Board of Registered Nursing
Nursing Practice Committee Minutes

October 1, 2013

2:30 pm to 3:05 pm

Ontario Airport Hotel and Convention Center
700 North Haven Avenue
Ontario, CA 91764

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

Staff Present:  Katie Daugherty, MN, RN, Nursing Education Consultant
Julie Campbell-Warnock, MA Research Program Specialist
Not in Attendance - Janette Wackerly, MBA, BSN, RN, SNEC, Staff Liaison

Tuesday, October 1, 2013
Meeting was called to order at 2:30 pm
Members Present: Trande Phillips, Michael Jackson, and Cynthia Klein
Introductions of Board Members and Katie introduced the Staff APRN Workgroup (Katie, Miyo, Julie and Carol)

10.0 Review and vote to accept minutes:
Accept the Minutes of August 7, 2013 as presented.

MSC: Klein/Jackson voted to accept meeting minutes of August 7, 2013.

10.1 Information Only: APRN BRN Staff Workgroup Update
Katie Daugherty, NEC, presented a summary background and current issues, following the agenda items summary topics throughout the presentation. She discussed the history of 2008 Consensus Model: 48 organizations came together and endorsed; studies have proven APRNs have provided safe and cost effective care over time; Affordable Care Act – greater access to primary care; IOM Recommendations – removing barriers, expanding role of nursing, increased education, removal of practice barriers

Explained that the workgroup is in the early stages of gathering information and first priority is CNPs since they are largest group of APRNs. Currently in California there are over 18,700 active CNPs (72% of all APRNs). California already recognizes the four APRN roles and total approximately 3,400 CNSs, 2200 CRNAs, and 1243 CNMs.
Katie Daugherty, NEC, highlighted workgroup activities, especially the crosswalk document to compare CA current rules and regulations with the national consensus model to see if there are areas that need updating/changing; adding questions to the Annual School Survey to determine where APRN educational programs are in the process. She reviewed the workgroups preliminary beliefs/assumptions. She mentioned the attachment and that it contains good background and information related to the National Consensus Model and that is focuses on uniformity of Titles, Roles, Licensure and Certification, graduate degree/post graduate certificate, national certification by certifying bodies accepted by the BRN. She mentioned the six areas of population foci.

Katie Daugherty, NEC, also mentioned that the consensus model focuses on independent practice and prescriptive authority, which CNPs do not have authority in California.

Miyo Minato, SNEC, added that the workgroups goal is to review the regulations related to education and licensing requirements and make possible changes to comply with the national consensus model. We will be reviewing licensing requirements, accreditation of schools, APRN national certification, standardizing educational requirements to meet consensus model. We are beginning with CNPs and will move to others over time.

Public Comments:
California Action Coalition Co-Lead Recommendation #1: Provided comments – see written testimony she provided.

California Association of Nurse Anesthetists, Inc. - Supports the national consensus model and the BRN and said there have been many studies and information that supports the work of APRNs and there is information/studies available on their website.

California Nurse Midwives Association – Supports the national consensus model and offers the BRN their resources and support.

California Nurses Association – Would like to see what regulatory changes might need to be changed and why BRN seems to be leaning toward national consensus model and CNA does not support model as they have concerns about uniformity emphasis for nurses to move across state lines, which is similar to compacts and CNA opposes. CNA would like to see an analysis of what is wrong with current regulations and what is and is not working, and why is the BRN choosing the national consensus model as the model for California.

American Nurses Association of California – They support the national consensus model in concept and will support the BRN and staff and offer assistance with this process.

Trande Phillips, Chair, asked for clarification on why the national consensus model was chosen and Katie responded with the following:

- Language most similar to California
- Approved by 48 organizations
- Janette Wackerly, SNEC, has been working on this more extensively and could discuss more later
Louise Bailey, E.O., commented that the consensus model does not have to be accepted as a whole but we can pick and choose and select what is applicable for California and Katie said we are looking at language in our statutes and regulations for conformity and congruency.

10.2 Public Comments for Items not on the Agenda
No comments

Adjourned at 3:05 pm

Submitted by:

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

Accepted by:

Trande Phillips, RN, Chair, Direct Practice Member