



Advanced Practice Registered Nursing Advisory Committee Meeting

SUPPLEMENTAL MATERIALS

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | November 4, 2021

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Agenda Item 2.0

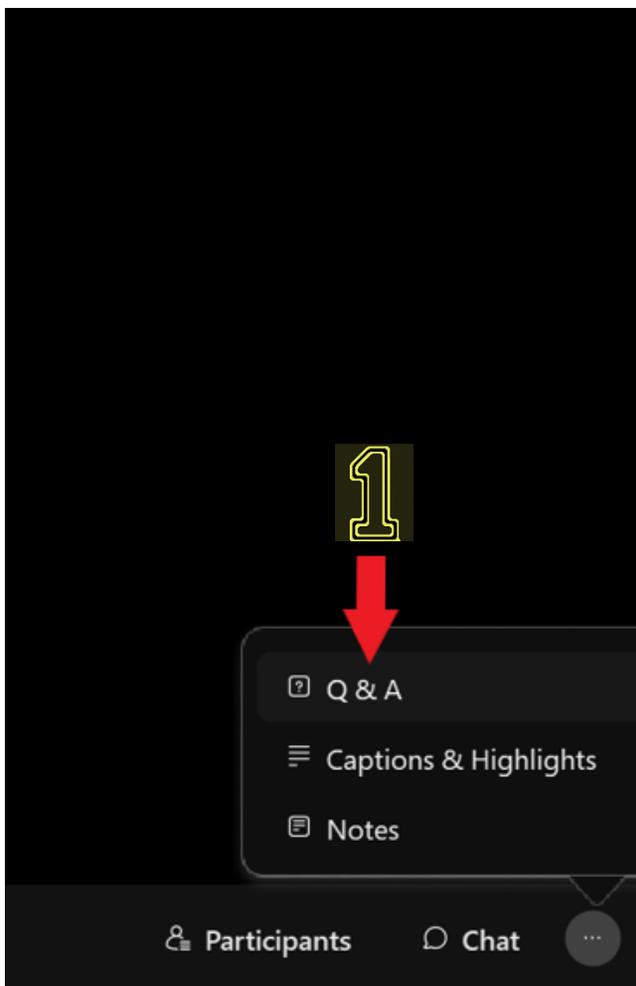
General Instructions for the Format of a Teleconference Meeting

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | November 4, 2021

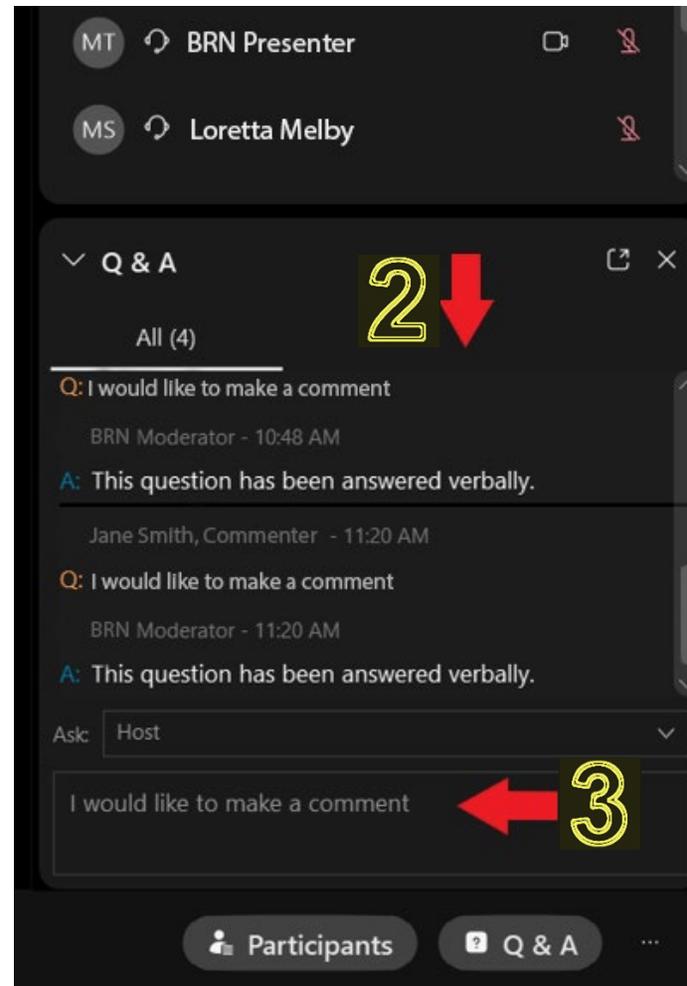
Participating During a Public Comment Period

If you would like to make a public comment:

1. Click on the 'Q & A' button at the lower right of your WebEx session (you may need to click the three dots (...) to find this option).



2. The 'Q & A' panel will appear.



3. In the 'Q & A' panel, type "I would like to make a comment". You will be identified by the name or moniker you used to join the WebEx session, your line will be opened (click the 'Unmute me' button), and you will have **2 minutes** to provide comment. Every effort is made to take comments in the order which they are requested.

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



Agenda Item 3.0

Review and Vote on Whether to Approve Previous Meeting's Minutes

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | November 4, 2021

**BOARD OF REGISTERED NURSING
ADVANCE PRACTICE REGISTERED NURSING (APRN) ADVISORY COMMITTEE**

MEETING MINUTES

DATE: July 22, 2021

START TIME: 11:00 a.m.

LOCATION: **NOTE:** Pursuant to the provisions of Governor Gavin Newsom’s Executive Order N-08-21, dated June 11, 2021, a physical meeting location was not provided.

11:13 am

1.0

Call to Order, Roll Call, Establishment of a Quorum Mitchell Erickson, Chair, called the meeting to order at 11:13 am. All Members present, except for Danielle Blum. Quorum established at 11:15 am.

Committee Members:

Mitchel Erickson, NP-Chair
Karyn Karp, CRNA-Vice Chair
Charlotte Gullap-Moore, DNP, MSN, ANP-BC
Garrett Chan, CNS
Jane Perlas, NP
Sandra Bordi, CRNA
Danielle Blum, CNM (absent)
Elissa Brown, CNS
Hilary Reyes, CNM

BRN Staff Representatives:

Loretta Melby, MSN, RN, Executive Officer
Evon Lenerd Tapps, Assistant Executive Officer
Reza Pejuhesh, BRN Legal Attorney
Janette Wackerly, MBA, BSN, RN, SNEC
McCaulie Feusahrens, Chief of Licensing Division

11:15 am

2.0

General Instructions provided for the Format of a Teleconference Call

11:17 am

3.0

Review and Vote on Whether to Approve Previous Meeting’s Minutes

➤ February 4, 2021

Discussion

Mitchell Erickson opened and presented the minutes. No Committee Discussion.

Public Comment for Agenda Item

3.0

No Public Comments.

Motion:

Elissa Brown: Motioned to accept the minutes.

Second:

Sandra Bordi

Vote	ME	KK	CGM	GC	JP	SB	DB	EB	HR
	Y	Y	Y	Y	Y	Y	AB	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB									

11:21 am

4.0

Public Comment for Items Not on the Agenda

Note: The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. (Gov. Code, §§ 11125 and 11125.7, subd. (a).)

Michelle Pere-Ryan: Commented on NPAC and asked how information is going to be shared between Committees.

Garrett Chan: Asked Reza for feedback on the prior comment.

Reza Pejuhesh: Explained that the committee could add this topic to a future agenda for discussion.

Mitch Erickson: Noted that he will include it on the agenda for the next meeting.

Lisa Lee: Requested information on the process to present to the Board regarding independent practice for NPs to administer Botox.

Loretta Melby: Provided her email address for contact.

Jeannie Meyer: President for CACNS, introduced herself and explained that Garrett invited her to attend.

11:31 am

5.0

Discussion and Possible Action: Regarding Board Advisory or Frequently Asked Question (FAQ) language to be consistent with Centers for Medicare and Medicaid Services (CMS) reference to APRNs' (Clinical Nurse Specialists and Nurse Practitioners) ability to certify and recertify home care services in California.

Discussion

Mitch Erickson: Opened and summarized the agenda and turned over to Elissa Brown and Charlotte Gullap-Moore.

Elissa Brown: Spoke about an advisory or FAQ and fit better as a FAQ. Summarized the FAQ need and went over the AIS and the FAQs.

Charlotte Gullap-Moore: Asked if they should add an additional section on how it will apply to AB 890 and the 103 and 104 NPs.

Mitch Erickson: Under current status it's best to guide the public

on what the current status is rather than the future status as that remains unknown. Explained this was raised again at the NPAC so he wanted to get it updated onto the web.

Public Comments for Agenda Item 5.0: No public comments

Motion: **Mitchell Erickson:** Accept as written with non-substantive changes made by BRN staff.

Second: **Elissa Brown**

	ME	KK	CGM	GC	JP	SB	DB	EB	HR
Vote	Y	Y	Y	Y	Y	Y	AB	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB									

11:50 am

6.0 Discussion and Possible Action: Regarding filling two vacancies, one Certified Nurse Midwife member vacancy and one Nurse Practitioner member vacancy.

Discussion Hilary Reyes: Explained that she has been a member of the prior NMAC and APRN Advisory Committees and, although it is a lot of meetings, she can do both.

Reza Pejuhesh: Stated that the main concern is conflicts of interest. It's unusual to have the same member on multiple committees and would have to look at the law/rules.

Hilary Reyes: Stated that she will transition off and stay on until a replacement can be made.

Mitch Erickson: Asked about filling the vacant positions.

Loretta Melby: Explained that the future of the APRN Advisory Committee is being discussed and she will meet with Legal, DCA and the APRN Advisory Committee Liaison. Further explained that there are the same comments being made at other Advisory Committee meetings.

Members expressed concerns about free speech and Reza clarified that there are limitations to free speech and provided examples. Restated the need to follow the Bagley-Keene Open Meeting Act.

Loretta Melby: Explained the concerns and why this was brought to the Board.

Mitch Erickson: Stated that, although unintentional, there have

been breaches in the Bagley-Keene Act before.

Motion No motion or action taken.

**Public Comments
for Agenda Item
6.0:** No public comments

12:21 pm

7.0 **Discussion and Possible Action:** Establish the process for the APRN Advisory Committee's review of the Board Advisories or FAQs by practice specialty.

Discussion **Mitch Erickson:** Opened the agenda item and presented all the advisories. Further explained that several are very old.

Elissa Brown: Requested the committee set up a process and volunteered to review the CNS advisories.

Mitch Erickson: Suggested dividing the advisories and provide any suggestions for updates during the November meeting.

Loretta Melby: Explained that they could review in subcommittees without violating Bagley-Keene Act and present to the whole Committee in November.

Hilary Reyes: Requested clarification on whether the advisories should be reviewed in the APRN Advisory Committee or the NPAC and NMAC.

Loretta Melby: Explained that NPs would be through NPAC and CNMs would be through NMAC, but the others could be reviewed and discussed here.

Mitch Erickson: Questioned why the APRN Advisory Committee would be precluded from reviewing/providing input for NPs and CNMs.

Loretta Melby: Explained and read the statute.

Reza Pejuhesh: Explained that this is another example of overlap and how it can be challenging. Further explained that the APRN Advisory Committee is not precluded from providing input on NPs and CNMs; however, the NPAC and NMAC committees are charged with that task by law. Therefore, those committees are required to advise and make recommendations to the board on all matters relating to, respectively, NP and CNM practice.

Elissa Brown: Suggested that the APRN Advisory Committee

members look at them and forward their suggestions to the other committees.

- Motion** **Mitch Erickson:** Motioned to establish subcommittees and bring back in November. Subcommittees are as follows:
- NP: Charlotte Gullap-Moore and Mitch Erickson
 - CNM: Hillary Reyes and Danielle Blum
 - CRNA: Karen Karp and Sandra Bordi
 - CNS: Elissa Brown and Garrett Chan

Second **Hillary Reyes**

Vote	ME	KK	CGM	GC	JP	SB	DB	EB	HR
	Y	Y	Y	Y	Y	Y	AB	Y	Y
<u>Key:</u> Yes: Y No: N Abstain: A Absent for Vote: AB									

Public Comments for Agenda Item 7.0: No public comments

12:45 pm

8.0 **Discussion and Possible Action:** Regarding next steps for professional organizations who requested the Committee’s input on Medi-Cal regulatory revisions/updates under the jurisdiction of the Board.

Discussion **Mitch Erickson:** Opened and explained that he, Garrett Chan, and Reza Pejuhesh met to discuss.

Garrett Chan: Appreciated the meeting and explained that they went through the Medi-Cal manual with what the BRN has jurisdiction over and what is Department of Health Care Services’ (DHCS) jurisdiction. Explained that they found most issues lie under DHCS jurisdiction and outside BRN; therefore, they gave suggestions to the NP and CNM advocacy groups and they will take the lead on discussing with DHCS.

Reza Pejuhesh: Provided clarification that the recommendations went to the advocacy groups because it fell outside of BRN jurisdiction and relates to reimbursement of Medi-Cal.

Motion No motion or action taken.

Public Comments for Agenda Item 8.0: No public comments.

12:53 pm

9.0

Adjournment

Mitchel Erickson, Chair, adjourned the meeting on July 22, 2021 at 12:53 pm

Loretta Melby, MSN, RN
Executive Officer
California Board of Registered Nursing

Mitchell Erickson, NP
Chair
Advanced Practice Registered Nursing Advisory
Committee



Agenda Item 5.0

Discussion and Possible Action: Approval of summary and overview document regarding all activities and actions of the APRN Advisory Committee.

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | November 4, 2021

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

AGENDA ITEM: 5.0

DATE: November 4, 2021

ACTION REQUESTED: **Discussion and Possible Action:** Approval of summary and overview document regarding all activities and actions of the APRN Advisory Committee.

REQUESTED BY: Mitchel Erickson, NP - BRN APRN Advisory Committee Chair

BACKGROUND:

In May of 2021 the APRN Advisory Committee was brought to the Board for discussion and possible action regarding the continuation and the role of this committee. A motion failed and the request was made to carry this discussion over to the next Board meeting held in August 2021. At the August 2021 Board meeting, the motion was made to maintain the APRN committee with focus on CRNA, CNS and issues that affect all APRN groups to exclude NP and CNM issues. Additionally, discussion regarding the future of this committee was held with the Director of the California Department of Consumer Affairs (DCA). Given this outcome, a meeting between the BRN Executive Officer, BRN Legal Counsel, APRN Advisory Committee Chair, and Committee Liaison to discuss next steps was scheduled. It was decided that a summary document highlighting the work of the APRN Advisory Committee (from inception to date) was needed and would be forwarded to the Director of DCA. This document, dated October 9, 2021, is included in the materials with the letters of support.

RESOURCES:

NEXT STEPS: Forward to the DCA Director

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov

Summary Statement in Support for the continuation of the BRN APRN Advisory Committee
October 9, 2021

Dear Kimberly Kirchmeyer, Director of California Department of Consumer Affairs

My name is Mitchel Erickson, NP and I have been in practice in California since 1997 and was the elected Chair of the APRN Advisory Committee in 2018. I and my professional colleagues were asked to join this committee by the BRN and did so as volunteers to the BRN and the State, to ensure the practice of all APRNs aligned with the primary mandate of the BRN to engage in consumer protection, assist the BRN with its public mandate, and support the concerns of licensees. This committee was created on a recommendation by the CA Senate Business and Professions Committee with a charter to guide the BRN and provide expert recommendations regarding APRN practice in California in terms of consumer protection. It provides a public discourse opportunity through the interplay of all the APRN professions and how public and other stakeholders can express concern or seek guidance on issues affecting their practice. Since the committee's inception, much has changed in the APRN practice landscape. In 2020, AB 890 and SB 1237 established advisory committees by statute (NPAC and NMAC) within the BRN to guide the BRN regarding certified nurse-midwife and nurse practitioner practice.

For the majority of the APRN Advisory Committee's tenure, those committees did not exist or were not active. This left our committee to respond and dialogue with the public and stakeholders regarding these pieces of legislation and associated evolving practice issues regarding their legislation, among other issues during our committee's initial years. Now those committees exist and will in the future address NP and CNM practice which would not preclude the APRN Advisory Committee members discussing issues related to NP and CNM practice, but any recommendations would be passed forward to those committees as required in statute to determine next steps.

It is important that the APRN Advisory Committee continue its collaborative model and a united purpose regarding APRNs, including clarifying the uniqueness as well as the sameness of the four different APRN roles. The APRN Advisory Committee can work on issues of mutual interest to all four groups, enhance and share knowledge of national trends, develop and make recommendations to the BRN for joint position statements, strengthen language related to scope of practice, APRN functions, and regulations. The APRN Advisory Committee, with its representatives from all four APRN groups – Clinical Nurse Specialists (CNS), Nurse Practitioners (NP), Certified Nurse Midwives (CNM), and Certified Registered Nurse Anesthetists (CRNA) – represents diversity in different practice settings, specialty areas, geographical locations, population focus, and years of experience. It has functioned to address and work on issues relevant for all APRNs in California while learning about and respecting each other's roles and concerns and continues to review new updates regarding practice positions, legislation, regulations, and advisories.

All four of the recognized APRNs have unique and at times, overlapping roles, and all APRNs are necessary to ensure the public has access to appropriate care by appropriate providers. Each APRN professional makes valuable contributions to the health care delivery system to support the public, provision of needed care and treatment, teamwork, and collaboration with our healthcare colleagues. Recognizing there are, by statute, two additional advisory committees, i.e., the CNM Advisory Committee and the NP Advisory Committee, it will be important to respect the specific issues those two committees will address, while still preserving the value of the broader APRN Advisory Committee representation. There has been a suggestion that the APRN Advisory Committee is redundant with other committees and should be dissolved and possibly create two new committees to address the practice of clinical nurse specialists and certified registered nurse anesthetists. The rationale for dissolving the APRN Advisory Committee would be to reduce the administrative burden on the BRN staff but adding two new committees would not seem to relieve that burden despite any argument of clinical focus. Administering and supporting two committees would not represent a lessened burden compared to the existing APRN Advisory Committee. Even if the CNSs and CRNAs were joined together in one Advisory Committee to preserve the spirit of the current APRN Advisory Committee it would not decrease the administrative burden.

Concern has been raised by the BRN legal counsel regarding possible violation risks of the Bagley-Keene Open Meeting Act when more than two members of the APRN Advisory Committee participate and do not

remain as silent observers at any other BRN committee or Board meeting to which the APRN Advisory Committee members are not appointed. This has been suggested as an indication of an unannounced public APRN Advisory Committee meeting, therefore, not following process or public notification. It is clear when this occurs there is no intent to conduct a meeting within a meeting without appropriate public notification and simply an expression of opinion from a member of the public that happened to be a member of another BRN committee. It seems a formal legal opinion should be made to interpret this situation to address any legal liability to the BRN.

There has been discussion regarding support or lack of support from state professional organizations representing the interests of the APRN professions. I have attached letters of support for the continuation of the APRN Advisory Committee from the California Association of Clinical Nurse Specialists, California Association of Nurse Practitioners, and California Nurse-Midwives Association, and California Association of Nurse Anesthetists and have personally spoken to the leaders in three organizations to ensure their support exists and how the APRN Advisory Committee would address public safety regarding those professional groups. Although NPAC and NMAC are currently focused on BRN regulations for the implementation of their respective legislation, they will eventually use their expertise to begin addressing other issues to support the BRN and the APRN Advisory Committee is present to support those activities through broad representation.

As of today, a member of the BRN Board and/or BRN Staff have brought forward an agenda item twice to sunset the APRN Advisory Committee and both times the motion before the board has failed. During the BRN Board meetings public comment supports the continuation of the APRN Advisory Committee. The recommendation was then to move the decision regarding sunset of the APRN Advisory Committee to your office, as the Director of the California Department of Consumer Affairs, to make a recommendation or determination regarding the sunset of the committee. Our hope is that you will see the value of the APRN Advisory Committee to support the mandate of the BRN regarding public safety and use the Committee's expertise to guide the BRN in its mission. Please see a summary of APRN Advisory Committee Meetings and letters of support from state-wide professional associations.

The California BRN needs to be a leader in following the APRN Consensus Model for APRN Regulation, Licensure, Accreditation, Certification and Education. This model was to guide states toward more uniformity in the regulation of APRN roles, licensure, accreditation, certification and education. The Consensus Model recommends that *all BONs have "at least one APRN representative position on the board and utilize an APRN advisory committee that includes representatives of all four APRN roles (CNM, CRNA, CNP, and CNS). (*APRN Joint Dialogue Group Report, July 7, 2008.) All states have been encouraged by the NCSBN and supporting associations to adopt this model. Many states have established such committees and California can act as a leader in supporting this model by keeping this APRN Advisory Committee.

Submitted with respect from the APRN Advisory Committee Members: Mitchel Erickson, NP (Chair), Karyn Karp, CRNA (Vice-Chair), Garrett Chan, CNS, Elissa Brown, CNS, Charlotte Gullap-Moore, NP, Jane Perlas, NP, Hilary Reyes, CNM (transitioning to NMAC), Sandra K Bordi, CRNA, and Danielle Blum, CNM.

To date the APRN Advisory Committee has met on the following dates and a summary of discussions is included.

October 16, 2018

- Inaugural meeting to review the charter of the committee and elect a chair and co-chair

February 7, 2019

- Address barriers to licensee facing transparency in the Breeze System regarding licensure, relicensure, and out of state endorsement
- Standardization of first assist privilege requirement for RNs and APRNs in California
- Clinical residency hour requirements for nurse practitioners in California
- Standardization of clinical residency hours for DNP students

June 27, 2019

- Standardized process for seeking access of BRN licensee lists and disclosed information
- Updates on legislative status of AB890

- Proposal to the Practice Committee to standardize first assist privileges through completion of a didactic curriculum and let health systems manage the completion of required clinical hours for licensee to obtain certification in the specified time period.
- Request APRN Advisory Committee member input into BRN Workforce Surveys to ensure adequate survey information collected for all APRN licensees as priors excluded certain APRNs.
- Set up a submission schedule to ensure deadlines were met by the committee for BRN agenda item approval process and AIS submission and all posting requirements.

September 26, 2019

- Review revision to the draft language for first assist requirements and competencies for Practice Committee
- Discussion and request to BRN Executive Officer to communicate with the Executive Director of the Department of Health and Human Services regarding Title 22 language revisions around an Organized Medical Staff. Given APRNs are part of the medical staff of health systems but have no voice or bylaw voting privileges and yet are disciplined by those bylaws, a revision discussion was requested. This would work towards APRN recommendations around patient safety within their own practice could be heard.
- Discuss and approve a draft letter of support to the legislative author of AB 890 on behalf of the APRN Advisory Committee to improve patient access to health care services in California.

February 20, 2020

- Discussed and make recommendations regarding Title 16 CCR on best pathways to communicate to out of state NP programs the curriculum requirements established by the BRN and interface with California based preceptors to out of state program students.
- Discussed the impacts of AB 5 on CRNAs and patient access and safety to anesthesia services in California. Crafted a letter to be forwarded to Assembly Member Gonzales on behalf of the BRN APRN Advisory Committee.
- Request the BRN expand the Workforce Survey to include all APRNs in California and access to question revisions unique to each APRN profession
- Began an initial discussion and possible process regarding FAQs and Advisories posted to the BRN website and their current relevance and accuracy.
- Address an agenda discussion of the BRN Legislative Committee on January 9, 2020, and its position of opposition to AB 890. Discussed patient safety around transition to practice requirements for APRN licensees transferring to California and not offering a grandfather clause.
- Craft a letter to the BRN Board that avoided another agency or committee to administer AB890 outside of the BRN in support of an amendment to change current BRN position.

August 27, 2020

- Reviewed a draft guidance document to be forwarded to the Practice Committee regarding curriculum requirement for out-of-state APRN Programs as well as CNS regulation.
- Discussed the impacts of COVID on California RN and APRN programs and loss of clinical placements and how to support academic progression.
- Discussion regarding the HHCPI Act and The CARES Act to answer public and professional questions regarding how it affected the permanent ability of APRNs to engage in certification and recertification of Home Care Services without a physician but under current regulation of standardized procedures. Discussed how this increased timely access to needed care for the public.
- Withdrew a repeat discussion on behalf of CRNAs and AB 5.
- Repeated request to have a BRN update the APRN Advisory Committee on participation in future BRN Workforce Survey by providing input to APRN related questions and the addition of all APRNs, some of which were excluded previously.
- Discussed a standard mechanism process, under guidance, for the APRN Advisory Committee to support the BRN on checking existing FAQs and Advisories on their website that need review and possible revision. How to provide immediate support in addressing more urgent FAQs that fell outside the established committee scheduled meetings.

December 3, 2020

- Discussed the implementation of AB 241 regarding Implicit Bias for APRN Continuing Education requirements.
- A requested review of the Administrative Procedures Act from the DCA Legal Counsel was presented.
- The bulk of the meeting was dedicated to AB 890 and SB 1237 issues requesting updates on status from BRN EO. The meeting recognized the deferment of CNM and NP regulation to those "to be created" Advisory Committees under statute. The purpose of these discussion items was to continue supporting a public forum for ideas and discussion prior to the initial meetings of the newly formed Advisory Committees.

February 4, 2021

- Requested a process to replace the resignation of a NP member of the APRN Advisory Committee. No guidance was provided given the future of the APRN Advisory Committee.
- The Home Health Care certification and recertification was discussed again, and it was agreed to have two committee members meet separately with BRN Legal Counsel and EO and seek a resolution to this FAQ.
- Initial discussion to address updates in the Medi-Cal regulations regarding overlapping issues with the BRN and the professions which were out of date or inconsistent with current practice standards. It was agreed to have two committee members meet with BRN Legal Counsel separately and review the advisory committee recommendations.
- EO updates were requested on status of several statutes in AB 890 prior to the first meeting of newly formed NP Advisory Committee's first meeting.

July 22, 2021

- Following the earlier separate meeting with EO and BRN Legal Counsel regarding NP/CNS ability to certify and recertify Home Care Services under the federal CARES Act an FAQ was reviewed and approved.
- The outcome regarding the earlier separate meeting with BRN Legal Counsel about the Medi-Cal regulation changes was shared with the public and APRN Advisory Committee members.
- A request was repeated to address the current vacancies on the APRN Advisory Committee. A process and APRN Advisory Committee member sub-committees were created to address current FAQs and advisories on the BRN website recognizing that CNM and NP recommendations would be forwarded to both NPAC and NMAC for their review and decision while CRNA and CNS recommendations would be forwarded to the Practice Committee and on to the full Board.

Considerations:

- Maintain the existence of the current APRN Advisory Committee and its mandate at the time of its inception.
- Review the composition of the committee and consider moving from 10 members to 8: 2 NPs, 2 CNMs, 2 CNSs, 2 CRNAs
- Work with BRN staff, including the Executive Officer, as they provide input and leadership regarding how the APRN Advisory Committee can best serve the needs of the BRN as well as the public and stakeholders' concerns, whether as agenda items or during the public comments for future agenda.
- Plan the committee meetings for three times per year preceding the meetings of the Practice Committee to which the APRN Advisory Committee reports, with sufficient time to provide a summary report to the Practice Committee and/or seek approval for recommendations from prior public agenda items, and to forward appropriate recommendations to the NPAC and CMAC.

Attachments

1. Letter of joint support from California APRN professional Associations, sent to BRN Executive Officer, Loretta Melby on June 15, 2021
2. Letter of support from the California Association of Nurse Anesthetists, dated June 10, 2021, sent to BRN Executive Officer, Loretta Melby.

Dear Board of Registered Nursing Members:

On behalf of the four Advanced Practice Registered Nurse (APRN) organizations in California we are requesting that the Board of Registered Nursing (BRN) maintain the current BRN APRN Advisory Committee. The APRN organizations include the California Association of Clinical Nurse Specialists representing over 3,200 clinical nurse specialists (CNSs); California Association of Nurse Anesthetists representing over 2,700 nurse anesthetists (CRNAs); California Association of Nurse Practitioners representing over 29,000 nurse practitioners (NPs); and California Nurse-Midwives Association representing over 1,300 nurse-midwives.

In the 2017 BRN Sunset Review by the Assembly Business and Professions Committee and the Senate Committee on Business, Professions and Economic Development, the Joint Sunset review Committee delineated Issue #2: The BRN regulates four categories of APRNs, but laws and regulations governing each are uneven and should be examined to ensure they are accurate and up-to-date.¹ As a result of this finding, the Joint Sunset Review Committee recommended that the BRN establish an APRN Committee, separate from the Nursing Practice Committee, whose goal is to survey existing laws and regulations and determine what is lacking for regulation of APRNs. The BRN should seek legislation, promulgate regulations, and develop advisories to ensure APRNs have sufficient guidance in all practice settings.

The BRN did create the APRN Advisory Committee in 2017 and then began meeting in 2018. The goals of the advanced practice registered nurse advisory committee are:

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.

All 4 APRN groups are needed to ensure that the public has access to appropriate care by appropriate providers, including APRNs. Each APRN group makes valuable contributions to the health care delivery system, and together we support the public, provide needed care and treatment, and collaborate with our healthcare colleagues.

It is essential that the four APRN roles share knowledge of state and national trends and make recommendations to the BRN related to scope of practice, regulations, and statutes as recommended by the Joint Sunset Review Committee. There is a strong mix of diversity in terms of types of practice; race/ethnicity geography, populations served. To date, the APRN Advisory Committee has addressed issues for all California APRNs and has made significant contributions to the BRN and to advanced practice nursing.

It is for these reasons, CACNS, CANA, CANP, & CNMA request the BRN maintain the APRN Advisory Committee. It is a collaborative model that ensures a unified voice across the four APRN roles and addresses issues of common interest to all four APR groups. We ask the Board to support the continuation of the California BRN, APRN Advisory Committee.

¹<https://abp.assembly.ca.gov/sites/abp.assembly.ca.gov/files/hearings/SunsetBackgroundPaper2017BRN.pdf>

Please do not hesitate to reach out to us if you have any questions. We appreciate the opportunity to work collaboratively with the Board and its staff to effectively carry out its consumer protection mandate and to provide regulation of the nursing profession.

Respectfully,

Cheryl Goldfarb-Greenwood, MN, CCNS, RN-C
President, California Association of Clinical Nurse Specialists (CACNS)

Nilu Patel, DNAP, APRN, CRNA
President California Association of Nurse Anesthetists (CANA)

Patti Gurney, MSN, PCPNP-BC
President, California Association of Nurse Practitioners (CANP)

Paris Maloof-Bury, MSN, CNM, RNC-OB, IBCLC California
Nurse-Midwives Association (CNMA)

Cc: Loretta Melby, MSN, RN, Executive Officer, California Board of Registered Nursing



Agenda Item 6.0

Discussion and Possible Action: Review and discuss communication pathway(s) for APRN Advisory Committee collaboration/communication with other advisory committees without Bagley-Keene Open Meeting Act violations.

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | November 4, 2021

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

AGENDA ITEM: 6.0
DATE: November 4, 2021

ACTION REQUESTED: **Discussion and Possible Action:** Review and discuss communication pathway(s) for APRN Advisory Committee collaboration/communication with other advisory committees without Bagley-Keene Open Meeting Act violations.

REQUESTED BY: Mitchel Erickson, NP - BRN APRN Advisory Committee Chair

BACKGROUND:

A challenge exists for members of one BRN advisory committee to provide feedback or respond to agenda items on the other advisory committee's agenda during a public meeting. When more than two members of another BRN advisory committee are present and the content is relevant to their professional practice it may be viewed as a violation of the Bagley-Keene Open Meeting Act. The concept of "observes versus active participation" is the issue.

BRN Legal Counsel will research the best mechanism for communication to occur that abides by the acts and laws and avoids any perceived violation.

Pursuant to AB 890/SB 1237 language, all Nurse Practitioner and Certified Nurse Midwife practice related recommendations or changes must be communicated through the Nurse Practitioner Advisory Committee (NPAC) and Nurse Midwife Advisory Committee (NMAC) for review and approval.

RESOURCES:

NEXT STEPS: BRN Legal Counsel to provide guidance on the best course of communication for members of one committee to another regarding their respective work.

FISCAL IMPACT, IF ANY:

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 7.0

Discussion and Possible Action: Regarding filling two vacancies on the APRN Advisory Committee (one Certified Nurse Midwife member vacancy and one Nurse Practitioner member vacancy).

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | November 4, 2021

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

AGENDA ITEM: 7.0

DATE: November 4, 2021

ACTION REQUESTED: **Discussion and Possible Action:** Regarding filling two vacancies on the APRN Advisory Committee (one Certified Nurse Midwife member vacancy and one Nurse Practitioner member vacancy).

REQUESTED BY: Mitchel Erickson, NP - BRN APRN Advisory Committee Chair

BACKGROUND:

The BRN APRN Advisory Committee was established in 2017 and held its first meeting in 2018. The APRN Advisory Committee is comprised of: four (4) Nurse Practitioners (NP), two (2) Clinical Nurse Specialists (CNS), two (2) Certified Nurse Midwives (CNM), and two (2) Certified Registered Nurse Anesthetists (CRNA). Each member may serve a maximum of two consecutive terms. At a previous APRN Advisory Committee meeting, it was agreed to extend the term for the current members; however, one CNM is transitioning to the NMAC and one NP resigned.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY:

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 8.0

Discussion and Possible Action: Report by the four APRN Advisory Committee subcommittees on recommended revisions, if any, on FAQs related to the advanced practice professionals within the purview of the APRN Advisory Committee.

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | November 4, 2021

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

AGENDA ITEM: 8.0
DATE: November 4, 2021

ACTION REQUESTED: **Discussion and Possible Action:** Report by the four APRN Advisory Committee subcommittees on recommended revisions, if any, on FAQs related to the advanced practice professionals within the purview of the APRN Advisory Committee.

REQUESTED BY: Mitchel Erickson, NP - BRN APRN Advisory Committee Chair

BACKGROUND:

Report by the four subcommittees on recommended revisions (to support a BRN three to five-year review and revision cycle), if any, on FAQs related to the specific professionals represented on the APRN Advisory Committee. Those related to NP or CNM practice will be forwarded to the NPAC and NMAC to be placed on their agendas seeking their review. Those related to CRNA and CNS practice will be forwarded directly to BRN Staff for review.

NP - Jane/Mitch
CNM – Hilary/Danielle
CRNA – Sandra/Karyn
CNS - Garrett/Elissa

RESOURCES:

NEXT STEPS: CNS and CRNA FAQ or advisory recommendations and review will be passed directly to BRN staff for processing and all NP or CNM recommendations for relevant FAQ and advisories will be forwarded to NMAC and NPAC as relevant to those professions.

FISCAL IMPACT, IF ANY:

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 9.0

Discussion and Possible Action: Regarding specific formulary concerns and APRN access to those formularies.

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | November 4, 2021

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

AGENDA ITEM: 9.0
DATE: November 4, 2021

ACTION REQUESTED: **Discussion and Possible Action:** Regarding specific formulary concerns and APRN access to those formularies

REQUESTED BY: Mitchel Erickson, NP - BRN APRN Advisory Committee Chair

BACKGROUND:

At the prior APRN Advisory Committee meeting there was a question from the public regarding aesthetic practice in California for NPs. The ‘practice of medicine’ is guided by an explicit definition involving the penetration and manipulation of human tissue. It would be likely defined that some of aesthetic procedures involve these definitions and would require, under current regulation, these activities be included in an individual NP’s standardized procedure. The NP would be required to be privileged to engage in aesthetic procedures meeting the definition of “the practice of medicine”.

Additionally, any prescribed medications required for aesthetic procedures would fall into the described or assigned formulary of the practice setting as would any other prescribed medication made available by a NP per the limits of their furnishing license. The formulary or prescribing practices of the NP, under current regulation, would also appear in the standardized procedure of the NP.

RESOURCES:

All from the BRN website other than the blog post but some are very dated and not recently reviewed.

[Elective Cosmetic Medical Procedures or Treatments: Med Spa](#)

[California Has Strict Laws Regarding Laser Treatments and Injectables - American Med Spa Association](#)

[Browse - California Code of Regulations \(westlaw.com\)](#)

[Study and Evaluation: Use of Laser or Intense Light Pulse Devices \(ca.gov\)](#)

[Regulations: Physician Availability: Elective Cosmetic Procedures \(ca.gov\)](#)

[The Bottom Line: The Business of Medicine - Medical Spas](#)

NEXT STEPS: The discussion and guidance regarding this agenda item will be forwarded to the NPAC recommending a FAQ regarding NPs involved in aesthetic practice as needed especially under their work on AB 890.

FISCAL IMPACT, IF ANY:

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov



Agenda Item 10.0

Discussion and Possible Action: Establish and vote on a schedule for the APRN Advisory Committee meetings for 2022.

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | November 4, 2021

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

AGENDA ITEM: 10.0
DATE: November 4, 2021

ACTION REQUESTED: **Discussion and Possible Action:** Establish and vote on a schedule for the APRN Advisory Committee meetings for 2022.

REQUESTED BY: Mitchel Erickson, NP - BRN APRN Advisory Committee Chair

BACKGROUND:

The APRN Advisory Committee will review and vote on the future meeting schedule for 2022 and coordinate with the BRN Board's meeting schedule. The APRN Advisory Committee was established in 2017 and held its first meeting in 2018. The APRN Advisory Committee was set at inception to meet semi-annually in Sacramento, CA in person and by WebEx. The Committee Chair will provide committee members with the submission schedule for agenda items that is subject to BRN legal and administrative approval and submission deadlines.

RESOURCES:

NEXT STEPS:

FISCAL IMPACT, IF ANY:

PERSON(S) TO CONTACT: McCaulie Feusahrens
Chief of the Licensing Division
California Board of Registered Nursing
mccaulie.feusahrens@dca.ca.gov