



Department of Public Health & Social Services
GUAM BOARD OF NURSE EXAMINERS
Health Professional Licensing Office
Terlaje Professional Bldg., 194 Hernan Cortez Avenue, Hagatna, Guam



REGULAR SCHEDULED VIRTUAL BOARD MEETING
5:00 PM, Thursday, September 24, 2020

Go To Meeting Site:

<https://global.gotomeeting.com/join/474195837>

You can also dial in using your phone.

United States: +1 (224) 501-3412

Access Code: 474-195-837

AGENDA

- I. CALL TO ORDER**
- II. PROOF OF PUBLICATION**
 - A. OAG 9/22/20
 - B. DOA 9/22/20
- III. ROLL CALL/QUORUM**
- IV. ADOPTION OF AGENDA**
- V. MINUTES FOR REVIEW AND APPROVAL**
 - A. August 13, 2020 Virtual Regularly Scheduled Meeting
- VI. CHAIRPERSON'S REPORT**
- VII. TREASURER'S REPORT**
- VIII. COMMITTEE REPORTS**
 - A. Disciplinary Matrix Guidance – C. Tuquero, K. Hitosis and B. Santos
 - B. Rules and Regulations/RNFA – A. Varghese, B. Manzana and K. Hitosis
 - C. Forms – E. Dames, B. Santos and R. Carman
 1. Duty to Report form
 2. GBNE Initial/Renewal Application
 3. Waiver of Liability form for Volunteer Support - B. Manzana
- IX. NURSING EDUCATION REPORT**
 - A. CNA Testing during COVID
 - B. GMTC – Received CNA Annual Report 6/30/20
 - C. GCC – Received PN Annual Report 6/26/20
- X. ADMINISTRATOR'S REPORT**
 - A. NLC Update: Public Hearing 9/30/20
 - B. Disciplinary Reports
 1. GBNE-CO-18-010 *Discuss whether to report on NPDB – Z. Pecina
 2. GBNE-CO-19-004 E. Dames
 3. GBNE-CO-19-005 B. Manzana
 4. GBNE-CO-19-007 B. Manzana
 5. GBNE-CO-19-008 B. Manzana
 6. GBNE-CO-19-009 C. Tuquero
 7. GBNE-CO-19-011 K. Hitosis

8. GBNE-CO-19-018 E. Dames
9. GBNE-CO-20-001 K. Hitois
10. GBNE-CO-20-002 B. Santos/R. Sumaylo
11. GBNE-CO-20-003 B. Manzana/A. Varghese
12. GBNE-CO-20-004 E. Dames
13. GBNE-CO-20-005 K. Hitois
14. GBNE-CO-20-006 C. Tuquero
15. GBNE-CO-20-007 (New; Needs Assignment)

XI. OLD BUSINESS

- A. GBNE Resolution 20-01 – Delegation of Authority to the E.O.
- B. Continuing Education Credits for Graduate Nursing Course – K. Hitois
- C. Topacio, Jennifer D.C. – CNA Reinstatement *Tabled 8/13/20

XII. NEW BUSINESS

- A. CNA Certification Renewal – Extension Proposal
- B. GBNE Resolution 20-02 – Delegation of Authority to the E.O. during Emergency/Pandemic
- C. ETWP for GMTC CNA Graduate, Howard Redila for GMHA
- D. ETWP for RN Travel Nurse – Prime, Daniel W. for GMHA
- E. ETWP for Military Spouse (former LPN), Tamara Fitzgerald
- F. Grand Canyon University BSN Pre-Licensure Program Eligible for NCLEX Exam
- G. TEMPORARY WORK PERMIT APPLICATIONS

1. Stengel, Emily M. – 20R88 (8/17/20-11/17/20)
2. Cabuhat, Lanny T. – 20R43 (7/21/20-10/21/20) *Extension
3. Delos Reyes, Ray N. – 20R56 (8/28/20-11/28/20) *Extension
4. Gould, Niina H. – 20R26 (6/26/20-9/26/20) *Extension
5. O'Brien, Anne E. – 20R89 (9/7/20-12/7/20)
6. Pelton, Keisha N. – 20R54 (8/23/20-11/23/20) *Extension
7. Luttrell, Annette J. – 20R90 (8/28/20-11/28/20)
8. Sam, Tiffany M. – 20R91 (8/28/20-11/28/20)
9. Davide-Giambalvo, Dawn M. – 20R92 (8/28/20-11/28/20)
10. Castro, Camille V. – 20R93 (Eff: 9/2/20)
11. Fejeran, Destini J. – 20R94 (Eff: 9/2/20)
12. Funtelar, Diane D. – 20R95 (Eff: 9/2/20)
13. Guiting, Maria Belinda B. – 20R96 (Eff: 9/2/20)
14. Matsunanga, Sharine E. – 20R97 (Eff: 9/2/20)
15. Nucum, Jane G. – 20R98 (Eff: 9/2/20)
16. Permalino, Aolani Cara A. – 20R99 (Eff: 9/2/20)
17. Sazon, Mark Gayle O. – 20R100 (Eff: 9/2/20)
18. Sison, Michael John B. – 20R101 (Eff: 9/2/20)
19. Acosta, Myron A. – 20R102 (Eff: 9/3/20)
20. Caron Owen D. – 20R103 (Eff: 9/3/20)
21. Hatcher, Erica C. – 20R104 (Eff: 9/3/20)
22. Hulcher, Megan O. – 20R105 (Eff: 9/3/20)
23. Kalich, Robert A. – 20R106 (Eff: 9/3/20)
24. King, Malia P. – 20R107 (Eff: 9/3/20)
25. Linder, Dustin R. – 20R108 (Eff: 9/3/20)
26. Marcom, Jason R. – 20R109 (Eff: 9/3/20)
27. Pacheco, Nelson – 20R110 (Eff: 9/3/20)
28. Zyburt, Chelsea E.F. – 20R111 (Eff: 9/3/20)
29. Arthur, Courtney M. – 20R112 (Eff: 9/9/20)
30. Bates, Jean Kathleen – 20R113 (Eff: 9/9/20)
31. Palanca, ReynaLynn S. – 20R114 (Eff: 9/9/20)
32. Reagan, Gabriella L. – 20R115 (Eff: 9/9/20)
33. Wilson, Olivia A. – 20R116 (Eff: 9/9/20)
34. Tinsman, Tabitha A. – 20R117 (Eff: 10/8/20)
35. Cardinal, Rene C. – 20R118 (Eff: 9/11/20)
36. Jackson, Sandra B. – 20R119 (Eff: 9/15-12/15/20)
37. Chong, Alison M.G. – 20R120 (Eff: 9/16/20)
38. Beale, Daniel O. – 20R121 (Eff: 9/17/20)

39. Back, Sarah B. – 20R122 (Eff: 9/21/20)
40. Glasgow, Shana A. – 20R123 (Eff: 9/21/20)
41. McNew, Laurell M. – 20R124 (Eff: 9/21/20)
42. Snedeker, Brianna W. – 20R125 (Eff: 9/21/20)
43. Ward, Alexandra G. – 20R126 (Eff: 9/21/20)
44. Dempsey, Alexandra L. – 20R127 (Eff: 9/21/20)
45. Baxter, Angela F. – 20R128 (Eff: 9/21/20)
46. Long, Ashley N. – 20R129 (Eff: 9/21/20)
47. Lorenz, Claire E. – 20R130 (Eff: 9/21/20)
48. Wilson, Darlene M. – 20R131 (Eff: 9/21/20)
49. Kosmakos, Dimitra – 20R132 (Eff: 9/21/20)
50. Ruark, Elizabeth A. – 20R133 (Eff: 9/21/20)
51. Epp, Eric W. – 20R134 (Eff: 9/21/20)
52. Vaughn, Jodi M. – 20R135 (Eff: 9/21/20)
53. Pinlac, Jose – 20R136 (Eff: 9/21/20)
54. Bocanegra, Juan A. – 20R137 (Eff: 9/21/20)
55. McCook, Maydeen A. – 20R138 (Eff: 9/21/20)
56. Stoltzfus, Samantha L. – 20R139 (Eff: 9/21/20)
57. Horton, Shannon L. – 20R140 (Eff: 9/21/20)
58. Carr, Spencer R. – 20R141 (Eff: 9/21/20)
59. Thomas, Channe V. – 20R142 (Eff: 9/21/20)
60. Shepherd, Danielle A. – 20R143 (Eff: 9/21/20)
61. Leighton, Andrea L. – 20R144 (Eff: 9/21/20)
62. Breslauer, Rachel A. – 20R145 (Eff: 9/21/20)
63. Veron, John W. – 20R146 (Eff: 9/21/20)
64. Hilliard, Marcell A. – 20R147 (Eff: 9/21/20)
65. Kuss, Nicole L. – 20R148 (Eff: 9/21/20)
66. Ross, Jajuan D. – 20R149 (Eff: 9/21/20)
67. Epp, Michelle L. – 20R150 (Eff: 9/21/20)
68. McDonald, Cassie A. – 20R151 (Eff: 9/21/20)
69. Castaner, Rachael C. – 20R152 (Eff: 9/21/20)
70. Suzuki, Izumi – 20R153 (Eff: 9/21/20)
71. Smith, Judith A. – 20R154 (Eff: 9/21/20)
72. Benoy, Amanda L. – 20R155 (Eff: 9/21/20)
73. Gallardo, Ryan L. – 20R156 (Eff: 9/21/20)
74. Issa Darwish, Rebecca S. – 20R157 (Eff: 9/22/20)
75. Castros, Julie V. – 20R158 (Eff: 9/22/20)
76. Parker, Gwendolyn D. – 20R159 (Eff: 9/23/20)
77. Dinkel, Peggy A. – 20R160 (Eff: 9/23/20)
78. Mossbruger, Michael P. – 20R161 (Eff: 9/23/20)
79. Kennedy, Kelly F. – 20R162 (Eff: 9/23/20)
80. Bishop, Breanna E. – 20L14 (8/26/20-11/26/20)
81. Leon Guerrero, Kaysha Janet S. – 20L15 (Eff: 9/8/20)
82. Jimenez, Jessicah Jean C. – 20L16 (Eff: 9/8/20)
83. Nika, Vanessa – 20NA29 (Eff: 9/10/20)
84. Castor, Chriscelda J.L. – 20NA30 (Eff: 9/10/20)
85. Celeste, Eppie O. – 20NA31 (Eff: 9/10/20)
86. Gomez, Calvin Jay C. – 20NA32 (Eff: 9/10/20)
87. Holman, Michelle E. – 20NA33 (Eff: 9/10/20)
88. Manzana, Arlene S. – 20NA34 (Eff: 9/10/20)
89. Baza, Josette D. – 20NA35 (Eff: 9/10/20)
90. Chong, Alison M.G. – 20NP07 (Eff: 9/16/20)

H. CNA Renewals *See attached list

XIII. ANNOUNCEMENTS

A. Next Virtual Meeting is Thursday, October 8, 2020, 3:00 PM

XIV. ADJOURNMENT

GUAM BOARD OF NURSE EXAMINERS
Virtual Board Meeting Attendance Sheet

Date of Meeting: Regular Meeting Special Meeting

Meeting Call to Order Time of Adjournment Quorum No Quorum

BOARD MEMBERS	POSITION	SIGNATURE
1. Bernadette S. Santos, MPA, BSN, RN	Chairperson (Community RN)	Present
2. Kevin Hitois, DNP, APRN, FNP-BC	Vice Chairperson Member (APRN)	Present
3. Brenda Manzana	Secretary (LPN)	Present
4. Eliza G. Dames	Treasurer Public Member	Present
5. Relida S. Sumaylo	Member (DPHSS)	Present
6. Annamma S. Varghese, DNP, CMSRN	Member (Education)	Present
7. Christine Tuquero, MSN, RN	Member (Hospital)	Present

OTHERS PRESENT

PRINT NAME	AGENCY/TITLE	SIGNATURE
1. Robert Weinberg	OAG Assistant Attorney General	Present
2. Zennia Pecina	HPLO Executive Officer	Present
3. Rosemary Carman	HPLO Word Processing Secretary II	R. Carman
4. Redon Gatus	LPN Exam Applicant	
5. Byron Blas Charissa manibusan	Senator T. Terlaje Office	Present
6. Donna Perron Dawn Reyes	Flame Tree Freedom Center	Present
7. Charisma Castor Eddy Reyes	Flame Tree Freedom Center	Present
8.		
9.		

Department of Public Health & Social Services
GUAM BOARD OF NURSE EXAMINERS

Regular Scheduled Virtual Board Meeting
 3:00 PM, Thursday, August 13, 2020

Go To Meeting Site: <https://globalgotomeeting.com/join/198001472>
 Access Code: 270-909-413

MEETING MINUTES

<p>Members Present:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Bernadette S. Santos, RN, MPA, Chairperson (Community RN) <input checked="" type="checkbox"/> Christine Tuquero, RN, MSN, Vice Chairperson (GMHA) <input checked="" type="checkbox"/> Brenda Manzana, Secretary-LPN <input checked="" type="checkbox"/> Eliza Dames, Treasurer, Public Member <input type="checkbox"/> Relida Sumaylo, Member (DPHSS) <input checked="" type="checkbox"/> Anna Varghese, DNP, CMSRN, Member (UOG) <input checked="" type="checkbox"/> Kevin Hitosis, DNP, FNP-BC (APRN) 	<p>Members:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Rob Weinberg, Asst. AG, AGO <input type="checkbox"/> Zennia Pecina, Executive Officer, HPLO <input checked="" type="checkbox"/> Rosemary Carman, WPSII, HPLO <input checked="" type="checkbox"/> Eddy Reyes: FLAME TREE Freedom Center <input checked="" type="checkbox"/> Dawn Reyes: FLAME TREE Freedom Center
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TOPIC		DISCUSSION ITEMS / DECISIONS / ACTION(S) MADE	RESPONSIBLE PARTY	REPORTING TIMEFRAME	STATUS
I.	CALL TO ORDER	Called to order.	Chair	3:10	3:10 p.m.
II.	PROOF OF PUBLICATION	A. OAG 8/7/20	HPLO	3:10	Confirmed
		B. DOA 8/6/20	HPLO	3:10	Confirmed
III.	ROLL CALL/ QUORUM	See attendees listed above.	Chair	3:11	Confirmed
IV.	ADOPTION OF AGENDA	Approved; Motion: A. Varghese; 2 nd C. Tuquero.	GBNE	3:13	Approved
V.	MINUTES FOR REVIEW AND APPROVAL	<p>A. July 16, 2020 Virtual Regularly Scheduled Meeting.</p> <p>Approved with the following editorials:</p> <ul style="list-style-type: none"> a. Agenda Item Nursing Education Report, VIII.B.1. Change "wave" to "waive" b. Duplication on Topic Numbering "VIII" c. Agenda Item Old Business, X.C.2 Change "sates" to "states" d. Agenda Item Old Business, X.C. Change "tabled" to "conditional" <p>Motion: A. Varghese; 2nd; B. Manzana</p>	GBNE	3:14 – 3:22	Approved with Changes

TOPIC	DISCUSSION ITEMS / DECISIONS / ACTION(S) MADE	RESPONSIBLE PARTY	REPORTING TIMEFRAME	STATUS
VI. CHAIRPERSON'S REPORT	<ul style="list-style-type: none"> • Noted the Chair's comments on the NCSBN Annual Meeting: <ul style="list-style-type: none"> ◦ Guam and CNMI were represented. ◦ J. Douglas was elected as the new president. ◦ Incorporated a change to the APRN Compact which will require the completion of 2080 hours to be eligible. • Noted Kevin Hitosis comments that he is pleased with the negotiations with the medical associations, which allows practice authority, and he assesses the NCSBN is moving in the right direction, especially since there are different requirements across jurisdictions. • Noted the Chair extended her appreciation to the GBNE for their assistance in staying abreast and resolving internal processes. • Noted that the Treasurer will meet with the DPHSS ASO with the aim to provide report at the next meeting. • In reference to the February 2020 minutes, noted that there is funding available to hire support staff. Re-confirmed the need for additional clerical staff and agreed to work to fill a position as soon as possible. <p>A. Disciplinary Matrix Guidance – C. Tuquero, K. Hitosis and B. Santos</p> <p>B. Rules and Regulations/RFNA – Varghese, B. Manzana and K. Hitosis</p> <p>C. Forms – E. Dames, B. Santos and R. Cairman</p> <ol style="list-style-type: none"> 1. Duty to Report form 2. GBNE Initial/Renewal Application 3. Waiver of Liability form for Volunteer Support – B. Manzana. Understood that this form was approved by Atty. R. Weinberg's, February 29, 2020 email. <ul style="list-style-type: none"> • Noted that HPLO will propose a Work Session meeting date to review the Forms. <p>Noted the Ass. R. Weinberg's recommendation for the GBNE to attached approved revisions to any forms to the minutes of that meeting.</p> <p>A. CNA Testing during COVID</p> <ul style="list-style-type: none"> • Noted that C. Tuquero met with GCC, Dorothy Manglona, who welcomed the written and skills exams to be conducted at GCC. Noted that GCC has two lab rooms, with four beds in each lab, and a classroom for 15 students, taking to account for social distancing. • Noted that HPLO will arrange for a site visit in the future, and collaborate a visit date, which will be dependent on the status of the Pandemic Condition of Readiness. HPLO will coordinate a site visit recognizing that Guam may go into PCOR 1 in the near-term. • Encouraged GBNE participate in the site visit and assess pandemic safety measures. • Noted that applicants have not inquired about the status of testing since the pandemic. <p>B. GMTC Waiver for Clinical Practice Requirement</p> <ul style="list-style-type: none"> • Responded to the GMTC request. Authorized 50% simulation of skills tests; however, must demonstrate 50% of actual skills for surgical medical practice. • Noted that a response to GCC's request for waiver (50-75% other clinical practice; 25% other medical surgery). Noted that a response will be provided, requiring 50% must include actual surgical medical practice. <p>C. GMTC – Received CNA Annual Report 6/30/20</p> <p>D. GCC – Received PN Annual Report 6/26/20</p> <p>E. GCC – PN Modification Due to COVID</p>	Chair	3:22 – 3:28	Noted
VII. TREASURER'S REPORT	<ul style="list-style-type: none"> • Noted that the Treasurer will meet with the DPHSS ASO with the aim to provide report at the next meeting. • In reference to the February 2020 minutes, noted that there is funding available to hire support staff. Re-confirmed the need for additional clerical staff and agreed to work to fill a position as soon as possible. 	Treasurer	3:28	No Report Noted
VIII. COMMITTEE REPORTS	<p>A. Disciplinary Matrix Guidance – C. Tuquero, K. Hitosis and B. Santos</p> <p>B. Rules and Regulations/RFNA – Varghese, B. Manzana and K. Hitosis</p> <p>C. Forms – E. Dames, B. Santos and R. Cairman</p> <ol style="list-style-type: none"> 1. Duty to Report form 2. GBNE Initial/Renewal Application 3. Waiver of Liability form for Volunteer Support – B. Manzana. Understood that this form was approved by Atty. R. Weinberg's, February 29, 2020 email. <ul style="list-style-type: none"> • Noted that HPLO will propose a Work Session meeting date to review the Forms. <p>Noted the Ass. R. Weinberg's recommendation for the GBNE to attached approved revisions to any forms to the minutes of that meeting.</p>	GBNE	3:33	Tabled
IX. NURSING EDUCATION REPORT	<p>A. CNA Testing during COVID</p> <ul style="list-style-type: none"> • Noted that C. Tuquero met with GCC, Dorothy Manglona, who welcomed the written and skills exams to be conducted at GCC. Noted that GCC has two lab rooms, with four beds in each lab, and a classroom for 15 students, taking to account for social distancing. • Noted that HPLO will arrange for a site visit in the future, and collaborate a visit date, which will be dependent on the status of the Pandemic Condition of Readiness. HPLO will coordinate a site visit recognizing that Guam may go into PCOR 1 in the near-term. • Encouraged GBNE participate in the site visit and assess pandemic safety measures. • Noted that applicants have not inquired about the status of testing since the pandemic. <p>B. GMTC Waiver for Clinical Practice Requirement</p> <ul style="list-style-type: none"> • Responded to the GMTC request. Authorized 50% simulation of skills tests; however, must demonstrate 50% of actual skills for surgical medical practice. • Noted that a response to GCC's request for waiver (50-75% other clinical practice; 25% other medical surgery). Noted that a response will be provided, requiring 50% must include actual surgical medical practice. <p>C. GMTC – Received CNA Annual Report 6/30/20</p> <p>D. GCC – Received PN Annual Report 6/26/20</p> <p>E. GCC – PN Modification Due to COVID</p>	GBNE	3:38	Noted
			3:44	Noted
				Tabled
				Tabled
				Noted

TOPIC	DISCUSSION ITEMS / DECISIONS / ACTION(S) MADE	RESPONSIBLE PARTY	REPORTING TIMEFRAME	STATUS
	<ul style="list-style-type: none"> Noted that K. Hitosis will provide information from the American Nurses Association regarding CEUs. Chair requested attachment at next meeting. <p>C. Annual Election of Chair, V. Chair, and Secretary (Per GBNE Rules and Regs Section 2.4)</p> <ul style="list-style-type: none"> Approved the following nominations and elected (B. Manzana not present during vote): <ul style="list-style-type: none"> For Chairperson: Bernadette Santos (unanimous) For Vice-Chairperson: Kevin Hitosis (majority 4 of 5 total votes) For Secretary: Brenda Manzana (unanimous) For Treasurer: Eliza Dames (unanimous) <p>D. Topacio, Jennifer D.C. – CNA Reinstatement *Tabled 7/16/20</p> <ul style="list-style-type: none"> Noted C. Tuquero provided an overview of the case and noted that the applicant has been out of practice for approximately 15 years and had a misdemeanor in 2018. Noted that a temporary license and an extension may have been granted in error since she exceeded the timeframe for reinstatement, failed to provide proper documentation and an explanation regarding the misdemeanor. Noted that the individual is currently unemployed. Agreed to the Course of Action: HPLO verify the above information and Ass. Attorney General will draft a letter for the Chair indicating that the license was issued in error and for the individual to return the license. 	GBNE	4:10 – 4:15	Elected
XII. NEW BUSINESS	<p>A. TEMPORARY WORK PERMIT APPLICATIONS</p> <ol style="list-style-type: none"> Karuppan, Solidad P. – 20R14 (6/20/20-9/20/20) *Extension Caballero, Eldhine M. – 20R74 (7/13/20-10/13/20) Antoine, Maniah S. – 20R75 (7/27/20-10/27/20) Batangan, Rayel V. – 20R76 (7/17/20-10/17/20) King, Jacquelyn R. – 20R77 (7/27/20-10/27/20) Dorien, Danielle M. – 20R46 (7/27/20-10/27/20) *Extension Chambers, Joby V. – 20R47 (7/30/20-10/30/20) *Extension Johnson, Amanda K. – 20R48 (7/30/20-10/30/20) *Extension Thai, Nina N. – 20R78 (8/3/20-11/3/20) Egenias, Lloyd G. – 20R79 (7/22/20-10/22/20) Corpuz, Alison L. – 20R80 (7/22/20-10/22/20) Laur, Jr., Derrick W. – 20R44 (7/23/20-10/23/20) *Extension Rocha, Luz A. – 20R81 (8/3/20-11/3/20) King Hash, Tiffany L. – 20R82 (7/28/20-10/28/20) Gann, Shannon E. – 20R83 (7/28/20-10/28/20) Nitova, Richard F. – 20R84 (7/28/20-10/28/20) Collins, Phyllis E. – 20R85 (7/29/20-10/29/20) Palmer, Paulette – 20R86 (7/30/20-10/30/20) Dehnon, Melanie P. – 20R49 (8/9/20-11/9/20) *Extension Maxwell, Yolanda S. – 20R51 (8/9/20-11/9/20) *Extension Pachecho, John Arby G. – 20R55 (8/23/20-11/23/20) *Extension Nidea, John Emmanuel L. – 20R50 (8/9/20-11/9/20) *Extension Schwab, Christina M. – 20R87 (8/10/20-11/10/20) Ninete, Beryl P. – 20R28 (6/28/20-9/28/20) *Extension Seubert, Mark S. – 20L05 (7/27/20-10/27/20) Brooks, Clarence E. – 20L06 (7/28/20-10/28/20) Dela Cruz, Kate – 20L07 (7/28/20-10/28/20) 	GBNE	4:30	Noted

TOPIC	DISCUSSION ITEMS / DECISIONS / ACTION(S) MADE	RESPONSIBLE PARTY	REPORTING TIMEFRAME	STATUS
	28. Dionisio, Reggie Mae O. – 20L08 (7/28/20-10/28/20)			
	29. Flores, Kimberly O. – 20L09 (7/28/20-10/28/20)			
	30. Gay, Margarita Joann B. – 20L10 (7/28/20-10/28/20)			
	31. Nacienceno, Lian Marie B. – 20L11 (7/28/20-10/28/20)			
	32. Pitarca, Janella Jane S. – 20L12 (7/28/20-10/28/20)			
	33. Putnam, Alleria F. – 20L13 (7/28/20-10/28/20)			
	34. Lu, Clariza M. – 20NA12 (6/29/20-9/29/20) *Extension			
	35. Tamian, Erika R. – 20NA19 (7/21/20-10/21/20) *Extension			
	36. Hanini, Christie L. – 20NA10 (6/26/20-9/26/20) *Extension			
	37. Thai, Ning N. – 20NP05 (8/3/20-11/3/20)			
	38. Miller, Peggy S. – 20NP01 (8/8/20-11/8/20) *Extension			
	39. Jung, Euislin – 20NP06 (8/12/20-11/12/20)			
	B. EXAMINATION APPLICATIONS	GBNE	4:30	
	1. Aguon, Marissa T. – RN			Approved
	2. Aromin, Cicelle L. – RN			Approved
	3. Bada, Veronica G. – RN			Approved
	4. Balagtas, Arianna Rose B. – RN			Approved
	5. Belga, Harlyn D. – RN			Approved
	6. Castro, Camille V. – RN			Approved
	7. Cayetano, Maria Patricia M. – RN			Approved
	8. De Joya, Kisha Charizze O. – RN			Approved
	9. Del Castillo, Sheena Mae D. – RN			Approved
	10. Dimag, Rea C. – RN			Approved
	11. Fejeran, Destini J. – RN			Approved
	12. Floyd, Sarah L. – RN			Approved
	13. Floyd, Sharon L. – RN			Approved
	14. Funtelar, Diane D. – RN			Approved
	15. Guiting, Maria Belinda B. – RN			Approved
	16. Mafnas, Briana N. – RN			Approved
	17. Matunanga, Sharine E. – RN			Approved
	18. Nucum, Jane G. – RN			Approved
	19. Pablo, Aubrey Juliana G. – RN			Approved
	20. Perez, Pauline B. – RN			Approved
	21. Permalino, Aolani Cara A. – RN			Approved
	22. Rubujio, Shannon Rose J. – RN			Approved
	23. San Nicolas, Cirena Marie. – RN			Approved
	24. Sapp, Maria Faye L. – RN			Approved
	25. Sazon, Mark Gayle O. – RN			Approved
	26. Sison, Michael John B. – RN			Approved
	27. Suva, Cassandra Isabel C. – RN			Approved
	28. Yim, Nicole S. – RN			Approved

STATUS	DISCUSSION ITEMS / DECISIONS / ACTIONS / INFO	MEETING AGENDA	STARTING TIME/DATE	STATUS
	C. ENDORSEMENT APPLICATIONS		4:30	Approved
	1. Clarks, Frank C. - RN			Approved
	2. Gann, Shannon E. - RN			Cons. Approved
	3. Grispo, Emily N. - CNA *Pending Part II/Police/Cons. for CHMI			Approved
	4. Haggerty, Donna L. - RN			Cons. Approved
	5. Jung, Eunshin - RN *Pending License Verification			Approved
	6. King, Jacqueline R. - RN *Pending License Verification			Approved
	7. Magenheim, Chelsie J. - RN			Approved
	8. McCoy, Ashley E. - RN			Approved
	9. Mercado, Rosabelle R. - RN			Approved
	10. Oubay, Dawn D. - RN *Pending Photo/Police			Cons. Approved
	11. Palmer, Paulene - RN *Pending Part II/License Verification			Cons. Approved
	12. Padgett, Christine R. - RN *Pending Photo			Cons. Approved
	13. Robert, Deborah A. - RN *Pending Part V/License Verification			Cons. Approved
	14. Rocha, Luz A. - RN *Pending Photo			Cons. Approved
	15. Schwab, Christina M. - RN *Pending License Verification			Cons. Approved
	16. Thai, Nisa N. - RN *Pending Photo/Payment			Cons. Approved
	17. White, Stacy H. - RN *Pending Police			Cons. Approved
	D. APRN APPLICATIONS		4:30	
	1. Jung, Eunshin - CRNA *Pending Part V			Cons. Approved
	2. Thai, Nisa N. - CRNA *Pending Photo/Payment			Cons. Approved
	3. White, Stacy H. - NP *Pending Police			Cons. Approved
	E. PRESCRIPTION AUTHORITY APPLICATIONS		4:31	
	1. White, Stacy H. - NP *Pending Police/Original Prescriptive Authority			Cons. Approved
	F. CNA Renewals *See attached list.		4:31	Noted
	G. INCOMPLETE APPLICANTS *See attached list.			Noted
XIII.	A. Next Virtual Meeting is Thursday, September 10, 2020, 3:00 p.m. B. Noted to report by E. Dames inquiry of applicant completing BSN with GCU to take NCLEX and apply for Guam license. Agreed to add the following to the agenda of the next meeting: Grand Canyon University (Reference: August 5, 2020 email).		4:32	Noted
XIV.	Meeting Adjourned at 4:33 p.m. Motion: A. Varghese; 2nd: E. Dames	Chair	4:33	Adjourned

APPROVED BY THE BOARD on: September 24, 2020

By:  Bernadette S. Santos, MPA, BSN, RN
GBNE Chairperson

Prepared by: FLAME TREE Freedom Center, Inc.

Submitted By:  Brenda Maccana, Secretary, GBNE Member

Reviewed By:  Rosemary Carman, WF: IL, HPLO

Rosemary D. Carman

From: Rosemary D. Carman
Sent: Wednesday, August 5, 2020 8:17 AM
To: Anna Varghese; Bernadette Santos; Brenda Manzana; Christine Tuquero; Eliza Dames; Kevin Hitosis; Relida Sumaylo
Cc: Zennia Pecina
Subject: FW: Registered Nurse Licensure
Importance: High

Buenas!

Please advise...thank you.

**Please see below my name for our new mailing address that has changed.*

Respectfully,

Rosemary Carman

Word Processing Secretary II
Department of Public Health & Social Services
Health Professional Licensing Office/EMS Office

Mailing/Physical Location:

Guam Board of Nurse Examiners

194 Hernan Cortez Ave.

Terlaje Professional Bldg, Ste 213

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From: Courtney Fink <Courtney.Fink@gcu.edu>
Sent: Wednesday, August 5, 2020 2:23 AM
To: Rosemary D. Carman <Rosemary.Carman@dphss.guam.gov>
Subject: Registered Nurse Licensure

Hello,

My name is Courtney Fink and I am an Accreditation Administrator at Grand Canyon University (GCU) in Phoenix, Arizona. Grand Canyon University is regionally accredited by the Higher Learning Commission and authorized in Arizona by the Arizona State Board for Private Postsecondary Education. The nursing programs at GCU are accredited by the Commission

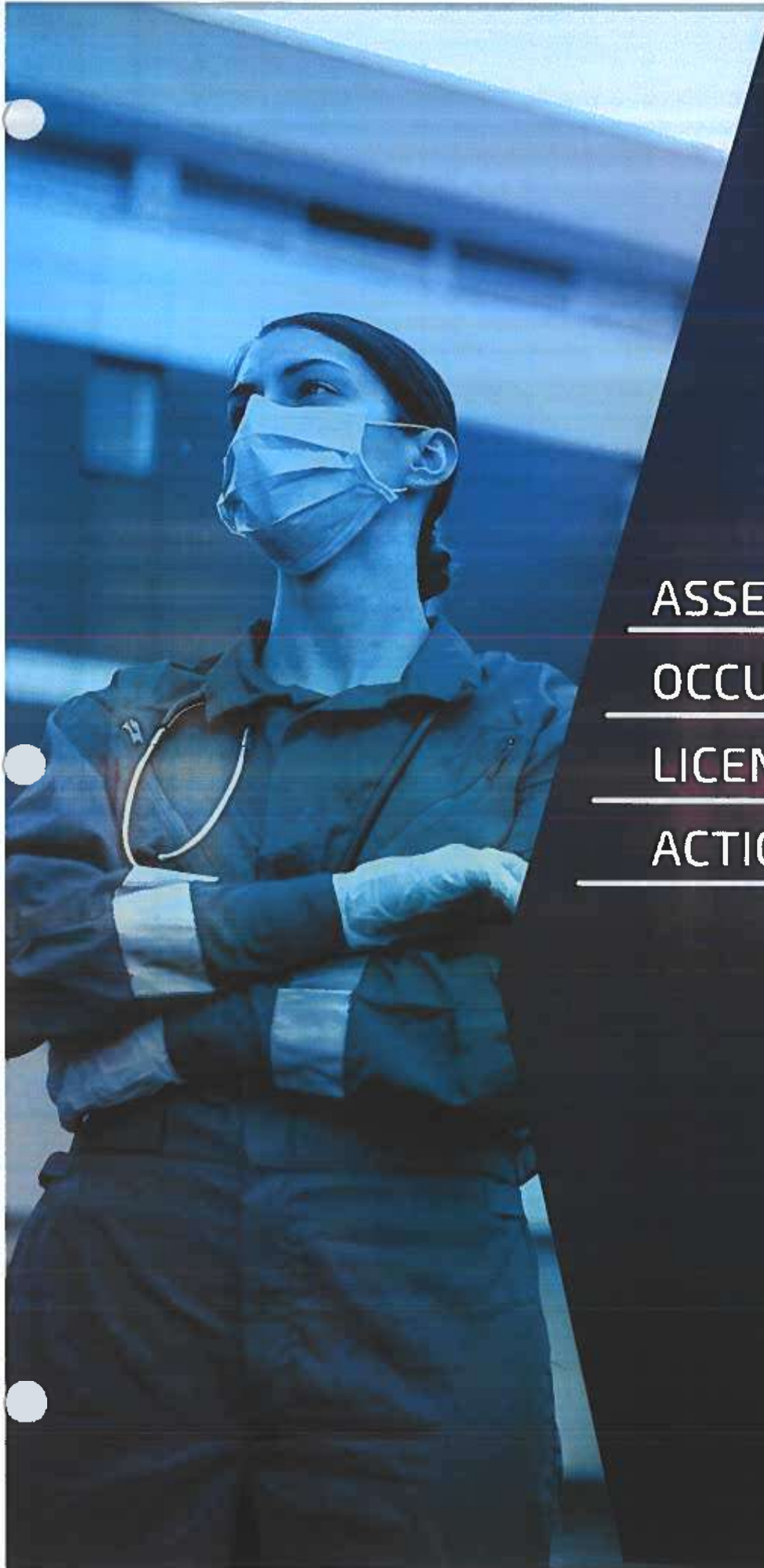


Department of Public Health & Social Services
GUAM BOARD OF NURSE EXAMINERS
Health Professional Licensing Office



CNA RENEWAL APPLICATIONS
(GBNE Regular Virtual Board Meeting 9/24/20)

1. Acfalle, Lee Ann N.
2. Amande, Madonna P.
3. Banayat, Randy Lathen V.
4. Bondoc, Ashlory Britney A.
5. Callos, Francis Ryan T.
6. DeLeon Guerrero, Keisha Lynn S.
7. Mascarinas, Odinah O.
8. Mendoza, Janssen N.
9. Olivar, Luisa Teresita E.
10. Pajarillo, Geraldine B.
11. Taijeron, Jeseфа L.G.
12. Weilbacher, Suhle



ASSESSING COVID-19
OCCUPATIONAL
LICENSING POLICY
ACTIONS



The Council
of State
Governments

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Introduction

As the COVID-19 public health emergency continues to exact a profound toll on American lives and livelihoods, states are utilizing an arsenal of policy options to respond. In this endeavor, occupational licensing policy has emerged as a significant issue for states as they seek to expand the availability of the health care workforce and mitigate existing regulatory encumbrances that have been amplified by economic disruptions.

While occupational licensing policies are structured to protect public health and safety, they also can restrict the supply of workers and inhibit their ability to practice across state lines, an issue particularly magnified by the COVID-19 pandemic. As a result, states have implemented sweeping actions to temporarily amend occupational licensure and related policies, including those regarding scope of practice, telehealth and licensure mobility, to better meet health care and workforce demands.

The variety of temporary state actions and established permanent policy options provide an opportunity for states to consider how they can learn from other states' actions and further their resiliency while concurrently reducing long-standing workforce barriers. To assist states in these considerations, The Council of State Governments (CSG) has tracked COVID-19 policy actions and the subsequent trends, themes and opportunities for states. Further included in this document are policy options available for states as they envision ways to build resiliency through occupational licensure regulations.

How to Use this Resource

- **LEARN** about the emergency occupational licensing policies that have been implemented in other states and other established policy mechanisms.
- **EVALUATE** the opportunities available for states to further their disaster resiliency and to overall improve pathways to licensure.

Policy Themes

The COVID-19 pandemic has resulted in two primary occupational licensing policy problems: workforce shortages and licensure requirements burdens. While both of these policy problems existed before the pandemic, they have been amplified during states to limit issues to the additional challenges.

WORKFORCE SHORTAGES

As the initial wave of COVID-19 cases spread across the nation, hospitals and other health care facilities quickly faced risks of workforce strains and shortages, threatening health care providers' ability to provide an adequate response to both COVID-19 related and unrelated health cases. These risks have continued through to 2021 as states have faced surging numbers of cases and workforce shortages.

The Edouard Malian Institute for Health Workforce Equity at The George Washington University has continued to provide estimates of the workforce supply and shortages during the pandemic for key health care professions, including intensivists, critical care nurses, hospitalists, respiratory therapists, and pharmacists. In its Aug. 7, 2020 report of states at risk for shortages, nearly five months after COVID-19 was declared a pandemic by the World Health Organization, the Malian Institute estimated that every state was either facing strains or shortages for at least one of the selected occupations.

The uncertainty resulting from the initial surge and subsequent fluctuations of cases highlight the importance of policies that enlarge the health care workforce and allow practitioners to practice across a wide geographic area. Among these policies, occupational licensing is one of the immediate levers available for states to meet the increased health care demands.

States are beginning to waive certain health care practitioners' minimum level of competency before they provide services that directly affect the health and safety of the public. Of all licensed workers in the U.S., approximately 25% are health care workers and approximately 64% of all health care workers require a license to practice.

To become licensed, health care workers must commonly meet state requirements that involve significant time and training. Further, each state determines their own licensing requirements, meaning a patchwork of regulations exist across the country. These factors, while helping protect the health and safety of the public, can have a substantial effect on the supply and distribution of health care professionals.

The urgency of the COVID-19 pandemic prompted states to identify ways to quickly increase the supply of the health care workforce without putting the public at an unacceptable risk. The resulting temporary provisions, identified under the Emergency Provisions Enacted by States section below, altered state policies to reduce barriers for health care practitioners, including those who possessed qualifications but may have not met the full requirements needed for licensure.

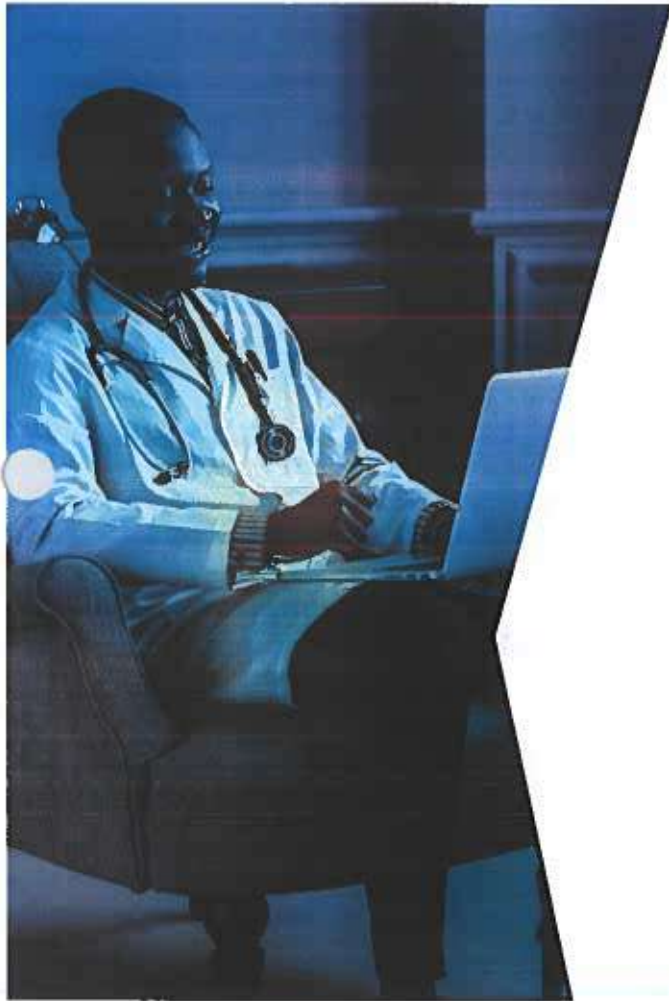
LICENSURE REQUIREMENT

Occupational licensing involves a number of initial and continuing processes for both the licensee holder applicant and the license granting authority, including applications, background checks, licensing examinations, initial and continuing education (CE) and licensing renewal. These processes, as with the case for many business and government professions, were disrupted by the restrictions and stay at home orders. Licensing offices restricted to operating remotely while government institutions affected by the closure of an institution were unable to meet certain requirements. Notably, license applicants and active licensees were affected by the closure of an institution, testing facilities and continuing education providers.

Given these circumstances, states have an interest in ensuring workers can continue working in their licensed profession especially those directly related to the COVID-19 health care response who are not being adversely affected or penalized by licensure requirements.

In response to these added challenges, states have responded by temporarily removing barriers to licensure attainment and maintenance for professions. These changes address the reduced capacities and capabilities of state licensing boards as well as the difficulty for workers meeting licensure requirements, such as obtaining CE credits and paying licensure fees.





Emergency Policies Enacted by States

The emergency policy options available to states to address concerns of workforce shortages and licensure obligations largely involve expanding practice authorizations or lessening their requirements. Due to the urgency of the situation, states were not so much focused with incorporating new policies, but rather relying on innovative thinking in tailoring their existing policies. The following provisions, dated from March 4 to July 19, illustrate how states have utilized and amended these policies in response to the COVID-19 pandemic.

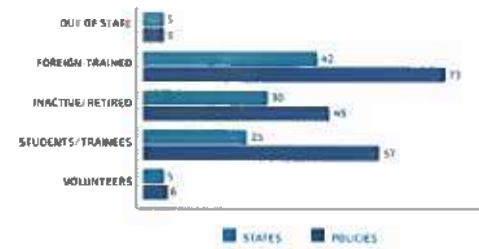
TEMPORARY AND EXPEDITED LICENSURE

Given the increased demand for qualified health care workers, states have expanded temporary and expedited licensure processes for out-of-state, foreign-trained, retired and inactive practitioners, individuals still in-training and volunteers.

Every state has either passed legislation or issued an executive order identifying a targeted set of professions and population groups eligible for temporary licensing considerations during their state's state of emergency. The enumerated professions and population groups varied by state but were commonly centralized around the health care fields, particularly nursing, and licensed out-of-state practitioners. The length of the temporary licenses issued under these orders is most commonly for the length of each state's declared state of emergency.

State Policy Actions | Temporary and Expedited Licensure for:

Out-of-State Practitioners	Foreign-Trained Practitioners	Inactive Practitioners
Period Practitioners	Students/Trainees	Volunteers



enhanced risk from those with lower qualifications performing services typically reserved for higher level professions.

However, in recent years there has been a growing policy trend among states to broaden scopes of practice for some professions in an effort to increase the availability of health care. Proponents for the policy changes cite that there is no evidence that broader scopes of practice result in patient harm. Further, scope of practice limitations are known to have a constraining effect on access to health care. Given these factors and the threat of scope of practice laws furthering shortages already caused by the pandemic, 15 states have temporarily expanded or otherwise modified the scopes of practice for certain professions to broaden the base of health care professionals available to offer services.

Most commonly, state legislation and emergency orders issued in response to the pandemic have expanded the scopes of practice of registered nurses (RN), nurse anesthetists, licensed practical nurses (LPN), advanced practice registered nurses (APRN) and physician assistants (PA) to include many services typically included only in the scope of practice of physicians. Most states that have expanded scopes of practice limit the expansion to the health care facility where a practitioner is currently employed or contracted to work. This restriction supports practitioners performing activities usually outside of their scope by maintaining continuity in supervision, licensure and work environments. States that choose this model usually allow supervising health care professionals within facilities to decide how far and for whom scopes of practice are expanded. These supervisors are familiar with the intricacies of scopes of practice, the responsibilities of the different types of certified practitioners and the competencies of the practitioners filling these roles.

- New Jersey DCA Administrative Order No. 2020-06 expands the scope of practice for pharmacy technicians to include ordering, administering and communicating the results of COVID-19 tests.
- Oregon Administrative Rule 847-015-0012, adopted on March 31 and effective on April 1, 2020, allows emergency Medical Services (EMS) personnel to assist with patient care under the direction of a supervising physician.
- Nevada Gov. Steve Sisolak's Declaration of Emergency Directive 011 states that all medical providers in the state are "authorized to practice outside the scope of their specialization, within the limits of their competency to the extent necessary to augment and bolster Nevada's health care system during the COVID-19 crisis."

TELEHEALTH

State Policy Actions

Expand telehealth services provided by out-of-state or licensed practitioners

Mandate insurance coverage for telehealth

Suspend or phase requirements

Expand allowed technology options

Telehealth has experienced rapid growth and expansion during the COVID-19 pandemic. According to McKinsey and Company, in 2019 11% of consumers used telehealth services. In 2020, that number has skyrocketed to 46%.

Defined as the provision of health-related services via telecommunication technologies, 19 states have adopted 74 emergency measures to increase the availability and use of telehealth by reducing existing restrictions and limitations and expanding the medical fields allowed to participate. These actions importantly increase access to health care services and reduce the chance of viral transmission by negating the need for in-person examinations.

There are several policy hurdles associated with the expansion of telehealth during the pandemic. Some states stagger time the practice of telehealth across state lines, making it log of for traveling

providers to keep up with patients while under stay-at-home orders. Many states also limit the types of telecommunication technologies permissible in telehealth practice, such as prohibiting audio-only technologies, which may adversely impact the accessibility of care for populations with limited broadband or mobile computer access. Furthermore, state telehealth statutes frequently require a pre-existing patient-provider relationship or in-person consultation before care may be administered via telehealth. And crucially, requirements for reimbursement of telehealth care by Medicaid and private insurers vary significantly from state to state, creating confusion and uncertainty for patients, providers and insurers.

- Colorado Gov. Jared Polis's EO D 2020 020 broadened the range of acceptable telehealth technologies, mandated insurer coverage of telehealth and permitted out-of-state mental health professionals to treat patients with in Colorado.
- Under Ohio Gov. Mark DeWine's EO 2020-012, state agencies were given broad power to implement procedures and suspend or adopt temporary rules to respond to the pandemic. The State Medical Board of Ohio issued guidance that used this opportunity to suspend enforcement of telehealth-related laws and regulations for the duration of the emergency, provided that practitioners meet minimum standards of care.
- Kentucky Senate Bill 156 (Act) ch. 73 allows remote practice by licensed out-of-state health professionals for the duration of the COVID emergency, ending numerous other health care licensing provisions.
- Vermont House Bill 742 (Act 91) allows telehealth practice within the state by licensed, out-of-state and recently graduated medical, dental and mental health professionals. The bill also requires insurers to reimburse telehealth services at the same rate as for in-person care and prohibits insurers from restricting patient access to telehealth.
- Texas Gov. Greg Abbott's March 14th directive allowed the Real Medical Board and the Texas Board of Nursing to increase patient access to telehealth.

MODIFICATION, SUSPENSION, & WAIVER OF LICENSING REQUIREMENTS

State Policy Actions

Suspend Licensure Requirements

Suspend Licensure Requirements

Deferral Exam or Renewal Decisions

Suspend CE Requirements

Occupational license holders must meet a range of prerequisites to achieve their initial license as well as subsequent renewals. These requirements often include the completion and verification of an applicant's education, examinations, internships and sometimes references from supervisors. Those processes were threatened for disruption due to the pandemic. In response, states implemented a variety of measures to mitigate these effects while not disrupting the authority of license holders to continue practicing.

At the same time as the demand for health care practitioners is increased precipitously, schools, testing centers and internship programs that provided required examinations, documents and experiences have either been forced to temporarily shut down or have postponed services indefinitely. Additionally, health care licenses regularly require continuing education credits for renewal, but some states have provisions that required these continuing education credits to be earned in-person. In response, 40 states have implemented 108 actions that temporarily modify, suspend or waive licensing requirements.

Some exams for health care practitioners must be taken in person, and so many scheduled tests were

suspended or canceled due to social distancing requirements for the safety of both students and providers.

- Waiver requested by the Pennsylvania Department of State and granted by Gov. Tom Wolf allows nursing students who were not able to sit for the licensing exams to apply for a graduate permit that allows them to assist in the COVID-19 response under the supervision of a registered nurse.
- Washington Department of Health's emergency rule 20-10-014 waves continuing education requirements for retired active nurses, allows clinical experience requirements for nurses with inactive or expired licenses, and allows licensed practical nurse (LPN) students to practice as nursing technicians.
- Internships and other supervision based requirements became difficult or impossible to fulfill as teaching programs were suspended due to the demand for medical practitioners.
- Iowa's Proclamation of Disaster Emergency of March 23rd, 2020 suspended provisions that required clinical, practical or supervised experience to obtain licenses in many professions, including psychologists and pharmacists.

Licensing bodies have faced problems with existing licenses as well. As licenses approached their expiration dates some practitioners were not able to complete required continuing education credits in a timely manner. More importantly, health care practitioners were already strained by long-standing workloads, and an interruption in their ability to legally treat patients could cause critical delays in medical care. To avoid that, many states extended licenses past the expiration dates they were originally constrained by. Other states have suspended the requirement that continuing education credits must be earned by person, allowing licensees to take continuing education credits via live videoconferencing or simulation, while other states have suspended CPE requirements for some occupations.

- In May Gov. Lewis Kelly's EO 20-19 extends all licenses issued to individuals until 90 days after the termination of the state of emergency.
- The Vermont Office of Professional Regulation changed the CPE policy to allow licensees to request a removal of expiration of up to 180 days to earn missing continuing education credits, and now also may now earn continuing education credits from online courses in lieu of in-person continuing education opportunities.
- Maryland Gov. Larry Hogan's March 13 EO extended all licenses, permits, registrations and other authorizations issued by the State of Maryland until 30 days after the termination of the declared state of emergency.
- Connecticut Gov. Neil Lambert's EO 20 authorized the Department of Public Health to suspend all license renewal requirements during the state's state of emergency.



108 MODIFICATION OF LICENSURE



181 TEMPORARY LICENSURE



74 TELEHEALTH



44 SCOPE OF PRACTICE MODIFICATION

407

TOTAL ACTIONS

Lessons Learned

LOCALIZED DISASTERS VERSUS NATIONAL DISASTERS

Common emergencies that affect the U.S. like severe storms, wildfires and flooding may require out-of-state licensed professionals, including emergency management technicians and nurses, to assist an affected state in meeting its increased health and safety demands. States have a number of policy options at their disposal, such as interstate compacts, to assist with the transfer of these professionals and their credentials to another state where they do not maintain a residence or place of work.

These policies, however, work best when the disaster is localized to one state or region where unaffected states more likely have the capacity to send emergency volunteers. In contrast, the COVID-19 pandemic quickly spread to all 50 states meaning states did not readily have the ability to assist each other as they normally would for fear of their own potential or realized need. Therefore, at the onset of the pandemic, states were spurred to take other measures to increase the health care workforce supply.

For example, the Emergency Management Assistance Compact is designed for states to quickly and efficiently request and during a state of emergency. However, during the early days of the pandemic, states quickly found that requests for additional health care workers were unable to be fulfilled due to the scope of the emergency.

A further complicating factor is that the danger to emergency and health care responders during a pandemic lasts much longer than most disasters. While the physical damage of an earthquake, tornado or hurricane and the ensuing recovery may be prolonged, the responding emergency responders are relatively safe from immediate danger shortly after the disaster incident. In comparison, health care workers are at a continued risk of contracting the virus themselves during the pandemic, threatening the workforce supply even further.

The COVID-19 pandemic has shown that in addition to the current single-state/regional disaster model, the federal government and every state need contingency plans in case aid cannot be received from outside sources. For more common disasters, states can still rely on one another and the federal government for efficient disaster response and recovery efforts, but in response to a nationwide or global disaster, plans that emphasize self-sufficiency must be developed.

OPPORTUNITIES FOR POLICY CHANGE

COVID-19 has prompted states to re-focus their efforts on building resiliencies for the continued effects of the current pandemic, as well as look at ways to prepare for future disasters. Among these considerations, states should focus on how to best structure their licensing policies to afford flexibility and limited interruption to services provided by credentialled workers. Such policy changes may assist states in furthering their larger occupational licensing reform efforts to benefit licensed workers during normal operations.



Strategies to Improve State Resiliency

The COVID-19 public health emergency provides states an opportunity to strengthen their resiliency against the next public health emergency through the current pandemic as well as future events. Building resiliency through occasional learning opportunities can add largely positive benefits of addressing the public health emergency with an improved response capability. The following policy options and considerations are presented for states as they continue to work with their citizens at the beginning and throughout the pandemic and beyond.

Resiliency Policies

The pandemic has provided states an opportunity to address the COVID-19 pandemic provides states an opportunity to address the public health emergency and make future public health emergencies more manageable. The pandemic has provided states an opportunity to address the public health emergency and make future public health emergencies more manageable. The pandemic has provided states an opportunity to address the public health emergency and make future public health emergencies more manageable.

States are being encouraged to address the public health emergency and make future public health emergencies more manageable. The pandemic has provided states an opportunity to address the public health emergency and make future public health emergencies more manageable. The pandemic has provided states an opportunity to address the public health emergency and make future public health emergencies more manageable.

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- Online fee payment
- Incorporating occupational surveys into licensing process

Improving Licensing Portability

States may particularly improve their resiliency to meet health care demands by implementing policies that support interstate licensure portability. A key issue experienced by states, and exacerbated by occupational licensure laws, was the lack of qualified health care professionals. Any efforts to improve licensure recognition should therefore be a foremost consideration. While allowing inactive, retired or re-training practitioners can certainly improve the supply of the workforce, having an active and currently licensed practitioner from another state removes less of the unknown that inevitably comes with allowing relicensed workers to practice. Out-of-state licensed practitioners can also be instrumental in assisting with routine health issues, either in-person or through telehealth, to allow in-state practitioners the ability to focus on the crisis at hand.

Interstate Compacts

Interstate compacts are legally binding agreements among states created to achieve a common purpose or policy goal. In recent years, interstate compacts have been formed to assist with licensure portability for certain occupations. For these professions, interstate compacts facilitate the mutual recognition of licenses and allow practitioners with a compact privilege to freely practice in compact member states.

During times of increased need, licensed professionals who have received a compact privilege are able to quickly deploy to other compact states, either in-person or via telehealth, without the added administrative process by the state that may otherwise prove difficult to implement. Further, since interstate compacts are well-established policies with standard processes and procedures, it significantly decreases the learning curve that practitioners and regulators may otherwise experience when having to navigate new and temporary regulations with varying expiration dates. Interstate compact privileges are also able to benefit states both during declared emergencies and normal operations, increasing their ability to work.

As of August 2020, there were seven active occupation-specific licensure compacts, with other occupation stakeholder groups currently in the process of formalizing additional compacts. Of the seven current licensure compacts, 43 states participating in at least one. Further, the Emergency Management Assistance Compact, which has been adopted in all 50 states, contains provisions to recognize out-of-state licenses during gubernatorial declared emergencies as well as to ease the efficient distribution of emergency resources.

For states to participate in a compact they must do so through legislation. This means that while states may not have been able to quickly join compacts during the onset of the pandemic, those were emergency compact members were able to enjoy the added resiliency. While official data is not available at the time of publishing, many of the compacts listed below reported increased use of compact privileges during the COVID-19 Pandemic.

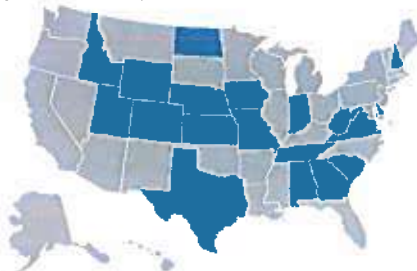
It is also important to note that interstate compacts increase their value through increased state participation, and therefore unless a compact has representation from all states, additional licensure recognition policies may be necessary to maintain full industry of the national goal of licensure workers.

The following are profiles and state adoption numbers for the licensing compacts that were particularly instrumental for states during the pandemic:

The Emergency Management Assistance Compact (EMAC) is the cornerstone of the nation's mutual aid system. EMAC assists during governor-declared states of emergency by allowing states to send personnel, equipment and commodities to assist with response and recovery efforts in other states. States can also transfer services (such as shipping blood from a disaster-impacted lab to a lab in another state) and conduct virtual meetings (such as EMS training). EMAC establishes a firm legal foundation for sharing resources between states; once the conditions for providing assistance to a requesting state have been set, the terms constitute a legally binding agreement. The compact solves

the problems of liability and responsibilities of cost and allows for credential, licensure and certifications to be honored across state lines. Since established in 1996, all 50 states, Washington, D.C., Puerto Rico, Guam, the U.S. Virgin Islands and the Northern Mariana Islands have become EMAC members.

The EMS Compact facilitates the cross-state deployment of emergency management personnel by employing a mutual recognition model, meaning licensure with residence in a compact state is granted a privilege to practice in any other compact state. The compact was established in 2000 and, as of August, includes 18 participating states.



The Enhanced Nurse Licensure Compact (ENLC) adopted in 2019, strengthens the original Nurse Licensure Compact and pursues the same objectives: to encourage interstate cooperation in regulation of the profession, to provide opportunities for interstate practice and to reduce redundant licensing requirements. The compact utilizes a mutual recognition approach, whereby individuals may apply within their home compact state for a multistate license that functions much like a driver's license. As of August 2020, 14 states are signatories of this compact.





The technology for real-time contact tracing (CT) was developed by the Centers for Disease Control and Prevention (CDC) in partnership with the University of Washington. The technology is based on Bluetooth Low Energy (BLE) signals between mobile devices. The technology is designed to be used in a variety of settings, including workplaces, schools, and public spaces. The technology is also being used to track the spread of other infectious diseases, such as influenza and measles.



The Institute of Medicine (IOM) report on public health in the 21st century, published in 2002, identified a number of key areas for public health improvement. These areas include: (1) strengthening the public health workforce; (2) improving the public health system; (3) enhancing the public health infrastructure; and (4) promoting public health equity. The report also identified a number of key challenges to public health, including: (1) the need for a more coordinated public health system; (2) the need for a more diverse public health workforce; (3) the need for a more robust public health infrastructure; and (4) the need for a more equitable public health system.

Considering the importance of emergency preparedness and response, the Department of Health and Human Services (HHS) has established the National Emergency Preparedness and Response Center (NEPRC). The NEPRC is a multi-agency center that provides a central point of contact for emergency preparedness and response activities. The NEPRC is also responsible for coordinating the response to public health emergencies, such as natural disasters, bioterrorism, and chemical, biological, radiological, and nuclear (CBRN) incidents. The NEPRC is composed of representatives from a number of federal agencies, including the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the Environmental Protection Agency (EPA).



The Institute of Medicine (IOM) report on public health in the 21st century, published in 2002, identified a number of key areas for public health improvement. These areas include: (1) strengthening the public health workforce; (2) improving the public health system; (3) enhancing the public health infrastructure; and (4) promoting public health equity. The report also identified a number of key challenges to public health, including: (1) the need for a more coordinated public health system; (2) the need for a more diverse public health workforce; (3) the need for a more robust public health infrastructure; and (4) the need for a more equitable public health system.

To accomplish this assessment, states may compare and contrast the temporary policy changes made across states. In doing so states may consider how to better structure and scale temporary emergency policies for subsequent disasters.

A state's evaluation may include looking at both the differences in policies made and not made. For example, a state may consider the structure of temporary licensing policies in comparison to their own as well as both examples from states that may have expanded their policies to additional populations groups.

To assist states in this endeavor CSG has collected each state's occupational licensing related COVID-19 action (made through executive order and legislation) and categorized by the policy type (temporary licensing, scope of practice, telehealth, interstate compacts, reducing licensing attainment and maintenance burdens). This resource can be found on CSG's occupational licensing website <https://licensing.csgrp.org/covid-policy-response/>.

Conclusion

The COVID-19 pandemic has prompted states to focus on ways to build their resiliency. Structuring occupational licensing policies to serve this purpose is one the most effective actions a state can take to ensure a robust health care workforce while also limiting the economic effects that licensing may impose. In particular, policy changes made to improve a state's licensing portability and use of telehealth by licensed professionals have benefits that extend well beyond times of disaster and therefore should in particular be a priority for states.



The Council
of State
Governments

CONTINUING EDUCATION HOURS

1. Formally approved continuing education hours meet one or more of the criteria listed below:
 - a. Continuing nursing education (CNE) approved for nursing contact hours by an accredited provider or approver of CNE
 - b. Continuing medical education (CME) approved for continuing nursing education (CNE)
 - c. Sponsored by organizations, agencies, or educational institutions accredited or approved by the ANCC Commission on Accreditation, the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), or the Commission on Dietetic Registration
 - d. Provided by one of these accepted agencies:

American Nurses Association
American Academy of Family Physicians (AAFP)
American Academy of Physician Assistants (AAPA)
American Association of Nurse Practitioners (AANP)
American College of Nurse-Midwives (ACNM)
American Psychiatric Association (APA)
American Psychological Association (APA)
American Psychiatric Nurses Association (APNA)
Emergency Nurses Association (ENA)
National Association of Nurse Practitioners in Women's Health (NPWH)
National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)

Note: This list is not all-inclusive and is for informational purposes only. Please check with your continuing education provider for status. This list does not serve as endorsement by ANCC of any of these organizations.

2. Independent study and/or e-learning approved for CH by one of the accepted continuing education providers may be used for 100% of the required CH (e.g., independent study programs, online courses, articles from professional journals).
3. Other non-nursing healthcare disciplines' CH applicable to your certification specialty (e.g., dietitian, medicine, social work, counselor, emergency management, EMT, pharmacy, respiratory therapy, or physical therapist) are acceptable.
4. The hours achieved from academic coursework that are applicable to your certification specialty can be converted to contact hours. See Category 2 for accepted academic coursework.
5. As needed, you can use these formulas to convert continuing education credit/academic hours:
1 contact hour = 1 CME or 0.1 CEU or 60 minutes
1 academic semester credit = 15 contact hours
1 CEU = 10 contact hours
1 academic quarter credit = 12.5 contact hours

3:00 PM - A.B. Won Pat International Airport Authority Board of Directors

The Board of Directors of the A.B. Won Pat International Airport Authority, Guam (GLAA) will convene its Regular Board meeting on Thursday, September 24, 2020 at 3:00 p.m. in Terminal Conference Room No. 3. In addition to regular matters, pursuant to 5 G.C.A. §8111(c)(2), Executive Session will be held to discuss litigation, pending litigation, and personnel matters; DFS L.P. related litigation to which GLAA is or may be a party. In light of COVID19 public health emergency, GLAA will adhere to social distancing orders. For those who wish to participate telephonically, please call 642-4717 or email arios@guamairport.net for further information. Parking is available in the Public Parking Lot.

For special accommodations or agenda items, please call the Board Office at 642-4717/18.

5:00 PM - Guam Board of Nurse Examiners

GBNE will be conducting a Regular Meeting via Go To Meeting Video Conferencing on Thursday, September 24, 2020 at 5:00 p.m.

Individuals who would like to join the virtual meeting may enter the link below in your browser or download the app on your mobile device and <https://global.gotomeeting.com/join/474195837>
(<https://global.gotomeeting.com/join/474195837>)

For further inquiries, please contact the board at (671) 735-7409.

6:00 PM - Guam Education Board

The Guam Education Board will have a regular meeting on September 24, 2020, at 6 pm via Zoom Video Conferencing.

The public is welcome to view the meeting via live stream at <https://www.facebook.com/DOEGuam> (<https://www.facebook.com/DOEGuam>). If you plan to provide public testimony please download the Zoom application on any of your devices and attend the meeting using this link: <https://gdoe.zoom.us/j/99867156102> (<https://gdoe.zoom.us/j/99867156102>). For the agenda, click here. (<https://drive.google.com/file/d/1NsprKByU4CqcUX8EM7wnexO81gMogxSg/view?usp=sharing>)

Rosemary D. Carman

From: Anita Arile
Sent: Tuesday, September 22, 2020 3:45 PM
To: Rosemary D. Carman
Subject: RE: DOA WEBSITE ANNOUNCEMENT - GBNE BOARD MTG 9-24-20

Chamorro Standard Time: Tuesday, September 22, 2020 - 03:45 PM

The screenshot shows the website for the Department of Administration. At the top, there are navigation links: Home, About Us, Resources, and Divisk. Below these are several announcements for various boards, including the Board of Gardening & Cos., Board of Social Wk, Board of Examiners for Dentistry, Board of Examiners for Pharmacy, Board of Medical Examiners, Board of Allied Health Examiners, and Board of Nurse Examiner. A red arrow points to the 'Board of Nurse Examiner' announcement, which is highlighted in yellow and includes the text '*UPDATED 09-22-2020*'. The Department of Administration logo is visible on the right side of the page.

From: Rosemary D. Carman
Sent: Tuesday, September 22, 2020 3:31 PM
To: Anita Arile <Anita.Arile@doa.guam.gov>
Cc: rweinberg@oagguam.org; Zennia Pecina <Zennia.Pecina@dphss.guam.gov>; Anna Varghese <annashiny@gmail.com>; Bernadette Santos <gbnechairperson@gmail.com>; Brenda Manzana <gbnesecretary2020@gmail.com>; Christine Tuquero <gbnevicechair@gmail.com>; Eliza Dames <gbnecommunitymember@gmail.com>; Kevin Hitois <kevingbne@gmail.com>; Relida Sumaylo <Relida.Sumaylo@dphss.guam.gov>
Subject: DOA WEBSITE ANNOUNCEMENT - GBNE BOARD MTG 9-24-20
Importance: High

Hafa Adai Anita!