NURSING PRACTICE
COMMITTEE MEETING

AGENDA

DoubleTree by Hilton Hotel Claremont
555 W. Foothill Blvd.
Claremont, CA 91711
(909) 626-2411

March 10, 2016

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

Thursday, March 10, 2016

10.0 Call to Order/Roll Call /Establishment of a Quorum
10.0.1 Review and Vote on Whether to Approve Previous Meeting’s Minutes:
   ➢ January 14, 2016

10.1 Review and Comments on Proposed Language for Article 8 Standards of Nurse Practitioner Practice: Office of Administrative Law’s pre-notice public discussion

10.2 Information Only: Report on first Nurse-Midwifery Committee Meeting

10.3 Public Comment on items not on the agenda.

10.4 Adjournment

NOTICE: All times are approximate. Meetings may be canceled without notice. For verification of meeting, call (916) 574-7600 or access the Board’s Web Site www.rn.ca.gov under “Meetings.” 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 or send a written request to the Board of Registered Nursing Office at 1747 North Market Suite 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. The public will be provided an opportunity to comment on each agenda item at the time it is discussed; however, the committee may limit the time allowed to each speaker.
BOARD OF REGISTERED NURSING
NURSING PRACTICE COMMITTEE MINUTES
January 14, 2016
Hilton Sacramento Arden West
2200 Harvard Street
Sacramento, CA 95815
(916) 922-4700

MEMBERS PRESENT: Trande Phillips, RN, Chair
Michael Jackson, MSN, BSN, RN, CEN, MICN
Elizabeth A. Woods, RN, FNP
Cynthia Klein, RN

STAFF PRESENT: Katie Daugherty, MN, RN, NEC presented the report on behalf of Janette Wackerly, MBA, BSN, RN, SNEC, NP committee Staff Liaison (note: All meeting materials prepared by J. Wackerly)

Meeting called to order at 11:45 am by Trande Phillips, RN, NP Committee Chair
Member introductions: Trande Phillips, RN, Cynthia Klein, RN, Michael Jackson, RN, Elizabeth Woods, RN, FNP

10.0 Review and Vote on Whether to Approve Previous Meeting Minutes October 8, 2015

<table>
<thead>
<tr>
<th>Motion: Approve minutes: Michael Jackson</th>
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<tbody>
<tr>
<td>Second: Elizabeth Woods</td>
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<tr>
<td>TP: Yes</td>
</tr>
<tr>
<td>CK: Absent</td>
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<tr>
<td>MJ: Yes</td>
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<td>EW: Yes</td>
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October 8, 2015 meeting minutes approved as submitted without any corrections.

10.1 Review and Comments on Proposed Language for Article 8 Standards of Nurse Practitioner Practice: Office of Administrative Law Pre-Notice Public Discussion

Today’s 10.1 agenda item is the second of three scheduled pre-notice series of opportunities for the public to provide comments on the draft proposed NP regulations and the written letters of comment received as attached in the meeting materials. There were no committee member questions related to the letters included in the meeting materials. See more detailed summary of discussion related to this agenda item on the next page.

California Association of Colleges of Nursing (CACN), President Audrey Berman, PhD, RN provided oral and written comments in support of the proposed regulations indicating the 10/8/15 letter in the meeting materials from the California Action Coalition(CAC) Workgroup #1 most closely reflects CACN views. CACN’s comments and written letter of 1/14/16 included six areas of recommended revisions described in the letter as items #1-#6, pages 1-2. Recommendations in the letter for items #1, 4, & 5 suggest replacing the word “valid” with “clear/unencumbered” pertaining to the required license status; in item #2- it is suggested the faculty requirements be changed to one year of clinical experience instead of two years within the last five years;…; in item #3 related to interdisciplinary faculty, it is suggested the word “California” be deleted and the phrase… “if appropriate” be added after the word agency in proposed section CCR 1484 (7). In letter
item #6, pertaining to the CCR 1484 (g) curriculum section (5) (D)....the supervised direct patient care precepted clinical experiences...CACN is suggesting adding the phrase.... “or other appropriately qualified health care practitioner” to the end of the sentence. CACN's 1/14/16 letter will be included in the committee materials for the February 2016 Board meeting.

The following additional nursing organizations and individuals provided public testimony on 1/14/16 in support of the modernization and updating the NP regulations/language as proposed. Those commenting in support of the proposed regulations today emphasized the importance of the national certification requirements as integral to public protection and California having the highest standards of NP practice and competency validation in place.

Association of California Nurse Leaders (ACNL)
Patricia McFarland, MS, RN, FAAN
CEO and Advisor, California Student Nurse Association-reported CNSA will be providing a letter of support for the proposed regulations

California Association for Nurse Practitioners (CANP)
Katherine M. Ware MSN, RN, ANP-BC, CANP Health Policy Chair
Sara Marlow, MSN, RN, NP, CANP Health Practice Chair
Nancy Trego, GNP/LTC NP, Napa Area, CANP 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, Nurse Alliance of CA Liaison

Individual attendees providing comments
Liz Dietz, EdD, NP, RN, former BRN Board member, ANA/C member; including stated support for the CAC Workgroup#1 10/8/15 letter/comments
Lea Ross, ANP, UCSF in NP practice

The following organization provided oral testimony recommending national certification be made an option rather than a requirement in the proposed regulations to allow for broad autonomy and multiple pathways to BRN NP certification in California.

California Nurses Association
Jane Schroeder, JD, Regulatory Policy Specialist

Committee members, several APRNs, NPs and public attendees shared information about the Affordable Care Act and perceived implications in connection with the proposed regulations and issues such as access to health care, NPI numbers, NP reimbursement and national certification requirements by such organizations as Medicare, Medicaid, and private insurers. It was also reported by the CACN representative, that CCNE, the national nursing education accreditation body for NP education program accreditation, requires NP faculty members be nationally certified. Comments on the issue of national certification ranged from those stating national certification is essential, should remain a requirement rather than be changed/removed or made optional to other attendees suggesting it be made optional rather than required in the proposed regulations. Public comment on 1/14/16 also included the suggestion to add appropriate “grandfathering” language/provisions to the proposed regulations.
The Practice Committee and Board invites interested parties to submit information/responses regarding the proposed changes to Article 8, Nurse Practitioner Standards to the following Nursing Practice Committee and Board at the following meetings:

- Nursing Practice Committee Meeting in Southern CA on March 10, 2016
- Board Meeting in Southern California on April 14, 2016

Board staff requests responses that will be presented for these meetings be submitted prior to the meeting at the address below. In addition, any interested parties who are unable to attend one of the above meetings but wishes to provide information/responses may send your written information to:

Janette Wackerly RN, BSN, MBA
Board of Registered Nursing
1747 North Market Blvd., Ste. 150
Sacramento, CA 95834

Other discussion: Those in attendance were informed by CANP representative, Katherine Ware, that SB 323 (S-Hernandez, A-Eggman, A-Stone), the bill for proposed NP practice changes is a two year bill (2015-2016) that was held in the Assembly Business and Professions committee, but the bill is not dead.

10.2 Information only item: Physician Orders for Life Sustaining Treatment (POLST) signed by Nurse Practitioner and Physician Assistant acting under the supervision of the physician.
AB 637, (Campos) Chapter 217, enacted during the 2015 legislative session (Chaptered 8/17/15), amends Section 4780 of the Probate Code, relating to resuscitative measures: Physician Orders for Life Sustaining Treatment (POLST) forms. This amendment authorizes the signature of a nurse practitioner or a physician assistant acting under the supervision of the physician and within the scope of practice authorized by law, to create a valid POLST form. The new 2016 form now includes the Physician/NP/PA information/signature(s) section reflecting the amendment. Information regarding this change is on the BRN website as well as being published in the Winter 2015 edition of the BRN report.

There were no questions or comments about the information provided. Further information about POLST can be obtained by contacting a local POLST coalition or the Coalition for Compassionate Care of California at 1331 Garden Highway, Suite 100, Sacramento, CA 95833 or by email at kscholl@coalitionccc.org.

10.3 Information only item: Emergency Medical Services Authority (EMSA) regulations for lay rescuer epinephrine auto-injector training certification standards
The set of regulations giving EMSA the authority to establish, review and approve training programs and grant certification that permits a layperson or off-duty EMS personnel to obtain a prescription for and administer the epinephrine auto-injector to a person experiencing potentially life threatening anaphylaxis was approved by the Office of Administrative law on October 16, 2015 and became effective January 1, 2016. The proposed BRN written advisory statement related to these new EMSA regulations that will be posted on the BRN website following Board approval includes specific EMSA contact information so interested parties needing further information about these EMSA regulations, training program approvals and certification requirements have the appropriate contact information to do so.

10.4 Information only item: printed Article: RN Role Reimagined-How Empowering Registered Nurses Can Improve Primary Care published by the California Healthcare Foundation August 2015
The article provided was briefly highlighted. It was included in the materials to further inform the committee of the specific strategies and examples of innovation related to the changing RN roles and training/nursing
education for RNs in primary care skills. The article indicates the listed strategies and training examples are successfully enabling RNs to make more clinical decisions independently (in CA by using standardized procedures) as well as perform effectively providing chronic disease management, care coordination, health risk appraisal, health promotion and disease prevention services as a part of primary care teams in a variety of ambulatory and primary care settings. The outcomes reported in the article suggest the RNs performing in these examples/patient care teams are “adding substantially to primary care capacity” in meeting community needs particularly in safety net clinics, community health centers and county health systems in CA, in the U.S., and globally. It was also mentioned the article examples mirror some of the current practice related calls/questions board NECs respond to from individual RNs and practice settings in California.

10.5 Public Comment for Items Not on the Agenda
   No Public Comment

10.6 Adjournment at 12:40 pm

Submitted by:                                      Accepted by:

Katie Daugherty, MN, RN, NEC presented for
Janette Wackerly, MBA, BSN, RN, SNEC
Supervising Nursing Education Consultant
NP Committee Staff Liaison

Trande Phillips, RN, NP Committee Chair
AGENDA ITEM: 10.1
DATE: March 10, 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 Nursing Practice Committee

BACKGROUND:
The Practice Committee received (7) letters in support 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 Associations of Colleges,(CACN) President from Audrey Berman PhD RN Dean of Nursing, Samuel Merritt University
4. February 13, 2016 letter Monisita Faley, FNP-BC
5. February 13, 2016 letter Melanie Phipps, FNP, CNM
6. February 2016 Theresa Brown ACNP
7. February 20, 2016 Ada Edwards, BSN, RN Student MS FNP
8. February 16, 2016 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 Practice Committee, oral and written comments in updating Proposed Language for Article 8 Standards for Nurse Practitioner Practice.

California Association of Colleges of Nursing (CACN)
President CACN Audrey Berman PhD, RN

Association of California Nurse Leaders (ACNL)
Patricia McFarland CEO ACNL

California Association for Nurse Practitioners (CANP)
Kathrine M Ware ANP-BC CANP Health Policy Chair
Sara Marlow, NP, CANP Health Policy Chair
Nancy Trego, GNP/LTC NP CANP 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, Nurse Alliance

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 made 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 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.wackerley@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  
P (916) 322-3350/F (916) 574-8637  
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
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
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

Vicki Houle, FNP, MBA
5601 Fuller Drive
Weed, CA 96094
Vickihoule47@yahoo.com
Cell 408-772-7993
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: Monsita Faley [mailto:monsitab@yahoo.com]
Sent: Saturday, February 13, 2016 10:23 PM
To: Wackerly, Janette
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
Vista, CA
760-631-5000
mfaley@vistaclinic.org
Please add Melanie Phipps email letter to the March 10, 2016 Practice Committee

Thanks Janette

From: Melanie Phipps [mailto:mhipppsm@gmail.com]
Sent: Saturday, February 13, 2016 7:25 PM
To: Wackerly, Janette@DCA
Cc: Lynn Mccomas; K Ware NP
Subject: In support of National Certification for California NPs

TO: Janette Wackerly, MBA, RN, NEC
California Board of Registered Nursing
Dear Ms. Wackerly,
I am a Family Nurse Practitioner and Certified Nurse-Midwife and work at La Maestra Community Health Clinic in San Diego serving women across the lifespan.
I am writing in support of updating California’s Board of Registered Nursing’s regulations for APRNs to include the requirement for National Certification as part of the requirement to practice as a Nurse Practitioner in California. As one of only three states left in the country not requiring national certification along with New York and Kansas, it is advantageous for California's nursing profession to hold our standards to the highest level of proficiency and responsibility. In addition, most insurers, as well as Medicare and MediCal, require national certification of NPs for reimbursement purposes. Nearly all California NPs are required to have national certification for employment purposes, too.
Please show your support of our state's regulatory requirements in California and support National Certification for California's Nurse Practitioners.
Thank you for your consideration of this important issue.
Respectfully,
Melanie Phipps, FNP, CNM

Melanie Phipps, CNM, FNP
7455 Miramar Avenue
La Jolla, CA 92037

(858) 454-5436 home
(858) 525-5733 cell
(206) 984-0427 fax
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  
West Hills, California 91307  
theresabrown@verizon.net
February 20, 2016

California Board of Registered Nursing
PO Box 944210 Sacramento, CA 94244-2100
P (916) 322-3350/F (916) 574-8637

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
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

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: March 10, 2016

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

REQUESTED BY: Trande Phillips, RN Chair

BACKGROUND:
On January 12, 2016 at hearing room 1747 N. Market St Sacramento CA. 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 member unable to attend. Also present Elizabeth Woods FNP board member and Janette Wackerly RN SNEC board staff to the committee.

Janette Wackerly, RN SNEC presented a series power point slides regarding BPC, Nurse-Midwives §2746-2746.8 laws and 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 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 was 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, §1466 Renewal of Certificate needs 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 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/use and perhaps use of “freedcamp” applications to share group work, info, drafts, and materials. Suggestions for collecting CA CNM workforce data and nurse-midwifery committee members want to participate in survey design and development. Develop set of materials “toolkit/toolbox” of practice regulatory materials useful to CNMs and general public.

Assignments
1. Draft Mission Statement
2. Updating/Revisions CNM advisories
3. Next meeting September 16th in Southern California 10am-2pm

NEXT STEPS: Place on Board agenda.

FISCAL IMPACT, IF ANY: Per diem rate for meals and transportation to meetings

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