BOARD OF REGISTERED NURSING
NURSING PRACTICE COMMITTEE MINUTES

January 8, 2014
1:48 pm to 3:10 pm
Embassy Suites, San Francisco
Airport Waterfront
150 Anza Blvd.
Burlingame, CA 94010
(650) 342-4600

MEMBERS PRESENT:
Trande Phillips, RN, Chair
Cynthia Klein, RN, Direct Practice Member
Michael Jackson, BSN, RN, CEN, MICN

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

Wednesday, January 8, 2014 at 1:48 p.m.

Members Present: Trande Phillips, Michael Jackson, and Cynthia Klein (arrived late)
Introductions of Board Members.

Agenda items are presented in order here but were reordered at the meeting to 10.3, 10.1, 10.0, 10.2 and 10.4.

10.0 Review and Approve Minutes from 8/7/13
Approved with non-substantive changes.

MSC: Klein/Jackson voted to approve the minutes of 8/7/2013

10.1 Information and Discussion: NP Laws & Regulations
Committee Liaison explained that the BRN is presenting current Article 8 Standards for Nurse Practitioner with suggested changes in regulations for information and providing an opportunity to gather input from a variety of sources. The BRN NECs have been involved in NP program approval for many years. The original regulations were developed in 1985 and 1986 largely based on education in NP certificate programs. On or after 1/1/2008 an applicant for nurse practitioner certification must have completed a Master’s degree in nursing, master’s degree in a clinical field of nursing, or a graduate degree in nursing.
The BRN NEC staff workgroup has focused primarily on needed changes in existing NP regulation language. National Model Act and Rules provides language and National Organization of Nurse Practitioner Faculties (NONPF) has moved to "population foci" to describe the areas of preparation for nurse practitioners.

The attached document in this packet is a comparison of current regulations Section 1481 through 1484 describing some of the BRN workgroup ideas for additions/changes. The liaison reviewed the additions/changes to the following sections:

1481: Population Foci categories are included and in addition to RN Scope of Practice, Standardized Procedures was added; information related to recent bill regarding medical assistant wearing ID, ordering laboratory work; accountability for the NPs.

1482: Some entries need to be added/edited in this section

1483: Straightforward in language

1484: Curriculums have been developed by NONPF/American Association of Colleges of Nursing nationally. Clinical Master's education program includes advanced assessment, advanced pathophysiology, and advanced pharmacology, which are often referred to as the 3P's. The BRN workgroup is still working on language to include in Section 1484 Standards of Education.

Article 8 Standards for Nurse Practitioners, Section 1480-1485 became effective in 1985 when most of the NP educational programs were certificate education programs. Since January 1, 2008, the additional requirement for NP certification requires a Master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree. Currently CA BRN does not require national certification in a NP specialty and most other states require national certification in a specialty for state certification as a nurse practitioner.

The committee requested public comment and asked that we go section by section.

Public Comments:

1481-Categories of Nurse Practitioners
Garrett Chan, Director of Advanced Practice at Stanford and Adjunct Professor at UCSF, representing the California Action Coalition: Thanked the staff workgroup for their work and supports the changes for this section.

Karen Wolf, Samuel Merritt supports this section and also provided some history of why the consensus model came about. There was increasing fragmentation among APRNs and there was a need for consistency to have better public protection. It was determined that each category of APRNs should have training in population. More consistency will support APRNs to get national reimbursement under Medicare and more access for APRNs to provide care. At present not all APRNs can get reimbursement which has prevented some from being hired or hamper their ability to practice.

Kelly Green, CNA: Their organization did not have time to do a complete review and requested a timeline for providing feedback. The BRN agreed that in the future we will post meeting materials at least 10 days before the scheduled meeting to allow time for review. For these sections, BRN said written comments should be sent to committee liaison by 1/22/14, close of business as the next staff workgroup meeting is on 1/24/14. Kelly also commented that they would like more information about why this and all other revisions are necessary. What current harm, hindrance, difficulties or access problem is created by current
regulations? What is the source of information to create the new regulation? Would like to know where language comes from, would like to see it footnoted. Stakeholders need as much information/background as possible to make this a transparent process and so they can provide feedback.

Garrett Chan at this point, read and submitted a copy of a letter of support from AARP articulating the need for regulatory revision and to encourage the BRN in the process.

Kathy Ware, NP at UC Davis Medical Center and former Board member: Supports updates and changes to 1481. MediCal does not recognize all NP categories so these changes should help with that.

1482- Requirements NP Certification
CA Action Coalition: Requested that “post-graduate certificate” be included in 1482 (b)(A). A CACNS Letter of Support was read and submitted to the BRN.
CANA- requested that additional degrees beyond nursing be included in 1482(b)(A) such as nursing, medicine, health service, or public health. In addition, all programs must be accredited by an appropriate accrediting agency for the role (e.g., CCNE, ACEN, other).
BRN: All NPs would need to hold a Master’s degree, post-graduate, or higher degree; graduate from an accredited program accepted by the Board.

1483- Evaluation of Credentials
No public comments

1484- APRN-NP Education
BRN: 1484(a)(2)- Learning outcome measures should be part of the NP educational program. Need to add courses and minimum of 500 hours of supervised clinical experience which is currently only in the application and this needs to be added to regulations.

CA Action Coalition: 1484(b)(3)(c) – NP program administrators should have a minimum of a master’s degree in nursing, health-related science, business, or education (need to expand beyond a Master’s in nursing).
CA Action Coalition/CACNS/CANA- 1484(b)(5)(c)- NP program faculty should have a minimum of a master’s degree in nursing, health-related science, business, or education. 1485(b)(10)(a-e) - strike these and replace with “APRN, physician, or other licensed health professional and hold an unencumbered license” or some similar phrase to allow for other disciplines licensed in California to serve as clinical preceptors. BRN will review pre-licensure regulations in this area to see if same language could apply here.

10.2 Vote to approve/not approve advisory statement for RN: NP and CNM related to Supervision of Medical Assistants

MSC: Klein/Jackson voted to approve NP and CNM Supervision of Medical Assistants advisory

Liaison summarized Senate Bill 352 Chapter 286 enacted September 9, 2013 that deletes the requirement that services performed by a medical assistant is in specified clinic when under the specific authorization by nurse practitioner, certified nurse-midwife, and physician assistant. There was a public comment from Donna Emanuel representing the California Association of Nurse Practitioners that they support NPs supervising Medical Assistants.
10.3 Nurse Practitioners with Multiple Specialties
Certified NPs have been requesting whether an additional specialty can be added to their original specialty for NP certification. An example of the request is family nurse practitioner having completed academic work and nation certification as a psychiatric mental health nurse practitioner who wishes the new designation be listed on the board licensing screen. BreEZe (the new BRN computer system) has the capacity to hold two NP specialty titles. The BRN would require additional documentation and payment to review and add these specialties based on request by the NP. Details of how to handle this will have to be determine by licensing and BRN.

10.4 Public Comments for Items not on the Agenda
Karen Wolf reported that she is aware of agencies where Medical Assistants are being directed by doctors to supervise/teach RNs.

Adjourned at 3:10 pm

Submitted by:

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

Accepted by:

Trande Phillips, RN, Chair, Direct Practice Member