

2013 Legislative Interim Report
of the
Hawai'i State Center for Nursing
December 18, 2012

Subject: SCR 167 SD 2: Requesting the Hawai'i State Center for Nursing to evaluate the need for and resources required to establish a continuing education program for nurses.

Introduction

Addressing the needs and interests of the people of Hawai'i includes ensuring that quality health care is easily accessible to consumers throughout the State. Nurses will play a critical role in the successful implementation of health care reform. Continuing education plays a significant role in nursing professionals' ongoing development for the betterment of the profession and the patients they serve. Continuing education requirements must be administratively feasible, cost-effective, and equitably applied and enforced.

Senate Concurrent Resolution 167, Senate Draft 2, 2010, Session Laws of Hawai'i requested the Hawai'i State Center for Nursing (Center for Nursing) evaluate the need for and resources required to establish a continuing education program for registered and practical nurses. This report is the third report of three reports required by the Legislature. The first and second reports were submitted to the Legislature in 2011 and 2012. Both are accessible online at: <http://www.hinursing.org/policy-advocacy.htm>.

The report addresses the status of the Continuing Education Joint Advisory Committee's¹ (CEJAC) study and work throughout 2012². It includes findings on the resources required to ensure proper delivery, monitoring, and compliance of a Hawai'i nursing continuing competency program³, including funds needed for qualified staff, space, materials, and equipment, and the fiscal impact on nurses, employers, the State, and educational institutions providing the continuing education credits. Further, it addresses the availability of resources needed to establish a continuing education program for the twenty-four thousand nurses licensed in Hawai'i.

¹ Committee is made up of 24 representatives of professional nursing organizations, nursing programs, health care employers, long term care, Department of Commerce and Consumer Affairs and HI Board of Nursing comprise the Continuing Education Joint Advisory Committee

² See Addendum 1 for CEJAC monthly activities

³ In its second report, the CEJAC recommended a continuing competency program (CCP) with a self-assessment tool to guide the continuing competency activity to ensure that nurses engage in lifelong learning as recommended by Institute of Medicine. This process included a nurse self-assessment with multiple options for learning as a requirement for re-licensure. A CCP would help nurses to assess where their gaps in nursing knowledge exist and define the education needed to increase their continued competency.

General Findings of the Continuing Education Joint Advisory Committee

In 2012, the Continuing Education Joint Advisory Committee (CEJAC) found:

- Nationally, continuing education or continuing competency programs (CCP) fall under the purview of the state's board of nursing (BON). **Other state BONs use revenues generated from nursing fees solely to service nurse licensees.**
- The Hawai'i BON's (HBON) umbrella agency is the Professional & Vocational Licensing Division of the Department of Commerce & Consumer Affairs (PVLD DCCA). The PVLD DCCA collects a variety nursing fees from approximately 24,000 nurses who are licensed in Hawai'i.
- As the umbrella agency, the PVLD DCCA carries out the daily activities which the HBON cannot accomplish alone. The PVLD DCCA plays a pivotal role in the establishment of a nurse continuing competency program in Hawai'i. As in all states, Continuing Education (CE) is considered a part of the nurse re-licensure requirements. If the Legislature makes the CCP a requirement, the PVLD DCCA would carry out the ministerial duties of the HBON to implement the program.
- PVLD DCCA often cites a lack of resources for its inability to address state and national nursing initiatives, including the proposed CCP. However, in the nearly three years which the Center for Nursing/CEJAC has sought information from the PVLD DCCA on the resources it would require to ensure proper delivery, monitoring, and compliance of a Hawai'i nursing continuing competency program, including funds needed for qualified staff, space, materials, and equipment, the PVLD DCCA has not provided nor has it promised to provide a cost analysis. Note: The Real Estate Commission under the PVLD DCCA was an exception⁴.
- Without the PVLD DCCA cost information and the lack of a comparable entity in the State, the CEJAC/Center for Nursing' report⁵ turned to public information filed by other state boards of nursing. Information from the New Hampshire Board of Nursing⁶ (which has demographics similar to Hawai'i) and the North Carolina Board of Nursing's⁷ 2010-2011 financial statements⁸ were used.

⁴ The Board of Nursing Executive Officer arranged a meeting between the Center for Nursing Executive Director (and two analysts) and the Real Estate Commission (REC) to share how the REC's CE program is set up. While it revealed the DCCA's IT capabilities, the RE profession's CE demands were not comparable to nursing which has much more complex levels of practice and training.

⁵ See Attachment 1

⁶ See Attachment 3 New Hampshire charges \$100 fee Hawai'i \$90 North Carolina \$120

⁷ The North Carolina model was selected as a point of reference for Hawai'i's proposed CCP

⁸ See Attachment 4

- The North Carolina program for continued competency was adopted by the Continuing Education Joint Advisory Committee (CEJAC) as a best practice for adaptation to Hawai'i. However, North Carolina Board of Nursing (NCBON) has 5 times the number of nurse licensees as Hawai'i. On May 23, 2012, the NCBON was contacted by the Center for Nursing/CEJAC to request startup cost information. Unfortunately, NCBON was not able to provide specific information other than to share that renewal and reinstatement fees cover all of the NCBON expenses and that it receives no state budgetary funding.
- The Center for Nursing/CEJAC decided to extrapolate from the North Carolina BON's financial statements for 2010 and 2011 and apply 1/5 the costs in developing a cost profile for the sole purpose of establishing the framework for discussion.
- North Carolina BON's total operating revenue for two years totaled \$14,868,440. Its total operating expenses totaled \$14,507,511. A fifth of the total is \$2,973,688 in operating revenue and \$2,901,502 in operating expenses for a biennium.
- **Excluding** initial licensing, restoration of licensure and other fees assessed Hawai'i, 24,000+ nurses, approximately \$2,105,000 in revenue is generated, biennially. \$70 is assessed from each nurse licensee (approximately \$1,645,000) and goes to the DCCA Regulated Industries Complaints Office Complaints Resolution Fund (CRF) and \$20 per nurse licensee (approximately \$460,000) to licensing⁹.
- Unlike other states which devote 100% of nursing fees to nursing related costs, only a fraction of Hawai'i nurse licensing, relicensing, license restoration, complaint resolution fund and other fees are allocated by the PVLD DCCA to service nursing.
- Beyond application processing and mail out of pocket licenses, the Hawai'i BON is unable to service licensees as other state boards of nursing do, including but not limited to, monthly newsletters, CE, expertise in addressing nurse practice inquiries, participation in the National Council of State Boards of Nursing initiatives and other national initiatives. The Regulated Industries Complaints Office (RICO) investigates the complaints against nurses, but the number of cases is not substantially higher than other states.
- Further, New Hampshire is closest to Hawai'i in population and number of licensed nurses. NHBON is staffed with 12 FTEs and supports all aspects of nursing licensing, reporting, monitoring and compliance. Hawai'i has only .8 FTE to service 24,000

⁹ Hawai'i Advanced Practice Registered Nurses with prescriptive authority pay 3 licensing fees and 3 complaints resolution fund fees. MDs and all other professions regulated by the PVLD DCCA are only assessed one licensing fee and one CRF fee.

nurse licensees¹⁰. Nursing license fee is similar in both states. Within Hawai'i, licensing boards with similar members and fees receive greater support than nursing.

- Per Professional & Vocational Licensing Division of the Department of Commerce & Consumer Affairs (PVLD DCCA), the balance of nursing revenue is applied to support licensure and regulation of **other non-nursing related professions**. This balance, if applied solely to nursing as in other states, can defray the costs which would be incurred to establish a continuing competency program; allow for the hiring of adequate FTE employees; and absorb the cost for a centralized communication system, on a sustainable basis.
- Communication¹¹ with nurse licensees remains key to the successful establishment of a nursing continuing competency program and other nursing initiatives in Hawai'i. Currently, communicating with 24,000 nurses via postal mailing is a major cost factor for the State which can be alleviated with the cooperation of the PVLD DCCA¹².
- Except effort made by the Center for Nursing and a handful of nursing organizations/employers, nurse licensees remain largely uninformed even when barrier-breaking nursing related laws are passed. This is potentially harmful to Hawai'i consumers. Nurses will play a critical role in the successful implementation of the Affordable Care Act and future health initiatives. Nurses need to understand their role in healthcare reform and must be able to receive and respond to uniform, pertinent information that can be delivered in a timely, cost-effective manner.
- The lack of a centralized communication system through which all nurses licensed in the State can receive information has created an atmosphere of misinformation on the continuing competency program; barrier-breaking legislation on nursing practice and other regulatory changes; and state/federal initiatives. The lack of current, uniform information places consumer safety at risk and practicing nurses/employers in potentially libelous situations.
- Verbal/informal opinions¹³ rendered by a Special Deputy of the Attorney General within the PVL DCCA and the current position of PVLD DCCA not only preclude any sharing of information with nurse licensees, but with key local and national organizations addressing issues on workforce and quality of nursing care.
- Since 2003 and especially with the passage of SCR 167 in 2010, the Continuing Education Joint Advisory Committee (CEJAC) /Center for Nursing have tried to form a collaborative relationship with the PVLD DCCA. The Executive Officer of the HBON is a member of the CEJAC.

¹⁰ Attachment 5 is a list of North Carolina Board's staff to illustrate the level of expertise available to the Board to address nursing related issues. Hawai'i staff consists of 0.8 FTE of lay personnel.

¹¹ See Attachment 2 on Communication

¹² PVLD DCCA maintains the nurse licensee email addresses. Access to these email addresses would allow communication with all nurse licensees not only on CE, but on legislative directives, federal/state initiatives, nursing research and data, etc.

¹³ See Attachment 2 on Communication

- While there has been some improvement, there remains considerable resistance from the PVLD DCCA to work together with the Center for Nursing as sister State agencies.
- PVLD and the Regulated Industries Complaints Office (RICO) of the DCCA share the responsibility with the Hawai'i State Board of Nursing (HBON) of regulating nurses in Hawai'i. They have vested interests in consumer safety by ensuring that nurses practice safely and demonstrate their competency throughout their careers. The PVL DCCA's actions contradict the agency's purpose.
- Ultimately, establishing and maintaining a Continued Competency Program (CCP) and a centralized communication system for nurses licensed in Hawai'i would be feasible should the Legislature amend the applicable statutes to authorize the Professional & Vocational Licensing Division of the Department of Commerce & Consumer Affairs (PVLD DCCA) to reallocate nurse licensee fees to be used solely for nursing related services. The Center for Nursing/CEJAC is not aware of other sustainable resources of financial support. Assessing nurses additional fees is not an option the nursing community is willing to entertain.

RECOMMENDATIONS

- While the Continuing Education Joint Advisory Committee (CEJAC) /Center for Nursing's research to date points to the development of a continuing competency program (CCP) with a self-assessment tool to guide the continuing competency activity to ensure that nurses engage in lifelong learning as recommended by Institute of Medicine, this recommendation should not preclude further research of other models (e.g., the American Board of Medical Specialties Maintenance of Certification Program). To assure Hawai'i Registered Nurses (RN) and Practical Nurses (PN) are best able to assess where their gaps in nursing knowledge exist; define the education needed to increase their continued competency and engage in lifelong learning; and encourage collaboration with other health care providers, continued research is recommended.
- The PVLD DCCA, Attorney General, Legislature and the Center for Nursing/CEJAC need to collaborate on the issues related to the establishment of a CCP for Hawai'i RN and PN licensees.
- For the safety and protection of Hawai'i consumers and to keep abreast with national health care reform, the Legislature must amend the applicable statutes to authorize the PVLD DCCA to reallocate nurse licensee fees to be used solely for nursing-related services.
- The Department of the Attorney General needs to review and recommend statutory changes (92F-19, HRS & other applicable laws) needed so a centralized communication system can be established and allow the PVLD DCCA to share email addresses with the Center for Nursing and allow both entities to use other social media rather than absorb the high costs of traditional postal mailing.

- PVLD DCCA needs to provide servicing to nurse licensees at the same level that other state boards of nursing do.
- DCCA needs to reallocate Professional & Vocational Licensing Division (PVLD DCCA) resources for nursing. Adequate manpower can be provided based on the total fees collected from 24,000+ nurse licensees. Nurses represent the PVLD DCCA's largest single group of licensees at close to 20%. Professional & Vocational Licensing Division of the Department of Commerce & Consumer Affairs needs to have adequate FTE employees (rather than 0.8 FTE) comparable to other states with similar demographics to support the Board of Nursing's current and future needs. Hawai'i has more licensees than several other states, but continues to rank last in manpower according to National Council of State Boards of Nursing data.
- Once the reallocation of funds is realized, hiring of adequate manpower and setting up a centralized communication system, the Continuing Competency Program could be established within two years.
- There would be no fiscal impact on nurses and employers. The State would need to seek funding for other professions supported for decades by nursing fees. There would be no fiscal impact on Hawai'i educational institutions. There are myriad of courses which would meet program standards that are available to Registered and Practical Nurses through text, audio, video, webinar, and live from providers who are nationally recognized and state board of nursing-approved.

NEXT STEPS:

In accordance with SCR 167, 2010, the Continuing Education Joint Advisory Committee dissolves no later than six months after the Hawai'i State Center for Nursing submits this third and final report to the Legislature.

- For the last three years the CEJAC/ Center for Nursing has worked diligently to obtain the information the Legislature requested to assess whether the establishment of a continuing education program for nurses licensed in Hawai'i is feasible.
- In the three annual reports submitted, the CEJAC/Center for Nursing addressed the terms of feasibility, benefits, costs; obstacles, and a potential timeframe. It has identified the resources required, available and sustainable to ensure proper delivery, monitoring, and compliance of a Hawai'i nursing continuing competency program. This includes funds needed for qualified staff, space, materials, and equipment; and the fiscal impact on nurses, employers, the State, and educational institutions providing the continuing education credits.
- The Center for Nursing is willing to assist in making the establishment of a continuing competency program a reality in Hawai'i, but it is unable to do so without the:
 - full cooperation of the PVLD DCCA
 - reallocation of nursing fees to solely service nursing as in other states
 - establishment of a centralized communication system

- relief from the restrictive informal opinions rendered by Special Deputy Attorney General/Office of Information Practices on Chapter 92F, HRS, and
- involvement of the Legislature to authorize these changes to align Hawai'i with the rest of the Nation.

As the rest of Nation moves forward with health care reform, the lack of participation by the State of Hawai'i will have consequences for policy formation and resource allocation. Ultimately, without commitment to the changes recommended, ensuring that quality health care will be easily accessible to consumers throughout the State can no longer be promised in good faith.

Projected Resources Needed for Agencies to Implement Registered Nurse (RN) and Practical Nurse (PN) Continuing Competency Program and Audit

Center for Nursing- (one scenario: Hawaii State Center for Nursing is the State Continuing Competency Clearinghouse)

- 1) Webmaster to make Website programming changes (Software and web redesign) regarding general information on:
 - Continuing Competency Program (CCP) (general overview)
 - Acceptable Providers of Continuing Education (CE), Activities Not Accepted as CE, & Clarification of Continuing Education Unit (CEU) and Contact Hours–
 - Four Dimensions of Self Assessment
 - Learning Plan
 - Acceptable Providers of Continuing Education
 - Link to Professional & Vocational Licensing Division (PVLDD) of the Department of Commerce and Consumer Affairs (DCCA) Nursing website
- 2) Man-hours to respond to questions on new CE requirements, including but not limited to:
 - Acceptable Providers of CE
 - Activities Not Accepted as CE
 - Clarification of CEU and Contact Hours
 - License Renewal Requirements (referral to PVLDD DCCA) including audit and attestation requirements

Professional & Vocational Licensing Division (PVLDD) DCCA-

(Note: As the licensing body, especially without a centralized communication system, it is inevitable that the DCCA will receive calls/emails from nearly the entire nurse licensee population if CCP is implemented which means approximately 24,000+ nurses)

- 1) Webmaster to make Website programming changes (Software and web redesign to the PVLDD DCCA Nursing License Renewal page) regarding:
 - General Information of Continuing Competency Program
 - Acceptable Providers of CE
 - Activities Not Accepted as CE
 - Clarification of CEU and Contact Hours
- 2) License Renewal Application changes including information on:
 - Explanation of Attestation
 - Explanation of Audit process
 - Submission of CE Process if audited
 - Consequences for Non-compliance
- 3) Man-hours to amend Hawaii Administrative Rules, Chapter 89 to include CCP requirements
- 4) Man-hours/cost to disseminate information on CCP and impact on relicensure process
- 5) Salaries and related benefits for additional Full Time Equivalent (FTE) employees

- 6) Operations
- 7) Man-hours to respond to questions on new CE requirements, including but not limited to:
 - Acceptable Providers of CE
 - Activities Not Accepted as CE
 - Clarification of CEU and Contact Hours
- 8) Man-hours to respond to questions regarding Audit and Attestation requirements
- 9) Man-hours to review required percentage of nurse licensee applications to be audited for compliance with continuing education/self-assessment

PVLD /Executive Officer/Staff Time-

Audit randomly sampled applications

- Preparation and submission of Request for Investigation forms to Regulated Industries Complaints Office (RICO) as required by law (note: this was a significant cost factor for North Carolina) against nurses who are noncompliant with:
 - Self Assessment requirements
 - CE requirements
- Preparation for Board of Nursing hearing of possible nursing cases brought forward by RICO
- Reinstatement of licenses of non-compliant nurses who complete requirements

DCCA-Regulated Industries Complaints Office (RICO)-

- Man-hours for complaint intake work, investigation to substantiate complaints, and legal review staff attorney to assess noncompliance with CCP requirements. Note: RICO receives \$70 X 23,000+ in renewal fees biannually plus \$70 for each new application. APRNs with prescriptive authority are assessed \$70 three times although physicians pay \$70 once. Revenue required from nurses fees disproportionate to number of complaints against nurses cases filed, investigated and brought forth to the Board of Nursing for disciplinary action.

Individual Nurse Licensee Costs-

- Continuing Education courses/activities

COMMUNICATION IS KEY TO NURSING SUCCESS IN HAWAII

Hawai'i lacks a central source of communication through which all nurses licensed in the State can contribute to and receive information on practice/regulatory changes, state/federal initiatives and nursing research to assure quality nursing care. Second, the Board of Nursing at Department of Commerce and Consumer Affairs (DCCA) does not consistently participate in national workforce data surveys or respond to requests in a timely manner. As the Nation moves forward with health care reform, the lack of participation by the State of Hawai'i will have consequences for policy formation and resource allocation.

Nurses need to contribute to and be apprised of changes before they can embrace them; whether they are amendments to their nurse practice laws; effects of national/state initiatives on nursing such as the Affordable Care Act¹; establishment of a continuing education program for continuing competency and lifelong learning²; or other issues.

Verbal opinions rendered by Special Deputy Attorney General/Office of Information Practices (DAG/OIP) on Chapter 92F, HRS, and the current position of the Professional & Vocational Licensing Division (PVL) of the DCCA prevents any sharing of information with key local and national organizations addressing workforce and quality of nursing care.

- Consumers are unable to verify the licensing information and/or search for any disciplinary action related to nurses providing health care to them or family members
- Practicing nurses are not informed of changes in the state statutes and regulations that impact their practice and may place consumers at risk
- DCCA does not consistently contribute information requested by federal organizations addressing workforce supply and demand
- The interpretation by DCCA precludes the Hawai'i State Board of Nursing from regular dissemination of information either through print, electronic venues, or providing email addresses of licensees to keep nurses apprised of board/nursing related issues, as other boards in the Nation do; and

¹ The Future of Nursing: Leading Change, Advancing Health, <http://www.nap.edu/catalog/12956.html>

² Recommendation #6 of the recently released Institute of Medicine (IOM) *Future of Nursing Report* is to "ensure that nurses engage in lifelong learning". The recommendation further suggests that, "accrediting bodies, schools of nursing, health care organizations and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain competencies needed to provide care for diverse populations across lifespan." Learning takes place in many forms.

- The legislatively authorized Hawaii State Center for Nursing (HSCFN) is willing to accept this responsibility but DCCA cites the above as the rationale precluding collaboration and information sharing.

EXAMPLES OF HOW THIS AFFECTS NURSING:

1. CONTINUING COMPETENCY PROGRAM

Senate Concurrent Resolution 167 (SCR167) was passed by the 2010 Hawaii State legislature and requested the HSCFN evaluate the need for and the resources required to establish a continuing education (CE) program for nurses.

There are approximately 24,000 licensed nurses in Hawaii. To assess the viability of establishing a CE program for the nurses, a low cost and efficient source of mass communication is needed to reach the nursing stakeholders for input and feedback. Unlike other states, the Hawaii State Board of Nursing (BON) does not have a newsletter.

The BON's umbrella agency is the Department of Commerce & Consumer Affairs (DCCA). The PVLD of the DCCA maintains the nurse licensee email addresses. Access to these email addresses would allow communication with all nurse licensees not only on CE, but on legislative directives, federal/state initiatives, nursing research and data, etc. However, when the HSCFN (as a sister state agency) asked for assistance, the Special Deputy of the Department of the Attorney General informally opined³ that the DCCA lacked statutory authority to use the email addresses for this purpose.

³ Lei Fukumura, Special Deputy AG assigned the Department of Commerce & Consumer Affairs opined in April 28, 2011:

"PVL does not require licensees to provide us with their email address but those licensees who renew on-line voluntarily submit their email addresses if they would like PVL to send them a receipt for their on-line submission. Since the Center for Nursing is considered a state agency this is considered an "agency to agency" request and we applied HRS § 92F-19(a)(1) to your request:

HRS § 92F-19(a)(1)

No agency may disclose or authorize disclosure of government records to any other agency unless the disclosure is:

1) Necessary for the performance of the requesting agency's duties and functions and is also:

A) Compatible with the purpose for which the information was collected or obtained; or

B) Consistent with the conditions or reasonable expectations of use and disclosure under which the information was provided.

WORKFORCE SURVEY

The HSCFN is the only source of accurate, reliable nursing workforce data to ensure that efforts and resources are appropriately focused to make a difference.

The Institute of Medicine's ("IOM") has found that effective workforce planning and policy making require better data collection and an improved information infrastructure.

The IOM recommends that states "build an infrastructure for the collection and analysis of interprofessional health care workforce data" and to "collaborate with state licensing boards, state nursing workforce centers, and the Department of Labor in this effort to ensure that the data are timely and publicly accessible".

Planning for the fundamental changes required to achieve a reformed health care system cannot be accomplished without a clear understanding of the necessary contributions of the various professionals and the numbers and composition of the health care workforce.

That understanding in turn cannot be obtained without reliable, sufficiently granular data on the current workforce and projections of future workforce needs. The lack of data hamper the ability of policymakers, employers and other stakeholders to identify and implement the necessary changes to the preparation and practice of nurses and to the overall health care system.

On October 10, 2010, the Federation of State Medical Boards (FSMB), National Association of Boards of Pharmacy (NABP), and National Council of State Boards of Nursing (NCSBN) jointly issued a statement that supports state and federal health care regulators, agencies and other key stakeholders in the collective effort to compile an evidence-based, comprehensive analysis of the nation's health care workforce.

As organizations representing the health care professional licensing and regulatory boards in the U.S., FSMB, NABP and NCSBN recognize the inherent value of collecting workforce data in order to better ensure the quality and safety of the nation's health care system.

Considering the purpose for which PVL obtained the email addresses and applying it to the standards in HRS § 92F-19(a)(1) we are not able to release the email addresses that you seek. Furthermore, even if your request met the standards of HRS § 92F-19(a)(1) the agency to agency disclosure requirements are not mandatory disclosure laws so PVL is not required to disclose the email addresses.

Also, while HRS § 304A-1407 states that the Board of Nursing...shall collaborate with the Center for Nursing and provide workforce data when requested, no definition of "workforce data" is provided and there is nothing to support the conclusion that email addresses of licensees are considered "workforce data".

I consulted with the OIP on these issues and they reached the same conclusions."

The HSCFN survey has proven to be the most valuable source of nursing data in the State. Currently, due to the lack of access to nurse licensees' email addresses, only 23.2% of the nurses respond to the survey as the DCCA considers nurse participation in the survey voluntary rather than mandatory. Better data collection will result if 100% of nurse licensees are mandated by law to participate in the HSCFN surveys. PVL Division of the DCCA will then cooperate in accordance with that mandate.

Currently, the HSCFN sends out a paper survey that adds about 11.5% additional nursing information at an additional cost of \$15,000. This provided a total of 34.7% which is a low response rate. Many states where State Boards collaborate with their nursing workforce centers to conduct the census survey are able to obtain 80-90% return rates. Electronic surveys are also much more cost effective.

2. NATIONAL COUNCIL STATE BOARDS OF NURSING NURSYS

All state boards of nursing (BON) are members of the National Council of State Boards of Nursing (NCSBN)⁴. There are NCSBN initiatives in which the other 49 states are legally allowed to participate, while Hawaii is precluded from participating due to past interpretation of Chapter 92F, HRS. (This also impacts the other professions regulated by the PVL Division of the DCCA.)

The NCSBN Nursys is a comprehensive nurse licensure information system utilized for license verification and discipline purposes.

It provides online verification to a nurse requesting to practice in another state and reports for employers and the general public. BONs enter discipline and licensure data. States need not give up license verification revenue. Another benefit is that the state board can compare their licensure database with the national sex offender database, with the Social Security Death Index and all other states to see if any licensee has been disciplined by another state.

It is our understanding that the BON DAG continues to research possible conflict with Chapter 92F Part 2. In the meantime, this precludes Hawaii BON from participating and retrieving national data on nursing related issues and licensees. This also precludes Hawaii from cost advantages that the NCSBN offers in doing surveys to collect workforce data; other services the DCCA cannot provide; and the increase in efficiency in servicing nurse.

3. LAWS RELATING TO NURSING

The Affordable Care Act marks the undertaking of significant health care reform throughout the country. Reform efforts that increase access to care, provide health care

⁴ ncsbn.org

to the uninsured, and close gaps in health inequalities will depend on a stable and enduring workforce that can provide health care services across many settings. Addressing the needs and interests of the people of Hawai'i includes ensuring that quality health care is easily accessible to consumers throughout the State.

The federal government has identified Hawaii's rural communities as medically underserved (physician/primary care shortage⁵). Advanced Practice Registered Nurses can help to fill the void if they were allowed to practice to the full extent of their education and training. Except effort made by the HSCFN and a handful of nursing organizations/employers, nurse licensees remain largely uninformed even when barrier-breaking nursing related laws⁶ are passed. This is potentially harmful to Hawaii consumers. Nurses will play a critical role in the successful implementation of the Affordable Care Act. Nurses need to understand their role in implementing this Act and must be able to receive and respond to uniform, pertinent information that can be delivered in a timely cost-effective manner.

Action requested

Before change can occur, nurses must be informed of changes to their laws, with access to current research data and government directives in a timely, cost-effective manner. This can be accomplished via email, webinars, and other social media.

Second, the Department of Commerce & Consumer Affairs must commit to participation in and alignment with the national initiatives moving forward to address health care reform.

Relief is needed from the restrictive oral opinions rendered by Special Deputy Attorney General/Office of Information Practices on Chapter 92F, HRS, and the current position of the Professional & Vocational Licensing Division of the Department of Commerce and Consumer Affairs not to collaborate with the Hawaii State Center for Nursing to resolve this problem.

⁵ *Hawaii Medical Education Council Report to the 2012 Legislature, Executive Summary, November 20, 2011*

⁶ **Act 169, SLH 2009** required insurers/HMOs/benefit societies to recognize APRNs as PCPs; authorized APRNs to sign, certify, or endorse all documents relating to health care within their scope of practice provided for their patients including workers' compensation, verification documents, verification and evaluation forms the DHS and DOE, verification and authorization forms of the DOH and physical examination forms.

Act 57, SLH 2010 the adoption of the National Council of State Boards of Nursing's Model Nurse Practice Act and Model Nursing Administrative Rules.

Act 110, SLH 2011 required:

- Each hospital in the State licensed under Hawai'i Revised Statutes (HRS), § 321-14.5 is required to allow⁶ APRNs⁶ and qualified APRNs granted prescriptive authority to practice within the full scope of practice including as primary care providers.

APRNs granted prescriptive authority to prescribe controlled drugs (Schedule II-V) within formulary appropriate to the APRN's specialty. Able to prescribe drugs without working relationship agreement with a licensed physician.

Request that the Attorney General /Office of Information Practice work with the Hawai'i State Center For Nursing and the National Council of State Boards of Nursing to align Hawai'i with the directions taken by other states that allow protection of information without precluding state agencies from utilizing efficient, cost-effective venues of communication.

If necessary, request that the Attorney General prepare and share a report of its findings with the Legislative Reference Bureau so the Legislative Reference Bureau can compile the Attorney General's findings and recommendations into a report, including any necessary proposed legislation, to the Legislature.

NEW HAMPSHIRE (NH) BOARD OF NURSING REPORTS

SUMMARY as of 7/28/2011:

There are currently:

- 1,527 active Advance Practice Registered Nurses (APRN)
- 3,475 active Licensed Practical Nurses (LPN)
- 20,335 active Registered Nurses (RN)

Licenses are renewed every two (2) years before the licensee's BirthDate
The first license issued may be less than two (2) years.

The fee for endorsement of licensure to NH is \$120.00

The fee for examination is \$120.00

The fee for reinstatement of licensure is \$120.00

The fee for renewal of licensure is \$100.00

ATTACHED ARE THE FOLLOWING:

STRUCTURE

ACTIVITY SUMMARY

ACCOUNTING SUMMARY

BUDGET MANUAL

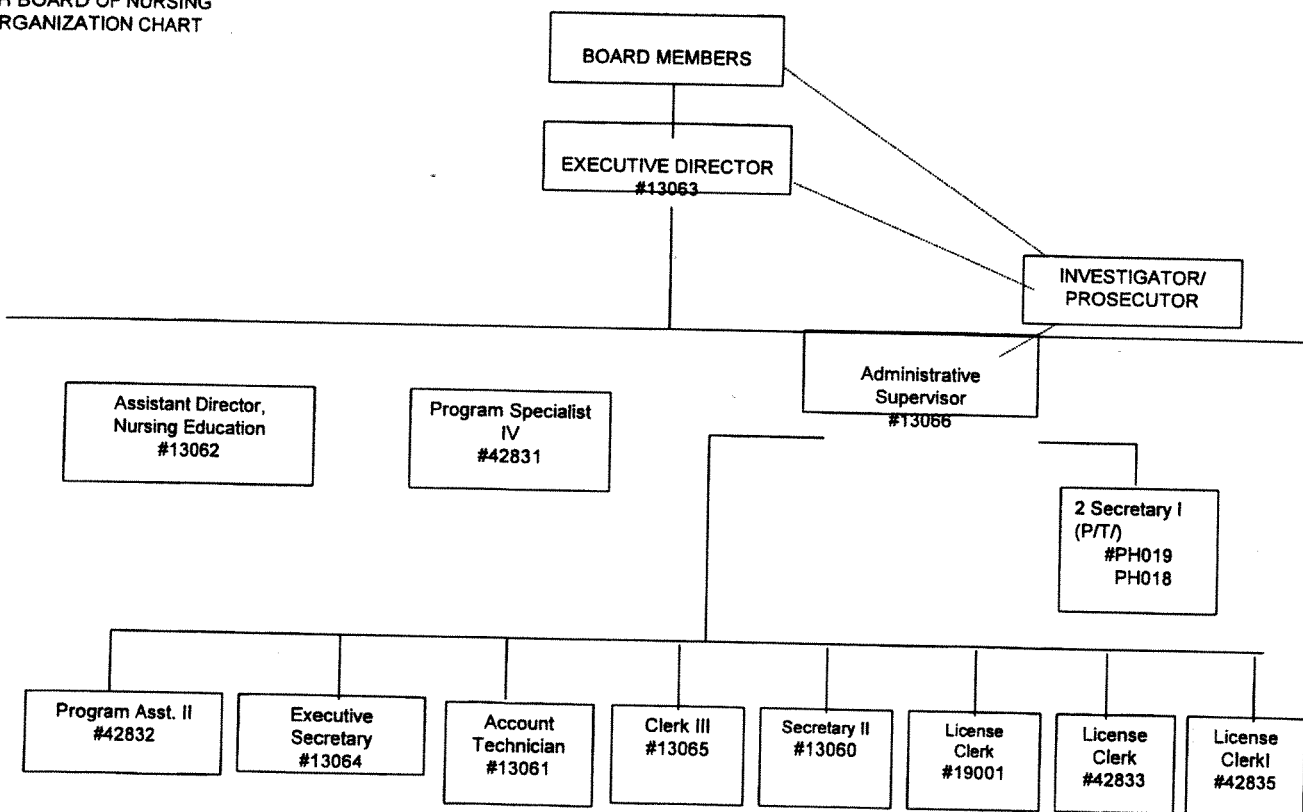
BUDGET RECOMMENDATION

FUNDING SOURCES

****COVER PAGE****

STATE OF NEW HAMPSHIRE HHS ADMIN ATTACHED BOARDS

NH BOARD OF NURSING
ORGANIZATION CHART



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STATE OF NEW HAMPSHIRE
ACTIVITY SUMMARY

CATEGORY 05 HEALTH AND SOCIAL SERVICES
DEPARTMENT 00074 HHS ADMIN ATTACHED BOARDS
ACTIVITY NRG743010 NURSES REGISTRATION

	FY 2010	FY 2011	FY 2012			FY 2013		
	ACTUAL EXPENSE	ADJUSTED AUTHORIZATION	MAINTENANCE	CHANGE	REQUEST	MAINTENANCE	CHANGE	REQUEST
Current Permanent Positions								
Personal Services-Perm. Classi	475,916	485,296	513,543	0	513,543	500,936	0	500,936
Total Current Permanent Positions	475,916	485,296	513,543	0	513,543	500,936	0	500,936
Other Personnel Costs								
Overtime	850	2,911	10,911	0	10,911	10,911	0	10,911
Personal Service-Temp/Appointe	45,768	48,337	47,500	0	47,500	47,500	0	47,500
Total Other Personnel Costs	46,618	51,248	58,411	0	58,411	58,411	0	58,411
Personnel Services Benefits								
Personnel Services Benefits	228,474	281,093	277,263	0	277,263	295,052	0	295,052
Total Personnel Services Benefits	228,474	281,093	277,263	0	277,263	295,052	0	295,052
Major Operating Expenses								
Current Expenses	28,562	74,600	75,570	0	75,570	75,570	0	75,570
Rents-Leases Other Than State	2,010	2,800	2,508	0	2,508	2,508	0	2,508
Maint, Other Than Build.- Gmds	0	4,000	0	0	0	0	0	0
Organizational Dues	6,000	6,000	6,000	0	6,000	6,000	0	6,000
Equipment New/Replacement	0	8,000	2	0	2	2	0	2
Telecommunications	0	0	16,000	0	16,000	16,000	0	16,000
Consultants	61,470	103,450	25,000	0	25,000	25,000	0	25,000
In-State Travel Reimbursement	10,522	17,550	19,594	0	19,594	19,594	0	19,594
Out-Of State Travel	0	11,900	101	0	101	101	0	101
Total Major Operating Expenses	108,564	228,300	144,775	0	144,775	144,775	0	144,775
Other Expenditures								
Other Expenditures	0	616	0	0	0	0	0	0
Total Other Expenditures	0	616	0	0	0	0	0	0
Transfer of Appropriations								
Transfers To DOIIT	49,929	61,780	137,463	76,643	214,106	115,832	28,619	144,451
Transfers To General Services	39,566	43,370	43,652	0	43,652	44,445	0	44,445
Transfer to Other State Agencies	24,050	25,450	128,543	0	128,543	124,749	0	124,749
Total Transfer of Appropriations	113,545	130,600	307,658	76,643	384,301	285,026	28,619	313,645

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STATE OF NEW HAMPSHIRE
ACTIVITY SUMMARY

CATEGORY 05 HEALTH AND SOCIAL SERVICES
DEPARTMENT 00074 HHS ADMIN ATTACHED BOARDS
ACTIVITY NRG743010 NURSES REGISTRATION

	FY 2010	FY 2011	FY 2012			FY 2013		
	ACTUAL EXPENSE	ADJUSTED AUTHORIZATION	MAINTENANCE	CHANGE	REQUEST	MAINTENANCE	CHANGE	REQUEST
Total Division NRG743010	973,117	1,177,153	1,301,850	76,643	1,378,293	1,284,200	28,619	1,312,819
General Fund	804,834	886,192	1,187,065	76,643	1,263,708	1,169,124	28,619	1,197,743
Other	168,283	290,961	114,585	0	114,585	115,076	0	115,076
Total	973,117	1,177,153	1,301,850	76,643	1,378,293	1,284,200	28,619	1,312,819
Permanent Classified	12.00	12.00	12.00	0.00	12.00	12.00	0.00	12.00
Total Number of Positions	12.00	12.00	12.00	0.00	12.00	12.00	0.00	12.00

STATE OF NEW HAMPSHIRE
ACCOUNTING UNIT SUMMARY

CATEGORY 05 HEALTH AND SOCIAL SERVICES
DEPARTMENT 00074 HHS ADMIN ATTACHED BOARDS
AGENCY 074 HHS: ADMIN ATTACHED BOARDS
ACTIVITY NRG743010 NURSES REGISTRATION
ORGANIZATION 7430NRG BOARD OF NURSING

FUND 010 AGENCY 074 ACCOUNTING UNIT 74300000

	FY 2010	FY 2011	FY 2012			FY 2013		
	ACTUAL EXPENSE	ADJUSTED AUTHORIZATION	MAINTENANCE	CHANGE	REQUEST	MAINTENANCE	CHANGE	REQUEST
Expenditures								
010 Personal Services-Perm. Classi	329,304	335,072	419,021	0	419,021	406,507	0	406,507
018 Overtime	850	2,911	10,911	0	10,911	10,911	0	10,911
020 Current Expenses	15,186	40,000	66,570	0	66,570	66,570	0	66,570
022 Rents-Leases Other Than State	738	1,200	2,040	0	2,040	2,040	0	2,040
024 Maint.Other Than Build.- Grnds	0	2,000	0	0	0	0	0	0
025 Organizational Dues	6,000	6,000	6,000	0	6,000	6,000	0	6,000
027 Transfers To DOIT	15,928	15,337	126,930	76,643	203,573	109,286	28,619	137,905
028 Transfers To General Services	19,783	21,685	32,739	0	32,739	33,334	0	33,334
030 Equipment New/Replacement	0	4,000	1	0	1	1	0	1
039 Telecommunications	0	0	14,000	0	14,000	14,000	0	14,000
046 Consultants	21,434	27,600	20,000	0	20,000	20,000	0	20,000
049 Transfer to Other State Agencies	24,050	25,450	124,933	0	124,933	123,091	0	123,091
050 Personal Service-Temp/Appointe	38,421	37,497	40,000	0	40,000	40,000	0	40,000
060 Benefits	138,123	183,753	213,532	0	213,532	226,468	0	226,468
070 In-State Travel Reimbursement	5,236	6,025	14,594	0	14,594	14,594	0	14,594
080 Out-Of State Travel	0	6,000	1	0	1	1	0	1
Expenditure Total	615,053	714,530	1,091,272	76,643	1,167,915	1,072,803	28,619	1,101,422
Estimated Source of Funds								
General Fund	598,943	711,030	1,076,618	76,643	1,153,261	1,058,161	28,619	1,086,780
Other Funds								
006 Agency Income	16,110	3,500	14,654	0	14,654	14,642	0	14,642
Total	615,053	714,530	1,091,272	76,643	1,167,915	1,072,803	28,619	1,101,422
Number of Positions								
Permanent Classified	8.00	8.00	10.00	0.00	10.00	10.00	0.00	10.00
Total Number of Positions	8.00	8.00	10.00	0.00	10.00	10.00	0.00	10.00

STATE OF NEW HAMPSHIRE
ACCOUNTING UNIT SUMMARY

CATEGORY 05 HEALTH AND SOCIAL SERVICES
DEPARTMENT 00074 HHS ADMIN ATTACHED BOARDS
AGENCY 074 HHS: ADMIN ATTACHED BOARDS
ACTIVITY NRG743010 NURSES REGISTRATION
ORGANIZATION 7431ATN NURSING ASSISTANT REGISTRY

FUND 010 AGENCY 074 ACCOUNTING UNIT 74310000

	FY 2010	FY 2011	FY 2012			FY 2013		
	ACTUAL EXPENSE	ADJUSTED AUTHORIZATION	MAINTENANCE	CHANGE	REQUEST	MAINTENANCE	CHANGE	REQUEST
Expenditures								
010 Personal Services-Perm. Classi	118,141	121,578	94,522	0	94,522	94,429	0	94,429
020 Current Expenses	9,913	24,500	9,000	0	9,000	9,000	0	9,000
022 Rents-Leases Other Than State	636	800	468	0	468	468	0	468
024 Maint.Other Than Build.- Grnds	0	2,000	0	0	0	0	0	0
027 Transfers To DOIT	33,998	46,440	10,533	0	10,533	6,546	0	6,546
028 Transfers To General Services	19,783	21,685	10,913	0	10,913	11,111	0	11,111
030 Equipment New/Replacement	0	2,000	1	0	1	1	0	1
039 Telecommunications	0	0	2,000	0	2,000	2,000	0	2,000
042 Additional Fringe Benefits	0	616	0	0	0	0	0	0
046 Consultants	20,865	30,000	5,000	0	5,000	5,000	0	5,000
049 Transfer to Other State Agencies	0	0	1,610	0	1,610	1,658	0	1,658
050 Personal Service-Temp/Appointe	7,347	10,840	7,500	0	7,500	7,500	0	7,500
060 Benefits	71,322	77,028	63,731	0	63,731	68,584	0	68,584
070 In-State Travel Reimbursement	2,217	7,525	5,000	0	5,000	5,000	0	5,000
080 Out-Of State Travel	0	3,000	100	0	100	100	0	100
Expenditure Total	284,222	348,012	210,378	0	210,378	211,397	0	211,397
Estimated Source of Funds								
General Fund	205,891	175,162	110,447	0	110,447	110,963	0	110,963
Other Funds								
001 Transfer from Other Agencies	78,331	172,850	99,931	0	99,931	100,434	0	100,434
Total	284,222	348,012	210,378	0	210,378	211,397	0	211,397
Number of Positions								
Permanent Classified	3.00	3.00	2.00	0.00	2.00	2.00	0.00	2.00
Total Number of Positions	3.00	3.00	2.00	0.00	2.00	2.00	0.00	2.00

STATE OF NEW HAMPSHIRE
ACCOUNTING UNIT SUMMARY

CATEGORY 05 HEALTH AND SOCIAL SERVICES
 DEPARTMENT 00074 HHS ADMIN ATTACHED BOARDS
 AGENCY 074 HHS: ADMIN ATTACHED BOARDS
 ACTIVITY NRG743010 NURSES REGISTRATION
 ORGANIZATION 7432NAF NURSING ASSISTANTS FUND

FUND 010 AGENCY 074 ACCOUNTING UNIT 74320000

	FY 2010	FY 2011	FY 2012			FY 2013		
	ACTUAL EXPENSE	ADJUSTED AUTHORIZATION	MAINTENANCE	CHANGE	REQUEST	MAINTENANCE	CHANGE	REQUEST
Expenditures								
010 Personal Services-Perm. Classi	28,471	28,646	0	0	0	0	0	0
020 Current Expenses	3,463	10,100	0	0	0	0	0	0
022 Rents-Leases Other Than State	636	800	0	0	0	0	0	0
027 Transfers To DOIT	3	3	0	0	0	0	0	0
030 Equipment New/Replacement	0	2,000	0	0	0	0	0	0
046 Consultants	19,171	45,850	0	0	0	0	0	0
060 Benefits	19,029	20,312	0	0	0	0	0	0
070 In-State Travel Reimbursement	3,069	4,000	0	0	0	0	0	0
080 Out-Of State Travel	0	2,900	0	0	0	0	0	0
Expenditure Total	73,842	114,611	0	0	0	0	0	0
Estimated Source of Funds								
Other Funds								
005 Private Local Funds	73,842	114,611	0	0	0	0	0	0
Total	73,842	114,611	0	0	0	0	0	0
Number of Positions								
Permanent Classified	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Number of Positions	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00

**STATE OF NEW HAMPSHIRE
BUDGET MANUAL 2012-2013 BIENNIUM
FORM 1 - DEFINITION**

1 DEFINITION

	CODE	DESCRIPTION
CATEGORY	05	HEALTH AND SOCIAL SERVICES
DEPARTMENT	00074	HHSADMIN ATTACHED BOARDS
AGENCY	074	HHS: ADMIN ATTACHED BOARDS
ACTIVITY	NRG743010	NURSES REGISTRATION

STATUTORY BASIS:

RSA 326

DESCRIPTION:

*PROGRAM / FUNCTIONAL AREA	**NO. STAFF ASSIGNED	OBJECTIVES	PROGRAM MEASURES		PRIOR YEAR ACTUAL	CURRENT YEAR ESTIMATED	BUDGET YEAR 1 STANDARD	BUDGET YEAR 2 STANDARD
			INPUT	OUTPUT				
Licensing and Regulation of APRNs, RNs, LPNs, LNAs, MNAs	9 Full Time, 4 Part time		Processing and issuing new and renewal nursing and nursing assistant licenses.	Assures the public that the Board screens nurses and nursing assistants for public safety. Permits APRNs to apply for third party payment.	New: 5151 Renew: 14,983	New: 5175 Renew 15,000	New: 5200 Renew 15,150	New: 5225 Renew 15,175
Placing those persons who have successfully completed a nursing assistant program on the Nurse Aide Registry database	2 Full Time		Placing nursing assistants on Registry database	Assures the Public that a nursing assistant has no registry findings	New: 3226	New: 3250	New: 3250	New: 3250
Nurse Aid Registry	2 Full Time		Approval of all nurse aid educational programs in NH and placing nurse aid program	Assures the public is aware of any nursing assistant who has a negative registry finding of abuse, neglect	New: 3226	New: 3230	New: 3250	New: 3250
*PROGRAM / FUNCTIONAL AREA	**NO. STAFF ASSIGNED	OBJECTIVES	PROGRAM MEASURES		PRIOR YEAR ACTUAL	CURRENT YEAR ESTIMATED	BUDGET YEAR 1 STANDARD	BUDGET YEAR 2 STANDARD
			INPUT	OUTPUT				
			graduates on the Nurse Aid Registry.	and misappropriation against them.				

**STATE OF NEW HAMPSHIRE
BUDGET MANUAL 2012-2013 BIENNIUM
FORM 2 - ANALYTICAL STATEMENT**

2 ANALYTICAL STATEMENT

	CODE	DESCRIPTION
CATEGORY	05	HEALTH AND SOCIAL SERVICES
DEPARTMENT	00074	HHSADMIN ATTACHED BOARDS
AGENCY	074	HHS: ADMIN ATTACHED BOARDS
ACTIVITY	NRG743010	NURSES REGISTRATION

The Board of Nursing follows RSA 326-B Nurse Practice Act and its purpose reads, "RSA 326-B:1 Purpose - In order to safeguard the life, health, and public welfare of the people of New Hampshire and in order to protect the people of the state from the unauthorized, unqualified, and improper application of services by individuals in the practice of nursing, it is necessary that a regulatory authority be established and adequately funded. To further this policy, the practice of nursing shall be regulated through the New Hampshire board of nursing, and such board shall have the power to enforce the provisions of this chapter. Licensees under this chapter are accountable to clients, the nursing profession, and the board for complying with the requirements of this act and the quality of nursing care rendered, and for recognizing limits of knowledge and experience and planning for management of situations beyond the licensee's experience"

The board maintains established guidelines to protect the public by assuring licensees are authorized and qualified to perform nursing and nursing assistant roles. In addition, the board assures that disciplinary actions, necessary to protect NH citizens, are timely and effective. All data are tracked to assure continuous public safety. Further the board provides oversight of all nursing and nursing assistant educational programs to assure competent nursing and nursing assistant practice.

The board registers all nursing assistants to assure qualifications and requirements are met in accordance with Administrative Rules, Chapter 700.

**STATE OF NEW HAMPSHIRE
BUDGET MANUAL 2012-2013 BIENNIUM
FORM 5 - ANALYSIS OF MAINTENANCE**

5 ANALYSIS OF MAINTENANCE

	CODE	DESCRIPTION
CATEGORY	05	HEALTH AND SOCIAL SERVICES
DEPARTMENT	00074	HHSADMIN ATTACHED BOARDS
AGENCY	074	HHS: ADMIN ATTACHED BOARDS
ACTIVITY	NRG743010	NURSES REGISTRATION

ITEM	AMOUNT	SOURCE OF FUNDS	EXPLANATION
FY11 Adj Auth	1,177,153	100% GF	The Board of Nursing has combined two organizational codes 7430 and 7432 with both staff and operating expenses. The increases and decreases 7430 reflect the change.
Current Permanent Positions	28,247	100% GF	
Other Personnel Costs	7,163	100% GF	
Personnel Services Benefits	(3,830)	100% GF	
Major Operating Expenses	(84,141)	100% GF	
Transfers To DOIT	152,326	100% GF	
Transfers to General Services	282	100% GF	
Transfer to Other State Agencies	101,093	100% GF	
FY 12 Maintenance Request	201,140	100% GF	
Current Permanent Positions	(12,607)	100% GF	
Other Personnel Costs	0	100% GF	
Personnel Services Benefits	17,789	100% GF	
Transfer To DOIT	(69,655)	100% GF	

**STATE OF NEW HAMPSHIRE
BUDGET MANUAL 2012-2013 BIENNIUM
FORM 5 - ANALYSIS OF MAINTENANCE**

5 ANALYSIS OF MAINTENANCE

	CODE	DESCRIPTION
CATEGORY	05	HEALTH AND SOCIAL SERVICES
DEPARTMENT	00074	HHSADMIN ATTACHED BOARDS
AGENCY	074	HHS: ADMIN ATTACHED BOARDS
ACTIVITY	NRG743010	NURSES REGISTRATION

ITEM	AMOUNT	SOURCE OF FUNDS	EXPLANATION
Transfers to General Services	793	100% GF	
Transfer to Other State Agencies	(1,794)	100% GF	
FY 13 Maintenance Request	(65,474)	100% GF	

BUDGET RECOMMENDATIONS

05 HEALTH AND SOCIAL SERVICES
 74 HHS ADMIN ATTACHED BOARDS
 74 HHS: ADMIN ATTACHED BOARDS
 743010 NURSES REGISTRATION
 74300000 NURSES REGISTRATION

	FY 2008 ACTUAL EXPENSE	FY 2009 ADJUSTED AUTH	FY 2010 GOVERNOR'S RECOMMENDED	FY 2011 GOVERNOR'S RECOMMENDED
010 Personal Services-Perm. Classi	253,757	310,982	329,863	335,072
018 Overtime	10,821	2,123	12,123	12,123
020 Current Expenses	35,879	69,000	50,000	50,000
022 Rents-Leases Other Than State	0	1,050	1,200	1,200
024 Maint.Other Than Build.- Grnds	0	15,620	5,000	5,000
026 Organizational Dues	6,000	6,000	6,000	6,000
027 Transfers To DOIT	18,739	24,239	17,824	18,130
028 Transfers To General Services	21,604	21,497	17,824	18,130
030 Equipment New/Replacement	136	4,000	21,075	21,685
046 Consultants	30,950	31,100	4,000	4,000
049 Transfer to Other State Agencies	25,450	26,427	31,100	31,100
050 Personal Service-Temp/Appointe	46,840	59,657	25,450	25,450
060 Benefits	132,424	150,040	59,657	59,657
070 In-State Travel Reimbursement	3,891	6,575	160,702	187,709
080 Out-Of State Travel Reimb	3,659	8,800	6,525	6,525
TOTAL	590,150	737,110	736,519	769,651
ESTIMATED SOURCE OF FUNDS FOR NURSES REGISTRATION				
000 Federal Funds	42,020	0	0	0
005 Private Local Funds	0	0	0	0
006 Agency Income	24,100	12,420	3,500	3,500
General Fund	524,030	724,690	733,019	766,151
TOTAL SOURCE OF FUNDS	590,150	737,110	736,519	769,651
NUMBER OF POSITIONS				
PERMANENT CLASSIFIED	8	8	8	8
UNCLASSIFIED	0	0	0	0
TOTAL NUMBER OF POSITIONS	8	8	8	8
CLASS NOTES				
027	D. The funds in this appropriation shall not be transferred or expended for any other purpose			
028	D. The funds in this appropriation shall not be transferred or expended for any other purpose			
049	D. The funds in this appropriation shall not be transferred or expended for any other purpose			
006	I. In the event that estimated revenue is less than budgeted, the total appropriation shall be reduced by the amount of the shortfall in either actual or projected budgeted revenue. The agency head shall notify the Bureau of Accounting Services forthwith, in writing, as to precisely which line item appropriation and in what specific amounts reductions are to be made in order to fully compensate for the total revenue deficits. The provisions of this footnote do not apply to Federal Funds covered by RSA 124:14			

BUDGET RECOMMENDATIONS

05 HEALTH AND SOCIAL SERVICES
 74 HHS ADMIN ATTACHED BOARDS
 74 HHS: ADMIN ATTACHED BOARDS
 743010 NURSES REGISTRATION
 74310000 ASSISTANT TO NURSES

	FY 2008 ACTUAL EXPENSE	FY 2009 ADJUSTED AUTH	FY 2010 GOVERNOR'S RECOMMENDED	FY 2011 GOVERNOR'S RECOMMENDED
010 Personal Services-Perm. Classi	106,887	115,320	118,141	121,578
020 Current Expenses	24,220	37,256	25,500	25,500
022 Rents-Leases Other Than State	0	800	800	800
024 Maint.Other Than Build.- Grnds	0	15,620	5,000	5,000
027 Transfers To DOIT	17,763	3,334	49,020	50,739
028 Transfers To General Services	17,284	21,497	21,075	21,685
030 Equipment New/Replacement	77	2,000	2,000	2,000
042 Additional Fringe Benefits	0	2,058	2,058	2,058
046 Consultants	29,843	30,020	30,000	30,000
050 Personal Service-Temp/Appointe	6,157	11,146	11,146	11,146
060 Benefits	49,130	54,464	73,002	78,179
070 In-State Travel Reimbursement	2,258	6,450	7,525	7,525
080 Out-Of State Travel Reimb	798	6,000	3,000	3,000
TOTAL	254,417	305,965	348,267	359,210
ESTIMATED SOURCE OF FUNDS FOR ASSISTANT TO NURSES				
001 Transfer from Other Agencies	154,469	152,892	173,653	179,098
General Fund	99,948	153,073	174,614	180,112
TOTAL SOURCE OF FUNDS	254,417	305,965	348,267	359,210
NUMBER OF POSITIONS				
PERMANENT CLASSIFIED	3	3	3	3
UNCLASSIFIED	0	0	0	0
TOTAL NUMBER OF POSITIONS	3	3	3	3

CLASS NOTES

027 D. The funds in this appropriation shall not be transferred or expended for any other purpose

028 D. The funds in this appropriation shall not be transferred or expended for any other purpose

GFS I. In the event that estimated revenue is less than budgeted, the total appropriation shall be reduced by the amount of the shortfall in either actual or projected budgeted revenue. The agency head shall notify the Bureau of Accounting Services forthwith, in writing, as to precisely which line item appropriation and in what specific amounts reductions are to be made in order to fully compensate for the total revenue deficits. The provisions of this footnote do not apply to Federal Funds covered by RSA 124:14

BUDGET RECOMMENDATIONS

05 HEALTH AND SOCIAL SERVICES
 74 HHS ADMIN ATTACHED BOARDS
 74 HHS: ADMIN ATTACHED BOARDS
 743010 NURSES REGISTRATION
 74320000 NURSING ASSISTANTS FUND

	FY 2008 ACTUAL EXPENSE	FY 2009 ADJUSTED AUTH	FY 2010 GOVERNOR'S RECOMMENDED	FY 2011 GOVERNOR'S RECOMMENDED
010 Personal Services-Perm. Classi	25,340	25,689	28,471	28,646
020 Current Expenses	6,242	17,600	19,100	19,100
022 Rents-Leases Other Than State	0	800	800	800
027 Transfers To DOIT	34,276	46,088	3	3
030 Equipment New/Replacement	77	2,000	2,000	2,000
046 Consultants	45,622	46,100	46,100	46,100
060 Benefits	15,296	11,950	19,030	20,312
070 In-State Travel Reimbursement	3,083	4,500	5,000	5,000
080 Out-Of State Travel Reimb	0	2,900	2,900	2,900
TOTAL	129,936	157,627	123,404	124,861
ESTIMATED SOURCE OF FUNDS FOR NURSING ASSISTANTS FUND				
005 Private Local Funds	129,936	157,627	123,404	124,861
TOTAL SOURCE OF FUNDS	129,936	157,627	123,404	124,861
NUMBER OF POSITIONS				
PERMANENT CLASSIFIED	1	1	1	1
UNCLASSIFIED	0	0	0	0
TOTAL NUMBER OF POSITIONS	1	1	1	1

CLASS NOTES

- 027 D. The funds in this appropriation shall not be transferred or expended for any other purpose
- 005 I. In the event that estimated revenue is less than budgeted, the total appropriation shall be reduced by the amount of the shortfall in either actual or projected budgeted revenue. The agency head shall notify the Bureau of Accounting Services forthwith, in writing, as to precisely which line item appropriation and in what specific amounts reductions are to be made in order to fully compensate for the total revenue deficits. The provisions of this footnote do not apply to Federal Funds covered by RSA 124:14

FUNDING SOURCES

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05 HEALTH AND SOCIAL SERVICES
 74 HHS ADMIN ATTACHED BOARDS
 74 HHS: ADMIN ATTACHED BOARDS
 743010 NURSES REGISTRATION

	FY 2008 ACTUAL EXPENSE	FY 2009 ADJUSTED AUTH	FY 2010 GOVERNOR'S RECOMMENDED	FY 2011 GOVERNOR'S RECOMMENDED
ACTIVITY TOTALS				
NRG743010 NURSES REGISTRATION				
EXPENSE TOTAL	974,503	1,200,702	1,208,190	1,253,722
ESTIMATED SOURCE OF FUNDS				
FEDERAL FUNDS	42,020	0	0	0
OTHER FUNDS	308,505	322,939	300,557	307,459
GENERAL FUND	623,978	877,763	907,633	946,263
TOTAL	974,503	1,200,702	1,208,190	1,253,722
NUMBER OF POSITIONS				
PERMANENT CLASSIFIED	12	12	12	12
UNCLASSIFIED	0	0	0	0
TOTAL NUMBER OF POSITIONS	12	12	12	12

NORTH CAROLINA BOARD OF NURSING		
REVENUE, EXPENSES AND CHANGES IN NET ASSETS		
For Years Ended June 30		
	2011	2010
OPERATING REVENUE		
License renewals	\$ 5,632,576	\$ 5,515,992
Examination fees	476,999	443,079
Reinstatements	171,401	173,224
Endorsements into state	644,803	634,033
Verifications out of state	3,105	4,364
Labels	43,957	53,357
Hearing and settlement	9,000	10,370
Advanced Practice-RN	247,420	217,055
Nurse aide registry	229,547	227,914
Other	75,444	54,800
TOTAL OPERATING REVENUE	\$7,534,252	\$7,334,188
OPERATING EXPENSES		
Salaries and related benefits	\$5,366,487	\$5,193,462
Operations	1,670,626	1,787,556
Board meetings	19,974	28,817
Committee meetings	42,684	38,913
Conventions & conferences	107,719	84,670
Hearings	26,168	36,208
Election	13,133	12,481
Contribution to FNE	3,000	30,000
Other regulatory services	21,966	23,647
TOTAL OPERATING EXPENSES	\$7,271,757	\$7,235,754
OPERATING INCOME	\$262,495	\$98,434
NON-OPERATING REVENUE (EXPENSES)		
Net investment income	\$ 7,706	\$328,315
Interest paid	(113,187)	-
TOTAL NON-OPERATING REVENUE (EXPENSES)	(\$105,481)	\$328,315
CHANGE IN NET ASSETS	\$ 157,014	\$426,749
NET ASSETS, BEGINNING OF YEAR	\$6,492,474	\$6,065,725
NET ASSETS, END OF YEAR	\$6,649,488	\$6,492,474

NORTH CAROLINA BOARD OF NURSING		
STATEMENT OF NET ASSETS		
June 30		
	2011	2010
ASSETS		
Current assets		
Cash	\$ 513,791	\$ 420,154
Investments	8,366,456	9,073,955
Accrued interest receivable	37,780	53,436
Accounts receivable	19,773	18,123
Prepaid expenses and other assets	22,397	17,904
Total current assets	8,960,197	9,583,572
Land, building, furniture, equipment and leasehold improvements - net of depreciation	7,733,901	7,807,128
TOTAL ASSETS	\$ 16,694,098	\$ 17,390,700
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	260,098	378,043
Construction loan payable	-	471,637
Deferred revenues	6,324,604	6,213,653
Note payable	132,632	119,161
Total current liabilities	6,717,334	7,182,494
Long term liabilities		
Accrued vacation	434,321	434,893
Note payable	2,892,955	3,280,839
Total long term liabilities	3,327,276	3,715,732
TOTAL LIABILITIES	\$10,044,610	\$10,898,226
NET ASSETS		
Investment in fixed assets	4,708,314	3,935,491
Unrestricted net assets	1,941,174	2,556,983
TOTAL NET ASSETS	\$ 6,649,488	\$ 6,492,474

STAFF OF THE NORTH CAROLINA BOARD OF NURSING ORGANIZATION

LICENSURE/LISTING DEPARTMENT

Customer Service Representatives -
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Sherry Macopson ext 275 (afternoon)

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HOW TO FILE A COMPLAINT

Complaints/Consumer Protection> Complaint
Forms
Complete appropriate form

If you have questions, please contact:
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