.
 6 There's a couple of things on here that I thought
 7 were interesting that I just want to comment on. Can
 8 I?

9 VICE CHAIRMAN DiPIAZZA: Absolutely.

10 MEMBER MINIARD: So I think it's
 11 interesting that if you compare the two acute
 12 populations here, so, for example, pediatrics and
 13 adult gerontology acute, how their level of where
 14 they can treat is very different.

15 So pediatrics starts in the orange and
 16 adult acute care starts yellow. So I think that's
 17 kind of interesting and confusing. And then keeping
 18 in mind, too, that all of these -- so all of the
 19 scope of practice put out by NOF for the
 20 competencies -- I should say not scope of practices,
 21 the competencies by NOF all include wellness in the
 22 care of a chronic condition.

23 And I think it's interesting that in this
 24 one, the acute care don't start until the yellow, but
 25 wellness care and chronic conditions is included in

1 primary care provider in that heart failure clinic
 2 because that's the only place they go for treatment.
 3 So she treats their diabetes, their hypertension,
 4 their hyperlipidemia, their sinus infection.

5 MEMBER WRIGHT-ESBER: So that would be
 6 acute care.

7 MEMBER SCORDO: You remind me that NOF --
 8 another reference here is that NOF has got great
 9 white papers on acute versus primary for pediatrics.
 10 I know I brought all this stuff up years ago. That
 11 is a good reference. And then they have just a white
 12 paper that's only like two, a couple pages long where
 13 they defined primary versus acute for peds. Peds has
 14 got a great article, peds and adults. So I think
 15 those are all good references and we can send them to
 16 you. I know I brought that up towards the beginning
 17 of the year.

18 MEMBER MINIARD: Yeah, I remember.

19 MEMBER SCORDO: So there's a lot of good
 20 documents already out there.

21 MEMBER WRIGHT-ESBER: So Jody, in your
 22 scenario, is that an acute care NP or a primary care
 23 NP?

24 MEMBER MINIARD: In a heart failure
 25 clinic?

1 the adult gerontology and acute competencies. I'm
 2 unsure about the pediatrics. I'm not sure. I don't
 3 teach in the pediatric program, so I don't have the
 4 answer to that, but I should have pulled that and
 5 looked.

6 So I think that's interesting that it
 7 kind of stops there. Because the way that I see it
 8 is the acute care certification gives above and
 9 beyond into that critical realm but includes within
 10 their --

11 MEMBER SCORDO: Because of the continuum
 12 of care.

13 VICE CHAIRMAN DiPIAZZA: For chronic
 14 disease management.

15 MEMBER MINIARD: Right. So for example,
 16 if you're working in a cardiology office, you may see
 17 a patient in an outpatient cardiology office. As an
 18 Acute Care Nurse Practitioner, you may see a patient
 19 who is not having -- maybe had an angina but not an
 20 acute MI, but that's a chronic condition. And you
 21 might very well be managing their hypertension, their
 22 hyperlipidemia, their diabetes.

23 For example, I can think of one
 24 particular nurse practitioner I know that works in a
 25 heart failure clinic. She is basically that person's

1 MEMBER WRIGHT-ESBER: Yeah.

2 MEMBER MINIARD: In my opinion it's an
 3 acute care NP.

4 MEMBER WRIGHT-ESBER: But they're
 5 managing....

6 MEMBER MINIARD: They're managing a
 7 chronic complex patient that could be potentially
 8 unstable, but I believe an acute care NP is not just
 9 practicing in the critical care unit because they are
 10 formally educated and certified to treat from
 11 wellness to critical.

12 So in my opinion, it's just a step above.
 13 There's just more that you can do because you are
 14 educated in the care of critical -- in critical care.

15 MEMBER WRIGHT-ESBER: So in your opinion
 16 acute care can do anything then?

17 MEMBER MINIARD: No, no.

18 MEMBER SCORDO: No. We don't do --

19 MEMBER MINIARD: We're not talking about
 20 working in internal medicine.

21 MEMBER SCORDO: Or women's health or
 22 anything along those lines.

23 MEMBER WRIGHT-ESBER: But what you're
 24 describing is what my internal medicine NPs do. They
 25 do all that.

1 VICE CHAIRMAN DiPIAZZA: Let me -- Let me
2 I guess because I think I know where you might be
3 going, Sandy, but let me ask you this question, could
4 an FNP work in that same heart failure clinic up to a
5 point of exacerbation that results in organ failure
6 or death?

7 MEMBER MINIARD: Yes.

8 MEMBER SCORDO: I mean, that's one plus
9 two heart failures, but when you're looking at 3 and
10 4 and along those lines, they're not -- I don't think
11 so.

12 MEMBER MINIARD: I can speak from the way
13 that our students are educated at my institution. In
14 my opinion, personal opinion, I do believe that an
15 FNP could care for a patient in a heart failure
16 clinic, okay.

17 But in the way they are educated at my
18 particular institution, I would have to agree with
19 Kris that when it becomes a stage 3 or stage 4 heart
20 failure, they're not educated, formally educated to
21 care for those patients. They do not have the
22 didactic or the clinical experience.

23 Because the way that the FNP's and the
24 primary care NPs are educated at my institution, they
25 are only allotted so many hours in a specialty

1 VICE CHAIRMAN DiPIAZZA: Sandy has her
2 hand up and I know Lisa has.

3 MEMBER WRIGHT-ESBER: So in your model,
4 everyone should be -- why be a primary care NP? You
5 should just go and get --

6 MEMBER SCORDO: No.

7 MEMBER WRIGHT-ESBER: Yeah, because
8 you're saying the acute care NP can do anything, not
9 women's health.

10 MEMBER MINIARD: I'm not saying that. I
11 think you're -- I'm sorry you're taking it that way.

12 MEMBER WRIGHT-ESBER: The logical -- the
13 logical conclusion to your argument then -- you're
14 not saying it, but the logic in what you're saying is
15 that that person can do --

16 MEMBER MINIARD: No, but I also said an
17 acute care NP should not be working in a primary care
18 office. Can they work as a hospitalist? Absolutely.
19 But should they be working in an outpatient primary
20 care office? No.

21 MEMBER SCORDO: Family practice, no.
22 Internal medicine, no.

23 MEMBER WRIGHT-ESBER: How about a real
24 sick population like my population? We have -- we're
25 mostly -- we're 75 percent Medicaid and Medicare.

1 clinic, and it may be in a heart failure clinic, but
2 it's a very limited number of hours versus what they
3 have to have for certification, maybe 60 to 90 to a
4 hundred hours out of their 700 that they need versus
5 an acute care NP who has 500 hours to sit for
6 certification.

7 All of those are spent caring for --
8 they're not all spent in the critical care and SICU,
9 the MICU, the CVICU. They are spent in outpatient
10 cardiology, heart failure clinics, nephrology,
11 urology, all caring for acute -- for well and acute
12 patients. That's all I can speak to.

13 But I can tell you that the competencies
14 in NOF does state that they are able to care across
15 from wellness to preventive care to critical care.

16 VICE CHAIRMAN DiPIAZZA: And it's based
17 on scope of practice.

18 MEMBER MINIARD: So I don't think it's
19 that they can do anything, but I think that it is a
20 very -- again, it's gray. And this I think it leaves
21 out that piece of it, and I don't want to be
22 exclusionary, nor do I want to be grafted to one
23 group or the other, but I think it's something that
24 needs to be brought up.

25 MEMBER SCORDO: I think that really --

1 MEMBER MINIARD: But I think you can make
2 the other logical -- I think you're uncharacterizing
3 what I'm saying, first of all, but I think you can
4 also make the argument that if an acute care NP
5 should not be working -- I think you have to -- I'm
6 not sure why you're taking such offense to that
7 because I'm not saying that everybody should be an
8 acute care nurse practitioner because not everybody
9 wants to work with hemodynamically unstable patients.
10 There's a reason why everyone picks a certain
11 specialty.

12 But at the same time, you can't say that
13 an FNP can do everything as well because they're
14 trained after their formal education. There has to
15 be some standard. Like an acute care NP should not
16 be working in a primary care internal medicine
17 office, okay, where an FNP should not be working in
18 critical care. It's just different ends of the
19 spectrum. One's down here and one's up here.

20 But from the way this chart looks, I
21 think that acute care NPs can care for wellness and
22 preventive and it leaves that out of here. But I do
23 not believe that an FNP is educated from a formal
24 education or within their scope or within their
25 competencies as set forth by all the national

1 organizations to be caring for critical -- in
2 critical care.

3 MEMBER SCORDO: And I would go beyond
4 that in trying to get away from acute care, is that
5 if you look at the FNPs that come out and think they
6 can do psychotherapy, this is what we're seeing,
7 okay, and taking care of these really complicated
8 psych patients of which they have no formal education
9 in and even if you went for a course after that, is
10 that really in your scope of practice, I don't think
11 so. So I think it's more than just acute versus
12 primary.

13 MEMBER MINIARD: That's just where the
14 focus is.

15 MEMBER SCORDO: That's where the focus
16 has been here, but I just think that we're dealing
17 with a lot more. A lot of the cases that are going
18 on now have to deal with psych, not just acute care
19 but psych.

20 VICE CHAIRMAN DiPIAZZA: So Lisa had a
21 comment.

22 MS. EMRICH: Oh, I'm always looking for
23 changes, additions, whatever needs to be for this.
24 Based upon what I'm hearing, what would you think
25 about removing the graph chart and simply referring

1 scope of practice for the certifying bodies. I think
2 once we start adding in all of these other
3 organizations, it will not offer any more additional
4 clarity. I think it will cause additional confusion.

5 These bodies are supposed to counsel,
6 right, our certifying bodies, to some extent, and so
7 I like the idea of referring back to the scope of
8 practice for their national certifications.

9 MEMBER WRIGHT-ESBER: Well, we always do
10 that.

11 MEMBER FURSTEIN: Right. I tend to
12 second what Pete said. As for the graphs, I think in
13 and of themselves they're actually helpful for a
14 quick glance. I think people are reading way too
15 much into this and trying to make these graphs
16 definitive. It's a quick reference for people who
17 may not know, who may be curious to know. In and of
18 itself, it's a quick and easy reference to point out
19 who may be appropriate to care.

20 But in terms of what Pete was saying, I
21 think it's completely spot on. I think us trying to
22 take charge of rewriting these is way beyond what
23 we're supposed to be doing here, and referring to our
24 predefined scopes that are already established would
25 make a lot more sense.

1 persons back to their national certifying
2 organizations, and its stated scopes and standards
3 pertaining to that particular certification?

4 MEMBER SCORDO: And some of these other
5 documents of these organizations have already worked
6 this out.

7 MS. EMRICH: Yeah. The Board, I mean, we
8 can certainly reference them since it talks about in
9 our statute, you know, practicing consistent with.
10 We cannot -- it's just difficult in the sense for us
11 to keep -- to republish other associations'
12 information which may change or be altered.

13 MEMBER SCORDO: No, I mean, you have the
14 links in the back of the document, so that if it's
15 just a matter of getting on additional references....

16 MS. EMRICH: Oh, the links and so forth?

17 MEMBER SCORDO: Yes, that's what I mean.
18 It's just to put it as links, so the scopes' change
19 of practice and we can send you those links or you
20 probably have these or those documents and some of
21 the white papers that have been produced.

22 VICE CHAIRMAN DiPIAZZA: I think I would
23 prefer, this is just my preference, and I don't know
24 that we have to make a motion on this or not, but I
25 think -- I like the idea of referring back to the

1 MEMBER MINIARD: I agree.

2 VICE CHAIRMAN DiPIAZZA: I think we're
3 going to have to just learn to live in the gray and
4 be able to say -- you know, be able to defend
5 ourselves, right, that I practice according to my
6 scope of practice, this is my reference, right, very
7 similar to why we write off label meds. We refer to
8 something that's very valid. I also like the idea of
9 keeping the graphs because it's a nice visual, easy
10 to glance at.

11 MEMBER MINIARD: Right. And I think you
12 have to keep in mind, the reason I brought it up is
13 just because I thought it was kind of at first glance
14 very confusing. And it is gray, but like you said,
15 we live in the gray.

16 And I don't -- keeping in mind, that none
17 of this is law or statute, okay. It's not
18 enforceable. I do agree with both of you that
19 referring back to the scope of practice is the best
20 probably approach.

21 In addition and, you know, maybe a
22 statement that says this is not -- it's a guideline.
23 You know, maybe most people in the public don't
24 understand the difference between guideline and
25 statute, that this is not enforceable. And I think

1 it comes down to employers understanding what scope
 2 of practice is, and I don't think it makes much sense
 3 for the board to limit beyond much more than that.
 4 VICE CHAIRMAN DiPIAZZA: Sandy, you had
 5 your hand up.
 6 MEMBER WRIGHT-ESBER: A couple comments.
 7 So is the purpose of this committee just to advise
 8 the board of what we think of these? Okay.
 9 And then my understanding from our last
 10 meeting, that there would be an open discussion
 11 for -- and I know OAPN because we have their letter
 12 must have gotten this -- and at what -- how much more
 13 discussion will happen before something like this
 14 would be finalized?
 15 VICE CHAIRMAN DiPIAZZA: I think it's up
 16 to the committee. I think it would be --
 17 MEMBER WRIGHT-ESBER: So from my
 18 perspective, so the academic may not understand what
 19 this would cause to someone like me who fields these
 20 calls all the time, so I'm the one who they say,
 21 whoa, what's this? And I would be calling the Board
 22 as I have many times to say please clarify. So
 23 here's my gray example, that's what I would be
 24 bringing a lot to the Board. So to me, the broader
 25 we would make something like this, the better when

1 heart, but they're not managing the compressors, the
 2 vents, anything like that. So I guess I just want to
 3 remind everyone of that as well. And then Lisa had a
 4 comment.
 5 MS. EMRICH: The age and so forth, that
 6 was taken from NCC, from their standards.
 7 MEMBER MINIARD: I think she's talking
 8 about the green to red. So there's no line that
 9 they're not carrying -- to me green is primary care,
 10 but it's all interpretive, you know.
 11 VICE CHAIRMAN DiPIAZZA: When I look at
 12 those guidelines, I look at the green to the red as
 13 the severity of illness, not primary care to old age.
 14 MEMBER WRIGHT-ESBER: If I was a neonatal
 15 NP looking at this guideline -- sorry. If I was a
 16 neonatal NP, maybe didn't have a strong director,
 17 sure, I can see up to age 2, I'll see those kids in
 18 your peds clinic after they're discharged from the
 19 NICU. So I think that one in particular is
 20 misleading. There's no line. So I really do take
 21 issue with that one. People could misinterpret.
 22 MEMBER MINIARD: So you take usual health
 23 versus critical health out and put severity of
 24 illness, and then you take out -- but I don't know
 25 that it's going to change this.

1 you actually have to use it in practice.
 2 Another comment on this is the
 3 neonatal -- and I know Erin is the neonatal NP -- and
 4 I've talked to my neonatal NPs, and they absolutely
 5 say they are not primary care, so this graph is
 6 totally erroneous in my opinion because this looks
 7 like I could hire a neonatal NP from birth to age 2.
 8 I would never put a neonatal NP in a pediatric clinic
 9 to see 2 and under. Never. That is out of their
 10 scope to do well child in up to age 2. And they
 11 agree when I talk to my group of -- I talk to a few
 12 of them and their lead, that that is not what they
 13 see.
 14 VICE CHAIRMAN DiPIAZZA: I know Lisa has
 15 a comment, but then I would also remind everyone that
 16 this is not setting, this is population. So while
 17 they may be seen in a clinic, it may not be for a
 18 well child, it might be for other health
 19 complications.
 20 Because, Sandy, I completely understand
 21 what you're saying, but I would -- myself personally
 22 as a nurse leader, I have FNPs that round in the
 23 critical setting, not to manage the critical care
 24 aspect but they're either following me peripherally
 25 or they're managing a stable neuro patient, stable

1 MEMBER SCORDO: Or maybe we go back to
 2 the original thing about getting rid of the graph.
 3 This part here, Sandy, shouldn't give you -- I don't
 4 see anything that would give you an issue in what's
 5 written here. I mean, it's pretty global.
 6 MEMBER WRIGHT-ESBER: What's written
 7 here, the only issue -- now that OAPN has brought it
 8 up, is that definition of critical care which I
 9 originally liked because those patients sound so
 10 sick, maybe we remove the fact that it's from CMS
 11 because I think that's OAPN's point is that because
 12 it's from CMS and if I bill a level 5 which I can, I
 13 had a sick baby a few weeks ago, and of course I get
 14 them to the intensive care, right, but I can bill at
 15 that level, would there be a misunderstanding because
 16 we're citing CMS. So maybe we use WHO or something
 17 that's not aligned with an insurance payment.
 18 MEMBER SCORDO: Or at the beginning of
 19 this scope and standards of practice for acute care,
 20 there's a paragraph there that really speaks to that
 21 about -- on the side view on that statement, that
 22 orange portion right in that very first paragraph.
 23 My friend has it memorized. That's something to look
 24 at.
 25 VICE CHAIRMAN DiPIAZZA: I would

1 encourage everyone to use it and again maybe, Lisa,
2 this is the recommendation, changing it from usual
3 health to critical to more of a severity of illness.

4 MEMBER SCORDO: Or take out that
5 paragraph.

6 MEMBER MINIARD: I do like the idea of
7 the chart, but I think, again, there has to some
8 statement that says, you know, this is --

9 VICE CHAIRMAN DiPIAZZA: Yeah.

10 MEMBER MINIARD: -- it's gray, it's not
11 black or white, whatever that statement --

12 MEMBER FURSTEIN: It's not definitive.

13 MEMBER MINIARD: This is just for
14 reference, this is just for somebody to look at and
15 say, okay, well, I'm an FNP, I shouldn't be working
16 in critical care. I'm an acute care NP, I shouldn't
17 be working in primary care and referring back and
18 making a statement that says you always need to make
19 sure that you're referring back to your scope of
20 practice.

21 MEMBER SCORDO: Scope of practice and
22 standards of practice.

23 VICE CHAIRMAN DiPIAZZA: Right.
24 Sandy.

25 MEMBER WRIGHT-ESBER: I've risen my hand.

1 seriously consider.

2 VICE CHAIRMAN DiPIAZZA: Any comments?

3 MEMBER MINIARD: I have a comment. So
4 I've read this -- thank you, OAAPN, this is a really,
5 really good letter, I thought, and it did bring a lot
6 of things to my mind that I hadn't necessarily
7 thought of when I looked at the Board's statement
8 initially. So I looked at this first and then I
9 looked at the letter and also the letter from Ohio
10 State University.

11 So as -- this is my personal opinion --
12 as I am also a practicing NP, I practice full time,
13 I'm also in the employment of other NPs within my
14 organization, so I think I can speak from this again,
15 but my one problem with the interpretive guideline is
16 the one statement where scope of clinical practice
17 for APRNs may be determined by the APRNs' national
18 certification, education and clinical experience.

19 That one statement, that clinical
20 experience, is the one thing that I sort of --
21 because what does that mean? Does that mean if you
22 are a women's health nurse practitioner and you go
23 out and you get a job in cardiology and you were
24 trained, that you should be able to care for cardiac
25 patients which I think it's very unlikely that's

1 I just want to point out OAAPN's and their
2 recommendation for the interpretive guidelines, so I
3 don't know if everyone has read this. I read this
4 kind of backwards and forwards because this is our
5 state organization representing clearly NPs if we're
6 going to say this is only for NPs. So they give a
7 much more simplified guideline that I think we should
8 consider.

9 In this letter, they indicate that they
10 don't like the graphs and find them too limiting and
11 confusing, and this is our state organization saying
12 this. I appreciate the people at the table, but I
13 also appreciate that we have very limited scope. I
14 certainly don't have the academic perspective. I am
15 not an academician. I have the employer view for
16 sure and a practicing NP view for 30 plus years.

17 So I think we are -- would be remiss not
18 to take these recommendations extremely seriously
19 from a group that fields all these all the time where
20 most of us don't field these types of things. I only
21 field -- well, a lot of organizations call me, but I
22 have 250 APRNs that I talk to, but other
23 organizations do contact me because of my work in the
24 state. So this document is critical to review and to
25 put forward as something that the Board needs to very

1 going to happen, or if you're a women's health NP and
2 you want to work in the emergency room.

3 I really struggle with this clinical
4 experience, and I do it from an employer standpoint
5 with the 22 NPs that I'm in charge of, that I would
6 argue that with my APRNs, but yes, you are taught
7 within your scope and then you first have to be hired
8 within your scope and then clinically trained within
9 your scope.

10 VICE CHAIRMAN DiPIAZZA: Kris?

11 MEMBER SCORDO: I would second that. And
12 the other thing that I don't agree with is these
13 residency programs. And these residency programs and
14 fellowships are not designed to increase scope of
15 practice, all right? So I think if you go with the
16 national definition, I'm okay with the other stuff.
17 It's based on nationally vetted competencies, formal
18 graduate education and certification.

19 I mean, if we look at our laws that were
20 passed out here, I mean, since scope of practice is
21 the legal definition, that's fine. We already have
22 that someplace in this interpretive guideline I
23 thought, all right.

24 So in the clinical -- I mean, a lot
25 people say, well, I was a staff nurse. Staff nurse

1 doesn't qualify you to be a nurse practitioner. And
2 that's this clinical experience thing is global and a
3 lot of people are taking it from that perspective,
4 and that's just not the case. So I don't agree with
5 the residency program and then the same thing she
6 says about the clinical experience.

7 MEMBER MINIARD: I just have one more
8 comment and then the last statement that clinical
9 scope of practice may be further delineated by the
10 employee, institution or organization. Absolutely in
11 my opinion, no, it is not the job of the employer or
12 the credentialing committee to be determining what
13 scope of practice is by population based
14 certification. They can narrow it, but they can't
15 expand it.

16 MEMBER SCORDO: So this is not correct.

17 MEMBER MINIARD: Sorry I'm the Debbie
18 Downer of the group, sorry.

19 MEMBER SCORDO: No, I mean it's nice to
20 have these things, but I think we need to look at
21 this and not just take it.

22 VICE CHAIRMAN DiPIAZZA: Sandy.

23 MEMBER WRIGHT-ESBER: He keeps saying
24 Sandy because I'm the only one raising my hand, for
25 the record.

1 practitioner, adult gerontology, clinical nurse
2 specialist, and nurse midwifery are all in agreement
3 with the following statement.

4 "Scope of practice determination for
5 APRN. Scope of clinical practice for Advanced
6 Practice Registered Nurses may be determined by the
7 nurse's national certification, formal education and
8 clinical experience as an APRN. For the purpose of
9 this determination, formal education may be defined
10 as a degree granting APRN graduate program and APRN
11 residency program, continuing education as defined in
12 OAC 4723-14-5 or documented practice experience as an
13 APRN.

14 "Clinical scope of practice may be
15 further delineated by the employing institution or
16 organization. We hope that the Advisory Board will
17 give this statement strong consideration as we all
18 wish to move the practice of APRNs forward in our
19 state.

20 "Evidence indicates that the need for the
21 services of APRNs is critical if we wish to move Ohio
22 forward in becoming a more healthy state. Please
23 contact me or Margaret Graham if you have questions
24 regarding this request. Warm regards, Bernadette
25 Melnyk" who's the Vice President of Health Promotion,

1 MEMBER SCORDO: I'm --

2 MEMBER WRIGHT-ESBER: On the record it's
3 going to be Sandy, Sandy, Sandy. Sorry. So I think
4 this would be a great time to read Dr. Melnyk's
5 letter too as I requested if that would be okay with
6 the Vice Chair.

7 VICE CHAIRMAN DiPIAZZA: Do you want to
8 read it?

9 MEMBER WRIGHT-ESBER: I would love to.
10 So this was addressed on February 22nd, 2019 to Erin
11 Keels as the Chair of this group. It says, "Dear
12 Erin, I am writing to address the APRN Advisory Board
13 on your discussion for APRN scope of practice and
14 education.

15 "We at the Ohio State University College
16 of Nursing would like to see this definition as broad
17 as possible so we can accommodate the many
18 opportunities that will develop for APRNs in the near
19 and distant future.

20 "Some of our faculty drafted a statement,
21 and the specialty program directors for all of our
22 APRN programs which includes adult gerontology,
23 primary care and adult acute care, family, peds,
24 primary care, pediatric acute care, neonatal, women's
25 health, psychiatric mental health, nurse

1 University Chief Wellness Officer, Dean and
2 Professor, College of Nursing, Professor of
3 Pediatrics and Psychiatry, College of Medicine,
4 Executive Director of the Helene Fuld Health Trust
5 National Institute for Evidence Based Practice at the
6 Ohio State University.

7 So, again, I think if you know
8 Dr. Melnyk, she's a rock star. And, oh, it's also
9 doctor -- sorry, it's also Dr. Graham on the second
10 page, so it's Dr. Melnyk and Dr. Graham. Dr. Melnyk
11 came from Arizona State. She is well published in so
12 many things. I don't know of anyone who's more
13 famous than her in the nursing world actually. So
14 her advisement is critical to these discussions, as
15 is OAAPN's.

16 VICE CHAIRMAN DiPIAZZA: Go ahead.

17 MEMBER FURSTEIN: I tend to agree I have
18 an issue with the clinical experience piece because
19 you can't really standardize or validate that across
20 the board, whereas certification and education is
21 argued here. Clinical experience could indicate
22 really anything from as simple as on-the-job training
23 or up to other things like CEUs, so it's....

24 MEMBER SCORDO: And residency, that's not
25 training.

1 MEMBER FURSTEIN: Yeah, the residency and
2 the fellowship process concept, fellowships and
3 residents, whatever you want to call them, I think
4 the original intent was to refine a certain aspect of
5 expertise that fell within the scope of practice, not
6 to expand your practice.

7 MEMBER SCORDO: So there's wrong
8 information in here.

9 VICE CHAIRMAN DiPIAZZA: Sandy.

10 MEMBER WRIGHT-ESBER: I think the point
11 of this is that when you're talking about a
12 definition of scope, this leads into the gray areas
13 of the clinical experience as your own admission that
14 you can't teach everything in the academic program,
15 absolutely.

16 So if you're going to say that, then you
17 have to allow for all these other experiences that
18 absolutely make a strong NP, absolutely make the
19 strong NP. Not -- when they come out of school, I
20 can tell you many of them are as green as can be and
21 cannot step in and function without my total support
22 with programs of transition to practice and other
23 things especially in primary care.

24 MEMBER MINIARD: I just want to say again
25 I appreciate your comment, Sandy, but I think you're

1 teach across the board primary care for all of the
2 students in the three Ps. And then as they divide,
3 that's when they take their specialty courses.

4 So when I say you can't teach everything
5 in an academic course, I'm talking about certain
6 procedures or, you know, you can't -- you can't try
7 to take something I said and put it in a pinhole and
8 keep bringing up that everything -- from my own mouth
9 I said that you can't teach everything because I'm
10 not speaking that -- I'm speaking to very specific
11 things. So there is some on-the-job training, but
12 that on-the-job training and the continuing education
13 must occur within the scope.

14 And I believe this statement does not --
15 it's saying that you can get that education outside
16 of your certification or your formal education. It
17 can come from a residency program or it can come from
18 a CEU or on-the-job training, and I just disagree
19 with that.

20 VICE CHAIRMAN DiPIAZZA: Go ahead.

21 MEMBER SCORDO: And I would echo that.
22 And we've already discussed the fact that residency
23 programs, fellowships don't qualify. You're getting
24 training -- the students go to their primary care
25 fellowship where they go to acute care fellowship to

1 uncharacterizing what I said once again, and I want
2 to clarify when you say you can't teach everything in
3 a formal education program which is why there are
4 residency programs and things that further delineate
5 and allow somebody to specialize and sort of form
6 their craft in their specialization.

7 But that does not mean for the same
8 reasons that when we go back up for relicensure that
9 we don't have to have continuing education. But
10 there are certain core competencies that are taught
11 in your formal education that are very specific to
12 each individual population or certification.

13 So, for example, family nurse
14 practitioners will take classes on the well care of a
15 child and woman. They will take -- and an acute care
16 nurse practitioner will not take those didactic
17 courses, nor will they have clinical training in
18 those competencies.

19 An FNP during their formal education will
20 not have education in, for example, whatever the
21 course may be called, in acute vent management, line
22 placements, those type of critical management type
23 didactic courses. So you can't teach everything.

24 But most academic programs, according to
25 NOF, the way that we are credentialed is that we must

1 learn. So you're getting educated within your scope
2 of practice and your initial -- your foundational
3 training.

4 I agree with the clinical -- the
5 continuing education needs to be within your scope of
6 practice. And at least they have formal education
7 degree granting and there's certification missing
8 from that. And clinical practice is not delineated
9 by the employing institution or organization.

10 I mean, that says I can come in and
11 deliver babies. I mean, this is not correct
12 information that's in this letter, it's just not, I
13 mean, Melnyk or not Melnyk. There's a lot of other
14 leaders throughout NOF and other people nationally
15 and internationally that I know disagree with this
16 letter.

17 VICE CHAIRMAN DiPIAZZA: Sandy.

18 MEMBER WRIGHT-ESBER: So one of the
19 problems -- and I'm going to make a recommendation in
20 a second, so one of the problems at this table, and I
21 hate to bring this up, and I mean this with all due
22 respect, is that we have two acute care NPs, there's
23 just me, and Pete's kind of chairing, so it's a
24 little harder for him, you know, representing primary
25 care and James is for CRNAs, so this is a very

1 lopsided discussion.
 2 MEMBER SCORDO: And we're missing two
 3 peopl.
 4 MEMBER WRIGHT-ESBER: Well, I know, but
 5 again, and there's only six percent of APRNs in Ohio
 6 are acute care, so I feel like this and this has been
 7 a difficult discussion all along where we don't have
 8 enough voices for the other side at the table,
 9 particularly today.
 10 So my recommendation is that we bring in
 11 OAAPN who represents both acute care and primary care
 12 NPs and have the discussion before we move any
 13 further with this. I'm not versed in the minutia of
 14 language of scope of practice. I read them all the
 15 time like you are because you're in academia, so I
 16 want those experts.
 17 MEMBER SCORDO: And practice.
 18 MEMBER WRIGHT-ESBER: And practice, of
 19 course, in acute care. So I want to bring in OAAPN
 20 at the next meeting as my recommendation for a good
 21 hour to discuss this because we just keep rehashing
 22 these same things over and over.
 23 MEMBER MINIARD: What -- I don't
 24 understand what --
 25 MEMBER SCORDO: What's your specific

1 MEMBER WRIGHT-ESBER: -- so everyone
 2 should just train and do acute care. Why even
 3 bother --
 4 MEMBER SCORDO: What don't you like about
 5 this --
 6 MEMBER WRIGHT-ESBER: What I don't like
 7 about this --
 8 MEMBER SCORDO: -- those two pages?
 9 MEMBER WRIGHT-ESBER: -- is it doesn't
 10 account for these gray areas and it's too cut and
 11 dry. As I've been saying for two years, it's way too
 12 cut and dry. An NP is not ready to practice fully
 13 when they graduate from programs.
 14 MEMBER SCORDO: We all know that. We
 15 don't disagree with you on that but --
 16 MEMBER WRIGHT-ESBER: But you're saying
 17 that, that the only thing you want to look at, this
 18 is my problem and this is what the Board is trying to
 19 put down, the only thing you want to look at is their
 20 academic training. You're not considering anything
 21 else.
 22 You don't -- The RN, I get the RN
 23 experience, but that's -- it's very helpful, though,
 24 absolutely if they've been a strong RN and have years
 25 of an RN experience, they transition much more easily

1 issue? Because we agree on a lot of things. I don't
 2 understand where you're at, and I want to understand,
 3 I really do. I don't understand what your issue is.
 4 I'm lost.
 5 MEMBER WRIGHT-ESBER: To make an
 6 informed, intelligent recommendation, it does not
 7 make sense to me to not have the state recommendation
 8 on this letter that we're --
 9 MEMBER SCORDO: Right, but what's
 10 your issue?
 11 MEMBER WRIGHT-ESBER: So I want them to
 12 be here to defend the comments.
 13 MEMBER SCORDO: I know that, but what
 14 don't you like about -- besides the critical care
 15 definition, I think we're all kind of agreeing on,
 16 what don't you like about the document that was put
 17 forth, just the writing part, not the graph? We all
 18 have issues with the graph. What don't you like
 19 about the -- part of the -- the two cases on the -- I
 20 don't even know where it is now -- the interpretive
 21 guideline? Help me understand what's the issue.
 22 MEMBER WRIGHT-ESBER: Clearly from my
 23 perspective when I listen to both of you, acute care
 24 can within their scope do anything --
 25 MEMBER SCORDO: That's not what we said.

1 and competently than someone who hasn't been a nurse
 2 for very long.
 3 MEMBER SCORDO: So what else should be in
 4 this, that you think should be in this?
 5 MEMBER WRIGHT-ESBER: So I don't like the
 6 CMS definition, so I think we have to look at that
 7 right away because I think that's a very valid point.
 8 I think we could put people on the spot that would
 9 make it difficult for them.
 10 MEMBER SCORDO: What else don't you like?
 11 We referred everybody back to their scope and
 12 standards of practice.
 13 MEMBER WRIGHT-ESBER: Right. I'm in that
 14 loop all the time, by the way. They'll say I checked
 15 with my scope of practice but I'm still not sure
 16 about this issue --
 17 MEMBER SCORDO: Right, understood, but
 18 how --
 19 MEMBER WRIGHT-ESBER: -- I'm facing, so
 20 they call me. So that's not always the final answer.
 21 MEMBER SCORDO: I understand that, but
 22 how else could this -- what else is missing do you
 23 think from this document? Help me understand.
 24 VICE CHAIRMAN DIPIAZZA: I'm going to
 25 jump in here real quick.

1 MEMBER WRIGHT-ESBER: Yeah, if you want
2 me to go word for word, I think we're over time.

3 VICE CHAIRMAN DiPIAZZA: We are over
4 time, and what I wanted to ask the committee was do
5 we want to continue working through, do we want to
6 take a short break, do we want to break for lunch?
7 We do have a couple of members that may not be able
8 to stay till 2:00 which would mean we don't have a
9 quorum at that point. Preference?

10 MEMBER FURSTEIN: Let's break for like 15
11 minutes.

12 VICE CHAIRMAN DiPIAZZA: Break for 15
13 minutes? Perfect. So let's plan to return then at
14 12:00, how's that? Then we'll pick up.

15 (Recess taken.)

16 VICE CHAIRMAN DiPIAZZA: It's 12:00
17 o'clock. We're going to pick up where we left off
18 with Kris asking the question what do we need to
19 change to this interpretive guideline draft.

20 MEMBER SCORDO: I heard what Sandy said,
21 but I'm asking specifically what else needs to be in
22 this. It's pretty global. So are we agreeing to
23 take off? I'm confused on are we taking off that
24 back chart? Are we leaving it on? What else needs
25 to be on these first pages besides referring people

1 if this can be done, but the adult gerontology acute
2 care and bringing it down on the graph to match the
3 pediatric acute -- or I'm sorry....

4 MEMBER SCORDO: He's bringing peds down.

5 VICE CHAIRMAN DiPIAZZA: Bringing peds
6 and the adult gero acute down to the bottom of the
7 severity of the illness scale.

8 MS. EMRICH: I will reverify that against
9 the standards that are published by that national
10 certification.

11 VICE CHAIRMAN DiPIAZZA: Correct.

12 MEMBER WRIGHT-ESBER: So are we saying
13 we're keeping -- is there a consensus that we like
14 this?

15 VICE CHAIRMAN DiPIAZZA: Just to see what
16 the revisions would look like and if we feel more
17 comfortable after those revisions are made. Doesn't
18 mean we need to keep it, but I think based on what
19 we've heard....

20 MEMBER MINIARD: It will come back as a
21 second draft?

22 VICE CHAIRMAN DiPIAZZA: It will come
23 back as another draft. The one thing that I would
24 like to see added, and I don't think I missed it in
25 here but is maybe a formal definition of what formal

1 to their scope of practice documents and the
2 differences between the acute and primary and I don't
3 know what psych has got.

4 VICE CHAIRMAN DiPIAZZA: So let's run
5 through what we believe we need to do so far. One is
6 we've asked that Lisa include the scope of practice
7 link to the documents for the national....

8 MS. EMRICH: Correct. And this is why,
9 just to clarify, the scope of practice is actually
10 the statute, so you're referring to the scope and --

11 MEMBER SCORDO: Scope and standards of
12 practice.

13 MS. EMRICH: -- standards of practice for
14 national certification, correct?

15 MEMBER SCORDO: Right. So even if you
16 can do a hyper link where it's -- you know, where all
17 these -- it's listed on the second page 1 through 8,
18 even if you can just hyperlink to their scope and
19 standards of practice or at least put it on this
20 document so you can refer people back to that.

21 VICE CHAIRMAN DiPIAZZA: I would like to
22 see perhaps the graphs remain with some of the tweaks
23 that we talked about, maybe changing the usual health
24 to critical care to maybe a severity of illness
25 scale. I believe Jody recommended, and I don't know

1 education is or it constituted of. Yes.

2 MS. EMRICH: If you're going to define a
3 word that exists in statute or rule, it likely will
4 need to be done by statute or rule -- or rule,
5 especially by rule. The Board can do that. This was
6 a general response we have received here as well. We
7 can use the CMS definition because we're taking it
8 outside into the definition. We're just using it for
9 purposes of guidance, but you can't define a
10 particular word that's used in statute or rule.

11 VICE CHAIRMAN DiPIAZZA: Should we use
12 the definition for formal education from a
13 recognized, outside entity then or is that not
14 possible? I'm sorry, I may have misunderstood you.

15 MS. EMRICH: I think it's any time you
16 provide a definition for a term that's used, it has
17 to be -- yeah, and I can clarify that further with
18 our -- especially with our chief legal counsel who's
19 not here.

20 VICE CHAIRMAN DiPIAZZA: Jody.

21 MEMBER MINIARD: I just want to make one
22 recommendation as well from what Sandy said in
23 consideration that, yes, maybe we need to reconsider
24 the definition of critical care. Instead of using a
25 billing definition, maybe we should use the similar

1 definition from the World Health Organization to take
2 out the misnomer that billing in a high complexity is
3 with -- outside this interpretive guideline.

4 MS. EMRICH: I agree we can incorporate
5 that.

6 VICE CHAIRMAN DiPIAZZA: Kris.

7 MEMBER SCORDO: I was going to say I
8 think formal graduate education and education within
9 your scope of practice, I mean, wouldn't that cover
10 it?

11 VICE CHAIRMAN DiPIAZZA: I think there
12 seems to be enough confusion around what formal
13 education is made up of.

14 MEMBER SCORDO: Well, if you have formal
15 graduate education, it says it right then and there.

16 MEMBER MINIARD: Maybe that's a good
17 point. Maybe it should say formal graduate... I
18 don't know. There seems to be some confusion about
19 what education is.

20 VICE CHAIRMAN DiPIAZZA: Right. James.

21 MEMBER FURSTEIN: And to clarify what
22 Sandy said better, just if we use formal graduate
23 education, does that then preclude the people that
24 are certificate trained or does impact them at all?

25 MS. EMRICH: They are grandfathered

1 moving forward with those changes for a second draft
2 for review.

3 MS. EMRICH: Ycs, that helps a lot.

4 Thank you.

5 MEMBER MINIARD: That's just me. Is
6 anyone else --

7 VICE CHAIRMAN DiPIAZZA: No, I agree.

8 MEMBER SCORDO: Yeah, I agree.

9 VICE CHAIRMAN DiPIAZZA: Moving on.

10 MEMBER WRIGHT-ESBER: Before we move on,
11 this could be my last meeting, so my proposal of
12 having OAAPN come, maybe after the second draft is
13 forwarded, and I want to give them more than adequate
14 time, not just five minutes out of respect for who
15 they are in this state and how important their
16 opinion is because they speak for a broader voice
17 than this committee does.

18 And this is going to impact NPs
19 throughout Ohio. It's going to cause confusion where
20 I think we're trying to clarify, but I can see it at
21 least initially where there's going to be quite a lot
22 of questions. And I think having OAAPN here and
23 giving them an hour to discuss this issue only at the
24 next meeting is what I would propose.

25 MS. EMRICH: It's up to the committee.

1 already, so there's nothing that --

2 MEMBER FURSTEIN: Okay, perfect.

3 MEMBER WRIGHT-ESBER: Maybe you state
4 that, though, "and grandfathered" because they could
5 be an AD, they could be an AD, not even a BSN. I
6 have one, I think just one.

7 MEMBER SCORDO: Ready to retire maybe?

8 MEMBER WRIGHT-ESBER: They're not ready.
9 They're in their 50s, one of the last ones, but....

10 VICE CHAIRMAN DiPIAZZA: So include
11 formal graduate education with the mention of
12 grandfathered.

13 MEMBER SCORDO: Right, or appropriate
14 certificate, something like that, whatever. That's
15 fine.

16 MEMBER WRIGHT-ESBER: Whatever the
17 language is in the law.

18 MEMBER SCORDO: Yeah, and I don't know
19 that. That's a good point.

20 VICE CHAIRMAN DiPIAZZA: What, if
21 anything, additional would we like to see changed or
22 added? Let me say added.

23 MEMBER SCORDO: I think we spoke to the
24 documents, right?

25 MEMBER MINIARD: I think I'm fine with it

1 It's the committee's time.

2 VICE CHAIRMAN DiPIAZZA: What do the
3 other members of the committee think?

4 MEMBER SCORDO: An hour seems a long
5 time.

6 MEMBER WRIGHT-ESBER: Half hour, 30
7 minutes. You see how long we talk about it for two
8 years, two years. Again, I think in fairness of who
9 was at the table and who is being represented, this
10 is skewed. With all due respect, it's a skewed --
11 you can't help but look at your own biased opinion
12 just like I have mine, right. So I think having the
13 state organization who represents many more than any
14 of us represent is the absolute appropriate thing to
15 do.

16 VICE CHAIRMAN DiPIAZZA: Do you feel,
17 Sandy, I'm just asking this question, then I'll get
18 to Kris, do you feel that the OAAPN has had an
19 adequate means to represent the advanced practice in
20 the State of Ohio when it comes to the interpretive
21 guidelines already or will they be adding anything
22 additional?

23 MEMBER WRIGHT-ESBER: To me, I think
24 they'll clarify definitions especially with their
25 legal team because I'm assuming Kris and Jody are

1 correct in what they're saying, but I also want to
2 see from a legal perspective, I know this Jeana
3 Singleton is their attorney, so to hear that other
4 side, to make sure we're not missing something here.

5 I think that's going to be important to
6 bring them here, half an hour is fine. After the
7 second draft comes out, it's made public, OAAPN will
8 have a chance to digest it and then bring whoever
9 they feel is the best representative, whether it's
10 their legislation person or their president, whoever
11 they feel is the appropriate person, but again
12 representing many more than just those of us sitting
13 at the table. I think that's the fair and right
14 thing to do.

15 VICE CHAIRMAN DiPIAZZA: Keeping in mind
16 that while OAAPN represents a large body of advanced
17 practice in Ohio, they don't represent all advanced
18 practice in Ohio, are there other groups that we need
19 to be mindful of?

20 MEMBER SCORDO: I don't know, but they
21 could survey members and see what their costs are.
22 Then you would have to have legal counsel for this,
23 the State Board to be here.

24 MEMBER WRIGHT-ESBER: I think this is
25 just a recommendation. I think the Board has every

1 structure of our meetings, we already offer open
2 comment times. I'm not sure why dedicating a certain
3 aspect of time outside of that is any different.
4 They've seen the draft. They had an opportunity to
5 respond.

6 I second what you say it doesn't
7 necessarily -- they're a large body but they don't
8 necessarily represent everyone throughout the state.
9 Giving them a block of dedicated time somewhat
10 negates the nominated roles of this which were to
11 represent as best as possible those across the state.

12 So I think it would probably behoove them
13 to go over the next draft, and they can have multiple
14 people here and it could take nearly take half an
15 hour, maybe six people defining five minutes each.
16 I'm not sure defining a block of time if it doesn't
17 lead to some other type of bias.

18 MEMBER MINIARD: I think I would have to
19 agree with James; however, I think just for the --
20 being a part of this committee since -- for almost a
21 year, we've heard their comments. I think they have
22 had the opportunity to give their comments, and we've
23 received letters, we've reviewed them.

24 I don't have a problem with it
25 necessarily, but I do -- like you said before, I do

1 right to do what they want to do, but they are asking
2 the Advisory Committee to advise them. I don't feel
3 well enough informed without OAAPN. This is not a
4 CRNA issue, so we don't have to bring them forward.
5 It's not a midwives. We're keeping it not CMS. So I
6 mean I know there's NEONP up north, you know.

7 VICE CHAIRMAN DiPIAZZA: Kris.

8 MEMBER SCORDO: Well, the only thing that
9 I would take issue with is this bias opinion. I read
10 to you basically what the law states, what scope of
11 practice is, the interpretive on the national basis
12 and what's in the literature and what are vetted by
13 organizations.

14 So I don't see it as a biased opinion as
15 far as what I noted initially. I'm okay with what
16 the committee wants to do, but if you're going to
17 have legal counsel here, you need to have it from
18 both sides.

19 MEMBER WRIGHT-ESBER: Well, I'm not
20 suggesting legal counsel.

21 MEMBER SCORDO: But that's one of the
22 things you said.

23 MEMBER WRIGHT-ESBER: Well, that's who
24 wrote the letters.

25 MEMBER FURSTEIN: In the current

1 feel like what would they be adding additionally
2 other than what they've already written in this
3 letter and what their current and Past President have
4 said at every meeting regarding this issue.

5 So I'm a little bit concerned in
6 utilizing this committee's time again for that
7 because they will have -- be able to make comments
8 just like they did to us with their letter, but I'm
9 fine with whatever the consensus is.

10 VICE CHAIRMAN DiPIAZZA: Go ahead, Sandy.

11 MEMBER WRIGHT-ESBER: Many boards of
12 nursing work very closely with these types of
13 organizations. I know in Minnesota there's a very
14 collaborative relationship supporting legislation.
15 So that's really what I'm trying to create here, more
16 of a team approach between any state organization,
17 particularly for this issue, this state organization
18 is the most appropriate one. If it's the CRNA bill
19 or we're talking about recommendations related to
20 that, then certainly it would be the CRNA
21 organization and so forth.

22 So that is really my intention, is to
23 make this more collaborative, have a better
24 understanding from a group that has -- surely no
25 group has every NP in the state, right. I don't know

1 of other groups other than regional groups that we
2 could call on, but I'd be fine with that, too, but I
3 do feel that OAAPN is the leader on this issue in
4 Ohio for NPs.

5 MEMBER SCORDO: The only thing, and I say
6 this because I'm getting all these texts of thank you
7 for speaking up, and I don't know the answer, and
8 I've not seen anything come through, is that has the
9 document with all this information gone out and
10 surveyed all the members and have we gotten all their
11 feedback back?

12 And that's the piece that when we talk
13 about representation, have people actually commented
14 throughout the State of Ohio? Is there any
15 documentation? Is there any kind of a survey that
16 was done looking at this and what do the members
17 really think and feel and whatnot?

18 MEMBER MINIARD: Do you mean members of
19 OAAPN?

20 MEMBER SCORDO: OAAPN, yeah.

21 MEMBER MINIARD: Maybe that's an argument
22 to allow them to present that information to us if
23 they have documentation that all of their members are
24 in consensus, that this is their opinion.

25 MEMBER SCORDO: Right, exactly. I mean,

1 consensus back from all of these APRNs. We're just
2 hearing from a handful of people.

3 MEMBER MINIARD: Keep in mind too that
4 the people on this committee, many of them would have
5 received letters of recommendation that were
6 presented to the Board from OAAPN beyond academic
7 people. They could have received letters of
8 recommendation.

9 MEMBER WRIGHT-ESBER: So you feel that
10 you represent OAAPN in that way if you got a letter?

11 MEMBER SCORDO: I'm not on this committee
12 to represent them.

13 MEMBER MINIARD: No, I'm not saying that.
14 I'm not saying that. I'm just saying that we're
15 talking about, you know, he brought up the point what
16 are they going to bring additionally with a block of
17 time at the next meeting that we haven't heard or
18 don't already know. That's all I'm saying.

19 But you were making -- to me it seemed
20 like you were making this argument that they didn't
21 have the opportunity to be part of this, and I think
22 they have been a big part of it.

23 MEMBER WRIGHT-ESBER: Well, are we each
24 speaking with them? I don't think so. So what I'm
25 looking for from them, as we're moving forward with

1 has there been --

2 MEMBER MINIARD: I don't know. I'm just
3 saying....

4 MEMBER SCORDO: I'm just saying I've gone
5 out to these individuals. I know these are public
6 documents, but not everybody gets on the website to
7 try to find where they are, and I don't know that,
8 but I've not seen anything come through on any of the
9 messages along those lines. I don't know. Is this a
10 general consensus? Just some thought.

11 VICE CHAIRMAN DiPIAZZA: Sorry.

12 MEMBER WRIGHT-ESBER: My objective is for
13 this group to be better informed.

14 MEMBER SCORDO: Right. That's what I'm
15 asking for, that's what I want.

16 MEMBER WRIGHT-ESBER: And that's why,
17 remember, OAAPN represents acute and primary care,
18 not just one or the other.

19 MEMBER SCORDO: No, I understand that,
20 but that's why I want to hear from -- I'd like to
21 hear from all of the members as opposed to a handful
22 of individuals.

23 MEMBER WRIGHT-ESBER: Well, you can't --

24 MEMBER SCORDO: Have they been surveyed?
25 Have they been surveyed? It would be good to get a

1 this, we're honing this, so what I'm looking for from
2 a group that represents more of us than any one of us
3 at this table is to get their interpretation.

4 They've already laid out here, so with the updated
5 version, I would like to allow them a little more
6 time. That's all that I'm saying, so we can --

7 MEMBER SCORDO: I agree with what you're
8 saying, but what would be great is if they send this
9 out to all of their members and get feedback from all
10 of their members, compile that feedback. You have
11 global, they have more representation which I agree
12 with you on that. So let's broaden this a little bit
13 better. You see what I'm saying?

14 Let's make sure everybody knows what this
15 is all about if they're representing all of these
16 people in Ohio. So get the document out there,
17 ask -- get just a general survey and get feedback
18 from their members and that way we would have more
19 information.

20 MEMBER WRIGHT-ESBER: Well, it's a nice
21 suggestion, but I certainly can't control OAAPN --

22 MEMBER SCORDO: No, I'm just saying
23 that --

24 MEMBER WRIGHT-ESBER: -- and what they
25 feel is necessary.

1 MEMBER SCORDO: Well, they're taping this
 2 and they're hearing this, so they can do what they
 3 want with it.
 4 VICE CHAIRMAN DiPIAZZA: For the sake of
 5 time --
 6 MEMBER SCORDO: We need to move on.
 7 VICE CHAIRMAN DiPIAZZA: We do need to
 8 move on. We've had a recommendation that we give
 9 OAAPN an opportunity to present from anywhere from 30
 10 minutes to an hour.
 11 MEMBER WRIGHT-ESBER: 30 minutes is fine.
 12 I can agree to that.
 13 VICE CHAIRMAN DiPIAZZA: 30 minutes at
 14 our next meeting. We also heard a recommendation
 15 that we hear public comments and allow them the
 16 allotted time that we already have scheduled for
 17 public comments. Do we want to take a vote --
 18 MEMBER MINIARD: Yeah, sure.
 19 VICE CHAIRMAN DiPIAZZA: -- what the
 20 recommendation --
 21 MEMBER MINIARD: Yeah, because --
 22 MEMBER SCORDO: It's not fair to
 23 CRNAs....
 24 VICE CHAIRMAN DiPIAZZA: Or in the form
 25 of a motion?

1 MEMBER WRIGHT-ESBER: I appreciate that.
 2 Just to have another voice.
 3 VICE CHAIRMAN DiPIAZZA: So at our next
 4 meeting, we'll give OAAPN 30 minutes.
 5 MEMBER MINIARD: If the second draft is
 6 available.
 7 VICE CHAIRMAN DiPIAZZA: If the second
 8 draft is available, correct.
 9 MEMBER WRIGHT-ESBER: Thank you.
 10 VICE CHAIRMAN DiPIAZZA: Awesome. All
 11 right, next on our agenda, general information
 12 updates including legislative report to the Board.
 13 MR. DILLING: Good afternoon, Tom
 14 Dilling, D-I-L-L-I-N-G, Board Staff. So presenting
 15 here, I think you were given March --
 16 MS. EMRICH: The March report.
 17 MR. DILLING: Yeah. So we had a Board
 18 meeting in April as a Board retreat. We normally
 19 just meet once every two months. So we're in a
 20 legislative session where things are moving and
 21 things aren't moving. So the March report isn't
 22 necessarily reflective I guess of everything it had.
 23 However, Joscelyn came in, the OSANA
 24 people came in and told you basically there's a House
 25 Bill 177 for the APRNs and generally that would

1 MEMBER WRIGHT-ESBER: This is not a CRNA
 2 issue.
 3 MEMBER MINIARD: Do you want to make a
 4 motion?
 5 VICE CHAIRMAN DiPIAZZA: Who wants to
 6 make a motion?
 7 MEMBER WRIGHT-ESBER: I move that we at
 8 the next meeting allow OAAPN, the representative of
 9 their choice, come to present once the second draft,
 10 so if it's not at the next meeting, it would be the
 11 following if the draft isn't ready, so when draft two
 12 of what we discussed today is available, after that,
 13 that we give them 30 minutes time to formally present
 14 to this group their opinions based on whatever
 15 evidence they have and want to choose to use.
 16 VICE CHAIRMAN DiPIAZZA: Doesn't anyone
 17 want to second?
 18 MEMBER MINIARD: I'll second it.
 19 VICE CHAIRMAN DiPIAZZA: All in favor?
 20 (All members answered affirmatively.)
 21 VICE CHAIRMAN DiPIAZZA: Any opposed?
 22 MEMBER WRIGHT-ESBER: You have to vote...
 23 MEMBER FURSTEIN: I'm in.
 24 MEMBER WRIGHT-ESBER: Okay.
 25 MS. EMRICH: 4-0, okay.

1 eliminate the standard of care arrangement. That's
 2 the primary purpose of that bill. That has had
 3 sponsor testimony, and tomorrow there will be
 4 proponent testimony in the House Health Committee, so
 5 that's moving.
 6 Now, on the Senate side, there are a
 7 couple CRNA bills just as there were last session.
 8 There was a reintroduced bill, I believe it's Senate
 9 Bill 61, that's Senator Burke's bill. That is not
 10 supported by OSANA.
 11 And just to let you know, that people who
 12 represent here who come before you and talk here also
 13 do that at the Board meeting too. And certainly it's
 14 a good part of the committee here is giving advice,
 15 recommendation and so forth.
 16 So this stuff is passed along to the
 17 Board. Dean Melnyk's letter, the Board saw that
 18 report through the committee report so there are
 19 various ways of transmitting this information. I
 20 just want you to understand that it is being sent
 21 along.
 22 Anyways, that CRNA bill has had proponent
 23 and -- well, sponsored and proponent testimony so far
 24 on the Senate side. That's not in the Senate Health
 25 Committee but the Senate State and Government

1 Committee, I believe.

2 Today, as Joe said, they expect the other
3 CRNA bill which will have a differing -- differing
4 language to it, a little bit different of a tenor.
5 The Senate Bill 61 is largely, as you might recall
6 from our discussions from last year, it's more about
7 like a hospital has credentialing privileging and so
8 forth, establishes a formalized committee to look at
9 what is being done in the CRNA practice, and
10 basically delineates within that scope of practice
11 what's happening at that institution.

12 Now, it does clarify certain issues in
13 terms of practice and ordering/prescribing and so
14 forth, but it does it in a little bit of a limited
15 sense. I believe it's like in the PACU after the
16 surgery, it doesn't talk about presurgery.

17 And, again, there's a -- that was spoken
18 to very well by the OSANA representative that came
19 before this Board. I can get you that type of
20 testimony, and I will distribute it for our next
21 meeting for the APRNs. I'm sorry, we kind of bounced
22 in between, so there's some overlap and so forth.

23 There should be time to discuss because I
24 would imagine it's not happening overnight, although
25 I think the Board is very hopeful that things will

1 Those are being discussed at the statehouse level.

2 I'd also mention to you today on the
3 heels of some of the discussion today, Sandy brought
4 forward a lot of other states may be more closely
5 aligned, Board associations and practitioners. You
6 know, I'm not to describe the nature of these
7 different relationships over 50 states. I think
8 there's a good deal of truth to that.

9 I'd also say that the Board has discussed
10 on a couple of different occasions recently how do
11 you take a position, how far out do you go and why do
12 you take an interested party position versus when you
13 take a proponent position and so forth.

14 So at the retreat, we did discuss on the
15 request of the Board members several months earlier,
16 several meetings earlier coming up with a statement
17 about the practice of nursing, scopes of practice and
18 kind of where the Board sat in terms of commenting
19 upon those issues in terms of the statutes and when
20 legislation comes up.

21 And it was a good discussion, and they
22 did come up with a one pager which is -- again, there
23 was some discussion, so we're talking about a couple
24 word tweaks, but that's something else that I will
25 send out to the committee members and we should have

1 continue to move forward and do their job. So, you
2 know, somebody said baby steps, Joe said. Yeah,
3 hopefully a little better than baby steps. I think
4 what Joe is saying is it's moving forward, we're
5 progressing in these discussions.

6 So those are the scope of practice bills
7 that are out there, and they're both very important.
8 And, again, I think Erin had discussed with us
9 briefly about, well, how do we -- you get into it
10 more here in the APRN Advisory Committee, those are
11 important subjects, too, so there is the open forum
12 that's being utilized at this time, but there is
13 nothing necessarily to stop us from having a more
14 formalized presentation, especially as these issues
15 start to get fleshed out a little bit more.

16 So that's generally up to you as a
17 committee, I guess, and your chair in between -- in
18 between meetings, and so -- and of course the time
19 constraints of having your meeting, but that's what
20 we're looking forward to in terms of legislation
21 itself.

22 The other ones are more -- I think we
23 were more informative of general issues that affect
24 the regulatory Board like reducing regulatory
25 restrictions, you know, eliminating 30 percent.

1 for the next meeting.

2 I think that will be informative not only
3 to you but to associations and so forth, kind of give
4 people a general understanding in that position. If
5 you have questions about it, you want me to talk
6 about it further, I will. I don't want to
7 necessarily keep you from your other business as
8 well, especially since I will come back with that,
9 but I think that's important.

10 In conjunction with those discussions
11 with the Board, I also provided them a document from
12 the National Council of State Boards of Nursing other
13 similar situated boards, like the Federation of State
14 Medical Boards that the PTA were party of this
15 document that talked to scopes of practice and where
16 regulatory boards -- what are the issues that they
17 look at and where they weigh in and where they stand
18 out from those generally. I think it's a really good
19 document.

20 Again, different states do it different
21 ways and to different degrees, but I think in terms
22 of it being kind of a universal bringing in other
23 scopes, everybody is collaborative in healthcare
24 today, whether that's the statutory term definition
25 or just the general term that I'm using here.

Page 105

1 So I think it is important to look at
 2 those questions. And I think that the Board received
 3 it well and maybe it will help clarify use of a term
 4 or whatever in these discussions, so I will get both
 5 of those documents to you and we can discuss that at
 6 your pleasure.
 7 There are some rule things that are
 8 specific, and I was going to let Lisa take up. Do
 9 you have any questions about the legislation itself,
 10 anything that you heard or that you saw on that
 11 report?
 12 MEMBER WRIGHT-ESBER: So I just want to
 13 clarify if it's okay. You said Senate Bill 61, and
 14 maybe James is someone to speak to this, so it's not
 15 supported by OSANA?
 16 MR. DILLING: No. I would say it's
 17 opposed to it. I think it's safe to say that.
 18 MEMBER WRIGHT-ESBER: And then the other
 19 bill when we had the comments this morning, so the
 20 former House Bill 191 is supported by OSANA?
 21 MR. DILLING: Yes, very much so.
 22 MEMBER WRIGHT-ESBER: Is that correct?
 23 MR. DILLING: Yes. And we'll get a
 24 number out today, we should.
 25 MEMBER SCORDO: Have you gotten any

Page 106

1 feedback on 117 on the standard of care -- I mean
 2 177?
 3 MR. DILLING: No. Both of those
 4 associations have been good about informing us of the
 5 legislation and some of the issues that they see in
 6 wanting to inform the Board. I think they want to
 7 inform this advisory committee, too. They see that
 8 interaction, so that's a good thing.
 9 I think we'll probably see more
 10 interaction or more -- supply more information from
 11 those organizations back to the Board directly. And,
 12 again, more information is a good thing. As far as
 13 hearing anything, I think it's still very early in
 14 the process.
 15 So proponent testimony tomorrow will set
 16 a foundation and generally give -- you get to judge
 17 the questions from the legislative committee, what's
 18 on their mind, who's talked to them ahead of time,
 19 you know, where are those questions coming from. I
 20 think that that helps. And then certainly then when
 21 you have opponent testimony, then you have something
 22 to kind of put together.
 23 MEMBER SCORDO: I was just curious in the
 24 pipeline if you heard anything if they came out
 25 strongly against it.

Page 107

1 MR. DILLING: I would say very generally
 2 that discussion about scope of practice in Board
 3 positions was more about the legislature. They're
 4 the ones that write these statutes. And the Board
 5 more often than not will come in as an interested
 6 party and people have questions about whether or not
 7 certain language is clarified and how the Board reads
 8 it and how they would interpret it or whether the
 9 Board would come forward and say, hey, we read this
 10 and we really need some more definition to that.
 11 That's generally been the Board's role in these.
 12 So you have the proponent of the bill and
 13 you have the opponent, and in those interested
 14 parties and in that testimony, they flesh out the
 15 issue. And the legislature itself on behalf of the
 16 public makes that decision. That's different than
 17 the rule making process which is done in accordance
 18 with statutory authority but through hearings and so
 19 forth, and it's initiated more by the Board upon
 20 recommendation.
 21 VICE CHAIRMAN DiPIAZZA: Any questions
 22 for Tom?
 23 MEMBER MINIARD: Thank you.
 24 MEMBER SCORDO: Thank you.
 25 MR. DILLING: Thank you.

Page 108

1 MS. EMRICH: So I gave you all in your
 2 packet under 4b, it's the Medical Board had
 3 distributed draft revisions to its subchronic and
 4 subacute pain rule. And this was -- my understanding
 5 is the Medical Board's revisions were based upon
 6 information being received from the
 7 oncology/hematology medical community and their
 8 concern that their patients' pain, be it chronic and
 9 subacute, were not being adequately and timely
 10 addressed due to the limitations at that time of that
 11 particular rule.
 12 So the Nursing Board added comments. In
 13 short, our comments pertain to giving APRNs who had
 14 national certification in oncology/hematology similar
 15 parity as with a physician who had that particular
 16 practice, so that they could recommend that patients
 17 be treated if that's their patients as well. Then
 18 the Nursing Board will be updating our rule similarly
 19 as the Medical Board's rule is updated.
 20 I have not yet -- I think it's in May
 21 they will be -- I don't know if it's in May or
 22 it's -- I haven't seen any progress on the Medical
 23 Board's rule related to these comments, so I'm making
 24 you aware.
 25 VICE CHAIRMAN DiPIAZZA: Any questions or

1 comments? No.
 2 MR. DILLING: Just a point of
 3 clarification, yeah, they're still in the Common
 4 Sencs Initiative process stage.
 5 MS. EMRICH: Okay. I hadn't seen
 6 anything come out yet is what I was trying to say.
 7 MR. DILLING: No, we have not.
 8 VICE CHAIRMAN DiPIAZZA: The next thing
 9 on our agenda is regarding the DEA information
 10 regarding business addresses, so everybody should
 11 have seen in initial mailing.
 12 MEMBER MINIARD: Yes.
 13 MEMBER SCORDO: Yes.
 14 VICE CHAIRMAN DiPIAZZA: It's important
 15 everyone understand, right, listing an address when
 16 you apply for your DEA or renew your DEA, that it be
 17 a business address, not a personal home address.
 18 MS. EMRICH: DEA, they reached out
 19 specifically to us, so I thought that was very good
 20 of them. He said he just wanted to make sure that
 21 APRNs are aware.
 22 VICE CHAIRMAN DiPIAZZA: That was great
 23 information.
 24 MEMBER MINIARD: Yes.
 25 VICE CHAIRMAN DiPIAZZA: I think it's

1 VICE CHAIRMAN DiPIAZZA: Only the RNs.
 2 MS. EMRICH: For APRNs.
 3 MEMBER WRIGHT-ESBER: Only RNs.
 4 MS. EMRICH: You have to complete your CE
 5 for your RN renewal and not your APRN.
 6 MEMBER WRIGHT-ESBER: So no pharmacy?
 7 MS. EMRICH: No, not for purposes of the
 8 APRN renewal.
 9 MEMBER WRIGHT-ESBER: I misunderstood
 10 that, so my people all have it.
 11 MS. EMRICH: No, so the FAQ --
 12 MEMBER WRIGHT-ESBER: Okay, thank you.
 13 VICE CHAIRMAN DiPIAZZA: It's a great
 14 one.
 15 MS. EMRICH: So this is specific to
 16 APRNs. The RN and APRN one is published on the
 17 website still.
 18 VICE CHAIRMAN DiPIAZZA: Fantastic. And
 19 then I know Lisa wants to talk about the NCSBN APRN
 20 roundtable.
 21 MS. EMRICH: Sure. I just wanted to
 22 mention a couple of items that came out of that that
 23 I thought was of interest. Erin attended that as
 24 well with me. It was a one day, very quick kind of
 25 workshop, but they talk about the demonstration

1 worthwhile stating in the information we received,
 2 you list your home address, you open yourself up to
 3 search from the DEA on your home premises.
 4 No. 5, so RN and APRN renewal begins
 5 July 1st, 2019. The Board of Nursing has done a
 6 great job with the CE FAQ sheet.
 7 MEMBER SCORDO: This is really nice.
 8 Thank you.
 9 VICE CHAIRMAN DiPIAZZA: Really very
 10 helpful.
 11 MS. EMRICH: Reminder: APRNs, you do not
 12 have to report -- or there's no CE requirement for
 13 APRN licensure renewal for this licensure period.
 14 MEMBER WRIGHT-ESBER: Right. You mean
 15 not an increase, right? There's still the CE
 16 requirements.
 17 MS. EMRICH: No.
 18 MEMBER SCORDO: No.
 19 MS. EMRICH: When APRNs renew their
 20 license on or before October the 31st of 2019, this
 21 will be an APRN's renewal of their license. So,
 22 therefore, there is no CE that needs to be accrued
 23 for purposes of renewal this current licensure
 24 period.
 25 MEMBER MINIARD: For APRNs.

1 project on there.
 2 And she was very -- what -- I think what
 3 was important to hear, they got a lot of data on
 4 that, that's good, and there was an increase in the
 5 certification of APRNs and education and all, but she
 6 said what she wanted to speak very plainly about was
 7 some of the concerns that they learned through the
 8 education program itself, and that is that not every
 9 program treats their students the same in the sense
 10 of where they go for their clinical related
 11 education.
 12 So they've had to work closely with
 13 programs to ensure that, number one, that the program
 14 itself locates the educational preceptorship a lot of
 15 times for their students rather than the student
 16 going out and finding their own preceptorship. And
 17 then also that it's the right kind of clinical for
 18 that particular education.
 19 So she said that that's something that
 20 was brought to their attention and that she wanted to
 21 get out there because that that was a part of what
 22 they saw, and that they were working the programs to
 23 correct or that that was a standard that would need
 24 to be met.
 25 The other is a number of the programs

Page 113

1 going to competency based, you know, verifying
 2 competency, how are they standardizing the
 3 verification competencies. We heard from the CRNAs.
 4 They have a great tool that they were starting to
 5 use.
 6 We also heard that ANCC is going to --
 7 they're piloting now a process whereby national
 8 certification, they're looking at doing competency
 9 units for national certification maintenance rather
 10 than just keeping it to hours. So that is something
 11 that you would probably want to watch.
 12 We're watching it as well because it
 13 impacts the CE that we accept because our CE statute
 14 and rules are quantified by times and hours. And so
 15 it's always -- if we see something measured
 16 differently and it's something that's not completely
 17 congruent with what we require, then we're always
 18 interested in how do we -- what should we anticipate
 19 or expect and what do we need to address in our rules
 20 pertaining to CEs as well. So those are just two
 21 items that I wanted to bring up from the roundtable.
 22 VICE CHAIRMAN DiPIAZZA: Sandy, yes.
 23 MEMBER WRIGHT-ESBER: I heard recently
 24 that maybe there's going to be a date for the DNP.
 25 Did that come up at all for NPs? I think CRNAs I

Page 115

1 there's outcome studies that are on the way out, but
 2 we still do not have differentiation of practice, so
 3 you're not going to see that being required for I
 4 think Carol said at dinner should take 10 or 15
 5 years, if not longer, so we have a ways to go.
 6 MEMBER WRIGHT-ESBER: Thank you.
 7 MEMBER SCORDO: Sure.
 8 MEMBER MINIARD: I think what you're
 9 going to see is some academic institutions
 10 transitioning to fully DNP before you will see
 11 mandates from accreditation.
 12 MEMBER WRIGHT-ESBER: Thank you for the
 13 information, Kris. That's helpful.
 14 MEMBER MINIARD: So there will be limited
 15 options if not --
 16 MEMBER SCORDO: The other thing is that
 17 you're in a great position for this, is there's all
 18 these people talking about getting grandfathered in.
 19 I'm like you don't get grandfathered in. You're
 20 already certified. Just keep up your certification.
 21 You don't have to go back for this degree. And I
 22 hear all of these people in the hospital talking
 23 about do I have to get grandfathered in. There's no
 24 such thing as grandfathering in.
 25 MEMBER WRIGHT-ESBER: Well, they're

Page 114

1 think set a date and CNAs. Thank you.
 2 VICE CHAIRMAN DiPIAZZA: CRNAs definitely
 3 have a date.
 4 MEMBER WRIGHT-ESBER: Yeah, they have a
 5 date.
 6 MEMBER SCORDO: I can speak to it because
 7 I came back from the -- here's the issue with that,
 8 is that NOF said in 2025 that they're going for it,
 9 but here's the real issue, when you talk to ANCC East
 10 and West, ANCC, so Carol Hague and Diana Thompson, we
 11 do not have as yet differentiation in practice. So
 12 as far as the accrediting -- not the accrediting but
 13 the certifying bodies going to requiring a DNP, I
 14 mean, you're way beyond like ten years from now.
 15 But I think what the public is hearing is
 16 you have to have a DNP which is really not the case.
 17 I mean, you can go for your own reasons. But to sit
 18 for the exam, they're not going to require DNP for --
 19 it took us like 32 years or some crazy amount to even
 20 get a Master's degree.
 21 So they have -- they're pushing for 2025
 22 to make this, but is it a mandate? They're pushing
 23 for it, but we're not -- we do not have the
 24 certifying body saying you have to have a DNP because
 25 we do not -- there are studies that are coming out,

Page 116

1 worried about the ten-year rule like they did to the
 2 certificated NPs, so that's what I'm hearing, that
 3 they're worried that that will be in place. I have
 4 new grads are saying I need to get right back for the
 5 DNP, and I say, well, there's not a hard stop date.
 6 This helps a lot.
 7 So they are concerned, though, that if
 8 they -- they may -- like the Board put a ten-year
 9 rule for the old certificate. You had to be in
 10 practice for ten years in order to be able to be
 11 grandfathered.
 12 MEMBER SCORDO: Well, we have a long way
 13 to go before you see anything along those lines, at
 14 least from all the hierarchies.
 15 MEMBER WRIGHT-ESBER: Thanks. That's
 16 very helpful.
 17 VICE CHAIRMAN DiPIAZZA: Any other
 18 discussion around the roundtable?
 19 Other business. Annual interested party
 20 meeting, June 17th, 2019.
 21 MS. EMRICH: As we mentioned -- right, as
 22 we mentioned at the last meeting, we are inserting
 23 our annual interest party meeting where we discuss --
 24 the Board has opportunity to meet with all interested
 25 parties to discuss any kind of rule revisions that

Page 117

1 the Board is contemplating or planning for this year
 2 and then to hear input.
 3 This committee's June 17th meeting, we
 4 will break, go into session to an interested party
 5 meeting, probably have it in a different room, and
 6 then it could be a working lunch, and then reconvene
 7 this meeting. So we all have it together since a lot
 8 of persons are here for various organizations
 9 attending this meeting anyway.
 10 VICE CHAIRMAN DiPIAZZA: Sample/Summary.
 11 MS. EMRICH: Also, before we get to the
 12 Sample/Summary, I want to be aware of two items that
 13 I gave you. One is at the Board's retreat -- I just
 14 gave this to you today or put it next to your packet.
 15 At the Board's retreat, the Board considered and
 16 adopted, and this is published on the Board's
 17 website, it's a general -- it's a practice of nursing
 18 and scopes of practice, and it's basically the
 19 Board's statement. Tom.
 20 MR. DILLING: That's what I was talking
 21 about.
 22 MEMBER MINIARD: I was going to say isn't
 23 that what you said.
 24 MS. EMRICH: Exactly, yeah, so I just
 25 want you to be aware, so I do want you to be aware.

Page 118

1 And this applies to all nurses, LPNs, RNs, APRNs, so
 2 this is all there, yes. So I just wanted to say this
 3 is in your packet.
 4 The other is that for application for
 5 this Advisory Committee, it is currently posted on
 6 the Board's website. Our nurse midwife did resign
 7 from her position, so that position is open for the
 8 remainder of her term, of that unexpired term. So
 9 we're accepting applications for the nurse midwife
 10 position as well as it's open for the positions
 11 that -- the positions that will expire at the end of
 12 May of this year.
 13 So Jamie and Sandy and Kris, you'll need
 14 applications if you need to apply for reappointment.
 15 If so interested, those applications are on the
 16 website.
 17 VICE CHAIRMAN DiPIAZZA: Have we had
 18 interest?
 19 MS. EMRICH: I don't think -- I'll have
 20 to check with Margo as far as interest in them. I
 21 think we have a few applications at this point. I
 22 have not reviewed them yet.
 23 MEMBER WRIGHT-ESBER: And this may be a
 24 good time to say this. I have so appreciated being
 25 on this committee. And I know I'm often a different

Page 119

1 voice, but I so respect everyone who's been on this
 2 committee, the Board and it's been a great
 3 opportunity to have dialogue and discuss ideas that
 4 impact APRNs in Ohio, and I've really enjoyed the
 5 experience and appreciate it. I am reapplying, so we
 6 will see.
 7 MEMBER SCORDO: I agree with Sandy.
 8 VICE CHAIRMAN DiPIAZZA: Fantastic.
 9 Sample/Summary of APRN practice questions. Slow your
 10 roll. Did everyone have a chance to look at them?
 11 MEMBER SCORDO: Yeah. I'm looking at
 12 some of these things and I'm like where did they go
 13 to school? That's off the record. That's definitely
 14 off the record.
 15 VICE CHAIRMAN DiPIAZZA: I don't think
 16 there's anything we need to add to any of these
 17 sample questions other than it's a good idea of
 18 what's being posted.
 19 MS. EMRICH: There's no action needed.
 20 MEMBER SCORDO: Unbelievable.
 21 MEMBER WRIGHT-ESBER: Better they ask.
 22 MEMBER SCORDO: That's true. I agree
 23 with that but wow.
 24 VICE CHAIRMAN DiPIAZZA: No question is a
 25 stupid question. Are there any public comments?

Page 120

1 Joscelyn, come on down.
 2 MS. GREAVES: I have one. May I ask one
 3 question? Can I do that as part of my question?
 4 VICE CHAIRMAN DiPIAZZA: Sure. It's part
 5 of your five minutes.
 6 MS. GREAVES: It's actually to Lisa if
 7 that's okay. The -- I actually did review the
 8 documents that you had sent out that had the CE FAQs.
 9 Can we send those out? Are we allowed? Can we
 10 dispense that to our members?
 11 MS. EMRICH: Sure.
 12 MS. GREAVES: Because we get a lot of
 13 questions sent to you about the clarifications, so I
 14 didn't want to steal it from you, but I wanted to be
 15 able to...
 16 MS. EMRICH: It's a public document. You
 17 can refer them to our website or link it or
 18 distribute it.
 19 MS. GREAVES: I feel like I need to
 20 respond back to what you guys have voted on. So I
 21 have a few things first but not very long. First, I
 22 want to thank you for reviewing the comments that
 23 Jeana did submit on our behalf and allow there to be
 24 some further discussion about that.
 25 I do appreciate as you all have mentioned

1 the effort that you have put in in putting the
2 document together and Lisa and Erin who wasn't here,
3 and it's really hard because there's been a lot of
4 discussion over the last couple of years and to get
5 it into a document is very challenging.

6 So some of you made some really great
7 points that I wanted to tag on. You had mentioned
8 that this is a guideline, this isn't a law, this
9 isn't a statute. This is just a guideline, not just,
10 but it is a guideline of what you have already put
11 out there. And so I think sometimes we forget that
12 and the APRNs forget that and the hospital systems
13 forget that, and reinforcing that was nice.

14 And then I know you didn't really vote on
15 this, but my suggestion of getting rid of the graphs,
16 my vote is it would be a good idea because it is so
17 gray. One big hard line is very challenging. It
18 makes it a little bit of muddy of the water. There
19 are a lot of gray areas like Jody had mentioned.

20 And so kind of the discussion you all
21 were having made me even think that those were
22 perfect examples of some of those gray areas. Some
23 examples that Jody had mentioned about -- I'm sorry,
24 I keep bringing your name up, but it's all on video
25 anyway.

1 OAAPN to represent after looking at the next draft
2 that comes out. And I will take back to the
3 committee, the leadership, my leadership, about
4 putting it together, a survey out to membership
5 because we haven't done that.

6 We haven't sent out the graphs that are
7 out there. It's on our Facebook page. And after our
8 last meeting that you guys had last time, we did say
9 if you have comments, please submit them back to us
10 so we can bring them to you guys, but I will take
11 back about the idea about a survey. That's all I
12 have.

13 MEMBER SCORDO: Thank you.

14 VICE CHAIRMAN DiPIAZZA: Joscelyn, I have
15 a quick question. You just mentioned that you had
16 asked people to come. Did you get comments?

17 MS. GREAVES: We got very few, not a
18 whole lot, and it was mostly things that people were
19 posting on here or a few that would come up to us and
20 talk to us in person but not the vast majority, no.

21 VICE CHAIRMAN DiPIAZZA: Thank you.

22 MS. GREAVES: Thank you.

23 VICE CHAIRMAN DiPIAZZA: Any other public
24 comments?

25 MEMBER SCORDO: Jody (sic), I'm just

1 MEMBER MINIARD: That's okay. Great.

2 MS. GREAVES: Being in an outpatient
3 clinic and having a cardiac patient like she had used
4 and like the heart failure clinic, and knowing where
5 are those boundaries of it being a critical patient
6 that needs to be in an ICU setting versus a critical
7 patient in an outpatient clinic, you know, and that
8 is a gray part.

9 And so sometimes I think we forget where
10 our scope can be. And so kind of trying to -- I know
11 what you guys are trying to do is provide that rough,
12 tough line, but there really is no tough line, and so
13 you're trying to provide some guidance, and I get
14 that, but, you know, sometimes there -- I felt like
15 there was some conversations that acute care can deal
16 with multiple chronic conditions and manage like a
17 primary care and sometimes I thought there was some
18 education that that's not the case and they can't do
19 preventive and maintenance. And so that's -- if you
20 guys are having these questions, so is the average
21 APRN.

22 So to answer the thing that was voted on
23 about the recommendations, we would be more than
24 happy to have someone come back and speak for 30
25 minutes. And I applaud the opportunity to allow

1 trying to think, you can post documents on that Ohio
2 Face -- you know, the Facebook page. You can do some
3 kind of a survey type thing or post those documents
4 on there also and that gets it -- so many people are
5 on that site as you know with all of the questions
6 that are asked.

7 VICE CHAIRMAN DiPIAZZA: Great. Anything
8 else? I believe we're done with time to spare.

9 (The meeting was concluded at 12:55 p.m.)

10 ---

CERTIFICATE

I do hereby certify that the foregoing is
a true and correct transcript of the proceedings
taken by me in this matter on Monday, April 29, 2019,
and carefully compared with my original stenographic
notes.

Cynthia L. Cunningham

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

A				
a.m 1:9	47:8,23 49:11,13	admission 73:13	agreement 25:8,16	answered 98:20
AAPN 47:23	49:16,24 50:1,8	admissions 37:12	26:9 71:2	anticipate 113:18
ability 14:14 19:3	50:18,20 51:6,9	adopted 14:1	agreements 26:15	anymore 36:21
able 16:9 17:23	51:13,22 52:3,8	117:16	ahead 7:7 8:11	anyway 117:9
19:24 21:3 22:2	52:16 54:5,11,11	adult 28:10 49:13	12:12 72:16 75:20	121:25
34:6 37:3 54:14	55:8,17 56:4,8,15	49:16 50:1 70:22	92:10 106:18	Anyways 100:22
60:4,4 67:24 81:7	56:21 57:4,11,18	70:23 71:1 83:1,6	algorithm 44:16	applaud 122:25
92:7 116:10	64:19 65:16 70:23	adulthood 21:16,17	aligned 64:17 103:5	application 41:25
120:15	70:24 74:15,21	21:19	allotted 53:25	41:25 45:24 118:4
absence 3:18	75:25 76:22 77:6	adults 51:14	97:16	applications 118:9
absent 4:1	77:11,19 78:23	advanced 1:3,7,12	allow 3:16 11:5	118:14,15,21
absolute 88:14	79:2 82:2 83:1,3,6	3:4 71:5 88:19	17:22 29:1 73:17	applied 41:25
absolutely 33:19	94:17 122:15	89:16,17	74:5 93:22 96:5	applies 118:1
45:14 49:9 55:18	AD 86:5,5	advice 100:14	97:15 98:8 120:23	apply 45:19 46:21
62:4 69:10 73:15	adapted 5:15	advise 61:7 90:2	122:25	109:16 118:14
73:18,18 79:24	add 14:8 15:1	advisement 72:14	allowed 40:14	appreciate 2:9 4:23
academia 77:15	16:14 119:16	advisory 1:3,7,12	120:9	19:24 22:2 26:5
academic 34:18	added 83:24 86:22	3:17 5:12 7:23	allowing 19:2	35:15 66:12,13
37:24 38:17,19	86:22 108:12	70:12 71:16 90:2	allows 5:15	73:25 99:1 119:5
61:18 66:14 73:14	adding 59:2 88:21	102:10 106:7	alluded 36:18	120:25
74:24 75:5 79:20	92:1	118:5	altered 58:12	appreciated 118:24
95:6 115:9	addition 60:21	affect 102:23	amazing 30:17	approach 60:20
academician 66:15	additional 39:17	affirmatively 98:20	amount 2:11	92:16
academics 44:14	58:15 59:3,4	afraid 33:8	114:19	appropriate 10:20
accept 113:13	86:21 88:22	afternoon 99:13	ANCC 113:6 114:9	11:3,6 15:12 39:3
accepting 118:9	additionally 92:1	age 46:24 47:2,3	114:10	39:5,7 59:19
accommodate	95:16	62:7,10 63:5,13	anesthesia 14:15	86:13 88:14 89:11
70:17	additions 57:23	63:17	15:12,17,18,21,22	92:18
account 79:10	address 6:21 20:13	agenda 2:17 3:12	16:3,6 17:13,15	approval 6:12
accreditation 10:6	21:11 41:21 42:20	5:8,21 99:11	27:2,5	approves 6:1
11:21 29:8,17	70:12 109:15,17	109:9	anesthesiologist	approximately
30:20 115:11	109:17 110:2	ago 19:7 24:11	27:8	13:4
accrediting 114:12	113:19	36:18 46:25 51:10	anesthesiologists	April 1:10 2:2
114:12	addressed 21:2,19	64:13	26:19	99:18 125:4
accrued 110:22	70:10 108:10	agree 4:15 34:13	Anesthetist-Nurse	APRN 30:22 43:19
accurately 17:12	addresses 109:10	38:23 39:5 40:3	2:24	47:11 70:12,13,22
action 119:19	addressing 45:1	44:7 48:21 49:3	anesthetists 12:16	71:5,8,10,10,13
actual 16:24 17:13	adequate 87:13	53:18 60:1,18	24:25 26:2	102:10 110:4,13
acute 20:17,19	88:19	62:11 68:12 69:4	angina 23:14 50:19	111:5,8,16,19
22:23,25 23:14	adequately 108:9	72:17 76:4 78:1	Anita 1:18 3:10	119:9 122:21
24:9 28:11,20	administer 15:17	85:4 87:7,8 91:19	announcements	APRN's 110:21
30:2 31:2 32:14	15:21 16:1,3	96:7,11 97:12	2:6	APRN-CNP 1:13
34:25 35:2,6 37:5	administration	119:7,22	annual 116:19,23	1:14,14,15,15
39:24 40:8,10,13	14:15 16:2	agreed 33:6,6	answer 6:25 16:25	APRN-CNPs 45:24
40:14,16,18 41:2	administrative	agreeing 78:15	50:4 80:20 93:7	APRN-CRNA 1:15
	1:19 46:1	81:22	122:22	APRNs 14:10 18:4

<p>19:9 20:7 21:22 22:7,24 36:10 40:12 41:23 44:4 44:5 45:23 66:22 67:17 68:6 70:18 71:18,21 77:5 95:1 99:25 101:21 108:13 109:21 110:11,19,25 111:2,16 112:5 118:1 119:4 121:12 APRNs' 67:17 arbitrary 46:19 area 34:22 areas 31:13 33:5,20 33:21 35:10 47:17 73:12 79:10 121:19,22 argue 68:6 argued 72:21 argument 39:16 40:6 55:13 56:4 93:21 95:20 Arizona 72:11 ARMSTRONG 1:22 arrangement 19:15 100:1 arrow 31:18 article 51:14 asked 29:17 45:25 82:6 123:16 124:6 asking 81:18,21 88:17 90:1 94:15 aspect 62:24 73:4 91:3 Assembly 12:24 13:9,13 assessments 15:8 assistants 26:6 Association 12:15 24:25 associations 103:5 104:3 106:4 associations' 58:11</p>	<p>assuming 88:25 asterisk 31:18 asthmatic 36:25 attainment 10:11 attempt 45:22 attended 111:23 attending 117:9 attention 112:20 attorney 1:18 14:5 89:3 authority 107:18 available 9:2,3 98:12 99:6,8 average 122:20 aware 2:16 19:5 20:9 32:20 108:24 109:21 117:12,25 117:25 Awesome 99:10</p> <hr/> <p style="text-align: center;">B</p> <hr/> <p>B-U-T-L-I-N 9:25 babies 29:22 76:11 baby 18:12,13 64:13 102:2,3 baccalaureate 10:6 back 4:11 20:6 23:17 29:2 31:19 32:16 33:2 42:15 45:5 46:24 47:13 48:10,16 58:1,14 58:25 59:7 60:19 64:1 65:17,19 74:8 80:11 81:24 82:20 83:20,23 93:11 95:1 104:8 106:11 114:7 115:21 116:4 120:20 122:24 123:2,9,11 backwards 66:4 barrier 26:9 based 28:7 31:3 46:8 54:16 57:24 68:17 69:13 72:5 83:18 98:14 108:5</p>	<p>113:1 basic 13:2 14:18 16:23 basically 10:9 50:25 90:10 99:24 101:10 117:18 basis 3:18 37:15 90:11 bear 28:1 becoming 71:22 beginning 14:2 51:16 64:18 begins 110:4 behalf 107:15 120:23 behoove 91:12 believe 14:20 15:14 52:8 53:14 56:23 75:14 82:5,25 100:8 101:1,15 124:8 Bernadette 7:22 71:24 best 60:19 89:9 91:11 better 22:9 61:25 85:22 92:23 94:13 96:13 102:3 119:21 beyond 23:24 33:17 34:6 50:9 57:3 59:22 61:3 95:6 114:14 bias 90:9 91:17 biased 88:11 90:14 big 18:9 95:22 121:17 bill 13:1,3 14:18 19:6,7,12,18 23:11,15 43:6 64:12,14 92:18 99:25 100:2,8,9,9 100:22 101:3,5 105:13,19,20 107:12 billed 23:22</p>	<p>billing 20:16 22:17 23:10,18,25 24:5 24:7 43:7 84:25 85:2 bills 100:7 102:6 birth 62:7 bit 19:22 37:9,22 37:22 41:17 92:5 96:12 101:4,14 102:15 121:18 black 65:11 block 91:9,16 95:16 blue 32:7 board 1:1,14,14,15 1:15 2:20,22 3:11 3:16 5:12 7:11 14:1 28:25 30:12 33:11 40:19 41:13 45:11,16 58:7 61:3,8,21,24 66:25 70:12 71:16 72:20 75:1 79:18 84:5 89:23,25 95:6 99:12,14,17 99:18 100:13,17 100:17 101:19,25 102:24 103:5,9,15 103:18 104:11 105:2 106:6,11 107:2,4,7,9,19 108:2,12,18 110:5 116:8,24 117:1,15 119:2 Board's 67:7 107:11 108:5,19 108:23 117:13,15 117:16,19 118:6 boards 30:8,10,23 92:11 104:12,13 104:14,16 boat 44:20 bodies 59:1,5,6 114:13 body 89:16 91:7 114:24 boo 35:13</p>	<p>book 10:8 bother 79:3 bottom 11:11 83:6 bounced 101:21 boundaries 122:5 boxes 21:17 break 2:10,11,13 81:6,6,10,12 117:4 brief 13:1 briefly 102:9 bring 67:5 76:21 77:10,19 89:6,8 90:4 95:16 113:21 123:10 bringing 61:24 75:8 83:2,4,5 104:22 121:24 Brinkman 19:7 broad 36:13 70:16 broaden 96:12 broader 61:24 87:16 brought 24:10 30:1 36:23 51:10,16 54:24 60:12 64:7 95:15 103:3 112:20 BSN 86:5 build 45:4 bunch 32:8 Burke's 100:9 business 3:21 8:22 27:13 104:7 109:10,17 116:19 Butlin 9:25</p> <hr/> <p style="text-align: center;">C</p> <hr/> <p>call 2:5 26:20 29:9 30:3 43:17 66:21 73:3 80:20 93:2 called 1:9 74:21 calling 61:21 calls 61:20 cardiac 67:24 122:3</p>
--	---	---	---	---

<p>cardiology 50:16 50:17 54:10 67:23 care 3:9 13:21 14:7 15:10,11,25 16:6 16:8,11,12 19:15 20:15,16 22:8,17 22:23,24 23:7,16 24:9 25:8,16 26:11 28:11,11,16 28:18,19,20 30:3 31:2,16 32:7 34:1 34:25,25 35:2,4,6 35:7 36:20,20,25 37:1 38:25 39:19 40:8,10,21,25 41:2 47:8,23,24 48:13 49:16,22,24 49:25 50:8,12,18 51:1,6,22,22 52:3 52:8,9,14,14,16 53:15,21,24 54:5 54:8,14,15,15 55:4,8,17,17,20 56:4,8,15,16,18 56:21,21 57:2,4,7 57:18 59:19 62:5 62:23 63:9,13 64:8,14,19 65:16 65:16,17 67:24 70:23,23,24,24 73:23 74:14,15 75:1,24,25 76:22 76:25 77:6,11,11 77:19 78:14,23 79:2 82:24 83:2 84:24 94:17 100:1 106:1 122:15,17 carefully 125:5 caring 54:7,11 57:1 Carol 114:10 115:4 carrying 63:9 case 4:8,13 11:20 30:13 69:4 114:16 122:18 cases 57:17 78:19 caught 8:10 9:18</p>	<p>cause 22:6 40:23 59:4 61:19 87:19 caused 13:9 CCME 11:11 CCNE 10:3,18 11:8 11:11,22 29:7,17 CE 110:6,12,15,22 111:4 113:13,13 120:8 cell 2:7 certain 46:13 56:10 73:4 74:10 75:5 91:2 101:12 107:7 certainly 58:8 66:14 92:20 96:21 100:13 106:20 certificate 85:24 86:14 116:9 125:1 certificated 116:2 certificates 20:11 certification 13:25 21:1,4 28:8 29:3 29:20 30:21 31:11 32:21 39:17 42:24 46:5 47:14 48:16 50:8 54:3,6 58:3 67:18 68:18 69:14 71:7 72:20 74:12 75:16 76:7 82:14 83:10 108:14 112:5 113:8,9 115:20 certifications 21:9 46:9 47:1 59:8 certified 6:18 41:20 52:10 115:20 certify 125:2 certifying 46:16 47:21 58:1 59:1,6 114:13,24 CEs 113:20 CEU 75:18 CEUs 72:23 chair 3:14,18,19,22 4:1 5:22,25 7:3 12:19 26:23 27:1</p>	<p>29:13 70:6,11 102:17 chairing 76:23 Chairman 1:13 3:8 4:16,20,24 5:4,9 5:17 7:5,17 8:5,15 9:1,6,23 11:13 12:2,8,11 16:21 18:16,19,21,25 22:12 24:4,14,20 24:22 27:12,20 32:2,23 35:20 36:14 37:18 38:8 38:11 41:8 42:19 43:1,24 44:9,24 45:14 46:11,23 48:6 49:9 50:13 53:1 54:16 55:1 57:20 58:22 60:2 61:4,15 62:14 63:11 64:25 65:9 65:23 67:2 68:10 69:22 70:7 72:16 73:9 75:20 76:17 80:24 81:3,12,16 82:4,21 83:5,11 83:15,22 84:11,20 85:6,11,20 86:10 86:20 87:7,9 88:2 88:16 89:15 90:7 92:10 94:11 97:4 97:7,13,19,24 98:5,16,19,21 99:3,7,10 107:21 108:25 109:8,14 109:22,25 110:9 111:1,13,18 113:22 114:2 116:17 117:10 118:17 119:8,15 119:24 120:4 123:14,21,23 124:7 challenging 36:17 36:21 121:5,17 chance 41:12 89:8</p>	<p>119:10 change 58:12,18 63:25 81:19 changed 86:21 changes 57:23 87:1 changing 65:2 82:23 Chantelle 1:19 2:21 8:1 charge 59:22 68:5 chart 35:11 46:7,12 48:23 56:20 57:25 65:7 81:24 check 118:20 checked 80:14 chief 25:11 26:23 72:1 84:18 child 62:10,18 74:15 choice 98:9 choose 98:15 chronic 49:22,25 50:13,20 52:7 108:8 122:16 chronology 30:2 citing 64:16 Clapping 6:3 clarification 7:2,9 11:16 16:7 27:11 109:3 clarifications 120:13 clarified 11:7 33:13 107:7 clarify 10:1 61:22 74:2 82:9 84:17 85:21 87:20 88:24 101:12 105:3,13 clarity 15:1 16:15 59:4 classes 32:9 74:14 classroom 34:17 clear 11:25 29:12 29:18 41:13,14,19 clearly 22:24 46:1 66:5 78:22</p>	<p>clinic 35:7 50:25 51:1,25 53:4,16 54:1,1 62:8,17 63:18 122:3,4,7 clinical 10:10,14,20 10:24 16:14,15,17 42:6 53:22 67:16 67:18,19 68:3,24 69:2,6,8 71:1,5,8 71:14 72:18,21 73:13 74:17 76:4 76:8 112:10,17 clinically 68:8 clinics 54:10 close 8:14 46:19 closely 92:12 103:4 112:12 CMS 22:20 24:5,6 64:10,12,16 80:6 84:7 90:5 CNAs 114:1 CNM 41:21 CNP 41:25 CNS 41:22 42:21 43:4,7,15,16,18 43:25 44:23 46:7 CNSs 41:16 42:3,5 42:11,12,14,22,25 43:5 44:6 45:2,7 46:8 code 15:2 16:5,13 22:17 23:25 codes 20:20 collaborate 17:7 25:4 collaborating 25:22 collaboration 11:2 17:3,19,25 18:3 25:2,14 26:1,11 26:15 collaborative 17:5 92:14,23 104:23 collaborator 26:24 College 70:15 72:2 72:3</p>
---	--	---	---	--

<p>Collegiate 10:4 colorful 40:20 colposcopies 29:23 Columbus 1:9,23 come 10:24 12:5 23:17 30:16 38:9 46:24 57:5 73:19 75:17,17 76:10 83:20,22 87:12 93:8 94:8 98:9 100:12 103:22 104:8 107:5,9 109:6 113:25 120:1 122:24 123:16,19 comes 4:8 31:1 45:24 61:1 88:20 89:7 103:20 123:2 comfortable 83:17 coming 11:7 34:21 103:16 106:19 114:25 comment 6:7,14 7:6 10:25 20:4 22:16 24:5,11 26:3 41:1 49:7 57:21 62:2,15 63:4 67:3 69:8 73:25 91:2</p>	<p>committee 1:3,7,12 3:17,19 5:11,12 5:19,22 6:1 7:23 8:20,21 9:16 19:8 19:19 37:19,21 42:20 46:2,3 48:7 61:7,16 69:12 81:4 87:17,25 88:3 90:2,16 91:20 95:4,11 100:4,14,18,25 101:1,8 102:10,17 103:25 106:7,17 118:5,25 119:2 123:3 committee's 88:1 92:6 117:3 committees' 5:18 common 20:22 109:3 community 108:7 compare 49:11 compared 125:5 competencies 28:7 31:11 32:4 49:20 49:21 50:1 54:13 56:25 68:17 74:10 74:18 113:3 competency 33:23 113:1,2,8</p>	<p>23:9,21,23 108:8 concerned 92:5 116:7 concerning 41:9 concerns 22:4 29:13 42:23 112:7 concluded 124:9 conclusion 55:13 condition 49:22 50:20 conditions 16:2 20:18 49:25 122:16 conduct 5:14 8:22 confused 81:23 confusing 35:12 49:17 60:14 66:11 confusion 22:7 59:4 85:12,18 87:19 congenital 21:14 congruent 113:17 conjunction 104:10 consensus 30:22 31:25 47:11 83:13 92:9 93:24 94:10 95:1 consent 15:13 consider 8:21 42:11 66:8 67:1</p>	<p>contemplating 117:1 context 25:2 continue 19:15 22:5 38:20 45:13 81:5 102:1 continuing 13:6 38:14 71:11 74:9 75:12 76:5 continuum 50:11 control 96:21 controversy 13:10 conversation 44:1 conversations 122:15 core 32:4 74:10 correct 7:10 9:5 10:22 17:20 40:1 42:3 69:16 76:11 82:8,14 83:11 89:1 99:8 105:22 112:23 125:3 corrected 7:16 costs 89:21 Council 30:8 104:12 counsel 59:5 84:18 89:22 90:17,20 counterproductive 6:5 country 8:9 couple 23:6 49:6 51:12 61:6 81:7 100:7 103:10,23 111:22 121:4 course 13:23 22:6 57:9 64:13 74:21 75:5 77:19 102:18 courses 74:17,23 75:3 cover 85:9 CPR 30:5 craft 74:6 crazy 114:19 create 92:15 credential 29:1</p>	<p>credentialed 74:25 credentialing 30:10 69:12 101:7 critical 20:15 22:17 23:7,16 33:18 34:1 35:17 36:20 36:20 37:1 39:2 39:12,13 40:21,25 50:9 52:9,11,14 52:14 54:8,15 56:18 57:1,2 62:23,23 63:23 64:8 65:3,16 66:24 71:21 72:14 74:22 78:14 82:24 84:24 122:5,6 CRNA 13:22 15:3 15:7,17 16:5,14 26:14 41:22 90:4 92:18,20 98:1 100:7,22 101:3,9 CRNAs 13:14,18 14:6,8 76:25 97:23 113:3,25 114:2 Cross 12:21 Cunningham 125:11 curious 17:1 59:17 106:23</p>
<p>Commentators 5:24 commented 93:13 commenting 103:18 comments 5:8,21 5:23 12:4,17 19:23,25 22:2 27:14,16 28:3 37:23 61:6 67:2 78:12 91:21,22 92:7 97:15,17 105:19 108:12,13 108:23 109:1 119:25 120:22 123:9,16,24 Commission 10:3</p>	<p>competently 80:1 compile 96:10 complete 111:4 completely 59:21 62:20 113:16 complex 52:7 complexity 23:11 23:16,16,18 42:16 85:2 complicated 17:11 37:8 44:8,9 57:7 complications 62:19 compressors 63:1 concept 73:2 concern 9:14 22:4</p>	<p>consideration 71:17 84:23 considered 9:15 117:15 considering 79:20 consistent 13:24 14:9 58:9 constantly 37:15 constituents 19:12 constituted 84:1 constraints 102:19 consultation 13:20 13:23 consulted 17:15 consulting 15:10 contact 66:23 71:23</p>	<p>6:5 country 8:9 couple 23:6 49:6 51:12 61:6 81:7 100:7 103:10,23 111:22 121:4 course 13:23 22:6 57:9 64:13 74:21 75:5 77:19 102:18 courses 74:17,23 75:3 cover 85:9 CPR 30:5 craft 74:6 crazy 114:19 create 92:15 credential 29:1</p>	<p>106:23 current 13:15 14:25 15:16,19 16:5,13 17:21 90:25 92:3 110:23 currently 118:5 curriculum 10:9 cut 79:10,12 CVICU 54:9 Cynthia 125:11</p> <hr/> <p style="text-align: center;">D</p> <hr/> <p>D-I-L-L-I-N-G 99:14 data 112:3 date 113:24 114:1,3 114:5 116:5</p>

<p>day 24:18 39:14 42:15 111:24 DEA 109:9,16,16 109:18 110:3 deal 40:13 57:18 103:8 122:15 dealing 57:16 Dean 72:1 100:17 Dear 70:11 death 53:6 Debbie 69:17 decent 23:19 decision 107:16 dedicated 91:9 dedicating 91:2 Deeter 24:21,23,24 24:24 25:15,19,25 26:10,19,24 27:3 27:7 defend 60:4 78:12 definable 36:8 define 14:8 24:9 33:21 35:18 38:3 38:7,12 46:1 84:2 84:9 defined 37:23 47:1 51:13 71:9,11 defining 91:15,16 definitely 24:6 32:15 48:1,3 114:2 119:13 definition 20:15,16 22:23 23:4,7,10 23:10 24:6,9 36:16 40:21 64:8 68:16,21 70:16 73:12 78:15 80:6 83:25 84:7,8,12 84:16,24,25 85:1 104:24 107:10 definitions 24:10 88:24 definitive 59:16 65:12 degree 71:10 76:7 114:20 115:21</p>	<p>degrees 104:21 delineate 74:4 delineated 69:9 71:15 76:8 delineates 101:10 deliver 29:22 76:11 demonstrate 10:11 demonstration 111:25 demonstrations 6:4 depending 2:11,11 20:7 25:9 depends 34:9 describe 103:6 describing 52:24 designated 26:23 designed 68:14 desires 28:10 determination 71:4 71:9 determine 15:12 determined 46:13 67:17 71:6 determining 69:12 develop 70:18 developing 29:8,16 developmental 47:3 develops 45:11 diabetes 23:13 50:22 51:3 diabetic 37:2 diagnoses 23:13 diagnostic 15:9 diagonal 36:11 diagram 48:8 dialogue 119:3 Diana 114:10 dicey 37:9 didactic 42:6 53:22 74:16,23 differ 42:10 difference 19:13 60:24 differences 82:2 different 21:10</p>	<p>23:13 25:9 42:24 43:7 44:3,14 45:9 46:8 47:17 49:14 56:18 91:3 101:4 103:7,10 104:20 104:20,21 107:16 117:5 118:25 differentiation 114:11 115:2 differently 113:16 differing 101:3,3 difficult 23:3 27:3 58:10 77:7 80:9 digest 89:8 Dilling 99:13,14,17 105:16,21,23 106:3 107:1,25 109:2,7 117:20 ding 12:9 dinged 23:17 dinner 115:4 DiPasquale 1:18 3:10,10 DiPiazza 1:13 DIPIAZZA 3:8,9 4:16,20,24 5:4,9 5:17 7:5,17 8:5,15 9:1,6,23 11:13 12:2,8,11 16:21 18:16,19,21,25 22:12 24:4,14,20 24:22 27:12,20 32:2,23 35:20 36:14 37:18 38:8 38:11 41:8 42:19 43:1,24 44:9,24 45:14 46:11,23 48:6 49:9 50:13 53:1 54:16 55:1 57:20 58:22 60:2 61:4,15 62:14 63:11 64:25 65:9 65:23 67:2 68:10 69:22 70:7 72:16 73:9 75:20 76:17 80:24 81:3,12,16</p>	<p>82:4,21 83:5,11 83:15,22 84:11,20 85:6,11,20 86:10 86:20 87:7,9 88:2 88:16 89:15 90:7 92:10 94:11 97:4 97:7,13,19,24 98:5,16,19,21 99:3,7,10 107:21 108:25 109:8,14 109:22,25 110:9 111:1,13,18 113:22 114:2 116:17 117:10 118:17 119:8,15 119:24 120:4 123:14,21,23 124:7 direct 14:5 16:9 direction 46:2 directly 17:11 106:11 director 3:3 63:16 72:4 directors 70:21 disagree 33:16,17 75:18 76:15 79:15 disagreement 33:15 discharged 63:18 discuss 77:21 87:23 101:23 103:14 105:5 116:23,25 119:3 discussed 37:20 75:22 98:12 102:8 103:1,9 discussing 9:7 discussion 13:18 61:10,13 70:13 77:1,7,12 103:3 103:21,23 107:2 116:18 120:24 121:4,20 discussions 72:14 101:6 102:5</p>	<p>104:10 105:4 disease 22:25 40:13 50:14 diseases 21:15 dispense 120:10 disservice 31:5 distance 10:16 distant 70:19 distinct 41:24 distribute 101:20 120:18 distributed 108:3 divide 75:2 DNP 113:24 114:13 114:16,18,24 115:10 116:5 doctor 72:9 Doctoral 20:10 document 8:16,19 8:23 15:8 16:8 32:16 38:5 40:20 40:22 41:12 58:14 66:24 78:16 80:23 82:20 93:9 96:16 104:11,15,19 120:16 121:2,5 documentation 93:15,23 documented 71:12 documents 11:17 28:3 51:20 58:5 58:20 82:1,7 86:24 94:6 105:5 120:8 124:1,3 doing 4:5 17:25 33:23 34:24 37:7 37:14 43:7,19 45:20 59:23 113:8 Downer 69:18 Dr 70:4 72:8,9,10 72:10,10 draft 13:12,19 15:5 16:16 18:7 20:8 22:1 27:13 38:3 41:20 46:12 81:19 83:21,23 87:1,12</p>
---	---	--	--	---

<p>89:7 91:4,13 98:9 98:11,11 99:5,8 108:3 123:1 drafted 70:20 draw 48:24 drug 14:12 drugs 16:1 dry 79:11,12 due 2:8 76:21 88:10 108:10</p> <hr/> <p style="text-align: center;">E</p> <p>E-09 3:16 e-mail 8:1 e-mailed 6:13 7:21 20:3 earlier 103:15,16 early 106:13 easier 45:1 easily 79:25 East 1:22 114:9 easy 11:24 59:18 60:9 echo 75:21 ED 39:1,8,9,10,11 39:13,17,24 Edition 5:13 educated 52:10,14 53:13,17,20,20,24 56:23 76:1 education 10:4 13:24 28:8 29:2 29:19 30:21 31:11 34:12,14 37:24 38:7,13,14 48:17 48:18 56:14,24 57:8 67:18 68:18 70:14 71:7,9,11 72:20 74:3,9,11 74:19,20 75:12,15 75:16 76:5,6 84:1 84:12 85:8,8,13 85:15,19,23 86:11 112:5,8,11,18 122:18 educational 10:16</p>	<p>44:3 112:14 educators 34:14 effort 121:1 either 4:12 27:9 41:4 62:24 elaborate 10:17 Elect 12:18 electronics 2:8 eliminate 100:1 eliminating 102:25 emergence 15:18 15:23 emergency 21:1,1,4 30:18 31:6 68:2 employee 69:10 employee's 28:9 employer 38:20 44:12,13 66:15 68:4 69:11 employers 3:5 61:1 employing 71:15 76:9 employment 67:13 Emrich 1:18 2:4,19 3:12 4:2,22 5:7 6:16 7:3 8:19 9:7 9:15 11:15 27:17 40:16 41:19 42:22 45:6,10,15 46:15 46:24 47:5,12,20 57:22 58:7,16 63:5 82:8,13 83:8 84:2,15 85:4,25 87:3,25 98:25 99:16 108:1 109:5 109:18 110:11,17 110:19 111:2,4,7 111:11,15,21 116:21 117:11,24 118:19 119:19 120:11,16 enable 10:10 encourage 65:1 encouragement 19:11 ends 56:18</p>	<p>enforceable 45:16 60:18,25 enjoyed 119:4 ensure 112:13 entirely 36:22 entity 84:13 ER 26:20 27:4 Erin 62:3 70:10,12 102:8 111:23 121:2 erroneous 62:6 errors 6:20 especially 73:23 84:5,18 88:24 102:14 104:8 established 59:24 establishes 101:8 establishing 15:11 evaluating 15:9 evaluation 15:4,15 16:9 evaluations 15:8 evaluators 10:25 everybody 13:7 18:11 26:6 56:7,8 80:11 94:6 96:14 104:23 109:10 everybody's 30:11 evidence 71:20 72:5 98:15 evolution 36:19 exacerbation 53:5 exactly 13:15 15:14 15:19 36:10 40:2 93:25 117:24 exam 31:3,20 32:21 114:18 example 15:3 28:23 29:21 35:1 36:24 49:12 50:15,23 61:23 74:13,20 examples 37:2 121:22,23 exams 31:22 exciting 19:17 exclude 43:13</p>	<p>exclusionary 54:22 Executive 72:4 existing 14:25 15:2 45:18 exists 84:3 expand 29:18 34:5 69:15 73:6 expanded 28:10 expect 14:22 101:2 113:19 expectation 8:20 experience 4:14 53:22 67:18,20 68:4 69:2,6 71:8 71:12 72:18,21 73:13 79:23,25 119:5 experiences 10:10 10:15,21,24 11:5 11:6 73:17 expertise 73:5 experts 77:16 expire 118:11 explain 2:18 explains 15:6 explanations 41:15 express 38:25 39:19 extend 5:25 extent 59:6 extremely 66:18</p> <hr/> <p style="text-align: center;">F</p> <p>Face 124:2 face-to-face 43:8 Facebook 123:7 124:2 facilitate 3:14,22 facilities 17:22 facility 14:13 25:9 facing 80:19 fact 40:25 43:21 64:10 75:22 faculty 3:1,6 10:19 70:20 Fading 36:3</p>	<p>failure 50:25 51:1 51:24 53:4,5,15 53:20 54:1,10 122:4 failures 53:9 fair 89:13 97:22 fairness 88:8 fall 41:17 falls 46:14 family 28:15,23 38:24 55:21 70:23 74:13 famous 72:13 Fantastic 111:18 119:8 FAQ 110:6 111:11 FAQs 29:7,15 120:8 far 8:22 82:5 90:15 100:23 103:11 106:12 114:12 118:20 fast 39:5,6 favor 98:19 February 70:10 Federation 104:13 feedback 93:11 96:9,10,17 106:1 feel 17:17 22:19 41:11,12 77:6 83:16 88:16,18 89:9,11 90:2 92:1 93:3,17 95:9 96:25 120:19 fell 73:5 fellowship 38:14 73:2 75:25,25 fellowships 29:6,9 29:11,18 68:14 73:2 75:23 felt 8:10 122:14 field 48:18 66:20 66:21 fields 28:22 61:19 66:19 filed 14:21</p>
---	--	---	---	--

<p>filled 6:6 14:16 final 80:20 finalized 61:14 find 48:7 66:10 94:7 finding 112:16 fine 68:21 86:15,25 89:6 92:9 93:2 97:11 finish 9:21 20:12 first 2:17 3:12 11:13 12:5 13:4 14:7 27:22 35:11 37:13 45:22 48:14 56:3 60:13 64:22 67:8 68:7 81:25 120:21,21 fit 21:8 five 5:24 12:8 87:14 91:15 120:5 flesh 107:14 fleshed 102:15 Floor 1:22 fluids 16:1 FNP 3:9 20:22,25 21:3 34:2 37:7 53:4,15 56:13,17 56:23 65:15 74:19 FNPs 35:2 53:23 57:5 62:22 focus 28:20 37:5 40:8 44:4 57:14 57:15 folks 38:13 follow 12:17 25:1 follow-through 31:25 following 11:1 13:7 62:24 71:3 98:11 follows 5:13 foregoing 125:2 forget 121:11,12,13 122:9 forgive 21:6,11 form 74:5 97:24 formal 28:7 31:11</p>	<p>37:24 38:6,12 48:16 56:14,23 57:8 68:17 71:7,9 74:3,11,19 75:16 76:6 83:25,25 84:12 85:8,12,14 85:17,22 86:11 formalized 101:8 102:14 formally 52:10 53:20 98:13 former 105:20 forms 6:6 forth 56:25 58:16 63:5 78:17 92:21 100:15 101:8,14 101:22 103:13 104:3 107:19 forum 102:11 forward 6:12 19:14 19:18 21:24 24:10 30:16 33:9,10 38:2 66:25 71:18 71:22 87:1 90:4 95:25 102:1,4,20 103:4 107:9 forwarded 8:2 87:13 forwards 66:4 fought 25:13 found 6:23 foundation 106:16 foundational 76:2 four 14:25 23:12 FNP 39:15 framework 13:2 fraud 7:12,15 freely 4:17 friend 64:23 Fuld 72:4 full 67:12 fully 79:12 115:10 function 14:18,24 15:16 42:3 73:21 functioning 44:16 functions 14:25</p>	<p>16:14,15,17 funded 30:8 Furstein 1:15 2:23 2:23 4:4 26:13,21 36:17 37:11,16 59:11 65:12 72:17 73:1 81:10 85:21 86:2 90:25 98:23 further 29:2 69:9 71:15 74:4 77:13 84:17 104:6 120:24 future 15:11 70:19</p> <hr/> <p style="text-align: center;">G</p> <p>general 12:24 13:8 13:13 14:6 47:3 84:6 94:10 96:17 99:11 102:23 104:4,25 117:17 General's 14:5 generally 99:25 102:16 104:18 106:16 107:1,11 gero 83:6 gerontology 49:13 50:1 70:22 71:1 83:1 getting 17:24 58:15 64:2 75:23 76:1 93:6 115:18 121:15 give 10:23 11:8 13:1 25:1,12 64:3 64:4 66:6 71:17 87:13 91:22 97:8 98:13 99:4 104:3 106:16 given 7:23 8:12 25:6 28:3 99:15 gives 35:17 36:9 50:8 giving 10:2 49:3 87:23 91:9 100:14 108:13 glance 59:14 60:10</p>	<p>60:13 global 64:5 69:2 81:22 96:11 go 2:16 4:25 5:10 7:7 12:11 20:8,12 21:20 27:25 29:7 31:4 33:19 45:5 46:3 47:10 48:4 48:16 51:2 55:5 57:3 64:1 67:22 68:15 72:16 74:8 75:20,24,25 81:2 91:13 92:10 103:11 112:10 114:17 115:5,21 116:13 117:4 119:12 goal 47:13 goes 10:17 28:19 43:9 going 4:20 10:13,18 11:23 18:2 21:22 23:24 27:14,15 30:9,15,16 37:3 40:11 43:14,22 44:13,20,21 48:15 53:3 57:17 60:3 63:25 66:6 68:1 70:3 73:16 76:19 80:24 81:17 84:2 85:7 87:18,19,21 89:5 90:16 95:16 105:8 112:16 113:1,6,24 114:8 114:13,18 115:3,9 117:22 good 18:13,14 24:15,16 28:23 30:12 48:10 51:11 51:15,19 67:5 77:20 85:16 86:19 94:25 99:13 100:14 103:8,21 104:18 106:4,8,12 109:19 112:4 118:24 119:17</p>	<p>121:16 gotten 38:4 61:12 93:10 105:25 Government 12:19 100:25 grads 116:4 graduate 10:7 28:8 29:9 38:6 68:18 71:10 79:13 85:8 85:15,17,22 86:11 grafted 54:22 Graham 71:23 72:9 72:10 grandfathered 20:13 85:25 86:4 86:12 115:18,19 115:23 116:11 grandfathering 115:24 granting 71:10 76:7 graph 57:25 62:5 64:2 78:17,18 83:2 graphs 21:16 59:12 59:15 60:9 66:10 82:22 121:15 123:6 gray 31:13 33:5 34:21 35:10,14,18 35:21,24 36:7,12 36:22,24 37:3 40:19 54:20 60:3 60:14,15 61:23 65:10 73:12 79:10 121:17,19,22 122:8 great 5:9 6:8 7:6 24:17 32:17 51:8 51:14 70:4 96:8 109:22 110:6 111:13 113:4 115:17 119:2 121:6 122:1 124:7 Greaves 18:22,23 19:2 23:1,5 24:1</p>
---	---	---	--	---

<p>24:12,17 120:2,6 120:12,19 122:2 123:17,22 green 63:8,9,12 73:20 group 26:14 38:5 54:23 62:11 66:19 69:18 70:11 92:24 92:25 94:13 96:2 98:14 groups 89:18 93:1 93:1 guard 8:10 9:18 guess 17:3 22:17 53:2 63:2 99:22 102:17 guidance 36:9 84:9 122:13 guideline 5:14 20:1 22:21 27:13 31:15 32:18,19 45:17,18 45:23 60:22,24 63:15 66:7 67:15 68:22 78:21 81:19 85:3 121:8,9,10 guidelines 5:6,11 6:8 19:21 20:14 21:2,8,10,20 27:16,24 33:11 45:12,12,15 63:12 66:2 88:21 gunshot 39:20 gunshots 39:11 guys 12:18 19:20 20:8 23:5 24:17 120:20 122:11,20 123:8,10</p> <hr/> <p style="text-align: center;">H</p> <hr/> <p>Hague 114:10 half 88:6 89:6 91:14 hand 55:2 61:5 65:25 69:24 handful 94:21 95:2 handle 30:12</p>	<p>hands 42:3 happen 61:13 68:1 happening 101:11 101:24 happens 4:13 5:2,5 20:19 33:24 39:24 happy 16:25 122:24 hard 18:10 116:5 121:3,17 harder 33:21 76:24 harp 33:2 hate 76:21 head 48:20 health 3:4 15:10 19:8,19 24:8 28:13 29:24 31:17 32:14 35:17 39:11 42:14 47:25 52:21 55:9 62:18 63:22 63:23 65:3 67:22 68:1 70:25,25 71:25 72:4 82:23 85:1 100:4,24 Health's 39:19 healthcare 104:23 healthy 71:22 hear 12:9 38:13 40:22 44:2 89:3 94:20,21 97:15 112:3 115:22 117:2 heard 5:20 12:18 37:21 81:20 83:19 91:21 95:17 97:14 105:10 106:24 113:3,6,23 hearing 57:24 95:2 97:2 106:13 114:15 116:2 hearings 107:18 heart 50:25 51:1,24 53:4,9,15,19 54:1 54:10 63:1 122:4 heels 103:3 Helene 72:4</p>	<p>Hello 24:24 help 27:11 78:21 80:23 88:11 105:3 helpful 5:7 48:7,12 48:21,22 49:5 59:13 79:23 110:10 115:13 116:16 helps 87:3 106:20 116:6 hemodynamically 35:4 56:9 hey 11:19 32:20 107:9 hi 18:23 24:21 hierarchies 116:14 high 1:8 23:11,16 23:18 85:2 hinder 22:8 hire 62:7 hired 68:7 hit 20:4 21:6 Hollabaugh 12:5,7 12:9,13,15 16:19 16:23 17:10,20 18:6,13,15,18 home 14:17 109:17 110:2,3 honing 96:1 hope 14:19 47:13 71:16 hopeful 101:25 hopefully 8:1 22:3 102:3 hospital 28:25 101:7 115:22 121:12 hospitalist 55:18 hospitals 30:9 hot 18:25 hour 77:21 87:23 88:4,6 89:6 91:15 97:10 hours 37:13 53:25 54:2,4,5 113:10 113:14</p>	<p>House 12:25 19:6 19:12 99:24 100:4 105:20 how's 81:14 huge 19:13 human 46:18 hundred 25:5,8,20 54:4 hundreds 26:17 hyper 82:16 hyperlink 82:18 hyperlipidemia 50:22 51:4 hypertension 23:13 28:17 50:21 51:3</p> <hr/> <p style="text-align: center;">I</p> <hr/> <p>ICU 37:11 122:6 idea 13:1 45:17 46:1 58:25 59:7 60:8 65:6 119:17 121:16 123:11 ideas 119:3 IG 41:20,20 42:1 45:7,7 46:7 ignoring 43:21 illness 40:14 63:13 63:24 65:3 82:24 83:7 illnesses 40:16,17 40:18 imagine 28:25 101:24 immediate 15:20 25:3 impact 85:24 87:18 119:4 impacts 113:13 implementing 13:18 important 8:3,9 38:5 87:15 89:5 102:7,11 104:9 105:1 109:14 112:3 impossible 25:4</p>	<p>inappropriate 22:20 include 15:9 44:5 49:21 82:6 86:10 included 3:15 43:22 49:25 includes 10:9 50:9 70:22 including 10:16 13:20 26:19,20 49:4 99:12 incorporate 85:4 incorrect 7:13 increase 5:25 29:14 30:24 68:14 110:15 112:4 indicate 66:9 72:21 indicates 71:20 individual 48:13 74:12 individuals 94:5,22 induction 15:18,22 infection 51:4 inform 106:6,7 informally 8:12 information 8:23 9:19 10:2 11:9 30:15 58:12 73:8 76:12 93:9,22 96:19 99:11 100:19 106:10,12 108:6 109:9,23 110:1 115:13 informative 102:23 104:2 informed 15:13 78:6 90:3 94:13 informing 106:4 initial 18:7 34:6 76:2 109:11 initially 67:8 87:21 90:15 initiated 107:19 Initiative 109:4 input 117:2 inserting 116:22</p>
---	--	--	---	---

<p>Institute 72:5 institution 53:13,18 53:24 69:10 71:15 76:9 101:11 institutions 115:9 insurance 64:17 integrate 10:11 intelligent 78:6 intensive 64:14 intent 29:14 73:4 intention 41:13 92:22 interaction 106:8 106:10 interactions 43:8 interest 111:23 116:23 118:18,20 interested 4:5 13:5 13:7 103:12 107:5 107:13 113:18 116:19,24 117:4 118:15 interesting 22:16 49:7,11,17,23 50:6 internal 28:13 52:20,24 55:22 56:16 internationally 76:15 interpret 107:8 interpretation 96:3 interpretative 45:12 interpretive 19:21 20:1 27:13,16,23 45:11,15,23 63:10 66:2 67:15 68:22 78:20 81:19 85:3 88:20 90:11 interview 37:6 intrapartal 28:19 introduced 12:24 13:3 14:20,22 introducing 12:20 14:19 15:6</p>	<p>introductions 2:16 issue 30:19 31:2 33:8 63:21 64:4,7 72:18 78:1,3,10 78:21 80:16 87:23 90:4,9 92:4,17 93:3 98:2 107:15 114:7,9 issues 20:23 28:21 40:11 78:18 101:12 102:14,23 103:19 104:16 106:5 item 2:17 3:12 items 111:22 113:21 117:12</p> <hr/> <p style="text-align: center;">J</p> <hr/> <p>James 1:15 76:25 85:20 91:19 105:14 Jamie 2:23 118:13 Jeana 33:10 89:2 120:23 Jennifer 9:25 job 67:23 69:11 102:1 110:6 jobs 43:17 44:22 Jody 1:14 2:25 4:12 4:25 35:25 38:16 51:21 82:25 84:20 88:25 121:19,23 123:25 Joe 12:5,14 101:2 102:2,4 joint 12:22 14:21 Jon 12:21 Joscelyn 18:22 22:13 99:23 120:1 123:14 judge 106:16 July 110:5 jump 80:25 June 116:20 117:3</p> <hr/> <p style="text-align: center;">K</p> <hr/>	<p>Keels 70:11 keep 24:7 29:3 31:9 33:12 58:11 60:12 75:8 77:21 83:18 95:3 104:7 115:20 121:24 keeping 49:17 60:9 60:16 83:13 89:15 90:5 113:10 keeps 69:23 Kellie 24:20,23,24 kids 63:17 kind 7:22 8:12 18:4 19:4 20:4 21:21 21:24 23:20 25:1 25:17 26:12 31:18 33:3 43:23 49:17 50:7 60:13 66:4 76:23 78:15 93:15 101:21 103:18 104:3,22 106:22 111:24 112:17 116:25 121:20 122:10 124:3 kinds 20:18 39:11 know 6:13,23 9:10 13:9 18:1 19:16 20:18 22:1 23:5,8 23:13,23 24:9 27:24 28:5 29:21 30:1,4,13,23 31:21 32:11 33:1 33:3 35:19 36:1 36:10 37:13 38:4 39:10 40:23 41:16 42:12 43:9,15 44:14 47:7,17,22 47:25 48:3,4,19 49:3 50:24 51:10 51:16 53:2 55:2 58:9,23 59:17,17 60:4,21,23 61:11 62:3,14 63:10,24 65:8 66:3 72:7,12 75:6 76:15,24 77:4 78:13,20</p>	<p>79:14 82:3,16,25 85:18 86:18 89:2 89:20 90:6,6 92:13,25 93:7 94:2,5,7,9 95:15 95:18 100:11 102:2,25 103:6 106:19 108:21 111:19 113:1 118:25 121:14 122:7,10,14 124:2 124:5 knowing 122:4 knowledge 10:11 knows 30:7 96:14 Kris 3:6 27:14 32:2 33:9 34:13 38:1 41:2 48:21 49:3 53:19 68:10 81:18 85:6 88:18,25 90:7 115:13 118:13 Kristine 1:14</p> <hr/> <p style="text-align: center;">L</p> <hr/> <p>L 125:11 label 60:7 laboring 28:19 laboriously 33:11 LACE 30:20,21 laid 96:4 language 14:11 16:16 48:22 49:2 49:5 77:14 86:17 101:4 107:7 large 89:16 91:7 largely 101:5 Latina 36:23 law 22:24 40:12,15 40:15 43:18 60:17 86:17 90:10 121:8 laws 68:19 lawyers 48:14 lead 41:10 62:12 91:17 leader 8:9 62:22</p>	<p>93:3 leaders 76:14 leadership 32:9 123:3,3 leads 73:12 leaning 25:12 learn 34:2 42:8 60:3 76:1 learned 29:22 112:7 leaves 35:14 54:20 56:22 leaving 81:24 left 81:17 legal 28:5 31:10 68:21 84:18 88:25 89:2,22 90:17,20 legislation 12:19,22 12:23 13:6,12 14:3,11,21 16:24 17:16 18:7 89:10 92:14 102:20 103:20 105:9 106:5 legislative 99:12,20 106:17 legislator 19:10 legislators 19:11 legislature 107:3 107:15 let's 39:9,9 81:10 81:13 82:4 96:12 96:14 letter 7:21 8:8 61:11 66:9 67:5,9 67:9 70:5 76:12 76:16 78:8 92:3,8 95:10 100:17 letters 19:9 90:24 91:23 95:5,7 level 23:22 30:19 49:13 64:12,15 103:1 license 43:19 110:20,21 Licensed 16:10</p>
---	---	---	--	---

<p>licensure 30:20 110:13,13,23 liked 40:21 64:9 limit 61:3 limitations 108:10 limited 5:24 54:2 66:13 101:14 115:14 limiting 66:10 line 35:19,19,24 36:1,1,6,11,11 46:14 48:24,24 63:8,20 74:21 121:17 122:12,12 lines 28:17 46:12 52:22 53:10 94:9 116:13 link 82:7,16 120:17 links 58:14,16,18 58:19 liquids 2:8 Lisa 1:18 2:19 4:21 21:6 28:6 30:7 42:20 46:11 55:2 57:20 62:14 63:3 65:1 82:6 105:8 111:19 120:6 121:2 list 14:9 26:6 28:19 110:2 listed 82:17 listen 78:23 listening 32:1 listing 109:15 literature 90:12 little 19:22 37:9,21 37:22 38:3 41:17 76:24 92:5 96:5 96:12 101:4,14 102:3,15 121:18 live 60:3,15 locates 112:14 logic 55:14 logical 55:12,13 56:2 long 51:12 80:2</p>	<p>88:4,7 116:12 120:21 longer 42:13 47:2 115:5 look 21:16 31:8 32:20 33:9 45:8 57:5 63:11,12 64:23 65:14 68:19 69:20 79:17,19 80:6 83:16 88:11 101:8 104:17 105:1 119:10 looked 35:11 48:5 50:5 67:7,8,9 looking 10:14 17:7 37:13 40:24 43:17 53:9 57:22 63:15 93:16 95:25 96:1 102:20 113:8 119:11 123:1 looks 16:24 56:20 62:6 loop 80:14 lopsided 77:1 lost 78:4 lot 13:10 31:13 33:15 35:14 38:13 40:9 44:21 51:19 57:17,17 59:25 61:24 66:21 67:5 68:24 69:3 76:13 78:1 87:3,21 103:4 112:3,14 116:6 117:7 120:12 121:3,19 123:18 lots 37:2 loud 7:25 8:2 9:11 9:14,20 love 70:9 LPN 45:21 LPNs 118:1 luck 18:14 lunch 2:11 81:6 117:6</p>	<p style="text-align: center;">M</p> <p>MA's 30:4 mailing 109:11 maintained 17:21 maintenance 15:18 15:22 113:9 122:19 major 13:9 14:24 27:24 majority 123:20 making 44:16 65:18 95:19,20 107:17 108:23 manage 40:13 41:3 43:20 62:23 122:16 management 15:25 16:12 48:14 50:14 74:21,22 Manager 1:18 2:19 managing 37:8 50:21 52:5,6 62:25 63:1 mandate 114:22 mandates 115:11 manner 42:21 March 99:15,16,21 Margaret 71:23 Margo 118:20 Master 20:10 Master's 114:20 Masters 20:12 match 83:2 material 8:16 matter 58:15 125:4 matters 5:20 mean 15:2 17:4 26:4 27:4 30:4 31:17 32:7,17 34:2,2,12 35:10 35:19,24 36:7 40:18 48:2,12 53:8 58:7,13,17 64:5 67:21,21 68:19,20,24 69:19 74:7 76:10,11,13</p>	<p>76:21 81:8 83:18 85:9 90:6 93:18 93:25 106:1 110:14 114:14,17 means 15:6 41:1 88:19 meant 14:13 measured 113:15 Medicaid 55:25 medical 104:14 108:2,5,7,19,22 Medicare 55:25 medication 14:16 medications 14:14 medicine 28:13 29:1 52:20,24 55:22 56:16 72:3 meds 60:7 meet 11:5,20 99:19 116:24 meeting 1:6 2:14 3:14,23,25 4:3 5:23 6:17,19 8:3 8:13,14,25 9:11 30:7,20 31:2,5 35:13,25 41:18 61:10 77:20 87:11 87:24 92:4 95:17 97:14 98:8,10 99:4,18 100:13 101:21 102:19 104:1 116:20,22 116:23 117:3,5,7 117:9 123:8 124:9 meetings 5:14,18 13:5,8 24:11 91:1 102:18 103:16 Melnyk 7:22 71:25 72:8,10,10 76:13 76:13 Melnyk's 70:4 100:17 member 1:14,14,15 1:15 2:23,25 3:2,6 3:17,24 4:4,6,7,15 4:18 5:2 6:11,15</p>	<p>6:20,22,24 7:1,8 7:19,20 8:6,17 9:3 9:13,17,21,24 11:16 17:1,17,24 18:12,14,20 22:14 22:15 23:2,21 24:2,16,19 25:11 25:17,24 26:3,13 26:21,22 27:1,5 27:10,15,18,22 32:5 33:1,6,7 34:1 34:3,7,9,11 35:22 35:23 36:2,3,5,15 36:17 37:4,11,14 37:16,25 38:6,10 38:16,22,24 39:3 39:4,8,21,23 40:1 40:3,5,7,12,17 41:5,7,11 42:2 43:3,9,11 44:5,7,8 44:11 45:3,8 47:4 47:7,15,22 48:9 48:19 49:10 50:11 50:15 51:5,7,18 51:19,21,24 52:1 52:2,4,6,15,17,18 52:19,21,23 53:7 53:8,12 54:18,25 55:3,6,7,10,12,16 55:21,23 56:1 57:3,13,15 58:4 58:13,17 59:9,11 60:1,11 61:6,17 63:7,14,22 64:1,6 64:18 65:4,6,10 65:12,13,21,25 67:3 68:11 69:7 69:16,17,19,23 70:1,2,9 72:17,24 73:1,7,10,24 75:21 76:18 77:2 77:4,17,18,23,25 78:5,9,11,13,22 78:25 79:1,4,6,8,9 79:14,16 80:3,5 80:10,13,17,19,21</p>
--	--	---	--	---

<p>81:1,10,20 82:11 82:15 83:4,12,20 84:21 85:7,14,16 85:21 86:2,3,7,8 86:13,16,18,23,25 87:5,8,10 88:4,6 88:23 89:20,24 90:8,19,21,23,25 91:18 92:11 93:5 93:18,20,21,25 94:2,4,12,14,16 94:19,23,24 95:3 95:9,11,13,23 96:7,20,22,24 97:1,6,11,18,21 97:22 98:1,3,7,18 98:22,23,24 99:1 99:5,9 105:12,18 105:22,25 106:23 107:23,24 109:12 109:13,24 110:7 110:14,18,25 111:3,6,9,12 113:23 114:4,6 115:6,7,8,12,14 115:16,25 116:12 116:15 117:22 118:23 119:7,11 119:20,21,22 122:1 123:13,25 members 5:20 8:21 81:7 88:3 89:21 93:10,16,18,23 94:21 96:9,10,18 98:20 103:15,25 120:10 membership 123:4 Memorandum 3:15 memorized 64:23 mental 42:14 47:25 70:25 mention 86:11 103:2 111:22 mentioned 116:21 116:22 120:25 121:7,19,23</p>	<p>123:15 messages 94:9 met 29:13 112:24 Metro 3:4 39:11,19 MI 20:19 30:2 50:20 MICU 54:9 midwife 29:25 118:6,9 midwifery 71:2 midwives 90:5 mill 39:18 mind 24:7 29:4 31:9 33:12 49:18 60:12,16 67:6 89:15 95:3 106:18 mindful 89:19 mine 6:24 88:12 Miniard 1:14 2:25 2:25 4:6,18 34:11 35:22 36:2,5,15 39:3,23 44:7 48:19 49:10 50:15 51:18,24 52:2,6 52:17,19 53:7,12 54:18 55:10,16 56:1 57:13 60:1 60:11 63:7,22 65:6,10,13 67:3 69:7,17 73:24 77:23 83:20 84:21 85:16 86:25 87:5 91:18 93:18,21 94:2 95:3,13 97:18,21 98:3,18 99:5 107:23 109:12,24 110:25 115:8,14 117:22 122:1 Minnesota 92:13 minute 19:1 40:10 minutes 5:25 6:12 6:14,16 9:22 12:8 19:4 81:11,13 87:14 88:7 91:15 97:10,11,13 98:13</p>	<p>99:4 120:5 122:25 minutia 77:13 misinterpret 63:21 misleading 63:20 misnomer 85:2 missed 31:15 83:24 missing 44:20 76:7 77:2 80:22 89:4 misunderstanding 64:15 misunderstood 84:14 111:9 mix 39:10 model 30:22 32:1 38:2 43:23 44:25 47:11 55:3 modern 42:5 Monday 1:10 2:1 125:4 money 23:19 months 99:19 103:15 morning 2:1 19:22 105:19 motion 6:2 58:24 97:25 98:4,6 mouth 75:8 move 6:11 19:18 21:24 33:9 71:18 71:21 77:12 87:10 97:6,8 98:7 102:1 moves 5:25 moving 19:14 27:12,21 87:1,9 95:25 99:20,21 100:5 102:4 muddier 41:14 muddy 121:18 multiple 91:13 122:16</p> <hr/> <p style="text-align: center;">N</p> <hr/> <p>NAFED 47:24,25 name 2:18 12:14 121:24 narrow 69:14</p>	<p>narrowed 28:9 national 30:19,23 46:5,25 47:14,20 56:25 58:1 59:8 67:17 68:16 71:7 72:5 82:7,14 83:9 90:11 104:12 108:14 113:7,9 nationally 28:7 31:10 68:17 76:14 nature 14:3 103:6 NCC 63:6 NCSBN 111:19 near 70:18 nearly 91:14 neat 42:17 necessarily 36:20 67:6 91:7,8,25 99:22 102:13 104:7 necessary 15:24 16:11 96:25 need 2:10 4:25 5:5 17:17 20:13 31:16 31:17,22 32:12,15 32:19 38:12,20 41:19 54:4 65:18 69:20 71:20 81:18 82:5 83:18 84:4 84:23 89:18 90:17 97:6,7 107:10 112:23 113:19 116:4 118:13,14 119:16 120:19 needed 7:9 119:19 needs 29:19 36:15 48:4 54:24 57:23 66:25 76:5 81:21 81:24 110:22 122:6 negates 91:10 neonatal 21:14 32:14 62:3,3,4,7,8 63:14,16 70:24 NEONP 90:6 nephrology 54:10</p>	<p>neuro 62:25 neurosurgery 28:24 33:19 never 42:25 62:8,9 new 10:11 18:24 37:7 116:4 nice 42:17 60:9 69:19 96:20 110:7 121:13 NICU 63:19 NOF 29:13 30:6,20 49:19,21 51:7,8 54:14 74:25 76:14 114:8 nominated 91:10 normally 8:15 39:18 99:18 north 90:6 notation 8:7 noted 90:15 notes 7:24 125:6 noticed 7:18 NP 28:18 38:25 39:6 41:2 42:15 43:17,21 51:22,23 52:3,8 54:5 55:4,8 55:17 56:4,15 62:3,7,8 63:15,16 65:16 66:16 67:12 68:1 73:18,19 79:12 92:25 NPs 42:4,7,10,23 52:24 53:24 56:21 62:4 66:5,6 67:13 68:5 76:22 77:12 87:18 93:4 113:25 116:2 number 27:25 45:21 54:2 105:24 112:13,25 nurse 2:24,25 3:3 12:16 24:25 26:1 26:25 35:6 41:21 45:20 50:18,24 56:8 62:22 67:22 68:25,25 69:1</p>
--	---	---	---	---

<p>70:25 71:1,2 74:13,16 80:1 118:6,9 nurse's 13:24 71:7 nurses 16:9,10 71:6 118:1 nursing 1:1,4,8,12 3:4 5:12 8:9 10:4 10:7 14:1 43:6 70:16 72:2,13 92:12 103:17 104:12 108:12,18 110:5 117:17</p> <hr/> <p style="text-align: center;">O</p> <p>o'clock 81:17 OAAPN 7:14 19:8 22:18,18,19 27:13 33:10 38:2 40:22 61:11 64:7 67:4 77:11,19 87:12,22 88:18 89:7,16 90:3 93:3,19,20 94:17 95:6,10 96:21 97:9 98:8 99:4 123:1 OAAPN's 64:11 66:1 72:15 OAC 71:12 objective 94:12 objectively/subje... 46:21 obtain 15:13 occasions 103:10 occur 75:13 October 110:20 offense 56:6 offer 59:3 91:1 offering 16:7 offerings 10:17 office 20:21 50:16 50:17 55:18,20 56:17 Officer 72:1 official 6:17 oh 57:22 58:16 72:8</p>	<p>Ohio 1:1,9,23 5:12 12:15 24:24 26:10 30:14,23 40:12 67:9 70:15 71:21 72:6 77:5 87:19 88:20 89:17,18 93:4,14 96:16 119:4 124:1 okay 16:20 27:19 28:1 29:11 46:23 53:16 56:17 57:7 60:17 61:8 65:15 68:16 70:5 86:2 90:15 98:24,25 105:13 109:5 111:12 120:7 122:1 OKEY 1:22 old 63:13 116:9 on-the-job 72:22 75:11,12,18 once 36:19 39:20 59:2 74:1 98:9 99:19 oncology/hemato... 108:7,14 one's 56:19,19 ones 9:4 20:9,11 86:9 102:22 107:4 online 29:7 open 8:24 61:10 91:1 102:11 110:2 118:7,10 opinion 14:5 35:8 52:2,12,15 53:14 53:14 62:6 67:11 69:11 87:16 88:11 90:9,14 93:24 opinions 20:3 98:14 opponent 106:21 107:13 opportunities 70:18 opportunity 12:14 91:4,22 95:21</p>	<p>97:9 116:24 119:3 122:25 opposed 17:3,8,18 94:21 98:21 105:17 options 115:15 orange 35:16 41:10 46:17 49:15 64:22 order 2:5 5:13,17 14:14 15:25 16:3 116:10 ordering 15:9 ordering/prescri... 101:13 orderly 5:18 organ 53:5 organization 7:12 7:14,15 24:8 47:21 66:5,11 67:14 69:10 71:16 76:9 85:1 88:13 92:16,17,21 organization's 47:14 organizations 31:24 57:1 58:2,5 59:3 66:21,23 90:13 92:13 106:11 117:8 original 42:13,14 64:2 73:4 125:5 originally 64:9 OSANA 99:23 100:10 101:18 105:15,20 outcome 11:6 115:1 outcomes 10:12 outline 16:24 outpatient 20:17 23:10,15,19 33:24 37:15 41:3 50:17 54:9 55:19 122:2 122:7 outside 14:13 21:20 34:19,23 35:5,8 75:15 84:8,13</p>	<p>85:3 91:3 outsiders 19:24 overdose 37:12 overlap 41:16 101:22 overnight 101:24 oversimplification 33:4 oversimplifying 33:8</p> <hr/> <p style="text-align: center;">P</p> <p>p.m 124:9 packet 3:15 108:2 117:14 118:3 PACU 101:15 page 7:9 9:24 11:9 72:10 82:17 123:7 124:2 pager 103:22 pages 51:12 79:8 81:25 pain 16:3 108:4,8 paper 51:12 papers 51:9 58:21 paragraph 7:10 64:20,22 65:5 parallel 42:7 parity 108:15 part 8:11 9:12,20 13:18 18:6 37:20 43:1 46:18 64:3 78:17,19 91:20 95:21,22 100:14 112:21 120:3,4 122:8 Participation 5:6 5:11 particular 41:20 45:19 46:6,16 50:24 53:18 58:3 63:19 84:10 108:11,15 112:18 particularly 77:9 92:17 parties 107:14</p>	<p>116:25 party 2:15 13:5 103:12 104:14 107:6 116:19,23 117:4 passed 28:6 68:20 100:16 patient 13:21 14:7 15:13,24 16:11 20:24 22:8 23:12 39:2,25 41:1,4 48:13 50:17,18 52:7 53:15 62:25 122:3,5,7 patients 20:25 21:13 35:5,7 37:9 39:13 43:8,20 53:21 54:12 56:9 57:8 64:9 67:25 108:16,17 patients' 108:8 pave 45:1 payment 64:17 pediatric 3:3 28:12 50:3 62:8 70:24 83:3 pediatrics 21:14,18 49:12,15 50:2 51:9 72:3 peds 28:18 32:13 37:5 47:24 51:13 51:13,14 63:18 70:23 83:4,5 people 11:1,18 22:3 27:23 28:12 31:2 31:6 32:16,19 34:15,20,24,24 42:16 44:12,12 47:17,24 59:14,16 60:23 63:21 66:12 68:25 69:3 76:14 77:3 80:8 81:25 82:20 85:23 91:14 91:15 93:13 95:2 95:4,7 96:16 99:24 100:11</p>
--	--	--	---	---

<p>104:4 107:6 111:10 115:18,22 123:16,18 124:4 percent 55:25 77:5 102:25 perfect 36:24 81:13 86:2 121:22 perform 15:3,7,17 15:22 16:6,7,14 16:17 period 6:1 110:13 110:24 peripherally 62:24 permission 5:22 permissive 14:4 person 4:1 12:5 28:11,15 31:19 37:7 39:22 55:15 89:10,11 123:20 person's 29:20 34:10 50:25 personal 53:14 67:11 109:17 personally 62:21 persons 47:13 58:1 117:8 perspective 61:18 66:14 69:3 78:23 89:2 pertain 108:13 pertaining 58:3 113:20 Pete 3:8 4:12,18 18:23 59:12,20 Pete's 76:23 Peter 1:13 pharmacy 14:16 111:6 phases 14:7 phones 2:7 phrase 13:20 physician 13:11,14 13:21,22,23 15:21 17:6,8,19 25:7,21 25:22 26:6 27:4 28:24 108:15</p>	<p>physicians 17:23 25:4,5,9,20 26:8 26:20 28:16 physiological 47:3 pick 81:14,17 picks 56:10 piece 12:22 29:4 40:4 54:21 72:18 93:12 pieces 13:9 36:18 piloting 113:7 pinhole 75:7 pipeline 106:24 place 14:14 39:15 51:2 116:3 placements 74:22 places 29:9 plainly 112:6 plan 15:12 81:13 planned 10:9 planning 2:12 117:1 plans 15:11 play 27:9 please 2:6,15 28:1 61:22 71:22 123:9 pleasure 105:6 plus 53:8 66:16 pneumonia 28:17 point 18:9 29:16 42:20 46:13 53:5 59:18 64:11 66:1 73:10 80:7 81:9 85:17 86:19 95:15 109:2 118:21 points 22:22 121:7 policy 3:16 5:14 political 17:2 population 21:19 47:1 55:24,24 62:16 69:13 74:12 populations 49:12 portfolios 31:3 portion 5:23 64:22 position 103:11,12 103:13 104:4</p>	<p>115:17 118:7,7,10 positions 107:3 118:10,11 possible 70:17 84:14 91:11 post 16:6 124:1,3 post-anesthesia 16:8 posted 118:5 119:18 posting 123:19 potentially 22:8 52:7 Practical 16:10 practice 1:3,7,12 3:4 10:10,15 14:2 14:6 15:1 17:13 21:11 28:5,14 29:14,19,20 30:13 30:25 31:9,17,20 31:23 32:3,6,13 32:21 33:18 34:16 35:5,9 36:19 38:23,25 41:22,22 41:23,24 42:24 44:3 45:20,21 47:16,19,23 48:2 48:11,17 49:4,19 54:17 55:21 57:10 58:19 59:1,8 60:5 60:6,19 61:2 62:1 64:19 65:20,21,22 67:12,16 68:15,20 69:9,13 70:13 71:4,5,6,12,14,18 72:5 73:5,6,22 76:2,6,8 77:14,17 77:18 79:12 80:12 80:15 82:1,6,9,12 82:13,19 85:9 88:19 89:17,18 90:11 101:9,10,13 102:6 103:17,17 104:15 107:2 108:16 114:11 115:2 116:10</p>	<p>117:17,18 119:9 practices 20:17 49:20 practicing 36:9 52:9 58:9 66:16 67:12 practitioner 2:24 3:1,3 50:18,24 56:8 67:22 69:1 71:1 74:16 practitioners 35:6 41:21 74:14 103:5 preanesthetic 15:4 15:14 preceptors 10:5 preceptorship 112:14,16 preclude 85:23 precludes 43:18 predefined 59:24 prefer 58:23 preference 58:23 81:9 premises 110:3 preparation 15:4 15:15 16:8 prepared 28:18 prescribe 14:15 43:20 prescribers 14:9 prescribing 14:12 presence 15:20 25:3 present 1:17 2:6 93:22 97:9 98:9 98:13 presentation 102:14 presented 19:7 95:6 presenting 99:14 president 12:18 22:19 71:25 89:10 92:3 presurgery 101:16 pretty 48:10 64:5</p>	<p>81:22 preventive 54:15 56:22 122:19 primary 3:9 20:16 28:16,18 31:16 32:7,14 34:25 36:25 37:5 47:24 51:1,9,13,22 53:24 55:4,17,19 56:16 57:12 62:5 63:9,13 65:17 70:23,24 73:23 75:1,24 76:24 77:11 82:2 94:17 100:2 122:17 privilege 33:22 privileging 101:7 proactive 44:19 probably 17:2 19:5 19:16 20:9 21:22 30:7 34:13 58:20 60:20 91:12 106:9 113:11 117:5 problem 4:22 33:3 35:3 67:15 79:18 91:24 problems 40:23 76:19,20 procedures 21:5,7 21:7 33:22,24 75:6 proceedings 6:18 9:8,9,9 125:3 process 11:24 18:8 19:14 29:8 42:9 45:24 73:2 106:14 107:17 109:4 113:7 produced 58:21 product 11:23,24 professional 1:19 7:12,14 professionally 7:11 professionals 15:11 Professor 72:2,2 proffered 14:23</p>
---	--	--	--	---

<p>program 1:18 2:19 10:12,23 11:4,6 34:18 38:15,18,19 50:3 69:5 70:21 71:10,11 73:14 74:3 75:17 112:8 112:9,13 programs 10:7,16 43:15 68:13,13 70:22 73:22 74:4 74:24 75:23 79:13 112:13,22,25 progress 21:15 108:22 progressing 102:5 prohibits 14:12 project 112:1 Promotion 71:25 proponent 19:16 100:4,22,23 103:13 106:15 107:12 proposal 87:11 propose 87:24 protect 29:5 protracted 13:17 provide 11:5 16:11 19:4,24 21:23 22:2 28:12,16,18 84:16 122:11,13 provided 8:16,20 10:15 13:21 46:6 104:11 provider 29:24 51:1 providers 23:11 42:14 providing 19:10 47:12 provisions 13:15 Ps 75:2 psych 28:15 37:6,9 42:12,14 47:25 57:8,18,19 82:3 psychiatric 70:25 Psychiatry 72:3</p>	<p>psychotherapy 37:8 57:6 PTA 104:14 public 5:6,8,10,20 5:23 6:7 9:5 10:2 11:9 12:3 14:23 28:4 29:4,5 60:23 89:7 94:5 97:15 97:17 107:16 114:15 119:25 120:16 123:23 published 72:11 83:9 111:16 117:16 pulled 46:5 50:4 punishable 36:8 purpose 61:7 71:8 100:2 purposes 5:19 84:9 110:23 111:7 pursuing 18:4 pushing 114:21,22 put 11:25 12:6 23:3 33:10 38:1 39:1 42:17 47:17 48:1 49:19 58:18 62:8 63:23 66:25 75:7 78:16 79:19 80:8 82:19 106:22 116:8 117:14 121:1,10 Putman 9:25 putting 33:14 121:1 123:4</p>	<p>questions 5:21 16:25 18:17 20:5 21:21 22:5,11,12 42:23 44:18 71:23 87:22 104:5 105:2 105:9 106:17,19 107:6,21 108:25 119:9,17 120:13 122:20 124:5 quick 5:10 59:14 59:16,18 80:25 111:24 123:15 quite 87:21 quorum 2:5 81:9</p> <hr/> <p style="text-align: center;">R</p> <p>raise 42:3 raised 42:22 raising 69:24 ranges 46:24 reached 109:18 read 5:5 7:25 8:2,8 8:16,21,24 9:10 9:11,14,20 10:13 29:7 40:22 66:3,3 67:4 70:4,8 77:14 90:9 107:9 reading 11:18 46:20 59:14 reads 107:7 ready 79:12 86:7,8 98:11 real 5:10 44:15 55:23 80:25 114:9 realize 18:8 20:21 really 3:21 10:1 12:16 20:11 30:9 30:10 31:5,16 33:13 37:8 44:20 47:9 54:25 57:7 57:10 63:20 64:20 67:4,5 68:3 72:19 72:22 78:3 92:15 92:22 93:17 104:18 107:10 110:7,9 114:16</p>	<p>119:4 121:3,6,14 122:12 realm 50:9 reapplying 4:11 119:5 reappointment 118:14 reason 10:19 56:10 60:12 reasons 74:8 114:17 recall 101:5 received 8:24 12:4 20:2 84:6 91:23 95:5,7 105:2 108:6 110:1 Recess 81:15 recognized 84:13 recommend 108:16 recommendation 43:25 45:4 46:16 65:2 66:2 76:19 77:10,20 78:6,7 84:22 89:25 95:5 95:8 97:8,14,20 100:15 107:20 recommendations 66:18 92:19 122:23 recommended 82:25 reconsider 84:23 reconsidered 7:22 reconvene 117:6 record 5:16 8:6,7 9:20 69:25 70:2 119:13,14 recorded 2:15 recordings 6:19 red 41:10 46:18 63:8,12 reducing 102:24 refer 32:12,16 38:13 47:13,18 48:10 60:7 82:20 120:17</p>	<p>reference 31:16 32:15 48:1 49:4 51:8,11 58:8 59:16,18 60:6 65:14 referenced 32:4 46:6 references 31:21 47:12 51:15 58:15 referred 7:24 80:11 referring 7:13 57:25 58:25 59:7 59:23 60:19 65:17 65:19 81:25 82:10 refine 73:4 reflect 17:16 23:24 44:25 reflected 47:5 reflective 99:22 reflects 17:12 47:2 regarding 24:5 25:2 71:24 92:4 109:9,10 regards 19:12,25 71:24 regional 93:1 Registered 1:4,8,12 16:9 45:20 71:6 regulatory 102:24 102:24 104:16 rehashing 77:21 reinforcing 121:13 reintroduced 100:8 related 14:14 16:2 46:9 92:19 108:23 112:10 Relations 12:19 relationship 92:14 relationships 103:7 relatively 37:7 relicensure 74:8 relief 16:3 remain 13:15 82:22 remainder 118:8 remember 5:1,1 51:18 94:17</p>
---	---	--	--	--

remind 5:19 51:7 62:15 63:3	requirement 110:12	9:13,17 12:3,11 18:12 23:1 24:1	run 39:18 82:4	scope 13:19 14:2,25
Reminder 110:11	requirements 110:16	25:15 26:10 27:6	running 26:14	21:10 23:24 28:5
remiss 66:17	requires 26:11	29:15 32:4,22	rural 39:9,10,15,24	29:14,18,20 30:12
remove 13:14 19:14 36:22 37:3 64:10	requiring 114:13	33:19 34:3 35:22	S	30:24 31:9,17,19
removing 57:25	research 30:8	38:10,18,22 39:12	safe 105:17	32:3,6,13,20 33:4
renew 109:16 110:19	residencies 29:10	39:23 40:17 41:7	sake 39:16 97:4	33:4,16,17 34:5
renewal 110:4,13 110:21,23 111:5,8	residency 38:15 68:13,13 69:5 71:11 72:24 73:1 74:4 75:17,22	47:4 48:24 50:15	sample 119:17	34:16,20,23,24
report 99:12,16,21 100:18,18 105:11 110:12	residents 73:3	59:6,11 60:5,6,11	Sample/Summary 117:10,12 119:9	35:5,8 38:22
represent 3:1,5 12:15 88:14,19 89:17 91:8,11 95:10,12 100:12 123:1	resign 118:6	64:14,22 65:23	sand 35:19	41:21,22,23,24
representation 93:13 96:11	resounding 29:15	68:15,23 78:9	Sandra 1:15	42:5,24 43:12,13
representative 19:6 89:9 98:8 101:18	respect 29:6 76:22 87:14 88:10 119:1	80:7,13,17 82:15	Sandy 3:2 6:10 7:7 30:12 32:25 37:22	44:3 47:16,18,23
Representatives 12:21	Respiratory 16:10	85:15,20 86:13,24	53:3 55:1 61:4	48:2,11,11,16,17
represented 88:9	respond 91:5 120:20	88:12 89:13 90:1	62:20 64:3 65:24	49:19,20 54:17
representing 3:9 66:5 76:24 89:12 96:15	response 14:5 84:6	92:25 93:25 94:14	69:22,24 70:3,3,3	56:24 57:10 59:1
represents 77:11 88:13 89:16 94:17 96:2	restricted 14:6	99:11 109:15	73:9,25 76:17	59:7 60:6,19 61:1
republish 58:11	restrictions 102:25	110:14,15 112:17	81:20 84:22 85:22	62:10 64:19 65:19
request 11:14 47:15 71:24 103:15	results 53:5	116:4,21	88:17 92:10 103:3	65:21 66:13 67:16
requested 7:25 70:5	retained 15:19 16:16	risen 65:25	113:22 118:13	68:7,8,9,14,20
requesting 5:22 9:19	retire 86:7	risk 48:14	119:7	69:9,13 70:13
requests 12:4	retreat 99:18 103:14 117:13,15	RN 1:18 79:22,22 79:24,25 110:4 111:5,16	sat 31:20 103:18	71:4,5,14 73:5,12
require 113:17 114:18	return 81:13	RNs 111:1,3 118:1	save 43:25	75:13 76:1,5
required 25:15 115:3	reverify 83:8	Roberts 5:13	saw 9:4 100:17 105:10 112:22	77:14 78:24 80:11
	review 28:4 41:12 66:24 87:2 120:7	rock 72:8	saying 55:8,10,14 55:14 56:3,7	80:15 82:1,6,9,10
	reviewed 91:23 118:22	role 18:24 44:23 107:11	59:20 62:21 66:11	82:11,18 85:9
	reviewing 120:22	roles 43:16 91:10	69:23 75:15 79:11	90:10 101:10
	revised 3:16 15:2 16:5,13	roll 119:10	79:16 83:12 89:1	102:6 107:2
	revisions 11:14,15 83:16,17 108:3,5 116:25	room 21:4 30:18 68:2 117:5	94:3,4 95:13,14	122:10
	rewriting 59:22	rooms 21:1 31:6	95:14,18 96:6,8	scopes 31:23 49:4
	rid 35:18,21,23 36:6,7 64:2 121:15	rough 122:11	96:13,22 102:4	58:2 59:24 103:17
	right 2:12 5:5 9:2,6	round 62:22	114:24 116:4	104:15,23 117:18
		roundtable 111:20 113:21 116:18	says 7:11 8:23 10:9 11:11 15:3,6 16:5	scopes' 58:18
		rule 22:20 23:3 33:14 43:23 46:1	22:24 35:16 40:12	Scordo 1:14 3:6,6
		84:3,4,4,5,10	40:16 47:10 60:22	4:15 6:15,20,24
		105:7 107:17	65:8,18 69:6	7:19 9:3,21 11:16
		108:4,11,18,19,23	70:11 76:10 85:15	17:1,17,24 18:12
		116:1,9,25	scale 82:25 83:7	18:14,20 22:14
		rules 5:13 13:25 45:18 46:9 113:14 113:19	scenario 51:22	25:11,17,24 26:22
			scheduled 97:16	27:5,10,15,18,22
			school 73:19 119:13	32:5 33:6 34:1,7
				37:4,14 38:6,10
				38:22 39:4,21
				40:3,7 41:5 43:9
				44:8 45:8 47:4,7
				47:15,22 48:9
				50:11 51:7,19
				52:18,21 53:8

<p>54:25 55:6,21 57:3,15 58:4,13 58:17 64:1,18 65:4,21 68:11 69:16,19 70:1 72:24 73:7 75:21 77:2,17,25 78:9 78:13,25 79:4,8 79:14 80:3,10,17 80:21 81:20 82:11 82:15 83:4 85:7 85:14 86:7,13,18 86:23 87:8 88:4 89:20 90:8,21 93:5,20,25 94:4 94:14,19,24 95:11 96:7,22 97:1,6,22 105:25 106:23 107:24 109:13 110:7,18 114:6 115:7,16 116:12 119:7,11,20,22 123:13,25 se 34:25 search 110:3 second 1:22 7:10 15:16 59:12 68:11 72:9 76:20 82:17 83:21 87:1,12 89:7 91:6 98:9,17 98:18 99:5,7 see 6:12 11:23 17:24 24:2 26:7 43:14 44:22 50:7 50:16,18 62:9,13 63:17,17 64:4 70:16 82:22 83:15 83:24 86:21 87:20 88:7 89:2,21 90:14 96:13 106:5 106:7,9 113:15 115:3,9,10 116:13 119:6 seeing 20:17 57:6 seen 36:19,25 62:17 91:4 93:8 94:8</p>	<p>108:22 109:5,11 select 3:21 15:21,25 16:3 selection 3:13 Senate 100:6,8,24 100:24,25 101:5 105:13 Senator 100:9 send 51:15 58:19 96:8 103:25 120:9 sends 31:19 sense 4:8,12,14 32:22 46:19 58:10 59:25 61:2 78:7 101:15 109:4 112:9 sent 100:20 120:8 120:13 123:6 sentence 10:14 separate 25:21 45:7 seriously 66:18 67:1 serve 3:17 5:18 service 26:16 services 17:15 71:21 session 2:1 99:20 100:7 117:4 set 56:25 106:15 114:1 setting 23:15,19 33:24 37:1 41:3 62:16,23 122:6 settings 35:3 42:4 seven 13:5 severity 63:13,23 65:3 82:24 83:7 shades 41:9 Shane 12:21 shared 8:4 sheet 110:6 short 81:6 108:13 shouting 6:3 sic 123:25 sick 41:1 55:24 64:10,13</p>	<p>SICU 54:8 side 19:20 25:18 64:21 77:8 89:4 100:6,24 sides 90:18 sign 26:23 similar 12:23 24:8 42:21 60:7 84:25 104:13 108:14 similarly 108:18 simple 72:22 simpler 22:9 simplified 66:7 simply 34:5 57:25 single 26:16,16 Singleton 33:10 89:3 singling 42:10 sinus 51:4 sinusitis 20:18 sit 54:5 114:17 site 10:25 124:5 sites 11:3 sitting 89:12 situated 104:13 situations 45:19 six 13:5 77:5 91:15 skewed 88:10,10 slot 44:17 Slow 119:9 solely 14:13 somebody 30:11 65:14 74:5 102:2 someplace 68:22 somewhat 91:9 soon 12:20 sorry 6:25 55:11 63:15 69:17,18 70:3 72:9 83:3 84:14 94:11 101:21 121:23 sort 35:12 36:11 67:20 74:5 sound 11:18 64:9 sounds 41:8 South 1:8</p>	<p>spare 124:8 speak 7:4 19:3 28:2 53:12 54:12 67:14 87:16 105:14 112:6 114:6 122:24 speaker 18:21 speaking 6:4 19:10 19:21 32:3 75:10 75:10 93:7 95:24 speaks 64:20 specialist 71:2 specialization 28:22 74:6 specialize 74:5 specialties 40:9 specialty 26:25 31:7 35:7 53:25 56:11 70:21 75:3 specific 15:7 41:20 47:1 74:11 75:10 77:25 105:8 111:15 specifically 22:20 32:3 45:23 81:21 109:19 spectrum 36:13 56:19 spend 2:12 3:20 spent 54:7,8,9 spoke 86:23 spoken 101:17 sponsor 100:3 sponsored 100:23 sponsoring 12:22 sponsors 14:21 spot 59:21 80:8 stabilize 20:23 39:21 stable 35:7 62:25 62:25 staff 1:18 2:22 3:11 68:25,25 99:14 stage 53:19,19 109:4 stand 104:17</p>	<p>standard 10:5,7 19:14 25:7,16 26:11 46:17 56:15 100:1 106:1 112:23 standardize 72:19 standardizing 113:2 standards 10:6 11:20 29:8,16 30:21 31:19,23 32:6,13,20 47:16 47:18 48:2,11,17 58:2 63:6 64:19 65:22 80:12 82:11 82:13,19 83:9 standpoint 17:2 34:12,14 68:4 star 72:8 start 49:24 59:2 102:15 starting 13:13 113:4 starts 49:15,16 state 3:7 12:15 17:5 24:25 30:8,23 54:14 66:5,11,24 67:10 70:15 71:19 71:22 72:6,11 78:7 86:3 87:15 88:13,20 89:23 91:8,11 92:16,17 92:25 93:14 100:25 104:12,13 stated 46:16 58:2 statehouse 103:1 statement 60:22 64:21 65:8,11,18 67:7,16,19 69:8 70:20 71:3,17 75:14 103:16 117:19 states 16:13 26:1 30:14 40:11 90:10 103:4,7 104:20 stating 110:1</p>
--	---	--	--	--

<p>statute 13:16 14:2 15:16,20 17:21 45:18 46:4,8 58:9 60:17,25 82:10 84:3,4,10 113:13 121:9 statutes 103:19 107:4 statutory 41:24 104:24 107:18 stay 81:8 steal 120:14 stenographic 125:5 step 19:18 52:12 73:21 steps 18:12,13 102:2,3 sticking 18:9 22:22 stop 21:17 39:1 102:13 116:5 stops 50:7 straight 11:8 strategic 26:4 street 1:8,22 19:23 strictly 14:12 stroke 20:20 strong 63:16 71:17 73:18,19 79:24 strongly 106:25 structure 91:1 struggle 68:3 student 112:15 students 10:10,15 10:19 11:3 32:9 53:13 75:2,24 112:9,15 studies 114:25 115:1 study 30:9 stuff 19:22 51:10 68:16 100:16 stupid 119:25 subacute 108:4,9 subchronic 108:3 subject 19:20 subjects 102:11</p>	<p>submit 120:23 123:9 substitute 12:25 suggesting 90:20 suggestion 96:21 121:15 Suite 1:9 Sunderman 1:19 2:21,21 16:18 super 19:17 supervised 17:8 supervising 25:3,6 supervision 13:11 13:14,22 17:4,6 17:14,18,25 18:2 25:13 26:4 supervisory 26:8 supply 106:10 support 19:9 73:21 supported 100:10 105:15,20 supporting 92:14 supportive 16:11 supposed 26:24 36:12 59:5,23 sure 9:23 20:7 27:8 35:14,17 36:14 37:2 50:2 56:6 63:17 65:19 66:16 80:15 89:4 91:2 91:16 96:14 97:18 109:20 111:21 115:7 120:4,11 surely 92:24 surgeon 26:16 surgeons 26:17 surgery 101:16 surgical 26:7 33:22 33:23 survey 89:21 93:15 96:17 123:4,11 124:3 surveyed 93:10 94:24,25 systems 42:8,9 121:12</p>	<p style="text-align: center;">T</p> <p>table 2:8 6:8 42:17 66:12 76:20 77:8 88:9 89:13 96:3 tag 121:7 take 2:10 14:24 21:9 22:11,24 28:11 31:3 37:4 40:8 45:18 59:22 63:20,22,24 65:4 66:18 69:21 74:14 74:15,16 75:3,7 81:6,23 85:1 90:9 91:14,14 97:17 103:11,12,13 105:8 115:4 123:2 123:10 taken 14:16,17 63:6 81:15 125:4 talk 27:16 62:11,11 66:22 88:7 93:12 100:12 101:16 104:5 111:19,25 114:9 123:20 talked 10:3 23:6 31:14 35:25 41:17 62:4 82:23 104:15 106:18 talking 10:4 17:6 33:5,20,20 34:4,5 52:19 63:7 73:11 75:5 92:19 95:15 103:23 115:18,22 117:20 talks 58:8 taping 97:1 task 27:24 taught 32:9 34:7,16 68:6 74:10 teach 34:17 38:17 38:19,20 50:3 73:14 74:2,23 75:1,4,9 team 88:25 92:16 technically 20:16 21:3</p>	<p>tell 11:22 31:1 44:13 54:13 73:20 temporary 3:13,18 ten 114:14 116:10 ten-year 116:1,8 tend 28:20 59:11 72:17 tends 48:23 tenor 101:4 term 4:9 28:5 31:10 84:16 104:24,25 105:3 118:8,8 termining 4:10 terms 46:2 59:20 101:13 102:20 103:18,19 104:21 terrible 47:7 testimony 19:6,17 100:3,4,23 101:20 106:15,21 107:14 tests 15:10 texts 93:6 thank 2:4 4:22,23 7:8,18 11:12 12:1 12:2,13 16:19 18:15,18,19,20 19:2 22:10,14 24:2,19 27:10,22 32:1,24 67:4 87:4 93:6 99:9 107:23 107:24,25 110:8 111:12 114:1 115:6,12 120:22 123:13,21,22 thankful 19:8 Thanks 4:25 24:17 116:15 theirs 47:24,25 therapies 16:4 Therapists 16:10 thing 7:21 10:13 14:7 18:4 30:1,5 30:18 40:18 48:14 64:2 67:20 68:12 69:2,5 79:17,19 83:23 88:14 89:14</p>	<p>90:8 93:5 106:8 106:12 109:8 115:16,24 122:22 124:3 things 20:19,21 21:23 27:25 28:6 28:17 31:14 34:15 34:19,22,23 39:12 39:18 49:5,6 66:20 67:6 69:20 72:12,23 73:23 74:4 75:11 77:22 78:1 90:22 99:20 99:21 101:25 105:7 119:12 120:21 123:18 think 4:18 7:3,5,12 7:13 8:10,17 9:17 17:11,12 20:3,6 21:6,24 28:6,23 29:3 30:14,15 31:5,8,22 32:11 32:14,19 33:12 34:11,20 35:10,13 36:5,15 37:21,25 38:2,5 39:5 40:3 40:19 41:2,14 42:18 43:13,21 44:24 45:3,6 46:14 48:12,20 49:2,10,16,23 50:6,23 51:14 53:2,10 54:18,19 54:20,23,25 55:11 56:1,2,3,5,21 57:5 57:10,11,16,24 58:22,25 59:1,4 59:12,14,21,21 60:2,11,25 61:2,8 61:15,16 63:7,19 64:11 65:7 66:7 66:17 67:14,25 68:15 69:20 70:3 72:7 73:3,10,25 78:15 80:4,6,7,8 80:23 81:2 83:18</p>
---	--	--	---	---

<p>83:24 84:15 85:8 85:11 86:6,23,25 87:20,22 88:3,8 88:12,23 89:5,13 89:24,25 91:12,18 91:19,21 93:17 95:21,24 99:15 101:25 102:3,8,22 103:7 104:2,9,18 104:21 105:1,2,17 106:6,9,13,20 108:20 109:25 112:2 113:25 114:1,15 115:4,8 118:19,21 119:15 121:11,21 122:9 124:1 thinking 43:5 third 2:15 Thompson 114:10 thought 8:3 17:4 22:8 23:8,20 42:19 49:6 60:13 67:5,7 68:23 94:10 109:19 111:23 122:17 thoughts 24:13,15 24:16 three 19:7 75:2 thrilled 47:9 till 8:14 81:8 time 2:12 6:1 8:11 9:16 10:8 21:7,12 22:6 25:6 31:14 33:25 37:21 39:12 39:13 44:1 56:12 61:20 66:19 67:12 70:4 77:15 80:14 81:2,4 84:15 87:14 88:1,5 91:3 91:9,16 92:6 95:17 96:6 97:5 97:16 98:13 101:23 102:12,18 106:18 108:10 118:24 123:8</p>	<p>124:8 timely 108:9 timer 12:6,7 16:18 16:20,22 times 61:22 91:2 112:15 113:14 today 9:19 12:17 14:20 77:9 98:12 101:2 103:2,3 104:24 105:24 117:14 told 99:24 tolerated 6:5 Tom 99:13 107:22 117:19 tomorrow 19:17 100:3 106:15 tool 113:4 total 73:21 totally 17:9 62:6 tough 122:12,12 Town 1:22 track 39:5,6 trade 7:12,14,15 traditional 43:4,5 43:16 44:23 train 42:13 79:2 trained 20:10 39:17 56:14 67:24 68:8 85:24 training 21:8 33:17 34:6,8,10 38:25 42:6,7,8 43:12 44:14 72:22,25 74:17 75:11,12,18 75:24 76:3 79:20 transcript 6:17 9:8 9:8,9 125:3 transfer 41:5 transferred 39:25 transition 36:24 73:22 79:25 transitioning 115:10 transmitting 100:19</p>	<p>transport 39:22 treat 20:23 21:18 49:14 52:10 treated 108:17 treating 23:14 treatment 30:3 41:6 51:2 treatments 16:1 treats 51:3 112:9 trouble 20:22 true 119:22 125:3 truly 41:1,1 45:17 Trust 72:4 truth 103:8 try 13:6 38:3 40:20 42:17 48:23 75:6 94:7 trying 17:16 18:10 19:14 20:23 21:23 23:2 27:11 36:21 40:19 43:14 44:19 46:20 57:4 59:15 59:21 79:18 87:20 92:15 109:6 122:10,11,13 124:1 turn 2:7 6:4 tweaks 82:22 103:24 two 12:4 23:7 24:10 33:2 49:11 51:12 53:9 76:22 77:2 78:19 79:8,11 88:7,8 98:11 99:19 113:20 117:12 type 9:19 28:13 29:24 43:19 74:22 74:22 91:17 101:19 124:3 types 66:20 92:12 typically 21:18 39:24 43:7</p> <hr/> <p style="text-align: center;">U</p> <p>Unbelievable</p>	<p>119:20 uncharacterizing 56:2 74:1 unclear 4:10 undergone 38:14 understand 25:24 36:12 60:24 61:18 62:20 77:24 78:2 78:2,3,21 80:21 80:23 94:19 100:20 109:15 understandable 36:9 understanding 2:14 8:13 13:2 28:4 30:6,10,22 45:25 49:1 61:1,9 92:24 104:4 108:4 understood 38:9 80:17 unexpired 118:8 unfortunate 29:10 unfortunately 37:17 unit 52:9 United 30:14 40:11 units 113:9 universal 104:22 University 3:7 67:10 70:15 72:1 72:6 unstable 35:4 52:8 56:9 unsure 50:2 updated 96:4 108:19 updates 19:4 99:12 updating 108:18 urology 54:11 usable 41:16 use 14:13 22:21 42:5 62:1 64:16 65:1 84:7,11,25 85:22 98:15 105:3 113:5 uses 24:8</p>	<p>usual 35:16 63:22 65:2 82:23 utilized 102:12 utilizing 92:6</p> <hr/> <p style="text-align: center;">V</p> <p>vague 48:25 valid 60:8 80:7 validate 72:19 variance 5:15 various 100:19 117:8 vast 123:20 vent 74:21 vents 63:2 verbatim 8:24 verification 113:3 verifying 113:1 versed 77:13 version 12:25 96:5 versus 46:20 51:9 51:13 54:2,4 57:11 63:23 103:12 122:6 vetted 28:7 31:10 31:24 68:17 90:12 Vice 1:13 3:8,13,18 3:22 4:16,20,24 5:4,9,17 7:5,17 8:5,15 9:1,6,23 11:13 12:2,8,11 16:21 18:16,19,21 18:25 22:12 24:4 24:14,20,22 27:12 27:20 32:2,23 35:20 36:14 37:18 38:8,11 41:8 42:19 43:1,24 44:9,24 45:14 46:11,23 48:6 49:9 50:13 53:1 54:16 55:1 57:20 58:22 60:2 61:4 61:15 62:14 63:11 64:25 65:9,23 67:2 68:10 69:22</p>
--	--	---	---	---

70:6,7 71:25 72:16 73:9 75:20 76:17 80:24 81:3 81:12,16 82:4,21 83:5,11,15,22 84:11,20 85:6,11 85:20 86:10,20 87:7,9 88:2,16 89:15 90:7 92:10 94:11 97:4,7,13 97:19,24 98:5,16 98:19,21 99:3,7 99:10 107:21 108:25 109:8,14 109:22,25 110:9 111:1,13,18 113:22 114:2 116:17 117:10 118:17 119:8,15 119:24 120:4 123:14,21,23 124:7 video 121:24 videod 2:15 view 64:21 66:15 66:16 visits 23:23 visual 48:23 60:9 voice 87:16 99:2 119:1 voices 77:8 vote 97:17 98:22 121:14,16 voted 120:20 122:22	54:22 63:2 66:1 68:2 70:7 73:3,24 74:1 77:16,19 78:2,11 79:17,19 81:1,5,5,6 84:21 87:13 89:1 90:1 94:15,20 97:3,17 98:3,15,17 100:20 104:5,6 105:12 106:6 113:11 117:12,25,25 120:14,22 wanted 11:16,25 12:16 13:1 20:4 24:11 25:1,14 46:3 81:4 109:20 111:21 112:6,20 113:21 118:2 120:14 121:7 wanting 106:6 wants 4:6 28:24 56:9 90:16 98:5 111:19 Warm 71:24 wasn't 7:24,25 8:7 8:11 9:14 35:12 37:20 121:2 watch 2:8 113:11 watching 113:12 water 121:18 waving 36:2 wavy 36:11 way 11:25 15:7 17:21 36:7,8 37:1 42:5,13 45:1,11 50:7 53:12,17,23 55:11 56:20 59:14 59:22 74:25 79:11 80:14 95:10 96:18 114:14 115:1 116:12 ways 31:4 100:19 104:21 115:5 we'll 4:11 12:4 39:16 81:14 99:4 105:23 106:9	we're 2:12 4:11 9:4 10:2,18 12:20 13:12,19 16:6 17:5,15 18:7,9,10 25:22 27:8,21 28:11 31:12 32:18 33:5,20,20 34:13 34:21 43:14,21,22 52:19 55:24,25 57:6,16 59:23 60:2 64:16 66:5 77:2 78:8,15 81:2 81:17 83:13 84:7 84:8 87:20 89:4 90:5 92:19 95:1 95:14,25 96:1 99:19 102:4,20 103:23 113:12,17 114:23 118:9 124:8 we've 13:4,17 45:19,25 75:22 82:6 83:19 91:21 91:22,23 97:8 website 10:23 47:9 94:6 111:17 117:17 118:6,16 120:17 week 14:22 weeks 19:7 64:13 weigh 104:17 welcome 4:24 18:23 wellness 28:12 49:21,25 52:11 54:15 56:21 72:1 went 29:2,22 35:15 46:15 57:9 West 114:10 whatnot 93:17 white 51:9,11 58:21 65:11 whoa 61:21 Wilken 12:22 willing 18:9 wish 71:18,21	woman 74:15 women 28:19 women's 28:13 29:23 31:17 32:14 52:21 55:9 67:22 68:1 70:24 wondering 18:3 38:12 word 7:10 81:2,2 84:3,10 103:24 work 7:11 10:20 11:2 13:6 18:9,10 25:3,19 26:18 27:9 35:15 43:2 43:19 53:4 55:18 56:9 66:23 68:2 92:12 112:12 worked 25:10 48:15 58:5 working 17:14 18:7 19:21 21:25 25:23 27:23 31:6,12 32:18 33:12 35:2 39:6 50:16 52:20 55:17,19 56:5,16 56:17 65:15,17 81:5 112:22 117:6 works 41:2 50:24 workshop 111:25 world 24:7 43:6 44:15 72:13 85:1 worried 116:1,3 worthwhile 110:1 wouldn't 33:19 37:10 41:3 85:9 wow 119:23 Wright 3:7 Wright-Esber 1:15 3:2,2,24 4:7 5:2 6:11,22 7:1,8,20 8:6,17 9:13,17,24 22:15 23:2,21 24:2,16,19 26:3 27:1 33:1,7 34:3,9 35:23 36:3 37:25 38:16,24 39:8	40:1,5,12,17 41:7 41:11 42:2 43:3 43:11 44:5,11 45:3 51:5,21 52:1 52:4,15,23 55:3,7 55:12,23 59:9 61:6,17 63:14 64:6 65:25 69:23 70:2,9 73:10 76:18 77:4,18 78:5,11,22 79:1,6 79:9,16 80:5,13 80:19 81:1 83:12 86:3,8,16 87:10 88:6,23 89:24 90:19,23 92:11 94:12,16,23 95:9 95:23 96:20,24 97:11 98:1,7,22 98:24 99:1,9 105:12,18,22 110:14 111:3,6,9 111:12 113:23 114:4 115:6,12,25 116:15 118:23 119:21 write 60:7 107:4 writing 19:9 70:12 78:17 written 48:9,22 49:2,5 64:5,6 92:2 wrong 10:2 11:9 73:7 wrote 90:24
<hr/> W <hr/>				
wait 34:4 40:10 waiting 6:25 walk 4:21 want 5:19 10:1 11:7,8,18 14:4 18:2 24:7 25:13 35:20 36:6,6 37:10 40:7 42:2 44:25 49:7 54:21				
<hr/> X <hr/>				
<hr/> Y <hr/>				
yeah 6:9 7:5,19 23:5 24:14 26:21 27:17 32:5 39:4 46:18 47:22 51:18 52:1 55:7 58:7 65:9 73:1 81:1 84:17 86:18 87:8 93:20 97:18,21				

99:17 102:2 109:3 114:4 117:24 119:11 year 5:1 30:16 51:17 91:21 101:6 117:1 118:12 years 22:23 23:6,7 25:13 33:2 36:18 45:21 46:25 51:10 66:16 79:11,24 88:8,8 114:14,19 115:5 116:10 121:4 yellow 32:7 35:16 49:16,24 young 21:17	125:4 2025 114:8,21 22 68:5 222 1:22 223-9481 1:23 224-9481 1:23 22nd 70:10 24 37:13 250 66:22 29 1:10 2:2 11:10 11:10 125:4	<hr/> 7 <hr/> 700 54:4 75 55:25 <hr/> 8 <hr/> 8 82:17 800 1:23 <hr/> 9 <hr/> 90 54:3 911 30:3 41:6		
<hr/> Z <hr/> <hr/> 0 <hr/> <hr/> 1 <hr/> 1 82:17 10 7:9 115:4 10:00 1:9 10:08 2:4 11:35 2:13 117 106:1 11th 5:13 12:00 81:14,16 12:45 2:13 12:55 124:9 15 81:10,12 115:4 17 1:8 177 19:6 99:25 106:2 17th 116:20 117:3 18 47:8 191 13:1 105:20 1a 3:13 1st 110:5	<hr/> 3 <hr/> 3 53:9,19 30 9:24 11:9 26:8 66:16 88:6 97:9 97:11,13 98:13 99:4 102:25 122:24 31st 110:20 32 114:19 350 39:13 3A 10:9			
<hr/> 2 <hr/> 2 62:7,9,10 63:17 2:00 81:8 2019 1:10 2:2 70:10 110:5,20 116:20	<hr/> 4 <hr/> 4 53:10,19 4-0 98:25 40 26:8 43215-5201 1:23 4723-14-5 71:12 48 37:13 4b 108:2			
	<hr/> 5 <hr/> 5 23:22 64:12 110:4 50 25:5,8,20 26:8 103:7 500 54:5 50s 86:9			
	<hr/> 6 <hr/> 60 54:3 61 100:9 101:5 105:13 614 1:23 660 1:9			