The purpose of the BRN Report is to inform registered nurses of Board policies, activities, and processes, current laws related to nursing, and issues pertaining to the regulation of nursing practice and education.
Mission Statement
The Board of Registered Nursing protects and advocates for the health and safety of the public by ensuring the highest quality registered nurses in the state of California.

BRN Report
Julie Campbell-Warnock, Editor
Joseph Morris, Ph D , MSN, RN, Associate Editor
Stacie Berumen, Managing Editor

Design and Production Assistance:
Department of Consumer Affairs
Office of Public Affairs and Office of Publications, Design & Editing

Contributors: Lorraine Clark, Katie Daugherty, Susan Engle, Joseph Pacheco, Shannon Silberling, Christina Sprigg, Alcidia Valim, Janette Wackerly, Don Walker, Kay Weinkam, Ronnie Whitaker, Nancy Trego from California Association of Nurse Practitioners and Kaiser Permanente, Virginia Matthews from MAXIMUS California Health Professionals Intervention Program

Officer
Joseph Morris, Ph D , MSN, RN, Executive Officer

Board Members
Trande Phillips, RN, President
Donna Gerber, Vice President
Imelda Ceja-Butkiewicz
Cindy Cipers Klein, RN
Pilar De La Cruz-Reyes, MSN, RN
Michael Deangelo Jackson, MSN, RN, CEN, MICN
Elizabeth (Betty) Woods, RN, FNP, MSN
Barbara Yaroslavsky

Next Board Meeting
Visit the BRN website, www.rn.ca.gov/consumers/meetings.shtml, for the latest dates and locations of upcoming Board and committee meetings

Recently Enacted Legislation Impacting RNs 19
New and Amended BRN Regulations 20
When You Need Information STAT, Visit the BRN Website 20
NCSBN Regulatory Scholars Program 20

CLINICAL PRACTICE
The Opioid Epidemic: Update on Preparing Nurse Practitioners and Physician Assistants to Help 21
Cannabis and RNs in California 22
BRN Continues to Collect Demographic Data 23
Update on 2017 BRN Survey of NPs and CNMs 23

ENFORCEMENT/INTERVENTION
Helpful Tips and Reminders From the Enforcement Division 24
Licensure Verification Information for Employers 26
Upgraded Prescription Drug Monitoring Program 26
Verify an RN License Through BRN or Nursys 27
Data on Discipline of California RN Licenses 28
Become an Expert Practice Consultant 29
The Opiate Epidemic’s Impact on RNs and How the Intervention Program Can Help 30
BRN Intervention Program Seeking Nurse Support Group Facilitators and Co-Facilitators 33
Social Media in Nursing 33
Navigating the BRN Phone System 34
Greetings, registered nurses and community partners. I hope this message finds you well. Since I began with the California Board of Registered Nursing just over a year ago, BRN has experienced many changes. Representing more than 430,000 licensees, the Board is one of the largest healing arts boards in the United States. Despite several challenges we have faced, I am optimistic about the transformation and the positive direction we are moving toward. Here are some (what I would call “the top 10”) activities that have occurred over the past year and many of which are still ongoing. Although this is not an exhaustive list, it does represent some of the work BRN has been undertaking:

1. Fingerprint renewal letters were mailed to more than 4,200 nurses who had been identified to need Department of Justice or FBI fingerprints. A mass media alert has been delivered to community partners and various nursing professional groups (deans, directors, hospitals, etc.). A follow-up and process improvement plan is currently in place to address the compliance for the remaining impacted licensee population. Several staff members have been redirected to answer phone calls and emails to validate results specifically related to this matter.

2. The BRN cloud was successfully launched. Nursing programs are starting to send transcripts electronically in this secure environment. This new process has thus far proven to be successful and cost effective. The licensing processing timeframes for California schools continue to be current, and the use of the secure cloud has been well received by our community partners. BRN will continue to explore utilizing cloud technology in other areas of the Licensing Unit and in other program areas, including the Enforcement Division.

3. The California State Auditor’s report of the BRN enforcement complaint intake unit is completed. The Board conducted a closed session and drafted responses to each recommendation. The official report was released to the public on December 13, 2016. BRN staff will continue to work diligently on implementing the Auditor’s recommendations.

4. The 2016 Supplemental Sunset Report was completed and is available on the BRN website. Board members and BRN staff successfully presented the report before the California Senate Business and Professions Committee Sunset Hearing in March 2017. As highlighted during the Sunset Hearing, staff continue to work on the issues identified in the report.

5. The DCA SOLID process improvement and mapping audit of the Enforcement, Licensing, and Education Consultant units are complete. Managers and supervisors are reviewing the recommendations and implementing changes and updating policies and procedures as needed.

6. BRN staff and selected Board members are working collaboratively to review the Continuing Education Provider (CEP) process. A survey has been completed and will be mailed to the estimated 3,000 CEPs encouraging them to update their emails and contact information. In addition, BRN is currently evaluating the staffing needs and researching a robust course evaluation process.

continued on next page
that would be used as the standard for evaluating course content and training for future provider and course content evaluators.

7. BRN is currently reviewing the staffing model and organizational structure I met with the DCA human resource manager, legal office, SOLID, and BRN administrative staff to gather suggestions on process improvement, policy updates, and change management implementation.

8. The Nursing Education Consultants are working collectively with the Enforcement Unit to assist with improving the workplace approval applications for licensees enrolled in the probation monitoring program.

9. BRN implemented the use of videoconferencing. The BRN office library has been remodeled and staff in Sacramento now have the capability to teleconference meetings with other staff and community stakeholders as an efficiency and cost-saving measure.

10. To remain fiscally conscious and to operate within the budgetary guidelines, BRN has explored and implemented several cost-saving measures such as travel reductions, more extensive use of technology, and revisions of external contracts.

I look forward to the future and its possibilities for additional improvements and the opportunity to work with all of you as we move forward in a positive direction.

Best regards,

Joseph Morris, Ph D , MSN, RN
Executive Officer
California Board of Registered Nursing

---

Explanation of Terms

The following is an explanation of terms that may appear throughout the BRN Report:

**APRN** stands for “advanced practice registered nurse.”

**Board** refers collectively to the nine appointed members and is the Board of Registered Nursing’s policy-making body responsible for the interpretation and enforcement of the Nursing Practice Act.

**BRN** stands for the Board of Registered Nursing. This is the state agency within the Department of Consumer Affairs responsible for the implementation of Board policies and programs.

**DCA** stands for the Department of Consumer Affairs, which supports many of the regulatory licensing entities in California, including BRN.

**Endorsement** refers to RNs licensed in one state who are seeking licensure in another, either from another state into California (incoming endorsement) or from California to another state (outgoing endorsement).

**NCLEX-RN** refers to the National Council Licensure Examination for Registered Nurses.

**NCSBN** stands for the National Council of State Boards of Nursing. The NCSBN is an independent, not-for-profit organization through which nursing boards act and counsel together on matters of common interest and concern that affect public health, safety, and welfare, including the development of nursing licensure examinations.

**NPA** stands for the Nursing Practice Act. The NPA contains the statutes that govern the practice of registered nurses in California. It consists of Sections 2700–2838 4 of the Business and Professions Code. Regulations that implement the Nursing Practice Act appear in Sections 1402–1495 of Title 16, Division 14, of the California Code of Regulations. Nurses are responsible for knowledge of subsequent changes in the statutes and regulations. Publication of the BRN Report is one mechanism for informing registered nurses of these changes.

**RN** is the acronym for “registered nurse.”
Meet Our Board Members

Nine Board members serve as the policy-setting body for the Board. Seven are appointed by the Governor, one by the Senate President pro tempore, and one by the Assembly Speaker. Board members include five RNs from different areas of RN practice and four public members. Meet our current Board members:

**Imelda Ceja-Butkiewicz** is a project specialist at Kern County Public Health Services Department and is a community advocate who has served on several professional and community organizations committee and boards. She is a public member appointed by the Governor. Her current term expires June 1, 2021.

**Cynthia Cipres Klein, BSN, RN**, is an RN in the Internal Medicine/Subspecialty Department at Kaiser Permanente Medical Group in Riverside. She is a Direct Patient Care Member appointed by the Governor. Her current term expires June 1, 2018.

**Pilar De La Cruz-Reyes, MSN, RN**, is the Director of the Central California Center for Excellence in Nursing at California State University, Fresno. She is a Nurse Administrator Member appointed by the Governor. Her current term expires June 1, 2019.

**Michael Deangelo Jackson, MSN, RN, CEN, MICN**, is a Clinical Nurse II in the Department of Emergency Medicine at the University of California, San Diego Medical Center. He has been an adjunct clinical faculty member in the RN program at Southwestern Community College and an operations supervisor at Scripps Mercy Medical Center. He is a Nurse Educator Member appointed by the Governor. His current term expires June 1, 2020.

**Trande Phillips, RN**, is an RN at the Kaiser Permanente Walnut Creek Medical Center in the pediatric-flex unit. She is a Direct Patient Care Member appointed by the Governor and is currently serving as Board President. Her current term expires June 1, 2019.

*continued on next page*
Board Members continued

Elizabeth (Betty) Woods, RN, FNP, MSN, is a volunteer nurse practitioner at the Jewish Community Free Clinic in Rohnert Park, serving the uninsured population in Sonoma County. She is an Advanced Practice Member appointed by the Governor. Her current term expires June 1, 2018.

Our Newly Appointed Board Members
Since the last BRN Report in 2015, there has been a change of two Board members who are currently serving. Meet our newest members:

Donna Gerber has been serving on the Board since February 24, 2016, as a public member appointed by the Speaker of the Assembly. She is currently serving as Board Vice President, and her current term expires June 1, 2020. Ms. Gerber retired in 2009 after a long and varied career. She graduated from the University of California, Santa Barbara, with a degree in social work and started her career as a social worker. She later worked for several labor unions as an advocate and educator for health care workers. Ms. Gerber was elected to the Contra Costa Board of Supervisors in 1996 and again in 2000, and was appointed as a public member of the California Medical Board by Governor Gray Davis. She currently serves on the nonprofit community conservation and land use project planning board in the Bay Area, as well as on the board of the National Charrette Institute, a national nonprofit educational institution that provides training to elected officials, private professionals, and community members that empowers all parties toward land use project planning, design, and implementation.

Barbara Yaroslavsky was appointed to the Board on June 1, 2016, by the Senate Rules Committee to serve as a public member. Her current term expires June 1, 2020. Ms. Yaroslavsky currently sits on the boards of many nonprofit organizations and public organizations in the Los Angeles area and has been active for the last 35 years at the Saban Community Clinic. She has also served on the Medical Board of California for 13 years in a variety of roles, including President, Chair of the Education Committee and Discipline Panel, Co-chair of the Overprescribing Task Force, and has served on other task forces always with public protection at the forefront. Ms. Yaroslavsky believes that the way to make a difference is by being involved in the community, and she has been engaged in a myriad of community projects through her career as a community activist with her focus on opportunities in education and healthcare issues.

BRN Report: We Have a New Look!
Hope you enjoy BRN Report’s updated format! With the addition of clickable icons and images throughout, the newsletter gives you quick access to important online information.
Studies Conducted by BRN

BRN, in collaboration with our vendor, the University of California, San Francisco (UCSF), conducts a variety of research with other agencies or vendors. Some projects are ongoing data collection and analysis, and some are one-time or less-frequent studies. When finalized, all of the reports are available on the BRN website. Ongoing studies or publications, followed by the most current report date, include:

- Survey of Registered Nurses in California, 2016 (coming soon)
- Forecasts of the RN Workforce in California, 2017 (coming soon)
- Supplemental Sunset Report, 2016

For more information, visit the BRN website at http://rn.ca.gov/forms/reports.shtml.

UCSF conducts additional research of the nursing workforce that is available at the Healthforce Center on the UCSF website at https://healthforce.ucsf.edu/research/professions/registered-nurses.

BRN Activities

The following summarizes BRN activities for Fiscal Years 2014–15 and 2015–16. A fiscal year runs from July 1 through June 30. For current licensee population breakdowns, visit the BRN website at http://rn.ca.gov/consumers/stats.shtml.

Fiscal Years 2014–2016

<table>
<thead>
<tr>
<th></th>
<th>2014–15</th>
<th>2015–16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applications received</td>
<td>30,650</td>
<td>38,049</td>
</tr>
<tr>
<td>Licenses issued</td>
<td>22,911</td>
<td>24,135</td>
</tr>
<tr>
<td>Total licenses*</td>
<td>433,551</td>
<td>418,980</td>
</tr>
<tr>
<td>Continuing Education Providers</td>
<td>3,236</td>
<td>3,060</td>
</tr>
<tr>
<td>Approved RN</td>
<td>143</td>
<td>141</td>
</tr>
<tr>
<td>Pre-Licensure Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enforcement Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complaints received</td>
<td>6,783</td>
<td>7,757</td>
</tr>
<tr>
<td>Cases referred to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attorney General</td>
<td>1,307</td>
<td>1,744</td>
</tr>
<tr>
<td>Formal charges filed*</td>
<td>1,167</td>
<td>1,133</td>
</tr>
<tr>
<td>Disciplinary Actions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revocation</td>
<td>463</td>
<td>429</td>
</tr>
<tr>
<td>Surrender of license</td>
<td>457</td>
<td>214</td>
</tr>
<tr>
<td>Probation</td>
<td>653</td>
<td>476</td>
</tr>
<tr>
<td>Probation with suspension</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Diversion Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-referrals</td>
<td>50</td>
<td>106</td>
</tr>
<tr>
<td>Board referrals</td>
<td>98</td>
<td>26</td>
</tr>
<tr>
<td>Number of participants</td>
<td>430</td>
<td>400</td>
</tr>
<tr>
<td>Successful completions*</td>
<td>97</td>
<td>93</td>
</tr>
</tbody>
</table>

* Due to more accurate data retrieval, numbers may have been updated from those previously published.
BRN Consumer Satisfaction Survey Now Available: Let Us Know How We Are Doing!

Continuing to improve BRN’s business processes and services to enhance public protection and provide quality customer services is critical to our mission. This is why we are requesting consumer feedback on our processes and services once again with our 2017 Consumer Satisfaction Survey. The survey was offered for the first time in 2016 and will be conducted annually in an ongoing effort to assess and improve the services of BRN. The 2017 survey will be available through October 15, 2017.

If you have recently been in contact with or have had any interactions with BRN or any of our services, we want your feedback! Please take a few minutes to complete our online 2017 consumer satisfaction survey by November 2, 2017. Let us know what we are doing well and where we can improve. You can access the survey at www.surveymonkey.com/r/2017_BRN_stakeholder_survey

The first survey collected data from September 9, 2016, through October 15, 2016. BRN received 21,759 survey responses, with licensees making up the largest response group (85 percent). Others responding to the survey included applicants, educators, employers, and consumers.

In 2016, the majority (72 to 85 percent) of respondents were satisfied or very satisfied with a variety of BRN services. Overall, respondents were most satisfied with the online BreEZe renewal (80 percent) and license verification systems (85 percent). They were less satisfied with the online application process (77 percent) and checking renewal or application status (72 percent).

New Website Format for BRN

BRN implemented a new format for its website in May 2016 to make it more helpful and user-friendly. Frequently visited pages and needed information are now easier to locate, and overall navigation is now more efficient. When comparing the 2016–2017 results from the BRN’s website satisfaction survey to the 2015–2016 survey results, it appears the new format has been helpful. A significant increase was found in the number of respondents who said they were successful in finding the information they were seeking (74 percent in 2016–17 versus 46 percent in 2015–16). Overall satisfaction ratings (those responding “satisfactory” or “very satisfactory”) for the website format/layout, navigation/ease of use, information provided, and links provided increased between 16 percent and 22 percent.

Please visit the BRN website and take a minute or two to answer our website satisfaction survey and give us your feedback. The survey can be found on the BRN website at https://www.dca.ca.gov/webapps/rn/survey.php.
Where Are They Now?

It’s always interesting to hear about what licensees are doing, what they like about the profession, and the opportunities available to RNs. BRN Executive Officer, Dr. Joseph Morris, interviewed three active RNs who were randomly selected from the DCA/BRN BreEZe licensure database.

Peter M. Bracken, BSN, PHN, D.C., PA-C
Health Care Provider and Instructor
Angels Health Care
Clinic and Workwell Medical Group

Dr. M: When and why did you decide to become an RN?
Peter: I became a nurse in my early 20s. I moved from Colorado where I was initially a theatrical major. Eventually, I moved to California and attended Pierce Community College to complete my nursing course prerequisites. I worked at a psychiatric mental health hospital where I met several nurses who changed my life. They believed in me and motivated me to become a nurse.

Dr. M: What path did you take to receive your RN license?
Peter: I graduated from California State University, Los Angeles. Getting a degree was a challenge; however, I had great mentors who encouraged me.

Dr. M: What do you like most about being an RN?
Peter: The things I enjoy most about being a nurse are the opportunities to serve others, flexible hours, job stability, diversity, and various specialties that a nurse can pursue.

Dr. M: What are some of your best memories of your nursing career?
Peter: Teaching nurses, mentorship, and watching nurses progress throughout their career.

Dr. M: What specialties have you focused on during your nursing career?
Peter: I have worked primarily in the areas of psychology, home health, and public health nursing.

Dr. M: What advice would you give individuals who are thinking about pursuing a career as an RN?
Peter: To be a nurse you must be compassionate, competent, committed, and have a spirit of cooperation. You cannot do it for the money!

Angela Clark, WHNP, CNM
Women’s Health Nurse Practitioner and Certified Nurse Midwife
Athena Medical Group and Salinas Valley Memorial Hospital

Dr. M: When and why did you decide to become an RN?
Angela: Growing up, I witnessed my younger brother undergo several surgeries. I noticed the care the nurses provided and became interested in what they do. I later attended a job fair in high school to learn more about the nursing profession.

Dr. M: What path did you take to receive your RN license?
Angela: I completed my prerequisites from Monterey Peninsula College then later transferred to Azusa Pacific University (APU). I graduated with my BSN [bachelor of science in nursing], then eventually obtained an MSN [master of science in nursing] and midwifery certification from California State University, Fullerton, in 2009.

Dr. M: What do you like most about being an RN and nurse-midwife?
Angela: I enjoy working in the labor and delivery and mother-baby unit. After graduating from APU, I went directly into those areas of specialty. It is perhaps one of the most positive places in nursing and where life begins.

continued on next page
Where Are They Now? 

continued

Dr. M: What are some of your best memories of your nursing career?

Angela: Taking care of sick mothers and comforting them during scary times throughout their pregnancy. I also enjoy teaching a new nurse. There are so many great memories I can’t mention them all.

Dr. M: What specialties have you focused on during your nursing career?

Angela: I have worked primarily in the areas of labor and delivery and mother-baby.

Dr. M: What advice would you give individuals who are thinking about pursuing a career as an RN?

Angela: Nursing is the best job that anyone can do. There are so many areas to practice. There’s a niche for everyone. In addition, there’s a job waiting for graduates right out of nursing school. If caring for someone mentally, physically, and spiritually is your desire, then this is the best profession.

Christine Truong, BSN, MSN, CRNA
Staff Certified Registered Nurse Anesthetist, Navy Commander
Naval Medical Center, San Diego; University of California, San Diego; Paradise Valley Hospital and Naval Hospital, Camp Pendleton

Dr. M: When and why did you decide to become an RN?

Christine: Initially, I started my career as a biology major. However, I later decided that I did not want to do research or work in education so I applied to nursing school.

Dr. M: What path did you take to receive your RN license?

Christine: I completed my BSN in 2001, and immediately after I graduated, I joined the Navy and worked for 26 months on a med-surgical unit. I later transferred to work in the ICU [intensive care unit].

Christine Truong, BSN, MSN, CRNA
Staff Certified Registered Nurse Anesthetist, Navy Commander
Naval Medical Center, San Diego; University of California, San Diego; Paradise Valley Hospital and Naval Hospital, Camp Pendleton

Dr. M: What do you like most about being an RN and CRNA?

Christine: I enjoy the flexibility of my profession. Everyday is different. In my role as a CRNA, I get the opportunity to see a variety of cases (i.e., pain management, critical care, surgery, obstetrics, etc.).

Dr. M: What are some of your best memories of your nursing career?

Christine: Becoming a CRNA was a dream come true. My years of working in the ICU and med-surgical unit prepared me for what I do today. Working with the military nurses and corpsmen also helped to make me who I am today.

Dr. M: What specialties have you worked throughout your nursing career?

Christine: I have worked in the ICU and med-surgical units.

Dr. M: What advice would you give individuals who are thinking about pursuing a career as an RN?

Christine: Nursing is not an easy or glamorous job at times. Oftentimes it may be thankless; however, the opportunities are endless. There is never a dull moment. Not to mention, it is a wonderful career and offers financial stability.
Education/Licensing Continuing Education: RN Audits

Title 16, California Code of Regulations Section 1451 requires licensees to complete continuing education as a requirement for renewal of an active RN license.

To renew an active RN license, licensees must pay the renewal fee and submit proof that during the preceding renewal period, the preceding two years, they completed 30 hours of continuing education approved by the Board.

Licensees must keep their continuing education certificates for a period of four years and must submit them to BRN upon request. Random audits are conducted by BRN. If you are contacted by BRN, submit the requested documents in a timely manner. Noncompliance could result in disciplinary action against your RN license or the issuance of a citation and fine.

For more information, visit the BRN website at www.rn.ca.gov/licensees/ce-renewal.shtml.

Improving Application Processing Times

Recently, BRN has made many strides toward improving application processing times. In October 2016, BRN implemented a change for exam applicants from California nursing education programs by accepting transcripts via the DCA/BRN secure cloud. The nursing programs upload final electronic transcripts for each of their nursing students to the BRN’s secure cloud. This efficient process reduces the time and cost related to the mailing and processing of paper documents. It also ensures that transcripts are received by BRN and not misdirected through the regular mail process. BRN will continue to work with California prelicensure programs during this transition to electronic submission of transcripts so that it is smooth and beneficial for all parties.

Future improvements coming soon:

- BRN will accept electronic transcripts from other U.S. prelicensure nursing programs for both exam and endorsement applications. Scheduled for implementation in fall 2017.
- Deficiency notification statements to applicants from BRN via the applicant’s personal online BreEZe account. Scheduled for implementation in fall 2017.
- Improved license verification/look-up in BreEZe. Scheduled for implementation in fall 2017.
- Implementation of online-only initial exam and endorsement BRN applications. Scheduled for implementation in late 2017 or early 2018.
Updates on BreEZe, BRN’s Online System

Online Services
BreEZe provides online services for our applicants and licensees. System updates to add new services and upgraded functionality are made frequently. To visit the BreEZe website, click on the image below. You can visit the BreEZe website by going to www.breeze.ca.gov

Services available include the ability to:

» Renew a license and certificate(s)
» Verify a license and obtain proof of renewal status and real-time licensee information
» Apply for RN licensure by exam and endorsement
» Apply for nurse practitioner, nurse-midwife, nurse anesthetist, clinical nurse specialist, or public health nurse certificates, and nurse practitioner and nurse-midwife furnishing numbers
» Pay with a major credit card in a secure environment
» Submit address changes for RN licenses
» File a complaint

Tips for Using Online Services
BRN has created a helpful step-by-step guide to assist users with the online RN renewal process. The guide is available on the BRN’s website at http://rn.ca.gov/pdfs/licensees/onlineinstructions.pdf

Did you know that there are also tutorial videos to help you use the BreEZe system? Tutorials include:

» An overview of BreEZe online services
» How to search for a license
» How to file a complaint
» How to register for BreEZe
» What to do if you forgot your password or user ID
» How to submit an application
» How to submit a renewal
» How to update license information
» How to make a payment
» How to add an authorized representative

The following information may also be helpful to remember when applying online:

» Prior to starting your online application, scan and save any documents you may need to attach to your application
» Submit and pay for your application on the same day
» To avoid any delays in the transmission of information and when submitting fingerprints, use your full name as it appears on your identification to BRN and Pearson VUE. Everything must match!
» Know that Live Scan fingerprinting can only be submitted by applicants who reside in California

For more information, visit the BRN website at www.rn.ca.gov/online/
Financial Assistance for RN Education

The Financial Aid Information web page (http://rn.ca.gov/careers/financial-aid.shtml) includes information and links to a variety of resources for RN education financial assistance.

Listed on the BRN Financial Aid Information web page is a link to the Health Professions Education Foundation (HPEF) website (https://www.oshpd.ca.gov/HPEF/) HPEF provides scholarship and loan repayment programs to RNs and other health care professionals who agree to practice in California’s medically underserved communities. The programs are funded in part through a $10 surcharge on all RN biennial renewal fees.

Notify BRN if You Move or Change Your Name

Are you an RN applicant or licensee who moved or changed your name? Did you immediately report this change to BRN?

Licensees are required by law to notify BRN within 30 days if they move or change their name. The Enforcement Division issues citations and fines to nurses who fail to comply with this requirement.

It is very important that we have current and complete records so licensees receive timely renewal notices and other important information, and applicants receive messages regarding application status.

Instructions for submitting name and address changes can be found on the BRN website at http://rn.ca.gov/address.shtml.
BRN Implementing Project Green

Project Green is BRN’s effort to eliminate paper renewals and plastic pocket RN cards. Effective September, the Board no longer issues pocket RN cards upon initial licensure and renewal. Also, the six-page renewal notice has been reduced to one page and encourages licensees to renew online. For more information, visit the BRN website at http://rn.ca.gov/green.shtml.

For faster results, apply and renew early and apply and renew online.

Complying With Fingerprint Requirement When Renewing Your License

BRN is reconciling its fingerprint data and identifying licensees who need to submit or resubmit fingerprints to be in compliance with Title 16, California Code of Regulations Sections 1419, 1419.1, and 1419.3. These regulations require the submission of fingerprints upon license renewal if the licensee was not previously fingerprinted by BRN or if a record of fingerprint submission no longer exists.

A deficiency notification will appear on the licensee’s paper renewal notification and the online BreEZe account if the licensee is required to submit fingerprints to complete the renewal process. Please look for the notification to ensure you have complied with the fingerprint requirement.

For more information, visit the BRN website at www.rn.ca.gov/licensees/ren-fp.shtml.
RNs Needed to Assist With NCLEX Exam Development Process

NCSBN is currently seeking interested and qualified RNs to contribute to the development of NCLEX examinations. Visit the NCSBN website (https://www.ncsbn.org/exam-volunteer-opportunities.htm) for more information on exam volunteer opportunities.

Current and Future BRN Fee Increases

The Governor signed Senate Bill 1039, Chapter 799, which provides authority for the Board to increase its RN renewal fees to support operations. The fee increases took effect on January 1, 2017, for delinquent RN renewals and on April 30, 2017, for all RN renewals.

<table>
<thead>
<tr>
<th>RN Renewal Fee*</th>
<th>Delinquent Fee for Late RN Renewal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous</td>
<td>Current</td>
</tr>
<tr>
<td>$160</td>
<td>$190</td>
</tr>
<tr>
<td>Previous</td>
<td>Current</td>
</tr>
<tr>
<td>$75</td>
<td>$90</td>
</tr>
</tbody>
</table>

*RN renewal fee includes $10 for the RN Education Fund.

Proposals for additional fee increases are currently going through the regulatory process. They will become effective upon approval of the regulation. Regulation information and updated fee information can be found on the BRN website at www.rn.ca.gov/regulations.
New BreEZe License Verification

The BreEZe licensure verification system has been improved, with Phase 1 being launched in September 2017. Here are some of the improvements and possible future enhancements:

**New features**

- Ability to filter results by several data elements
- Provide more information on initial results screen
- Phonetic searching
- Faster results
- Static URLs, which provide licensee information, that can be used in other documents or web pages
- Increased accessibility. License searching will be available even if BreEZe is offline
- Ability to make changes and enhancements more quickly because they won’t be tied to only prescheduled BreEZe updates

**Possible future enhancements**

- Additional BRN customization for license details
- Ability to initiate the search directly from the BRN website
- Geographic searching

**Additional services**

- Application Program Interface (API) that will provide external clients, such as credentialing agencies, employers, associations, etc., the ability to access data directly at increased speed
- The API will provide quick one-at-a-time verification for confirming employment

Check the BRN website at [www.rn.ca.gov](http://www.rn.ca.gov) for updates.

BRN Works With Stakeholders on Important Education and Workforce Issues

The newly formed Nursing Education and Workforce Advisory Committee (NEWAC) brings together RN educator and workforce experts and stakeholders to communicate, collaborate, and assist one another with relevant nursing issues. Committee members include nursing program directors from a variety of degree programs, RN employers, currently practicing RNs and APRNs, other state health care agencies and associations, RN unions, the public, researchers, and other stakeholders.

The Committee is addressing topics that include the BRN Annual School Survey and the RN Workforce Survey, clinical practice site issues, clinical simulation, changes in RN practice, research needs, and increasing diversity of the RN workforce. NEWAC’s work and recommendations will be reported to the Board’s Education/Licensing Committee, which provides assistance and direction for the work.
NCLEX-RN Exam Pass Rates for July 2012 through June 2015

California’s NCLEX-RN pass rates continue to meet or exceed the average national passing rate for first-time, U.S.-educated test takers.

**California Board of Registered Nursing Comparison of California and Nationwide July 1, 2011–June 30, 2016**

**U.S. Educated First-Time Candidates**

<table>
<thead>
<tr>
<th>Year</th>
<th>California</th>
<th>Nationwide</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1–June 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011–2012</td>
<td>10,733</td>
<td>151,133</td>
</tr>
<tr>
<td>Pass Rate Percentage</td>
<td>88 99</td>
<td>88 92%</td>
</tr>
<tr>
<td>2012–2013*</td>
<td>10,873</td>
<td>152,237</td>
</tr>
<tr>
<td>Pass Rate Percentage</td>
<td>87 97</td>
<td>87 03%</td>
</tr>
<tr>
<td>2013–2014</td>
<td>10,373</td>
<td>155,327</td>
</tr>
<tr>
<td>Pass Rate Percentage</td>
<td>82 41</td>
<td>82 56%</td>
</tr>
<tr>
<td>2014–2015**</td>
<td>10,980</td>
<td>159,530</td>
</tr>
<tr>
<td>Pass Rate Percentage</td>
<td>84 22</td>
<td>82 54%</td>
</tr>
<tr>
<td>2015–2016</td>
<td>11,166</td>
<td>161,154</td>
</tr>
<tr>
<td>Pass Rate Percentage</td>
<td>86 92</td>
<td>83 94%</td>
</tr>
</tbody>
</table>

* April 1, 2013 NCLEX-RN Test Plan & Passing Standard 0.00 logit effective through March 31, 2016.
** April 1, 2016 NCLEX-RN Test Plan & Passing Standard 0.00 logit effective through March 31, 2019.

Data Source: 2017 NCSBN Pearson VUE NCLEX reports. As of June 16, 2017, the data above reflects very minor number or rate changes/corrections to previous reports.
California Board of Registered Nursing
2016 Supplemental Sunset Report

In November 2016, BRN submitted its 2016 Supplemental Sunset Report to the Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business and Professions. BRN Executive staff, the Board President, and a Board member attended the legislative committee hearing on March 6, 2017, to address the report. Senate Bill 799, which would extend the sunset date for the Board, is currently being considered by the Senate and Assembly Committees.

The report is available on the BRN website at http://rn.ca.gov/pdfs/forms/sunset2016.pdf

Purchasing the Nursing Practice Act Reference Manual

The Nursing Practice Act (NPA) is the body of California law that mandates the Board to set out the scope of practice and responsibilities for RNs. The California Nursing Practice Act With Regulations and Related Statutes reference manual is updated annually and is available for online purchase through LexisNexis (https://store.lexisnexis.com). The newest NPA manual (2017 edition), which includes a CD, is $37.

The NPA laws and regulations, not including the related statutes from other codes, are available on the BRN website at http://rn.ca.gov/practice/npa.shtml
Proposed Legislation Impacting Registered Nurses

Below is a list of bills for the 2017–2018 legislative session and the positions (support, oppose, watch) taken by the Board with the Board action date. These bills impact the Board or the practice of registered nurses. Additional information regarding legislative and regulatory updates is available on the BRN website at [www.rn.ca.gov/regulations](http://www.rn.ca.gov/regulations)

To find out more information about the legislation impacting RNs listed below, online readers may click on the name of the bill.

**Support**

- **AB 402 (Thurmond):** Occupational Safety and Health Standards: Plume Vetoed by the Governor, October 9, 2017
- **AB 508 (Santiago):** Health Care Practitioners: Student Loans Chapter 195, Statutes of 2017
- **AB 710 (Wood):** Department of Consumer Affairs: Boards: Meetings (June 8, 2017)
- **AB 1102 (Rodriguez):** Health Facilities: Whistleblower Protections Chapter 275, Statutes of 2017
- **SB 547 (Hill):** Professions and Vocations: Weights and Measures Chapter 429, Statutes of 2017
- **SB 554 (Stone):** Nurse Practitioners: Physician Assistants: Buprenorphine Chapter 242, Statutes of 2017
- **SB 562 (Lara):** The Healthy California Act (June 8, 2017)
- **SB 796 (Hill):** Uniform Standards: Naturopathic Doctors Act: Respiratory Care Practice Act Chapter 600, Statutes of 2017
- **SB 799 (Hill):** Nursing Chapter 520, Statutes of 2017

**Oppose**

- **AB 208 (Eggman):** Deferred Entry of Judgment: Pretrial Diversion Chapter 778, Statutes of 2017
- **AB 391 (Chiu):** Medi-Cal: Asthma Preventive Services Vetoed by the Governor, October 13, 2017

**Watch**

- **AB 12 (Cooley):** State Government: Administrative Regulations: Review (February 8, 2017)
- **AB 40 (Santiago):** CURES Database: Health Information Technology System Chapter 607, Statutes of 2017
- **AB 44 (Reyes):** Workers’ Compensation: Medical Treatment: Terrorist Attacks: Workplace Violence Chapter 736, Statutes of 2017
- **AB 77 (Fong):** Regulations: Effective Dates and Legislative Review (February 8, 2017)
- **AB 208 (Eggman):** Deferred Entry of Judgment: Pretrial Diversion (April 5, 2017)
- **AB 334 (Cooper):** Sexual Assault (June 8, 2017)
- **AB 422 (Arambula):** California State University: Doctor of Nursing Practice Degree Program Chapter 702, Statutes of 2017
- **AB 827 (Rubio):** Department of Consumer Affairs: Task Force: Foreign-Trained Professionals (April 5, 2017)
- **AB 882 (Arambula):** Pupil Health Care Services: School Nursing and Pupil Health Care Services Task Force (April 5, 2017)
- **AB 1048 (Arambula):** Health Care: Pain Management and Schedule II Drug Prescriptions Chapter 615, Statutes of 2017
- **AB 1110 (Burke):** Pupil Health: Eye and Vision Examinations (April 5, 2017)
- **AB 1190 (Obernolte):** Department of Consumer Affairs: BreEZe System Vetoed by the Governor, October 7, 2017
- **AB 1560 (Friedman):** Nurse Practitioners: Certified Nurse-Midwives: Physician Assistants: Physician and Surgeon Supervision (June 8, 2017)
- **AB 1612 (Burke):** Nursing: Certified Nurse-Midwives: Supervision (April 5, 2017)
- **SB 27 (Morrell):** Professions and Vocations: Licenses: Military Service (February 8, 2017)
- **SB 227 (Monning):** Vocational Nurse: Feeding Tube Services: Neurodegenerative Conditions (April 5, 2017)

*continued on next page*
Recently Enacted Legislation Impacting Registered Nurses

Here is a summary of some of the legislation presented during the 2015–16 legislative session that affects the Board or the practice of registered nurses. Additional information regarding legislative and regulatory updates is available on the BRN website at www.rn.ca.gov/regulations

To find out more information about recently enacted legislation listed below, online readers may click on the name of the statute

**Unusually otherwise stated, 2015 statutes became effective January 1, 2016.**

- **AB 637; Chapter 217.** Physician Orders for Life Sustaining Treatment (POLST) Forms
- **AB 1352; Chapter 646.** Deferred Entry of Judgment: Withdrawal of Plea
- **SB 319; Chapter 535.** Child Welfare Services: Public Health Nursing
- **SB 408; Chapter 280.** Midwife Assistants
- **SB 464; Chapter 387.** Healing Arts: Self-Reporting Tools
- **SB 466; Chapter 489.** Registered Nurses: Board of Registered Nursing
- **SB 467; Chapter 656.** Professions and Vocations
- **SB 800; Chapter 426.** Healing Arts

**Unusually otherwise states, 2016 statutes became effective January 1, 2017.**

- **AB 1748; Chapter 557.** Pupils: Pupil Health: Opioid Antagonist
- **AB 2105; Chapter 410.** Workforce Development: Allied Health Professions
- **AB 2744; Chapter 360.** Healing Arts: Referrals
- **AB 2859; Chapter 473.** Professions and Vocations: Retired Category: Licenses
- **SB 482; Chapter 708.** Controlled Substances: CURES Database
- **SB 1039; Chapter 799.** Professions and Vocations
- **SB 1076; Chapter 723.** General Acute Care Hospitals: Observation Services
- **SB 1139; Chapter 786.** Health Professionals: Medical School Programs: Healing Arts Residency Training Programs: Undocumented Immigrants: Nonimmigrant Aliens: Scholarships, Loans, and Loan Repayments
- **SB 1348; Chapter 174.** Licensure Applications: Military Experience
New and Amended BRN Regulations

The following are summaries of recently added and amended California Code of Regulations (CCR) sections completed by BRN. Specific information about recently approved regulations is available on the BRN website at http://rn.ca.gov/regulations/approved.shtml

Information about proposed regulations in process is also available on the BRN website at http://rn.ca.gov/regulations/proposed.shtml

For more information about the BRN regulations listed below, click on the regulation section number:

- CCR Sections 1446, 1447, 1447.1—Intervention program guidelines
- CCR Sections 1463.5, 1485.5—Abortion by aspiration techniques
- CCR Section 1417—Fee increases
- CCR Section 1495.1—Sponsoring entity registration and requirements

When You Need Information STAT, Visit the BRN Website

Our newly redesigned website at www.rn.ca.gov provides the latest information about upcoming Board events, licensing and renewals, links to other health care-related sites, scope of practice, the Intervention Program, discipline, and much more:

- Do you want to renew your license or change your address? Do it online!
- Do you want to apply for a license or advanced practice certificate? Get an application or apply online!
- Do you want to find out what colleges offer nursing programs? Check online!

To visit the new website, go to www.rn.ca.gov

NCSBN Regulatory Scholars Program

In fall 2016, NCSBN announced its new Regulatory Scholars Program. The goals of the program are to:

- Develop the field of nursing regulation by building regulatory experts and researchers
- Provide high-level evidence for nursing regulatory and policy decision-making
- Encourage scholarly dialogue and publications

For more information about the program, visit the NCSBN website at https://www.ncsbn.org/regulatory-scholars.htm

Content from NCSBN’s spring 2017 Leader to Leader publication.
The Opioid Epidemic: Update on Preparing Nurse Practitioners and Physician Assistants to Help

By Nancy Trego, DNP, GNP, Co-chair of Practice and Policy Committee, California Association of Nurse Practitioners, Gerontological Nurse Practitioner, Kaiser Permanente

On July 22, 2016, President Obama signed the Comprehensive Addiction and Recovery Act (CARA) into law. For a five-year period expiring October 1, 2021, CARA authorizes qualified nurse practitioners (NPs) and physician assistants (PAs) to receive waivers to prescribe buprenorphine in office-based settings for patients with opioid use disorder (OUD).

To become qualified for a waiver, NPs and PAs must:

» Be aware of any state law regarding the treatment of addiction/OUD

» Be licensed under state law to prescribe schedule III, IV, or V medications for pain

» Complete no less than 24 hours of appropriate education through a qualified provider

» Through other training or experience, demonstrate the ability to treat and manage OUD

As required by state law, California NPs must be supervised or work in collaboration with a physician who holds a waiver to prescribe buprenorphine and other medications for OUD.

The American Association of Nurse Practitioners (AANP) was included in CARA as a qualified provider for the required education. To address the urgent need for increased access to care for patients with OUD, AANP has collaborated with the American Academy of Physician Assistants and the American Society of Addiction Medicine to provide the required 24 hours of free accredited continuing education credits, which includes 18 hours of pharmacology credit.

The Department of Health and Human Services, along with the Substance Abuse and Mental Health Services Administration (SAMHSA), are accepting applications for waivers from NPs and PAs seeking to prescribe medication-assisted therapies, such as buprenorphine for individuals with substance use disorder. NPs and PAs must complete the free online 24 hours of education to qualify for the waiver.

The waiver application is processed by SAMHSA within 45 days of receipt. These waiver applications are forwarded to the Drug Enforcement Agency (DEA), which will assign the NP or PA a special identification number to be included on all buprenorphine prescriptions for opioid dependency treatment along with the NPs or PAs regular DEA registration number. Once SAMHSA approves the waiver application, NPs and PAs will receive a letter via email that confirms their waiver and includes their prescribing identification number. This number is the original DEA number with an “X” at the end. It is referred to as the DATA 2000 waiver number.

DATA 2000 stands for the Drug Addiction Treatment Act of 2000, which expanded opioid treatment programs to settings such as methadone clinics and reduced the regulatory burden on physicians who chose to treat patients with opioid dependency by permitting qualified physicians to receive waivers.

Updates on online training and the waiver application process are available at www.samhsa.gov/medication-assisted-treatment.

For additional information, contact the AANP Government Affairs Office at governmentaffairs@aanp.org or the AANP Education Department at NPEducation@aanp.org.
Cannabis and RNs in California

BRN’s mission is to protect and advocate for the health and safety of the public by ensuring the highest quality registered nurses in the state of California. RNs are expected to be cognitively, mentally, and physically intact in their personal and professional lives. Russell and Beaver (2013)* expressed that professionalism extends beyond the workplace and that all RNs are obligated to be professional in all aspects of their lives.

A person who holds an RN license has a responsibility and obligation to ensure public safety. Drugs such as cannabis (aka marijuana), opioids, and alcohol may impair an RN’s ability to make decisions that may affect the life and safety of the public and have negative outcomes. This action constitutes conduct that would be considered unprofessional nursing practice.

The NCSBN Marijuana Regulatory Guidelines Committee is charged with developing:

- Model guidelines for the advanced practice registered nurse (APRN) authorization of cannabis in patient care
- Model guidelines for APRN and RN care of patients using cannabis
- Recommendations for cannabis-specific curriculum content in APRN and RN education programs
- Model guidelines for assessing RN licensees who are using cannabis and their safeness to practice

Although medical and recreational cannabis may be legal in California, the federal government considers cannabis a schedule I controlled substance.

To become more informed about cannabis, consider referring to the following resources:

- Coats v. Dish Network: Colorado Court of Appeals 2013 COA 62
- Bureau of Cannabis Control: [www.bcc.ca.gov](http://www.bcc.ca.gov)
- NCSBN: [https://ncsbn.org/8195.htm](https://ncsbn.org/8195.htm)
- American Cannabis Nurses Association: [https://cannabisnurses.org/](https://cannabisnurses.org/)
- The Medical Board of California: [www.mbc.ca.gov](http://www.mbc.ca.gov)
- California Department of Public Health: [https://www.cdph.ca.gov/Programs/DO/letstalkcannabis/Pages/LetsTalkCannabis.aspx](https://www.cdph.ca.gov/Programs/DO/letstalkcannabis/Pages/LetsTalkCannabis.aspx)

---

BRN Continues to Collect Demographic Data on Licensees

BRN continues to collect demographic data from licensees at the time of licensure and renewal as legislatively mandated by Assembly Bill 2102. The data are reported to the Office of Statewide Health Planning and Development to assist the state in analyzing and identifying gaps in California’s health care workforce.

Beginning July 1, 2015, BRN began and continues to collect the mandated six data elements from licensees:

1. Location of practice, including city, county, and zip code
2. Race or ethnicity (optional for respondent)
3. Gender
4. Languages spoken
5. Educational background
6. Classification of primary practice site

A Web address to access the survey and get survey details is provided in information sent to all renewing and new licensees. Licensees may also contact BRN for a printed copy of the survey if computer or Internet access is a problem. RNs are required to comply with this legislation by completing the short survey. To access the survey, visit the BRN website at www.rn.ca.gov/licensees/survey.

Update on 2017 BRN Survey of NPs and CNMs

BRN commissioned the University of California, San Francisco, (UCSF) Center for the Health Professions to complete a survey of a random sample of licensed California nurse practitioners (NPs) and California certified nurse-midwives (CNMs). The survey was distributed to 2,500 NPs and CNMs. To collect more online survey responses and to save money in printing, mailing, and data entry costs, a link to the survey was first emailed in December 2016 to the survey sample. In January 2017, hard copy surveys were then mailed to those who had not completed the online survey.

The survey was closed on May 5, 2017. As of April 28, 2017, the response rate was 63 percent. This included 1,562 completed surveys being received. The number of online survey completions was more than for past surveys, with 34 percent being completed online and 29 percent completing the mail-in hard copy survey instrument.

The survey instrument was slightly revised from the version used for the 2010 Survey for NPs and CNMs. Practicing NPs and CNMs and other content experts reviewed and provided input into the survey revisions. A report with descriptive information and findings and comparisons to the 2010 data will be completed by UCSF. Preliminary findings of the survey data will be presented at the November 9, 2017, Board meeting. When finalized, the report will be posted to the BRN website.

To find out more, visit the BRN website at www.rn.ca.gov/consumers/meetings.shtml.
Helpful Tips and Reminders
From the Enforcement Division

FOR APPLICANTS
Follow all NCLEX test site rules and regulations.
Test site rules and regulations can be found in the NCLEX Candidate Bulletin & Information section of the NCSBN website at https://www.ncsbn.org/1213.htm. Violation of NCLEX rules may result in cancellation of examination results, denial of licensure, and/or other disciplinary action.

FOR STUDENTS AND FACULTY
Attend a Board meeting to learn about the Board’s administrative and disciplinary processes.
BRN encourages students and faculty to attend a Board meeting, including disciplinary hearings, to enhance learning of the process and see first-hand some of the work the Board conducts. Meetings are held approximately eight to 10 times per year in various locations throughout California.

Check the BRN website at www.rn.ca.gov/consumers/meetings.shtml

FOR LICENSEES
Immediately report any name or address change.
Licensees are required by law to notify BRN of any name or address changes within 30 days of the change. The Enforcement Division issues citations and fines to nurses who fail to comply with this requirement. The fine is $100 for the first violation. Name and address change information can be found on the BRN website at www.rn.ca.gov/address.

Respond immediately if you receive a continuing education (CE) audit.
Respond to BRN by the required date if you receive a letter that states you have been randomly selected for a CE audit. At the time of license renewal, you self-certify that you have completed the required 30 hours of CE since your last license renewal. Regulations require you to keep the certificates or grade slips from academic institutions for your CE activities for four years from the date you complete the approved courses. Upon an audit, you must submit such certificates or grade slips to BRN. If you do not comply with the CE audit or have not completed the required hours in the last renewal cycle, you may be referred to the Enforcement Division for review to determine if disciplinary action is necessary. For additional information regarding CE, visit the BRN website at www.rn.ca.gov/licensees/ce-renewal

continued on next page
Enforcement Division

continued

Understand that disclosing patient information on social media is a violation of the NPA.

Any patient information learned during the course of treatment must be safeguarded by the nurse. Nurses have an ethical and legal obligation to maintain patient privacy and confidentiality at all times. Federal law reinforces and further defines privacy through the Health Insurance Portability and Accountability Act (HIPAA).

Breaches of patient confidentiality or privacy by nurses could result in disciplinary action by the Board, civil or criminal penalties, and/or employment consequences. The Board seeks the maximum fine amount of $2,500 for these violations. Additional information about professional boundaries can be found on the NCSBN website at www.ncsbn.org/professional-boundaries.htm.

FOR CONSUMERS

Check for disciplinary actions and reinstatements.

Any disciplinary action taken against a licensee is visible on the BreEZe license verification system. Employers may subscribe to Nursys e-Notify to find out if an employee has been disciplined and when his or her license expires. Visit the Nursys website at www.nursys.com.

Beware of phony registered nursing educational programs.

There has been a significant increase in inquiries and complaints involving unapproved distance learning programs and nursing programs where didactic education is received in California and clinical training is obtained in another country. If you are aware of any nursing program operating in California that is not approved by BRN and not listed on the BRN website, contact the BRN Enforcement Division at (916) 557-1213 or file a complaint online at www.rn.ca.gov/enforcement/complaint.shtml.

Any licensee found to be involved with or operating an unapproved registered nursing program may be investigated and referred to the Office of the Attorney General (AG) for possible disciplinary action against their license—up to and including license revocation. Unlicensed individuals operating an unapproved registered nursing program will be investigated and could be referred to both the local district attorney and the AG for civil and/or criminal action.

FILE A COMPLAINT
Additional Licensure Verification Information for Employers

Remember to verify your current and prospective employees’ RN licenses

Pursuant to Business and Professions Code Section 2732 05, employers are required to verify all temporary and permanent RN licenses with BRN. NCSBN offers a free service through Nursys called e-Notify to assist with this.

The e-Notify system alerts subscribers when changes are made to an RN’s record, including changes to license status, license expirations, pending license renewal, and public disciplinary actions. There is no charge to subscribe to the service. Employers can learn more and sign up at www.nursys.com.

Upgraded Prescription Drug Monitoring Program

On July 1, 2015, an upgraded state’s Controlled Substance Utilization Review and Evaluation System—commonly referred to as CURES 2.0—went live. This upgraded prescription drug monitoring program features a variety of performance improvements and added functionality from the previous CURES 1.0 system.

All practitioner and health system prescribers and furnishers are required to be registered and meet CURES 2.0’s security standards as of July 1, 2016. Failure to comply with this mandate may result in disciplinary action against your license.

If you have any questions, contact CURES at the Department of Justice at cures@doj.ca.gov. Thank you for your continued support of the CURES program. You can access the CURES 2.0 website at https://oag.ca.gov/cures.

* CURES 2.0 users will be required to use Microsoft Internet Explorer, version 11.0 or greater; Mozilla FireFox; Google Chrome; or Safari when accessing the system.
Verify an RN License Through BRN or Nursys

Licensure information about California RNs can be accessed 24/7 through the BRN website at www.rn.ca.gov/online/verify.shtml. BRN also has a toll-free, automated voice-verification system at (800) 838-6828, available Monday through Friday from 8 a.m. to 5 p.m.

NCSBN’s Nursys (www.nursys.com)—an online database sourced from member boards of NCSBN—is another way to verify an RN license. BRN is one of the member boards and its data is included in the Nursys system. The database contains personal, licensure, education, verification, and discipline information, and you can see if a nurse is licensed in more than one state. Using Nursys’ QuickConfirm service, employers and the public can look up a license and print or download multiple licenses from all participating nursing boards. You can also view a list of participating nursing boards in the QuickConfirm license lookup system via the Nursys website.
Data on Discipline of California RN Licenses

BRN receives an average of 7,715* complaints per year involving a variety of topics. The complaints are investigated and may lead to the Board imposing an enforcement action against the license. These actions include citation, public reproval, probation, revocation/surrender, or suspension/conditional license.

From January 1, 2014, through June 30, 2017, the Board had a total of 3,333 disciplinary cases (which include only probation, revocation/surrender, or suspension/conditional license). Of those cases, the highest number of disciplinary actions were due to practice issues, which included negligence and/or incompetence in patient care. The second-highest cause for discipline was drug- or alcohol-related.

<table>
<thead>
<tr>
<th>Allegation</th>
<th>Number of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPA violations (gross negligence, incompetence, etc)</td>
<td>1,000</td>
<td>30%</td>
</tr>
<tr>
<td>Drugs (alcohol/controlled substances, use on and off the job)</td>
<td>688</td>
<td>21%</td>
</tr>
<tr>
<td>Out-of-state nursing board actions or other DCA Board actions</td>
<td>341</td>
<td>10%</td>
</tr>
</tbody>
</table>

* Average number of complaints received for the past five years (from 2011–12 through 2015–2016).

You can find out more information on this topic by going to the Nursing Practice Act page on the BRN website at www.rn.ca.gov/practice/npa.shtml.
Become an Expert Practice Consultant

BRN is looking for RNs to share their expertise by becoming Expert Practice Consultants. For more information, visit the BRN website at http://rn.ca.gov/enforcement/expwit.shtml
The Opiate Epidemic’s Impact on RNs and How the Intervention Program Can Help

Contributed by Virginia (Ginny) Matthews, RN, BSN, MBA  
Project Manager, MAXIMUS California Health Professionals Intervention Program  
Part 2 of 3 in a series related to substance use disorders and intervention programs.

There’s been a lot of attention in the media lately about the opiate epidemic. Are you wondering if it is real? And what it means for nurses?

**It is real**
The Centers for Disease Control and Prevention (CDC) reports that overdose deaths due to opiates have increased fourfold since 1999. The final results for 2016 are not yet in, but preliminary results indicate that the situation is getting worse. Deaths due to overdose now outpace deaths due to motor vehicle accidents and gun homicides combined.

**What does it mean for nurses?**
Nurses, as health care professionals, are impacted by the opioid epidemic in three ways …

» We helped create it

» We continue to enable it

» We suffer from it

**We helped create it**
The concept of pain as the fifth vital sign became popular in the 1990s. Nurses were expected to include an evaluation of a patient’s pain in the assessment routine, and doctors and nurses were encouraged by the media and the pharmaceutical industry to medicate patients with little restraint.

Nurses were taught in nursing school to manage a patient’s pain by “getting out ahead of it” and medicating the patient before the pain escalated out of control. What’s more, doctors and nurses were reassured that several pain medications brought to market would be safe to use because they would not be “addicting.”

**We continue to enable it**
All these factors created a casual approach and a culture of acceptance of these very powerful substances. In fact, the United States has a higher rate of opiate use than any other country. Opiates and illicit drugs that are much more powerful than in the past are becoming available. Fentanyl (also known as fentanyl) is a potent, synthetic opioid pain medication with a rapid onset and short duration of action. Fentanyl is 50 to 100 times more potent than morphine but some fentanyl continued on next page.
analogue may be as much as 10,000 times more potent than morphine. The Drug Enforcement Agency is reporting that fentanyl has been introduced into substances sold on the streets, including Vicodin, heroin, and marijuana, to fortify them because it is available from overseas labs and costs much less. This addition of fentanyl has contributed to the dramatic rise in opiate overdose deaths in recent years.

We suffer from it
Estimates generally put the prevalence of substance use disorder (not limited to opiates) in the general public at 10 to 14 percent. Experts estimate that health care professionals have higher rates of the disease, possibly as high as 20 percent. This may be due to the cavalier attitude toward opiates that has developed in the health care industry since the '90s and the ready accessibility of these medications in the workplace. Nursing is a physically and emotionally stressful profession, and the attraction to use drugs or alcohol to ease that stress has the potential to spiral into physical and emotional dependence.

It is a disease, not a failure of willpower
Substance use disorder is recognized by the American Medical Association and the American Psychiatric Association (APA) as a chronic, relapsing disease, most recently classified in the DSM 5 (Diagnostic and Statistical Manual, Version 5, of the APA) as a spectrum disorder. Addiction, at the severe end of the spectrum, is described as continuing to use a substance or engage in behaviors despite the negative consequences. Relapse rates of substance use disorder are comparable to other chronic, relapsing diseases such as diabetes or cardiac disease.

How to help
It is critical for us to begin viewing interventions not as confrontations but as acts of compassionate peer support. Referring co-workers for help, or encouraging them to seek assistance, should not be viewed as punitive or shaming, and should be handled in a supportive and loving way. The Intervention Program of the California BRN was created in 1985 with the legislative intent to identify nurses whose competency may be impaired by alcohol, drugs, and/or mental illness, and rehabilitate nurses so they can return to safe nursing practice. Through case management, the program supports RNs who have experienced the negative effects of their substance use or mental illness, and provides the tools to assist in establishing their recovery. The goal is to protect the public and return the RN to safe practice.

To learn more information about the California BRN Intervention Program, call Maximus, the administrative vendor of the program, at (800) 522-9198, or visit the BRN website at www.rn.ca.gov/intervention
Intervention Program continued
Part 2 of 3 in a series related to substance use disorders and intervention programs.

For more information, visit the BRN website at www.rn.ca.gov/intervention/whatisint.shtml

Learn more*
Drug abuse and addiction
» https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/preface
» https://teens.drugabuse.gov/drug-factsbrain-and-addiction
» https://easyread.drugabuse.gov

Costs of drug abuse to the United States
» www.drugabuse.gov/related-topics/trends-statistics

Prevention
» www.drugabuse.gov/related-topics/prevention

Treatment
» www.drugabuse.gov/related-topics/treatment

To find a publicly funded treatment center in your state, call (800) 662-HELP (4357) or visit the SAMHSA website at https://findtreatment.samhsa.gov

* Source: National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services
BRN Intervention Program Seeking Nurse Support Group Facilitators and Co-Facilitators

If you:

» are a registered nurse
» have demonstrated expertise in the field of substance use disorders
» have a minimum of six months of experience facilitating group process
» have a minimum of five years recovery

You may want to consider serving as a nurse support group facilitator or co-facilitator for the BRN Intervention Program.

For more information, visit the BRN website at http://rn.ca.gov/intervention/int-support.shtml

Social Media in Nursing

Understanding the Guidelines for Proper Use of Social Media

DO

» Recognize your obligation to protect patient privacy and confidentiality
» Maintain professional boundaries
» Comply with your employer’s policy related to electronic and social media
» Report any breaches of privacy or confidentiality

DON’T

» Electronically transmit any patient-related information or images that are not authorized by your employment
» Share any identifiable patient information on social media sites
» Refer to patients in a disparaging manner
» Post disparaging or offensive comments about your colleagues

Content from NCSBN’s spring 2017 Leader to Leader publication.
Navigating the BRN Phone System

Call (916) 322-3350 to reach the BRN

When you hear the greeting, you can direct your call by pressing one of the following numbers (you do not need to wait for the greeting or menu to finish before pressing a number):

Press 1 to reach the Examination and Licensing Program.
This option is for applicants for initial licensure, certification, or examination, and for verification of interim permits and temporary licenses.

Press 2 to reach the Renewals Program.
Use this option to ask a renewal question, file an address change, or to reach other RN licensee services.

Press 3 to reach the Intervention Program.
Use this option to inquire about the rehabilitation program for RNs who may be impaired by substance use disorder or mental illness.

Press 4 to file a complaint about an RN.
This option transfers the caller to the Enforcement Program.

Press 5 to obtain recorded information on a variety of topics.
Use this option to find out, for example, BRN’s address; how to endorse from California to another state; application process for continuing education providers; referrals regarding vocational nurses, psychiatric technicians, certified nursing assistants, or home health aides.

Press 6 to obtain technical support.
Choose this option if, for example, you forgot your password and/or were locked out of your account or you did not receive your password email.

Press 7 for all other inquiries.

As always, the BRN website, www.rn.ca.gov, is available 24/7!