







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

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

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

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

So...

- Thank you, Kelly. David?

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







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

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

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

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

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

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

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

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



A filed bill comes out and you had no idea. In fact, your colleagues through these professional or through these informal or formal structures had no idea that it was coming. And so you have issues arise

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

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

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

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







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

And so I have reached out to Nicole before on issues that we were having with our APRNs and now with Nancy's group on this military

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

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

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

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

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

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

But it took about a year, I guess.

