



**BOARD OF REGISTERED NURSING**  
PO Box 944210, Sacramento, CA 94244-2100  
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## **NURSING PRACTICE COMMITTEE MEETING**

Department of Consumer Affairs – HQ 2  
1747 North Market Blvd., Hearing Room  
Sacramento, CA 95834  
(916) 574-7600

### **AGENDA**

**January 11, 2018**

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**THIS MEETING WILL IMMEDIATELY FOLLOW THE CONCLUSION OF THE  
INTERVENTION/DISCIPLINE COMMITTEE MEETING**

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**Thursday, January 11, 2018**

**10.0 Call to Order/Roll Call /Establishment of a Quorum**

10.0.1 Review and Vote on Whether to Approve October 4, 2017 Meeting Minutes

**10.1 Discuss and Possible Action:** New Appointments to Advance Practice Registered Nurse (APRN) Committee.

**10.2 Discuss and Possible Action:** The California Advanced Practice Registered Nurse Coalition requests the following additional goal be added to the existing Board of Registered Nursing Advanced Practice Registered Nurse Committee Goals:

“Support each of the Advance Practice Registered Nursing roles to lead Board of Registered Nursing advisement related to their specific role”

**10.3 Public Comment for Items Not on the Agenda**

**10.4 Adjournment**

### **NOTICE:**

All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board's Web Site at <http://www.rn.ca.gov>. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email [webmasterbrn@dca.ca.gov](mailto:webmasterbrn@dca.ca.gov), or send a written request to the Board of Registered Nursing at 1747 N. Market Blvd., Ste. 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297). Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation. Board members who are not members of this committee may attend meetings as observers only, and may not participate or vote. Action may be taken on any item listed on this agenda, including information only items. Items may be taken out of order for convenience, to accommodate speakers, or maintain a quorum.



**BOARD OF REGISTERED NURSING  
 NURSING PRACTICE COMMITTEE MINUTES**

January 11, 2018

**Department of Consumer Affairs  
 Board of Registered Nursing  
 1747 N Market Blvd  
 Hearing Room  
 Sacramento, CA 95834  
 (916) 574-7600**

**MEMBERS PRESENT**

Michael Jackson, MSN, BSN, RN, CEN, MICN  
 Elizabeth Woods, RN, FNP  
 Trande Phillips, RN,  
 Cynthia Klein, RN

**STAFF PRESENT:** Janette Wackerly, MBA, BSN, RN, SNEC, Staff Liaison

**January 11, 2017**

Meeting called to order by Elizabeth Woods, RN, FNP Chair at 12:45 PM

Member introductions: Michael Jackson RN, Cynthia Klein, RN, Elizabeth Woods, RN

**10.0 Review and Vote on Whether to Approve Previous Meeting Minutes October 4, 2017**

<b>Motion: Michael Jackson</b>			
<b>Second: Trande Phillips</b>			
<b>TP: Yes</b>	<b>CK: Yes</b>	<b>MJ: Yes</b>	<b>EW: Yes</b>

**10.1 Information and Possible Action Regarding: Comprehensive Addiction and Recovery Act (CARA), Public Law 114-198 Required Training of Nurse Practitioners and Physicians Assistants and Adding Section 2836.4 to Business and Professions Code**

Legislation enacted during 2017 session, Senate Bill 554 (Stone) Chapter 242, signed by the Governor on September 11, 2017 becoming effective January 1, 2018 and is an act to add Section 2836.4 NP Nurse Practitioner and 3502.1.5 Physician Assistant. Buprenorphine ordering or furnishing by a nurse

practitioner when done in compliance with the provisions of the Comprehensive Addiction Recovery Act (Public Law 114-198) enacted July 22, 2016

### **CARA Act**

On July 22, 2016, President Obama signed the Comprehensive Addiction and Recovery Act (CARA) into law as [Public Law 114-198](#). One of CARA's important provisions expands access to substance use treatment services and overdose reversal medications—including the full spectrum of services from prevention to medication-assisted treatment (MAT) and recovery support—by extending the privilege of prescribing buprenorphine in office-based settings to qualifying nurse practitioners (NPs) and physician assistants (PAs) until Oct. 1, 2021.

### **Proposed Learning Objectives**

CARA requires that NPs and PAs complete 24 hours of training to be eligible for a prescribing waiver. SAMHSA has created a list of recommended learning objectives for the trainings. While we cannot require that the organizations listed in the CARA Act use these learning objectives, we are sharing them with the stakeholders. Access the [Proposed Learning Objectives for the NP and PA Waiver Training – 2017 \(PDF | 196 KB\)](#).

### **Sign Up for Courses**

NPs and PAs are required to obtain no fewer than 24 hours of initial training addressing each of the topics in 21 USC 823(g)(2)(G)(ii)(IV) provided by one of the following organizations: The American Society of Addiction Medicine, American Academy of Addiction Psychiatry, American Medical Association, American Osteopathic Association, American Nurses Credentialing Center, American Psychiatric Association, American Association of Nurse Practitioners, American Academy of Physician Assistants, or any other organization that the Secretary of Health and Human Services determines is appropriate.

NPs and PAs may take the eight-hour DATA-waiver course for treatment of opioid use disorder, designed by national experts, that physicians currently take. The course is offered for free by SAMHSA through the [Providers' Clinical Support System for Medication Assisted Treatment \(PCSS-MAT\) \(link is external\)](#).

For the additional 16 hours, SAMHSA will also offer the training for free through the PCSS-MAT once it has been developed. NPs and PAs who have completed the required training and seek to become DATA-waiver for up to 30 patients will be able to apply to do so beginning in early 2017. For more information on the upcoming launch of the application and SAMHSA-sponsored training opportunities, [sign up \(link is external\)](#) for the Buprenorphine Waiver Management email list.

### **Completing the Waiver NOI Form**

NPs and PAs who have completed the 24 hours of required training may seek to obtain a DATA 2000 waiver for up to 30 patients by completing the [Waiver Notification Form](#). **Effective February 27, 2017**, SAMHSA will only accept electronic submissions of the NOI.

NPs and PAs may send copies of their training certificates to [infobuprenorphine@samhsa.hhs.gov](mailto:infobuprenorphine@samhsa.hhs.gov) ([link sends e-mail](#)) or faxed them to 301-576-5237. These waiver applications are forwarded to the Drug Enforcement Administration (DEA), which will assign the NP or PA a special identification number. DEA regulations require this number to be included on all buprenorphine prescriptions for opioid dependency treatment, along with the NP's or PA's regular DEA registration number.

SAMHSA shall review waiver applications within 45 days of receipt. If approved, NPs and PAs will receive a letter via email that confirms their waiver and includes their prescribing identification number.

<b>Motion: Michael Jackson</b>			
<b>Second: Trande Phillips</b>			
<b>TP: Yes</b>	<b>CK: Yes</b>	<b>MJ: Yes</b>	<b>EW: Yes</b>

**10.2 Information and Possible Action Regarding: Medical Board of California’s Draft Guidelines for the Recommendation of Cannabis for Medical Purposes.**

Medical Board voting at next Board meeting  
October 26-27, 2017 on California’ Draft Guidelines for Recommendation of Cannabis for Medical Purposes. (attached)

SB 643 (McGuire) Chaptered 719 Medical Marijuana approved by the Governor October 09,2015. SB 643 contains the provisions related to physicians recommending medical cannabis.

The bill creates a new section in law related to recommending medical cannabis, which states physician recommending cannabis to a patient for medical purpose without an appropriate prior medical examination and a medical indication, constitutes unprofessional conduct. This bill prohibits a physician from recommending cannabis to a patient unless that physician is the patient’s attending physician, as defined by subdivision (a) of Section 11362.7 of the Health and Safety Code (HSC). The HSC defines an “attending physician” as an who possesses a license in good standing to practice medicine or osteopathy issued by the Board or Board of Osteopathic Medical Board of California and who has taken responsibility for an aspect of the medical care, treatment, diagnoses, counseling, or referral of a patient. The physician also must have conducted a medical examination of that patient before recording in the patient’s medical record the physician’s assessment of whether the patient has a serious medical condition and whether the medical use of marijuana is appropriate.

The above information is taken from the following attached:  
Medical Board of California, Legislative Analysis (Medical Board of California meeting February 8, 2017 Agenda Item 4)

<b>Motion: Michael Jackson</b>			
<b>Second: Trande Phillips</b>			
<b>TP: Yes</b>	<b>CK: Yes</b>	<b>MJ: Yes</b>	<b>EW: Yes</b>

**10.3**

**Information: Update on the Application Process for the Advance Practice Advisory Committee**

Update on call for applicants.

American Nurses Association of California  
Association of California Nurse Leaders  
California Action Coalition/Health Impact  
California Association Clinical Nurse Specialist  
California Association Nurse Anesthetist  
California Association Nurse Practitioners  
California Hospital Association  
California Nurse Midwives Association  
California Nurses Association  
SEIU Nurse Alliance of California

<b>Motion: Michael Jackson</b>			
<b>Second: Trande Phillips</b>			
<b>TP: Yes</b>	<b>CK: Yes</b>	<b>MJ: Yes</b>	<b>EW: Yes</b>

**10.4 Public Comment for Items Not on the Agenda**

No Public Comment under 10.4

**10.5 Adjournment at 1:10 pm**

Submitted by:

Accepted by:

Janette Wackerly, MBA, BSN, RN, SNEC  
Supervising Nursing Education Consultant  
NP Liaison

Trande Phillips, RN

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

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**AGENDA ITEM: 10.1**  
**DATE: January 11, 2018**

**ACTION REQUESTED:**      **Discuss and Possible Action:** New Appointments to Advance Practice Registered Nurse (APRN) Committee.

**REQUESTED BY:**             Elizabeth(Betty) Woods, RN, FNP, Chairperson

**BACKGROUND:**             In accordance with B & P Code, the Board of registered Nursing is responsible for appointing persons to serve on the Advance Practice Committee.

<u>Name</u>	<u>Certified Nurse Midwives</u>
Danielle Blum	CNM
Linda VanderWerff Walsh	CNM

<u>Name</u>	<u>Clinical Nurse Specialist</u>
Elissa E. Brown	CNS
Garrett Chan	CNS
Cheryl Goldfarb-Greenwood	CNS
Ginger S Pierson PhD.	CNS
Lisa Walker-Vischer	CNS

<u>Name</u>	<u>Certified Registered Nurse Anesthetist</u>
Sandra K Bordi.	CRNA
Karyn Karp	CRNA
Melanie Susanne Rowe	CRNA

<u>Name</u>	<u>Nurse Practitioner</u>
Andrelyn Almario	NP
Geri Archibald	NP
Khoa (Joey) Dang	NP
Mitchel Erikson	NP
Tracie Gadler	NP
Samantha Gambles Farr	NP
Charlotte A. Gullap-Moore	NP
Beth Haney	NP
Bonita L. Huiskes	NP
Cynthia Jovanov	NP
Holly Kirkland-Kyhn	NP

Maria Mangini	NP
Aimee Paulson	NP
Jane Perlas	NP
Rachel Phillips	NP
Maria Luisa Ramira	NP
Rhonda Ramirez	NP
Ruth Rosenblum	NP
Cynthia Sanchez	NP
Nancy C. Trego	NP
Bridget M. Wilson	NP
Mary Wycoff, PhD.	NP

**RESOURCES:**

**NEXT STEPS:** Board

**FISCAL IMPACT, IF ANY:** None

**PERSON(S) TO CONTACT:** Janette Wackerly, MBA, BSN, RN  
Supervising Nursing Education Consultant  
Phone: 916-574-7686  
Email: [janette.wackerly@dca.ca.gov](mailto:janette.wackerly@dca.ca.gov)

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

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**AGENDA ITEM:10.2**  
**DATE:** January 11, 2018

**ACTION REQUESTED:** Request to Amend BRN APRN Committee Goals

**REQUESTED BY:** Elizabeth(Betty) Woods, RN, FNP, Chairperson

**BACKGROUND:** On behalf of the CA APRN Coalition, please consider this request to amend the current BRN APRN Committee Goals. I understand that this request will considered on January 11, 2018 Practice Committee. I will ask the members of the APRN Coalition to be present to advocate for this amendment.

**RESOURCES:**

**NEXT STEPS:** Board

**FISCAL IMPACT, IF ANY:** None

**PERSON(S) TO CONTACT:** Janette Wackerly, MBA, BSN, RN  
Supervising Nursing Education Consultant  
Phone: 916-574-7686  
Email: [janette.wackerly@dca.ca.gov](mailto:janette.wackerly@dca.ca.gov)





December 5, 2017

Board of Registered Nursing  
Practice Committee  
P.O. Box 944210  
Sacramento, CA 94244-2100

Re: APRN Committee Goals

Dear Members of the BRN Practice Committee,

On behalf of the organizational members of the APRN Coalition (the list is below) that is coordinated through the California Action Coalition and HealthImpact, we would like to suggest an additional goal to clarify the current set of goals. The current goals of the APRN Committee are as follows:

1. Clarify and articulate sufficiency of the four Advanced Practice Registered Nurse roles and recommend changes to the Nurse Practice Act and rules.
2. Develop recommendations for joint statements related to scope of practice and advanced practice nurse functions.
3. Review national trends in regulation of advanced practice nurses and make recommendations to the Board.
4. Collaborate with other Board committees on matters of mutual interest.

To further clarify the goals of the APRN Committee to review and comment on the respective roles within the APRN Committee (i.e., nurse practitioners will work on nurse practitioner issues, certified nurse-midwives will work on certified nurse-midwife issues, etc.), we propose adding the following goal:

5. Support each of the advanced practice registered nursing roles to lead BRN advisement related to their specific role.

This clarification is important as only clinicians in each specific APRN role can or should comment or clarify the practice of that specific APRN role. The current goals of the APRN Committee, as they currently read, could allow an APRN from one role to work on APRN goals from different role.

We appreciate your consideration. Please let us know if you have any questions.

Sincerely,

Garrett Chan, PhD, RN, NP, CNS, FAAN      Susanne Phillips, DNP, RN, NP, FAANP  
Co-Leads, Recommendation #1 Work Group  
California Action Coalition & HealthImpact

On behalf of the American Nurses Association\California (ANA\C), California Association of Clinical Nurse Specialists (CACNS), California Association of Nurse Anesthetists (CANA), California Association for Nurse Practitioners (CANP), and the California Nurse-Midwives Association (CNMA).