CALL TO ORDER & ROLL CALL: by President June Larson at 8:40 a.m., June 22, 2006.

BOARD MEMBERS

- Diana Berkland: Present
- Linda Bunkers: Present
- Teresa Disburg: Excused
- Dori Dufault: Excused
- John Jones: Present
- June Larson, President: Present
- Adrian Mohr: Present
- Christine Pellet, Secretary: Excused
- Deb Soholt, Vice President: Present
- Patricia Wagner: Present
- Robin York: Present

BOARD STAFF PRESENT

- Gloria Damgaard: Executive Director
- Nancy Bohr: Nursing Program Specialist
- Linda Young: Nursing Program Specialist
- Andrew Albers: Nursing Program Specialist
- Kris O’Connell: Board Attorney
- Robert Garrigan: Senior Accountant
- Winora Robles: Recording Secretary

GUEST: JUNE 23, 2006

- Kathy Manning, USD Nursing

President June Larson welcomed new Public Member Adrian Mohr.

MINUTES: Motion to approve the Minutes of April 2006 was seconded and approved by unanimous voice vote.

AGENDA APPROVAL: Motion to approve the Agenda was seconded and approved by unanimous voice vote.

FINANCIAL REPORTS: Robert Garrigan presented based on a printed handout. Last month, examination fee revenues were up. A new accounting system will be installed, so the reports will be more concise in the future. We are on track to meet our revenue for the year. In response to a question regarding endorsements out of South Dakota, Gloria Damgaard said she will obtain a report from NURSYS®.

MOTION: Deb Soholt moved that the South Dakota Board of Nursing accept the May 31, 2006 financial report as presented. Motion carried in a unanimous voice vote.

ADVANCED INITIATIVES IN CLINICAL SIMULATION CONFERENCE: Gloria Damgaard shared that Nancy Bohr, Linda Young, Andy Albers, June Larson (representing USD) and Gloria attended the Conference at Walter Reed Research Center. The purpose of the Conference was education of health care professionals using simulation to reduce errors. In conversation with some of the producers of simulated experiences, it was apparent that they really want the three million nurses in the nation to be involved. A South Dakota group is already looking into clinical simulations. There is congressional support for the efforts. June remarked that besides computerized manikins, there were trained “actor-patients” who helped move the student along; this was good for verbal communication, getting patient history and assessment. Andy discussed 3-D simulations: with equipment laid out, the participant wearing the helmet performs the appropriate functions. Andy suggested that such simulations be considered for remediation modules in the future, although we are not yet ready technologically to send nurses who need refreshing/teaching to such a simulation. Nancy added that this was a good experience for those entering into practice; clinical experiences can be hard to find, and the simulation has the advantage of being able to set up scenarios that the student may never see in clinicals. Diana Berkland asked whether such experiences could count towards the students’ clinical experience credits; June Larson opined that while the student needs patient contact, some part of semester care could be conducted in a simulated lab. Simulation is a way to ensure that the students will encounter certain specific education clinical experiences. Diana Berkland said that this may be a good method for teaching experienced nurses newer, current methods.
COUNCIL OF STATE GOVERNMENTS: Summit on Interstate Compacts, June 1-2, 2006: As NLCA Chairperson, Gloria Damgaard was asked to attend this NLC Administrators meeting in Cincinnati. An interesting point brought up at the meeting is that compacts between states can be simple or complex, and may involve different issues. For example, two existing compacts involve all 50 states – Child Protection, and Emergency Management Assistance Compact. The EMAC allows nurses to practice in states facing emergencies without licensure issues.

ATTORNEY INVESTIGATOR CONFERENCE, May 22-24, 2006: Andy Albers reported on his second Attorney Investigator Conference. This year, a former OIG agent reviewed five medical serial killers, physicians and nurses, and how they were able to go from job to job, with no one reporting them due to lack of proof. Interestingly, hospital murder scenes are completely cleansed as quickly as possible. New Jersey has recently passed the Charles Cullen Law, which requires mandatory reporting of poor practice. South Dakota is one of the only states that does not currently have mandatory reporting laws. Andy suggested that the need for mandatory reporting in South Dakota be reviewed. The OIG database is being utilized prior to initial licensure, and prior to every renewal and endorsement. Mandatory reporting requirements, the steps to be taken, the process, will be researched and then reported to the Board. Andy will assemble the info, including information from the South Dakota Board of Pharmacy and Board of Medical and Osteopathic Examiners; it was suggested that SDAHO will also be a good source on this topic.

NLCA MEETING WITH MISSISSIPPI BOARD OF NURSING: June 9, 2006: Jackson, Mississippi – Gloria Damgaard attended the meeting with the Mississippi Board of Nursing, a member of the Nurse Licensure Compact, whose Director is reconsidering Compact membership. Representatives from compact states, non-compact states, NCsBN, and from Mississippi’s bordering states were invited. About 50 constituents from the nursing community were there as well. The representative from Texas discussed benefits of the Compact following Hurricane Rita last summer. Gloria attended another meeting in Indianapolis on June 19; Indiana passed the Compact legislation two years ago, but the language of the legislation made it impossible to join the Compact; the matter will be re-introduced. Expenses for these meetings are paid by National Council.

MOTION: Diana Berkland moved that Gloria Damgaard have South Dakota Board of Nursing approval for NLCA related travel functions.
Motion seconded by Robin York and carried in a unanimous voice vote.

NCSBN POLICY PERSPECTIVES MARCH/APRIL 2006: Gloria Damgaard pointed out topics of particular interest, including a proposal regarding feeding assistant training requirements and regulation; an effort in Alaska to eliminate mandatory overtime which failed; a National Public Radio account of children as care givers for adults; an article reporting that the University of Virginia was awarded a one million dollar grant by the Helene Fuld Health Trust to provide tuition support students enrolled in the Clinical Nurse Leader program; and a suggestion that a federal Office of the National Nurse be established to promote preventive care, increase public awareness of health care issues, and encourage individuals to enter and remain in nursing.

NCSBN POLICY CALL HIGHLIGHTS, May 31, 2006: Gloria Damgaard shared that the national organization’s policy department had issued a statement regarding legislation being introduced to use a computer based training session to teach unlicensed persons to administer insulin. Andy Albers remarked that a lot of parents and teachers have asked about administering this kind of medication. If a nurse is not present in the school, it becomes a matter of parents giving permission to someone to administer medication. In South Dakota it is a requirement that an RN be in charge of health services in the schools; injections are not delegatable; however, the reality is that some schools are unable to find an RN who is available/willing to provide such service. Diana Berkland said that the incidence of childhood diabetes is way up; insulin is considered a high-risk medication, since it can be dangerous if given in the wrong dosage. In another matter, Jacquie Kelley has replaced retiring Mary Lerssen as head of school nurses in Sioux Falls. Also, Iowa reported that it did not fund its Nursing Workforce Center, so it will close; it had been a very active Center.

INTERNATIONAL COUNCIL OF NURSES PRESS RELEASE: This is an informational piece concerning women and HIV/AIDS.
SD CENTER FOR NURSING WORKFORCE: Linda Young, CNW Director, presented. An organizational structure (handout 8A) has been promoted that affords an opportunity to participate in CNW to persons who are members of state nursing organizations, and also maintains the opportunity for those not belonging via the Nursing Leadership Coalition.

MOTION: Diana Berkland moved that the South Dakota Board of Nursing adopt the proposed model for the South Dakota Center for Nursing Workforce as noted in document 8A. Motion seconded by Robin York and carried in a unanimous voice vote.

Linda Young also reported on the LTC Leadership Academy sponsored by SDCNW, SDAHO, and SDNA. Participants’ comments at the two-day June session were very positive; a second two-day session to be held in July will wrap it up. Linda Bunkers applauded the effort, saying it’s so good for LTC management people. Linda Young will attend a meeting August 7, 2006 in Pierre to address nursing workforce issues.

NCSBN DRAFT APN VISION PAPER: Linda Young presented regarding reactions to the Draft Vision Paper; Gloria Damgaard and Linda Young will draft a summary of the responses. Discussion today will set the direction that the Board decides upon regarding South Dakota’s delegates’ positions at Delegate Assembly. By September, it is expected that a formal position will be formulated. “Clinical Nurse Specialist” is not a nationally recognized category, but is a protected title in South Dakota. This matter will be on the Delegate Assembly Agenda in August. Gloria Damgaard remarked that regulation of all sub-specialties is challenging.

HEALTHCARE PROFESSIONALS URGE CO-OPERATIVE PATIENT CARE, OPPOSE AMA RESOLUTION 814: Gloria Damgaard shared with the Board that the Coalition for Patients Rights (CPR) is behind the effort regarding Scope of Practice in response to AMA Resolution 814.

CNP JOINT INJECTION MODIFICATIONS: This Board had approved Joint Injection Modification Requests for three specific CNPs. At their March 2006 meeting, the South Dakota Board of Medical and Osteopathic Examiners reviewed the Board of Nursing action and also issued an approval. However, the BOME action only addresses orthopedic settings, and none of these specific CNPs works in an orthopedic setting. Board Attorney Kris O’Connell will contact the Board of Medical and Osteopathic Examiners for clarification.

CNM HOMEBIRTH PRACTICE: Linda Young presented background on the request by two CNMs. The CNMs now have the legal option to carry out home births with a collaborating physician. The CNMs maintain that they cannot find a physician willing to sign a Collaborative Agreement, and so consider the requirement a restraint of practice/trade. This Board supports provision of adequate health care; restraint of trade is an issue that would have to be decided in the courts. Jeanne Prentice, CNM, is requesting a waiver concerning the Collaborative Agreement requirement, based on the fact that she is qualified to perform home births, and there are many people who would like to employ her services. Deb Soholt said that although technical intervention should be available in even a very normal pregnancy and birth, the CNMs are correct in that a woman should have the right to have her baby wherever she may choose. Studies show many positive outcomes for planned home births, including fewer C-sections, and less monitoring that may lead to unnecessary intervention. Yet the consensus was that current South Dakota law sets a clear and separate scope of practice. CNM Karen Pettigrew and CNM Jeanne Prentice joined the meeting via teleconference. Ms. Prentice explained that her request to the Board is a result of meeting with people in western South Dakota; she has found no available physician to sign a Collaborative Agreement. Her request for a waiver is an issue of public health and safety, because many of these people are selecting home birth without the benefit of a CNM. Ms. Pettigrew noted that non-professional people can attend births without facing prosecution. This Board has no authority to issue a waiver or resolution to remove the Collaborative Agreement requirement; a statute change would be required. Ms. Prentice explains that liability issues prevent physicians from signing a Collaborative Agreement. Gloria Damgaard reiterated that this Board can interpret rules, but has no authority to waive law. Deb Soholt agreed that this is not access to good health care for the patients who choose home birth; but the Collaborative Agreement is a real barrier.
MOTION: Linda Bunkers moved that South Dakota Board of Nursing deny the request from Jeanne Prentice, CNM, to waive the requirement for a Physician Collaborative Agreement to perform home births.
Motion seconded by Deb Soholt.

Diana Berkland  YES  John Jones  YES  Deb Soholt  YES
Linda Bunkers  YES  June Larson  YES  Patricia Wagner  YES
Teresa Disburg  ABSENT  Adrian Mohr  YES  Robin York  YES
Dori Dufault  ABSENT  Christine Pellet  ABSENT  8 YES – MOTION CARRIED

MOTION: Linda Bunkers moved that South Dakota Board of Nursing collaborate with a group of South Dakota Certified Nurse Midwives to address the issue of home births by CNMs in South Dakota.
Motion seconded by Robin York.

Diana Berkland  YES  John Jones  YES  Deb Soholt  YES
Linda Bunkers  YES  June Larson  YES  Patricia Wagner  YES
Teresa Disburg  ABSENT  Adrian Mohr  YES  Robin York  YES
Dori Dufault  ABSENT  Christine Pellet  ABSENT  8 YES – MOTION CARRIED

SISSETON-WAHEPTON COLLEGE DIRECTOR UPDATE: Nancy Bohr shared with the Board that Carol Bergan is no longer the Director; Karen Hamill is acting Director until a full time replacement can be found.

PRESENTATION COLLEGE – ACTION PLAN: Nancy Bohr said that to improve pass rates, Presentation’s Associate Program has implemented a plan to help students with computerized test-taking; also, exam fees will be included in student fees so that graduates will not have to delay taking the exam for financial reasons.

USD PROPOSAL FOR CLINICAL SERVICE PARTNERSHIP: Nancy Bohr introduced Kathy Manning, here to present USD Nursing Distance Learning’s proposal intended to address a concern for adequate faculty in offering clinical experiences. USD Nursing proposes utilization of a Clinical Service Partner (CSP) for distance learning to serve students in remote locations. The role of the CSP is seen as different from that of the preceptor, since a preceptor is unpaid. The CSP would be trained and receive the same orientation as adjunct faculty, but would supervise students at a lower ratio, perhaps 1-3 students. Distance students now travel up to five hours for clinical experiences; unforeseen circumstances cause difficulties, and the high price of gas and hotels can impact retention. Currently, USD is working to provide clinicals in eight states. The USD proposal does not discount the importance of students meeting other students in groups; this is only for use in the rare instance of a very distant student. It is anticipated that, once such a student is identified, USD would contact a facility in that student’s area to propose the CSP program. If the facility agrees, USD would contract with the facility’s nurse employee as a CSP, providing a stipend beyond what the facility pays. Kathy said that this situation has the potential to increase the concentration of the experience, with a more one-on-one experience. Directors of some smaller facilities have told Kathy that since they cannot regularly accommodate eight students, the normal instructor to student ratio, they are seldom approached by schools of nursing for clinical experiences. Students ask for more acute care experiences; LTC experiences are readily available. Kathy said that another advantage could be that some CSPs may decide to pursue nursing education as a career. After completing orientation, evaluation is on-going; the CSP is given individual attention, and is in communication with USD via telephone, fax, and email regarding updates and student progress. Clinical Coordinators will visit each site once per year to meet with the CSP and students face-to-face. Diana Berkland expressed concerns from the student’s perspective: some faculty do not understand how to provide the very best educational experience possible; in the workplace, shortcuts are sometimes used, and that is not what should be taught to students; when you find an isolated nurse somewhere with a full workload, would the nurse have time to dedicate to training the student? Kathy said that the director of the facility would have to support the concept first, and would know who is available for taking on the responsibility. Two options were proposed regarding liability: the facility/CSP could take on liability responsibilities, paid for with the stipend; or USD could pay all or some liability costs; ultimately, the RN and the student are each accountable for their own practice. Andy Albers asked how the CSP’s licensure, education background, and competency and ability to instruct are checked and evaluated; Kathy explained that the process would be the same as with adjunct faculty, and that résumés would be checked. Gloria Damgaard pointed out that, according to the rules and regulations, the proposed CSP function is actually a Preceptorship, regardless of financial arrangements, and no different from what out-of-state distance learning
programs currently use. The school maintains responsibility for educating and preparing the student for clinical experiences.

MOTION: Diana Berkland moved that the South Dakota Board of Nursing reinforce to clarify the USD proposal falls under the guidelines and definition of Preceptor in ARSD 20:48:07:19, and that that the Preceptor to Student ratio be 1:1.

Motion seconded by Deb Soholt and carried in a unanimous voice vote.

PUBLIC HEARING CRIMINAL BACKGROUND CHECK RULES: June 22, 2006, 1 p.m.

South Dakota Board of Nursing President June Larson called the Public Hearing to order: “This is the time and place for the Board of Nursing Public Hearing to consider ARSD 20:48:03:01, 20:48:03:07, 20:48:03:08, 20:48:03:01:01, 20:48:03:01, 20:48:05:01, 20:48:05:05, and ARSD 20:48:04:01 (d) (f). Statements made during this Hearing are being recorded and Minutes are being taken for Board consideration.”

The procedure for the Rules Hearing is as follows:
1. Those who have signed the sheet to give testimony will come before the Board stating their name, address, and who they represent.
2. Testimony must pertain to the rules and not to testimony given.
3. Testimony will be taken in the order that it appears on the sign-in sheet.
4. After all testimony has been offered, time will be allowed for further comments or clarifications.
5. Testimony will be limited to five minutes per speaker.
6. Written testimony received will be filed with the Board Minutes and become part of the office records.
7. The hearing will now begin.
   a. Written testimony is identified and accepted: Gloria Damgaard, South Dakota Board of Nursing Executive Director, declared that one item of written testimony has been received in the Board office; that item is in support of the criminal background check rules, and will be added to the Minutes.
   b. Oral testimony: No one appeared to present oral testimony.
   c. Questions: Due notice of this Public Hearing has been published in three South Dakota newspapers. Board member John Jones asked whether notification was made to interested parties in addition to the newspaper notices; Gloria Damgaard responded that all interested parties were notified in advance of this Hearing. A comment period will remain open through July 19, 2006. After the comment period, the Executive Director will circulate rules to the Board members for their review and for signatures. It is anticipated that the rules will be served to the Interim Rules Committee in August of 2006.


Motion seconded by Robin York and carried in a unanimous voice vote.

THE BOARD MET IN CLOSED SESSION FOR PURPOSES OF DISCIPLINE

THE BOARD RECONVENED IN OPEN SESSION

CONSENT AGENDA:

1. B. B. Letter of Concern (Lapsed)  7. Phyllis Aune Voluntary Surrender

A request was made to remove Item #7 from the Consent Agenda.

MOTION: Deb Soholt moved that the South Dakota Board of Nursing approve the Consent Agenda as presented with the exception of Item #7 in the matter of Phyllis Aune.

Motion seconded by Diana Berkland.
PHYLLIS AUNE – Andy Albers, Nursing Program Specialist presented background on this case.

MOTION: Deb Soholt moved that the South Dakota Board of Nursing accept the Voluntary Surrender of License of Phyllis Aune, RN.

Motion seconded by Linda Bunkers.

J. F. H., Applicant: Andy Albers, Nursing Program Specialist, presented background on the case. J.F.H. was present to address the Board, accompanied by her mother.

MOTION: Deb Soholt moved that J.F.H. be allowed to continue taking the NCLEX® examination and, upon successful completion, appear before the Board of Nursing for a final decision regarding approval of licensure.

Motion seconded by Diana Berkland.

S. K., RN Applicant: Andy Albers, Nursing Program Specialist, presented background on this case. S.K. was present to address the Board.

MOTION: Deb Soholt moved that the South Dakota Board of Nursing approve licensure for S.K., RN Applicant, upon successful completion of the NCLEX® examination.

Motion seconded by Linda Bunkers.

P. L. H. B., RN: Andy Albers presented background. P. L. H. B. was present to address the Board.

MOTION: Robin York moved that P. L. H. B., be issued a Limited License to complete the RN Refresher Course at SDSU.

Motion seconded by Patricia Wagner.

ANN M. MECHTENBERG: Andy Albers, Nursing Program Specialist, presented background on this case.

MOTION: Robin York moved that the South Dakota Board of Nursing issue a Letter of Reprimand with Remediation to Ann M. Mechtenberg. Remediation includes:

Ethics of Nursing Practice
Disciplinary Actions: What Every Nurse Should Know
Professional Accountability and Legal Liability for Nurses

Motion seconded by Patricia Wagner.

RICHARD MOSS, RN, CRNA, CNS: Board Attorney Kris O’Connell presented background on this case.
MOTION: Patricia Wagner moved that the South Dakota Board of Nursing send a Letter of Reprimand to Richard Moss, and he needs to inform the Board of the outcome of pending legal matters with possible reconsideration pending outcome of trial.

Motion seconded by John Jones.

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J. N., RN: Andy Albers, Nursing Program Specialist, gave background on this case.

MOTION: Deb Soholt moved that the South Dakota Board of Nursing require J. N., RN, submit to a full psychological evaluation at Board expense to include but not limited to:

- Evaluation of ability to supervise and lead in the workplace
- Evaluation of demeanor and personality
- Evaluation of emotional, psychological, and physical well-being
- Evaluation of ability to practice as a nurse correctly

Motion seconded by Diana Berkland.

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S. A. O., RN: Andy Albers, Nursing Program Specialist, presented background on this case.

MOTION: Robin York moved that S. A. O. be mandated to drug testing through HPAP to include call-ins followed by random drug screening for a period of one year, as well as quarterly reports from a psychologist, AA counselors, with self-reports for one year.

Motion seconded by Diana Berkland.

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KATHLEEN DECKER, LPN: Andy Albers presented background regarding this case.

MOTION: Patricia Wagner moved that the South Dakota Board of Nursing send a Letter of Reprimand with Remediation to Kathleen Decker.

Motion seconded by Diana Berkland.

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KELLI DOSCH, RN: Andy Albers, Nursing Program Specialist, presented background on this case.

MOTION: Diana Berkland moved that the South Dakota Board of Nursing issue an Order of Summary Suspension and notice Ms. Dosch for a Formal Hearing.

Motion seconded by Patricia Wagner.

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BRUCE WILLIAMS, RN: Andy Albers, Nursing Program Specialist, presented background on this case. 

**MOTION:** Linda Bunkers moved that the South Dakota Board of Nursing serve Notice of Hearing with a Summary Suspension of his RN license to Bruce Williams, RN. 

Motion seconded by Deb Soholt. 

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JANE M. [RYCKMAN] RASMUSEN, RN: Board Attorney Kris O’Connell presented an update on this matter with the Board. Findings of Fact and Conclusions of Law were distributed for review and, upon acceptance by the Board, will be signed by President June Larson and Executive Director Gloria Damgaard. Adrian Mohr, Public Member, abstained from the vote due to the fact that he was not present at the original proceedings. 

**MOTION:** Diana Berkland moved that the South Dakota Board of Nursing accept the Findings of Fact and Conclusions of Law and Order on Ms. Jane M. Rasmussen, RN. 

Motion seconded by John Jones. 

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<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dori Dufault</td>
<td>ABSENT</td>
<td>Christine Pellet</td>
<td>ABSENT</td>
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</table>

7 YES – 1 ABSTENTION 

MOTION CARRIED

**SELECTION OF DELEGATES TO NCSBN Annual Delegate Assembly, August 1-4, 2006:** National Council will pay for Gloria Damgaard, Nancy Bohr, and Linda Young to attend; Board President June Larson will attend at Board expense. Delegates to the 2006 Assembly will be June Larson and Gloria Damgaard.

**NCSBN SUMMARY OF RECOMMENDATIONS 2006 Delegate Assembly:** Gloria Damgaard presented based on the handouts. Topics will include Bylaws revisions; proposed language for a Model Practice Act, criminal background checks; drug screening; and the NCLEX 2007 RN test plan. Nebraska and Illinois have separate Boards of Nursing for APNs. If APN Boards are allowed NCSBN membership, those two states would each have four votes rather than two votes at Delegate Assembly. Puerto Rico is a member, although they do not use the NCLEX. Based on wording of the proposal, foreign countries could become eligible for membership as well. The four geographical Areas are to be retained (South Dakota is part of Area II), but Area Directors would be removed from the Board of Directors. Special Session notification procedures were reviewed. Appointment or Election of a Director External to the Organization (to allow for access to unique expertise) was discussed. In another matter: when someone leaves a Board of Nursing, that person is not allowed to finish their term as that state’s representative at NCSBN; a reversal of this stipulation is up for a vote again; Deb Soholt suggested the addition of language to the effect that the representative could finish their term “only with the state Board’s approval.” The NCSBN slate of candidates was reviewed. On July 19, 1-2 p.m., a conference call will be conducted by the NCSBN Executive Director; Board members are welcome to join in.

**CENTER FOR TELEHEALTH AND E-HEALTH LAW:** Gloria Damgaard included this handout as an informational piece; the South Dakota Board of Nursing has signed on to support legislative efforts for Telehealth funding.

**FY 2007 BUDGET:** Board Senior Accountant Robert Garrigan presented based on the distributed handouts. Audits are conducted every three years; the Board of Nursing was audited last year. A new accounting software system will soon be installed; categories for breaking down revenue and expense items will be reviewed and revised at that time. Because this meeting is being held earlier in the year than usual, and because of the software update, formal budget approval will be postponed until the next Board meeting.

**NURSING EDUCATION LOAN ASSISTANCE 2007 Awards:** Gloria Damgaard reported that details will be sent to each Board member soon with a request for the member’s response.

**COLORADO PASSES NLC LEGISLATION:** Gloria Damgaard reported that Colorado has become the 23rd state to approve Nurse Licensure Compact legislation. Implementation in Colorado is expected in July 2007.
GOVERNMENT OPERATION AND AUDIT COMMITTEE REQUEST: Gloria shared with the Board a letter from Senator Jason Gant, Chair of the Government Operations and Audit Committee. The Audit Committee requests that prior to September 2006 a letter be submitted to the Committee on the progress of implementing the recommendation regarding a combined report. Senior Accountant Robert Garrigan is working with the state of South Dakota to use the state’s accounting system in order to generate more concise financial reports.

THE BOARD MET IN CLOSED SESSION FOR PURPOSES OF PERSONNEL

THE BOARD RECONVENED IN OPEN SESSION

HPAP 2006 UTILIZATION REPORT AND HPAP FY2007 BUDGET: Gloria Damgaard presented based on handouts that were previously distributed to the Board members.

TRAVEL REQUESTS: NURSYS Business Design Task Force, July 25-26, 2006, Chicago: Gloria Damgaard has been asked to attend; expenses will be paid by that organization.


Motion seconded by John Jones and carried in a unanimous voice vote.

COLLABORATIVE AGREEMENT REVISION: Linda Young presented based on handouts. The Advanced Practice Advisory Committee is expected to provide feedback on the proposed revision in August. Margaret Hansen and Kris O’Connell have reviewed it, and the Board of Medical and Osteopathic Examiners will review it before it is presented at the September Joint Board meeting as well.

MOTION: Deb Soholt moved that the South Dakota Board of Nursing approve the Collaborative Agreement Revision as presented.

Motion seconded by Linda Bunkers and carried in a unanimous voice vote.

ANNOUNCEMENTS

Site Visits: National American University July 20, 2006 & Western Dakota Technical October 6, 2006
NCSBN Executive Officer Seminar, June 27-29, 2006
NLCA/NCSBN Discipline Summit, July 10, 2006
NCSBN Delegate Assembly, Salt Lake City, Utah, August 1-4, 2006
NCSBN Conference Call on Proposed Revisions to Bylaws, July 19, 1-2 pm

Board Meetings: September 12-13, 2006 in Sioux Falls (September 12, 2006 Joint Boards Meet)

November 8-9, 2006

ADJOURNMENT: June 23, 2006, 1:33 p.m.