



# Advanced Practice Registered Nursing Advisory Committee Meeting

SUPPLEMENTAL MATERIALS

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | September 22, 2022

## Table of Contents

|  |           |
|--|-----------|
| <b><u>2.0 General instructions for the format of a teleconference meeting</u></b>  | <b>3</b>  |
| <b><u>4.0 Review and vote on whether to approve previous meeting's minutes</u></b>   | <b>5</b>  |
| <b><u>5.0 Discussion and Possible Action: Regarding APRNAC members' terms of office as specified in the updated APRNAC Charter</u></b>   | <b>18</b> |
| <b><u>6.0 Discussion and Possible Action: Regarding meeting dates for 2023</u></b>   | <b>23</b> |
| <b><u>7.0 Discussion and Possible Action: Regarding discussion of documents related to CNSs that work in mental health for possible development of future FAQs to be posted on the BRN website</u></b>                     | <b>26</b> |
| <b><u>8.0 Discussion and Possible Action: Report by the CRNA subcommittee on recommended revisions, if any, on FAQs related to the advanced practice professions within the purview of the APRN Advisory Committee</u></b> | <b>28</b> |



# Agenda Item 2.0

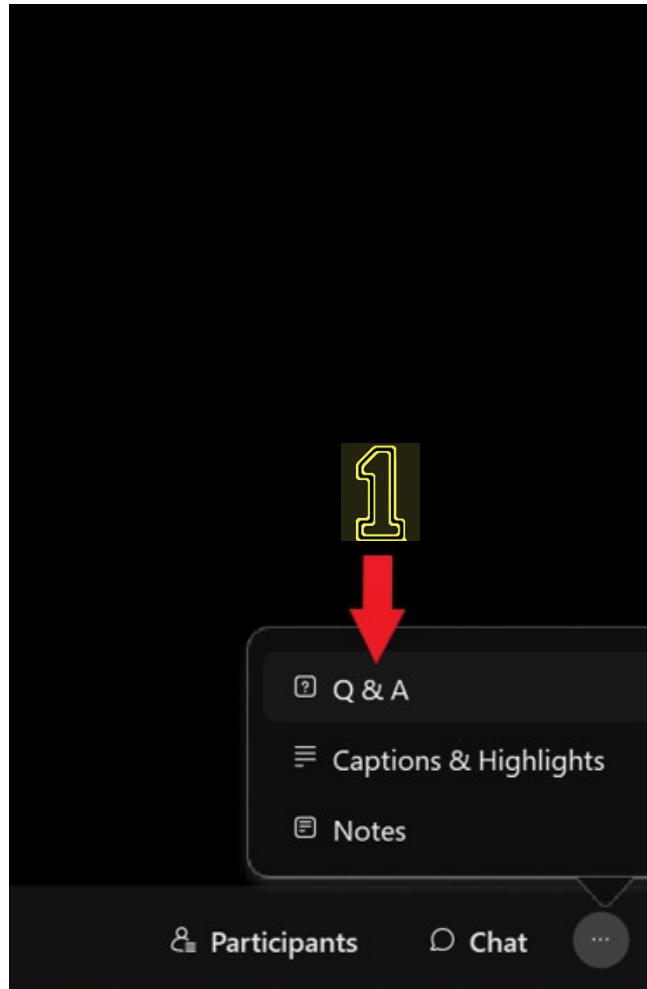
## **General Instructions for the Format of a Teleconference Meeting**

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | September 22, 2022

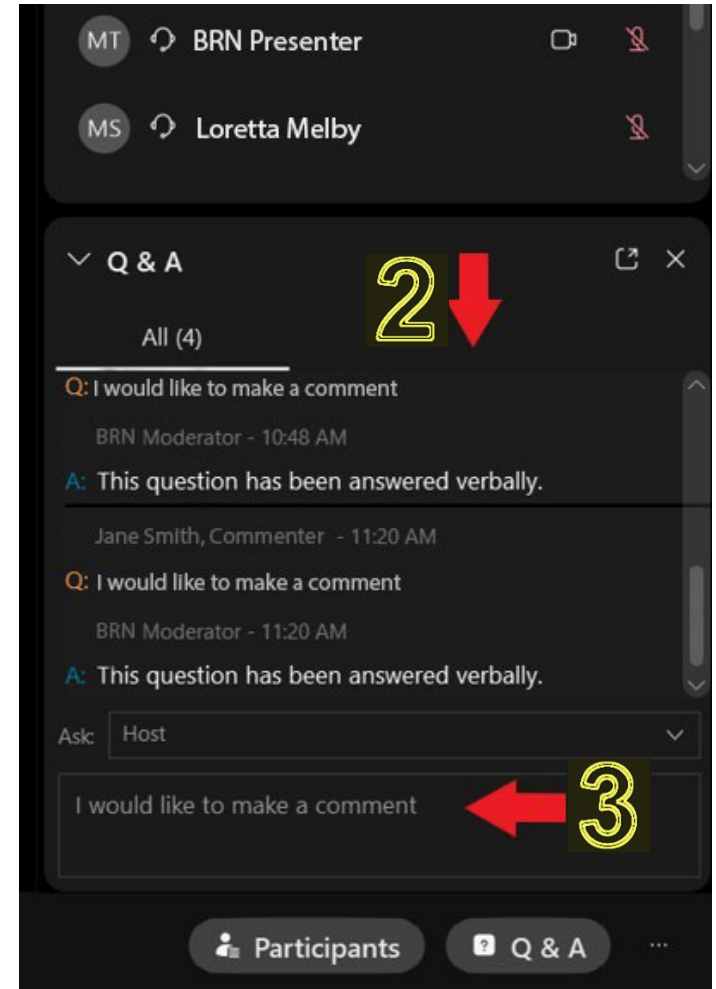
## Participating During a Public Comment Period

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 **two (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 4.0

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

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | September 22, 2022

**BOARD OF REGISTERED NURSING  
ADVANCED PRACTICE REGISTERED NURSING ADVISORY COMMITTEE**

**MEETING MINUTES**

**DATE:** March 29, 2022

**START TIME:** 11:00 a.m.

**LOCATION:** **NOTE:** Pursuant to the provisions of Government Code section 11133 and Executive Order N-1-22 (1/5/2022), a physical meeting location was not provided.

11:03 am

**1.0**

**Call to Order, Roll Call, Establishment of a Quorum** Mitchel Erickson, Chair, called the meeting to order at 11:03 am. Danielle Blum, Jane Perlas, and Karyn Karp not present. Quorum established at 11:04 am.

**Committee Members:**

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

**BRN Staff Representatives:**

Loretta Melby, MSN, RN, Executive Officer  
Evon Lenerd Tapps, Assistant Executive Officer  
Reza Pejuhesh, DCA Legal Attorney  
McCaulie Feusahrens, Chief of Licensing Division

11:04 am

**2.0**

**General Instructions provided for the Format of a Teleconference Call**

11:07 am

**3.0**

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

➤ November 4, 2021

**Discussion**

Mitchel Erickson opened and presented the minutes and requested his name be updated to the correct spelling with one “L.”

No further committee discussion.

**Public Comment for Agenda Item 3.0:**

No Public Comments.

**Motion:**

**Elissa Brown:** Motioned to approve the November 4, 2021, minutes.

**Second:**

**Sandra Bordi**

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

11:10 am

**4.0 Public Comment for Items Not on the Agenda**

**Public Comment for Agenda Item 4.0:** No public comments.

11:12 am

**5.0 Information Only:** Status update on the submission to the Director of the Department of Consumer Affairs of the summary and overview document regarding all activities and actions of the APRN Advisory Committee.

**Discussion** Mitchel Erickson opened the agenda item and provided background on the summary documents. Explained the purpose of this agenda item. Acknowledged that he did meet with the leadership of the professional associations that wrote letters in support of continuation of the APRN Advisory Committee.

**Loretta Melby:** Provided an update and explained that the DCA Director did approve the continuation of the APRN for one year. Further explained that the non-statutory committees will be presented to the Board for reevaluation and for goal setting each year and they will also be presented to the DCA Director. Explained that the DCA Director did approve two meetings per year.

**Mitchel Erickson:** Asked if the plan is that the committee will need to present an annual summary document.

**Loretta Melby:** Explained that is the plan, and if it can tie back to the strategic plan that would be the best course of action.

**Garrett Chan:** Requested the DCA Director and the Executive Officer consider a two-year appointment cycle (going in front of the Board) as sometimes the projects take longer than a year.

**Loretta Melby:** Explained that she understands his concern; however, it is an annual approval and in the overview/summary document to the Board, the Committee needs to explain the work that needs to continue into the next year.

**Elissa Brown:** Stated that sounds reasonable and it is clearer now for how items will carry over.

**Mitchel Erickson:** Asked if a committee member is needed to present at the Board meeting.

**Loretta Melby:** Explained that it would be a benefit to have the Chair or Vice Chair report out during the meeting.

**Public Comments  
for Agenda Item  
5.0:**

No public comments.

**Motion:**

No motion or action taken.

11:20 pm

**6.0**

**Information Only:** Guidance on the BRN website for licensee and public access regarding Clinical Nurse Specialist (CNS) and Nurse Practitioner (NP) ordering of home care services.

**Discussion**

Mitchel Erickson opened the agenda item and provided background information on the FAQ document and explained it was posted in December 2021 and where it is located on the website. Requested that “for ordering home care services” be added at the end of the title.

**Loretta Melby:** Stated this can be updated and she will work with IT to see if it can be searchable.

**Elissa Brown:** Thank you for posting to the web and making it user friendly.

**Garrett Chan:** Asked for clarification on where the addition would be made.

**Mitchel Erickson:** Explained that the addition would be in the title.

**Loretta Melby:** Explained that if after the BRN changes the document is still not searchable, send an email to her and it will be fixed, and it doesn't need to come back to the committee.

**Charlotte Gullap-Moore:** Asked if the FAQs could be shared on Facebook and Instagram.

**Loretta Melby:** Explained that it may be more beneficial for the different advocate organizations to share out, as the BRN's social media is not robust. Further explained that CARES Act is not specific to the Nursing Practice Act; however, the BRN will look at ways to better distribute. Stated the BRN is in the process of updating the website and will be creating webpages specific to each APRN category.

**Mitchel Erickson:** Asked if the information will migrate to the new webpages or if it would be duplicative and on other pages as well.



**Loretta Melby:** Explained that staff are working on consolidating everything to make the website more concise.

**Elissa Brown:** Asked if the new webpage will be an APRN webpage that will link to the different groups.

**Loretta Melby:** Explained that the design phase is not complete.

**Garrett Chan:** Requested that the wording on the first sentence of the second paragraph on the FAQ be updated to “should be incorporated into the institution’s standardized procedures.”

**Loretta Melby:** Explained that BRN staff will work with the Chair on the updates.

**Garrett Chan:** Further requested changes to the third question.

**Mitchel Erickson:** Explained that he has been documenting the requested changes and he will send to Reza and Lori for updates.

**Loretta Melby:** Explained that this FAQ document was previously approved as written and is currently posted on the BRN website. Reminded the Committee that this agenda item was just meant to be for information only.

**Reza Pejuhesh:** Agreed and further explained that it is noted on the agenda that any item can be voted upon so the Committee may make a motion, if needed.

**Motion:** **Elissa Brown:** Motioned to accept the recommended changes on the FAQ and forward to BRN staff for revising and posting.

**Second:** **Charlotte Gullap-Moore**

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

**Public Comments for Agenda Item 6.0:** **Jeannie Meyer, CACNS President:** Thanked the BRN for posting the FAQ and requested the Board to consider the capability of ordering hospice as that would expedite getting the patients into the settings they need.

**Reza Pejuhesh:** Asked if that is included in the CARES Act or is she requesting a separate FAQ.

**Jeannie Meyer, CACNS President:** Explained that she thinks that the CARES Act is more specific to home health, and

hospice is not a part of the CARES Act; however, they are doing a national survey on it now.

**Reza Pejuhesh:** Explained that anything can be raised to the Committee, but the Committee is limited on what they can discuss.

**Jeannie Meyer, CACNS President:** Explained that they are hoping to do a revision to the CARES Act.

**Garrett Chan:** Provided clarification that hospice is a Medicare benefit and there has to be changes to the Medicare policy before the BRN can make changes.

11:46 am

7.0

**Information Only:** APRN orders for telenursing services.

### Discussion

Mitchel Erickson opened the agenda item and turned the discussion over to Garrett Chan to present the agenda item on APRN orders for telenursing services.

**Garrett Chan:** Explained that there are questions related to telenursing, with the increase in services due to COVID, specifically related to whether nurses need to have an order from an APRN to do telenursing services. Further explained that he has been referring people to a Board advisory (NBR-B-35); however, he wanted to double check that there is no requirement for an APRN to give an order.

**Loretta Melby:** Explained that there is a difference between nursing services and the practice of nursing. The practice of nursing can only be done by a licensed RN and not by a student. APRN students are already licensed RNs; therefore, they are practicing under that license and prelicensure nursing students get the authority to practice under Business and Professions Code (BPC) section 2729. Further explained that the NPB document is very old and does need to be updated. Clarified that telehealth is only a modality of services being provided. (BPC 2290.5)

**Reza Pejuhesh:** Explained that was great clarification and reiterated that BPC section 2725 deals with the RN's scope of practice.

**Garrett Chan:** Clarified that there is no requirement at this point of receiving an order from an APRN because telehealth is a modality, and the services are what is provided on the other end. Provided an example of a telehealth health fair; if they wanted to use telehealth as a modality to do education, does that require an order?

**Loretta Melby:** Explained that the telehealth has to be evaluated

on an individual basis. Further explained that the way clinical hours are obtained in prelicensure nursing school is spelled out in California Code of Regulations, title 16 (CCR), sections 1426 and 1427. CCR section 1484 explains the requirements of clinicals for NPs.

**Mitchel Erickson:** Asked for clarification from Garrett as to whether his intent was to talk about the service as it relates to student experience or the service as it relates to anyone needing an order.

**Garrett Chan:** Explained that his original question was about orders. Clarified that he is asking whether, in a setting such as a health fair, an order is required or there is a need for standardized procedure that requires the RN to provide education; and if the services are being provided online, is there another order required.

**Loretta Melby:** Read the proposed direct patient care definition in 16 CCR 1450 and clarified that when it comes to a health fair setting, is the RN providing nursing practice or nursing services as that is the difference. It is a robust conversation as facilities could also be involved. Further explained that the BRN does not approve post licensure education in the community health aspect with the exception of the PHN, and there are regulations regarding PHN certification.

**Garrett Chan:** Asked about the direct care services definition, as it is his understanding that there are independent and dependent functions in terms of nursing services. Requested clarification as to whether there needs to be an order with direct care services.

**Mitchel Erickson:** Provided an example of non-provider protocols which is a part of nursing practice. The protocol acts as the order by how the nurse responds to the service that they deliver.

**Garrett Chan:** Clarified that he's speaking about care outside of acute care settings. Further explained that there should not be a need for an order for nurses to give patient education because this is within the scope of practice in BPC 2725.

**Reza Pejuhesh:** Explained that he looked at the question a little more simply – if an RN can do “XYZ” within the scope of practice without an order, then the RN may administer those same “XYZ” services via telehealth without an order; and if the RN must have an order to perform “XYZ” services in person, then an order is necessary to provide those services via telehealth. The fact that the RN is doing it through telehealth does not change the need for an order (with perhaps limited exceptions). Further stated that as previously stated, telehealth is a modality, and it doesn't add any additional requirements. If an RN needs an order to perform

services in-person, then an order would be needed for telehealth; likewise if an RN does not need an order to perform the services in-person then an order would not be needed for telehealth. Stated that he doesn't want to be too general as there are some things that cannot be done via telehealth but looking at the question simply there is not an additional order for telehealth.

**Charlotte Gullap-Moore:** Asked if there was an FAQ or another statute stating this as telehealth became a normal practice during COVID.

**Mitchel Erickson:** Stated that there is not a modality requirement.

**Loretta Melby:** Confirmed Mitchel's statement and also stated there are helpful links within the AIS materials.

**Garrett Chan:** Thanked Loretta for the in-depth information and Reza for his interpretation, as he has been receiving questions from the community and can now answer these questions.

**Loretta Melby:** Explained that it's always a benefit to do services under a healthcare umbrella with an order as it protects against adverse actions. Reminded about the phrase "whether you should or could."

**Reza Pejuhesh:** Reiterated if an RN needs an order to perform services in-person, then an order would be needed for telehealth; likewise if an RN does not need an order to perform the services in-person then an order would not be needed for telehealth. Expressed that this is a general statement and specific situations may be different.

**Garrett Chan:** Stated that the scope of practice needs to be somewhat amorphous because the practice changes over time and things that RNs did not do 20 years ago is common practice now. Further stated that he appreciates the warning, but wants to challenge the prevailing perspective that healthcare providers manages patients' health, as that is up to the individual – healthcare happens between visits. Nursing is here to help people in their health journey.

**Motion**

No motion or action taken.

**Public Comments  
for Agenda Item  
7.0:**

**Mary Adorno, CAHSAH:** Thanked the Committee and explained that CDPH did not extend the waivers on telehealth and your discussion doesn't sound like you need orders for telehealth. This has come up multiple times to their organization and anything BRN can do to clarify for home health would help. CDPH is indicating that home health

agencies cannot provide telehealth as the waivers were not extended. Hope that the Board can have a conversation with CDPH as telehealth is a huge component. Requested posting a paper on the BRN website regarding telehealth.

**Reza Pejuhesh:** Made a distinction between BRN regulation on scope of RN authority, as opposed to what CMS says that what can be billed for services. The discussion was to the RN scope of authority and the code sections that govern that. Further stated that it sounds like CMS is not extending a waiver for billing for services which is an important distinction.

**Mitchel Erickson:** Stated that he thinks Reza interpreted her comments correctly.

**Garrett Chan:** Asked for the appropriate venue to take her request.

**Reza Pejuhesh:** Explained that the BRN's lane is governing scope of practice for RNs, and other departments are responsible for billing for services.

**Elissa Brown:** There is discussion about extending the CARES Act waivers regarding telehealth, but it sounds like CDPH is not extending, so it's a CDPH issue.

**Garrett Chan:** Stated that Mary should speak with CDPH and if there is a question about scope of practice then CDPH should reach out to BRN.

**Reza Pejuhesh:** Stated that, yes, we would be happy to work with them if needed.

12:37 pm

8.0

**Discussion and Possible Action:** Review and recommend updates to the current credentialing language on the BRN website for Certified Registered Nurse Anesthetists (CRNAs), and discussion of recommended updates to Business and Professions Code sections 2826 and 2830.6 to incorporate update to certifying body for nurse anesthetists.

**Discussion**

Mitchel Erickson opened the agenda item and provided background and turned it over to Sandra Bordi.

**Sandra Bordi:** Explained that after reviewing the statute, it appears updates are needed, and explained these updates, which were provided in the materials.

**Garrett Chan:** Explained that it would have to be changed via law. He provided an example of the NP statute that included the name of the organization and included "or successor organization" as well so the law didn't have to be changed.

**Reza Pejuhesh:** Stated that Garrett was correct and requested more background.

**Sandra Bordi:** Explained that the name of the organization has changed and there has been discussion throughout the years about having a different organization or maybe two.

**Reza Pejuhesh:** Explained that since this is in statute, the BRN can't make the change, but we can reach out to the legislature to let them know there needs to be a change.

**Loretta Melby:** Stated that BRN does have the ability to update regulation and typically our role in legislation is to respond to the author's office. Explained that APRNAC members can send the updates to her to include in the technical changes implemented in the board's sunset bill. Further explained that the lobbyist organizations are the best way to get statute changes done as requesting the changes in the sunset bill is not a guarantee that it will be completed.

**Mitchel Erickson:** Asked what the desired timeframe would be for the language.

**Loretta Melby:** Explained that she would need it as soon as possible as the bill is set to go to hearing the third week of April.

**Motion** No motion or action taken.

**Public Comments for Agenda Item 8.0:** No public comments.

12:51 pm

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

**Discussion** Mitchel Erickson opened the agenda item and provided background and explained that the documents sent to staff were inadvertently left out of the materials, but the document was shared during the meeting.

**Loretta Melby:** Requested that the links to the advisories be included on the document.

**Garrett Chan:** Expressed concerns as these advisories were previously gone over and approved.

**Elissa Brown:** Clarified that not all of them were gone through and she will organize her comments per Loretta's suggestion.

**Mitchel Erickson:** Asked if the committee members want to see the updated documents prior to forwarding to BRN staff.

**Charlotte Gullap-Moore:** Stated that all CNS members and the chair should look at it.

**Mitchel Erickson:** Will include this item on the next meeting agenda.

**Motion**

No motion or action taken.

**Public Comments  
for Agenda Item  
9.0:**

**Jeannie Meyer, CACNS President:** This was the same document discussed during the last meeting and she wants to be assured that all the organizations discussed in the last meeting are included, as she doesn't see them listed.

**Garrett Chan:** Stated they were included on the version discussed at the last meeting.

**Loretta Melby:** Stated that she wants to encourage the communication and provided the example of the previous agenda item with the FAQ which was previously approved and posted and the committee made additional changes today. The BRN wants the clearest information and if that takes looking at documents multiple times that's okay.

1:13 pm

**10.0**

(Mitchel Erickson rearranged the agenda and opened Agenda Item 11.0 prior to Agenda Item 10.0.)

**Information Only:** Status update on the March 24, 2022, Nursing Practice Committee meeting regarding the APRN Advisory Committee's charter and composition.

**Discussion**

Mitchel Erickson opened the agenda item and asked if the committee would like to continue with this item as they are already over the allotted time.

**Loretta Melby:** Provided an explanation of the changes and explained that it was approved by the Nursing Practice Committee, and it is going forward to the Board in May. Further explained that it mirrors all other advisory committees, and if there are other changes needed, to discuss now or email her so it can be included in the meeting.

**Mitchel Erickson:** Stated that the only thing he noticed that was missing was the language around meeting participation and contributing to the discussion. Further stated that he would assume that is standard practice.

**Loretta Melby:** Agreed that is standard in professional

committees so there was no need to spell it out in the charter. Asked if Mitchel has had any issues where this needed to be enforced in prior meetings.

**Mitchel Erickson:** Mentioned a prior member who is now on the NMAC committee who did not participate in 2021.

**Loretta Melby:** Stated that she believes she resigned a while ago as she is now a member of NMAC. There was a robust discussion about how members cannot serve on more than one committee as it could be a violation of the Bagley-Keene Open Meetings Act.

**Mitchel Erickson:** Asked how he, as Chair, would recommend removal for lack of participation.

**Loretta Melby:** Stated that would just be a conversation with her as APRNAC is not statutorily mandated.

**Charlotte Gullap-Moore:** Requested clarification on the terms and number of representatives.

**Loretta Melby:** Provided explanation regarding the terms and number of representatives, and that the intent is to have continuity, and that questions can always be sent to her.

**Mitchel Erickson:** Asked for any edits to the charter to be sent to Loretta in track changes.

**Loretta Melby:** Explained that although changes may be suggested it is not a guarantee that they would be changed as the BRN is aligning all advisory committee charters.

**Motion** No motion or action taken.

**Public Comments for Agenda Item** No public comments.

**10.0:**

1:09 pm

**11.0**

(Mitchel Erickson rearranged the agenda and opened Agenda Item 11.0 prior to Agenda Item 10.0.)

**Discussion and Possible Action:** Discuss formulary guidance for any practice specialty including, but not limited to, aesthetic services performed in any clinical setting by APRNs under standardized procedures.

**Discussion** Mitchel Erickson introduced the agenda item and opened for committee discussion.

**Loretta Melby:** Explained that during the Board meeting in



May there will be a subject matter expert to give a discussion on aesthetic services. Further explained that this was requested by a Board member, and encouraged participation during that meeting.

**Mitchel Erickson:** Requested confirmation regarding whether any medication used during these services would still fall under the standardized procedures for the formulary guidelines for that health setting/system.

**Loretta Melby:** Stated that is correct and formularies are all facility-specific and not BRN-specific. BPC 2725 allows for any RN to give medication in any route as long as they are competent.

**Garrett Chan:** Agreed with Mitchel and explained that if it's a small organization they may consider referencing a source site if they do not have their own formulary.

**Motion** No motion or action taken.

**Public Comments  
for Agenda Item  
11.0:** No public comments.

1:35 pm **12.0** **Adjournment**  
Mitchel Erickson, Chair, adjourned the meeting on  
March 29, 2022, at 1:35 pm

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

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**Mitchel Erickson, NP**  
Chair  
Advanced Practice Registered Nursing Advisory  
Committee



## Agenda Item 5.0

**Discussion and Possible Action: Regarding APRNAC members' terms of office as specified in the updated APRNAC Charter**

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | September 22, 2022

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

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**AGENDA ITEM:** 5.0  
**DATE:** September 22, 2022

**ACTION REQUESTED:**                    **Discussion and Possible Action:** Regarding APRNAC members' terms of office as specified in the updated APRNAC Charter

**REQUESTED BY:**                        Loretta Melby, RN, MSN  
Executive Officer

**BACKGROUND:**

To ensure continuity of membership in all advisory committees, updates were made to the charters. Rather than all members serving equal-length initial terms, these updates include a staggered initial term length, modeled after statutory language establishing initial Board member terms when the Board was reconstituted. This staggered membership approach will help to ensure that the committee will not lose institutional knowledge.

The ARRNAC will discuss the length of terms and vote on which members will serve each term. The APRNAC's approved charter is included in the meeting materials for reference during the discussion.

**RESOURCES:**

**NEXT STEPS:**

**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](mailto:mccaulie.feusahrens@dca.ca.gov)



## **The California Board of Registered Nursing's Advanced Practice Registered Nursing Advisory Committee**

The mission of the California Board of Registered Nursing (Board or BRN) is to protect the health, safety, and well-being of the public through the fair and consistent application of the statutes and regulations governing nursing practice and education in California. The Board values include effectiveness, integrity, transparency, collaboration and equity.

### **Background**

On February 23, 2018, the Board appointed the initial members to the Advanced Practice Registered Nurse Advisory Committee (APRNAC). The APRNAC was structured to provide an organized mechanism for nurses and other members of the public to jointly identify recommendations, which represent a variety of perspectives for BRN's consideration or action with the central focus of all recommendations to be protection of the public.

On October 16, 2018, the APRNAC held its first meeting with the following goals:

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 advance practice nurses and make recommendations to the Board.
4. Collaborate with other Board committees on matters of mutual interest.

In September 2020, Governor Newsom signed both Senate Bill (SB) 1237 and Assembly Bill (AB) 890 into law which created the Nurse-Midwifery Advisory Committee and the Nurse Practitioner Advisory Committee, respectively. To address the statutorily required activities of these new advisory committees and to eliminate duplicity of work, in May 2021, the APRNAC 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 APRNAC with focus on Certified Registered Nurse Anesthetists (CRNA), Clinical Nurse Specialists (CNS) and issues that affect all APRN groups to exclude Nurse Practitioner (NP) and Certified Nurse-Midwife (CNM) issues.

### **APRNAC Purpose/Charge**

The APRNAC provides a mechanism for nurses and other members of the public to jointly identify recommendations which focus on CRNAs, CNSs and issues that affect all APRN groups a with the central focus of all recommendations to be protection of the public.

### **Relationship to the Board**

APRNAC is an advisory committee of the Board. APRNAC meetings are conducted pursuant to the Bagley-Keene Open Meeting Act as set forth in Government Code (GOV) sections [11120-11133](#).

APRNAC information and recommendations may be forwarded to the Nursing Practice Committee, where Board members assigned to that committee will hear and refer the information to the full Board. The Board's Executive Officer (EO) or APRNAC staff liaison will facilitate the referral of APRNAC recommendations. If time does not allow information and recommendations to be forwarded to the Nursing Practice Committee, referral may be made to the full Board. Referral to the Nursing Practice Committee or the full Board will depend on the

relevance of the topic/issue to laws and regulations, the Board's public protection mandate, time-sensitivity, and other factors. Referred recommendations may be information-only or may request Board action in some instances.

### **Membership**

In accordance with the Board's motion during the meeting on [Board meeting date], the APRNAC shall be composed of the following:

- Two (2) qualified NPs,
- Two (2) qualified CRNAs,
- Two (2) qualified CNSs,
- Two (2) qualified CNMs, and
- One (1) public member.

Except as provided below, all appointments shall be for a term of four years and vacancies shall be filled for the unexpired term. No person shall serve more than two consecutive terms.

The initial appointments shall be for the following terms:

- One of the two NPs shall serve a term of four years and the other shall serve a term of three years.
- One of the two CRNAs shall serve a term of four years and the other shall serve a term of three years.
- One of the two CNSs shall serve a term of four years and the other shall serve a term of three years.
- One of the two CNMs shall serve a term of four years and the other shall serve a term of three years.
- The public member shall serve a term of four years.

APRNAC members will identify and vote on a committee Chair and Vice-Chair to facilitate APRNAC meetings in collaboration with the Board's EO or APRNAC staff liaison. The APRN Advisory Committee Chair will develop the meeting agendas in collaboration with the Board's EO, staff liaison, and other Board support staff. Only appointed APRN Advisory Committee members vote on meeting agenda items when a vote is required. This may include items such as approval of minutes and specific recommendations to be moved forward to Board Committees or the full Board. The APRN Advisory Committee Vice-Chair has the authority to perform the committee Chair's duties in the Chair's absence and is knowledgeable regarding issues that impact APRNAC and the policies and procedures by which the committee must be run. Members must be available for telephone and email consultation with BRN staff relative to program work and other program issues.

A listing of APRNAC members will be maintained by the BRN and include appointment start and end dates. A public listing of the APRNAC members will be posted on the [BRN website](#). Appointed members resigning before their appointed term ends are asked to submit a letter of resignation directed to the attention of the APRNAC Chair and the Board's EO. The Board's EO or designee will facilitate the application process to fill committee vacancies and submit for Board appointment, as needed. Committee members may be removed by the Board prior to expiration of their term for dereliction of duties as a committee member, misconduct, or other good cause.

### **Meetings**

The APRNAC meets twice per year. The meetings will typically be scheduled for 90 minutes and will be held virtually and/or at various locations throughout the state. All APRNAC meetings will be open to the public and will adhere to the Bagley-Keene Open Meeting Act requirements.

Special meetings may be held at such times as the board may elect, or on the call of the Board President or the Board's EO. The APRNAC agenda and materials are posted on the [BRN website](#) per GOV section [11125](#). Committee members will be asked to provide agenda items, a brief agenda item summary, and meeting materials in advance of meetings according to the requested submission timelines established by BRN staff. Meeting materials will be posted on the BRN website in the same location as the specific meeting agenda, meeting location, minutes etc. Meeting materials received during or after a meeting will subsequently be posted on the BRN website along with other already posted meeting materials and will be labeled as

addenda/supplemental materials.

Meeting agenda items will be discussed using standard meeting management procedures. Members of the public and other interested parties will be provided opportunities to speak during public comment periods or as requested by committee members during meetings. Time allocated for public comment may be limited by the APRNAC meeting chair to facilitate effective meeting time management consistent with GOV section [11125.7](#).

APRNAC meeting minutes are prepared by the designated BRN staff. The Board EO or designee, Legal Counsel and APRNAC Chair will review meeting minutes for accuracy and needed edits in advance of submission to the APRNAC members. The Committee will vote to approve draft minutes at APRNAC meetings. Finalized meeting minutes will be signed and dated by the EO or designee and APRNAC Chair and subsequently posted on the [BRN website](#) in the same section as the meeting agenda and the meeting materials.

**Quorum:**

Five (5) APRNAC members at any APRNAC meeting constitutes a quorum.

**Board Staff:**

BRN staff will regularly support the committee by providing meeting assistance, advice, consultation, reports/presentations and other forms of help as requested. Such staff include: the Board EO, the Assistant EO, the Chief of Licensing, the Chief of Enforcement, the APRNAC staff liaison, Nursing Education Consultants (NEC)/Supervising NECs, and other staff as needed.

**Review of APRNAC Advisory Committee:**

All advisory 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 Vice-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.

Additionally, the APRNAC shall periodically review and update this document to ensure the document remains relevant to current statutes, regulations, the Board's mission and strategic plan, NP practice and workforce changes/updates, etc. At minimum, it will be reviewed and re-approved by the APRNAC membership at least every four years from the last effective approval date. This document will include a signature page for the Board's EO and the APRNAC Chair and Vice-Chair to sign and date once this document is approved by the membership in each review cycle.



## Agenda Item 6.0

### **Discussion and Possible Action: Regarding meeting dates for 2023**

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | September 22, 2022

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

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**AGENDA ITEM:** 6.0  
**DATE:** September 22, 2022

**ACTION REQUESTED:**                   **Discussion and Possible Action:** Regarding Meeting dates for 2023

**REQUESTED BY:**                   Loretta Melby, RN, MSN  
Executive Officer

**BACKGROUND:**

The APRNAC meets twice per year and the meetings will typically be scheduled for 90 minutes and will be held virtually and/or at various locations throughout the state. All APRNAC meetings will be open to the public and adhere to the Bagley-Keene Open Meeting Act requirements. Special meetings may be held at such times as the Board may elect, or on the call of the Board President or the Executive Officer.

A proposed schedule is included in the meeting materials.

**RESOURCES:**

**NEXT STEPS:**

**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](mailto:mccaulie.feusahrens@dca.ca.gov)



## Board, Committee, and Advisory Committee Meetings in 2023

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|  |   |
|--|---|
| <b>JANUARY 26, 2023</b>                            | <b>Board Committee Meetings</b><br>Nursing Practice Committee<br>Education/Licensing Committee<br>Enforcement/Intervention Committee<br>Legislative Committee   |
| <b>FEBRUARY 15-16, 2023</b>                        | <b>Board Meeting</b>  |
| <b>MARCH 2023</b><br><b>March 7, 2023</b>          | <b>Advisory Committees</b><br>Nurse Midwife Advisory Committee (NMAC)<br>Nurse Practitioner Advisory Committee (NPAC)<br>Nurse Education and Workforce Advisory Committee (NEWAC)<br>Advanced Practice Registered Nursing Advisory Committee (APRNAC) |
| <b>APRIL 20, 2023</b>                              | <b>Board Committee Meetings</b><br>Nursing Practice Committee<br>Education/Licensing Committee<br>Enforcement/Intervention Committee<br>Legislative Committee   |
| <b>MAY 1-18, 2023</b>                              | <b>Board Meeting</b>  |
| <b>JUNE 22, 2023</b>                               | <b>Board Committee Meetings</b><br>Nursing Practice Committee<br>Education/Licensing Committee<br>Enforcement/Intervention Committee<br>Legislative Committee   |
| <b>JULY 2021</b>                                   | <b>No Scheduled Meeting</b>   |
| <b>AUGUST 23-24, 2023</b>                          | <b>Board Meeting</b>  |
| <b>SEPTEMBER 2023</b><br><b>September 12, 2022</b> | <b>Advisory Committees</b><br>Nurse Midwife Advisory Committee (NMAC)<br>Nurse Practitioner Advisory Committee (NPAC)<br>Nurse Education and Workforce Advisory Committee (NEWAC)<br>Advanced Practice Registered Nursing Advisory Committee (APRNAC) |
| <b>OCTOBER 19, 2023</b>                            | <b>Board Committee Meetings</b><br>Nursing Practice Committee<br>Education/Licensing Committee<br>Enforcement/Intervention Committee<br>Legislative Committee   |
| <b>NOVEMBER 15-16, 2023</b>                        | <b>Board Meeting</b>  |
| <b>DECEMBER 2023</b>                               | <b>No Scheduled Meeting</b>   |



## Agenda Item 7.0

**Discussion and Possible Action: Regarding discussion of documents related to CNSs that work in mental health for possible development of future FAQs to be posted on the BRN website**

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | September 22, 2022

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

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**AGENDA ITEM:** 7.0

**DATE:** September 22, 2022

**ACTION REQUESTED:**     **Discussion and Possible Action:** Regarding discussion of documents related to CNSs that work in mental health for possible development of future FAQs to be posted on the BRN website

**REQUESTED BY:**           Elissa Brown, CNS

**BACKGROUND:**

The APRNAC will discuss the following documents related to CNSs that work in mental health as these documents may be relevant for the development of future FAQs to be posted on the BRN website.

1. Mental Health Workers Supervision as implemented with AB 465 (Reg. Sess. 2019-2020):  
[https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201920200AB465](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB465)
2. Department of Health Care Services MHSUDS Information Notice No. 17-040:  
[https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/IN\\_17-040\\_MHSUDS\\_Chart\\_Documentation\\_Information\\_Notice.pdf](https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/IN_17-040_MHSUDS_Chart_Documentation_Information_Notice.pdf)
3. The Office of the National Coordinator for Health Information Technology's Health Care Provider Definition and Cross-Reference Table:  
[https://www.healthit.gov/sites/default/files/page2/2020-08/Health\\_Care\\_Provider\\_Definitions\\_v3.pdf](https://www.healthit.gov/sites/default/files/page2/2020-08/Health_Care_Provider_Definitions_v3.pdf)

**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](mailto:mccaulie.feusahrens@dca.ca.gov)



## Agenda Item 8.0

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

BRN Advanced Practice Registered Nursing Advisory Committee Meeting | September 22, 2022

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

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**AGENDA ITEM: 8.0**

**DATE: September 22, 2022**

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

**REQUESTED BY:**               Karyn Karp, MS, CRNA

**BACKGROUND:**

Report by the CRNA subcommittee on recommended revisions, if any, on FAQs related to the specific professionals within the purview of the APRN Advisory Committee. Although multiple items may be discussed, one topic already identified is that the certifying body for CRNAs is outdated and needs to be updated accordingly.

In 2007, the Council on Certification of Nurse Anesthetists and the Council on Recertification of Nurse Anesthetists became independent of the American Association of Nurse Anesthesiology and incorporated together as an autonomous organization, the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA). NBCRNA is currently the only national certifying body for CRNAs in the United States.

Items/documents in need of updates are included below:

CRNA application instructions: <https://www.rn.ca.gov/pdfs/applicants/na-instruct.pdf>

- Updates needed on page five (5)

Copy of Business and Professions Code (BPC): <https://www.rn.ca.gov/pdfs/regulations/bp2825.pdf>

- This item will be removed from the BRN website as it is a copy of BPC which can be found at the link in the 'resources' section below.
- Updates are needed to BPC section 2830.6, language included in the 'resources' section below.

**RESOURCES:**

[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=BPC&sectionNum=2830.6](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC&sectionNum=2830.6)

BPC Section 2830.6:

Notwithstanding Section 2830, the board shall certify all applicants who can show certification by the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists as of the effective date of this chapter. This certification shall be documented to the board in a manner to be determined by the board. Proof of certification shall be filed with the board within six months from the effective date of this article and the board shall, within one year from the effective date of this article, issue a certificate to applicants who have filed proof of certification within that six-month period.

**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](mailto:mccaulie.feusahrens@dca.ca.gov)