



Advanced Practice Registered Nursing Advisory Committee Meeting

SUPPLEMENTAL MATERIALS

BRN Advanced Practice Registered Nursing Committee Meeting | August 27, 2020

Table of Contents

2.0 General Instructions for the Format of a Teleconference Meeting	4
4.0 Discussion and Possible Action: <u>Discussion regarding the Board’s practice guidance on the implementation of The Home Health Care Planning Improvement Act (Sen. No. 296/H.R. No. 2150, 116th Cong., 1st Sess. (2020)), and the communication of such guidance, including possible advisory language for public posting on the Board’s website.</u>	5
5.0 Discussion and Possible Action: <u>Discussion of the process of evaluation and election of committee members, including Chair and Co-Chair positions.</u>	10
6.0 Discussion and Possible Action: <u>Presentation of a draft letter for review and amendments, regarding the impacts of Assembly Bill No. 5 (2019-2020 Reg. Sess.) on patient access and safe patient care as related to the practice of Advance Practice Registered Nurses, to be provided to the Board for consideration for submission to the Legislature.</u>	13
7.0 Discussion and Possible Action: <u>A status update regarding plans to engage in future APRN workforce surveys and the existence of budgetary support.</u>	17
8.0 Discussion and Possible Action: <u>Discussion and possible action regarding revisions and additions to the 2020 and 2021 APRN Advisory Committee meetings as to dates and locations (which includes teleconference) during a declared state of emergency.</u>	19
9.0 Discussion and Possible Action: <u>Process for handling potentially urgent items within the scope of the APRN Advisory Committee and making recommendations to the Board’s Nursing Practice Committee.</u>	21
10.0 Discussion and Possible Action: <u>Establish process to periodically review the Board’s current advisories and regulations related to Advance Practice Registered Nursing, which will include communication with the professional organizations representing Clinical Nurse Specialists (CNS), Certified Registered Nurse Anesthetists (CRNA), Nurse Practitioners (NP), and Certified Nurse Midwives (CNM).</u>	23
11.0 Discussion and Possible Action: <u>Review the status of Assembly Bill No. 890 (2019-2020 Reg. Sess.) and discuss the APRN Advisory Committee’s role in any oversight based on the approved version of the bill.</u>	25



Agenda Item 2.0

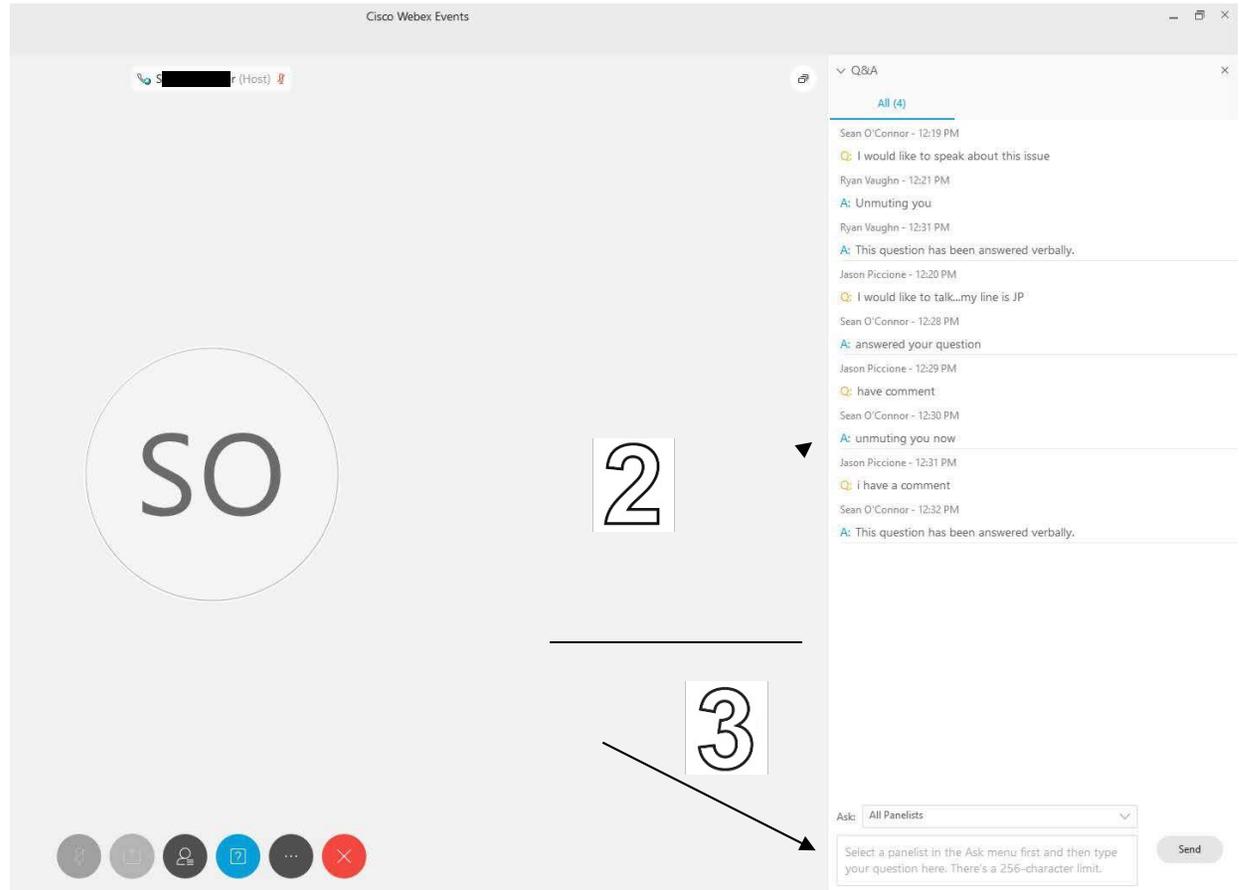
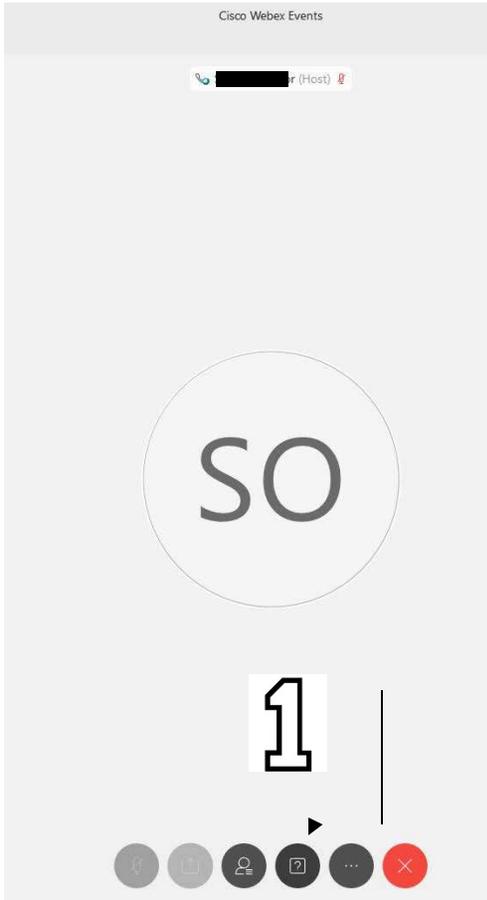
General Instructions for the Format of a Teleconference Meeting

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | August 27, 2020

Participating During a Public Comment Period

If you would like to make a public comment:

1. Click on the 'Q and A' button near the bottom, center of your WebEx session.



2. The 'Q and A' chat box will appear.
3. 'Send' a request to 'All Panelists' stating "Comment Time Requested". You will be identified by the name or moniker you used to join the WebEx session, your line will be opened, and you will have 2 minutes to provide comment.

NOTE: Please submit a new request for each topic on which you would like to comment.



Agenda Item 4.0

Discussion and Possible Action: Discussion regarding the Board’s practice guidance on the implementation of The Home Health Care Planning Improvement Act (Sen. No. 296/H.R. No. 2150, 116th Cong., 1st Sess. (2020)), and the communication of such guidance, including possible advisory language for public posting on the Board’s website.

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | August 27, 2020

post the guidance on the Board's website as described.

FISCAL IMPACT, IF ANY:

None

PERSON(S) TO CONTACT:

Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant
Phone: 916-574-7686
Email: janette.wackerly@dca.ca.gov



State of California—Health and Human Services Agency
Department of Health Care Services



August 7, 2020

Mr. Ron Ordana, DNP, FNP-BC, President
Northern California Chapter
Gerontological Advanced Practice Nurses Association
P.O. Box 7640
Berkeley, CA 94707

RE: CORONAVIRUS ACT, RELIEF, AND ECONOMIC SECURITY (CARES Act)
PROVISIONS INQUIRY

Dear Mr. Ordana:

Thank you for your email to the California Health and Human Services Agency on June 22, 2020. Your inquiry was forwarded to the Department of Health Care Services (DHCS), Benefits Division, for research and response. Your email inquired about nurse practitioners (NP) and clinical nurse specialists (CNS) ability to certify and recertify home health orders in accordance with Section 3708 of the 2020 CARES Act. This federal law gives permanent authorization allowing NPs, CNS's, and physician assistants (PA) to order home health services for Medicare and Medicaid patients.

As part of its response to the COVID-19 Public Health Emergency (PHE), DHCS has allowed NPs, CNSs, and PAs, as well as other licensed practitioners to order home health services, including durable medical equipment (DME), and medical supplies, within their scope of practice. The Centers for Medicare and Medicaid Services granted California this flexibility as part of State Plan Amendment (SPA) 20-0024, which added section 7.4 for Medicaid Disaster Relief for the COVID-19 PHE to the California State Plan. This SPA has an effective date of March 1, 2020, and will be in effect until the end of the PHE. SPA 20-0024 is available on the DHCS website at www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA-20-0024-COVID-Approval.pdf.

In addition, DHCS is preparing SPA 20-0035 to continue the ability for non-physician practitioners to order home health services after the PHE expires. The SPA will make the State Plan for home health services consistent with amendments to Section 440.70 of Title 42 of the Code of Federal Regulations. If you would like to be notified when the SPA is posted online, please email publicinput@dhcs.ca.gov and reference SPA 20-0035. DHCS will also update its Medi-Cal Provider Manuals for home health services, DME, and medical supplies to allow for these flexibilities as well. DHCS will issue a

Mr. Ron Ordana
August 7, 2020
Page 2

provider bulletin once the applicable Medi-Cal Provider Manual sections are updated. You can sign up to be notified about Medi-Cal Provider Manual updates at <https://files.medi-cal.ca.gov/pubsdoco/mcss/mcss.aspx>. Lastly, DHCS will amend Section 51337 of Title 22 of the California Code of Regulations for home health agency services to allow CNPs, CNS's, and PA's to prescribe home health services.

If you have any questions, or if we can provide further information, please contact me via email at Cynthia.Smiley@dhcs.ca.gov.

Sincerely,

Cynthia Smiley

Cynthia Smiley, Chief
Benefits Division

cc: Jacob Hall
California Health and Human Services Agency
1600 9th Street, Room 460
Sacramento, CA 95814

Estefania Sierra
California Health and Human Services Agency
1600 9th Street, Room 460
Sacramento, CA 95814

René Mollow, MSN, RN
Deputy Director
Health Care Benefits and Eligibility
Department of Health Care Services MS
4000
P.O. Box 997413 Sacramento,
CA 95899-7413



Agenda Item 5.0

Discussion and Possible Action: Discussion of the process of evaluation and election of committee members, including Chair and Co-Chair positions.

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | August 27, 2020

**BOARD OF REGISTERED NURSING
Advanced Practice Registered Nursing
Advisory Committee Meeting
Agenda Item Summary**

AGENDA ITEM: 5.0
DATE: August 27, 2020

ACTION REQUESTED: **Discussion and Possible Action:** Discussion of the process of evaluation and election of committee members, including Chair and Co-Chair positions.

REQUESTED BY: Mitchel Erickson, NP
Chair of APRN Advisory Committee

BACKGROUND:
All committees of the board are required to engage in a self-evaluation annually. Annual review of the original goals of the committee should be completed to ensure the work of the committee continues to be relevant to the BRN, licensees, and the public. The terms of the committee members and the chair and co-chair should be reviewed, and the committee should vote on an election process and determine if any exceptions are applicable based on the original mandate of the committee.

RESOURCES:

Goals

Support each of the Advance Practice Registered Nursing (APRN) roles and advise the California Board of Registered Nursing (Board) on matters related to advanced practice at the state, regional, and national level.

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

Serving Terms

Each member may serve two (2), two-year terms consecutively. The Board will consider exceptions. If a committee member is unable to participate in the majority of meetings, the Board retains full discretion to remove committee members.

Meeting Schedule

The APRN Advisory Committee will meet twice a year at the Board's Headquarters in Sacramento, California. Attendance is in person or via teleconference.

NEXT STEPS:

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT:

Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant
Phone: 916-574-7686
Email: janette.wackerly@dca.ca.gov



Agenda Item 6.0

Discussion and Possible Action: Presentation of a draft letter for review and amendments, regarding the impacts of Assembly Bill No. 5 (2019-2020 Reg. Sess.) on patient access and safe patient care as related to the practice of Advance Practice Registered Nurses, to be provided to the Board for consideration for submission to the Legislature.

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | August 27, 2020

BOARD OF REGISTERED NURSING
Advanced Practice Registered Nursing
Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 6.0
DATE: August 27, 2020

ACTION REQUESTED: **Discussion and Possible Action:** Presentation of a draft letter for review and amendments, regarding the impacts of Assembly Bill (AB) No. 5 (2019-2020 Reg. Sess.) on patient access and safe patient care as related to the practice of Advance Practice Registered Nurses, to be provided to the Board for consideration for submission to the Legislature.

REQUESTED BY: Karyn Karp, CRNA
Co-chair of the APRN Advisory Committee

BACKGROUND:
In 2019 legislative year, AB 5 was passed and was signed by the Governor. The bill would provide that for purposes of the provisions of the Labor Code, the Unemployment Insurance Code, and the wage orders of the Industrial Welfare Commission, a person providing labor or services for remuneration shall be considered an employee rather than an independent contractor unless the hiring entity demonstrates that the person is free from the control and direction of the hiring entity in connection with the performance of the work, the person performs work that is outside the usual course of the hiring entity’s business, and the person is customarily engaged in an independently established trade, occupation, or business.

There were certain professional groups exempted from this legislation in the health care industry but not all, which places a burden on hiring entities and small group practices forced to make decisions to hire or not to hire Advance Practice Registered Nurses (APRNs) as employees. This in turn has led to limitations in access to patients for those services that were previously provided by certain professional APRNs and now unavailable as they were not exempted from this legislation as independent contractors for their services. It was felt to be an unintended consequence that needs to be highlighted to the original author of the bill for possible amendment.

RESOURCES: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB5

NEXT STEPS: APRN Advisory Committee to vote on the letter to be provided to the Board for consideration for submission to the Legislature.

FISCAL IMPACT, IF ANY: None
PERSON(S) TO CONTACT: Janette Wackerly, MBA, BSN, RN
Supervising Nursing Education Consultant
Phone: 916-574-7686
Email: janette.wackerly@dca.ca.gov

March 17, 2020

To: Board of Registered

Nursing From: BRN APRN

Advisory Committee Re: AB 5

Analysis

Thank you for the opportunity to review the impact of AB5 on healthcare relative to advanced practice registered nurses (APRNs).

California has suffered from a shortage of physicians for many years. Due to this shortage, urban, rural and medically underserved communities alike have successfully utilized APRN providers. Currently, about 34,000 APRNs serve our nearly 40 million population. Additionally, nine counties in northern California receive complete anesthesiology and pain management services solely by certified registered nurse anesthetists (CRNAs). CRNAs can practice autonomously and serve as the primary anesthesia providers in rural and medically underserved communities, labor and delivery suites, and all branches of the U.S. military.

Mandatory W2 classification for APRNs decreases access to care, increases healthcare spending, and increases risk to vulnerable communities. The majority of APRN patients are Medi-Cal funded with taxpayer dollars. We have seen an immediate 50-75% inflation of costs absorbed by the hospitals which are least able carry the weight of higher wages and lower productivity.

APRNs serve on the frontline of care. The mandates of W2 wages, including overtime pay, "paid time off" (PTO), breaks, etc. increases costs while decreases time providing care. Trying to fit into the 40-hour paradigm is not practical in private practice. APRNs serve the homeless, psychiatric patients, and migrant populations in our communities, many of whom are uninsured. Limiting providers only to W2 hires in our communities decreases access to care. Independent contractors assuming responsibility for their own benefits can save facilities millions of dollars per year by reinvesting these monies into the hospital services, jobs, and the communities that APRNs serve.

Decreased access to care coupled with increased demand for services leads to further increased cost in lives and cost to Medi-Cal. Forced W2 income creates barriers in access to affordable care for the vulnerable populations and the healthcare facilities we serve. To recruit and retain APRN practitioners, achieve competitive income and yet keep personnel costs down, 1099 contracting remains the most cost-effective strategy for medically underserved rural and urban communities we care for.

Several contracting groups have left California since AB 5 passed, leaving APRNs with no other option except to be hired at exactly the same wage for which they were contracting but with NO benefits, or to leave the state for a 1099 position (e.g. United Anesthesia; IAMG). Other staffing groups are struggling with staffing despite inflationary spending and high payroll costs to accomplish appropriate a 35-40% additional W2 benefits packages inclusive of paid time off, breaks, education supplement and retirement.

We stand vigilant watch over vulnerable communities and meet the needs of our underserved populations. AB 5 places these patients and communities at risk. It places hospitals and jobs at risk by adding significant expense with no return on investment. In many cases AB 5 reduces our APRN workforce and in the worst possible cases, would shut some facilities down completely leaving no access to care where it is needed the most.

The immediately actionable solution would be to exempt APRNs from AB5 or clarify the exemption of Business to Business Corporations to include APRNs, the model which many of us have already established as independent contractors. The 1099 contractor model provides access to care and saves lives. It saves hospitals, ambulatory surgery centers, clinics, offices and taxpayers millions of Medi-Cal dollars while contributing millions in tax revenues. AB 5 will easily double our healthcare facilities anesthesia payroll costs and divert revenues best used to fuel the jobs and economic ecosystems that community hospitals support. We predict AB 5 will break the backs of some of the facilities we serve and force others to shut down, eliminating jobs those hospitals provide their communities, and in some cases, eliminating the only hospitals that serve those communities. An exemption or a clarification on incorporation would reverse the current crisis of confidence, increase access to care for vulnerable populations, and help keep healthcare costs under control.

Sincerely,



Karyn Karp, MS, CRNA
BRN APRN Advisory
Committee Second
Chair



Agenda Item 7.0

Discussion and Possible Action: A status update regarding plans to engage in future APRN workforce surveys and the existence of budgetary support.

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | August 27, 2020

BOARD OF REGISTERED NURSING
Advanced Practice Registered Nursing
Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 7.0
DATE: August 27, 2020

ACTION REQUESTED: **Discussion and Possible Action:** A status update regarding plans to engage in future APRN workforce surveys and the existence of budgetary support.

REQUESTED BY: Mitchel Erickson, NP
Chair of the APRN Advisory Committee

BACKGROUND:
The Board periodically engages in detailed Workforce Surveys of its licensees. This data can be exceedingly valuable in determining the availability of future licensees, under the Board's oversight, to care for the health care needs of Californians. It can review the changing demographics of the workforce, how it best represents the diversity of the California population, forecasting attrition from the workforce, where geographic needs may be directed, the availability of educational institutions to meet the future, and governmental policy and legislation that addresses the roles of the licensees to provide quality health services based on the evolving needs of Californians.

RESOURCES: BRN Survey Process and Scheduling and Committee engagement in content development.

<https://www.rn.ca.gov/licensees/survey.shtml>

Current Survey:
https://www.dca.ca.gov/webapps/oshpd_survey.php

NEXT STEPS: APRN Advisory Committee will engage as the Board's Nursing Practice Committee dictates based on the Board's future plans but requests to be updated.

FISCAL IMPACT, IF ANY: None depending on the required Board's budget for conducting surveys.

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



Agenda Item 8.0

Discussion and Possible Action: Discussion and possible action regarding revisions and additions to the 2020 and 2021 APRN Advisory Committee meetings as to dates and locations (which includes teleconference) during a declared state of emergency.

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | August 27, 2020

BOARD OF REGISTERED NURSING
Advanced Practice Registered Nursing
Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 8.0
DATE: August 27, 2020

ACTION REQUESTED: **Discussion and Possible Action:** Discussion and possible action regarding revisions and additions to the 2020 and 2021 APRN Advisory Committee meetings as to dates and locations (which includes teleconference) during a declared state of emergency.

REQUESTED BY: Mitchel Erickson, NP
 Chair of APRN Advisory Committee

BACKGROUND:
The APRN Advisory Committee had sought and was approved to have one public committee telephone conference meeting per year, beyond the mandate of two scheduled meetings in person, based on urgent need. This telephone conference meeting would follow all the requirements of the Board's review processes for agenda approval and AIS submission and public notification. The APRN Advisory Committee will work around the Board and Committee meeting schedules.

RESOURCES:
<https://www.rn.ca.gov/consumers/meetings.shtml#boardcomm>

NEXT STEPS: Once the dates have been voted on, the Chair will create the calendar guidance to be shared with the committee members to meet the Board's deadlines for review and public notification.

FISCAL IMPACT, IF ANY: None

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



Agenda Item 9.0

Discussion and Possible Action: Process for handling potentially urgent items within the scope of the APRN Advisory Committee and making recommendations to the Board's Nursing Practice Committee.

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | August 27, 2020

BOARD OF REGISTERED NURSING
Advanced Practice Registered Nursing
Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 9.0
DATE: August 27, 2020

ACTION REQUESTED: **Discussion and Possible Action:** Process for handling potentially urgent items within the scope of the APRN Advisory Committee and making recommendations to the Board's Nursing Practice Committee.

REQUESTED BY: Mitchel Erickson, NP
 Chair of the APRN Advisory Committee

BACKGROUND:
It is part of the APRN Advisory Committee's mandate to advise the Board on APRN practice issues and content. As such, the committee needs to establish a standard workflow to review and advise on practice trends in both California and the nation in order to timely respond to issues and alert the Board's Nursing Practice Committee of the need to include these issues in its regularly scheduled meeting agendas.

RESOURCES:
<https://www.rn.ca.gov/forms/pubs.shtml#adv>

<https://www.rn.ca.gov/forms/pubs.shtml>

NEXT STEPS: The identified APRN Advisory Committee members will have an update on each agenda moving forward.

FISCAL IMPACT, IF ANY: None

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



Agenda Item 10.0

Discussion and Possible Action: Establish process to periodically review the Board’s current advisories and regulations related to Advance Practice Registered Nursing, which will include communication with the professional organizations representing Clinical Nurse Specialists (CNS), Certified Registered Nurse Anesthetists (CRNA), Nurse Practitioners (NP), and Certified Nurse Midwives (CNM).

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | August 27, 2020

BOARD OF REGISTERED NURSING
Advanced Practice Registered Nursing
Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 10.0
DATE: August 27, 2020

ACTION REQUESTED: **Discussion and Possible Action:** Establish process to periodically review the Board’s current advisories and regulations related to Advance Practice Registered Nursing, which will include communication with the professional organizations representing Clinical Nurse Specialists (CNS), Certified Registered Nurse Anesthetists (CRNA), Nurse Practitioners (NP), and Certified Nurse Midwives (CNM).

REQUESTED BY: Mitchel Erickson, NP
 Chair of the APRN Advisory Committee

BACKGROUND:
It is part of the APRN Advisory Committee’s mandate to advise the Board on APRN practice issues and content. As such, the committee needs to establish a standard workflow to review and advise on practice trends in both California and the nation and those important to California’s APRN professional organizations. This workflow will create a timely schedule of review of posted professional guidance and content related to APRNs. A committee member of each profession will be responsible to connect with their professional organization to seek feedback and present a report at each subsequent APRN Advisory Committee meeting. The recommendations will be presented and voted upon by the APRN Advisory Committee, and those that are approved will be submitted to the Nursing Practice Committee to forward to the BRN Board. The subsequent meeting of the Nursing Practice Committee will be asked to include these in its regular scheduled meeting agendas.

<https://www.rn.ca.gov/forms/pubs.shtml#adv>

<https://www.rn.ca.gov/forms/pubs.shtml>

RESOURCES:

NEXT STEPS: The identified APRN Advisory Committee members will have an update on each agenda moving forward.

FISCAL IMPACT, IF ANY: None

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



Agenda Item 11.0

Discussion and Possible Action: Review the status of Assembly Bill No. 890 (2019- 2020 Reg. Sess.) and discuss the APRN Advisory Committee’s role in any oversight based on the approved version of the bill.

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | August 27, 2020

BOARD OF REGISTERED NURSING
Advanced Practice Registered Nursing
Advisory Committee Meeting
Agenda Item Summary

AGENDA ITEM: 11.0
DATE: August 27, 2020

ACTION REQUESTED: **Discussion and Possible Action:** Review the status of Assembly Bill No. 890 (2019-2020 Reg. Sess.) and discuss the APRN Advisory Committee's role in any oversight based on the approved version of the bill.

REQUESTED BY: Garrett Chan, RN, CNS, NP, PhD

BACKGROUND:
APRN Advisory Committee support or opposition for AB 890 and other stakeholder positions can be viewed in prior committee minutes.

The continued pursuit of AB 890 represents the ongoing struggle for APRNs to seek full scope of practice authority in California. The current revisions of the bill grandfathered currently licensed and certified Nurse Practitioners as well as the removal of a separate board to administer APRN licensing and certification and will remain under the regulatory authority of the BRN and its existing administrative scope.

RESOURCES:
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB890

NEXT STEPS: The APRN Advisory Committee will place on its next agenda additional discussion based on Senate action on the bill.

FISCAL IMPACT, IF ANY: None

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