NEBRASKA BOARD OF NURSING
MINUTES OF THE MEETING
October 8, 2026

CALL TO ORDER

The meeting of the Nebraska Board of Nursing was called to order by Brenda Smidt, Board President, at 8:31 a.m., October 8, 2026, at the Nebraska Department of Water, Energy, and Environment's Hearing Office, 245 Fallbrook Blvd., Lincoln NE 68521. Copies of the agenda were emailed to the Board members, emailed to interested parties, posted in the east entryway of the Nebraska State Office Building, and posted on the Department of Health & Human Services website on September 25, 2026. Smidt announced that a copy of the Open Meetings Act was available in the room.

ROLL CALL

The following board members were present and answered roll call:

- Holly Chandler, APRN-CRNA
- Gina Crudden, APRN-CNS
- Theresa Delahoyde, RN
- Kathy Harrison, RN, *Board Secretary*
- Angela Kula, LPN
- Elizabeth Mollard, APRN-CNM
- Patricia Motl, RN
- Eric Rogat, RN, *Board Vice-President*
- Kristin Ruiz, RN
- Jules Russ, *Public Member*
- Brenda Smidt, RN, *Board President*

The following board member arrived after roll call: Indra Sukhram, APRN-NP (arrived at 8:41 a.m.).

The following board member was absent: Kandis Lefler, LPN.

Two board positions were vacant.

The following staff members from the Department and the Attorney General's Office were present during all or part of the meeting:

- Ann Oertwich, RN, *Executive Director*
- April Minster, RN, *Nursing Education Consultant*
- Danielle Dohrmann, RN, *Nursing Practice Consultant*
- Sherri Joyner*, Health Licensing Coordinator*
- Abigail Nissen, *Assistant Attorney General*
- Marley Sandberg *Attorney, DHHS Legal*
- Andrew Rodriguez*, DHHS Legal*
- Tricia Allen*, Investigations Program Manager*
- Brittany Bigham*, RN Investigator*
- Veronica Briggs*, RN, Investigator*
- Jessica Bowman, RN, *Investigator*
- Andrea Cramer, RN*, Investigator*
- Mendy Mahar-Clark, *Investigator*

ADOPTION OF THE AGENDA

MOTION: Motl made the motion, seconded by Mollard, to adopt the agenda for the October 8, 2026, Board of Nursing meeting.

Voting Yes: Chandler, Crudden, Delahoyde, Harrison, Kula, Mollard, Motl, Rogat, Ruiz, Russ, and Smidt. Voting No: None. Abstain: None. Absent: Lefler and Sukhram. Motion carried.

These minutes were approved by the Board of Nursing on November 12, 2026.

APPROVAL OF THE MINUTES

MOTION: Chandler made the motion, seconded by Crudden, to approve the consent agenda.

Voting Yes: Chandler, Crudden, Delahoyde, Harrison, Kula, Mollard, Motl, Rogat, Ruiz, Russ, and Smidt. Voting No: None. Abstain: None. Absent: Lefler and Sukhram. Motion carried.

CLOSED SESSION

MOTION: Kula made the motion, seconded by Delahoyde, for the Board to go into closed session for the purpose of reviewing and discussing investigative reports, licensure applications, and other confidential information, and for the prevention of needless injury to the reputation of the individuals.

Voting Yes: Chandler, Crudden, Delahoyde, Harrison, Kula, Mollard, Motl, Rogat, Ruiz, Russ, and Smidt. Voting No: None. Abstain: None. Absent: Lefler and Sukhram. Motion carried.

Smidt announced that the Board was in closed session for the purpose of reviewing and discussing investigative reports, licensure applications, and other confidential information, and for the prevention of needless injury to the reputation of the individuals.

8:35 a.m. *Meeting went into closed session.*
8:41 a.m. *Sukhram arrived to the meeting.*
9:25 a.m. *Delahoyde and Harrison left the meeting.*
9:31 a.m. *Delahoyde returned to the meeting.*
9:33 a.m. *Harrison returned to the meeting.*
9:35 a.m. *Kula left the meeting.*
9:46 a.m. *Kula returned to the meeting. Harrison left the meeting.*
9:53 a.m. *Harrison returned to the meeting.*
10:09 a.m. *Meeting went into recess.*
10:19 a.m. *Meeting reconvened.*
10:21 a.m. *Harrison left the meeting.*
10:48 a.m. *Harrison returned to the meeting.*
11:30 a.m. *Harrison left the meeting.*
11:37 a.m. *Harrison returned to the meeting. Meeting returned to open session. Mollard left the meeting.*

LICENSURE RECOMMENDATIONS

CHRISTINE A. MORRIS – RN STANDARD REINSTATEMENT

MOTION: Ruiz made the motion, seconded by Motl, to recommend denying Christine Morris' RN reinstatement application based on failure to cooperate with an investigation and practicing on an expired license for five years.

Voting Yes: Chandler, Crudden, Delahoyde, Harrison, Kula, Motl, Rogat, Ruiz, Russ, Smidt, and Sukhram. Voting No: None. Abstain: None. Absent: Lefler and Mollard. Motion carried.

PATRICIA B. PRIBNOW – RN STANDARD REINSTATEMENT

MOTION: Motl made the motion, seconded by Chandler, to recommend reinstating an unrestricted RN license to Patricia Pribnow.

Voting Yes: Chandler, Crudden, Delahoyde, Harrison, Kula, Motl, Rogat, Ruiz, Russ, Smidt, and Sukhram. Voting No: None. Abstain: None. Absent: Lefler and Mollard. Motion carried.

CHRISTIN L. CARSON – RN APPLICANT

MOTION: Ruiz made the motion, seconded by Delahoyde, to recommend issuing an RN license to Christin Carson on probation for one year with the following terms and conditions: abstain from alcohol; abstain from controlled substances and other prescription drugs unless prescribed by the treating practitioner; verification from treating practitioner of all prescription medications; report all prescription medications taken; submit to random body fluid screens; advise Department of any professional counseling and submit reports; comply with treatment recommendations including recommendations for attendance at support group meetings and sponsor; active practice for 1,040 hours; provide notice of disciplinary proceedings to employer and other states where licensed; provide quarterly employer reports; shall not provide nursing services for staffing agencies or in home health care; comply with all reports, notices or other documentation from the Department; promptly respond to Department regarding compliance during probation; obey all state and federal laws, rules and regulations regarding practice of nursing and must report any violations of the above to Department within seven days; pay any costs associated with ensuring compliance, and appear at any meetings of the Board of Nursing when requested. The recommendation for probation is based on substance use disorder diagnosis and misdemeanor convictions.

Voting Yes: Chandler, Crudden, Delahoyde, Harrison, Kula, Motl, Rogat, Ruiz, Russ, Smidt, and Sukhram. Voting No: None. Abstain: None. Absent: Lefler and Mollard. Motion carried.

STEPHANIE K. UMALI – LPN REINSTATEMENT FROM DISCIPLINE

MOTION: Ruiz made the motion, seconded by Harrison, to recommend reinstating Stephanie Umali's LPN license under the probation terms and conditions specified in the Order dated October 30, 2024. The recommendation for probation is based on prior discipline and incomplete probation term.

Voting Yes Chandler, Crudden, Delahoyde, Harrison, Kula, Motl, Rogat, Ruiz, Russ, Smidt, and Sukhram. Voting No: None. Abstain: None. Absent: Lefler and Mollard. Motion carried:

EDUCATION COMMITTEE

MOTION: The Education Committee moved, seconded by Delahoyde, that the Board approve Nebraska Methodist College's LPN to BSN and accelerated BSN final curriculum plans of study.

Voting Yes: Chandler, Delahoyde, Harrison, Kula, Motl, Rogat, Ruiz, Russ, Smidt, and Sukhram. Voting No: None. Abstain: Crudden. Absent: Lefler and Mollard. Motion carried.

MOTION: The Education Committee moved, seconded by Delahoyde, that the Board deny Eagle Gate College's new program application based on the program's inability to meet standards of nursing education in Nebraska.

Voting Yes: Chandler, Crudden, Delahoyde, Kula, Motl, Rogat, Ruiz, Russ, Smidt, and Sukhram. Voting No: None. Abstain: Harrison. Absent: Lefler and Mollard. Motion carried:

UTILIZATION OF FLUOROSCOPY BY NURSE PRACTITIONERS

Michael Gries and Ben Ashman from the DHHS Office of Radiological Health spoke with the Board regarding proposed education and training requirements for Nurse Practitioners (NPs) who wish to use fluoroscopy. They noted that LB 912, which was passed by the Legislature in 2026, requires the Department to work jointly with the Board to develop the requirements. Based on their research of other states where NPs can use fluoroscopy, Gries and Ashman are proposing the following requirements in Nebraska:

- 40 hours of didactic education in fluoroscopy,
- 40 hours of clinical training in fluoroscopy,

- 10 hours of continuing education annually, and
- Passing the ARRT fluoroscopy exam.

NPs who wish to utilize fluoroscopy would only have to pass the ARR fluoroscopy exam once. Gries said the exam is used in all states and consists of ninety questions on safety, patient care, and image production. It is reasonable to expect that NPs could pass the exam after 40 hours of didactic and 40 hours of clinical training.

It was noted that the proposed training and education requirements for NPs are more extensive than the requirements for CRNAs who use fluoroscopy. Gries and Ashman cited several reasons for the difference. Unlike NPs, CRNA generally receive training in fluoroscopy as part of the CRNA curriculum. CRNAs generally only use fluoroscopy in limited contexts, but LB 912 places few restrictions on which fluoroscopic procedures NPs can perform. CRNAs must also work with a radiological technician when performing fluoroscopy, but LB 912 makes this optional for NPs.

Ashman reported that fluoroscopy machines need to be inspected yearly to make sure radiation exposures are within safe limits, and a full equipment evaluation is required every three years. The facility would be expected to keep documentation that any NP using the equipment has met the education and training requirements. Ashman would check this documentation, including proof of completing the required continuing education, during his inspections. Ashman noted that the proposed requirements are meant not only to protect the safety of the public but also to protect the safety of the nurse practitioners performing fluoroscopic procedures.

Crudden, noting the shortage of preceptors for Nurse Practitioners, asked what the requirements would be for those precepting the fluoroscopy clinicals. Ashman said that anyone who is authorized to do fluoroscopy could provide the clinical training.

Oertwich said that a decision will need to be made on whether the Licensure Unit will track which Nurse Practitioners are authorized to perform fluoroscopy and whether that information will be available on the DHHS License Lookup website.

After DHHS Legal finishes reviewing the draft regulations prepared by the Office of Radiological Health, they will be forwarded to the Board of Nursing for review.

12:09 p.m. *Meeting went into recess.*
12:18 p.m. *Meeting reconvened.*

NCSBN UPDATES

Motl reported that members should now be able to access NCSBN's new collaboration tool, The Loop, via their Passport accounts. Oertwich said that she will forward to members a letter from Lori Scheidt, the newly-elected President of NCSBN's Board of Directors (BOD) regarding recent appointments to the BOD.

APRN ITEMS

Certified Nurse Midwives Credentialing Review – The Technical Review Committee that is reviewing the Nebraska Certified Nurse-Midwives Association's request for full practice authority had to cancel its October 6th meeting because the meeting agenda had not been posted. Mollard reported that the Committee will hold two more meetings – an online meeting on October 29th and an in-person meeting on November 10th.

APRN-Certified Registered Nurse Anesthetist – Chandler gave a presentation on the APRN-Certified Registered Nurse Anesthetist (CRNA) role. CRNAs provide anesthesia and anesthesia-related care before, during, and after surgeries to patients across the lifespan. They work in hospitals, pain clinics, and other settings. They provide 100% of the anesthesia care in critical access hospitals.

The profession can trace its origins to the Civil War, when nurses administered chloroform to wounded soldiers. Alice Magaw, who began practicing with the Mayos in 1893, focused on assessment and observation to ensure safe administration of anesthetics. She delivered over 14,000 anesthetics with no anesthesia-attributed deaths. Another key person in the development of the CRNA profession was Agatha Hodgins, who established the first school for nurse anesthetists in 1915 and founded the National Association of Nurse Anesthetists in 1931. National certification of the profession began in 1945. Accreditation of schools began in 1952. Since 2022, all accredited CRNA programs are doctoral programs.

A CRNA's scope of practice is set by state law, but what a CRNA can and cannot do is largely determined by a "funnel" of federal requirements, state law, and facility policies. Federal requirements and state law, for example, may allow CRNAs in Nebraska to insert central lines, but the facility where a CRNA works can prohibit the practice. CRNAs can also practice under different models. Some CRNAs practice independently, particularly in rural and critical access settings where they may be the only anesthesia professional. Some CRNAs practice under a collaborative model where they collaborate with surgeons, dentists, physicians, or other health professionals. Other CRNAs practice as part of an anesthesia care team where they are directed and supervised by a physician anesthesiologist.

To be accepted into a CRNA program, the applicant must have 1) a baccalaureate or graduate degree, 2) an active, unencumbered RN license, and 3) a minimum of one year of critical care RN experience. Chandler noted that CRNA students generally have at least 2-3 years of critical care experience. The critical care requirement is essential because schools need to know that students have the decision-making skills and competencies needed during intense, critical incidents.

Nebraska has three CRNA programs – Bryan College of Health Sciences' DNAP program, Clarkson College's DNP-NA program, and Creighton University's DNP-NA program. Chandler explained that a DNP-NA degree is conferred through a school of nursing, while a DNAP degree is conferred thought a college of health, allied health, or medicine.

Following graduation from an accredited program, CRNAs must obtain and maintain certification, licensure, and privileges. To sit for the NBCRNA National Certification Examination, candidates must have completed a doctoral program with at least 2,000 supervised clinical hours, of which a minimum of 700 hours must be specific to anesthesia. The examination fee is approximately $1,500. Once certified by NBCRNA, persons are prompted to complete an assessment approximately every three months. If their assessment scores are too low, they are required to complete additional coursework to avoid losing certification.

Chandler discussed a proposal to create a license for Certified Anesthesiologist Assistants (CAAs) in Nebraska. The proposal was the subject of a Credentialing Review (also known as a 407 Review) that occurred in 2022-2023. Proposals that undergo the 407 Review process are first reviewed by a Technical Review Committee, and then by the Board of Health's Credentialling Review Committee, followed by the full Board of Health, and finally by the DHHS Director of Public Health. All four of these entities all recommended against approving the CAA credential. It was determined that licensing CAAs was unlikely to increase access to anesthesia services in rural areas, where CRNAs play a central role is providing anesthesia services, because CAAs can only practice under physician supervision. Moreover, there were concerns that CAAs could restrict the CRNA pipeline by reducing the number of clinical spots available to CRNA students. There were also questions about CAAs ability to provide safe care to pediatric cases and when critical events arise in the operating room.

Chandler also discussed what "opt out" means for CRNAs. The Center for Medicare & Medicaid Services (CMS) has a requirement that CRNAs be supervised by a physician, but it also allows states to opt out of the physician supervisor requirement if doing so is consistent with state laws. Nebraska became an "opt out" state in 2002, allowing CRNAs to practice without physician supervision in facilities that participate in Medicare and allowing CRNAs in Nebraska to independently bill Medicare for services. Chandler

emphasized that CRNAs in "opt out" states must still comply with all state laws. "Opt out" does not change a CRNA's scope of practice, and it does not bypass facility bylaws or credentialing requirements.

RN & APRN RENEWALS

Oertwich reported that postcards for RN and APRN renewals were finally mailed out starting on September 30th. The delay was caused by a shortage of card stock. Joyner reported that 15,018 RN licenses had been renewed by October 7th, out of a total of 34,417 active RN licenses. A comparable percentage of APRN-Certified Nurse Midwife and APRN-Clinical Nurse Specialist licenses have also been renewed. The percentage for APRN-Nurse Practitioners and APRN-CRNA is well over 50%. Joyner noted that there are actually more RNs whose licenses have been renewed at this point in the renewal cycle compared to two years ago. She expressed relief at the numbers considering that post cards were mailed out significantly later than usual, that it is taking staff longer to process renewals due to the interim database that is being used, and the high percentage of RNs who've answered "no" to the e-Notify question during the online renewal process, which requires follow-up from staff. A higher percentage of nurses also seem to be selecting inactive status in error, which might be attributed to more people renewing on their phones.

COMMUNICATION

Nursing News –Oertwich reported that copy for the next edition of *Nursing News* is due on October 14th. The edition will include a bio of Crudden and info on Clinical Nurse Specialists.

Officer Nominations – Joyner reported that per the Board's policy, nominations for the Board's 2027 officers (President, Vice-President, and Secretary) are due in November. Members can either email their nominations or self-nominations to Joyner by 5:00 p.m. the day prior to the November meeting date or make their nominations or self-nominations from the floor during the meeting. Elections will be held at the December meeting. The Board's policy also restricts members to a maximum of three consecutive terms in a particular officer position. Joyner noted that Smidt, Rogat, and Harrison are all serving their first year as Board President, Board Vice-President, and Board Secretary, respectively.

PUBLIC COMMENT

No comments were received.

CONCLUSION

The meeting adjourned at 1:04 p.m.

Respectfully submitted,



Sherri Joyner
Health Licensing Coordinator