

BOARD OF REGISTERED NURSING
Nursing Practice Committee
Agenda Item Summary

AGENDA ITEM: 10.1

DATE: April 14, 2016

ACTION REQUESTED: Review and Comment on Proposed Language for Article 8
Standards of Nurse Practitioner Practice: Office of Administrative
Law's Pre-notice Public Discussion

REQUESTED BY: Trande Phillips RN, Chair

BACKGROUND:

The Practice Committee received seven (7) letters in support of the regulation change and need for national certification in a nurse practitioner category/population.

1. February 10, 2016 letter from Janet Hendrickson, FNP
2. February 11, 2016 letter from Vickie Houle, FNP
3. January 14, 2016 California Association of College of Nursing, (CACN) President
Audrey Berman, PhD, RN, Dean of Nursing, Samuel Merritt University
4. February 13, 2016 letter from Monisita Faley, FNP-BC
5. February 13, 2016 letter from Melanie Phipps, FNP, CNM
6. Undated letter received in February 2016 from Theresa Brown, ACNP
7. February 20, 2016 letter from Ada Edwards, BSN, RN Student MS FNP
8. February 16, 2016 letter from Mary L. Baker, CNS, FNP-BC, APHN-BC

At the January 14, 2016 Practice Committee meeting:

The following nursing organizations and individuals provided public testimony to the Nursing Practice Committee, oral and written comments to update Proposed Language for Article 8 Standards for Nurse Practitioner Practice.

California Association of Colleges of Nursing (CACN)

Audrey Berman, PhD, RN, President

Association of California Nurse Leaders (ACNL)

Patricia McFarland, RN, CEO

California Association for Nurse Practitioners (CANP)

Kathrine M. Ware, ANP-BC, Health Policy Chair

Sara Marlow, NP, Health Policy Chair

Nancy Trego, GNP/LTC, NP, Health Policy Committee Member

California Certified Nurse Midwives Association

Linda V. Walsh, RN, CNM, MPH, PhD, FACNM, President

SEIU 121 RN Nurse Alliance

Katherine Hughes, RN

Individual attendees providing comments:

Liz Dietz, EdD, NP, RN, ANA/C member

Lea Ross, ANP, UCSF in NP practice

California Nurses Association

Jane Schroeder, JD, Regulatory Policy Specialist

Oral testimony recommending national certification be an option rather than a requirement in the proposed regulations.

March 10, 2016

Practice Committee

Double Tree by Hilton Hotel Claremont

555 W. Foothill Blvd

Claremont, CA 91711

(909) 626-2411

April 14, 2016

Board Meeting South

Double Tree by Hilton Hotel Claremont

Claremont, CA 91711

(909) 626-2411

Staff requests information/responses that will be presented at the above committee/board meetings be submitted prior to or at time of meeting in writing to:

Janette Wackerly RN, BSN, MBA

Board of Registered Nursing

1747 North Market Blvd., Ste. 150

Sacramento, CA 95834

NEXT STEPS:

Place on Board agenda.

FISCAL IMPACT, IF ANY:

None

PERSON(S) TO CONTACT:

Janette Wackerly, RN, BSN, MBA

Supervising Nursing Education Consultant

916-574-7686

Janette.Wackerly@dca.ca.gov

Janet Hendrickson
5465 Dana Drive
Santa Rosa, CA 95404

February 10, 2016

California Board of Registered Nursing
PO Box 944210 Sacramento, CA 94224-2100
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www.rn.ca.gov

Stacy Berumen, Acting Executive Director
Janette Wackerly, RN, MBA, Nursing Education Consultant
Trande Phillips, RN, Board member and Chair, Nursing Practice Committee

Re: Support Adopted Revisions of Proposed Language for Article 9 Standards of Nurse Practitioner Practice

Dear California Board of Registered Nursing,

I am a licensed Nurse Practitioner and am nationally certified with the American Association of Nurse Practitioners. I am also a member of the Health Policy and Practice Committee of the California Association of Nurse Practitioners. I chose to become a Nurse Practitioner to effect positive change in the health of those in my community.

National certification is an expected standard of practice for most healthcare professionals practicing in California and the rest of the nation. I think Nurse Practitioners should be held to the same standard to practice safely and effectively in today's healthcare system. National certification ensures competency thereby providing a benefit to consumers and regulators. It also will enhance full and direct access to critical health services Nurse Practitioners provide since many of their patients are from underserved communities. Only nationally certified nurse practitioners are allowed to bill for Medicare services and Medi-Cal allows nationally certified nurse practitioners to bill for certain services.

California is one of four states that do not require national certification to practice. I think it is time our great state joins the rest of the nation. I **support national certification and examination** by an accredited certifying organization as outlined in the suggested revision of Section 1482 Requirements for Certification as a Certified Nurse Practitioner. Thank you for your consideration.

Sincerely,



Janet Hendrickson, RN, MSN, FNP-C

Vicki Houle, FNP, MBA
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Weed, CA 96094
Vickihoule47@yahoo.com
Cell 408-772-7993

February 11, 2016

California Board of Registered Nursing
PO Box 944210
Sacramento, CA 94244-2100

Stacy Beruman, Acting Executive Director
Janette Wackerly, RN, MBA, Nursing Education Consultant
Trande Phillips, RN, Board Member and Chair Nursing Practice Committee

Re: Support Adopted Revisions of Proposed Language for Article 8 Standards of Nurse Practitioner Practice

Dear California Board of Registered Nursing:

This letter is in support for the revisions of Proposed Language for Article 8, section 1480-1484, Standards of Nurse Practice, Title 16 of the California Code of Regulations, more specifically NATIONAL CERTIFICATION FOR NPS IN CALIFORNIA.

I recently retired after 41 years as a nurse practitioner in California. In fact, I am one of the first NPs trained in California, graduating from UCD's first class. In my career, I participated in a number of legislative enhancements to our profession, starting with changing the Nurse Practice Act in the early 70s to allow us to practice in the expanded role. We then petitioned for and received prescriptive privileges, and, more recently, changed regulations to allow us to provide medication and aspiration abortion services. With these continued advancements in the profession, I believe it is now time to upgrade California NPs to full professional status with national certification.

National certification ensures NP competency since the tests are provided by an accredited certifying organization. Certification provides a clear understanding of the training, role, and scope of practice of the NP for patients, employers and the NPs themselves. Additionally, it streamlines credentialing, allowing the NPs to start providing access to healthcare in a timely manner. Since we are facing additional demands for quality services for millions of Californians by the ACA, certification is a key component. Lastly, national certification is required for billing many insurance companies including Medicare/MediCal and is a requirement for employment by many large medical organizations.

In my role as Associate VP of Quality Management and Clinician Trainer, I found that most newly hired NPs were already nationally certified or were eligible to sit for the exams. Requiring national certification, therefore, will not be a huge change in the

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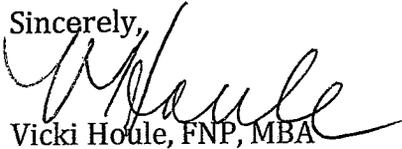
workforce. There are a number of suggestions for accommodating those NPs who are not eligible so we will not lose valuable clinicians.

California, Indiana, Illinois and New York are the only states that do not require national certification. I believe that summarizes the belief in national certification.

I strongly urge you to align California nurse practitioners with the prevailing professional model.

Thank you for your time.

Sincerely,



Vicki Houle, FNP, MBA



California
Association of
Colleges of Nursing

*The Voice of California Baccalaureate
and Graduate Nursing Education*

Janette Wackerly, BSN, MBA, RN
Supervising Education Consultant
Board of Registered Nursing
1747 North Market Boulevard, Suite 150
Sacramento, CA 95834

January 14, 2016

Regarding: Adoption and revisions of 1480-1486 in Article 8 of Title 16 of the California Code of Regulations related to Nurse Practitioners

Dear Ms. Wackerly:

It is the mission of the California Association of Colleges of Nursing (CACN) "To lead in advancing California baccalaureate and graduate nursing education." Our membership includes nurse practitioner programs that currently conform to the Board's Standards of Education for Nurse Practitioner Programs (California Code of Regulations Section 1484) and have been approved by the BRN.

Therefore, it is critical that the executive committee of CACN provide opinion regarding the proposed revisions in the statutes describing the various aspects of nurse practitioner education and credentialing.

We have reviewed the letters sent to the BRN in the fall 2015 regarding such revisions. We find that the detailed response from the California Action Coalition (October 8, 2015 from Drs. Phillips and Chan) most closely reflects our views. In addition to those recommended revisions, we offer the following:

1. Line 233: 1484(c)(4)(a): Hold an active, unencumbered/clear ~~valid~~ California registered nurse license; [refers to faculty]
 - The term *valid* is unclear. On BreEZe, licenses are shown as *current* or *active* but can be simultaneously *on probation*. The term *valid* should be replaced with *unencumbered* or *clear*.
 - With the opportunities provided to teach using distance technology, programs may use faculty who reside outside of our state. California should be replaced with wording to indicate that faculty must be licensed but it need not be in our own state.

2. Line 237: 1484(c)(4)(c) Have at least ~~two~~ one years of clinical experience as an nurse practitioner, CNM, CNS, or CRNA within the last five (5) years...[refers to faculty]
 - Faculty teaching prelicensure nursing are required to have at least one year of clinical experience and this would be consistent with that requirement.
 - This change aligns with the 2012 *Criteria for Evaluation of Nurse Practitioner Programs* Criterion IV.B.3.b which requires that nurse practitioner preceptors must have one year of clinical experience.
3. Line 243: 1484(7) Interdisciplinary faculty ... shall have an active, valid ~~California~~ professional license issued by appropriate licensing agency if appropriate,
 - We propose the deletion of California because some of these faculty may be licensed in other states, especially for online programs.
 - We propose the addition of *if appropriate* because some non-nurse faculty such as physiologists would not have any license.
4. Line 261: 1484(e)(1) A clinical preceptor shall hold active, ~~valid unencumbered/clear, California professional~~ license to practice his/her respective profession and demonstrate current clinical competence.
 - The term *valid* is unclear. On BreEZe, licenses are shown as *current* or *active* but can be simultaneously *on probation*. For prelicensure nursing programs, Requirements of Preceptorship (CCR section 1426.1) state the preceptor must have an "active, clear license." The term *valid* should be replaced with *unencumbered* or *clear*.
 - We propose the deletion of California because preceptors must have a license that is recognized in the state in which they work with students, which may not be in California, especially for online programs.
5. Line 274: (f) Students shall hold an active, ~~valid unencumbered/clear, California professional~~ registered nurse license to participate in nurse practitioner program clinical experiences.
 - The term *valid* is unclear. On BreEZe, licenses are shown as *current* or *active* but can be simultaneously *on probation*. The term *valid* should be replaced with *unencumbered* or *clear*.
 - We propose the deletion of California because the students must have a license that is recognized in the state in which they conduct their clinical experiences, which may not be California, especially for online programs.
6. Lines 303-304 (D) The majority of the supervised direct patient care precepted clinical experiences shall be under the supervision of the certified nurse practitioner or other appropriately qualified health care practitioner.
 - It may not be possible to have at least 50% of clinical supervised by a nurse practitioner particularly in some rural areas.
 - Aligns with the 2012 *Criteria for Evaluation of Nurse Practitioner Programs* Criterion IV.B.3.a that states "An interdisciplinary mix of preceptors may provide the student with the best clinical experiences to meet program objectives."

Sincerely,



Audrey Berman, PhD, RN
 President, California Association of Colleges of Nursing
 Dean, Nursing, Samuel Merritt University
aberman@samuelmerritt.edu
 510-869-6611

From: Wackerly, Janette@DCA
Sent: Thursday, February 18, 2016 4:59 PM
To: Walton, Nicoll@DCA
Subject: FW: Letter in Support of National certification for NPs

Please add Monsita e-mail to the March 10, 2016 Practice Committee

Thanks Janette

From: Monsita Faley [mailto:monsitab@yahoo.com]
Sent: Saturday, February 13, 2016 10:23 PM
To: Wackerly, Janette@DCA; imkware@yahoo.com
Cc: Lynn McComas
Subject: Letter in Support of National certification for NPs

To: Janette Wakerly, MBA, RN, NEC
California Board of Registered Nursing

Dear Ms. Wakerly,

I am writing in support of updating California's Board of Registered Nursing's regulations on APRNs to include a requirement for a National Certification examination as part of the requirement to hold out a Nurse Practitioner. As one of only three states left in the country to not require this (CA, NY, KS), it is really quite amazing that a progressive state such as California would have lower standards than the National requirement.

As you know, most insurers, Medicare and Medicaid mandate national certification for an NP for the purposes of reimbursement, which makes the fact that California does require it a moot point since employers demand an NP that can bill for services.

National and 47 state requirements hold NPs to the highest standards for certification, and California needs to join the ranks of those who require this as soon as possible. I am a Family Nurse Practitioner with 10 years experience. I counsel all the students I precept to take their exam for certification.

Please shore up this weak link in our regulatory requirements in California and make National Certification a requirement for Nurse Practitioners in California.
Thank you for your time in consideration of this important issue.

Respectfully,

Monsita Faley, FNP-BC, DNP (exp. grad. 2017)
Vista Community Clinic
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California Board of Registered Nursing
PO Box 944210 Sacramento, CA 94244-2100

Janette Wackerly, RN, MBA, Nursing Education Consultant

Re: Support Adopted Revisions of Proposed Language for Article 8 Standards of Nurse Practitioner Practice: National Certification

Dear California Board of Registered Nursing,

I am an advanced practice registered nurse (APRN) working in Southern California for the past 16 years. I am writing in support of adoption of the revisions of the Proposed Language for Article 8, section 1480-1484, Standards of Nurse Practitioner Practice, Title 16 of the California Code of Regulations, specifically, to include the requirement of national certification for nurse practitioners in California. National certification enhances professional credibility and indicates a level of clinical competence from peers, patients, and other healthcare professionals. Our healthcare delivery and patient acuity are becoming more complex, increasing the demand for experienced, highly skilled healthcare providers with a strong depth of knowledge. The preparation to complete and pass national certification and the rigor to maintain competency required for renewal ensures APRNs remain current with the latest developments in their specialties.

National certification is an expected standard of practice in every state in this nation, except four – Indiana, Kansas, New York and California. California needs to join those states that hold APRNs to the highest standard of certification and practice. The lack of national certification may make California a “safe haven” for the limited number of APRN graduates who either do not take or fail to pass certification, creating a potential public health/safety concern for California. As a Consumer Protection Agency, the California Board of Registered Nursing is required by law to protect the public and regulate nursing practice. It is therefore imperative that the Board fulfill its mandate and include the requirement of national certification.

I appreciate your consideration of this important issue.

Respectfully,



Theresa Brown, RN, MSN, ACNP, AACC
23101 Sherman Place, Suite 110
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Ada Edwards, BSN, RN, CCRN, student MS FNP



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E-Mail: aredward@uci.edu

February 20, 2016

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RE: Support Adopted Revisions of Proposed Language for Article 8 Standards of Nurse Practitioner Practice

Dear California Board of Registered Nursing:

I am a second-year MS FNP student at the University of California, Irvine. I will be graduating this June and am looking forward to advancing my nursing career and expanding my ability to care for Californians. In preparation for graduation and my entry into the nurse practitioner (NP) workforce, I am preparing to take and pass a national certification exam.

This letter is to communicate my strong support for the adoption of the revisions of the **Proposed Language for Article 8, section 1480-1484, Standards of Nurse Practitioner Practice, Title 16 of the California Code of Regulations**, specifically, **national certification** for NPs in California. I strongly believe that national certification ensures competency, will streamline the credentialing process to allow NPs to more quickly enter the workforce, and this modernizing change will more accurately reflect the standards required for practicing NPs in today's healthcare environment.

As only one of four remaining US states to not yet have adopted a national certification requirement for NPs to practice, California is lagging behind the majority of the country in ensuring that national certification standards are upheld. This becomes particularly important in regards to ability to care for Medicare and Medi-Cal patients, as only nationally certified APRNs are able to bill for Medicare services, and also for certain Medi-Cal services. California has too few health care providers to meet the needs of underserved populations, and national certification of NPs in California is an integral step in ensuring that NPs can help to fill the gap in healthcare needs.

I strongly support national certification and examination by an accredited certifying organization as outlined in the suggested revision of Section 1482, Requirements for Certification as a Certified Nurse Practitioner. I am committed to advocating for competent, high-quality care for Californians, and believe that this important change will help protect the public as well as continue to advance and elevate nursing in California. I appreciate your consideration, and thank you for your continued work in this important area of APRN practice.

Sincerely,

Ada Edwards, BSN, RN, CCRN, student MS FNP

Mary Lelia Baker

MSN, RN, CNS, FNP-BC, APHN-BC

2752 Abejorro St.
Carlsbad, CA 92009
Phone: (760) 822-8264

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Email: mbaker@csusm.edu
Skype: msmlbaker

Janette Wakerly, MBA, RN, NEC
California Board of Registered Nursing
California Board of Registered Nursing
PO Box 944210
Sacramento, CA. 94244-2100

February 16, 2016

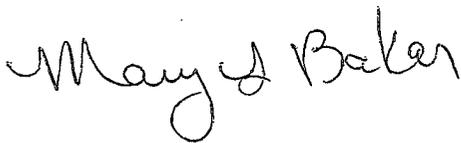
To Ms. Wakerly,

I am writing in support of updating California's Board of Registered Nursing's regulations on APRNs to include a requirement for a National Certification examination as part of the requirement to become a Nurse Practitioner. As one of only three states left in the country that do not require this, California should always be leading by example. Additionally, Medicare and MediCal require national certification for reimbursement.

I am the Director of the Student Health Project at California State University San Marcos School of Nursing. All of our nurse practitioner students are required to obtain national certification upon completion of the program. California needs to update their standards and work to give independent practice to nurse practitioners. Without requiring students to meet a national standard nurse practitioners in California will not change the antiquated laws.

Please shore up this weak link in our regulatory requirements in California and make National Certification a requirement for Nurse Practitioners in California.
Thank you for your time in consideration of this important issue.

Respectfully,



Mary L. Baker, MSN, RN, CNS, FNP-BC, APHN-BC
Director Student Healthcare Project and Faculty
California State University San Marcos School of Nursing



BOARD OF REGISTERED NURSING
Nursing Practice Committee
Agenda Item Summary

AGENDA ITEM: 10.2
DATE: April 14, 2016

ACTION REQUESTED: Information only: Report on first Nurse-Midwifery Committee

REQUESTED BY: Trande Phillips, RN Chair

BACKGROUND:

On January 12, 2016, in the hearing room at 1747 N. Market Street in Sacramento California, the following appointed nurse-midwifery committee members introduced themselves: BJ Snell, CNM, Lin Lee, CNM, Karen Ruby Brown, CNM, and Karen Roselie, public member. Dr. Naomi Stotland appointed physician member was unable to attend. Also present was Elizabeth Woods, FNP board member and Janette Wackerly, RN, SNEC board staff to the committee.

Janette Wackerly, RN, SNEC presented a series of power point slides regarding Business and Professions Code sections for the Nurse-Midwives §2746-2746.8 laws and California Code of Regulations §1460—1466 for discussion points. The nurse-midwifery members reviewed and discussed their practices for normal births, prenatal, intrapartum and post-partum care occurring at home and birthing centers.

Members wish to highlight the evolution of CNM practices and education programs. The nurse-midwifery committee's mission/charge is to be identified and developed by the group. Topics of discussion were the era mid to late 1975-1989 CNM regulations §1460 Qualifications for Certification, §1461 Nurse- Midwifery Committee, §1462 Standards for Nurse-Midwifery Programs, §1463 Scope of Practice, and §1466 Renewal of Certificate needs for additions/deletions/changes to be consistent, congruent with contemporary/current and evolving CNM practices and standards. Replacing/updating knowledge and information related to freestanding birth centers. Discussion of CNM educational requirements/standards which would include definition of faculty, inter-professional education, quality improvement, and other suggested parameters such as grandfathering. Review and revise current nurse-midwifery advisories-add/change/revise so documents are accurate and consistent reflecting current practice and national standards that would include standards for safety initiatives and public protection. Explore ways to effectively communicate CNM information to stakeholders on a regular basis for example a section on BRN website for CNM Providers/Colleagues/Public Education. Work group communication methods moving forward will include email and perhaps use of the Freedcamp application to share group work, information, drafts, and materials. The nurse-midwifery committee members want to collect California CNM workforce data and participate in survey design and development. The nurse-midwifery committee wants to develop set of materials "toolkit/toolbox" of practice regulatory materials useful to CNMs and the general public.

Assignments for the committee members:

1. Draft Mission Statement
2. Update/Revise CNM advisories

Next meeting to be held on September 16, 2016, in Southern California from 10 am – 2 pm.

NEXT STEPS:

Place on Board agenda.

FISCAL IMPACT, IF ANY:

Per diem rate for meals and transportation to meetings

PERSON(S) TO CONTACT:

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Supervising Nursing Education Consultant
(916) 574-7686