

**BOARD OF REGISTERED NURSING**  
**Administrative Committee**  
**Agenda Item Summary**

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**AGENDA ITEM:** 6.2

**DATE:** June 16, 2016

**ACTION REQUESTED:** Discuss and Vote on Whether to Approve Proposed Board Meeting Dates for 2017

**REQUESTED BY:** Michael Jackson, MSN, RN, President  
Chairperson, Administrative Committee

**BACKGROUND:**

January 10-11, 2017	South
February 7-8, 2017	South
March 7-8, 2017	North
April 4-5, 2017	North
May 9-10, 2017	South
June 6-7, 2017	South
August 8-9, 2017	North
September 6-7, 2017	North
October 3-4, 2017	South
November 7-8, 2017	South

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

**PERSON TO CONTACT:** Stacie Berumen  
Assistant Executive Officer  
(916) 574-7600

**BOARD OF REGISTERED NURSING**  
**Administrative Committee**  
**Agenda Item Summary**

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**AGENDA ITEM: 6.3**

**DATE: June 16, 2016**

**ACTION REQUESTED:** Discuss and Vote On Whether to Update the Charges of the Administrative, Education/Licensing, Intervention/Discipline, Legislative, and Nursing Practice Committees

**REQUESTED BY:** Michael Jackson, MSN, RN, President  
Chairperson, Administrative Committee

**BACKGROUND:**

The board did not have a quorum at the Education/Licensing Committee meeting in March 2016. As a result, the meeting was cancelled as soon as it was learned the committee did not have a quorum. Many schools incurred travel costs as they were scheduled to appear and present testimony on the committee's agenda items. In order to resolve this issue it was suggested a change be made to the Administrative Committee's charge to allow the board president to sit in at any committee meeting where there is a lack of quorum.

In addition, it is requested that this board confirm the authority of the board president to appoint board members to the various committees.

Lastly, the Diversion Program was changed to the Intervention Program. The Diversion/Discipline Committee charge is changed to reflect the current name of the Intervention/Discipline Committee.

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

**PERSON TO CONTACT:** Stacie Berumen  
Assistant Executive Officer  
(916) 574-7600

**Board of Registered Nursing**  
**CHARGE OF THE ADMINISTRATIVE COMMITTEE**

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The Administrative Committee is composed of the officers of the Board.

**Purpose:**

The Administrative Committee is appointed to propose administrative policy to the Board, to determine necessity to call an emergency meeting of the Board, subject to the requirements of The Open Meeting Act, and to be consulted by the Executive Officer on day-to-day implementation or interpretation of Board Policy.

**Membership:**

Membership shall include the President and Vice-President of the Board.

**Authority:**

Sturgis Rules of Order adopted November 18, 1982.

**Relationship:**

The Committee provides policy direction to the Board.

**Meetings:**

The Committee shall meet as necessary to carry out its assigned functions. Decisions shall be made by consensus of the members.

The President is allowed to substitute for any committee member when there is a lack of quorum.

**Board of Registered Nursing**  
**CHARGE OF THE EDUCATION/LICENSING COMMITTEE**

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The Education/Licensing Committee is hereby established by the Board of Registered Nursing.

**Purpose:**

The committee is appointed to advise the Board on matters relating to nursing education, including approval of nursing programs (prelicensure and advanced practice), curriculum changes, student performance on NCLEX and on issues pertaining to nursing education.

Assure a job related, non-discriminatory examination by screening item development experts for the National Council, advising the Board on the development of examination related guidelines and procedures and monitoring National Council correspondence.

Advise the Board regarding policies, guidelines and interpretation of regulations for nursing education.

Assure continued competence of licensed RNs by monitoring a mandatory continuing education program.

Receive recommendations from the Nurse-Midwifery Advisory Committee.

**Membership:**

The Committee shall be composed of 2 to 4 members, at least two of whom shall be a registered nurse.

**Authority:**

The president is delegated by the Board to assign Board members to committees and to appoint committee chairs with approval of the Board (~~Board Rules of Order, p.3, paragraph 2~~).

**Term:**

Members shall serve one-year terms commencing each calendar year.

**Relationship:**

The Committee is advisory and recommends actions to the Board. Recommendations and reports of the Committee shall be submitted to the full Board for consideration and approval.

The Committee also acts as hearing body for the Board in cases of disciplinary actions against continuing education providers.

**Meetings:**

The Committee shall meet every two months or as often as necessary to carry out its assigned tasks. Meetings are open to the public and require a 10-calendar day notice sent to all interested parties on the Committee's mailing list

**Quorum:**

A majority of the Committee members constitutes a quorum.

**Procedures in Meetings:**

Meetings are open to any Board member who wishes to attend, although persons who are not a member of the Committee do not have a vote. Board members are reminded that a meeting, which is attended by a quorum of Board members (i.e., 5 or more) may constitute an official Board meeting. Therefore, in the event that 5 or more members attend a Committee meeting, it is recommended that non-members not participate in the meeting discussion.

Public comment is allowed for each agenda item during the meeting. Total time allocated for public comment on particular issues may be limited.

Simple and informal procedure is desirable. No seconds to motions are required.

**Staff:**

Committee staff provides advice and consultation to the Committee but do not have voting privileges.

**Board of Registered Nursing**  
**CHARGE OF THE INTERVENTION DIVERSION/DISCIPLINE**  
**COMMITTEE**

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The Intervention ~~Diversion~~/Discipline Committee hereby established by the Board of Registered Nursing.

**Purpose:**

The Intervention ~~Diversion~~/Discipline Committee is appointed to advise the Board on matters related to laws and regulations pertaining to intervention ~~diversion~~ and discipline as set forth in the Nursing Practice Act, Articles 3 and 3.1, and the California Code of Regulations, Articles 4 and 4.1, and to make recommendations to the Board concerning these matters.

**Membership:**

The Committee shall be composed of 2 to 4 members, one of whom shall be a registered nurse.

**Authority:**

The president is delegated by the Board to assign Board members to committees and to appoint committee chairs with approval of the Board (Board Rules of Order, p.3, paragraph2).

**Term:**

Members shall serve one-year terms commencing each calendar year.

**Relationship:**

The Committee is advisory and recommends actions to the Board. Recommendations and reports of the Committee shall be submitted to the full Board for consideration and approval.

**Meetings:**

The Committee shall meet every two months or as often as necessary to carry out its assigned tasks. Meetings are open to the public and require a 10-calendar day notice sent to all interested parties on the Committee's mailing list.

**Quorum:**

A majority of the Committee members constitutes a quorum.

**Procedures in Meetings:**

Meetings are open to any Board member who wishes to attend, although persons who are not a member of the Committee do not have a vote. Board members are reminded that a meeting, which is attended by a quorum of Board members (i.e., 5 or more), may constitute an official Board meeting. Therefore, in the event that 5 or more members attend a Committee meeting, it is recommended that non-members not participate in the meeting discussion. Public comment is allowed for each agenda item during the meeting. Total time allocated for public comment on particular issues may be limited. Simple and informal procedure is desirable. No seconds to motions are required.

**Staff:**

Committee staff provides advice and consultation to the Committee but do not have voting privileges.

## **Board of Registered Nursing CHARGE OF THE LEGISLATIVE COMMITTEE**

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The Legislative Committee is hereby established by the Board of Registered Nursing.

**Purpose:**

The Committee is appointed to provide information and/or make recommendations to the Board and Committees of the Board on matters relating to legislation affecting registered nurses.

**Membership:**

The Committee shall be composed of 2 to 4 members, one of whom shall be a registered nurse.

**Authority:**

The president is delegated by the Board to assign Board members to committees and to appoint committee chairs with approval of the Board (Board Rules of Order, p.3, paragraph2).

**Term:**

Members shall serve one-year terms commencing each calendar year.

**Relationship:**

The Committee is advisory and recommends actions to the Board. Recommendations and reports of the Committee shall be submitted to the full Board for consideration and approval.

**Meetings:**

The Committee shall meet every two months or as often as necessary to carry out its assigned tasks. Meetings are open to the public and require a 10-calendar day notice sent to all interested parties on the Committee's mailing list.

**Quorum:**

A majority of the Committee members constitutes a quorum.

**Procedures in Meetings:**

Meetings are open to any Board member who wishes to attend, although persons who are not a member of the Committee do not have a vote. Board members are reminded that a meeting, which is attended by a quorum of Board members (i.e., 5 or more), may constitute an official Board meeting. Therefore, in the event that 5 or more members attend a Committee meeting, it is recommended that non-members not participate in the meeting discussion.

Public comment is allowed for each agenda item during the meeting. Total time allocated for public comment on particular issues may be limited.

Simple and informal procedure is desirable. No seconds to motions are required.

**Staff:**

Committee staff provides advice and consultation to the Committee but do not have voting privileges.

## **Board of Registered Nursing CHARGE OF THE NURSING PRACTICE COMMITTEE**

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The Nursing Practice Committee is hereby established by the Board of Registered Nursing.

**Purpose:**

The Committee is appointed to advise the Board on matters relating to nursing practice, including common nursing practice issues (such as rights of the RN and patient in communicable disease cases or the RN's authority to order/perform laboratory tests) and advanced practice issues in the practice of the nurse-midwife, nurse anesthetist and nurse practitioner. The Committee also reviews all staff responses to proposed regulation changes that may affect nursing practice.

**Membership:**

The Committee shall be composed of 2 to 4 members, one of whom shall be a registered nurse.

**Authority:**

The president is delegated by the Board to assign Board members to committees and to appoint committee chairs with approval of the Board (Board Rules of Order, p.3, paragraph 2).

**Term:**

Members shall serve one-year terms commencing each calendar year.

**Relationship:**

The Committee is advisory and recommends actions to the Board. Recommendations and reports of the Committee shall be submitted to the full Board for consideration and approval.

**Meetings:**

The Committee shall meet every two months or as often as necessary to carry out its assigned tasks. Meetings are open to the public and require a 10-calendar day notice sent to all interested parties on the Committee's mailing list.

**Quorum:**

A majority of the Committee members constitutes a quorum.

**Procedures in Meetings:**

Meetings are open to any Board member who wishes to attend, although persons who are not a member of the Committee do not have a vote. Board members are reminded that a meeting, which is attended by a quorum of Board members (i.e., 5 or more), may constitute an official Board meeting. Therefore, in the event that 5 or more members attend a Committee meeting, it is recommended that non-members not participate in the meeting discussion. Public comment is allowed for each agenda item during the meeting. Total time allocated for public comment on particular issues may be limited. Simple and informal procedure is desirable. No seconds to motions are required.

**Staff:**

Committee staff provides advice and consultation to the Committee but do not have voting privileges.

**BOARD OF REGISTERED NURSING**  
**Administrative Committee**  
**Agenda Item Summary**

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**AGENDA ITEM: 6.4**

**DATE: June 16, 2016**

**ACTION REQUESTED:** Information Only: End of Life Options Act Enactment Discussion

**REQUESTED BY:** Michael Jackson, MSN, RN, President  
Chairperson, Administrative Committee

**BACKGROUND:**

On October 5, 2015, Governor Jerry Brown signed the End of Life Option Act into law. The provisions took effect on June 9, 2016. The law allows a California citizen with a terminal illness and who complies with specified criteria to end his or her life through the voluntary self-administration of lethal medications, expressly prescribed by a physician for that purpose. The law is very specific and contains procedures that physicians, pharmacists, and patients need to follow.

The BRN has posted information regarding this law on its website to keep our licensees informed about the process and to let them know they have a choice whether or not to participate in this process.

**NEXT STEPS:**

**FISCAL IMPACT, IF ANY:** None

**PERSON TO CONTACT:** Stacie Berumen  
Assistant Executive Officer  
(916) 574-7600

## Overview of The California End of Life Option Act

On October 5, 2015, Governor Jerry Brown signed the End of Life Option Act (Act) into law. The provisions will take effect on June 9, 2016. A copy of Chapter 1, Statutes of 2015-16 Second Extraordinary Session, is available here: [http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201520162AB15](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520162AB15)

The law allows a California resident with a terminal illness and who complies with specified criteria to end his or her life through the voluntary self-administration of lethal medications, expressly prescribed by a physician for that purpose. The law is very specific and contains procedures that physicians, pharmacists, and patients need to follow.

*What does the new California law do?*

The law authorizes a resident of California who is 18 years of age or older, who has been determined to be terminally-ill and mentally-competent, to make a request for a drug prescribed for the purpose of ending his or her life.

*What safeguards are included in the law?*

The Act includes several safeguards, which are aimed at restricting access to patients who are terminally-ill and mentally-competent:

- Two physician assessments are required. The *“attending”* and *“consulting”* physicians must each independently determine that the individual has a terminal disease with a prognosis of six months or less, and is able to provide informed consent. Elements of informed consent, including disclosure of relevant information, assessment of decisional capacity and assurance of voluntariness, are stipulated in the law.
- If either physician is aware of any *“indications of a mental disorder,”* a mental health specialist assessment must be arranged to determine that the individual *“has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder.”*
- The attending physician must provide counseling about the importance of the following: *“having another present when he or she ingests the aid-in-dying drug, not ingesting the aid-in-dying drug in a public place, notifying the next-of-kin of his or her request for the aid-in-dying drug, participating in a hospice program and maintaining the aid-in-dying drug in a safe and secure location.”*
- The attending physician must offer the individual the opportunity to withdraw his or her request for the aid-in-dying drug at any time.
- The individual must make two oral requests, separated by a minimum of fifteen days, and one written request for the aid-in-dying drug.
- The written request must be observed by two adult witnesses, who attest that the patient is *“of sound mind and not under duress, fraud or undue influence.”*
- The patient must make a *“final attestation,”* forty-eight hours before he or she intends to ingest the medication.

## Overview of The California End of Life Option Act

- Only the person diagnosed with the terminal disease may request a prescription for the aid-in-dying drug (i.e., surrogate requests are not permitted).
- The individual must be able to self-administer the medication.

### *What are the documentation and reporting requirements?*

The law explicitly stipulates a number of requirements for documentation in the patient's medical record, largely corresponding to the safeguards above. In addition, the law creates two reporting obligations:

1. Within 30 days of writing a prescription for an aid-in-dying drug, the attending physician must submit to the California Department of Public Health (CDPH) a copy of the qualifying patient's written request, an attending physician checklist and compliance form, and a consulting physician's compliance form.
2. Within 30 days following the individual's death, the attending physician must submit a follow-up form to CDPH. All forms will be posted on the CDPH and Medical Board websites.

### *Is participation required?*

No. Participation in the law is voluntary for all parties. Individual providers – and institutions as well – may make personal, conscience-based decisions about whether or not to participate.